

# **Department of Veterans Affairs**

## **EDI New Standards and Operating Rules VHA Provider-side Technical Compliance Requirements**

**Patch IB\*2\*516**

**System Design Document**



**April 2014**

Version 3.0



## Revision History

Note: The revision history cycle begins once changes or enhancements are requested after the System Design Document has been baselined.

Date	Version	Description	Author
4/23/2014	3.0	Updated following CBO review and CR11	eBilling Development Team
04/03/2014	2.0	Updated following CBO review	eBilling Development Team
12/10/2013	1.0	Initial Draft	eBilling Development Team

## Artifact Rationale

The System Design Document (SDD) is a dual-use document that provides the conceptual design as well as the as-built design. This document will be updated as the product is built, to reflect the as-built product. Per the Project Management Accountability System (PMAS) Guide, the SDD with conceptual design is required prior to the Milestone 1 Review. The as-built for each delivery must be incorporated prior to the Milestone 2 Review.

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# 1. Introduction

The purpose of this Software Design Document (SDD) is to describe the changes needed to fulfill the requirements for Electronic Data Interchange (EDI) New Standards and Operating Rules VHA Provider-side projects related to the Veterans Health Information Systems and Technology Architecture (VistA) Integrated Billing (IB) version 2.0 specifically IB Patch IB\*2\*516.

The target audience for this SDD includes Office of Enterprise Development (OED), Product Development (PD), Product Support (PS), Software Quality Assurance (SQA), the Program Management Office (PMO), the Chief Business Office (CBO) and the software end-users.

## 1.1. Purpose of this document

The purpose of this document is to describe in sufficient detail how the proposed system is to be constructed. The SDD translates the requirement specifications into a document from which the developers can create the actual system. It identifies the top-level system architecture, and identifies hardware, software, communication, and interface components.

## 1.2. Identification

The software that this SDD applies to are VistA's Integrated Billing version 2.0 and Accounts Receivable version 4.5 applications. It will use the following standards:

- American National Standards Institute (ANSI)
- International Organization for Standardization (ISO)
- Veterans Administration Standards and Conventions (VA SAC)

Refer to Appendix A for the standard Acronyms (Appendix A 4.1), Definitions (Appendix A 4.2) and References (Appendix A 4.3).

## 1.3. Scope

The section describes the project scope which includes changes to VistA's IB and Accounts Receivable (AR) modules.

Table 1: Scope Inclusions

Includes
<p>Enter/Edit Billing Information</p> <ul style="list-style-type: none"> <li>• Provide the ability to create claims [Skilled Nursing Care (SNC)] using Revenue Codes less than 100 – remove fatal error for codes outside the 100-999 range</li> <li>• Provide the ability for users to add National Drug Codes to non-prescription claims</li> <li>• Provide the ability for users to add a description to a claim with a procedure code that ends in 99 or contains the following in the code description: <ul style="list-style-type: none"> <li>• Not Otherwise Classified</li> <li>• Not Otherwise</li> <li>• Unlisted</li> <li>• Not listed</li> <li>• Unspecified</li> <li>• Unclassified</li> <li>• Not otherwise specified</li> <li>• Non-specified</li> <li>• Not elsewhere specified</li> <li>• Not elsewhere</li> <li>• Nos (Note: Include "nos ", "nos;", "nos,")</li> <li>• Noc (Note: Include "noc ", "noc;", "noc,")</li> </ul> </li> <li>• Prevent the ability to authorize claims with non-billable providers [provider has no National Provider Identification Number (NPI)] on the claim</li> <li>• Prevent the ability to authorize a Fee Basis claim with a non-VA Lab or Facility that has no NPI</li> <li>• Provide the ability to authorize a claim with Service Facility data (i.e. a Fee Basis Claim) that does not have a Lab or Facility Taxonomy Code without displaying a Warning</li> <li>• Provide the ability to print a TRICARE claim with a TRICARE-specific Pay-to Provider</li> <li>• Provide the ability for users to navigate through Section 4 of Billing Screen 5 using the up caret and a partial word</li> <li>• Provide the ability for users to re-sequence Diagnoses Codes (DX) after Procedures have been associated with the DX (Pointers) without breaking the association</li> <li>• Provide the ability for users to view a list of the following Code sets by Code number when they enter ?? for Help on Billing Screen 4 and 5: <ul style="list-style-type: none"> <li>• Occurrence Codes</li> <li>• Condition Codes</li> <li>• Value Codes</li> </ul> </li> <li>• Provide the ability for users to lookup a Code from one of the following Code sets using the code number: <ul style="list-style-type: none"> <li>• Occurrence Codes</li> <li>• Condition Codes</li> <li>• Value Codes</li> </ul> </li> </ul>



Includes
<p>Data Dictionary</p> <ul style="list-style-type: none"> <li>Remove obsolete fields from IB files</li> </ul>
<p>Insurance Company Editor</p> <ul style="list-style-type: none"> <li>Remove functionality that provides the ability for a site to set a parameter that forces all claims to a particular payer, to use the VAMC as the Billing Provider instead of the lowest enumerated Billing Provider</li> <li>Change the Plan Type description for the Plan Type = FI- FEP (Federal Employee Plan) to Do Not Use for BC/BS when users enter ?? for Help at a Plan Type field</li> </ul>
<p>Reports</p> <ul style="list-style-type: none"> <li>Add the display of the new Health Plan Identifier (HPID) and the Other Entity Identifier (OEID) to the EDI Parameter Report</li> <li>Remove the display of the Billing Provider override parameter from the EDI Parameter Report</li> <li>Provide the ability to display partial or complete new HIPAA compliant electronic 270/271 Health Care Eligibility Benefit Inquiry and Response field lengths on IB reports</li> <li>Provide the ability for users to sort and display the Re-Generate Unbilled Amounts Report by Division</li> </ul>
<p>Third Party Joint Inquiry (TPJI)</p> <ul style="list-style-type: none"> <li>Provide the ability for users to see that a claim in TPJI, Active and Inactive claim lists, is an Institutional or a Professional claim</li> <li>Provide the ability for users to view the Co-payment amount associated with a claim in TPJI</li> </ul>
<p>Medicare-equivalent Remittance Advice (MRA)</p> <ul style="list-style-type: none"> <li>Provide the ability to correctly display the MRA associated with Processed Medicare claims with no Patient responsibility or Deductible as PROCESSED</li> </ul>
<p>COB Management Worklist (CBW)</p> <ul style="list-style-type: none"> <li>Provide the ability for users to sort, display and print the CBW by Division</li> </ul>

Includes
<p>Transactions</p> <ul style="list-style-type: none"> <li>• Provide the ability to transmit the HPID and the OEID in the Institutional/Professional 837 claim transaction (Loops 2010BB and 2330B) – continue to transmit legacy primary and secondary IDs in the Institutional/Professional 837 claim transaction</li> <li>• Provide the ability to transmit the same NPI (organizational) for a Service Facility and a Rendering Provider (individual) on a Institutional/Professional 837 claim transaction</li> <li>• Remove monthly Mailman messages that notify CBO of how sites have the EDI Parameter for Billing Provider set</li> <li>• Prevent an Institutional/Professional 837 claim transaction with a ‘Y4’ Property and Casualty Number Qualifier with no corresponding Property and Casualty Number</li> <li>• Provide the ability to transmit the TRICARE Pay-to Provider on all claims with Rate Type equal to TRICARE and TRICARE REIMB. INS (Loop 2010AB).</li> <li>• Provide the ability to transmit a National Drig Code (NDC) and units on a non-prescription 837 claim transaction.</li> </ul>
<p>Correct Rejected/Denied Bill (CRD) and Copy and Cancel Bill (CLON)</p> <ul style="list-style-type: none"> <li>• Remove the Security Key that locks the CLON option</li> <li>• Remove the ability for users to CRD secondary/tertiary claims</li> <li>• Provide the ability for as many fields as possible to be copied from an original claim to a copy</li> </ul>
<p>View Cancelled Claim</p> <ul style="list-style-type: none"> <li>• Provide the ability to see all the data that was in a cancelled claim</li> </ul>
<p>Provider ID Maintenance</p> <ul style="list-style-type: none"> <li>• Provide the ability for users to define an Outside Facility that is a sole-proprietorship with an NPI number that is also used by the provider who is the sole-proprietor</li> </ul>
<p>MCCR Site Parameter Display/Edit</p> <ul style="list-style-type: none"> <li>• Provide the ability for users to define a Pay-to Provider to be used only on claims with a Rate Type equal to TRICARE or TRICARE REIMB. INS.</li> <li>• Provide the ability to lock both the existing Pay-to Provider and the new TRICARE-specific Pay-to Provider functionality</li> <li>• Provide the ability to print an NDC and units on a non-prescription claim</li> </ul>

Table 2: Scope Exclusion

Excludes

## 1.4. Relationship to Other Plans

There are no reliability requirements specific within this development effort. The IB module are integrated parts of the overall VistA system that exists at each site and will be subject to the normal reliability standards.

## 1.5. Methodology, Tools, and Techniques

The methodologies, tools and techniques that are to be used in this development effort include the following:

- Caché Cube
- MUMPS (M)
- Kernel Installation and Distribution System (KIDS)
- FileMan
- MailMan
- ScreenMan
- ListMan
- 837 Health Care Claim: Professional ASC X12 Standards for Electronic Data Exchange Technical Report Type 3 – May 2006
- 837 Health Care Claim: Institutional ASC X12 Standards for Electronic Data Exchange Technical Report Type 3 – May 2006
- NUCC, 1500 Health Insurance Claim Form Reference Instruction Manual for Form Version 02/12

## 1.6. Constraining Policies, Directives and Procedures

The constraining policies, directives and procedures that are to be followed by this development effort include the Veteran Administration's Standards and Conventions (VA SAC).

## 1.7. Constraints

The constraint that exist for this development effort include the following:

- The software language of MUMPS (M)
- PMAS project management methodology

- ProPath

## 1.8. Design Trade-offs

This section is not applicable to this SDD.

## 1.9. User Characteristics

The IB module is designed to be used by Billing Supervisors and Billing Clerks, as well as Utilization Review and Insurance Verification personnel.

## 1.10. User Problem Statement

The following are a list of the User Problems/Concerns that this development effort is addressing:

- Users are unable to enter a Skilled Nursing Care (SNC) claim using Revenue Codes less than 100.
- Users have no way to add a National Drug Code to non-prescription claims.
- Users have no way to add an extra procedure description for procedures ending in '99' or which are considered 'Not Otherwise Classified'.
- Claims for a provider or non-VA lab or non-VA facility which do not have a National Provider Identification (NPI) number are able to be authorized.
- Authorizing a claim with a service facility lacking a lab or facility taxonomy code causes a warning message to appear.
- The system has no mechanism to allow a TRICARE-specific pay-to provider to be defined on the MCCR site parameter and then used when a TRICARE claim is submitted. The system doesn't allow the ability to navigate through Section 4 of Billing Screen 5 using the up caret and a partial word (i.e. ^Rend to return to Rendering prompt)
- The re-sequencing of a claim's diagnosis codes causes any DX-procedure associations to be removed.
- When the user enters Value, Occurrence and Condition codes, the system sometimes interprets the user's entry as an internal code.
- The data dictionary contains obsolete fields.
- The system allows a site to set a parameter which forces all claims to a particular payer to use the VAMC as the Billing Provider instead of the lowest enumerated Billing Provider.
- The description for the field Plan Type does not read, "Do Not Use for BC/BS".
- The EDI Parameter Report does not display the Health Plan Identifier (HPID) or the Other Entity Identifier (OEID).
- The EDI Parameter Report displays the billing provider override parameter.
- IB reports do not display partial or complete new HIPAA compliant electronic 270/271 Health Care Eligibility Benefit Inquiry and Response field lengths.

- Users are unable to sort and display the Re-Generate Unbilled Amounts Report by Division.
- Users are unable to see whether a claim on the active or inactive claim lists in TPJI is institutional or professional.
- The system does not display the co-payment amount associated with a claim in TPJI.
- The MRA associated with processed Medicare claims which have no patient responsibility or deductible do not display as processed correctly.
- Users are unable to sort, display or print the CBW by division.
- The 837 claim transaction does not transmit the HPID or the OEID.
- The system does not allow the same NPI to be used for both a provider and a facility.
- The system sends monthly MailMan messages notifying CBO of how sites have the EDI parameter for billing provider set.
- The system allows an 837 claim transaction to have a 'Y4' Property and Casualty Number Qualifier with no corresponding Property and Casualty Number.
- The system doesn't provide the ability to transmit the TRICARE Pay-to Provider on all claims with Rate Type equal to TRICARE and TRICARE REIMB. INS (Loop 2010AB)
- The system has no mechanism for transmitting an NDC code and units on a non-prescription 837 claim transaction.
- There is a security key which locks the CLON option.
- Users are able to correct rejected/denied secondary/tertiary claims.
- The system does not allow as many fields as possible to be copied from an original claim to its copy.
- The system does not allow users to see all the data that was in a cancelled claim.
- The system to provide the ability for users to define an Outside Facility that is a sole-proprietorship with an NPI number that is also used by the provider who is the sole-proprietor
- There is no security key allowing the pay-to provider functionality on MCCR site parameters to be locked.

## 2. Background

### 2.1. Overview of the System

The IB and AR modules are designed to be used by Billing Supervisors, Billing Clerks, Accounts Receivable Supervisors and Accounts Receivable Clerks as well as Utilization Review and Insurance Verification personnel.

### 2.2. Overview of the Business Process

The following features of the IB module will be affected by this development effort:

- Enter/Edit Billing Information
- Provider Maintenance
- Insurance Company Enter/Edit
- MRA Management Worklist
- Third Party Joint Inquiry (TPJI)
- CMS-1500 Claim Form
- UB-04 Claim Form
- X12N 5010 Health Care Claim (837)
- MCCR Site Parameters
- IB Reports
- COB Management Worklist
- Correct Rejected/Denied Bill (CRD)
- Copy and Cancel Bill (CLON)
- View Cancelled Claim
- Data Dictionary

### **2.3. Assumptions**

This section is not applicable to this SDD.

### **2.4. Legacy System Retirement**

This section is not applicable to this SDD.

## **3. Conceptual Design**

This section is not applicable to this SDD.

### **3.1. Conceptual Application Design**

This section is not applicable to this SDD.

#### **3.1.1. Application Context**

This section is not applicable to this SDD.

#### **3.1.2. High-Level Application Design**

This section is not applicable to this SDD.

#### **3.1.3. Application Locations**

This section is not applicable to this SDD.

### 3.1.4. Application Users

This section is not applicable to this SDD.

## 3.2. Conceptual Data Design

### 3.2.1. Project Conceptual Data Model

The Conceptual Data Model is found in the Entity Relationship Diagrams (ERD).

### 3.2.2. Database Information

Table 3: Database Inventory

Database Name	Description	Type	Steward
BILL/CLAIMS (File #399)	Bill Claims File	Modify	IB

### 3.2.3. User Interface Data Mapping

This section is not applicable to this SDD.

#### 3.2.3.1. Application Screen Interface

This section is not applicable to this SDD.

#### 3.2.3.2. Application Report Interface

This section is not applicable to this SDD.

#### 3.2.3.3. Unmapped Data Element

This section is not applicable to this SDD.

## 3.3. Conceptual Infrastructure Design

This section is not applicable to this SDD.

### 3.3.1. System Criticality and High Availability

This section is not applicable to this SDD.

### 3.3.2. Special Technology

This section is not applicable to this SDD.

### 3.3.3. Technology Locations

This section is not applicable to this SDD.

### 3.3.4. Conceptual Infrastructure Diagram

This section is not applicable to this SDD.

## **4. System Architecture**

This section is not applicable to this SDD.

### **4.1. Hardware Architecture**

This section is not applicable to this SDD.

### **4.2. Software Architecture**

This section is not applicable to this SDD.

### **4.3. Communications Architecture**

This section is not applicable to this SDD.

## **5. Data Design**

This section is not applicable to this SDD.

### **5.1. DBMS Files**

This section is not applicable to this SDD.

### **5.2. Non-DBMS Files**

This section is not applicable to this SDD.

## **6. Detailed Design**

This section is not applicable to this SDD.

### **6.1. Hardware Detailed Design**

This section is not applicable to this SDD.

### **6.2. Software Detailed Design**

This section is not applicable to this SDD.

#### **6.2.1. Conceptual Design**

##### **6.2.1.1. Product Perspective**

##### **6.2.1.1.1. User Interfaces**

Users of VistA use terminal emulation software to access VistA as if they were using a VT320/400/500 terminal. The VistA user interface is a two color, roll and scroll interface developed in M.

##### **6.2.1.1.2. Hardware Interfaces**

This section is not applicable to this SDD.

##### **6.2.1.1.3. Software Interfaces**

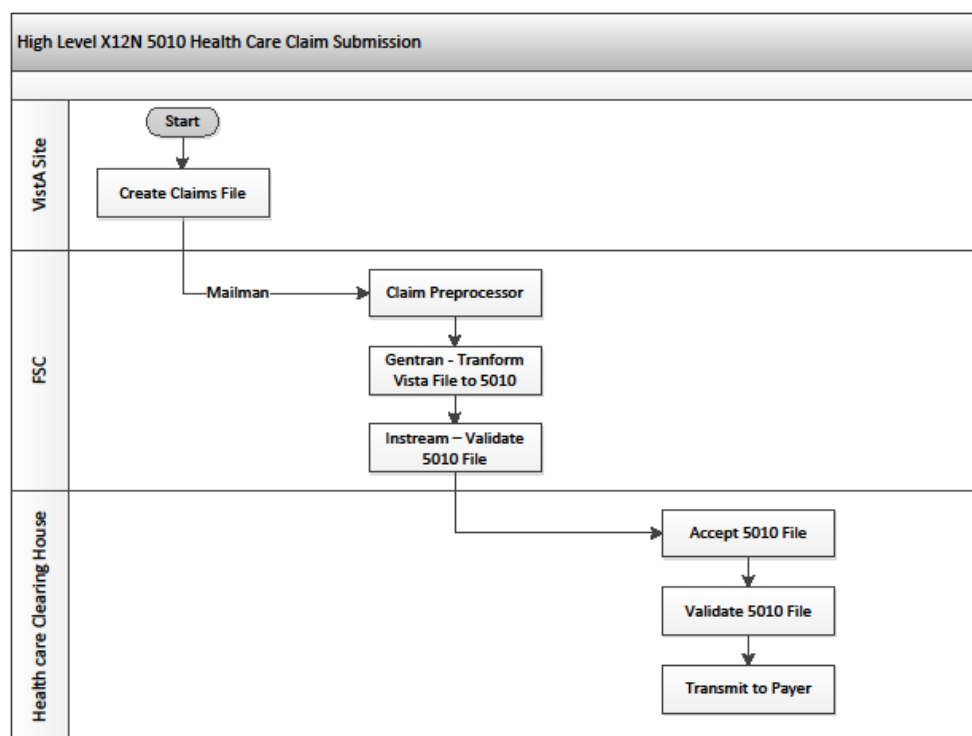


The IB module communicates with other VistA modules such as Accounts Receivable, Appointment Scheduling, Admission/Discharge/Transfer, Claims Tracking, and Charge Master. These are existing interfaces.

The AR module communicates with other VistA modules such as IB and IFCAP, as well as external systems such as the Financial Management System (FMS).

The Claim Scrubber is a 3<sup>rd</sup> party piece of software developed by DSS, Inc. which uses the 837 message format to communicate between Enter/Edit Billing Information and the scrubber. DSS will need to make changes to correspond to the changes made to the 837 map as part of this project.

#### 6.2.1.1.4. Communications Interfaces



**Figure 1: High Level X12N 5010 Health Care Claim Submission**

#### 6.2.1.1.5. Memory Constraints

This section is not applicable to this SDD.

#### 6.2.1.1.6. Special Operations

This section is not applicable to this SDD.

#### 6.2.1.2. Product Features

This section is not applicable to this SDD.

#### 6.2.1.3. User Characteristics

The IB software is designed to be used by Billing Supervisors, Billing Clerks, Accounts Receivable Supervisors and Accounts Receivable Clerks, as well as Utilization Review and Insurance Verification personnel.

#### 6.2.1.4. Dependencies and Constraints

This section is not applicable to this SDD.

### 6.2.2. Specific Requirements

For a high level summary of the features and modifications that will be made to the eBilling module as part of this project, refer to Table 1 (Scope Inclusions) of Section 1.3 Scope.

#### 6.2.2.1. Database Repository

This section is not applicable to this SDD.

#### 6.2.2.2. System Features

##### 6.2.2.2.1. System Feature: Enter/Edit Billing Information

##### 6.2.2.2.1.1. Functional Requirement: Revenue Codes <100 – SNC Claims

The IB System shall provide the ability for users to authorize a claim with one or more revenue codes outside the 100-999 range when the Type of Bill is one of the following:

- 021x – Skilled Nursing – Inpatient (Including Medicare Part A)
- 022x – Skilled Nursing – Inpatient (Medicare Part B)
- 023x – Skilled Nursing – Outpatient

##### 6.2.2.2.1.1.1. Routines

Routines	Activities	
Routine Name	IBCBB7	
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change	
RTM	2.6.1.1	
Related Options		
Related Routines	Routines “Called By”	Routines “Called”
	IBCBB6	IBCBB3, IBCNC7A, IBCBB8, IBCEF, IBCEF1
Routines	Activities	
Data Dictionary (DD) References		

Routines	Activities
Routine Name	IBCBB7
Related Protocols	
Related Integration Control Registrations (ICRs)	
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input type="checkbox"/> Both <input checked="" type="checkbox"/> Global Reference <input checked="" type="checkbox"/> Local
Input Attribute Name and Definition	Name: Definition:
Output Attribute Name and Definition	Name: Definition:
Current Logic	
<pre> ; ; rev codes must be between 100 AND 999 I \$O(IBREV1(100),-1)&gt;0!(\$O(IBREV1(999))&gt;0) S IBQUIT=\$\$IBER^IBCBB3(.IBER,184) Q:IBQUIT N IBRATYP ; </pre>	
Modified Logic (Changes are in bold)	
<pre> ; ; <b>MRD;IB*2.0*516 – Allow revenue codes outside of the range 100-999</b> ; <b>if the type of bill is 21, 22 or 23.</b> ; The revenue codes must be between 100 AND 999. I <b>"^21^22^23^"[(U_IBTOB12_U)&amp;(\$O(IBREV1(100),-1)&gt;0!(\$O(IBREV1(999))&gt;0))</b> S IBQUIT=\$\$IBER^IBCBB3(.IBER,184) Q:IBQUIT ; ; N IBRATYP ; </pre>	

#### 6.2.2.2.1.2. Functional Requirement: Line Level NDC Codes to Non-Prescription Claims - Professional

The IB System shall provide the ability for users to add a line level 5-4-2 format National Drug Code to a non-prescription procedure when creating a professional claim.

##### 6.2.2.2.1.2.1. Fields to be Added by the Design

File Number and Name
#399, BILL/CLAIMS
Field Number and Name
#53, NDC

Field Location
Beneath the "CP" node (line level of bill/claim), the "1" node, the 7 <sup>th</sup> "^"-piece. E.g. ^DGCR(399,123,"CP",1,1) = "^^^12345-6789-01" where "12345-6789-01" is an NDC.
Data Type
Free text

#### 6.2.2.2.1.2.2.

#### Routines

Routines	Activities	
Routine Name	^IBCU7	
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change	
RTM	2.6.1.2, 2.6.1.3	
Related Options		
Related Routines	Routines "Called By"	Routines "Called"
	^IBCCPT, ^IBCSC4, ^IBCSC5, ^BINIOA9, ^BINIOAR, ^IBXS73, ^IBXSC720, ^IBXSC79	^%DT, ^DDIOL, ^DIC, ^DICN, ^DIE, ^DIK, ^DIQ, ^DIR, ^IBACSV, ^IBCEF, ^IBCOPV1, ^IBCRU4, ^IBCSCH1, ^IBCU41, ^IBCU71, ^IBCU72, ^IBCU74, ^IBCU7B, ^IBEFUNC, ^IBOUTL, ^XLFD
Routines	Activities	
Data Dictionary (DD) References	BILL/CLAIMS File (#399)	
Related Protocols		
Related Integration Control Registrations (ICRs)		
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input checked="" type="checkbox"/> Both <input type="checkbox"/> Global Reference <input type="checkbox"/> Local	
Input Attribute Name and Definition	Name: Definition:	
Output Attribute Name and Definition	Name: Definition:	
Current Logic		
<i>(Below are line ASKCOD+58 through ASKCOD+62)</i>  ... . I IBPOPOUT Q ; IB*2.0*447 BI . S DR="" I Y["ICPT" S DR="6;5//"\$DEFDIV(IBIFN)_" ;" . S DR=DR_\$S(IBFT=2:"8;9;17//NO;" ;1:"")_3,DIE=DIC,(IBPROCP,DA)=+Y D ^DIE Q:\$D(DA)!(\$E(\$G(Y))=U) . K DR ;WCJ;IB*2.0*432		

Routines	Activities
Routine Name	^IBCU7
. I IBFT=3 D:'\$\$INPAT^IBCEF(IBIFN) ATTACH ; DEM;432 - Prompt for Attachment Control Number. ...	
Modified Logic (Changes are in bold)	
(Below begins with line ASKCOD+58)	
... . I IBPOPOUT Q ; IB*2.0*447 BI . S DR="" I Y["ICPT" S DR="6;5//"\$DEFDIV(IBIFN)_" ;" . S DR=DR_\$S(IBFT=2:"8;9;17//NO;"1:"")_3,DIE=DIC,(IBPROCP,DA)=+Y D ^DIE Q:'\$D(DA)!(\$E(\$G(Y))=U) . K DR ;WCJ;IB*2.0*432 . ; . ; MRD;IB*2.0*516 - Allow user to add an NDC and Units. . ; The Units will not be asked if no NDC is entered. . K DA . S DA=IBPROCP,DA(1)=IBIFN,DIE="^DGCR(399,"_IBIFN_"_"CP"_" ;" . S DR="53;I X=""" S Y=""";54//1" . D ^DIE . ; . I IBFT=3 D:'\$\$INPAT^IBCEF(IBIFN) ATTACH ; DEM;432 - Prompt for Attachment Control Number. ...	

#### 6.2.2.2.1.3. Functional Requirement: Line Level NDC Codes to Non-Prescription Claims - Institutional

The IB System shall provide the ability for users to add a line level 5-4-2 format National Drug Code to a non-prescription procedure when creating an institutional claim.

See Section 6.2.2.2.1.2.1 above, which describes the new NDC field, and Section 6.2.2.2.1.2.2 above, which describes programming changes to ^IBCU7 to handle the input of the new NDC field.

#### 6.2.2.2.1.4. Functional Requirement: Line Level Description – 99 Procedure Codes – Professional

The IB System shall provide the ability for users to add a line level, 1-80 character free text description to a procedure code that ends in 99 on a professional claim.

##### 6.2.2.2.1.4.1. Field to be Added by the Design

File Number and Name
#399, BILL/CLAIMS
Field Number and Name
#51, PROCEDURE DESCRIPTION
Field Location
Beneath the "CP" node (line level of bill/claim), the "1" node, the 4 <sup>th</sup> "Λ"-piece. E.g. <code>^DGCR(399,123,"CP",1,1) = "^^^Sample procedure description^"</code>
Data Type
Free Text

#### 6.2.2.2.1.4.2.

#### Routines

Routines	Activities	
Routine Name	^BCU7	
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change	
RTM	2.6.1.4, 2.6.1.5, 2.6.1.6, 2.6.1.7	
Related Options		
Related Routines	Routines "Called By"	Routines "Called"
	^BCCPT, ^BCSC4, ^BCSC5, ^BINI0A9, ^BINIOAR, ^BXS73, ^BXSC720, ^BXSC79	^%DT, ^DDIOL, ^DIC, ^DICN, ^DIE, ^DIK, ^DIQ, ^DIR, ^IBACSV, ^BCEF, ^BCOPV1, ^BCRU4, ^BCSCH1, ^BCU41, ^BCU71, ^BCU72, ^BCU74, ^BCU7B, ^BEFUNC, ^BOUTL, ^XLFD
Routines	Activities	
Data Dictionary (DD) References	BILL/CLAIMS File (#399)	
Related Protocols		
Related Integration Control Registrations (ICRs)		
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input checked="" type="checkbox"/> Both <input type="checkbox"/> Global Reference <input type="checkbox"/> Local	
Input Attribute Name and Definition	Name: Definition:	
Output Attribute Name and Definition	Name: Definition:	
Current Logic		
<i>(Below are line ASKCOD+49 through ASKCOD+58)</i>		

Routines	Activities
Routine Name	^IBCU7
<pre> ...       . ; START IB*2.0*447 BI       . ; I Y["ICPT" S DR=".01;16",DIE=DIC,(IBPROCP,DA)=+Y D ^DIE Q:'\$D(DA)!(\$ E(\$G(Y))=U) K DR ;       . I Y["ICPT" S DR=".01;16",DIE=DIC,(IBPROCP,DA)=+Y D ^DIE Q:'\$D(DA)!(\$D (Y)) K DR ;       . ; END IB*2.0*447 BI       . S DR=""       . D EN^IBCU7B ; DEM;432 - Call to line level provider user input.       . S Y=IBPROCSV ; DEM;432 - Restore value of Y after calls to FileMan       . K IBPROCSV       . K DR ;WCJ;IB*2.0*432       . I IBPOPOUT Q ; IB*2.0*447 BI ... </pre>	
Modified Logic (Changes are in bold)	
(Below begins with line ASKCOD+49)	
<pre> ...       . ; START IB*2.0*447 BI       . ; I Y["ICPT" S DR=".01;16",DIE=DIC,(IBPROCP,DA)=+Y D ^DIE Q:'\$D(DA)!(\$ E(\$G(Y))=U) K DR ;       . I Y["ICPT" S DR=".01;16",DIE=DIC,(IBPROCP,DA)=+Y D ^DIE Q:'\$D(DA)!(\$D (Y)) K DR ;       . ; END IB*2.0*447 BI       . S DR=""       . ;       . ; IB*2.0*516 - Added line level PROCEDURE DESCRIPTION field. If the procedure       . ; is an "NOC", prompt user for additional line-level description.       . I IBPROCSV["ICPT",\$NOCPROC(IBPROCSV) D       . . S DA=\$P(IBPROCSV,"^") ; The line# on the bill/claim.       . . S DR=51 ; Field number for Procedure Description.       . . D ^DIE       . . Q       . ;       . D EN^IBCU7B ; DEM;432 - Call to line level provider user input.       . S Y=IBPROCSV ; DEM;432 - Restore value of Y after calls to FileMan       . K IBPROCSV       . K DR ;WCJ;IB*2.0*432       . I IBPOPOUT Q ; IB*2.0*447 BI ... </pre>	
(The following is to be added near the end of the routine.)	
<pre> NOCPROC(IBPROCSV) ; MRD;IB*2.0*516 - Function to determine if procedure is an "N OC".       . ; </pre>	

Routines	Activities
Routine Name	^BCU7
<pre> N IBNOC,IBPROCEX,IBPROCIN,IBPROCNM S IBNOC=0 I \$G(IBPROCSV)=" " G DESCQ S IBPROCIN=\$P(\$P(IBPROCSV,U,2),",") I IBPROCIN=" " G DESCQ ; ; If procedure code ends in '99', prompt for Procedure Description. ; S IBPROCEX=\$P(\$G(^ICPT(IBPROCIN,0)),U,1) I \$E(IBPROCEX,\$L(IBPROCEX)-1,\$L(IBPROCEX))=99 G DESC1 ; ; Pull procedure name, ensure that it is all caps, then check for the ; presence of certain strings. If any of those strings appear, then ; prompt the user for the line-level Procedure Description. ; S IBPROCNM=\$P(\$G(^ICPT(IBPROCIN,0)),U,2) I IBPROCNM=" " G DESCQ S IBPROCNM=\$TR(IBPROCNM,"abcdefghijklmnopqrstuvwxy", "ABCDEFGHIJKLMNOPQRSTUVWXYZ") ; I IBPROCNM["NOT OTHERWISE" G DESC1 I IBPROCNM["NOT ELSEWHERE" G DESC1 I IBPROCNM["NOT LISTED" G DESC1 I IBPROCNM["UNLISTED" G DESC1 I IBPROCNM["UNSPECIFIED" G DESC1 I IBPROCNM["UNCLASSIFIED" G DESC1 I IBPROCNM["NON-SPECIFIED" G DESC1 I IBPROCNM["NOS " G DESC1 I IBPROCNM["NOS;" G DESC1 I IBPROCNM["NOS," G DESC1 I IBPROCNM["NOC " G DESC1 I IBPROCNM["NOC;" G DESC1 I IBPROCNM["NOC," G DESC1 ; ; If we get here, the procedure is not an "NOC". ; G DESCQ ; DESC1 ; It Goes here if the procedure *is* an "NOC". Set IBNOC flag to 1. S IBNOC=1 ; DESCQ ; Kill variables and Quit out. K IBPROCEX,IBPROCIN,IBPROCNM Q IBNOC ; </pre>	



**6.2.2.2.1.5. Functional Requirement: Line Level Description – 99 Procedure Codes – Institutional**

The IB System shall provide the ability for users to add a line level, 1-80 character free text description to a procedure code that ends in 99 on an institutional claim.

See Section 6.2.2.2.1.4.1 above, which describes the new PROCEDURE DESCRIPTION field.

**6.2.2.2.1.6. Functional Requirement: Line Level Description – NOC Procedure Codes – Professional**

The IB System shall provide the ability for users to add a line level, 1-80 character free text description to a procedure code (CPT/HCPCS) on a professional claim that contains the following text in the procedure's description:

- Not Otherwise Classified
- Not Otherwise
- Unlisted
- Not listed
- Unspecified
- Unclassified
- Not otherwise specified
- Non-specified
- Not elsewhere specified
- Not elsewhere
- Nos (Note: Include "nos ", "nos;", "nos,")
- Noc (Note: Include "noc ", "noc;", "noc,")

See Section 6.2.2.2.1.4.1 above, which describes the new PROCEDURE DESCRIPTION field.

**6.2.2.2.1.7. Functional Requirement: Line Level Description – NOC Procedure Codes – Institutional**

The IB System shall provide the ability for users to add a line level, 1-80 character free text description to a procedure code (CPT/HCPCS) on an institutional claim that contains the following text in the procedure's description (file 81, field 81.01,01):

- Not Otherwise Classified
- Not Otherwise
- Unlisted
- Not listed
- Unspecified
- Unclassified

- Not otherwise specified
- Non-specified
- Not elsewhere specified
- Not elsewhere
- Nos (Note: Include "nos ", "nos;", "nos,")
- Noc (Note: Include "noc ", "noc;", "noc,")

See Section 6.2.2.2.1.4.1 above, which describes the new PROCEDURE DESCRIPTION field.

#### 6.2.2.2.1.8. Functional Requirement: Fatal Error – Non-billable Providers - Professional

The IB System shall prevent users from authorizing a professional claim that contains an individual provider who has no NPI number:

- Rendering
- Supervising
- Referring

##### 6.2.2.2.1.8.1. New File Entries

Routines	Activities	
Routine Name		
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change	
RTM	2.6.1.8, 2.6.1.9	
Related Options		
Related Routines	Routines “Called By”	Routines “Called”
Routines	Activities	
Data Dictionary (DD) References	IB ERROR File (#350.8)	
Related Protocols		
Related Integration Control Registrations (ICRs)		
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input type="checkbox"/> Both <input type="checkbox"/> Global Reference <input type="checkbox"/> Local	
Input Attribute Name and Definition	Name: Definition:	

Routines	Activities
Routine Name	
Output Attribute Name and Definition	Name: Definition:
Current Logic	
Modified Logic (Changes are in bold)	
<p>NAME: IB401  ERROR MESSAGE: Claim contains non-billable Referring Provider(s).  ERROR CODE: IB401  PACKAGE REPORTING ERROR: INTEGRATED BILLING  ERROR ACTION: EDIT FILE</p> <p>NAME: IB402  ERROR MESSAGE: Claim contains non-billable Operating Provider(s).  ERROR CODE: IB402  PACKAGE REPORTING ERROR: INTEGRATED BILLING  ERROR ACTION: EDIT FILE</p> <p>NAME: IB403  ERROR MESSAGE: Claim contains non-billable Rendering Provider(s).  ERROR CODE: IB403  PACKAGE REPORTING ERROR: INTEGRATED BILLING  ERROR ACTION: EDIT FILE</p>	
<p>NAME: IB404  ERROR MESSAGE: Claim contains non-billable Attending Provider(s).  ERROR CODE: IB404  PACKAGE REPORTING ERROR: INTEGRATED BILLING  ERROR ACTION: EDIT FILE</p> <p>NAME: IB405  ERROR MESSAGE: Claim contains non-billable Supervising Provider(s).  ERROR CODE: IB405  PACKAGE REPORTING ERROR: INTEGRATED BILLING  ERROR ACTION: EDIT FILE</p> <p>NAME: IB409  ERROR MESSAGE: Claim contains non-billable Other Provider(s).  ERROR CODE: IB409  PACKAGE REPORTING ERROR: INTEGRATED BILLING  ERROR ACTION: EDIT FILE</p>	

6.2.2.2.1.8.2.

Routine

Routines	Activities	
Routine Name	IBCBB11	
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change	
RTM	2.6.1.8, 2.6.1.9	
Related Options		
Related Routines	Routines "Called By"	Routines "Called"
	IBCBB, IBCBB0, IBCBB1, IBCBB2, IBCBB21, IBCBB3, IBCBB4, IBCBB9, ZZCBB2, ZZCBB4	IBCEP81, IBCEFP, IBCEF73A, IBEFUNC3, IBCEF4, IBCEF, IBRXUTL, IBNCPDR4, IBNCPUT1, IBEFUNC
Routines	Activities	
Data Dictionary (DD) References		
Related Protocols		
Related Integration Control Registrations (ICRs)		
Routines	Activities	
Routine Name	IBCBB11	
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input type="checkbox"/> Both <input type="checkbox"/> Global Reference <input type="checkbox"/> Local	
Input Attribute Name and Definition	Name: Definition:	
Output Attribute Name and Definition	Name: Definition:	
Current Logic		
<pre> NPICLK ; ... . ; ; *** pij end *** . D WARN("NPI for the "\$P("referring^operating^rendering^attending^supervising^^^^other",U,IBPRV)_" provider has no value") ; Else, set warning ; Check organizations ... </pre>		
Modified Logic (Changes are in bold)		
<pre> NPICLK ; ... . ; ; *** pij end *** . <b>I IBPRV]"" S IBER=IBER_"IB"_(400+IBPRV)_" ;"</b> ; Check organizations ... </pre>		

6.2.2.2.1.9. Functional Requirement: Fatal Error – Non-billable Providers – Institutional

The IB System shall prevent users from authorizing an institutional claim that contains an individual provider who has no NPI number:

- Attending
- Operating
- Other Operating

Addressed in 6.2.2.2.1.8

6.2.2.2.1.10. Functional Requirement: Screen – Non-billable Provider – Institutional

The IB System shall automatically remove all individual providers who have no NPI number from an institutional claim

6.2.2.2.1.10.1.

Routines

Routines	Activities	
Routine Name	^IBCSC102	
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change	
RTM	2.6.1.10, 2.6.1.11	
Related Options		
Related Routines	Routines "Called By"	Routines "Called"
	IBCSC10, IBCSCP	IBCU3, IBCEF, IBCSCU, IBCEU, IBCEF77, IBCBB13, IBACSV, IBCNEUT1, IBCEF74, IBCEF73A, IBTRE, IBCEF79, IBCEF4, IBCEP8, IBEFUNC, IBCSCP
Routines	Activities	
Data Dictionary (DD) References	BILL/CLAIMS File (#399)	
Related Protocols		
Related Integration Control Registrations (ICRs)		
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input checked="" type="checkbox"/> Both <input type="checkbox"/> Global Reference <input type="checkbox"/> Local	

Routines	Activities
Routine Name	^IBCSC102
Input Attribute Name and Definition	Name: Definition:
Output Attribute Name and Definition	Name: Definition:
Current Logic	
<pre> ; Section 3 S Z=3,IBW=1 X IBWW W " Providers : ",\$S('\$O(IB("PRV",0)):IBU,1:"") I \$D(IB("PRV")) D . N Z,IBT,IBQ,IBARR,IBTAX,IBNOTAX,IBSPEC,IBNOSPEC . S IBZ=0 . D DEFSEC^IBCEF74(IBIFN,.IBARR) . ; PRXM/KJH - Add Taxonomy code to display for patch 343. Moved secondary IDs slightly (below). . S IBTAX=\$\$PROVTAX^IBCEF73A(IBIFN,.IBNOTAX) . S IBSPEC=\$\$SPECTAX^IBCEF73A(IBIFN,.IBNOSPEC) . F S IBZ=\$O(IB("PRV",IBZ)) Q:'IBZ D  .. N A,A1 .. S IBQ="" .. W !,?5,"- " .. S A=\$\$EXPAND^IBTRE(399.0222,.01,IBZ) .. I \$P(\$G(IB("PRV",IBZ,1)),U,4)'="" S A1=" ("_\$E(\$P(IB("PRV",IBZ,1),U,4),1,3)_)" ,A=\$E(A,1,15-\$L(A1))_A1 .. W \$E(A,_J("",15),1,15)," : " .. I \$P(\$G(IB("PRV",IBZ,1)),U,3),\$P(\$G(IB("PRV",IBZ,1)),U)="" W IBU Q .. I \$P(\$G(IB("PRV",IBZ,1)),U)'="" W:\$G(IB("PRV",IBZ)) \$E(\$P(IB("PRV",IBZ,1),U)_J("", 20),1,20) W:\$G(IB("PRV",IBZ)) "(OLD PROV DATA) "_\$P(IB("PRV",IBZ,1),U) .. I \$P(\$G(IB("PRV",IBZ,1)),U)="" , \$P(\$G(IB("PRV",IBZ)),U)'="" W \$E(\$P(IB("PRV",IBZ),U) )_J("",20),1,20) .. W " Taxonomy: ",\$\$(\$P(IBTAX,U,IBZ)'="" :\$P(IBTAX,U,IBZ),1:IBU),\$S(\$P(IBSPEC,U,IBZ)'="" : ("_\$P(IBSPEC,U,IBZ)_)" ,1:"") .. F A=1:1:3 I \$G(IBARR(IBZ,A))'="" S IBQ=IBQ_"["_\$E("PST",A)_"]"_IBARR(IBZ,A)_ " .. I \$L(IBQ) W !,?30,\$E(IBQ,1,49) K IB("PRV") ; </pre>	
Modified Logic (Changes are in bold)	

<pre> ; Section 3 S Z=3,IBW=1 X IBWW W " Providers : ",\$\$(\$O(IB("PRV",0)):IBU,1:"") <b>D NPICCHK</b> I \$D(IB("PRV")) D . N Z,IBT,IBQ,IBARR,IBTAX,IBNOTAX,IBSPEC,IBNOSPEC . S IBZ=0 . D DEFSEC^IBCEF74(IBIFN,.IBARR) . ; PRXM/KJH - Add Taxonomy code to display for patch 343. Moved secondary IDs slightly (below). . S IBTAX=\$\$PROVTAX^IBCEF73A(IBIFN,.IBNOTAX) . S IBSPEC=\$\$SPECTAX^IBCEF73A(IBIFN,.IBNOSPEC) . F S IBZ=\$O(IB("PRV",IBZ)) Q:'IBZ D .. N A,A1 .. S IBQ="" .. W !,?5,"- " .. S A=\$\$EXPAND^IBTRE(399.0222,.01,IBZ)  .. I \$P(\$G(IB("PRV",IBZ,1)),U,4)'="" S A1=" ("_\$E(\$P(IB("PRV",IBZ,1),U,4),1,3)_)" ,A=\$E(A,1,15-\$L(A1))_A1 .. W \$E(A_\$J("",15),1,15)," : " .. I \$P(\$G(IB("PRV",IBZ,1)),U,3),\$P(\$G(IB("PRV",IBZ,1)),U)="" W IBU Q .. I \$P(\$G(IB("PRV",IBZ,1)),U)="" W:\$G(IB("PRV",IBZ)) \$E(\$P(IB("PRV",IBZ,1),U)_\$J("", 20),1,20) W:\$G(IB("PRV",IBZ)) "(OLD PROV DATA) "_\$P(IB("PRV",IBZ,1),U) .. I \$P(\$G(IB("PRV",IBZ,1)),U)="" , \$P(\$G(IB("PRV",IBZ)),U)="" W \$E(\$P(IB("PRV",IBZ),U) )_\$J("",20),1,20) .. W " Taxonomy: ",\$\$(\$P(IBTAX,U,IBZ)'="" :\$P(IBTAX,U,IBZ),1:IBU),\$\$(\$P(IBSPEC,U,IBZ)'="" : ("_\$P(IBSPEC,U,IBZ)_)" ,1:"") .. F A=1:1:3 I \$G(IBARR(IBZ,A))'="" S IBQ=IBQ_"["_\$_E("PST",A)_"]"_IBARR(IBZ,A)_ " .. I \$L(IBQ) W !,?30,\$E(IBQ,1,49) K IB("PRV") ; </pre>
Current Logic
<pre> ... Q Q ;IBCSC102 </pre>
Modified Logic (Changes are in bold)

Routines	Activities
Routine Name	^IBCSC102
<pre> ... Q Q ;IBCSC102 NPICLK ; Check if provider has an NPI. If not, remove from array. N IBPRV,IBVA,IBIEN,IBNPI F S IBPRV=\$O(IB("PRV",IBPRV)) Q:IBPRV="" D . S IBVA=\$G(IB("PRV",IBPRV,1)) . S IBIEN=\$P(IBVA,"^",3),IBIEN=\$P(IBIEN,";",1) . I IBIEN]"" S IBNPI=\$\$NPIGET^IBCEP81(IBIEN) ; returns NPI or a NULL. . I \$G(IBNPI)="" K IB("PRV",PRV) . Q Q </pre>	

#### 6.2.2.2.1.11. Functional Requirement: Screen – Non-billable Provider – Professional

The IB System shall automatically remove all individual providers who have no NPI number from a professional claim.

Addressed in 6.2.2.2.1.10

#### 6.2.2.2.1.12. Functional Requirement: Fatal Error – Missing non-VA Lab or Facility NPI - Professional

The IB System shall prevent users from authorizing a professional Fee Basis claim with a non-VA Facility that does not have an NPI.

##### 6.2.2.2.1.12.1. Routines

Routines	Activities	
Routine Name	^IBCECOB2	
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change	
RTM	2.6.1.12, 2.6.1.13	
Related Options		
Related Routines	Routines "Called By"	Routines "Called"



Routines	Activities	
Routine Name	^IBCECOB2	
	IBCAPP1, IBCECOB, IBCECOB1, IBCECOB5, IBCECOB6, IBCECSA4, IBCEMSR3, IBCEMU4, IBCEXTR2	IBCECSA, IBCECSA4, IBCEM03, IBCEMRAA, IBCB1, IBJTU4, IBCEU0, IBCEM3, IBCECOB1, IBCCC, IBCEM, IBCCCB0, IBCCCB, IBCB2, IBCEFG4, IBCEMU4, IBCEF, IBCEU1
Routines	Activities	
Data Dictionary (DD) References	BILL/CLAIMS File (#399) Non-VA Facility File (355.93)	
Related Protocols		
Related Integration Control Registrations (ICRs)		
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input checked="" type="checkbox"/> Both <input type="checkbox"/> Global Reference <input type="checkbox"/> Local	
Input Attribute Name and Definition	Name: Definition:	
Output Attribute Name and Definition	Name: Definition:	
Current Logic		
AUTH ; procedure to authorize the claim and refresh the screen K ^UTILITY(\$J) S IBAC=1,IBQUIT=0 D 3^IBCB1 I '\$D(IOUON)!'\$D(IORVON) D ENS^%ZISS I \$P(\$G(^IBM(361.1,IBMRAIEN,0)),U,16)=3 D UPDEDI^IBCEM(IB364,"Z") I \$G(IBBLD)'="" D @IBBLD D PAUSE^VALM1 AUTHX ; Q		
Modified Logic (Changes are in bold)		

Routines	Activities
Routine Name	^IBCECOB2
<p>AUTH ; procedure to authorize the claim and refresh the screen</p> <p><b>N IBNPI</b></p> <p><b>S IBNPI=""</b></p> <p><b>D NPICCHK Q:'IBNPI</b></p> <p>K ^UTILITY(\$J) S IBAC=1,IBQUIT=0 D 3^IBCB1 I '\$D(IOUON)!\$D(IORVON) D ENS^%Z ISS</p> <p>I \$P(\$G(^IBM(361.1,IBMRAIEN,0)),U,16)=3 D UPDEDI^IBCEM(IB364,"Z")</p> <p>I \$G(IBBLD)'="" D @IBBLD</p> <p>D PAUSE^VALM1</p> <p>AUTHX ;</p> <p>Q</p>	
Current Logic	
Modified Logic (Changes are in bold)	
<p><b>NPICCHK ;Check Non-VA Facility for an active NPI.</b></p> <p><b>N IBFCL,IBNVF</b></p> <p><b>S IBNVF=\$P(\$G(^DGCR(399,IBIFN,"U2")),U,10)</b></p> <p><b>Q:IBNVF']""</b></p> <p><b>S IBFCL=\$P(\$G(^DGCR(399,IBIFN,"U2")),U,11)</b></p> <p><b>I IBFCL=1!(IBFCL=2) S IBNPI=\$P(\$G(^IBA(355.93,IBNVF,0)),U,14)</b></p> <p><b>Q</b></p>	

6.2.2.2.1.13. Functional Requirement: Fatal Error – Missing non-VA Lab or Facility NPI - Institutional

The IB System shall prevent users from authorizing an institutional Fee Basis claim with a non-VA Facility that does not have an NPI.

Addressed in 6.2.2.2.1.12

6.2.2.2.1.14. Functional Requirement: Warning – Missing Lab or Facility Taxonomy Code - Institutional

The IB System shall no longer provide a non-fatal warning message to users when an institutional claim contains a Lab or Facility which has no active taxonomy code.

6.2.2.2.1.14.1. Routines

Routines	Activities	
Routine Name	^IBCBB11	
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change	
RTM	2.6.1.14	
Related Options		
Related Routines	Routines "Called By"	Routines "Called"
	IBCBB, IBCBB0, IBCBB1, IBCBB2, IBCBB21, IBCBB3, IBCBB4, IBCBB9, ZZCBB2, ZZCBB4	IBCEP81, IBCEFP, IBCEF73A, IBEFUNC3, IBCEF4, IBCEF, IBRXUTL, IBNCPDR4, IBNCPUT1, IBEFUNC
Routines	Activities	
Data Dictionary (DD) References	BILL/CLAIMS File (#399), IB BILL/CLAIMS PRESCRIPTION REFILL File (#362.4), STATE Dictionary (#5)	
Related Protocols		
Related Integration Control Registrations (ICRs)		
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input checked="" type="checkbox"/> Both <input type="checkbox"/> Global Reference <input type="checkbox"/> Local	
Input Attribute Name and Definition	Name: Definition:	
Output Attribute Name and Definition	Name: Definition:	
Current Logic		
TAXCHK ; Check for required taxonomies N IBTAXS,IBNOTAX,IBTAXREQ,Z,IBXSAVE,IBLINE,IBPRV S IBTAXREQ=\$\$TAXREQ^IBCEP81(DT) ; Check if taxonomy is required ; Check providers		

Routines	Activities
Routine Name	^IBCBB11
<pre> ; IB*2.0*432 changed the Taxonomy check to the new Provider Array ;S IBTAXS=\$\$PROVTAX^IBCEF73A(IBIFN,.IBNOTAX) D ALLIDS^IBCEFP(IBIFN,.IBXSAVE,1) S IBPRV="" F S IBPRV=\$O(IBXSAVE("PROVINF",IBIFN,"C",1,IBPRV)) Q:'IBPRV D . I \$G(IBXSAVE("PROVINF",IBIFN,"C",1,IBPRV,"TAXONOMY"))="" S IBNOTAX(IBPRV)="" S IBLINE="" F S IBLINE=\$O(IBXSAVE("L-PROV",IBIFN,IBLINE)) Q:'IBLINE D . S IBPRV="" . F S IBPRV=\$O(IBXSAVE("L-PROV",IBIFN,IBLINE,"C",1,IBPRV)) Q:IBPRV="" D .. I \$G(IBXSAVE("L-PROV",IBIFN,IBLINE,"C",1,IBPRV,"TAXONOMY"))="" S IBNOTAX(IBPRV)="" I \$D(IBNOTAX) S IBPRV="" F S IBPRV=\$O(IBNOTAX(IBPRV)) Q:'IBPRV D . ; Only Referring, Rendering and Attending are currently sent to the payer . I IBTAXREQ,"134"[IBPRV S IBER=IBER_"IB"_(250+IBPRV)_" ";" Q ; If required, set error . D WARN("Taxonomy for the "_\$_P("referring^operating^rendering^attending^supervising^^^^other",U,IBPRV)_" provider has no value") ; Else, set warning ; Check organizations S IBNOTAX="" S IBTAXS=\$\$ORGTAX^IBCEF73A(IBIFN,.IBNOTAX) I \$L(IBNOTAX) F Z=1:1:\$L(IBNOTAX,U) D . ; Turn IB165, IB166 to a warning . I IBTAXREQ,\$P(IBNOTAX,U,Z)=3 S IBER=IBER_"IB167;" Q . ; PRXM/KJH - Changed descriptions. . D WARN("Taxonomy for the "_\$_P("Service Facility^Non-VA Service Facility^Billing Provider",U,\$P(IBNOTAX,U,Z))_" has no value") ; Else, set warning Q </pre>	
Modified Logic (Changes are in bold)	
<pre> TAXCHK ; Check for required taxonomies N IBTAXS,IBNOTAX,IBTAXREQ,Z,IBXSAVE,IBLINE,IBPRV S IBTAXREQ=\$\$TAXREQ^IBCEP81(DT) ; Check if taxonomy is required ; Check providers ; IB*2.0*432 changed the Taxonomy check to the new Provider Array ;S IBTAXS=\$\$PROVTAX^IBCEF73A(IBIFN,.IBNOTAX) D ALLIDS^IBCEFP(IBIFN,.IBXSAVE,1) S IBPRV="" F S IBPRV=\$O(IBXSAVE("PROVINF",IBIFN,"C",1,IBPRV)) Q:'IBPRV D . I \$G(IBXSAVE("PROVINF",IBIFN,"C",1,IBPRV,"TAXONOMY"))="" S IBNOTAX(IBPRV)="" </pre>	

Routines	Activities
Routine Name	^IBCBB11
<pre> S IBLINE="" F S IBLINE=\$O(IBXSAVE("L-PROV",IBIFN,IBLINE)) Q:'IBLINE D . S IBPRV="" . F S IBPRV=\$O(IBXSAVE("L-PROV",IBIFN,IBLINE,"C",1,IBPRV)) Q:IBPRV="" D .. I \$G(IBXSAVE("L- PROV",IBIFN,IBLINE,"C",1,IBPRV,"TAXONOMY"))="" S IBNOTAX(IBPRV)="" I \$D(IBNOTAX) S IBPRV="" F S IBPRV=\$O(IBNOTAX(IBPRV)) Q:'IBPRV D . ; Only Referring, Rendering and Attending are currently sent to the payer . I IBTAXREQ,"134"[IBPRV S IBER=IBER_"IB"_(250+IBPRV)_" ; Q ; If required, set error . D WARN("Taxonomy for the "_\$P("referring^operating^rendering^attending^supervising^^^other",U,IBPRV)_" provider has no value") ; Else, set warning ; Check organizations S IBNOTAX="" S IBTAXS=\$\$ORGTAX^IBCEF73A(IBIFN,.IBNOTAX) I \$L(IBNOTAX) F Z=1:1:\$L(IBNOTAX,U) D . ; Turn IB165, IB166 to a warning . I IBTAXREQ,\$P(IBNOTAX,U,Z)=3 S IBER=IBER_"IB167;" Q . ; PRXM/KJH - Changed descriptions. . ; D WARN("Taxonomy for the "_\$P("Service Facility^Non-VA Service Facility^Billing Provider",U,\$P(IBNOTAX,U,Z))_" has no value") ; Else, set warning Q </pre>	

#### 6.2.2.2.1.15. Functional Requirement: Warning – Missing Lab or Facility Taxonomy Code - Professional

The IB System shall no longer provide a non-fatal warning message to users when a professional claim contains a Lab or Facility which has no active taxonomy code.

##### 6.2.2.2.1.15.1. Routines

Routines	Activities	
Routine Name	^IBCBB11	
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change	
RTM	2.6.1.15	
Related Options		
Related Routines	Routines "Called By"	Routines "Called"
	IBCBB, IBCBB0, IBCBB1, IBCBB2, IBCBB21, IBCBB3, IBCBB4, IBCBB9, ZZCBB2, ZZCBB4	IBCEP81, IBCEFP, IBCEF73A, IBEFUNC3, IBCEF4, IBCEF, IBRXUTL, IBNCPDR4, IBNCPUT1, IBEFUNC

Routines	Activities
Data Dictionary (DD) References	BILL/CLAIMS File (#399), IB BILL/CLAIMS PRESCRIPTION REFILL File (#362.4), STATE Dictionary (#5)
Related Protocols	
Related Integration Control Registrations (ICRs)	
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input checked="" type="checkbox"/> Both <input type="checkbox"/> Global Reference <input type="checkbox"/> Local
Input Attribute Name and Definition	Name: Definition:
Output Attribute Name and Definition	Name: Definition:
Current Logic	
<pre> NPICLK ; ... I \$L(IBNONPI) F Z=1:1:\$L(IBNONPI,U) D . ; Turn IB161, IB162 to a warning . ;*** pij start IB*20*436 *** . ;I IBNPIREQ,\$P(IBNONPI,U,Z)=3 S IBER=IBER_"IB163;" Q . I IBNPIREQ,\$P(IBNONPI,U,Z)=3,IBLEGAL="" S IBER=IBER_"IB163;" Q . ;*** pij end *** . ; PRXM/KJH - Changed descriptions. . D WARN("NPI for the "_\$P("Service Facility^Non-VA Service Facility^Billing Provider",U,\$P(IBNONPI,U,Z))_" has no value") ; Else, set warning . ;S IBER=IBER_{\$P("IB339;^IB340;^IB341;",U,\$P(IBNONPI,U,Z)) ; DEM;432 Added NPI errors. . ;IB*2.0*432/TAZ - Removed fatal error for Non-VA Service Facility NPI. . S IBER=IBER_{\$P("IB339;^IB341;",U,\$P(IBNONPI,U,Z)) . Q Q </pre>	
Modified Logic (Changes are in bold)	
<pre> I \$L(IBNONPI) F Z=1:1:\$L(IBNONPI,U) D . ; Turn IB161, IB162 to a warning . ;*** pij start IB*20*436 *** . ;I IBNPIREQ,\$P(IBNONPI,U,Z)=3 S IBER=IBER_"IB163;" Q . I IBNPIREQ,\$P(IBNONPI,U,Z)=3,IBLEGAL="" S IBER=IBER_"IB163;" Q . ;*** pij end *** . ; PRXM/KJH - Changed descriptions.. . ;<b>D WARN("NPI for the "_\$P("Service Facility^Non-VA Service Facility^Billing Provider",U,\$P(IBNONPI,U,Z))_" has no value") ; Else, set warning</b> </pre>	

Routines	Activities
Routine Name	^IBCBB11
<pre> . S IBER=IBER_\$P("IB339;^IB340;^IB341;";U,\$P(IBNONPI,U,Z)) ; DEM;432 Added NPI errors. . ;IB*2.0*432/TAZ - Removed fatal error for Non-VA Service Facility NPI. . ;S IBER=IBER_\$P("IB339;^IB341;";U,\$P(IBNONPI,U,Z)) . Q Q </pre>	

#### 6.2.2.2.1.16. Functional Requirement: Print – TRICARE-specific Pay-to Provider – UB04 – TRICARE REIMB.

The IB System shall provide the ability for users to print the TRICARE-specific Pay-to Provider data on a UB04 when the rate type of the claim is TRICARE REIMB.

When a claim is printed on a UB-04, the pay-to provider information is pulled by the function \$\$PRVDATA^IBJPS3. This function will be modified to first determine whether or not the claim is a TRICARE claim. If it is, and TRICARE-specific pay-to provider information is present, that information will be returned to the calling routine. Otherwise, it will return the normal, non-TRICARE-specific pay-to provider information, as it currently does.

There are no changes necessary to either the Output Formatter fields related to the printing the UB-04 or any related routines, with the exception of \$\$PRVDATA^IBJPS3.

Changes to \$\$PRVDATA^IBJPS3 are described below, beneath 6.2.2.2.10.1.6.

#### 6.2.2.2.1.17. Functional Requirement: Print – TRICARE-specific Pay-to Provider – UB04 - TRICARE

The IB System shall provide the ability for users to print the TRICARE-specific Pay-to Provider data on a UB04 when the rate type of the claim is TRICARE.

See section 6.2.2.2.1.16. above.

#### 6.2.2.2.1.18. Functional Requirement: Print – TRICARE-specific Pay-to Provider – CMS 1500 – TRICARE REIMB.

The IB System shall provide the ability for users to print the TRICARE-specific Pay-to Provider data on a CMS - 1500 when the rate type of the claim is TRICARE REIMB.

When a claim is printed on a CMS-1500, the pay-to provider information is pulled by the function \$\$PRVDATA^IBJPS3. This function will be modified to first determine whether or not the claim is a TRICARE claim. If it is, and TRICARE-specific pay-to provider information is present, that information will be returned to the calling routine. Otherwise, it will return the normal, non-TRICARE-specific pay-to provider information, as it currently does.

There are no changes necessary to either the Output Formatter fields related to the printing the CMS-1500 or any related routines, with the exception of \$\$PRVDATA^IBJPS3.

Changes to \$\$PRVDATA^IBJPS3 are described below, beneath 6.2.2.2.10.1.6.

**6.2.2.2.1.19. Functional Requirement: Print – TRICARE-specific Pay-to Provider – CMS 1500 - TRICARE**

The IB System shall provide the ability for users to print the TRICARE-specific Pay-to Provider data on a CMS - 1500 when the rate type of the claim is TRICARE.

See section 6.2.2.2.1.18. above.

**6.2.2.2.1.20. Functional Requirement: Section 4/Screen 5 Navigation – Partial**

The IB System shall provide the ability for users to navigate within Section 4 of Screen 5 using an up caret and partial name of a prompt within Section 4.

CBO has determined that this functionality is working in an appropriate manner. See Change Request 11.

**6.2.2.2.1.21. Functional Requirement: Section 4/Screen 5 Navigation – Complete**

The IB System shall provide the ability for users to navigate within Section 4 of Screen 5 using an up caret and the complete name of a prompt.

CBO has determined that this functionality is working in an appropriate manner. See Change Request 11.

**6.2.2.2.1.22. Functional Requirement: Re-sequence Diagnoses/Maintain Pointers**

The IB System shall provide the ability for users to re-sequence a diagnosis code which has been associated with a procedure code(s) while maintaining the association (diagnoses pointers).

**6.2.2.2.1.22.1. Routines (Entry Points)**

Routines	Activities	
Routine Name	IBCSC4D	
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change	
RTM	2.6.1.22	
Related Options		
Related Routines	Routines “Called By”	Routines “Called”



Routines	Activities	
Routine Name	IBCSC4D	
	^AGNMCC5, ^ARH65A, ^ARHABTST, ^ARHCCPT, ^ARHCF10, ^ARHCF33, ^ARHCSC4D, ^ARHRFN3, ^ARHRFN32, ^ARHSC4D, ^ARHSC5A, ^CPM4D, ^CPM4D1, ^IBCBB2, ^IBCBB3, ^IBCD3, ^IBCF10, ^IBCF22, ^IBCF32, ^IBCF331, ^IBCSC4, ^IBCSC4E, ^IBCSC5, ^IBCSCE, ^IBCU72, ^IBINI09N, ^IBINI09O, ^IBJTBB, ^IBRFN3, ^IBYZ20R,	^DICN, ^DIE, ^DIR, ^IBACSV, ^IBACSV, ^IBACSV, ^IBCEF, ^IBCEF, ^IBCSC4E, ^IBCSC4E, ^IBCSC4E, ^IBCSC4F, ^IBCSCH1, ^IBCU72, ^IBOUTL, ^IBSDU, ^IBTRE, ^XLFDT
Routines	Activities	
Data Dictionary (DD) References	BILL/CLAIMS File (#399)	
Related Protocols		
Related Integration Control Registrations (ICRs)		
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input checked="" type="checkbox"/> Both <input type="checkbox"/> Global Reference <input type="checkbox"/> Local	
Input Attribute Name and Definition	Name: Definition:	
Output Attribute Name and Definition	Name: Definition:	
Current Logic		
<pre> ...  EDIT(IBDXIFN) ;   N NEEDPOA   S DIDEL=362.3,DIE="^IBA(362.3,"DA=IBDXIFN   ; only ask for POA if inpatient UB-04 claim   S NEEDPOA=IBINP&amp;(\$\$FT^IBCEF(IBIFN)=3)   S DR=".01Diagnosis"_\$S(NEEDPOA:";.04POA Indicator",1:"")_"_.03Order"   D ^DIE K DIE,DR,DA,DIC,DIDEL   ;   I \$D(^IBA(362.3,IBDXIFN,0)),\$\$FIRSTDX(IBDXIFN) D G EDITQ   . N DIE,DR,DA,Y,X,IB0   . S IB0=^IBA(362.3,IBDXIFN,0)   . S DIE="^DGCR(399,"DA=+\$P(IB0,U,2),DR="215////"_"_+IB0 D ^DIE </pre>		

Routines	Activities
Routine Name	IBSC4D
<pre> ; ; - if the entry was deleted, remove dangling pointers from #399.0304 N IBPROC,IBPROCD,IBPIECE,IBHIT S (IBHIT,IBPROC)=0 F S IBPROC=\$O(^DGCR(399,IBIFN,"CP",IBPROC)) Q:'IBPROC S IBPROCD=\$G(^ IBPROC,0)) I IBPROCD]"" D .F IBPIECE=11:1:14 I +\$P(IBPROCD,"^",IBPIECE)=IBDXIFN S IBHIT=1 D UPD^ BCU72("@",IBPIECE-1) I IBHIT W *7,!, "This diagnosis was removed as a procedure diagnosis." EDITQ Q  ... </pre>	
Modified Logic (Changes are in bold)	
<pre> ...  EDIT(IBDXIFN) ; N NEEDPOA S DIEL=362.3,DIE="^IBA(362.3,"DA=IBDXIFN ; only ask for POA if inpatient UB-04 claim S NEEDPOA=IBINP&amp;(\$\$FT^IBCEF(IBIFN)=3) S DR=".01Diagnosis"_\$S(NEEDPOA:",".04POA Indicator",1:"")_";.03Order" D ^DIE K DIE,DR,DA,DIC,DIEL ; I \$D(^IBA(362.3,IBDXIFN,0)),\$\$FIRSTDX(IBDXIFN) D G EDITQ N DIE,DR,DA,Y,X,IB0 S IB0=^IBA(362.3,IBDXIFN,0) S DIE="^DGCR(399,"DA=+\$P(IB0,U,2),DR="215////" _+IB0 D ^DIE ; ; Add the '\$D check *before* removing the dangling pointers. 1/16/2014 MRD ; If the entry was deleted, remove dangling pointers from #399.0304. I '\$D(^IBA(362.3,IBDXIFN)) D N IBPROC,IBPROCD,IBPIECE,IBHIT S (IBHIT,IBPROC)=0 F S IBPROC=\$O(^DGCR(399,IBIFN,"CP",IBPROC)) Q:'IBPROC S IBPROCD=\$G( ^(IBPROC,0)) I IBPROCD]"" D .F IBPIECE=11:1:14 I +\$P(IBPROCD,"^",IBPIECE)=IBDXIFN S IBHIT=1 D UP D^BCU72("@",IBPIECE-1) .. Q ; ; If a pointer to the deleted DX code was found and removed, then ; sound &lt;bell&gt;, display message, and 'shift' any other associated ; DX codes to close the gap, if any. 1/21/2014 MRD I IBHIT D W *7,!, "This diagnosis was removed as a procedure diagnosis." ; ; </pre>	

Routines	Activities
Routine Name	IBCSC4D
<pre> .. S IBPROC=0 .. F S IBPROC=\$O(^DGCR(399,IBIFN,"CP",IBPROC)) Q:'IBPROC S IBPROCD=\$ G(^IBPROC,0)) I IBPROCD]" D ... F IBPIECE=11:1:13 D .... ; If DX field is blank, and next one is not blank, then shift it 'up'. .... I \$P(IBPROCD,"^",IBPIECE)="", \$P(IBPROCD,"^",IBPIECE+1)="" D ..... D UPD^IBCU72("@",IBPIECE) ; Delete from one slot... ..... D UPD^IBCU72(\$P(IBPROCD,"^",IBPIECE+1),IBPIECE-1) ; Add to the blank slot. ..... S IBPROCD=\$G(^DGCR(399,IBIFN,"CP",IBPROC,0)) ; Grab updated version of this node. ..... Q ..... Q ..... Q ..... Q ..... Q ..... Q ..... Q EDITQ Q ... </pre>	

#### 6.2.2.2.1.23. Functional Requirement: Value Code Help

The IB System shall provide the ability for users to view the list of available Value Codes by code number when users enter ?? for Help.

See section 6.2.2.2.1.24 below.

#### 6.2.2.2.1.24. Functional Requirement: Value Code – External Code Lookup

The IB System shall provide the ability for users to lookup a Value Code by NUBC code number.

#### 6.2.2.2.1.24.1. Functional Requirement: Value Code – External Code Lookup

Field Name
Input Transform for field 399.047, sub-field .01, Value Code
Current Value
VALUE CODE^M*P399.1^X^DGCR(399.1,^0;1^S DIC("S")="I +\$P(\$ G(^DGCR(399.1,+Y,0)),U,11),\$ALLOWVC^IBVC(DA(1),+Y)" D ^DIC K DIC S DIC=\$G(DIE),X=+Y K:Y<0 X
New Value
VALUE CODE^M*P399.1^X^DGCR(399.1,^0;1^S DIC("S")="I +\$P(\$ G(^DGCR(399.1,+Y,0)),U,11),\$ALLOWVC^IBVC(DA(1),+Y)",D="C^B" D MIX^DIC1 K DIC S DIC=\$G(DIE),X=+Y K:Y<0 X

#### 6.2.2.2.1.25. Functional Requirement: Occurrence Code Help

The IB System shall provide the ability for users to view the list of available Occurrence Codes by NUBC code number when users enter ?? for Help.

See section 6.2.2.2.1.26 below.

#### 6.2.2.2.1.26. Functional Requirement: Occurrence Code – External Code Lookup

The IB System shall provide the ability for users to lookup an Occurrence Code by NUBC code number.

##### 6.2.2.2.1.26.1. Functional Requirement: Occurrence Code – External Code Lookup

Field Name
Input Transform for field 399.041, sub-field .01, Occurrence Code
Current Value
OCCURRENCE CODE^M*P399.1'^DGCR(399.1,^0;1^S DIC("S")="I \$ P(^DGCR(399.1,+Y,0),U,4)=1,\$S(+Y'=22:1,\$P(^DPT(\$P(^DGCR(399,DA,0),U,2),0),U,2)="F":1 ,1:0)" D ^DIC K DIC S DIC=DIE,X=+Y K:Y<0 X
New Value
OCCURRENCE CODE^M*P399.1'^DGCR(399.1,^0;1^S DIC("S")="I \$P(^DGCR(399.1,+Y,0),U,4)=1,\$S(+Y'=22:1,\$P(^DPT(\$P(^DGCR(399,DA,0),U,2),0),U,2)= "F":1,1:0)",D="C^B" D MIX^DIC1 K DIC S DIC=DIE,X=+Y K:Y<0 X

#### 6.2.2.2.1.27. Functional Requirement: Condition Code Help

The IB System shall provide the ability for users to view the list of available Condition Codes by NUBC code number when users enter ?? for Help.

See section 6.2.2.2.1.28 below.

#### 6.2.2.2.1.28. Functional Requirement: Condition Code – External Code Lookup

The IB System shall provide the ability for users to lookup a Condition Code by NUBC code number.

##### 6.2.2.2.1.28.1. Functional Requirement: Condition Code – External Code Lookup

Field Name
Input Transform for field 399.04, sub-field .01, Condition Code
Current Value
CONDITION CODE^M*P399.1'^DGCR(399.1,^0;1^S DIC("S")="I +\$P(\$G(^DGCR(399.1,+Y,0)),U,15)" D ^DIC K DIC S DIC=DIE,X=+Y K:Y<0 X
New Value
CONDITION CODE^M*P399.1'^DGCR(399.1,^0;1^S DIC("S")="I



SECONDARY INSURANCE POLICY S:X="" Y="@998" TERTIARY INSURANCE POLICY @998  ...
After Modifications
...  @312 PRIMARY INSURANCE POLICY I X="" S:\$E(IBVV,9) IBVV=\$E(IBVV,1,8)_ "0" S:X="" Y="@998" S IBINS=\$P(\$G(^DPT(DFN,.312,X,0)),U) S IBHPID=\$\$HPD^IBCNHUT1(IBINS) PRIMARY INSURANCE HPID//^S X=IBHPID SECONDARY INSURANCE POLICY S:X="" Y="@998" S IBINS=\$P(\$G(^DPT(DFN,.312,X,0)),U) S IBHPID=\$\$HPD^IBCNHUT1(IBINS) SECONDARY INSURANCE HPID//^S X=IBHPID TERTIARY INSURANCE POLICY S:X="" Y="@998" S IBINS=\$P(\$G(^DPT(DFN,.312,X,0)),U) S IBHPID=\$\$HPD^IBCNHUT1(IBINS) TERTIARY INSURANCE HPID//^S X=IBHPID @998  ...

#### 6.2.2.2.1.30. Functional Requirement: One-Time HPID - Institutional

The IB System shall provide the ability for users to enter a one-time (the ID will not be stored in the Insurance Company file) Health Plan Identifier for the following payer(s) when present on an institutional claim:

- Primary
- Secondary
- Tertiary

#### 6.2.2.2.1.31. Functional Requirement: Line Level NDC Code Units to Non-Prescription Claims - Professional

The IB System shall provide the ability for users to add a line level number of units for each National Drug Code on a non-prescription procedure when creating a professional claim.

## 6.2.2.2.1.31.1.

## Fields to be Added by the Design

File Number and Name
#399, BILL/CLAIMS
Field Number and Name
#54, UNITS
Field Location
Beneath the “CP” node (line level of bill/claim), the “1” node, the 8 <sup>th</sup> “^”-piece. E.g. ^DGCR(399,123,“CP”,1,1) = “^^^12345-6789-01^8” where “8” is the UNITS.
Data Type
Numeric

See Section 6.2.2.2.1.2.2 above, which describes programming changes to ^IBCU7 to handle the input of the new UNITS field.

## 6.2.2.2.1.32.

## Functional Requirement: Line Level NDC Code Units to Non-Prescription Claims - Institutional

The IB System shall provide the ability for users to add a line level number of units for each National Drug Code on a non-prescription procedure when creating an institutional claim.

See Section 6.2.2.2.1.31.1 above, which describes the new UNITS field and Section 6.2.2.2.1.2.2 above, which describes programming changes to ^IBCU7 to handle the input of the new UNITS field.

See Section 6.2.2.2.1.29.1 above, which describes the new fields PRIMARY INSURANCE HPID, SECONDARY INSURANCE HPID and TERTIARY INSURANCE HPID.

## 6.2.2.2.2. System Feature: Data Dictionary

## 6.2.2.2.2.1.

## Functional Requirement: Remove Obsolete Fields – File 399

The IB System BILL/CLAIMS file (file 399) shall no longer contain obsolete fields:

- 51 \*CPT PROCEDURE CODE (1)
- 52 \*CPT PROCEDURE CODE (2)
- 53 \*CPT PROCEDURE CODE (3)
- 54 \*ICD PROCEDURE CODE (1)
- 55 \*ICD PROCEDURE CODE (2)
- 56 \*ICD PROCEDURE CODE (3)
- 57 \*HCFA PROCEDURE CODE (1)
- 58 \*HCFA PROCEDURE CODE (2)

- 59 \*HCFA PROCEDURE CODE (3)
- 61 \*PROCEDURE DATE (1)
- 62 \*PROCEDURE DATE (2)
- 63 \*PROCEDURE DATE (3)
- 65 \*ICD DIAGNOSIS CODE (2)
- 66 \*ICD DIAGNOSIS CODE (3)
- 67 \*ICD DIAGNOSIS CODE (4)
- 68 \*ICD DIAGNOSIS CODE (5)
- 168 \*PLACE OF SERVICE
- 169 \*TYPE OF SERVICE
- 170 PPS (Cannot remove due to triggers)
- 202 OFFSET AMOUNT (Cannot remove due to triggers)
- 203 OFFSET DESCRIPTION (Cannot remove due to triggers)
- 204 \*UB82 FORM LOCATOR 2
- 205 \*FORM LOCATOR 9
- 206 \*FORM LOCATOR 27
- 207 \*FORM LOCATOR 45
- 208 \*BILL COMMENT
- 209 \*FISCAL YEAR 1
- 210 \*FY 1 CHARGES
- 211 \*FISCAL YEAR 2
- 212 \*FY2 CHARGES
- 213 \*FORM LOCATOR 92
- 214 \*FORM LOCATOR 93
- 399.042,.13 \*UB92 FORM LOCATOR 49 – Revenue Code
- 399.0304,2 \*ADDITIONAL PROCEDURE NAME – Procedure

DBA approval is required before removal of any field from the database.

#### 6.2.2.2.1.1.

#### Field to be Removed by the Design

File Number and Name
#399, BILL/CLAIMS
Field Number and Name
51 *CPT PROCEDURE CODE (1), 52 *CPT PROCEDURE CODE (2), 53 *CPT PROCEDURE CODE (3), 54 *ICD PROCEDURE CODE (1), 55 *ICD PROCEDURE CODE (2), 56 *ICD PROCEDURE CODE (3), 57 *HCFA PROCEDURE CODE (1), 58 *HCFA PROCEDURE CODE (2), 59 *HCFA PROCEDURE CODE (3), 61 *PROCEDURE DATE (1), 62 *PROCEDURE DATE (2), 63 *PROCEDURE DATE (3),



65 \*ICD DIAGNOSIS CODE (2), 66 \*ICD DIAGNOSIS CODE (3), 67 \*ICD DIAGNOSIS CODE (4), 68 \*ICD DIAGNOSIS CODE (5), 168 \*PLACE OF SERVICE, 169 \*TYPE OF SERVICE, 204 \*UB82 FORM LOCATOR 2, 205 \*FORM LOCATOR 9, 206 \*FORM LOCATOR 27, 207 \*FORM LOCATOR 45, 208 \*BILL COMMENT, 209 \*FISCAL YEAR 1, 210 \*FY 1 CHARGES, 211 \*FISCAL YEAR 2, 212 \*FY2 CHARGES, 213 \*FORM LOCATOR 92, 214 \*FORM LOCATOR 93, 399.042,.13 \*UB92 FORM LOCATOR 49 – Revenue Code, 399.0304,2 \*ADDITIONAL PROCEDURE NAME – Procedure

#### Field Location

“C” node contains all fields 51..68.

“U” node contains fields 168,169

“U1” node contains fields 170, 202..214. (At this time there will be one field left in this node not marked for removal. Field 201, Total Charges.)

“RC” node field 13 contains UB92 FORM LOCATOR 49

“CP” node field 2 contains ADDITIONAL PROCEDURE NAME.

#### Before Modifications

Condensed listing of file 399:

CONDENSED DATA DICTIONARY---BILL/CLAIMS FILE (#399)UCI: MNTVBB,MNTVBB  
VERSION:

5.1

STORED IN: ^DGCR(399, 02/03/14 PAGE 2

#### FILE STRUCTURE

FIELD NUMBER	FIELD NAME
.01	BILL NUMBER (FXI), [0;1]
.02	PATIENT NAME (RP2'I), [0;2]
.03	EVENT DATE (RDX), [0;3]
.04	LOCATION OF CARE (RS), [0;4]
.05	BILL CLASSIFICATION (RSX), [0;5]
.06	TIMEFRAME OF BILL (RS), [0;6]
.07	RATE TYPE (R*P399.3'), [0;7]
.08	PTF ENTRY NUMBER (RP45X), [0;8]
.09	PROCEDURE CODING METHOD (SX), [0;9]
.11	WHO'S RESPONSIBLE FOR BILL? (RSI), [0;11]
.13	STATUS (RS), [0;13]

.14	STATUS DATE (RD), [0;14]
.15	BILL COPIED FROM (*P399'), [0;15]
.16	NON-VA DISCHARGE DATE (D), [0;16]
.17	PRIMARY BILL (P399'), [0;17]
.18	SC AT TIME OF CARE (FXO), [0;18]
.19	FORM TYPE (R*P353'), [0;19]
.2	AUTO (S), [0;20]
.21	CURRENT BILL PAYER SEQUENCE (*S), [0;21]
.22	DEFAULT DIVISION (P40.8'), [0;22]
.24	UB-04 LOCATION OF CARE (RS), [0;24]
.25	UB-04 BILL CLASSIFICATION (R*P399.1'), [0;25]
.26	UB-04 TIMEFRAME OF BILL (RS), [0;26]
.27	BILL CHARGE TYPE (S), [0;27]
1	DATE ENTERED (RDXI), [S;1]
2	ENTERED/EDITED BY (RP200'I), [S;2]
3	INITIAL REVIEW (FOX), [S;3]
4	INITIAL REVIEW DATE (D), [S;4]
5	INITIAL REVIEWER (P200'I), [S;5]
6	SECONDARY REVIEW (FOX), [S;6]
7	MRA REQUESTED DATE (D), [S;7]
8	MRA REQUESTOR (P200'), [S;8]
9	AUTHORIZE BILL GENERATION? (FOX), [S;9]
10	AUTHORIZATION DATE (DI), [S;10]
11	AUTHORIZER (P200'I), [S;11]
12	DATE FIRST PRINTED (RD), [S;12]
13	FIRST PRINTED BY (P200'), [S;13]
14	DATE LAST PRINTED (D), [S;14]
15	LAST PRINTED BY (P200'I), [S;15]
16	CANCEL BILL? (FOX), [S;16]
17	DATE BILL CANCELLED (DI), [S;17]
18	BILL CANCELLED BY (P200'I), [S;18]
19	REASON CANCELLED (RFX), [S;19]
20	LAST AUSTIN CONFIRM DATE (D), [TX;1]
21	LAST ELECTRONIC EXTRACT DATE (D), [TX;2]
22	MRA RECORDED DATE (D), [TX;3]
24	CLAIM MRA STATUS (S), [TX;5]
25	REQUEST AN MRA? (FXO), [TX;6]
26	PRINTED VIA EDI? (S), [TX;7]
27	FORCE CLAIM TO PRINT (S), [TX;8]
28	FORCE PRINT MRA SECONDARY (S), [TX;9]
28.1	MRA REVIEW STATUS (S), [TX;10]

29	BILL CLONED TO (P399'), [S1;1]
30	BILL CLONED FROM (P399'), [S1;2]
31	DATE BILL CLONED (D), [S1;3]
32	BILL CLONED BY (P200'), [S1;4]
33	REASON CLONED (F), [S1;5]
34	AUTO PROCESSED FROM CLAIM (P399'), [S1;6]
35	AUTO PROCESS (S), [S1;7]
36	AUTO PROCESS REASON (P350.8'), [S1;8]
37	REMOVED FROM WORKLIST BY (P200'), [S1;9]
38	REMOVED FROM WORKLIST HOW (S), [UF32;4]
39	REMOVED FROM WORKLIST DATE (D), [UF32;5]
40	CONDITION CODE (Multiple-399.04), [CC;0]
	.01 CONDITION CODE (M*P399.1'), [0;1]
41	OCCURRENCE CODE (Multiple-399.041), [OC;0]
	.01 OCCURRENCE CODE (M*P399.1'), [0;1]
	.02 DATE (RD), [0;2]
	.03 STATE (P5'), [0;3]
	.04 END DATE (RDX), [0;4]
42	REVENUE CODE (Multiple-399.042), [RC;0]
	.001 NUMBER (NJ5,0), [ ]
	.01 REVENUE CODE (MR*P399.2'), [0;1]
	.02 CHARGES (RNJ10,2), [0;2]
	.03 UNITS OF SERVICE (RNJ6,0X), [0;3]
	.04 TOTAL (RNJ9,2XI), [0;4]
	.05 BEDSECTION (R*P399.1'), [0;5]
	.06 PROCEDURE (*P81'), [0;6]
	.07 DIVISION (P40.8'X), [0;7]
	.08 AUTO (S), [0;8]
	.09 NON-COVERED CHARGE (NJ10,2), [0;9]
	.1 TYPE (S), [0;10]
	.11 ITEM (NJ10,0), [0;11]
	.12 COMPONENT (S), [0;12]
	.13 *UB92 FORM LOCATOR 49 (F), [0;13]
	.15 RX PROCEDURE (FXO), [0;15]
	.16 MANUALLY EDITED (S), [0;16]
43	OP VISITS DATE(S) (Multiple-399.043), [OP;0]
	.01 OP VISITS DATE(S) (MDX), [0;1]
44	REASON(S) DISAPPROVED-INITIAL (Multiple-399.044), [D1;0]
	.01 REASON(S) DISAPPROVED-INITIAL (MP399.4'), [0;1]
45	REASON(S) DISAPPROVED-SECOND (Multiple-399.045), [D2;0]
	.01 REASON(S) DISAPPROVED-SECOND (MP399.4'), [0;1]

46	RETURNED LOG DATE/TIME (Multiple-399.046), [R;0]
	.01 LOG DATE/TIME (D), [0;1]
	.02 USER (P200'), [0;2]
	.03 RETURNED COMMENTS (F), [0;3]
	.04 RETURN TO A/R? (FXO), [0;4]
47	VALUE CODE (Multiple-399.047), [CV;0]
	.01 VALUE CODE (M*P399.1'X), [0;1]
	.02 VALUE (FX), [0;2]
48	OTHER CARE (Multiple-399.048), [OT;0]
	.01 OTHER CARE (M*P399.1'), [0;1]
	.02 START DATE (RDX), [0;2]
	.03 END DATE (RDX), [0;3]
51	*CPT PROCEDURE CODE (1) (*P81'), [C;1]
52	*CPT PROCEDURE CODE (2) (*P81'), [C;2]
53	*CPT PROCEDURE CODE (3) (*P81'), [C;3]
54	*ICD PROCEDURE CODE (1) (P80.1'), [C;4]
55	*ICD PROCEDURE CODE (2) (P80.1'), [C;5]
56	*ICD PROCEDURE CODE (3) (P80.1'), [C;6]
57	*HCFA PROCEDURE CODE (1) (*P81'X), [C;7]
58	*HCFA PROCEDURE CODE (2) (*P81'X), [C;8]
59	*HCFA PROCEDURE CODE (3) (*P81'X), [C;9]
60	OUTPATIENT DIAGNOSIS (FX), [C;10]
61	*PROCEDURE DATE (1) (RDX), [C;11]
62	*PROCEDURE DATE (2) (RDX), [C;12]
63	*PROCEDURE DATE (3) (RDX), [C;13]
65	*ICD DIAGNOSIS CODE (2) (P80'), [C;15]
66	*ICD DIAGNOSIS CODE (3) (P80'), [C;16]
67	*ICD DIAGNOSIS CODE (4) (P80'), [C;17]
68	*ICD DIAGNOSIS CODE (5) (P80'), [C;18]
77	MRA REQUEST CLAIM COMMENTS (Multiple-399.077), [TXC;0]
	.01 COMMENT ENTERED DATE (D), [0;1]
	.02 COMMENT ENTERED BY (P200'), [0;2]
	.03 COMMENTS (Multiple-399.0771), [1;0]
	.01 COMMENTS (W), [0;1]
78	EOB CLAIM COMMENTS (Multiple-399.078), [TXC2;0]
	.01 EOB CLAIM COMMENTS (D), [0;1]
	.02 COMMENT ENTERED BY (P200'), [0;2]
	.03 COMMENTS (Multiple-399.0781), [1;0]
	.01 COMMENTS (Wx), [0;1]
101	PRIMARY INSURANCE CARRIER (R*P36'X), [M;1]
102	SECONDARY INSURANCE CARRIER (*P36'X), [M;2]

103	TERTIARY INSURANCE CARRIER (*P36'X), [M;3]
104	MAILING ADDRESS NAME (F), [M;4]
105	MAILING ADDRESS STREET (FX), [M;5]
106	MAILING ADDRESS STREET2 (F), [M;6]
107	MAILING ADDRESS CITY (F), [M;7]
108	MAILING ADDRESS STATE (P5'), [M;8]
109	MAILING ADDRESS ZIP CODE (FX), [M;9]
110	*PATIENT SHORT MAILING ADDRESS (RF), [M;10]
111	RESPONSIBLE INSTITUTION (RP4), [M;11]
112	PRIMARY INSURANCE POLICY (FXO), [M;12]
113	SECONDARY INSURANCE POLICY (FOX), [M;13]
114	TERTIARY INSURANCE POLICY (FOX), [M;14]
121	MAILING ADDRESS STREET3 (F), [M1;1]
122	PRIMARY PROVIDER # (FX), [M1;2]
123	SECONDARY PROVIDER # (FX), [M1;3]
124	TERTIARY PROVIDER # (FX), [M1;4]
125	PRIMARY BILL # (*P399'), [M1;5]
126	SECONDARY BILL # (*P399'), [M1;6]
127	TERTIARY BILL # (*P399'), [M1;7]
128	PRIMARY ID QUALIFIER (*P355.97'), [M1;10]
129	SECONDARY ID QUALIFIER (*P355.97'), [M1;11]
130	TERTIARY ID QUALIFIER (*P355.97'), [M1;12]
135	BILL PAYER CARRIER (*P36'), [MP;1]
136	BILL PAYER POLICY (FXO), [MP;2]
151	STATEMENT COVERS FROM (RDX), [U;1]
152	STATEMENT COVERS TO (RDX), [U;2]
153	POWER OF ATTORNEY COMPLETED? (RFOX), [U;3]
154	WHOSE EMPLOYMENT INFO.? (RS), [U;4]
155	IS THIS A SENSITIVE RECORD? (RFOX), [U;5]
156	ASSIGNMENT OF BENEFITS (RFOX), [U;6]
157	R.O.I. FORM(S) COMPLETED? (FOX), [U;7]
158	TYPE OF ADMISSION (S), [U;8]
159	SOURCE OF ADMISSION (S), [U;9]
159.5	NON-PTF ADMISSION HOUR (FXO), [U;20]
160	ACCIDENT HOUR (FX), [U;10]
161	DISCHARGE BEDSECTION (*P399.1'), [U;11]
162	DISCHARGE STATUS (*P399.1'), [U;12]
163	TREATMENT AUTHORIZATION CODE (F), [U;13]
164	BC/BS PROVIDER # (RFX), [U;14]
165	LENGTH OF STAY (F), [U;15]
166	UNABLE TO WORK FROM (D), [U;16]

167	UNABLE TO WORK TO (D), [U;17]
168	*PLACE OF SERVICE (P353.1'), [U;18]
169	*TYPE OF SERVICE (P353.2'), [U;19]
170	PPS (P80.2'), [U1;15]
201	TOTAL CHARGES (NJ8,2XI), [U1;1]
202	OFFSET AMOUNT (NJ8,2), [U1;2]
203	OFFSET DESCRIPTION (FX), [U1;3]
204	*UB82 FORM LOCATOR 2 (F), [U1;4]
205	*FORM LOCATOR 9 (F), [U1;5]
206	*FORM LOCATOR 27 (F), [U1;6]
207	*FORM LOCATOR 45 (F), [U1;7]
208	*BILL COMMENT (F), [U1;8]
209	*FISCAL YEAR 1 (RF), [U1;9]
210	*FY 1 CHARGES (RNJ10,2), [U1;10]
211	*FISCAL YEAR 2 (F), [U1;11]
212	*FY 2 CHARGES (NJ10,2), [U1;12]
213	*FORM LOCATOR 92 (F), [U1;13]
214	*FORM LOCATOR 93 (F), [U1;14]
215	ADMITTING DIAGNOSIS (*P80'), [U2;1]
216	COVERED DAYS (NJ3,0), [U2;2]
217	NON-COVERED DAYS (NJ4,0), [U2;3]
218	PRIMARY PRIOR PAYMENT (NJ11,2), [U2;4]
219	SECONDARY PRIOR PAYMENT (NJ11,2), [U2;5]
220	TERTIARY PRIOR PAYMENT (NJ11,2), [U2;6]
221	CO-INSURANCE DAYS (NJ3,0), [U2;7]
222	PROVIDER (Multiple-399.0222), [PRV;0]
	.01 FUNCTION (MRM*S), [0;1]
	.02 PERFORMED BY (V), [0;2]
	.03 CREDENTIALS (F), [0;3]
	.04 STATE (P5'), [0;4]
	.05 PRIMARY INS CO ID NUMBER (FX), [0;5]
	.06 SECONDARY INS CO ID NUMBER (FX), [0;6]
	.07 TERTIARY INS CO ID NUMBER (FX), [0;7]
	.08 SPECIALTY (F), [0;8]
	.09 DELETE 2006 .09 (R*P355.96'), [0;9]
	.1 DELETE 2006 .1 (R*P355.96'), [0;10]
	.11 DELETE 2006 .11 (R*P355.96'), [0;11]
	.12 PRIM INS PROVIDER ID TYPE (*P355.97'), [0;12]
	.13 SEC INS PROVIDER ID TYPE (*P355.97'), [0;13]
	.14 TERT INS PROVIDER ID TYPE (*P355.97'), [0;14]
	.15 TAXONOMY (P8932.1'), [0;15]

	1.01 DELETE 2006 1.01 (*P355.96), [1;1]
	1.02 DELETE 2006 1.02 (*P355.96), [1;2]
	1.03 DELETE 2006 1.03 (*P355.96), [1;3]
230	SECONDARY AUTHORIZATION CODE (FX), [U2;8]
231	TERTIARY AUTHORIZATION CODE (F), [U2;9]
232	NON-VA FACILITY (*P355.93X), [U2;10]
233	NON-VA CARE TYPE (S), [U2;11]
234	NON-VA CARE ID # (F), [U2;12]
235	LAB CLIA NUMBER (F), [U2;13]
236	HOMEBOUND (S), [U2;14]
237	DATE LAST SEEN (D), [U2;15]
238	SPECIAL PROGRAM INDICATOR (S), [U2;16]
239	PRIMARY EMC ID CARE UNIT (F), [U2;17]
240	SECONDARY EMC ID CARE UNIT (F), [U2;18]
241	TERTIARY EMC ID CARE UNIT (F), [U2;19]
242	MAMMOGRAPHY CERT NUMBER (F), [U3;1]
243	SERVICE FACILITY TAXONOMY (*P8932.1'), [U3;2]
244	NON-VA FACILITY TAXONOMY (*P8932.1'), [U3;3]
245	LAST XRAY DATE (DX), [U3;4]
246	DATE OF INITIAL TREATMENT (DX), [U3;5]
247	DATE OF ACUTE MANIFESTATION (DX), [U3;6]
248	PATIENT CONDITION CODE (S), [U3;7]
249	PRV DIAGNOSIS (1) (P80'), [U3;8]
250	PRV DIAGNOSIS (2) (P80'), [U3;9]
251	PRV DIAGNOSIS (3) (P80'), [U3;10]
252	BILLING PROVIDER TAXONOMY (*P8932.1'), [U3;11]
253	PRIMARY REFERRAL NUMBER (F), [UF32;1]
254	SECONDARY REFERRAL NUMBER (F), [UF32;2]
255	TERTIARY REFERRAL NUMBER (F), [UF32;3]
260	COB TOTAL NON-COVERED AMOUNT (NJ18,2), [U4;1]
261	PROPERTY/CASUALTY CLAIM NUMBER (F), [U4;2]
262	PROP/CAS DATE OF 1ST CONTACT (D), [U4;3]
263	DISABILITY START DATE (DX), [U4;4]
264	DISABILITY END DATE (DX), [U4;5]
266	PRIMARY SURGICAL PROC CODE (P81'), [U4;7]
267	SECONDARY SURGICAL PROC CODE (P81'), [U4;8]
268	PROPERTY/CASUALTY CONTACT NAME (F), [U4;9]
269	PROP/CAS COMMUNICATION NUMBER (NJ10,0), [U4;10]
269.1	PROP/CAS EXTENSION NUMBER (NJ10,0), [U4;11]
271	AMBULANCE P/U ADDRESS 1 (F), [U5;2]
272	AMBULANCE P/U ADDRESS 2 (F), [U5;3]

273	AMBULANCE P/U CITY (F), [U5;4]
274	AMBULANCE P/U STATE (P5'), [U5;5]
275	AMBULANCE P/U ZIP (F), [U5;6]
276	AMBULANCE D/O LOCATION (F), [U6;1]
277	AMBULANCE D/O ADDRESS 1 (F), [U6;2]
278	AMBULANCE D/O ADDRESS 2 (F), [U6;3]
279	AMBULANCE D/O CITY (F), [U6;4]
280	AMBULANCE D/O STATE (P5'), [U6;5]
281	AMBULANCE D/O ZIP (F), [U6;6]
282	ASSUMED CARE DATE (DX), [U4;13]
283	RELINQUISHED CARE DATE (DX), [U4;14]
284	ATTACHMENT CONTROL NUMBER (F), [U8;1]
285	ATTACHMENT REPORT TYPE (P353.3'), [U8;2]
286	ATTACHMENT REPORT TRANS CODE (S), [U8;3]
287	PATIENT WEIGHT (LB) (NJ4,0), [U7;1]
288	TRANSPORT REASON CODE (P353.4'), [U7;2]
289	AMBULANCE TRANSPORT DISTANCE (NJ5,0), [U7;3]
290	ROUND TRIP PURPOSE DESCRIPTION (F), [U7;4]
291	STRETCHER PURPOSE DESCRIPTION (F), [U7;5]
292	AMBULANCE CONDITION INDICATOR (Multiple-399.0292), [U9;0]
	.01 AMBULANCE CONDITION INDICATOR (M*P353.5'), [0;1]
301	PRIMARY NODE (RF), [I1;E1,240]
302	SECONDARY NODE (RF), [I2;E1,240]
303	TERTIARY NODE (RF), [I3;E1,240]
304	PROCEDURES (Multiple-399.0304), [CP;0]
	.01 PROCEDURES (MV), [0;1]
1	PROCEDURE DATE (DX), [0;2]
2	*ADDITIONAL PROCEDURE NAME (FI), [0;3]
3	PRINT ORDER (NJ2,0X), [0;4]
4	BASC BILLABLE (S), [0;5]
5	DIVISION (P40.8'), [0;6]
6	ASSOCIATED CLINIC (*P44'), [0;7]
7	*ASSOCIATED DIAGNOSIS (P80'), [0;8]
8	PLACE OF SERVICE (P353.1'), [0;9]
9	TYPE OF SERVICE (P353.2'), [0;10]
10	ASSOCIATED DIAGNOSIS (1) (*P362.3'), [0;11]
11	ASSOCIATED DIAGNOSIS (2) (*P362.3'), [0;12]
12	ASSOCIATED DIAGNOSIS (3) (*P362.3'), [0;13]
13	ASSOCIATED DIAGNOSIS (4) (*P362.3'), [0;14]
14	*CPT MODIFIER (*P81.3'), [0;15]
15	MINUTES (NJ3,0X), [0;16]



16 CPT MODIFIER SEQUENCE (Multiple-399.30416), [MOD;0]  
     .01 CPT MODIFIER SEQUENCE (MNJ2,0X), [0;1]  
     .02 CPT MODIFIER (R\*P81.3'), [0;2]  
 17 EMERGENCY PROCEDURE? (S), [0;17]  
 18 PROVIDER (\*P200'), [0;18]  
 19 PURCHASED COST (NJ10,2), [0;19]  
 20 OUTPATIENT ENCOUNTER (P409.68'), [0;20]  
 21 MILES (NJ7,1), [0;21]  
 22 HOURS (NJ5,1), [0;22]  
 50.01\*HCFA BOX 24K (LOCAL USE ONLY) (F), [AUX;1]  
 50.02\*LAST XRAY DATE (D), [AUX;2]  
 50.03ATTENDING NOT HOSPICE EMPLOYEE (S), [AUX;3]  
 50.04\*LEVEL OF SUBLUXATION (F), [AUX;4]  
 50.05\*CHIRO TREATMENT SERIES NUM (NJ5,0), [AUX;5]  
 50.06\*CHIROPRACTIC QUANTITY (NJ5,0), [AUX;6]  
 50.07EPSDT FLAG (S), [AUX;7]  
 50.08SERVICE LINE COMMENT (F), [AUX;8]  
 50.09SERVICE LINE COMMENT QUALIFIER (F), [AUX;9]  
 60 LINE PROVIDER (Multiple-399.0404), [LNPRV;0]  
     .01 LINE FUNCTION (M\*S), [0;1]  
     .02 LINE PERFORMED BY (V), [0;2]  
     .03 CREDENTIALS (F), [0;3]  
     .04 STATE (P5'), [0;4]  
     .05 PRIMARY INS CO ID NUMBER (F), [0;5]  
     .06 SECONDARY INS CO ID NUMBER (F), [0;6]  
     .07 TERTIARY INS CO ID NUMBER (F), [0;7]  
     .08 SPECIALTY (F), [0;8]  
     .12 PRIM INS PROVIDER ID TYPE (\*P355.97'), [0;12]  
     .13 SEC INS PROVIDER ID TYPE (\*P355.97'), [0;13]  
     .14 TERT INS PROVIDER ID TYPE (\*P355.97'), [0;14]  
     .15 LINE TAXONOMY (P8932.1'), [0;15]  
 70 ATTACHMENT CONTROL NUMBER (F), [1;1]  
 71 ATTACHMENT REPORT TYPE (P353.3'), [1;2]  
 72 ATTACHMENT REPORT TRANS CODE (S), [1;3]  
 74 ADDITIONAL OB MINUTES (NJ4,0), [1;5]  
 400 BLOCK 31 (F), [UF2;1]  
 401 PRINT FACILITY DATA IN BOX 32 (\*S), [UF2;2]  
 402 BILL REMARKS (F), [UF2;3]  
 453 FORM LOCATOR 64A (F), [UF3;4]  
 454 FORM LOCATOR 64B (F), [UF3;5]  
 455 FORM LOCATOR 64C (F), [UF3;6]

457 \*FORM LOCATOR 57 (F), [UF31;1]  
 458 \*FORM LOCATOR 78 (F), [UF31;2]  
 459 FORM LOC 19-UNSPECIFIED DATA (F), [UF31;3]  
 460 ECME NUMBER (F), [M1;8]  
 461 ECME APPROVAL (F), [M1;9]  
 10001 LAST HOSP DATE ANYWHERE (D), [10001;1]

#### After Modifications

Condensed listing of file 399:

CONDENSED DATA DICTIONARY---BILL/CLAIMS FILE (#399)UCI: MNTVBB,MNTVBB  
 VERSION:

5.1

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#### FILE STRUCTURE

FIELD FIELD  
 NUMBER NAME

.01 BILL NUMBER (FXI), [0;1]  
 .02 PATIENT NAME (RP2'I), [0;2]  
 .03 EVENT DATE (RDX), [0;3]  
 .04 LOCATION OF CARE (RS), [0;4]  
 .05 BILL CLASSIFICATION (RSX), [0;5]  
 .06 TIMEFRAME OF BILL (RS), [0;6]  
 .07 RATE TYPE (R\*P399.3'), [0;7]  
 .08 PTF ENTRY NUMBER (RP45X), [0;8]  
 .09 PROCEDURE CODING METHOD (SX), [0;9]  
 .11 WHO'S RESPONSIBLE FOR BILL? (RSI), [0;11]  
 .13 STATUS (RS), [0;13]  
 .14 STATUS DATE (RD), [0;14]  
 .15 BILL COPIED FROM (\*P399'), [0;15]  
 .16 NON-VA DISCHARGE DATE (D), [0;16]  
 .17 PRIMARY BILL (P399'), [0;17]  
 .18 SC AT TIME OF CARE (FXO), [0;18]  
 .19 FORM TYPE (R\*P353'), [0;19]  
 .2 AUTO (S), [0;20]  
 .21 CURRENT BILL PAYER SEQUENCE (\*S), [0;21]

.22	DEFAULT DIVISION (P40.8'), [0;22]
.24	UB-04 LOCATION OF CARE (RS), [0;24]
.25	UB-04 BILL CLASSIFICATION (R*P399.1'), [0;25]
.26	UB-04 TIMEFRAME OF BILL (RS), [0;26]
.27	BILL CHARGE TYPE (S), [0;27]
1	DATE ENTERED (RDXI), [S;1]
2	ENTERED/EDITED BY (RP200'I), [S;2]
3	INITIAL REVIEW (FOX), [S;3]
4	INITIAL REVIEW DATE (D), [S;4]
5	INITIAL REVIEWER (P200'I), [S;5]
6	SECONDARY REVIEW (FOX), [S;6]
7	MRA REQUESTED DATE (D), [S;7]
8	MRA REQUESTOR (P200'), [S;8]
9	AUTHORIZE BILL GENERATION? (FOX), [S;9]
10	AUTHORIZATION DATE (DI), [S;10]
11	AUTHORIZER (P200'I), [S;11]
12	DATE FIRST PRINTED (RD), [S;12]
13	FIRST PRINTED BY (P200'), [S;13]
14	DATE LAST PRINTED (D), [S;14]
15	LAST PRINTED BY (P200'I), [S;15]
16	CANCEL BILL? (FOX), [S;16]
17	DATE BILL CANCELLED (DI), [S;17]
18	BILL CANCELLED BY (P200'I), [S;18]
19	REASON CANCELLED (RFX), [S;19]
20	LAST AUSTIN CONFIRM DATE (D), [TX;1]
21	LAST ELECTRONIC EXTRACT DATE (D), [TX;2]
22	MRA RECORDED DATE (D), [TX;3]
24	CLAIM MRA STATUS (S), [TX;5]
25	REQUEST AN MRA? (FXO), [TX;6]
26	PRINTED VIA EDI? (S), [TX;7]
27	FORCE CLAIM TO PRINT (S), [TX;8]
28	FORCE PRINT MRA SECONDARY (S), [TX;9]
28.1	MRA REVIEW STATUS (S), [TX;10]
29	BILL CLONED TO (P399'), [S1;1]
30	BILL CLONED FROM (P399'), [S1;2]
31	DATE BILL CLONED (D), [S1;3]
32	BILL CLONED BY (P200'), [S1;4]
33	REASON CLONED (F), [S1;5]
34	AUTO PROCESSED FROM CLAIM (P399'), [S1;6]
35	AUTO PROCESS (S), [S1;7]
36	AUTO PROCESS REASON (P350.8'), [S1;8]

37	REMOVED FROM WORKLIST BY (P200'), [S1;9]
38	REMOVED FROM WORKLIST HOW (S), [UF32;4]
39	REMOVED FROM WORKLIST DATE (D), [UF32;5]
40	CONDITION CODE (Multiple-399.04), [CC;0]
	.01 CONDITION CODE (M*P399.1'), [0;1]
41	OCCURRENCE CODE (Multiple-399.041), [OC;0]
	.01 OCCURRENCE CODE (M*P399.1'), [0;1]
	.02 DATE (RD), [0;2]
	.03 STATE (P5'), [0;3]
	.04 END DATE (RDX), [0;4]
42	REVENUE CODE (Multiple-399.042), [RC;0]
	.001 NUMBER (NJ5,0), [ ]
	.01 REVENUE CODE (MR*P399.2'), [0;1]
	.02 CHARGES (RNJ10,2), [0;2]
	.03 UNITS OF SERVICE (RNJ6,0X), [0;3]
	.04 TOTAL (RNJ9,2XI), [0;4]
	.05 BEDSECTION (R*P399.1'), [0;5]
	.06 PROCEDURE (*P81'), [0;6]
	.07 DIVISION (P40.8'X), [0;7]
	.08 AUTO (S), [0;8]
	.09 NON-COVERED CHARGE (NJ10,2), [0;9]
	.1 TYPE (S), [0;10]
	.11 ITEM (NJ10,0), [0;11]
	.12 COMPONENT (S), [0;12]
	<b>.13 *UB92 FORM LOCATOR 49 (F), [0;13]</b>
	.15 RX PROCEDURE (FXO), [0;15]
	.16 MANUALLY EDITED (S), [0;16]
43	OP VISITS DATE(S) (Multiple-399.043), [OP;0]
	.01 OP VISITS DATE(S) (MDX), [0;1]
44	REASON(S) DISAPPROVED-INITIAL (Multiple-399.044), [D1;0]
	.01 REASON(S) DISAPPROVED-INITIAL (MP399.4'), [0;1]
45	REASON(S) DISAPPROVED-SECOND (Multiple-399.045), [D2;0]
	.01 REASON(S) DISAPPROVED-SECOND (MP399.4'), [0;1]
46	RETURNED LOG DATE/TIME (Multiple-399.046), [R;0]
	.01 LOG DATE/TIME (D), [0;1]
	.02 USER (P200'), [0;2]
	.03 RETURNED COMMENTS (F), [0;3]
	.04 RETURN TO A/R? (FXO), [0;4]
47	VALUE CODE (Multiple-399.047), [CV;0]
	.01 VALUE CODE (M*P399.1'X), [0;1]
	.02 VALUE (FX), [0;2]

48 OTHER CARE (Multiple-399.048), [OT;0]  
.01 OTHER CARE (M\*P399.1'), [0;1]  
.02 START DATE (RDX), [0;2]  
.03 END DATE (RDX), [0;3]

51 \*CPT PROCEDURE CODE (1) (\*P81'), [C;1]  
52 \*CPT PROCEDURE CODE (2) (\*P81'), [C;2]  
53 \*CPT PROCEDURE CODE (3) (\*P81'), [C;3]  
54 \*ICD PROCEDURE CODE (1) (P80.1'), [C;4]  
55 \*ICD PROCEDURE CODE (2) (P80.1'), [C;5]  
56 \*ICD PROCEDURE CODE (3) (P80.1'), [C;6]  
57 \*HCFA PROCEDURE CODE (1) (\*P81'X), [C;7]  
58 \*HCFA PROCEDURE CODE (2) (\*P81'X), [C;8]  
59 \*HCFA PROCEDURE CODE (3) (\*P81'X), [C;9]

60 OUTPATIENT DIAGNOSIS (FX), [C;10]  
61 \*PROCEDURE DATE (1) (RDX), [C;11]  
62 \*PROCEDURE DATE (2) (RDX), [C;12]  
63 \*PROCEDURE DATE (3) (RDX), [C;13]  
65 \*ICD DIAGNOSIS CODE (2) (P80'), [C;15]  
66 \*ICD DIAGNOSIS CODE (3) (P80'), [C;16]  
67 \*ICD DIAGNOSIS CODE (4) (P80'), [C;17]  
68 \*ICD DIAGNOSIS CODE (5) (P80'), [C;18]

77 MRA REQUEST CLAIM COMMENTS (Multiple-399.077), [TXC;0]  
.01 COMMENT ENTERED DATE (D), [0;1]  
.02 COMMENT ENTERED BY (P200'), [0;2]  
.03 COMMENTS (Multiple-399.0771), [1;0]  
.01 COMMENTS (W), [0;1]

78 EOB CLAIM COMMENTS (Multiple-399.078), [TXC2;0]  
.01 EOB CLAIM COMMENTS (D), [0;1]  
.02 COMMENT ENTERED BY (P200'), [0;2]  
.03 COMMENTS (Multiple-399.0781), [1;0]  
.01 COMMENTS (Wx), [0;1]

101 PRIMARY INSURANCE CARRIER (R\*P36'X), [M;1]  
102 SECONDARY INSURANCE CARRIER (\*P36'X), [M;2]  
103 TERTIARY INSURANCE CARRIER (\*P36'X), [M;3]  
104 MAILING ADDRESS NAME (F), [M;4]  
105 MAILING ADDRESS STREET (FX), [M;5]  
106 MAILING ADDRESS STREET2 (F), [M;6]  
107 MAILING ADDRESS CITY (F), [M;7]  
108 MAILING ADDRESS STATE (P5'), [M;8]  
109 MAILING ADDRESS ZIP CODE (FX), [M;9]  
110 \*PATIENT SHORT MAILING ADDRESS (RF), [M;10]

111	RESPONSIBLE INSTITUTION (RP4), [M;11]
112	PRIMARY INSURANCE POLICY (FXO), [M;12]
113	SECONDARY INSURANCE POLICY (FOX), [M;13]
114	TERTIARY INSURANCE POLICY (FOX), [M;14]
121	MAILING ADDRESS STREET3 (F), [M1;1]
122	PRIMARY PROVIDER # (FX), [M1;2]
123	SECONDARY PROVIDER # (FX), [M1;3]
124	TERTIARY PROVIDER # (FX), [M1;4]
125	PRIMARY BILL # (*P399'), [M1;5]
126	SECONDARY BILL # (*P399'), [M1;6]
127	TERTIARY BILL # (*P399'), [M1;7]
128	PRIMARY ID QUALIFIER (*P355.97'), [M1;10]
129	SECONDARY ID QUALIFIER (*P355.97'), [M1;11]
130	TERTIARY ID QUALIFIER (*P355.97'), [M1;12]
135	BILL PAYER CARRIER (*P36'), [MP;1]
136	BILL PAYER POLICY (FXO), [MP;2]
151	STATEMENT COVERS FROM (RDX), [U;1]
152	STATEMENT COVERS TO (RDX), [U;2]
153	POWER OF ATTORNEY COMPLETED? (RFOX), [U;3]
154	WHOSE EMPLOYMENT INFO.? (RS), [U;4]
155	IS THIS A SENSITIVE RECORD? (RFOX), [U;5]
156	ASSIGNMENT OF BENEFITS (RFOX), [U;6]
157	R.O.I. FORM(S) COMPLETED? (FOX), [U;7]
158	TYPE OF ADMISSION (S), [U;8]
159	SOURCE OF ADMISSION (S), [U;9]
159.5	NON-PTF ADMISSION HOUR (FXO), [U;20]
160	ACCIDENT HOUR (FX), [U;10]
161	DISCHARGE BEDSECTION (*P399.1'), [U;11]
162	DISCHARGE STATUS (*P399.1'), [U;12]
163	TREATMENT AUTHORIZATION CODE (F), [U;13]
164	BC/BS PROVIDER # (RFX), [U;14]
165	LENGTH OF STAY (F), [U;15]
166	UNABLE TO WORK FROM (D), [U;16]
167	UNABLE TO WORK TO (D), [U;17]
168	*PLACE OF SERVICE (P353.1'), [U;18]
169	*TYPE OF SERVICE (P353.2'), [U;19]
170	PPS (P80.2'), [U1;15]
201	TOTAL CHARGES (NJ8,2XI), [U1;1]
202	OFFSET AMOUNT (NJ8,2), [U1;2]
203	OFFSET DESCRIPTION (FX), [U1;3]
204	*UB82 FORM LOCATOR 2 (F), [U1;4]

205	*FORM LOCATOR 9 (F), [U1;5]
206	*FORM LOCATOR 27 (F), [U1;6]
207	*FORM LOCATOR 45 (F), [U1;7]
208	*BILL COMMENT (F), [U1;8]
209	*FISCAL YEAR 1 (RF), [U1;9]
210	*FY 1 CHARGES (RNJ10,2), [U1;10]
211	*FISCAL YEAR 2 (F), [U1;11]
212	*FY 2 CHARGES (NJ10,2), [U1;12]
213	*FORM LOCATOR 92 (F), [U1;13]
214	*FORM LOCATOR 93 (F), [U1;14]
215	ADMITTING DIAGNOSIS (*P80'), [U2;1]
216	COVERED DAYS (NJ3,0), [U2;2]
217	NON-COVERED DAYS (NJ4,0), [U2;3]
218	PRIMARY PRIOR PAYMENT (NJ11,2), [U2;4]
219	SECONDARY PRIOR PAYMENT (NJ11,2), [U2;5]
220	TERTIARY PRIOR PAYMENT (NJ11,2), [U2;6]
221	CO-INSURANCE DAYS (NJ3,0), [U2;7]
222	PROVIDER (Multiple-399.0222), [PRV;0]
	.01 FUNCTION (MRM*S), [0;1]
	.02 PERFORMED BY (V), [0;2]
	.03 CREDENTIALS (F), [0;3]
	.04 STATE (P5'), [0;4]
	.05 PRIMARY INS CO ID NUMBER (FX), [0;5]
	.06 SECONDARY INS CO ID NUMBER (FX), [0;6]
	.07 TERTIARY INS CO ID NUMBER (FX), [0;7]
	.08 SPECIALTY (F), [0;8]
	.09 DELETE 2006 .09 (R*P355.96'), [0;9]
	.1 DELETE 2006 .1 (R*P355.96'), [0;10]
	.11 DELETE 2006 .11 (R*P355.96'), [0;11]
	.12 PRIM INS PROVIDER ID TYPE (*P355.97'), [0;12]
	.13 SEC INS PROVIDER ID TYPE (*P355.97'), [0;13]
	.14 TERT INS PROVIDER ID TYPE (*P355.97'), [0;14]
	.15 TAXONOMY (P8932.1'), [0;15]
	1.01 DELETE 2006 1.01 (*P355.96), [1;1]
	1.02 DELETE 2006 1.02 (*P355.96), [1;2]
	1.03 DELETE 2006 1.03 (*P355.96), [1;3]
230	SECONDARY AUTHORIZATION CODE (FX), [U2;8]
231	TERTIARY AUTHORIZATION CODE (F), [U2;9]
232	NON-VA FACILITY (*P355.93X), [U2;10]
233	NON-VA CARE TYPE (S), [U2;11]
234	NON-VA CARE ID # (F), [U2;12]

235	LAB CLIA NUMBER (F), [U2;13]
236	HOMEBOUND (S), [U2;14]
237	DATE LAST SEEN (D), [U2;15]
238	SPECIAL PROGRAM INDICATOR (S), [U2;16]
239	PRIMARY EMC ID CARE UNIT (F), [U2;17]
240	SECONDARY EMC ID CARE UNIT (F), [U2;18]
241	TERTIARY EMC ID CARE UNIT (F), [U2;19]
242	MAMMOGRAPHY CERT NUMBER (F), [U3;1]
243	SERVICE FACILITY TAXONOMY (*P8932.1'), [U3;2]
244	NON-VA FACILITY TAXONOMY (*P8932.1'), [U3;3]
245	LAST XRAY DATE (DX), [U3;4]
246	DATE OF INITIAL TREATMENT (DX), [U3;5]
247	DATE OF ACUTE MANIFESTATION (DX), [U3;6]
248	PATIENT CONDITION CODE (S), [U3;7]
249	PRV DIAGNOSIS (1) (P80'), [U3;8]
250	PRV DIAGNOSIS (2) (P80'), [U3;9]
251	PRV DIAGNOSIS (3) (P80'), [U3;10]
252	BILLING PROVIDER TAXONOMY (*P8932.1'), [U3;11]
253	PRIMARY REFERRAL NUMBER (F), [UF32;1]
254	SECONDARY REFERRAL NUMBER (F), [UF32;2]
255	TERTIARY REFERRAL NUMBER (F), [UF32;3]
260	COB TOTAL NON-COVERED AMOUNT (NJ18,2), [U4;1]
261	PROPERTY/CASUALTY CLAIM NUMBER (F), [U4;2]
262	PROP/CAS DATE OF 1ST CONTACT (D), [U4;3]
263	DISABILITY START DATE (DX), [U4;4]
264	DISABILITY END DATE (DX), [U4;5]
266	PRIMARY SURGICAL PROC CODE (P81'), [U4;7]
267	SECONDARY SURGICAL PROC CODE (P81'), [U4;8]
268	PROPERTY/CASUALTY CONTACT NAME (F), [U4;9]
269	PROP/CAS COMMUNICATION NUMBER (NJ10,0), [U4;10]
269.1	PROP/CAS EXTENSION NUMBER (NJ10,0), [U4;11]
271	AMBULANCE P/U ADDRESS 1 (F), [U5;2]
272	AMBULANCE P/U ADDRESS 2 (F), [U5;3]
273	AMBULANCE P/U CITY (F), [U5;4]
274	AMBULANCE P/U STATE (P5'), [U5;5]
275	AMBULANCE P/U ZIP (F), [U5;6]
276	AMBULANCE D/O LOCATION (F), [U6;1]
277	AMBULANCE D/O ADDRESS 1 (F), [U6;2]
278	AMBULANCE D/O ADDRESS 2 (F), [U6;3]
279	AMBULANCE D/O CITY (F), [U6;4]
280	AMBULANCE D/O STATE (P5'), [U6;5]



281 AMBULANCE D/O ZIP (F), [U6;6]  
 282 ASSUMED CARE DATE (DX), [U4;13]  
 283 RELINQUISHED CARE DATE (DX), [U4;14]  
 284 ATTACHMENT CONTROL NUMBER (F), [U8;1]  
 285 ATTACHMENT REPORT TYPE (P353.3'), [U8;2]  
 286 ATTACHMENT REPORT TRANS CODE (S), [U8;3]  
 287 PATIENT WEIGHT (LB) (NJ4,0), [U7;1]  
 288 TRANSPORT REASON CODE (P353.4'), [U7;2]  
 289 AMBULANCE TRANSPORT DISTANCE (NJ5,0), [U7;3]  
 290 ROUND TRIP PURPOSE DESCRIPTION (F), [U7;4]  
 291 STRETCHER PURPOSE DESCRIPTION (F), [U7;5]  
 292 AMBULANCE CONDITION INDICATOR (Multiple-399.0292), [U9;0]  
 .01 AMBULANCE CONDITION INDICATOR (M\*P353.5'), [0;1]  
 301 PRIMARY NODE (RF), [I1;E1,240]  
 302 SECONDARY NODE (RF), [I2;E1,240]  
 303 TERTIARY NODE (RF), [I3;E1,240]  
 304 PROCEDURES (Multiple-399.0304), [CP;0]  
 .01 PROCEDURES (MV), [0;1]  
 1 PROCEDURE DATE (DX), [0;2]  
 2 \*ADDITIONAL PROCEDURE NAME (FI), [0;3]  
 3 PRINT ORDER (NJ2,0X), [0;4]  
 4 BASIC BILLABLE (S), [0;5]  
 5 DIVISION (P40.8'), [0;6]  
 6 ASSOCIATED CLINIC (\*P44'), [0;7]  
 7 \*ASSOCIATED DIAGNOSIS (P80'), [0;8]  
 8 PLACE OF SERVICE (P353.1'), [0;9]  
 9 TYPE OF SERVICE (P353.2'), [0;10]  
 10 ASSOCIATED DIAGNOSIS (1) (\*P362.3'), [0;11]  
 11 ASSOCIATED DIAGNOSIS (2) (\*P362.3'), [0;12]  
 12 ASSOCIATED DIAGNOSIS (3) (\*P362.3'), [0;13]  
 13 ASSOCIATED DIAGNOSIS (4) (\*P362.3'), [0;14]  
 14 \*CPT MODIFIER (\*P81.3'), [0;15]  
 15 MINUTES (NJ3,0X), [0;16]  
 16 CPT MODIFIER SEQUENCE (Multiple-399.30416), [MOD;0]  
 .01 CPT MODIFIER SEQUENCE (MNJ2,0X), [0;1]  
 .02 CPT MODIFIER (R\*P81.3'), [0;2]  
 17 EMERGENCY PROCEDURE? (S), [0;17]  
 18 PROVIDER (\*P200'), [0;18]  
 19 PURCHASED COST (NJ10,2), [0;19]  
 20 OUTPATIENT ENCOUNTER (P409.68'), [0;20]  
 21 MILES (NJ7,1), [0;21]

22 HOURS (NJ5,1), [0;22]  
 50.01\*HCFA BOX 24K (LOCAL USE ONLY) (F), [AUX;1]  
 50.02\*LAST XRAY DATE (D), [AUX;2]  
 50.03ATTENDING NOT HOSPICE EMPLOYEE (S), [AUX;3]  
 50.04\*LEVEL OF SUBLUXATION (F), [AUX;4]  
 50.05\*CHIRO TREATMENT SERIES NUM (NJ5,0), [AUX;5]  
 50.06\*CHIROPRACTIC QUANTITY (NJ5,0), [AUX;6]  
 50.07EPSDT FLAG (S), [AUX;7]  
 50.08SERVICE LINE COMMENT (F), [AUX;8]  
 50.09SERVICE LINE COMMENT QUALIFIER (F), [AUX;9]  
 60 LINE PROVIDER (Multiple-399.0404), [LNPRV;0]  
     .01 LINE FUNCTION (M\*S), [0;1]  
     .02 LINE PERFORMED BY (V), [0;2]  
     .03 CREDENTIALS (F), [0;3]  
     .04 STATE (P5'), [0;4]  
     .05 PRIMARY INS CO ID NUMBER (F), [0;5]  
     .06 SECONDARY INS CO ID NUMBER (F), [0;6]  
     .07 TERTIARY INS CO ID NUMBER (F), [0;7]  
     .08 SPECIALTY (F), [0;8]  
     .12 PRIM INS PROVIDER ID TYPE (\*P355.97'), [0;12]  
     .13 SEC INS PROVIDER ID TYPE (\*P355.97'), [0;13]  
     .14 TERT INS PROVIDER ID TYPE (\*P355.97'), [0;14]  
     .15 LINE TAXONOMY (P8932.1'), [0;15]  
 70 ATTACHMENT CONTROL NUMBER (F), [1;1]  
 71 ATTACHMENT REPORT TYPE (P353.3'), [1;2]  
 72 ATTACHMENT REPORT TRANS CODE (S), [1;3]  
 74 ADDITIONAL OB MINUTES (NJ4,0), [1;5]  
 400 BLOCK 31 (F), [UF2;1]  
 401 PRINT FACILITY DATA IN BOX 32 (\*S), [UF2;2]  
 402 BILL REMARKS (F), [UF2;3]  
 453 FORM LOCATOR 64A (F), [UF3;4]  
 454 FORM LOCATOR 64B (F), [UF3;5]  
 455 FORM LOCATOR 64C (F), [UF3;6]  
 457 \*FORM LOCATOR 57 (F), [UF31;1]  
 458 \*FORM LOCATOR 78 (F), [UF31;2]  
 459 FORM LOC 19-UNSPECIFIED DATA (F), [UF31;3]  
 460 ECME NUMBER (F), [M1;8]  
 461 ECME APPROVAL (F), [M1;9]  
 10001 LAST HOSP DATE ANYWHERE (D), [10001;1]

### 6.2.2.2.3. System Feature: Insurance Company Editor

#### 6.2.2.2.3.1. Functional Requirement: Federal Employee Plan – Help Description

The IB System shall display the following description for the Plan Type of FEP when users enter ?? for Help at the Electronic Plan Type field in Change Plan Info under View/Edit Plan:

- Do Not Use for BC/BS

##### 6.2.2.2.3.1.1. Fields to be Modified by the Design

File Number and Name
#355.3, GROUP INSURANCE PLAN
Field Numbers and Names
#.15, ELECTRONIC PLAN TYPE
Field Location
0 NODE PIECE 15
Data Type
Set of Codes
Current Description
This field contains the X12 data needed to identify the source of pay type.
Modified Description
This field contains the X12 data needed for the source of pay type.

File Number and Name
#355.3, GROUP INSURANCE PLAN
Field Numbers and Names
#.15, ELECTRONIC PLAN TYPE
Field Location
0 NODE PIECE 15
Data Type
Set of Codes
Current Description
FEP
Modified Description
FEP – Do not use for BC/BS

#### 6.2.2.2.4. System Feature: Billing Reports

##### 6.2.2.2.4.1. Functional Requirement: Sort - Re-generate Unbilled Amounts Report - Division

The IB System shall provide the ability for users to sort the Re-generate Unbilled Amounts Report by Division.

##### 6.2.2.2.4.1.1. Routines (Entry Points)

Routines	Activities	
Routine Name	IBTUBO	
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change	
RTM	2.6.4.1, 2.6.4.2, 2.6.4.3	
Related Options	Re-Generate Unbilled Amount Report	
Related Routines	Routines "Called By"	Routines "Called"
	BGIBTUBO,IBTUB,IBTUBAV1, MFRUBO	IBTUBOU, IBJD, IBJDE,IBOUTL
Routines	Activities	
Data Dictionary (DD) References	CLAIMS TRACKING File (#356), MEDICAL CENTER DIVISION File (#40.8)	
Related Protocols		
Related Integration Control Registrations (ICRs)		
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input checked="" type="checkbox"/> Both <input type="checkbox"/> Global Reference <input type="checkbox"/> Local	
Input Attribute Name and Definition	Name: Definition:	
Output Attribute Name and Definition	Name: Definition:	
Current Logic		

Routines	Activities
Routine Name	IBTUBO
<pre> N IBBDT,IBCOMP,IBDET,IBEDT,IBOPT,IBPRT,IBTIMON,IBQUIT,IBSEL S IBQUIT=0 D:\$D(DT) DT^DICRW W !,"Re-Generate Unbilled Amounts Report",! ; ; - Ask to re-compile Unbilled Amounts data. S DIR(0)="Y",DIR("B")="NO" S DIR("A")="Do you want to store Unbilled Amounts figures" S DIR("?",1)="Enter 'YES' if you wish to store the Unbilled Amounts summary" S DIR("?",2)="figures in your system for a specific month/year in the past." S DIR("?",3)="Once stored, these figures will be available for inquiry through" S DIR("?",4)="the View Unbilled Amounts option [IBT VIEW UNBILLED AMOUNTS]." S DIR("?",5)="These summary figures are normally calculated and stored" S DIR("?",6)="automatically by the system at the beginning of each month for" S DIR("?",7)="the previous month." S DIR("?",8)=" " S DIR("?",9)="If you enter 'NO', then Unbilled Amounts summary figures will" S DIR("?",10)="NOT be stored in your system, and the report may be run for" S DIR("?",11)="any date range." D ^DIR K DIR G:\$D(DIRUT) END S IBCOMP=Y I IBCOMP G RDATE ; ... </pre>	
Modified Logic (Changes are in bold)	
<pre> N IBBDT,IBCOMP,IBDET,IBEDT,IBOPT,IBPRT,IBTIMON,IBQUIT,IBSEL,IBFIRST S IBQUIT=0 D:\$D(DT) DT^DICRW <b>K ^TMP("IBDIV",\$J)</b> W !,"Re-Generate Unbilled Amounts Report",! ; ; - Ask to re-compile Unbilled Amounts data. <b>S IBFIRST=1</b> <b>F S DIC="^DG(40.8,"</b>,DIC(0)="AEQMN",DIC("A")=\$S(IBFIRST:" ",1:" Another ")_"DIVISION: _"_\$S(IBFIRST:"ALL/",1:"") D ^DIC K DIC Q:Y&lt;0 <b>S ^TMP("IBDIV",\$J,+Y)=",IBFIRST=0</b> <b>I \$D(DTOUT)!\$D(DUOUT) Q</b> S DIR(0)="Y",DIR("B")="NO" S DIR("A")="Do you want to store Unbilled Amounts figures" S DIR("?",1)="Enter 'YES' if you wish to store the Unbilled Amounts summary" S DIR("?",2)="figures in your system for a specific month/year in the past." </pre>	

Routines	Activities
Routine Name	IBTUBO
S DIR("?",3)="Once stored, these figures will be available for inquiry through" S DIR("?",4)="the View Unbilled Amounts option [IBT VIEW UNBILLED AMOUNTS]." S DIR("?",5)="These summary figures are normally calculated and stored" S DIR("?",6)="automatically by the system at the beginning of each month for" S DIR("?",7)="the previous month." S DIR("?",8)=" " S DIR("?",9)="If you enter 'NO', then Unbilled Amounts summary figures will" S DIR("?",10)="NOT be stored in your system, and the report may be run for" S DIR("?",11)="any date range." D ^DIR K DIR G:\$D(DIRUT) END S IBCOMP=Y I IBCOMP G RDATE ; ...	

Routines	Activities	
Routine Name	IBTUBOA	
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change	
RTM	2.6.4.1, 2.6.4.2, 2.6.4.3	
Related Options	Re-Generate Unbilled Amount Report	
Related Routines	Routines "Called By"	Routines "Called"
	IBTUBO	IBJDE,IBTUBAV,IBTUBOU,UBTUBO2,IBSDU
Routines	Activities	
Data Dictionary (DD) References	CLAIMS TRACKING File (#356), MEDICAL CENTER DIVISION File (#40.8), BILL/CLAIMS File (#399)	
Related Protocols		
Related Integration Control Registrations (ICRs)		
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input checked="" type="checkbox"/> Both <input type="checkbox"/> Global Reference <input type="checkbox"/> Local	
Input Attribute Name and Definition	Name: Definition:	
Output Attribute Name and Definition	Name: Definition:	

## Current Logic

IBTUBOA

N IBAMTIM,IBAMTPM,IBTYP,IBX,IBY,DFN,DGPM,I,J

...

PROC ; - Loops through all the entries in the Claims Tracking file for the

; period selected and calculate the Unbilled Amounts

S IBDT=IBBDT-.1

;

F S IBDT=\$O(^IBT(356,"D",IBDT)) Q:'IBDT!(IBDT>IBEDT) D

. S IBX=0 F S IBX=\$O(^IBT(356,"D",IBDT,IBX)) Q:'IBX D

.. S IBNODE=\$G(^IBT(356,IBX,0)) Q:IBNODE=""

.. I \$P(IBNODE,U,12) Q ; Tort-Feasor,Workman's Comp,No-fault Auto Acc.

.. I \$P(IBNODE,U,19) Q ; Reason not billable assigned.

.. I '\$P(IBNODE,U,20) Q ; Inactive.

.. S DFN=+\$P(IBNODE,U,2)

.. I '\$\$PTCHK^IBTUBOU(DFN,IBNODE) Q ; Has a non-veteran eligibility.

.. I '\$\$INSURED^IBCNS1(DFN,IBDT) Q ; Not insured during care.

.. I \$P(IBNODE,U,5),IBSEL[1,\$\$COV^IBTUBOU(DFN,IBDT,1) D Q ;Inpatient

... S DGPM=+\$P(IBNODE,U,5) D INPT^IBTUBO2(DGPM)

.. I \$P(IBNODE,U,4),IBSEL[2,\$\$COV^IBTUBOU(DFN,IBDT,2) D Q ;Outpatient

... S IBOE=+\$P(IBNODE,U,4) I \$\$NCCL^IBTUBOU(IBOE) Q ; Non-Count Clinic

... D OPT^IBTUBO1(IBOE,.IBQUERY)

.. I \$P(IBNODE,U,8),IBSEL[3,\$\$COV^IBTUBOU(DFN,IBDT,3) D Q ;Prescription

... N IBIFN,IBCSTAT S IBIFN=+\$P(IBNODE,U,11)

... I IBIFN S IBCSTAT=\$\$GET1^DIQ(399,IBIFN\_,"",.13,"I")

Q:\$(IBCSTAT=0:1,IBCSTAT=1:0,IBCSTAT=2:1,IBCSTAT=3:1,IBCSTAT=4:1,IBCSTAT=5:1,IBCSTAT=7:0,1:1) ;already billed (modified in T9)

... S IBRX=+\$P(IBNODE,U,8) D RX^IBTUBO2(IBRX)

..;

.. ; - Check CT entry event type to get unbilled amounts, if necessary.

.. S IBTYP=\$P(\$G(^IBE(356.6,+\$P(IBNODE,U,18),0)),U,8)

.. I IBTYP=1,IBSEL[1,\$\$COV^IBTUBOU(DFN,IBDT,1) D

... D INPT^IBTUBO2(+\$(^DGPM("APTT1",DFN,IBDT,0)))

.. I IBTYP=2,IBSEL[2,\$\$COV^IBTUBOU(DFN,IBDT,2) D

... D OPT^IBTUBO1("",.IBQUERY)

;

## Modified Logic (Changes are in bold>

Routines	Activities
Routine Name	IBTUBOA
IBTUBOA N IBAMTIM,IBAMTPM,IBTYP,IBX,IBY,DFN,DGPM,I,J,IBBILL ...  PROC ; - Loops through all the entries in the Claims Tracking file for the ; period selected and calculate the Unbilled Amounts S IBDT=IBBDT-.1 ; F S IBDT=\$O(^IBT(356,"D",IBDT)) Q:'IBDT!(IBDT>IBEDT) D . S IBX=0 F S IBX=\$O(^IBT(356,"D",IBDT,IBX)) Q:'IBX D . . S IBNODE=\$G(^IBT(356,IBX,0)) Q:IBNODE="" . . S IBBILL=\$P(IBNODE,U,11) I \$G(IBBILL) S IBDIV=\$P(\$G(^DGCR(399,IBBILL,0)),U,22) . . I \$G(IBDIV)="" S IBDIV=-1 . . I \$D(^TMP("IBDIV",\$J))&(' \$D(^TMP("IBDIV",\$J,IBDIV))) Q ;Quit if this is not a selected division . . I \$P(IBNODE,U,12) Q ; Tort-Feasor,Workman's Comp,No-fault Auto Acc. . . I \$P(IBNODE,U,19) Q ; Reason not billable assigned. . . I \$P(IBNODE,U,20) Q ; Inactive. . . S DFN=+\$P(IBNODE,U,2) . . I '\$\$PTCHK^IBTUBOU(DFN,IBNODE) Q ; Has a non-veteran eligibility. . . I '\$\$INSURED^IBCNS1(DFN,IBDT) Q ; Not insured during care. . . I \$P(IBNODE,U,5),IBSEL[1,\$\$COV^IBTUBOU(DFN,IBDT,1) D Q ;Inpatient . . . S DGPM=+\$P(IBNODE,U,5) D INPT^IBTUBO2(DGPM) . . I \$P(IBNODE,U,4),IBSEL[2,\$\$COV^IBTUBOU(DFN,IBDT,2) D Q ;Outpatient . . . S IBOE=+\$P(IBNODE,U,4) I \$\$NCCL^IBTUBOU(IBOE) Q ; Non-Count Clinic . . . D OPT^IBTUBO1(IBOE,.IBQUERY)  . . I \$P(IBNODE,U,8),IBSEL[3,\$\$COV^IBTUBOU(DFN,IBDT,3) D Q ;Prescription . . . N IBIFN,IBCSTAT S IBIFN=+\$P(IBNODE,U,11) . . . I IBIFN S IBCSTAT=\$\$GET1^DIQ(399,IBIFN_",",.13,"I") Q:\$S(IBCSTAT=0:1,IBCSTAT=1:0,IBCSTAT=2:1,IBCSTAT=3:1,IBCSTAT=4:1,IBCSTAT=5:1,IB CSTAT=7:0,1:1) ;already billed (modified in T9) . . . S IBRX=+\$P(IBNODE,U,8) D RX^IBTUBO2(IBRX) . . . ; . . ; - Check CT entry event type to get unbilled amounts, if necessary. . . S IBTYP=\$P(\$G(^IBE(356.6,+\$P(IBNODE,U,18),0)),U,8) . . I IBTYP=1,IBSEL[1,\$\$COV^IBTUBOU(DFN,IBDT,1) D	



Routines	Activities
Routine Name	IBTUBOA
<pre> ... D INPT^IBTUBO2(+\$(^DGPM("APTT1",DFN,IBDT,0))) ... I IBTYP=2,IBSEL[2,\$\$COV^IBTUBOU(DFN,IBDT,2) D ... D OPT^IBTUBO1("",".IBQUERY) ; </pre>	

Routines	Activities	
Routine Name	IBTUBO2	
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change	
RTM	2.6.4.1, 2.6.4.2, 2.6.4.3	
Related Options	Re-Generate Unbilled Amount Report	
Related Routines	Routines “Called By”	Routines “Called”
	BGIBTUBO, IBTUBOA	IBTUBOU,IBRXUTL,IBCRCC IBCRCI
Routines	Activities	
Data Dictionary (DD) References	CLAIMS TRACKING File (#356), MEDICAL CENTER DIVISION File (#40.8)	
Related Protocols		
Related Integration Control Registrations (ICRs)		
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input checked="" type="checkbox"/> Both <input type="checkbox"/> Global Reference <input type="checkbox"/> Local	
Input Attribute Name and Definition	Name: Definition:	
Output Attribute Name and Definition	Name: Definition:	
Current Logic		
INPT^IBTUBO2  ; - Set global for report. I \$\$(\$G(IBINMRA):1,1:IBXX='') S ^TMP(\$J,"IBTUB-INPT",IBNAME_"@@"_DFN,IBDT,IBX)=IBNCF_U_IBXX_U_U_U_\$\$HOSP^IBTUBOU(DGPM) I IBMRA='', \$G(IBINMRA) S ^TMP(\$J,"IBTUB-INPT_MRA",IBNAME_"@@"_DFN,IBDT,IBX)=1_U_IBMRA		
Modified Logic (Changes are in bold)		

Routines	Activities
Routine Name	IBTUBO2
INPT^IBTUBO2  ; - Set global for report. I \$\$(\$G(IBINMRA):1,1:IBXX'='') S ^TMP(\$J,"IBTUB- INPT",IBDIV,IBNAME_"@@ "_DFN,IBDT,IBX)=IBNCF_U_IBXX_U_U_U_\$\$HOSP^IBTUBOU(D GPM) I IBMRA'='', \$G(IBINMRA) S ^TMP(\$J,"IBTUB- INPT_MRA",IBDIV,IBNAME_"@@ "_DFN,IBDT,IBX)=1_U_IBMRA	

Routines	Activities	
Routine Name	IBTUBO1	
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change	
RTM	2.6.4.1, 2.6.4.2, 2.6.4.3	
Related Options	Re-Generate Unbilled Amount Report	
Related Routines	Routines “Called By”	Routines “Called”
	IBTUBOA	IBAMTS1,IBAMTS2,SDOE, ICPTCOD,IBCRCI,IBTUBOU
Routines	Activities	
Data Dictionary (DD) References	CLAIMS TRACKING File (#356), MEDICAL CENTER DIVISION File (#40.8)	
Related Protocols		
Related Integration Control Registrations (ICRs)		
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input checked="" type="checkbox"/> Both <input type="checkbox"/> Global Reference <input type="checkbox"/> Local	
Input Attribute Name and Definition	Name: Definition:	
Output Attribute Name and Definition	Name: Definition:	
Current Logic		

Routines	Activities
Routine Name	IBTUBO1
<p>SETUB^IBTUBO1</p> <pre> I \$\$(\$G(IBINMRA):1,1:\$O(IBCPT("MRA",""))) S ^TMP(\$J,"IBTUB- OPT",IBNAME_"@@"_DFN,IBDAY,IBX)=IBNCF I \$G(IBINMRA),\$O(IBCPT("MRA","")) S ^TMP(\$J,"IBTUB- OPT_MRA",IBNAME_"@@"_DFN,IBDAY,IBX)=1 G:'IBDET SETUBQ I \$D(IBCPT) S IBXX=0 F S IBXX=\$O(IBCPT(IBXX)) Q:'IBXX D . S IBCPTNM=\$\$CODEC^ICPTCOD(IBXX) I IBCPTNM=-1 S IBCPTNM="UNK" . S IBCTF=\$S(\$G(IBCPT(IBXX,1)):"I",1:"") . S IBCTF=\$S(\$G(IBCPT(IBXX,2)):\$S(IBCPT="I":"I,P",1:"P"),1:IBCTF) . I \$\$(\$G(IBINMRA):1,1:\$O(IBCPT("MRA",""))) S ^TMP(\$J,"IBTUB- OPT",IBNAME_"@@"_DFN,IBDAY,IBX,IBCPTNM)=+\$G(IBCPT(IBXX,1))_U_+\$G(IBCPT(IBXX ,2))_U_IBCTF . I \$G(IBINMRA) S:\$G(IBCPT("MRA",IBXX)) ^TMP(\$J,"IBTUB- OPT_MRA",IBNAME_"@@"_DFN,IBDAY,IBX,IBCPTNM)=1 ; SETUBQ Q </pre>	
Modified Logic (Changes are in bold)	
<p>SETUB^IBTUBO1</p> <pre> I \$\$(\$G(IBINMRA):1,1:\$O(IBCPT("MRA",""))) S ^TMP(\$J,"IBTUB- OPT",<b>IBDIV</b>,IBNAME_"@@"_DFN,IBDAY,IBX)=IBNCF I \$G(IBINMRA),\$O(IBCPT("MRA","")) S ^TMP(\$J,"IBTUB- OPT_MRA",<b>IBDIV</b>,IBNAME_"@@"_DFN,IBDAY,IBX)=1 G:'IBDET SETUBQ I \$D(IBCPT) S IBXX=0 F S IBXX=\$O(IBCPT(IBXX)) Q:'IBXX D . S IBCPTNM=\$\$CODEC^ICPTCOD(IBXX) I IBCPTNM=-1 S IBCPTNM="UNK" . S IBCTF=\$S(\$G(IBCPT(IBXX,1)):"I",1:"") . S IBCTF=\$S(\$G(IBCPT(IBXX,2)):\$S(IBCPT="I":"I,P",1:"P"),1:IBCTF) . I \$\$(\$G(IBINMRA):1,1:\$O(IBCPT("MRA",""))) S ^TMP(\$J,"IBTUB- OPT",<b>IBDIV</b>,IBNAME_"@@"_DFN,IBDAY,IBX,IBCPTNM)=+\$G(IBCPT(IBXX,1))_U_+\$G(IBCP T(IBXX,2))_U_IBCTF . I \$G(IBINMRA) S:\$G(IBCPT("MRA",IBXX)) ^TMP(\$J,"IBTUB- OPT_MRA",<b>IBDIV</b>,IBNAME_"@@"_DFN,IBDAY,IBX,IBCPTNM)=1 ; SETUBQ Q </pre>	
Routines	Activities

Routine Name	IBTUBO3				
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change				
RTM	2.6.4.1, 2.6.4.2, 2.6.4.3				
Related Options	Re-Generate Unbilled Amount Report				
Related Routines	Routines "Called By"		Routines "Called"		
	IBTUBOA		IBTUBUL,IBOUTL,DGMTUB IBCNS1		
Routines	Activities				
Data Dictionary (DD) References	CLAIMS TRACKING File (#356), MEDICAL CENTER DIVISION File (#40.8)				
Related Protocols					
Related Integration Control Registrations (ICRs)					
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input checked="" type="checkbox"/> Both <input type="checkbox"/> Global Reference <input type="checkbox"/> Local				
Input Attribute Name and Definition	Name: Definition:				
Output Attribute Name and Definition	Name: Definition:				
Current Logic					
<pre> IBTUBO3 ;ALB/RB - UNBILLED AMOUNTS - GENERATE UNBILLED REPORTS ;03 Aug 2004 9:12 AM ;;2.0;INTEGRATED BILLING;**123,159,192,155,277**;21-MAR-94 ;;Per VHA Directive 10-93-142, this routine should not be modified. ; REPORT ; - Prepare report if requested, send summary bulletin. N IBRUN,IBN,IBPAG,IBQ,DFN,DTE,FL,PT,X0,X1 S IBRUN=\$\$HTE^XLFD(\$H,1) D BULL^IBTUBUL G:'IBDET REPRTQ ; REPRT1 S (IBPAG,IBQ,IBX)=0 I '\$D(^TMP(\$J)) S X0="" D HDR,NIM D:'IBQ PAUSE G REPRTQ F X0=1,2,3 I IBSEL[X0 D Q:IBQ . S X1="IBTUB-"_\$S(X0=2:"OPT",X0=3:"RX",1:"INPT") . D HDR Q:IBQ I '\$D(^TMP(\$J,X1)) D NIM Q . S PT="" F S PT=\$O(^TMP(\$J,X1,PT)) Q:PT="" D Q:IBQ </pre>					

Routines	Activities
Routine Name	IBTUBO3
<pre> .. S DFN=+\$P(PT,"@@",2) Q:'DFN .. S (DTE,FL)=" F S DTE=\$O(^TMP(\$J,X1,PT,DTE)) Q:DTE=" D Q:IBQ ... S IBX=" F S IBX=\$O(^TMP(\$J,X1,PT,DTE,IBX)) Q:IBX=" D Q:IBQ .... S IBN=^TMP(\$J,X1,PT,DTE,IBX) D LINE Q:IBQ I X1["OPT" D CPTS Q:IBQ ; D:'IBQ PAUSE ; REPRTQ Q ; HDR ; - Output header. N I,X,XTP I \$E(IOST,1,2)="C-",IBPAG D PAUSE G HDRQ:IBQ W:\$G(IBPAG) ! I \$E(IOST,1,2)="C-!"\$G(IBPAG) W @IOF,*13 S IBPAG=\$G(IBPAG)+1 W !,"Unbilled Amounts Report" W ?60,"Run Date: ",IBRUN,?124,"Page ",\$J(IBPAG,3) S XTP=\$S(X0=1:"INPATIENT",X0=2:"OUTPATIENT",X0=3:"PRESCRIPTIONS",1:"") S:X0'=3 XTP=XTP_" EPISODES" S X="ALL "_XTP_" FROM " S X=X_\$\$DTE(IBBDT)_ " TO "_\$\$DTE(IBEDT1) I \$G(IBCAMP) D .S X=X_ " / DATA RECOMPILED/STORED FOR "_\$\$DAT2^IBOUTL(IBTIMON) S X=X_ " / '*' AFTER THE PATIENT NAME = USUALLY BILLED MEANS TEST COPAYMENT" I X0=1 S X=X_ " / 'H' AFTER THE ADMISSION DATE = PATIENT CURRENTLY HOSPITALIZED" I X0=3 S X=X_ " / '\$' AFTER THE ORIGINAL FILL DATE = ORIGINAL FILL DATE HAS BEEN BILLED" S X=X_ " / 'CF' COLUMN = NUMBER OF CLAIMS ON FILE FOR THE EPISODE" I X0'=3 D .S X=X_ " / 'I/P' COLUMN = 'I' - INSTUTIONAL CLAIM MISSING," .S X=X_ " 'P' - PROFESSIONAL CLAIM MISSING" F I=1:1 W !,\$E(X,1,132) S X=\$E(X,133,999) Q:X=" ; I 'X0 W !,\$TR(\$J(" ",IOM)," ","-"),! G HDRQ W !!?29,"Last Prim. Claims" W:X0=3 ?52,"Fill",?123,"Original" W !,"Name",?29,"4SSN Elig. Track.ID#" I X0=1 W ?52,"Admission CF Insurance Carrier(s)",?98,"I/P",?102,"MRA" I X0=2 W ?52,"Care Dt. CF Insurance Carrier(s)",?98,"I/P",?102,"MRA",?106,"CPT I. Rate P. Rate" I X0=3 W ?52,"Date CF Ins. Carrier(s) MRA Drug Name Physician",?123,"Fill Dt." </pre>	

Routines	Activities
Routine Name	IBTUBO3
W !,\$STR(\$J(" ",IOM)," ","-"),! I \$D(ZTQUEUED),\$S^%ZTLOAD D . W !,"...Task stoped at user request" S (IBQ,ZTSTOP)=1 ; HDRQ Q	
Modified Logic (Changes are in bold)	
IBTUBO3 ;ALB/RB - UNBILLED AMOUNTS - GENERATE UNBILLED REPORTS ;03 Aug 2004 9:12 AM ;;2.0;INTEGRATED BILLING;**123,159,192,155,277**;;21-MAR-94 ;;Per VHA Directive 10-93-142, this routine should not be modified. ; REPORT ; - Prepare report if requested, send summary bulletin. N IBRUN,IBN,IBPAG,IBQ,DFN,DTE,FL,PT,X0,X1,IBDIV,IBDIVD S IBRUN=\$\$HTE^XLFD(\$H,1) D BULL^IBTUBUL G:'IBDET REPRTQ ; REPRT1 S (IBPAG,IBQ,IBX)=0 I '\$D(^TMP(\$J)) S X0="" D HDR,NIM D:'IBQ PAUSE G REPRTQ <b>F S IBDIV=\$O(^TMP(\$J,IBDIV)) Q:IBDIV="" D</b> <b>. I \$G(IBDIV)'="" S IBDIVD=\$P(\$G(^DG(40.8,IBDIV,0)),U,1)</b> <b>. D HDR Q:IBQ I '\$D(^TMP(\$J,IBDIV,X1)) D NIM Q</b> <b>.. F X0=1,2,3 I IBSEL[X0 D Q:IBQ</b> <b>... S X1="IBTUB-"_S(X0=2:"OPT",X0=3:"RX",1:"INPT")</b> <b>... D HDR Q:IBQ I '\$D(^TMP(\$J,IBDIV,X1)) D NIM Q</b> <b>.... S PT="" F S PT=\$O(^TMP(\$J,IBDIV,X1,PT)) Q:PT="" D Q:IBQ</b> <b>.... S DFN=+\$P(PT,"@@",2) Q:'DFN</b> <b>.... S (DTE,FL)="" F S DTE=\$O(^TMP(\$J,IBDIV,X1,PT,DTE)) Q:DTE="" D Q:IBQ</b> <b>..... S IBX="" F S IBX=\$O(^TMP(\$J,IBDIV,X1,PT,DTE,IBX)) Q:IBX="" D Q:IBQ</b> <b>..... S IBN=^TMP(\$J,IBDIV,X1,PT,DTE,IBX) D LINE Q:IBQ I X1["OPT" D CPTS Q:IBQ</b> ; D:'IBQ PAUSE ; REPRTQ Q ; HDR ; - Output header. N I,X,XTP I \$E(IOST,1,2)="C-",IBPAG D PAUSE G HDRQ:IBQ W:\$G(IBPAG) ! I \$E(IOST,1,2)="C-!"\$G(IBPAG) W @IOF,*13	

Routines	Activities
Routine Name	IBTUBO3
S IBPAG=\$G(IBPAG)+1 W !,"Unbilled Amounts Report" W ?60,"Run Date: ",IBRUN,?124,"Page ",\$J(IBPAG,3) W !,"Division: " _IBDIVD S XTP=\$S(X0=1:"INPATIENT",X0=2:"OUTPATIENT",X0=3:"PRESCRIPTIONS",1:"") S:X0'=3 XTP=XTP_" EPISODES" S X="ALL "_XTP_" FROM " S X=X_\$\$DTE(IBBDT)_ " TO "_\$\$DTE(IBEDT1) I \$G(IBCOMP) D .S X=X_" / DATA RECOMPILED/STORED FOR "_\$\$DAT2^IBOUTL(IBTIMON) S X=X_" / '*' AFTER THE PATIENT NAME = USUALLY BILLED MEANS TEST COPAYMENT" I X0=1 S X=X_" / 'H' AFTER THE ADMISSION DATE = PATIENT CURRENTLY HOSPITALIZED" I X0=3 S X=X_" / '\$' AFTER THE ORIGINAL FILL DATE = ORIGINAL FILL DATE HAS BEEN BILLED" S X=X_" / 'CF' COLUMN = NUMBER OF CLAIMS ON FILE FOR THE EPISODE" I X0'=3 D .S X=X_" / 'I/P' COLUMN = 'I' - INSTUTIONAL CLAIM MISSING," .S X=X_" 'P' - PROFESSIONAL CLAIM MISSING" F I=1:1 W !,\$E(X,1,132) S X=\$E(X,133,999) Q:X="" ; I 'X0 W !,\$TR(\$J(" ",IOM)," ","-"),! G HDRQ W !!?29,"Last Prim. Claims" W:X0=3 ?52,"Fill",?123,"Original" W !,"Name",?29,"4SSN Elig. Track.ID#" I X0=1 W ?52,"Admission CF Insurance Carrier(s)",?98,"I/P",?102,"MRA" I X0=2 W ?52,"Care Dt. CF Insurance Carrier(s)",?98,"I/P",?102,"MRA",?106,"CPT I. Rate P. Rate" I X0=3 W ?52,"Date CF Ins. Carrier(s) MRA Drug Name Physician",?123,"Fill Dt." W !,\$TR(\$J(" ",IOM)," ","-"),! I \$D(ZTQUEUED),\$\$S^%ZTLOAD D . W !,"...Task stoped at user request" S (IBQ,ZTSTOP)=1 ; HDRQ Q	

#### 6.2.2.2.4.2. Functional Requirement: Display – Re-generate Unbillable Amounts Report – Division

The IB System shall provide the ability for users to display the Re-generate Unbilled Amounts Report by Division.

Resolved in 6.2.2.2.4.1

6.2.2.2.4.3. Functional Requirement: Print - Re-generate Unbilled Amounts Report - Division

The IB System shall provide the ability for users to print the Re-generate Unbilled Amounts Report by Division.

Resolved in 6.2.2.2.4.1

6.2.2.2.4.4. Functional Requirement: Display new HIPAA Compliant Fields on IB Reports

The IB System shall retrieve the data for existing report fields on existing reports from the following new HIPAA length compliant fields:

- Sub-file 2.312
  - SUBSCRIBER ID – Maximum 80 A/N – 2.312, 7.02
  - NAME OF INSURED – Maximum 130 A/N – 2.312, 7.01
- Sub-file 2.3226
  - COMMUNICATION NUMBER – Maximum 245 A/N – 2.3226, 1
- Sub-file 355.3
  - GROUP NAME – Maximum 80 A/N – 355.3, 2.01
  - GROUP NUMBER – Maximum 55 A/N – 355, 2.02
- Sub-file 355.33
  - GROUP NAME – Maximum 80 A/N – 355.33, 90.01
  - GROUP NUMBER – Maximum 55 A/N – 355.33, 90.02
  - SUBSCRIBER ID – Maximum 80 A/N – 355.33, 90.03
  - NAME OF INSURED – Maximum 130 A/N – 355.33, 91.01
- Sub-file 365
  - NAME OF INSURED – Maximum 130 A/N – 365, 13.01
  - SUBSCRIBER ID – Maximum 80 A/N – 365, 13.02
  - GROUP NAME – Maximum 80 A/N – 365, 14.01
  - GROUP NUMBER – Maximum 55 A/N – 365, 14.02
- Sub-file 365.03
  - COMMUNICATION NUMBER 1 – Maximum 245 A/N – 365.03, 1
  - COMMUNICATION NUMBER 2 – Maximum 245 A/N – 365.03, 2
  - COMMUNICATION NUMBER 3 – Maximum 245 A/N – 365.03, 3
- Sub-file 365.26
  - COMMUNICATION NUMBER – Maximum 245 A/N – 365.26, 1.01

6.2.2.2.4.4.1. Routines (Entry Points)

Routines	Activities
Routine Name	IBCNSP1



Routines	Activities	
Routine Name	IBCNSP1	
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change	
RTM	2.6.4.4	
Related Options	Subscriber Update	
Related Routines	Routines "Called By"	Routines "Called"
	IBCNSP	^DIC,^DIE,^IBCEF21
Routines	Activities	
Data Dictionary (DD) References	PATIENT File (#2)	
Related Protocols		
Related Integration Control Registrations (ICRs)		
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input checked="" type="checkbox"/> Both <input type="checkbox"/> Global Reference <input type="checkbox"/> Local	
Input Attribute Name and Definition	Name: Definition:	
Output Attribute Name and Definition	Name: Definition:	
Current Logic		
<pre> EDIT(IBDFN,IBCDFN,IBQUIT) ; Main call to edit data in 2.312 pat ins subfile ; IBDFN - patient DFN ; IBCDFN - ien for patient insurance policy in subfile 2.312 ; IBQUIT - Output variable. Pass by reference. Will be set to 1 if ; the user entered an up-arrow, timed-out, or deleted the ; 2.312 subfile entry by entering "@" at the .01 field ; NEW DA,DR,DIE,IBZ,IBY,X,Y,DTOUT NEW IDS,SUB,PAT,PCE,SUB1,PAT1 S DA(1)=+\$G(IBDFN) ; patient IEN S DA=+\$G(IBCDFN) ; patient insurance IEN I 'DA' DA(1) G EDITX S DIE="^DPT("_IBDFN_",.312," ; </pre>		

Routines	Activities
Routine Name	IBCNSP1
<pre> ; Find the input template IEN for the [IBCN PATIENT INSURANCE] template S IBY=+\$FIND1^DIC(.402,,"X","IBCN PATIENT INSURANCE") I 'IBY G EDITX ; ; Build the DR array/string - ICR# 5002 M DR(1)=^DIE(IBY,"DR",2) S DR=\$G(DR(1,2.312)) I DR="" G EDITX ; S \$P(^DIE(IBY,0),U,7)=DT ; see TEM+2^DIE ICR# 5002 ; D ^DIE ; edit subfile data ; ; If the user entered an up-arrow, or timed-out, or deleted the entry, ; then set the output variable IBQUIT I \$D(Y)!\$D(DTOUT)!\$D(DA) S IBQUIT=1 ; F IBZ="VADM","VAPA" K ^UTILITY(IBZ,\$J) ; cleanup scratch global ; D UPDCLM(IBDFN,IBCDFN) ; update editable claims ; ; Cleanup any problems in the secondary ID area S IDS=\$G(^DPT(IBDFN,.312,IBCDFN,5)) ; whole 5 node S (SUB,PAT)="" F PCE=3:1:8 S \$P(SUB,U,PCE)=\$P(IDS,U,PCE-1) ; subscriber sec ID/qual F PCE=3:1:8 S \$P(PAT,U,PCE)=\$P(IDS,U,PCE+5) ; patient sec ID/qual ; SUB and PAT are 8-piece strings with pieces 1 and 2 being nil S SUB1=\$\$SCRUB^IBCEF21(SUB) ; scrub 8-piece string S PAT1=\$\$SCRUB^IBCEF21(PAT) ; scrub 8-piece string I SUB'=SUB1 S \$P(^DPT(IBDFN,.312,IBCDFN,5),U,2,7)=\$P(SUB1,U,3,8) I PAT'=PAT1 S \$P(^DPT(IBDFN,.312,IBCDFN,5),U,8,13)=\$P(PAT1,U,3,8) ; EDITX ; Q ; </pre>	
Modified Logic (Changes are in bold)	

Routines	Activities
Routine Name	IBCNSP1
<pre> EDIT(IBDFN,IBCDFN,IBQUIT) ; Main call to edit data in 2.312 pat ins subfile ; IBDFN - patient DFN ; IBCDFN - ien for patient insurance policy in subfile 2.312 ; IBQUIT - Output variable. Pass by reference. Will be set to 1 if ; the user entered an up-arrow, timed-out, or deleted the ; 2.312 subfile entry by entering "@" at the .01 field ; NEW DA,DR,DIE,IBZ,IBY,X,Y,DTOUT NEW IDS,SUB,PAT,PCE,SUB1,PAT1 S DA(1)=\$G(IBDFN) ; patient IEN S DA=\$G(BCDFN) ; patient insurance IEN I 'DA!'DA(1) G EDITX S DIE="^DPT("_IBDFN_",.312," ; ; Find the input template IEN for the [IBCN PATIENT INSURANCE] template S IBY=\$\$FIND1^DIC(.402,,"X","IBCN PATIENT INSURANCE") I 'IBY G EDITX ; ; Build the DR array/string - ICR# 5002 M DR(1)=^DIE(IBY,"DR",2) S DR=\$G(DR(1,2.312)) I DR="" G EDITX ; S \$P(^DIE(IBY,0),U,7)=DT ; see TEM+2^DIE ICR# 5002 ; D ^DIE ; edit subfile data ; ; If the user entered an up-arrow, or timed-out, or deleted the entry, ; then set the output variable IBQUIT I \$D(Y)!\$D(DTOUT)!\$D(DA) S IBQUIT=1 ; F IBZ="VADM","VAPA" K ^UTILITY(IBZ,\$J) ; cleanup scratch global ; D UPDCLM(IBDFN,IBCDFN) ; update editable claims ; ; Cleanup any problems in the secondary ID area S IDS=\$G(^DPT(IBDFN,.312,BCDFN,5)) ; whole 5 node S (SUB,PAT)="" F PCE=3:1:8 S \$P(SUB,U,PCE)=\$P(IDS,U,PCE-1) ; subscriber sec ID/qual F PCE=3:1:8 S \$P(PAT,U,PCE)=\$P(IDS,U,PCE+5) ; patient sec ID/qual ; SUB and PAT are 8-piece strings with pieces 1 and 2 being nil S SUB1=\$\$SCRUB^IBCEF21(SUB) ; scrub 8-piece string S PAT1=\$\$SCRUB^IBCEF21(PAT) ; scrub 8-piece string I SUB'=SUB1 S \$P(^DPT(IBDFN,.312,BCDFN,5),U,2,7)=\$P(SUB1,U,3,8) I PAT'=PAT1 S \$P(^DPT(IBDFN,.312,BCDFN,5),U,8,13)=\$P(PAT1,U,3,8) ; S DIE="^DPT("_IBDFN_",.3226," ;allow entry of new HIPAA Communication # D ^DIE </pre>	

Routines	Activities
Routine Name	IBCNSP1
EDITX ; Q ;	

#### 6.2.2.2.5. System Feature: Third Party Joint Inquiry

##### 6.2.2.2.5.1. Functional Requirement: TPJI Visual Indicator - Institutional

The IB System shall display a visual indicator for each institutional claim on a claim list identifying the claim as institutional, when users access one of the following lists in TPJI:

- Inactive Bills
- Third Party Active Bills

Note: Maintain the current Inpatient/Outpatient indicator

##### 6.2.2.2.5.1.1. Routines

Routines	Activities	
Routine Name	^IBJTLA	
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change	
RTM	2.6.5.1,2.6.5.2	
Related Options	Third Party Joint Inquiry	
Related Routines	Routines "Called By"	Routines "Called"
		IBEFUNC,IBJTLA1,IBJTU2 IBJTLA,IBJTCA
Routines	Activities	
Data Dictionary (DD) References		
Related Protocols	IBJT ACTIVE LIST	
Related Integration Control Registrations (ICRs)		
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input checked="" type="checkbox"/> Both <input type="checkbox"/> Global Reference <input type="checkbox"/> Local	
Input Attribute Name and Definition	Name: Definition:	
Output Attribute Name and Definition	Name: Definition:	

Current Logic
<p>IBJTLA</p> <p>HDR ; -- header code</p> <p>N X S X=\$\$PT^IBEFUNC(+ \$G(DFN))</p> <p>S VALMHDR(1)=\$P(X,U,1) I \$P(X,U,3)'="" S VALMHDR(1)=VALMHDR(1)_"</p> <p>"_ \$E(X,1)_ \$P(X,U,3)</p> <p>I \$G(DFN) N VAEL,VAERR D ELIG^VADPT S</p> <p>X=\$P(VAEL(1),U,2),VALMHDR(1)=VALMHDR(1)_ \$J(" ",(79-\$L(VALMHDR(1))-\$L(X)))_X</p> <p>; IB*2.0*451 - explanation of EEOB indicator '%' for user</p> <p>S VALMSG=" r Referred * MT on Hold  + Multi Carriers % EEOB "</p> <p>Q</p>
Modified Logic (Changes are in bold)
<p>IBJTLA</p> <p>HDR ; -- header code</p> <p>N X S X=\$\$PT^IBEFUNC(+ \$G(DFN))</p> <p>S VALMHDR(1)=\$P(X,U,1) I \$P(X,U,3)'="" S VALMHDR(1)=VALMHDR(1)_"</p> <p>"_ \$E(X,1)_ \$P(X,U,3)</p> <p>I \$G(DFN) N VAEL,VAERR D ELIG^VADPT S</p> <p>X=\$P(VAEL(1),U,2),VALMHDR(1)=VALMHDR(1)_ \$J(" ",(79-\$L(VALMHDR(1))-\$L(X)))_X</p> <p>; IB*2.0*451 - explanation of EEOB indicator '%' for user</p> <p><b>S VALMSG=" r Referred * MT on Hold  + Multi Carriers % EEOB I Institutional P Professional"</b></p> <p>Q</p>

Routines	Activities	
Routine Name	^IBJTLA1	
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change	
RTM	2.6.5.1,2.6.5.2	
Related Options	Third Party Joint Inquiry	
Related Routines	Routines "Called By"	Routines "Called"
	IBCECOB1, IBCECOB4, IBJTA1, IBJTLA, IBJTLB1, IBJTU1	IBJTU4,RCJIBFN2
Routines	Activities	
Data Dictionary (DD) References	BILL/CLAIMS File (#399),RATE TYPE File (#399.3)INSURANCE COMPANY File (#36),EXPLANATION OF BENEFITS File (#361.1)	
Related Protocols		

Routines	Activities
Routine Name	^IBJTLA1
Related Integration Control Registrations (ICRs)	
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input checked="" type="checkbox"/> Both <input type="checkbox"/> Global Reference <input type="checkbox"/> Local
Input Attribute Name and Definition	Name: Definition:
Output Attribute Name and Definition	Name: Definition:
Current Logic	
IBJTLA1  SCRN ; add bill to screen list (IBIFN,DFN must be defined)  ... ; S IBY=\$P(\$LST^DGMTU(DFN,\$P(IBDU,U)),U,4),IBY=\$S(IBY="C":"YES",IBY="P":"PEN",IBY="R":"REQ",IBY="G":"GMT",1:"NO"),X=\$\$SETFLD^VALM1(IBY,X,"MT?") S IBY=\$\$TYPE(\$P(IBD0,U,5))_\$STF(\$P(IBD0,U,6)),X=\$\$SETFLD^VALM1(IBY,X,"TYPE") S IBY=" "_\$P(\$\$ARSTATA^IBJTU4(IBIFN),U,2),X=\$\$SETFLD^VALM1(IBY,X,"ARST") ;	
Modified Logic (Changes are in bold)	
IBJTLA1  ; S IBY=\$P(\$LST^DGMTU(DFN,\$P(IBDU,U)),U,4),IBY=\$S(IBY="C":"YES",IBY="P":"PEN",IBY="R":"REQ",IBY="G":"GMT",1:"NO"),X=\$\$SETFLD^VALM1(IBY,X,"MT?") <b>S IBY=\$\$TYPE(\$P(IBD0,U,5))_\$STF(\$P(IBD0,U,6))_\$S(\$P(IBD0,U,27)=1:"I",\$P(IBD0,U,27)=2:"P",1:""),X=\$\$SETFLD^VALM1(IBY,X,"TYPE")</b> S IBY=" "_\$P(\$\$ARSTATA^IBJTU4(IBIFN),U,2),X=\$\$SETFLD^VALM1(IBY,X,"ARST") ;	

Routines	Activities
Routine Name	^IBJTBL
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change
RTM	2.6.5.1,2.6.5.2

Routines	Activities	
Routine Name	^IBJTLB	
Related Options	Third Party Joint Inquiry	
Related Routines	Routines "Called By"	Routines "Called"
	IBJON003, IBJON004, IBJTA1, IBJYL3	IBEFUNC,IBJTU2,IBJTLB1
Routines	Activities	
Data Dictionary (DD) References		
Related Protocols	IBJT INACTIVE LIST	
Related Integration Control Registrations (ICRs)		
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input checked="" type="checkbox"/> Both <input type="checkbox"/> Global Reference <input type="checkbox"/> Local	
Input Attribute Name and Definition	Name: Definition:	
Output Attribute Name and Definition	Name: Definition:	
Current Logic		
IBJTLB HDR ; -- header code N X S X=\$\$PT^IBEFUNC(+ \$G(DFN)) S VALMHDR(1)=\$P(X,U,1) I \$P(X,U,3)="" S VALMHDR(1)=VALMHDR(1)_" "\$E(X,1)_\$P(X,U,3) S VALMHDR(1)=VALMHDR(1)_\$J(IBHMSG,(80-\$L(VALMHDR(1)))) ; IB*2.0*451 - explanation of EEOB indicator '%' for user S VALMSG=" r Referred * MT on Hold  + Multi Carriers  % EEOB " Q ;		
Modified Logic (Changes are in bold)		
IBJTLB HDR ; -- header code N X S X=\$\$PT^IBEFUNC(+ \$G(DFN)) S VALMHDR(1)=\$P(X,U,1) I \$P(X,U,3)="" S VALMHDR(1)=VALMHDR(1)_" "\$E(X,1)_\$P(X,U,3) S VALMHDR(1)=VALMHDR(1)_\$J(IBHMSG,(80-\$L(VALMHDR(1)))) ; IB*2.0*451 - explanation of EEOB indicator '%' for user		

Routines	Activities
Routine Name	^IBJTLB
S VALMSG=" r Referred * MT on Hold  + Multi Carriers % EEOB I Institutional P Professional" Q ; ;	

Routines	Activities	
Routine Name	^IBJTLB1	
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change	
RTM	2.6.5.1,2.6.5.2	
Related Options	Third Party Joint Inquiry	
Related Routines	Routines "Called By"	Routines "Called"
	IBJTA1, IBJTLB	IBJTU4,IBJTLA1,IBTRE IBJTU31,IBRUTL,IBEFUNC RCJIBFN2
Routines	Activities	
Data Dictionary (DD) References	BILL/CLAIMS File (#399),RATE TYPE File (#399.3)INSURANCE COMPANY File (#36)	
Related Protocols		
Related Integration Control Registrations (ICRs)		
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input checked="" type="checkbox"/> Both <input type="checkbox"/> Global Reference <input type="checkbox"/> Local	
Input Attribute Name and Definition	Name: Definition:	
Output Attribute Name and Definition	Name: Definition:	
Current Logic		
IBJTLB1 SCRN ; add bill to screen list (IBIFN,DFN must be defined) ... ; S IBY=\$\$TYPE(\$P(IBD0,U,5))_\$STF(\$P(IBD0,U,6)),X=\$\$SETFLD^VALM1(IBY,X,"TYPE") S IBY=" "_\$P(\$\$ARSTATA^IBJTU4(IBIFN),U,2),X=\$\$SETFLD^VALM1(IBY,X,"ARST") ; ...		
Modified Logic (Changes are in bold)		



Routines	Activities
Routine Name	^IBJTLB1
IBJTLB1 SCRN ; add bill to screen list (IBIFN,DFN must be defined) ... ; ; S IBY=\$\$TYPE(\$P(IBD0,U,5))_\$\$TF(\$P(IBD0,U,6))_\$\$(\$P(IBD0,U,27)=1:" I",\$P(IBD0,U,27)=2:"P",1:""),X=\$\$SETFLD^VALM1(IBY,X,"TYPE") S IBY=" "_\$P(\$\$ARSTATA^IBJTU4(IBIFN),U,2),X=\$\$SETFLD^VALM1(IBY,X,"ARST") ; ; ...	

#### 6.2.2.2.5.2. Functional Requirement: TPJI Visual Indicator - Professional

The IB System shall display a visual indicator for each professional claim on a claim list identifying the claim as professional, when users access one of the following lists in TPJI:

- Inactive Bills
- Third Party Active Bills

Note: Maintain the current Inpatient/Outpatient indicator

Design incorporated as part of 6.2.2.2.5.1

#### 6.2.2.2.5.3. Functional Requirement: Co-Payment Amount – TPJI

The IB System shall provide the ability for users to view the co-payment amount when one is associated with a claim in TPJI.

##### 6.2.2.2.5.3.1. Routines

Routines	Activities	
Routine Name	^IBJTCA1	
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change	
RTM	2.6.5.3	
Related Options	Third Party Joint Inquiry	
Related Routines	Routines "Called By"	Routines "Called"
		IBEFUNC,IBNCPDPU,IBJTU3 IBJU1,IBCEF,IBJTU4,IBTRE RCJIBFN2,IBJTCA2,PSO52API
Routines	Activities	

Routines	Activities
Routine Name	^IBJTCA1
Data Dictionary (DD) References	BILL/CLAIMS File (#399),INSURANCE COMPANY File (#36), STATE File (#5),RATE TYPE File (#399.3),EXPLANATION OF BENEFITS File (#361.1),IB BILL/CLAIMS PRESCRIPTION REFILL File (#362.4), PATIENT File (#2)
Related Protocols	
Related Integration Control Registrations (ICRs)	
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input checked="" type="checkbox"/> Both <input type="checkbox"/> Global Reference <input type="checkbox"/> Local
Input Attribute Name and Definition	Name: Definition:
Output Attribute Name and Definition	Name: Definition:
Current Logic	
BLD ; build array for Third Party Joint Inquiry Claims Info screen, IBIFN must be defined ; N X,IBY,IBZ,IBZ0,IBI,IBT,IBD,IBLN,IBLR,IBD0,IBDI1,IBDM,IBDM1,IBDU,IBDS,IBDU2,IBID0,IBID13,IBNC,IBTC,IBTW,IBSW,IBGRPB,IBGRPE,IBWNR,IBDTX,IBBX19,IBPRVO,IBNABP,IBLVL,IBCNT,IBPRVTYP N IBXSAVE ; IB*2.0*473 bi S VALMCNT=0,X="",IBD0=\$G(^DGCR(399,+G(IBIFN),0)) I IBD0="" S VALMQUIT="" G BLDQ F IBI="M","M1","U","S","U2","TX" S @("IBD"_IBI)=\$G(^DGCR(399,+IBIFN,IBI))	
Modified Logic (Changes are in bold)	
BLD ; build array for Third Party Joint Inquiry Claims Info screen, IBIFN must be defined ; N X,IBY,IBZ,IBZ0,IBI,IBT,IBD,IBLN,IBLR,IBD0,IBDI1,IBDM,IBDM1,IBDU,IBDS,IBDU2,IBID0,IBID13,IBNC,IBTC,IBTW,IBSW,IBGRPB,IBGRPE,IBWNR,IBDTX,IBBX19,IBPRVO,IBNABP,IBLVL,IBCNT,IBPRVTYP N IBXSAVE ; IB*2.0*473 bi S VALMCNT=0,X="",IBD0=\$G(^DGCR(399,+G(IBIFN),0)) I IBD0="" S VALMQUIT="" G BLDQ <b>F IBI="M","M1","U","U1","S","U2","TX" S @("IBD"_IBI)=\$G(^DGCR(399,+IBIFN,IBI))</b>	

Current Logic
BLD^IBJTCA1 ... S IBT="Charge Type: ",IBD=\$\$EXSET^IBJU1(\$P(IBD0,U,27),399,.27) S IBLN=\$\$SET(IBT,IBD,IBLN,IBLR) S IBT="Service Dates: ",IBD=\$\$DATE^IBJU1(\$P(IBDU,U,1))_ - "_\$\$DATE^IBJU1(\$P(IBDU,U,2)) S IBLN=\$\$SET(IBT,IBD,IBLN,IBLR) S IBT="Orig Claim: ",IBD=\$\$BILL^RCJIBFN2(+IBIFN) S IBLN=\$\$SET(IBT,\$J(\$P(IBD,U,1),9,2),IBLN,IBLR) S IBT="Balance Due: ",IBD=\$J(\$P(IBD,U,3),9,2) S IBLN=\$\$SET(IBT,IBD,IBLN,IBLR)
Modified Logic (Changes are in bold)
BLD^IBJTCA1 ... S IBT="Charge Type: ",IBD=\$\$EXSET^IBJU1(\$P(IBD0,U,27),399,.27) S IBLN=\$\$SET(IBT,IBD,IBLN,IBLR) S IBT="Service Dates: ",IBD=\$\$DATE^IBJU1(\$P(IBDU,U,1))_ - "_\$\$DATE^IBJU1(\$P(IBDU,U,2)) S IBLN=\$\$SET(IBT,IBD,IBLN,IBLR) S IBT="Orig Claim: ",IBD=\$\$BILL^RCJIBFN2(+IBIFN) S IBLN=\$\$SET(IBT,\$J(\$P(IBD,U,1),9,2),IBLN,IBLR) S IBT="Balance Due: ",IBD=\$J(\$P(IBD,U,3),9,2) S IBLN=\$\$SET(IBT,IBD,IBLN,IBLR) <b>S IBT="Co-pay: ",IBD=\$J(\$P(IBDU1,U,2),9,2) S IBLN=\$\$SET(IBT,IBD,IBLN,IBLR)</b>

#### 6.2.2.2.6. System Feature: COB Management Worklist

##### 6.2.2.2.6.1. Functional Requirement: Sort – COB Management Worklist – Division

The IB System shall provide the ability for users to sort the COB Management Worklist by Division.

##### 6.2.2.2.6.1.1. Routines

Routines	Activities	
Routine Name	IBCECOB	
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change	
RTM	2.6.6.1	
Related Options	IBCE COB MANAGEMENT	
Related Routines	Routines "Called By"	Routines "Called"

Routines	Activities				
Routine Name	IBCECOB				
	IBCE, IBCECSA4	DIC, FIR, IBCECOB1, IBCECOB2, IBCEMU1, IBEFUNC, VALM, VALM1, VALM10, XQORM1			
Routines	Activities				
Data Dictionary (DD) References					
Related Protocols					
Related Integration Control Registrations (ICRs)					
Data Passing	<input type="checkbox"/> Input	<input type="checkbox"/> Output Reference	<input type="checkbox"/> Both	<input type="checkbox"/> Global Reference	<input type="checkbox"/> Local
Input Attribute Name and Definition	Name: Definition:				
Output Attribute Name and Definition	Name: Definition:				
Current Logic					
<pre> ; S DIR("A")="Sort By: ",DIR("B")="BILLER" S DIR(0)="SBA^B:BILLER;D:DAYS SINCE TRANSMISSION OF LATEST BILL;L:DATE LAST "_\$S(\$G(IBMRANOT):"EOB",1:"MRA")_" RECEIVED;" S DIR(0)=DIR(0)"I:SECONDARY INSURANCE COMPANY;M:"_\$S(\$G(IBMRANOT):"EOB",1:"MRA")_" STATUS;P:PATIENT NAME;R:PATIENT RESPONSIBILITY;S:SERVICE DATE" S DIR("?")="Enter the code to indicate how the list should be sorted." D ^DIR K DIR I \$D(DTOUT)!\$D(DUOUT) S VALMQUIT=1 G INITQ S IBSRT=Y ; </pre>					
Modified Logic (Changes are in bold)					
<pre> ; S DIR("A")="Sort By: ",DIR("B")="BILLER" S DIR(0)="SBA^B:BILLER;D:DAYS SINCE TRANSMISSION OF LATEST BILL;L:DATE LAST "_\$S(\$G(IBMRANOT):"EOB",1:"MRA")_" RECEIVED;" S DIR(0)=DIR(0)"I:SECONDARY INSURANCE COMPANY;M:"_\$S(\$G(IBMRANOT):"EOB",1:"MRA")_" STATUS;P:PATIENT NAME;R:PATIENT RESPONSIBILITY;S:SERVICE DATE;<b>V:DIVISION</b>" S DIR("?")="Enter the code to indicate how the list should be sorted." D ^DIR K DIR I \$D(DTOUT)!\$D(DUOUT) S VALMQUIT=1 G INITQ S IBSRT=Y ; </pre>					

Routines	Activities	
Routine Name	IBCECOB1	
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change	
RTM	2.6.6.1	
Related Options		
Related Routines	Routines "Called By"	Routines "Called"
	IBCAPR, IBCAPR2, IBCECOB, IBCECOB2, IBCECOB5, IBCECOB6, IBCECSA6, IBCEMQC, IBCEMU2, IBCEU1, IBCNSBL2, IBJTBA1	%ZISS, DID, DIE, DILFD, DIQ, DIR, IBCAPP, IBCAPP2, IBCECOB2, IBCEF, IBCEF4, IBCEMU1, IBCEMU4, IBCEU0, IBEFUNC, IBJTLA1, IBOUTL, PRCAFN, VALM1, VALM10, XLFDT, XLFSTR
Routines	Activities	
Data Dictionary (DD) References		
Related Protocols		
Related Integration Control Registrations (ICRs)		
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input type="checkbox"/> Both <input checked="" type="checkbox"/> Global Reference <input checked="" type="checkbox"/> Local	
Input Attribute Name and Definition	Name: Definition:	
Output Attribute Name and Definition	Name: Definition:	
Current Logic		

Routines	Activities
Routine Name	IBCECOB1
<pre> ; S IBAPY=\$\$TPR^PRCAFN(IBIFN) ; payment on this bill from A/R S IBEXPY=+\$G(^IBM(361.1,IBDA,1)) ; payer paid amount ; IB*2.0*447 add excess indicator to MRW screen and adjust calcs to include percentages S IBPTRSP=\$S(\$\$MSEDT^IBCEMU4(IBIFN)'="":\$\$MSPRE^IBCEMU4(IBIFN,1),1:\$\$PREOBT OT^IBCEU0(IBIFN)) ; patient resp. function S IBPY=\$S(IBAPY:IBAPY,1:IBEXPY) S IBOAM=+\$G(^DGCR(399,IBIFN,"U1")) ; total charges for bill S IBNBAL=IBOAM-IBPY I IBNBAL&gt;0 S IBQ=2 S IBPTNM=\$P(\$G(^DPT(+\$P(\$G(^DGCR(399,IBIFN,0)),U,2,0)),U) I IBPTNM="" S IBPTNM="UNKNOWN" S IBSRVC=\$P(\$G(^DGCR(399,IBIFN,"U")),U) S Z0=\$S(IBSRT="B":IBMUT,IBSRT="D":- IBDAY,IBSRT="I":\$P(IBINS2,U,2)_ "~"_\$P(IBINS2,U),IBSRT="M":\$\$EXTERNAL^DILFD(361.1,. 13,"",\$P(IB3611,"^",13)),IBSRT="R":- IBPTRSP,IBSRT="P":IBPTNM,IBSRT="S":+IBSRVC,1:+IBDT) S:((IBSRT="M")&amp;(Z0="")) Z0="UNKNOWN" ;USE UNKNOWN IF NOT SET - BI;IB*2.0*432 S ^TMP("IBCOBST",\$J,Z0,IBIFN)=IBSRVC_U_IBOAM_U_IBAPY_U_\$S(IBNBAL&gt;0:IBNBAL,1: 0)_U_\$P(IBM,5)_U_\$P(IBM,19)_U_IBBPY_U_\$P(IBMUT,"~")_U_IBINS_U_IBDA_U_\$HIS (IBIFN)_U_IBDAY_U_IBDT_U_IBQ_U_IB364_U_IBSEQ_U_IBEXPY_U_IBPTRSP S ^TMP("IBCOBST",\$J,Z0,IBIFN,1)=\$\$EXTERNAL^DILFD(361.1,.13,"",\$P(IB3611,"^",13))_, "_\$FMTE^XLFD(\$P(\$P(IB3611,"^",6),".")_"^"_\$P(IB3611,"^",16) S ^TMP("IBCOBSTX",\$J,IBIFN)=IBDA ;keep track of compiled IBIFN's ; </pre>	
Modified Logic (Changes are in bold)	
<pre> ; S IBAPY=\$\$TPR^PRCAFN(IBIFN) ; payment on this bill from A/R S IBEXPY=+\$G(^IBM(361.1,IBDA,1)) ; payer paid amount ; IB*2.0*447 add excess indicator to MRW screen and adjust calcs to include percentages S IBPTRSP=\$S(\$\$MSEDT^IBCEMU4(IBIFN)'="":\$\$MSPRE^IBCEMU4(IBIFN,1),1:\$\$PREOBT OT^IBCEU0(IBIFN)) ; patient resp. function S IBPY=\$S(IBAPY:IBAPY,1:IBEXPY) S IBOAM=+\$G(^DGCR(399,IBIFN,"U1")) ; total charges for bill S IBNBAL=IBOAM-IBPY I IBNBAL&gt;0 S IBQ=2 S IBPTNM=\$P(\$G(^DPT(+\$P(\$G(^DGCR(399,IBIFN,0)),U,2,0)),U) I IBPTNM="" S IBPTNM="UNKNOWN" S IBSRVC=\$P(\$G(^DGCR(399,IBIFN,"U")),U) S Z0=\$S(IBSRT="B":IBMUT,IBSRT="D":- IBDAY,IBSRT="I":\$P(IBINS2,U,2)_ "~"_\$P(IBINS2,U),IBSRT="M":\$\$EXTERNAL^DILFD(361.1,. 13,"",\$P(IB3611,"^",13)),IBSRT="R":- IBPTRSP,IBSRT="P":IBPTNM,IBSRT="S":+IBSRVC,<b>IBSRT="V":\$P(\$S(\$P(IBM,U,22):\$\$SITE^ VASITE(DT,\$P(IBM,U,22)),1:\$\$SITE^VASITE()),U,3),1:+IBDT)</b> S:((IBSRT="M")&amp;(Z0="")) Z0="UNKNOWN" ;USE UNKNOWN IF NOT SET - BI;IB*2.0*432 S ^TMP("IBCOBST",\$J,Z0,IBIFN)=IBSRVC_U_IBOAM_U_IBAPY_U_\$S(IBNBAL&gt;0:IBNBAL,1: </pre>	

Routines	Activities
Routine Name	IBCECOB1
0)_U_\$P(IBM,U,5)_U_\$P(IBM,U,19)_U_IBBPY_U_\$P(IBMUT,"~")_U_IBINS_U_IBDA_U_\$HI S(IBIFN)_U_IBDAY_U_IBDT_U_IBQ_U_IB364_U_IBSEQ_U_IBEXPY_U_IBPTRSP S ^TMP("IBCOBST",\$J,Z0,IBIFN,1)=\$\$EXTERNAL^DILFD(361.1,.13,"",\$P(IB3611,"^",13))_, "_\$FMTE^XLFD(\$P(\$P(IB3611,"^",6),"."))_"^"_\$P(IB3611,"^",16) S ^TMP("IBCOBSTX",\$J,IBIFN)=IBDA ;keep track of compiled IBIFN's ; 	

Routines		Activities	
Routine Name		IBCAPP2	
Enhancement Category		<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change	
RTM		2.6.6.1	
Related Options			
Related Routines		Routines "Called By"	Routines "Called"
		IBCECOB1	DIE, DILFD, IBCEF, IBCEF4, IBCEMU1, IBCEMU4, IBCNSBL2, IBCEFUNG, PRCAFN, RCJIBFN2, XLFD
Routines		Activities	
Data Dictionary (DD) References			
Related Protocols			
Related Integration Control Registrations (ICRs)			
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input type="checkbox"/> Both <input checked="" type="checkbox"/> Global Reference <input checked="" type="checkbox"/> Local		
Input Attribute Name and Definition	Name: Definition:		
Output Attribute Name and Definition	Name: Definition:		
Current Logic			
; S IBAPY=\$\$TPR^PRCAFN(IBIFN) ; payment on this bill from A/R IA#380 S:\$G(IBDA)'="" IBEXPY=+\$G(^IBM(361.1,IBDA,1)) ; payer paid amount S IBPY=\$S(IBAPY:IBAPY,1:+\$G(IBEXPY)) S IBOAM=+\$G(^DGCR(399,IBIFN,"U1")) ; total charges for bill ; Don't include claim if AR STATUS is COLLECTED/CLOSED and no subsequent payer and			

Routines	Activities
Routine Name	IBCAPP2
<p>not one of the TRICARE/Champus claims that needs to be evaluated for Pt Payment,remove from list and quit</p> <p>I \$P(\$\$BILL^RCJIBFN2(IBIFN),U,2)=22</p> <p>S IBX=\$\$EOB^IBCNSBL2(IBIFN,IBOAM,IBPY,.IBTXT) I '\$D(IBTXT) D RMV(IBIFN) Q</p> <p>S IBNBAL=IBOAM-IBPY</p> <p>S IBPTRSP=\$S(IBNBAL&gt;0:IBNBAL,1:0)</p> <p>I IBNBAL'&gt;0 S IBQ=2</p> <p>S IBPTNM=\$P(\$G(^DPT(+P(\$G(^DGCR(399,IBIFN,0)),U,2,0)),U)</p> <p>I IBPTNM="" S IBPTNM="UNKNOWN"</p> <p>S IBSRVC=\$P(\$G(^DGCR(399,IBIFN,"U")),U)</p> <p>S Z0=\$S(IBSRT="B":IBMUT,IBSRT="D":-</p> <p>IBDAY,IBSRT="I":\$P(IBINS2,U,2)_~_\$P(IBINS2,U),IBSRT="M":\$\$EXTERNAL^DILFD(361.1,.13,"",\$P(IB3611,"^",13)),IBSRT="R":-</p> <p>IBPTRSP,IBSRT="P":IBPTNM,IBSRT="S":+IBSRVC,1:+IBDT)</p> <p>S:((IBSRT="M")&amp;(Z0="")) Z0="UNKNOWN" ;USE UNKNOWN IF NOT SET - BI;IB*2.0*432</p> <p>S ^TMP("IBCOBST",\$J,Z0,IBIFN)=IBSRVC_U_IBOAM_U_IBAPY_U_\$S(IBNBAL&gt;0:IBNBAL,1:0)_U_\$P(IBM,U,5)_U_\$P(IBM,U,19)_U_IBBPY_U_\$P(IBMUT,"~")_U_IBINS_U_\$G(IBDA)_U_\$HIS(IBIFN)_U_\$G(IBDAY)_U_\$G(IBDT)_U_IBQ_U_\$G(IB364)_U_IBSEQ_U_\$G(IBEXPY)_U_IBPTRSP</p> <p>S ^TMP("IBCOBST",\$J,Z0,IBIFN,1)=\$S(\$G(IB3611)="":"No EEOB Received",1:\$\$EXTERNAL^DILFD(361.1,.13,"",\$P(IB3611,"^",13))_,"_\$\$FMTE^XLFD(\$P(\$P(IB3611,"^",6),"")_~_\$P(IB3611,"^",16))</p> <p>S ^TMP("IBCOBSTX",\$J,IBIFN)=\$G(IBDA) ;keep track of compiled IBIFN's</p> <p>;</p>	
Modified Logic (Changes are in bold)	
<p>;</p> <p>S IBAPY=\$\$TPR^PRCAFN(IBIFN) ; payment on this bill from A/R IA#380</p> <p>S:\$G(IBDA)'="" IBEXPY=+\$G(^IBM(361.1,IBDA,1)) ; payer paid amount</p> <p>S IBPY=\$S(IBAPY:IBAPY,1:+\$G(IBEXPY))</p> <p>S IBOAM=+\$G(^DGCR(399,IBIFN,"U1")) ; total charges for bill</p> <p>; Don't include claim if AR STATUS is COLLECTED/CLOSED and no subsequent payer and not one of the TRICARE/Champus claims that needs to be evaluated for Pt Payment,remove from list and quit</p> <p>I \$P(\$\$BILL^RCJIBFN2(IBIFN),U,2)=22</p> <p>S IBX=\$\$EOB^IBCNSBL2(IBIFN,IBOAM,IBPY,.IBTXT) I '\$D(IBTXT) D RMV(IBIFN) Q</p> <p>S IBNBAL=IBOAM-IBPY</p> <p>S IBPTRSP=\$S(IBNBAL&gt;0:IBNBAL,1:0)</p> <p>I IBNBAL'&gt;0 S IBQ=2</p> <p>S IBPTNM=\$P(\$G(^DPT(+P(\$G(^DGCR(399,IBIFN,0)),U,2,0)),U)</p> <p>I IBPTNM="" S IBPTNM="UNKNOWN"</p> <p>S IBSRVC=\$P(\$G(^DGCR(399,IBIFN,"U")),U)</p> <p>S Z0=\$S(IBSRT="B":IBMUT,IBSRT="D":-</p> <p>IBDAY,IBSRT="I":\$P(IBINS2,U,2)_~_\$P(IBINS2,U),IBSRT="M":\$\$EXTERNAL^DILFD(361.1,.13,"",\$P(IB3611,"^",13)),IBSRT="R":-</p> <p>IBPTRSP,IBSRT="P":IBPTNM,IBSRT="S":+IBSRVC,<b>IBSRT="V":\$P(\$S(\$P(IBM,U,22):\$\$SITE^</b></p>	



Routines	Activities
Routine Name	IBCAPP2
<pre> VASITE(DT,\$P(IBM,U,22)),1:\$SITE^VASITE()),U,3),1:+IBDT) S:((IBSRT="M")&amp;(Z0="")) Z0="UNKNOWN" ;USE UNKNOWN IF NOT SET - BI;IB*2.0*432 S ^TMP("IBCOBST",\$J,Z0,IBIFN)=IBSRVC_U_IBOAM_U_IBAPY_U_\$S(IBNBAL&gt;0:IBNBAL,1: 0)_U_\$P(IBM,U,5)_U_\$P(IBM,U,19)_U_IBBPY_U_\$P(IBMUT,"~")_U_IBINS_U_\$G(IBDA)_U_\$ \$HIS(IBIFN)_U_\$G(IBDAY)_U_\$G(IBDT)_U_IBQ_U_\$G(IB364)_U_IBSEQ_U_\$G(IBEXPY)_U _IBPTRSP S ^TMP("IBCOBST",\$J,Z0,IBIFN,1)=\$S(\$G(IB3611)="": "No EEOB Received ",1:\$EXTERNAL^DILFD(361.1,.13,"",\$P(IB3611,"^",13))_ " "\$FMTE^XLFD(\$P(\$P(IB3611,"^",6),".")_ "^"_\$P(IB3611,"^",16)) S ^TMP("IBCOBSTX",\$J,IBIFN)=\$G(IBDA) ;keep track of compiled IBIFN's ; </pre>	

#### 6.2.2.2.6.2. Functional Requirement: Display – COB Management Worklist – Division

The IB System shall provide the ability for users to display the COB Management Worklist by Division.

##### 6.2.2.2.6.2.1. Routines

Routines	Activities	
Routine Name	IBCECOB1	
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change	
RTM	2.6.6.2, 2.6.6.3	
Related Options		
Related Routines	Routines "Called By"	Routines "Called"
	IBCAPR, IBCAPR2, IBCECOB, IBCECOB2, IBCECOB5, IBCECOB6, IBCECSA6, IBCEMQC, IBCEMU2, IBCEU1, IBCNSBL2, IBJTBA1	%ZISS, DID, DIE, DILFD, DIQ, DIR, IBCAPP, IBCAPP2, IBCECOB2, IBCEF, IBCEF4, IBCEMU1, IBCEMU4, IBCEU0, IBEFUNC, IBJTLA1, IBOUTL, PRCAFN, VALM1, VALM10, XLFD, XLFSTR
Routines	Activities	
Data Dictionary (DD) References		
Related Protocols		
Related Integration Control Registrations (ICRs)		

Routines	Activities
Routine Name	IBCECOB1
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input type="checkbox"/> Both <input type="checkbox"/> Global Reference <input type="checkbox"/> Local
Input Attribute Name and Definition	Name: Definition:
Output Attribute Name and Definition	Name: Definition:
Current Logic	
<pre> SCRN ; N IBX,IBCNT,IBIFN,IBDA,IB,X,IBS1,IBPAT,Z,IBK,IBFORM S IBCNT=0 S IBS1=\$\$(IBSRT="B": "BILLER",IBSRT="D": "Days Since Last Transmission",IBSRT="L": "Date Last "\$(\$G(IBMTRANOT): "EOB",1: "MRA")_ " Received",IBSRT="I": "SECONDARY INSURANCE COMPANY",IBSRT="M": \$(\$G(IBMTRANOT): "EOB",1: "MRA")_ " Status",1: "") S IBX="" F S IBX=\$O(^TMP("IBCOBST",\$J,IBX)) Q:IBX="" D . I IBSRT="B"!(IBSRT="I")!(IBSRT="M") D .. D:IBCNT SET("",IBCNT+1) .. D SET(IBS1_": " _\$P(IBX,"~"),IBCNT+1) . S IBIFN=0 F S IBIFN=\$O(^TMP("IBCOBST",\$J,IBX,IBIFN)) Q:IBIFN D .. S IB=\$G(^TMP("IBCOBST",\$J,IBX,IBIFN)) .. S Z=\$G(^DPT(+ \$P(\$G(^DGCR(399,IBIFN,0)),U,2),0)) .. S IBPAT=\$\$LJ^XLFFSTR(\$E(\$P(Z,U),1,18),18," ")_ " _\$E(\$P(Z,U,9),6,9) .. S IBDA=\$P(IB,U,10) ;361.1-ien .. S IBQ=\$P(IB,U,14),IB364=\$P(IB,U,15) .. ; IB*2.0*447 shorten form column to I for Instutional and P for Professional .. ;S IBFORM=\$\$EXTERNAL^DILFD(399,.19,+\$P(IB,U,6)) .. ;I +\$P(IB,U,6)=2 S IBFORM=1500 ; for space reasons .. S IBFORM=\$\$(+\$P(IB,U,6)=2: "P",1: "I") .. S IBPTRSP=\$P(IB,U,18) .. S IBAMT=\$P(IB,U,2) .. S IBCNT=IBCNT+1 .. S X="" .. S X=\$\$SETFLD^VALM1(BCNT,X,"NUMBER") .. S X=\$\$SETFLD^VALM1(\$\$BN1^PRCAFN(IBIFN)_\$(\$P(\$G(^DGCR(399,IBIFN,"TX")),U,10)=1 :"*",1: ""),X,"BILL") .. S X=\$\$SETFLD^VALM1(\$\$DAT1^IBOUTL(\$P(IB,U)),X,"SERVICE") .. S X=\$\$SETFLD^VALM1(IBPAT,X,"PATNM") .. S X=\$\$SETFLD^VALM1(\$\$RJ^XLFFSTR(\$FN(IBPTRSP,"",2),9," "),X,"PTRESP") .. S X=\$\$SETFLD^VALM1(\$\$RJ^XLFFSTR(\$FN(IBAMT,"",2),9," "),X,"IBAMT") .. S X=\$\$SETFLD^VALM1(\$E(\$\$TYPE^IBJTAL1(\$P(IB,U,5)))_"/_IBFORM,X,"BTYP") .. D SET(X,IBCNT,IBIFN,IBDA,IBQ,IB364,IBX,IB) .. ;For R (Pt Resp), P (Pt Name) and S (Service Date) don't display sub-headers .. I "BIMRPS"[IBSRT D </pre>	

Routines	Activities
Routine Name	IBCECOB1
<pre> ... S Z=\$\$(IBSRT="L":\$\$DAT1^IBOUTL(IBX),IBSRT="D":-IBX,1:IBX) ... D SET(" _IBS1_": "_Z,IBCNT) .. S X=\$\$SETSTR^VALM1("Insurers: "_\$P(IB,U,9),"",7,74) .. D SET(X,IBCNT,IBIFN,IBDA,IBQ,IB364,IBX,IB) .. ; </pre>	
Modified Logic (Changes are in bold)	
<pre> SCRN ; N IBX,IBCNT,IBIFN,IBDA,IB,X,IBS1,IBPAT,Z,IBK,IBFORM S IBCNT=0 S IBS1=\$\$(IBSRT="B":"BILLER",IBSRT="D":"Days Since Last Transmission",IBSRT="L":"Date Last "\$\$(G(IBMRRANOT):"EOB",1:"MRA")_" Received",IBSRT="I":"SECONDARY INSURANCE COMPANY",IBSRT="M":\$\$(\$G(IBMRRANOT):"EOB",1:"MRA")_" Status",1:"") S IBX="" F S IBX=\$O(^TMP("IBCOBST",\$J,IBX)) Q:IBX="" D . I IBSRT="B"!(IBSRT="I")!(IBSRT="M")!(IBSRT="V") D .. D:IBCNT SET("",IBCNT+1) .. D SET(IBS1_": "_\$P(IBX,"~"),IBCNT+1) . S IBIFN=0 F S IBIFN=\$O(^TMP("IBCOBST",\$J,IBX,IBIFN)) Q:IBIFN D .. S IB=\$G(^TMP("IBCOBST",\$J,IBX,IBIFN)) .. S Z=\$G(^DPT(+P(\$G(^DGCR(399,IBIFN,0)),U,2),0)) .. S IBPAT=\$\$LJ^XLFFSTR(\$E(\$P(Z,U),1,18),18," ")_" _\$E(\$P(Z,U,9),6,9) .. S IBDA=\$P(IB,U,10) ;361.1-ien .. S IBQ=\$P(IB,U,14),IB364=\$P(IB,U,15) .. ; IB*2.0*447 shorten form column to I for Institutional and P for Professional .. ;S IBFORM=\$\$EXTERNAL^DILFD(399,.19,+\$P(IB,U,6)) .. ;I +\$P(IB,U,6)=2 S IBFORM=1500 ; for space reasons .. S IBFORM=\$S(+P(IB,U,6)=2:"P",1:"I") .. S IBPTRSP=\$P(IB,U,18) .. S IBAMT=\$P(IB,U,2) .. S IBCNT=IBCNT+1 .. S X="" .. S X=\$\$SETFLD^VALM1(IBCNT,X,"NUMBER") .. S X=\$\$SETFLD^VALM1(\$\$BN1^PRCAFN(IBIFN)_\$S(\$P(\$G(^DGCR(399,IBIFN,"TX")),U,10)=1 :"*",1:""),X,"BILL") .. S X=\$\$SETFLD^VALM1(\$\$DAT1^IBOUTL(\$P(IB,U)),X,"SERVICE") .. S X=\$\$SETFLD^VALM1(IBPAT,X,"PATNM") .. S X=\$\$SETFLD^VALM1(\$\$RJ^XLFFSTR(\$FN(IBPTRSP,"",2),9,""),X,"PTRESP") .. S X=\$\$SETFLD^VALM1(\$\$RJ^XLFFSTR(\$FN(IBAMT,"",2),9,""),X,"IBAMT") .. S X=\$\$SETFLD^VALM1(\$E(\$\$TYPE^IBJTAL1(\$P(IB,U,5)))_"_IBFORM,X,"BTYPE") .. D SET(X,IBCNT,IBIFN,IBDA,IBQ,IB364,IBX,IB) .. ;For R (Pt Resp), P (Pt Name), <b>V (Division)</b> and S (Service Date) don't display sub-headers .. I "BIMRPS<b>V</b>"[IBSRT D ... S Z=\$\$(IBSRT="L":\$\$DAT1^IBOUTL(IBX),IBSRT="D":-IBX,1:IBX) ... D SET(" _IBS1_": "_Z,IBCNT) .. S X=\$\$SETSTR^VALM1("Insurers: "_\$P(IB,U,9),"",7,74) </pre>	

Routines	Activities
Routine Name	IBCECOB1
<pre>.. D SET(X,IBCNT,IBIFN,IBDA,IBQ,IB364,IBX,IB) .. ;</pre>	

#### 6.2.2.2.6.3. Functional Requirement: Print – COB Management Worklist – Division

The IB System shall provide the ability for users to print the COB Management Worklist by Division.

Print uses the ListMan Print function which prints the display data. See 6.2.2.2.6.2 for Design.

#### 6.2.2.2.7. System Features: Health Care Claim Transactions (837)

##### 6.2.2.2.7.1. Functional Requirement: Transmit HPID – Destination Payer - Institutional

The IB System shall provide the ability to transmit the Health Plan Identifier (HPID) and the Other Entity Identifier (OEID) for the destination payer in an institutional X12N 5010 Health Care Claim (837) transaction to FSC.

##### 6.2.2.2.7.1.1. Changes to Output Formatter

Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change
Form Type	IB 837 Transmission
Sequence	37
Record ID	CI5
Loop	2010BB/BC
Piece	8
Description	Payer ID Qualifier
Type	Alpha-numeric
Maximum Length	2
Location	2010BB NM108
VistA Input / Storage	n/a
Comments	Always "XV"
Format Code	S IBXDATA=\$P(\$G(IBXSAVE("CI_HPID",1)),U)
Piece	9
Description	Payer Primary ID (HPID)

Type	Alpha-numeric
Maximum Length	80
Location	2010BB NM109
VistA Input / Storage	File #399, Fields #10002, #10003 or #10004; or File #36, Field #8.01
Comments	n/a
Format Code	S IBXDATA=\$P(\$G(IBXSAVE("CI_HPID",1)),U,2) D CLEANUP^IBCEF78(.IBXSAVE)

#### 6.2.2.2.7.1.2.

#### Routines

Routines	Activities	
Routine Name	IBCEF78	
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change	
RTM	2.6.7.1, 2.6.7.2, 2.6.7.3, 2.6.7.4	
Related Options		
Related Routines	Routines "Called By"	Routines "Called"
	<i>Called by the format code of four fields in the Output Formatter, two fields on Sequence 37 (^IBA(364.7,1519), ^IBA(364.7,1527)), and two fields on Sequence 114 (^IBA(364.7,1532), ^IBA(364.7,1551)).</i>	\$\$COBN^IBCEF, \$\$FT^IBCEF, \$\$POLICY^IBCEF, \$\$PAYERID^IBCEF2, OTHINSID^IBCEF72
Routines	Activities	
Data Dictionary (DD) References		
Related Protocols		
Related Integration Control Registrations (ICRs)		
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input checked="" type="checkbox"/> Both <input type="checkbox"/> Global Reference <input type="checkbox"/> Local	
Input Attribute Name and Definition	Name: Definition:	
Output Attribute Name and Definition	Name: Definition:	
Current Logic		

Routines	Activities
Routine Name	IBCEF78
<pre> ...  PRIPAYID(IBXIEN,IBXRET) ; Primary Payer IDs ; Incoming: ; IBXIEN = IEN for File # 399 ; IBXRET = Return Array for Qualifiers and IDs ; ; ; Outgoing ; IBXRET("CI_PID",1)=QUAL^ID ; IBXRET("OI_PID",#)=QUAL^ID ; ; N RET,I S RET=\$\$PAYERID^IBCEF2(IBXIEN) I RET]" S IBXRET("CI_PID",1)="PI"_U_RET ; D OTHINSID^IBCEF72(IBXIEN,.RET) F I=1,2 I \$G(RET(I))]" S IBXRET("OI_PID",I)="PI"_U_RET(I) Q  ...  SPIDS(INS,FT) ;  ... Q DATA ; ; CLEANUP(IBRET) ; K IBRET("CI_PID"),IBRET("OI_PID"),IBRET("CI_PSIDS"),IBRET("OI_PSIDS") Q ; &lt;end of routine&gt; </pre>	
Modified Logic (Changes are in bold)	
<pre> ...  PRIPAYID(IBXIEN,IBXRET) ; Primary Payer IDs ; Incoming: ; IBXIEN = IEN for File # 399 ; IBXRET = Return Array for Qualifiers and IDs ; ; ; Outgoing ; IBXRET("CI_PID",1)=QUAL^ID ; IBXRET("OI_PID",#)=QUAL^ID ; ; N RET,I S RET=\$\$PAYERID^IBCEF2(IBXIEN) I RET]" S IBXRET("CI_PID",1)="PI"_U_RET ; ; </pre>	

Routines	Activities
Routine Name	IBCEF78
<pre> S RET=\$\$HPID(IBXIEN) I RET="" S IBXRET("CI_HPID",1)="XV"_U_RET ; D OTHINSID^IBCEF72(IBXIEN,.RET) F I=1,2 I \$G(RET(I))]" S IBXRET("OI_PID",I)="PI"_U_RET(I) F I=1,2 I \$G(RET(I))]" D S IBXRET("OI_PID",I)="PI"_U_\$P(RET(I),U) S IBXRET("OI_HPID",I)="XV"_U_\$P(RET(I),U,2) .Q Q ... SPIDS(INS,FT) ; ... Q DATA ; HPID(IBXIEN) ; Determine HPID for the current payer. ; N IBHPID,IBSEQ S IBSEQ=\$\$COBN^IBCEF(IBXIEN) I IBSEQ S IBHPID=\$P(^DGCR(399,IBXIEN,"M1"),U,12+IBSEQ) Q IBHPID ; CLEANUP(IBRET) ; K IBRET("CI_PID"),IBRET("OI_PID"),IBRET("CI_PSID"),IBRET("OI_PSID"),IBRET("CI_HPID") ,IBRET("OI_HPID") Q ; &lt;end of routine&gt; </pre>	

Routines	Activities	
Routine Name	IBCEF72	
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change	
RTM	2.6.7.1, 2.6.7.2, 2.6.7.3, 2.6.7.4	
Related Options		
Related Routines	Routines "Called By"	Routines "Called"

Routines	Activities	
Routine Name	IBCEF72	
	^IBCEF7, ^IBCEF74, ^IBCEF78, ^IBCEF80, ^IBCEFP, ^IBCEP8A	\$\$COBN^IBCEF, \$\$FT^IBCEF, \$\$POLICY^IBCEF,F^IBCEF, ID^IBCEF2, \$\$SPSRV^IBCEF7,\$\$ISINSUR^IBCEF71, \$\$NONVAID^IBCEF72, \$\$SSN200^IBCEF73, \$\$SSN3559^IBCEF73, CHCKSUB^IBCEF73, ALLID^IBCEP8, \$\$MCRWNR^IBEFUNC
Routines	Activities	
Data Dictionary (DD) References		
Related Protocols		
Related Integration Control Registrations (ICRs)		
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input checked="" type="checkbox"/> Both <input type="checkbox"/> Global Reference <input type="checkbox"/> Local	
Input Attribute Name and Definition	Name: Definition:	
Output Attribute Name and Definition	Name: Definition:	
Current Logic		
<pre> ... ; ;get IENs in file #36 for other insurances OTHINS(IB399,IBRES) ;   N IBFRMTYP,Z,Z1,Z2,Z4   S Z=\$\$COBN^IBCEF(IB399),Z0=0   F Z1=1:1:3 I Z1'=Z,\$D(^DGCR(399,IB399,"I"_Z1)) S Z0=Z0+1,IBRES(Z0)=+\$G( ^DGCR(399,IB399,"I"_Z1))   Q ;get other insurance EDI ID NUMBERS OTHINSID(IB399,IBRES) ;insurance EDI   N IBFRMTYP,IBZ,Z0,Z1,Z4   S IBFRMTYP=\$\$FT^IBCEF(IB399),IBFRMTYP=\$\$(IBFRMTYP=2:2,IBFRMTYP=3:1,1:0)   S Z4=\$\$(IBFRMTYP=1:4,1:2) ;UB - piece4,1500 or BOTH -piece 2   D OTHINS(IB399,.IBZ)   S Z1=0   F Z0=1:1:2 I \$G(IBZ(Z0)) S IBRES(Z0)=\$\$(\$\$MCRWNR^IBEFUNC(+IBZ(Z0)):\$\$(I BFRMTYP=1:"12M61",1:"SMTX1"),1:\$P(\$G(^DIC(36,+IBZ(Z0),3)),U,Z4))   Q </pre>		



Routines	Activities
Routine Name	IBCEF72
<pre> ; ... </pre>	
Modified Logic (Changes are in bold)	
<pre> ... ; ;get IENs in file #36 for other insurances OTHINS(IB399,IBRES) ; N IBFRMTYP,Z,Z1,Z2,Z4 S Z=\$\$COBN^IBCEF(IB399),Z0=0 F Z1=1:1:3 I Z1'=Z,\$D(^DGCR(399,IB399,"I"_Z1)) <b>D</b> <b>S Z0=Z0+1</b> <b>S IBRES(Z0)=+\$G(^DGCR(399,IB399,"I"_Z1))_U_\$P(^DGCR(399,IB399,"M1"),U,12+Z1)</b> <b>Q</b> <b>Q</b> ; ;get other insurance EDI ID NUMBERS OTHINSID(IB399,IBRES) ;insurance EDI N IBFRMTYP,IBZ,Z0,Z1,Z4 S IBFRMTYP=\$\$FT^IBCEF(IB399),IBFRMTYP=\$S(IBFRMTYP=2:2,IBFRMTYP=3:1,1:0) S Z4=\$S(IBFRMTYP=1:4,1:2) ;UB - piece4,1500 or BOTH -piece 2 D OTHINS(IB399,.IBZ) S Z1=0 F Z0=<b>1,2</b> I \$G(IBZ(Z0)) <b>D</b> S IBRES(Z0)=\$S(\$\$MCRWNR^IBEFUNC(+IBZ(Z0)):     \$S(IBFRMTYP=1:"12M61",1:"SMTX1"),1:\$P(\$G(^DIC(36,+IBZ(Z0),3)),U,Z4)) <b>S IBRES(Z0)=IBRES(Z0)_U_\$P(IBZ(Z0),U,2)</b> <b>Q</b> <b>Q</b> ; ... </pre>	

#### 6.2.2.2.7.2. Functional Requirement: Transmit HPID – Destination Payer - Professional

The IB System shall provide the ability to transmit the Health Plan Identifier (HPID) and the Other Entity Identifier (OEID) for the destination payer in a professional X12N 5010 Health Care Claim (837) transaction to FSC.

See section 6.2.2.2.7.1.1 above, which describes two fields in the 837 in the Output Formatter to be modified.

## 6.2.2.2.7.3.

## Functional Requirement: Transmit HPID – Other Payer(s) – Institutional

The IB System shall provide the ability to transmit the Health Plan Identifier (HPID) and the Other Entity Identifier (OEID) for the other payer(s) in an institutional X12N 5010 Health Care Claim (837) transaction to FSC.

## 6.2.2.2.7.3.1.

## Changes to Output Formatter

Enhancement Category	<input checked="" type="checkbox"/> New <input type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change
Form Type	IB 837 Transmission
Sequence	114
Record ID	OI6
Loop	2330B
Piece	9
Description	Other Payer ID Qualifier
Type	Alpha-numeric
Maximum Length	2
Location	2330B NM108
VistA Input / Storage	n/a
Comments	Always "XV"
Format Code	N Z K IBXDATA F Z=1,2 S IBXDATA(Z)=\$P(\$G(IBXSAVE("OI_HPID",Z)),U)
Piece	10
Description	Other Payer Primary ID (HPID)
Type	Alpha-numeric
Maximum Length	30
Location	2330B NM109
VistA Input / Storage	File #399, Fields #10002, #10003 or #10004; or File #36, Field #8.01
Comments	n/a
Format Code	N Z K IBXDATA F Z=1,2 S IBXDATA(Z)=\$P(\$G(IBXSAVE("OI_HPID",Z)),U,2)

Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change
----------------------	--

Form Type	IB 837 Transmission
Sequence	114
Record ID	OI6
Loop	2330B
Piece	Change piece 8.1 to be piece 10.1
Description	PAYER SEC ID CLEAR
Type	Calculate only, no output to file
Maximum Length	n/a
Location	n/a
VistA Input / Storage	n/a
Comments	n/a
Format Code	K IBXSAVE("ICN/DCN") D CLEANUP^IBCEF78(.IBXSAVE)

#### **6.2.2.2.7.3.2. Routines**

See section 6.2.2.2.7.1.2 above, which describes changes to the routines ^IBCEF78 and ^IBCEF72 to handle the new HPID-related fields.

#### **6.2.2.2.7.4. Functional Requirement: Transmit HPID – Other Payer(s) - Professional**

The IB System shall provide the ability to transmit the Health Plan Identifier (HPID) and the Other Entity Identifier (OEID) for the other payer(s) in a professional X12N 5010 Health Care Claim (837) transaction to FSC.

See section 6.2.2.2.7.3.1 above, which describes two new fields and one modified field in the 837 in the Output Formatter.

#### **6.2.2.2.7.5. Functional Requirement: Transmit Sole-Proprietorship NPI - Institutional**

The IB System shall provide the ability to transmit the same NPI for an individual provider and a non-VA lab or Facility in an institutional X12N 5010 Health Care Claim (837) transaction to FSC.

This requirement will be satisfied by the changes described beneath 6.2.2.2.9.2, 6.2.2.2.9.3 and 6.2.2.2.9.4. Those changes will permit the same NPI to be stored on a facility record and the corresponding provider record when that provider is the sole-proprietor of the facility. The system will automatically transmit the correct NPI on the 837 transaction without any changes to the existing code.

**6.2.2.2.7.6. Functional Requirement: Transmit Sole-Proprietorship NPI - Professional**

The IB System shall provide the ability to transmit the same NPI for an individual provider and a non-VA lab or Facility in a professional X12N 5010 Health Care Claim (837) transaction to FSC.

This requirement will be satisfied by the changes described beneath 6.2.2.2.9.2, 6.2.2.2.9.3 and 6.2.2.2.9.4. Those changes will permit the same NPI to be stored on a facility record and the corresponding provider record when that provider is the sole-proprietor of the facility. The system will automatically transmit the correct NPI on the 837 transaction without any changes to the existing code.

**6.2.2.2.7.7. Functional Requirement: Transmit TRICARE-specific Pay-to Provider – Institutional – TRICARE REIMB.**

The IB System shall provide the ability to transmit the following TRICARE-specific Pay-to-Provider data in an institutional X12N 5010 Health Care Claim (837) transaction to FSC when the claim has a rate type of TRICARE REIMB.:

- NM101 – 87 - Required
- NM102 – Non-Person Entity - Required
- N301 – Pay-To Address Line - Required
- N302 – Pay-To Address Line - Situational
- N401 – Pay-To Address City – Required
- N402 – Pay-To Address State Code – Required in USA
- N403 – Pay-To Address Postal Zone or ZIP Code – Required in USA

When an electronic claim is transmitted, the pay-to provider information is pulled by the function `$$PRVDATA^IBJPS3`. This function will be modified to first determine whether or not the claim is a TRICARE claim. If it is, and TRICARE-specific pay-to provider information is present, that information will be returned to the calling routine. Otherwise, it will return the normal, non-TRICARE-specific pay-to provider information, as it currently does.

There are no changes necessary to either the Output Formatter fields related to the transmission of an 837 electronic claim or any related routines, with the exception of `$$PRVDATA^IBJPS3`.

Changes to `$$PRVDATA^IBJPS3` are described below, beneath 6.2.2.2.10.1.6.

**6.2.2.2.7.8. Functional Requirement: Transmit TRICARE-specific Pay-to Provider – Institutional – TRICARE**

The IB System shall provide the ability to transmit the following TRICARE-specific Pay-to-Provider data for an institutional X12N 5010 Health Care Claim (837) transaction to FSC when the claim has a rate type of TRICARE:

- NM101 – 87 - Required
- NM102 – Non-Person Entity - Required

- N301 – Pay-To Address Line - Required
- N302 – Pay-To Address Line - Situational
- N401 – Pay-To Address City – Required
- N402 – Pay-To Address State Code – Required in USA
- N403 – Pay-To Address Postal Zone or ZIP Code – Required in USA

See section 6.2.2.2.7.7. above.

#### 6.2.2.2.7.9. Functional Requirement: Transmit TRICARE-specific Pay-to Provider – Professional – TRICARE REIMB.

The IB System shall provide the ability to transmit the following TRICARE-specific Pay-to-Provider data in a professional X12N 5010 Health Care Claim (837) transaction to FSC when the claim has a rate type of TRICARE REIMB.:

- NM101 – 87 - Required
- NM102 – Non-Person Entity - Required
- N301 – Pay-To Address Line - Required
- N302 – Pay-To Address Line - Situational
- N401 – Pay-To Address City – Required
- N402 – Pay-To Address State Code – Required in USA
- N403 – Pay-To Address Postal Zone or ZIP Code – Required in USA

See section 6.2.2.2.7.7. above.

#### 6.2.2.2.7.10. Functional Requirement: Transmit TRICARE-specific Pay-to Provider – Professional – TRICARE

The IB System shall provide the ability to transmit the following TRICARE-specific Pay-to-Provider data in a professional X12N 5010 Health Care Claim (837) transaction to FSC when the claim has a rate type of TRICARE:

- NM101 – 87 - Required
- NM102 – Non-Person Entity - Required
- N301 – Pay-To Address Line - Required
- N302 – Pay-To Address Line - Situational
- N401 – Pay-To Address City – Required
- N402 – Pay-To Address State Code – Required in USA
- N403 – Pay-To Address Postal Zone or ZIP Code – Required in USA

See section 6.2.2.2.7.7. above.

## 6.2.2.2.7.11.

## Functional Requirement: Transmit NDC Code – non-RX - Institutional

The IB System shall provide the ability to transmit the following line level 5-4-2 format NDC in an institutional X12N 5010 Health Care Claim (837) transaction to FSC (Loop 2410):

- LIN02 – N4 – Required
- LIN03 – National Drug Code – Required

## 6.2.2.2.7.11.1.

## Changes to Output Formatter

Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change
Form Type	IB 837 Transmission
Sequence	185
Record ID	INS
Loop	2400
Piece	14
Description	Service ID Qualifier
Type	Alpha-numeric
Maximum Length	2
Location	2410 LIN02
VistA Input / Storage	n/a
Comments	Always "N4"
Format Code	K IBXDATA N Z S Z=0 F S Z=\$O(IBXSAVE("INPT",Z)) Q:'Z I \$P(IBXSAVE("INPT",Z),U,11)'="" S IBXDATA(Z)="N4"

Enhancement Category	<input checked="" type="checkbox"/> New <input type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change
Form Type	IB 837 Transmission
Sequence	185
Record ID	INS
Loop	2400
Piece	15
Description	NDC
Type	Alpha-numeric
Maximum Length	48

Location	2410 LIN03
VistA Input / Storage	
Comments	
Format Code	K IBXDATA N Z S Z=0 F S Z=\$O(IBXSAVE("INPT",Z)) Q:'Z I \$P(IBXSAVE("INPT",Z),U,11)'="" S IBXDATA(Z)=\$P(IBXSAVE("INPT",Z),U,11)

#### 6.2.2.2.7.11.2.

#### Routines

Routines	Activities	
Routine Name	^IBCEF22	
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change	
RTM	2.6.7.11	
Related Options		
Related Routines	Routines "Called By"	Routines "Called"
	^IBCEF2, ^IBCEF80, ^IBCEFP, ^IBCF23, ^IBCF33	^IBCEF, ^IBCEU2, ^IBCEU6, ^IBCSC5A, ^IBCSC5B, ^IBEFUNC, ^IBRXUTL, ^XLFD
Routines	Activities	
Data Dictionary (DD) References		
Related Protocols		
Related Integration Control Registrations (ICRs)		
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input type="checkbox"/> Both <input type="checkbox"/> Global Reference <input checked="" type="checkbox"/> Local	
Input Attribute Name and Definition	Name: Definition:	
Output Attribute Name and Definition	Name: Definition:	
Current Logic		
(lines HOS+90 through HOS+96)  <pre> ...   S IBS="",IBLN=0   F S IBS=\$O(IBX1(IBS)) Q:IBS="" S IBPO=0 F S IBPO=\$O(IBX1(IBS,IBPO))Q:'IBPO S IBSS="" F S IBSS=\$O(IBX1(IBS,IBPO,IBSS)) Q:IBSS="" D   . S IBX=\$G(IBX1(IBS,IBPO,IBSS,1)),IBZ=\$G(IBX1(IBS,IBPO,IBSS,2))   . S         </pre>		

Routines	Activities
Routine Name	^IBCEF22
<pre> IBLN=\$G(IBLN)+1,IBXDATA(IBLN)=\$P(IBX,U)_U_\$P(IBZ,U,6)_U_\$P(IBZ,U,2)_U_+IBX1(IFS,I BPO,IBSS)_U_+\$P(IBX1(IFS,IBPO,IBSS),U,2),\$P(IBXDATA(IBLN),U,10)=\$G(IBX1(IFS,IBPO,I BSS,"DT")) . S \$P(IBXDATA(IBLN),U,6)=\$P(IBZ,U,9),\$P(IBXDATA(IBLN),U,7)=\$P(IBZ,U,13),\$P(IBXDATA(IBL N),U,8)=\$G(IBX1(IFS,IBPO,IBSS,"IEN")),\$P(IBXDATA(IBLN),U,9)=\$P(\$P(IBSS,U,3),"",1,2) . S IBXDATA(IBLN,"CPLNK")=\$\$RC2CP(IBIFN,\$P(\$P(IBXDATA(IBLN),U,8),"")) . ; Extract line lev COB data for sec or tert bill  ... </pre>	
Modified Logic (Changes are in bold)	
<pre> (beginning with line HOS+90)  ... S IBS="",IBLN=0 F S IBS=\$O(IBX1(IFS)) Q:IBS="" S IBPO=0 F S IBPO=\$O(IBX1(IFS,IBPO))Q:'IBPO S IBSS="" F S IBSS=\$O(IBX1(IFS,IBPO,IBSS)) Q:IBSS="" D . S IBX=\$G(IBX1(IFS,IBPO,IBSS,1)),IBZ=\$G(IBX1(IFS,IBPO,IBSS,2)) . S IBLN=\$G(IBLN)+1,IBXDATA(IBLN)=\$P(IBX,U)_U_\$P(IBZ,U,6)_U_\$P(IBZ,U,2)_U_+IBX1(IFS,I BPO,IBSS)_U_+\$P(IBX1(IFS,IBPO,IBSS),U,2),\$P(IBXDATA(IBLN),U,10)=\$G(IBX1(IFS,IBPO,I BSS,"DT")) . S \$P(IBXDATA(IBLN),U,6)=\$P(IBZ,U,9),\$P(IBXDATA(IBLN),U,7)=\$P(IBZ,U,13),\$P(IBXDATA(IBL N),U,8)=\$G(IBX1(IFS,IBPO,IBSS,"IEN")),\$P(IBXDATA(IBLN),U,9)=\$P(\$P(IBSS,U,3),"",1,2) . S IBXDATA(IBLN,"CPLNK")=\$\$RC2CP(IBIFN,\$P(\$P(IBXDATA(IBLN),U,8),"")) . ; . ; MRD;IB*2.0*516 – Added NDC and Units to line level of claim. . I IBXDATA(IBLN,"CPLNK") S \$P(IBXDATA(IBLN),U,11,12)=\$P(\$G(^DGCR(399,IBIFN,"CP",IBXDATA(IBLN,"CPLNK"),1)),U,7 ,8) . ; . ; Extract line lev COB data for sec or tert bill  ... </pre>	

#### 6.2.2.2.7.12.

Functional Requirement: Transmit NDC Code – non-RX - Professional

The IB System shall provide the ability to transmit the following line level 5-4-2 format NDC in a professional X12N 5010 Health Care Claim (837) transaction to FSC (Loop 2410):

- LIN02 – N4 – Required
- LIN03 – National Drug Code – Required



**6.2.2.2.7.12.1.**
**Changes to Output Formatter**

Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change
Form Type	IB 837 Transmission
Sequence	180
Record ID	PRF
Loop	2400
Piece	21
Description	Service ID Qualifier
Type	Alpha-numeric
Maximum Length	2
Location	2410 LIN02
VistA Input / Storage	n/a
Comments	Always "N4"
Format Code	K IBXDATA N Z S Z=0 F S Z=\$O(IBXSAVE("OUTPT",Z)) Q:'Z I \$P(IBXSAVE("OUTPT",Z),U,15)'="" S IBXDATA(Z)="N4"
Piece	22
Description	NDC
Type	Alpha-numeric
Maximum Length	48
Location	2410 LIN03
VistA Input / Storage	
Comments	
Format Code	K IBXDATA N Z S Z=0 F S Z=\$O(IBXSAVE("OUTPT",Z)) Q:'Z I \$P(IBXSAVE("OUTPT",Z),U,15)'="" S IBXDATA(Z)=\$P(IBXSAVE("OUTPT",Z),U,15)

**6.2.2.2.7.12.2.**
**Routines**

Routines	Activities
Routine Name	^IBCF23A
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change
RTM	2.6.7.12
Related Options	

Related Routines	Routines "Called By"	Routines "Called"		
	^IBCF23	^IBCEF1, ^IBCF23, ^IBEFUNC		
Routines	Activities			
Data Dictionary (DD) References				
Related Protocols				
Related Integration Control Registrations (ICRs)				
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input type="checkbox"/> Both <input type="checkbox"/> Global Reference <input checked="" type="checkbox"/> Local			
Input Attribute Name and Definition	Name: Definition:			
Output Attribute Name and Definition	Name: Definition:			
Current Logic				
<pre> ...  B24    ; set individual entries in print array, external format       ; IBAUX = additional data for EDI output       ; IBRXF = array of RX procedures       N IBX,Z,IBD1,IBD2       S       IBI=IBI+1,IBPROC=\$P(IBSS,U,2),IBD1=\$\$DATE^IBCF23(IBDT1),IBD2=\$\$(IBDT1'=IBDT2:\$D ATE^IBCF23(IBDT2),1: "")       I '\$D(IBXIEN) S IBD1=\$E(IBD1,5,8)_\$E(IBD1,1,4),IBD2=\$E(IBD2,5,8)_\$E(IBD2,1,4)       S       IBFLD(24,IBI)=IBD1_U_IBD2_U_\$P(\$G(^IBE(353.1,+P(IBSS,U,6),0)),U)_U_\$P(\$G(^IBE(353. 2,+P(IBSS,U,7),0)),U)       I +IBPROC D       . S IBFLD(24,IBI)=IBFLD(24,IBI)_U_\$P(\$\$PRCD^IBCEF1(IBPROC,1),U,2)       S:\$P(IBPROC,";",2) ['ICPT" IBFLD(24,IBI_"X")=""       I 'IBPROC S       IBFLD(24,IBI)=IBFLD(24,IBI)_U_\$S('\$D(IBXIEN):IBPROC,1:+IBREV),IBFLD(24,IBI_"A")=\$P(\$ G(^DGCR(399.2,+IBREV,0)),U,2)       I '\$D(IBRXF),IBCHARG="" S IBFLD(24,IBI_"A")=\$P(\$G(^DGCR(399.2,+IBREV,0)),U,2)       S       IBFLD(24,IBI)=IBFLD(24,IBI)_U_\$P(IBSS,U,5)_U_IBCHARG_U_IBUNIT_U_\$P(IBSS,U,8)_U_\$ G(IBPCHG)_U_\$G(IBMIN)_U_\$G(IBMGM)       I '\$D(IBSS("L")) S Z=0 F S Z=\$O(IBSS("L",Z)) Q:'Z S       IBFLD(24,IBI,\$P(IBSS("L",Z),U),\$P(IBSS("L",Z),U,2))=\$G(IBFLD(24,IBI,\$P(IBSS("L",Z),U),\$P(I BSS("L",Z),U,2)))+1       S:\$TR(\$G(IBAUX),U)'="" IBFLD(24,IBI,"AUX")=\$G(IBAUX) </pre>				

Routines	Activities
Routine Name	^IBCF23A
S:\$D(IBRXF) IBFLD(24,IBI,"RX")=IBRXF K IBPROC,IBSS("L") S IBFLD(24,IBI)=IBFLD(24,IBI)_U_\$P(IBSS,U,\$L(IBSS,U)) Q ...	
Modified Logic (Changes are in bold)	
... B24 ; set individual entries in print array, external format ; IBAUX = additional data for EDI output ; IBRXF = array of RX procedures N IBX,Z,IBD1,IBD2, <b>IBCPLINK</b> S IBI=IBI+1,IBPROC=\$P(IBSS,U,2),IBD1=\$\$DATE^IBCF23(IBDT1),IBD2=\$S(IBDT1'=IBDT2:\$D ATE^IBCF23(IBDT2),1:"") I '\$D(IBXIEN) S IBD1=\$E(IBD1,5,8)_\$E(IBD1,1,4),IBD2=\$E(IBD2,5,8)_\$E(IBD2,1,4) S IBFLD(24,IBI)=IBD1_U_IBD2_U_\$P(\$G(^IBE(353.1,\$P(IBSS,U,6),0)),U)_U_\$P(\$G(^IBE(353. 2,\$P(IBSS,U,7),0)),U) I +IBPROC D . S IBFLD(24,IBI)=IBFLD(24,IBI)_U_\$P(\$\$PRCD^IBCEF1(IBPROC,1),U,2) S:\$P(IBPROC,"",2) ["ICPT" IBFLD(24,IBI_"X")=""] I 'IBPROC S IBFLD(24,IBI)=IBFLD(24,IBI)_U_\$S('\$D(IBXIEN):IBPROC,1:+IBREV),IBFLD(24,IBI_"A")=\$P(\$ G(^DGCR(399.2,+IBREV,0)),U,2) I '\$D(IBRXF),IBCHARG="" S IBFLD(24,IBI_"A")=\$P(\$G(^DGCR(399.2,+IBREV,0)),U,2) S IBFLD(24,IBI)=IBFLD(24,IBI)_U_\$P(IBSS,U,5)_U_IBCHARG_U_IBUNIT_U_\$P(IBSS,U,8)_U_\$ G(IBPCHG)_U_\$G(IBMIN)_U_\$G(IBEMG) I '\$D(IBSS("L")) S Z=0 F S Z=\$O(IBSS("L",Z)) Q:'Z S IBFLD(24,IBI,\$P(IBSS("L",Z),U),\$P(IBSS("L",Z),U,2))=\$G(IBFLD(24,IBI,\$P(IBSS("L",Z),U),\$P(I BSS("L",Z),U,2)))+1 S:\$TR(\$G(IBAUX),U)'="" IBFLD(24,IBI,"AUX")=\$G(IBAUX) S:\$D(IBRXF) IBFLD(24,IBI,"RX")=IBRXF K IBPROC,IBSS("L") <b>S IBCPLINK=\$P(IBSS,U,\$L(IBSS,U))</b> S IBFLD(24,IBI)=IBFLD(24,IBI) U <b>IBCPLINK</b> ; MRD;IB*2.0*516 – Added NDC and Units to line level of claim. I IBCPLINK'="" S <b>\$P(IBFLD(24,IBI),U,14,15)=\$P(\$G(^DGCR(399,IBIFN,"CP",IBCPLINK,1)),U,7,8)</b> <b>K IBCPLINK</b> Q ...	

Routines	Activities
Routine Name	^IBCF23A

Routines	Activities	
Routine Name	^IBCEF11	
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change	
RTM	2.6.7.12	
Related Options		
Related Routines	Routines "Called By"	Routines "Called"
	^IBCEF1, ^IBCEF80, ^IBCEFP, ^IBCSCH, ^IBJTBA	^DICN, ^DIK, ^DIQ, ^IBCEF, ^IBCEF2, ^IBCEFG1, ^IBCEFP, ^IBCEP8A, ^IBCEU2, ^IBCEU6, ^IBCF2, ^IBCF23
Routines	Activities	
Data Dictionary (DD) References		
Related Protocols		
Related Integration Control Registrations (ICRs)		
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input type="checkbox"/> Both <input type="checkbox"/> Global Reference <input checked="" type="checkbox"/> Local	
Input Attribute Name and Definition	Name: Definition:	
Output Attribute Name and Definition	Name: Definition:	
Current Logic		
(lines OUTPT+91 through OUTPT+99)  ...  S IBI=0 F S IBI=\$O(IBFLD(24,IBI)) Q:IBI'=+IBI D . S IBRX1=0 . S IBXDATA(IBI)=\$P(IBFLD(24,IBI),U)_U_\$P(IBFLD(24,IBI),U,\$S(\$P(IBFLD(24,IBI),U,2)=""&'\$G(I BPRINT):1,1:2)) . S \$P(IBXDATA(IBI),U,3,5)=\$P(IBFLD(24,IBI),U,3,5) . S \$P(IBXDATA(IBI),U,6)=\$S(\$D(IBFLD(24,IBI_"X")):"CJ",1:"HC") . S \$P(IBXDATA(IBI),U,7,13)=\$P(IBFLD(24,IBI),U,6,12) . S \$P(IBXDATA(IBI),U,14)=+\$\$ISLAB(IBXDATA(IBI))		

Routines	Activities
Routine Name	^IBCEF11
<pre> . ; ... </pre>	
Modified Logic (Changes are in bold)	
(beginning with line OUTPT+91)	
<pre> ... S IBI=0 F S IBI=\$O(IBFLD(24,IBI)) Q:IBI'=+IBI D . S IBRX1=0 . S IBXDATA(IBI)=\$P(IBFLD(24,IBI),U)_U_\$P(IBFLD(24,IBI),U,\$S(\$P(IBFLD(24,IBI),U,2)=""&amp;'\$G(I BPRINT):1,1:2)) . S \$P(IBXDATA(IBI),U,3,5)=\$P(IBFLD(24,IBI),U,3,5) . S \$P(IBXDATA(IBI),U,6)=\$S(\$D(IBFLD(24,IBI_"X")):"CJ",1:"HC") . S \$P(IBXDATA(IBI),U,7,13)=\$P(IBFLD(24,IBI),U,6,12) . S \$P(IBXDATA(IBI),U,14)=\$S(\$D(IBXDATA(IBI))) . ; MRD;IB*2.0*516 – Added NDC and Units to line level of claim, . ; pieces 14 &amp; 15 of IBFLD, pieces 15 &amp; 16 of IBXDATA. . S \$P(IBXDATA(IBI),U,15,16)=\$P(IBFLD(24,IBI),U,14,15) . ; ... </pre>	

#### 6.2.2.2.7.13. Functional Requirement: Transmit NOC Procedures - Free Text Description - Institutional

The IB System shall provide the ability to transmit a line level 1-80 A/N procedure description in an institutional X12N 5010 Health Care Claim (837) transaction to FSC (Loop 2400):

- SV202-7 – Description – Situational

#### 6.2.2.2.7.13.1. Changes to Output Formatter

Enhancement Category	<input checked="" type="checkbox"/> New <input type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change
Form Type	IB 837 Transmission
Sequence	191
Record ID	LDAT
Loop	2400

Piece	15
Description	Description (NOC Procedure)
Type	Alpha-numeric
Maximum Length	80
Location	(I) 2400 SV202-7, (P) 2400 SV101-7
VistA Input / Storage	Biller Input: Screens 4 & 5, Section 4 File: BILL/CLAIMS (#399) Subfile: PROCEDURES (#304) Field: PROCEDURE DESCRIPTION (#51)
Comments	n/a
Format Code	N Z K IBXDATA S Z=0 F S Z=\$O(IBXSAVE("LDAT",Z)) Q:'Z S IBXDATA(Z)=\$P(IBXSAVE("LDAT",Z),U,7)

#### 6.2.2.2.7.13.2.

#### Routines (Entry Points)

Routines	Activities	
Routine Name	IBCEF11	
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change	
RTM	2.6.7.13, 2.6.7.14	
Related Options		
Related Routines	Routines "Called By"	Routines "Called"
	^IBCEF1, ^IBCEF80, ^IBCEFP, ^IBCSCH, ^IBJTBA <i>Also called by two fields in the Output Formatter: the format code of ^IBA(364.7,1752) in Sequence 191, and the extract code of ^IBA(364.5,126) in Sequence 180.</i>	^DICN, ^DIK, ^DIQ, ^IBCEF, ^IBCEF2, ^IBCEFG1, ^IBCEFP, ^IBCEP8A, ^IBCEU2, ^IBCEU6, ^IBCF2, ^IBCF23, ^IBCS5A, ^IBRXUTL, ^VASITE
Routines	Activities	
Data Dictionary (DD) References		
Related Protocols		
Related Integration Control Registrations (ICRs)		
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input checked="" type="checkbox"/> Both <input type="checkbox"/> Global Reference <input type="checkbox"/> Local	

Routines	Activities
Routine Name	IBCEF11
Input Attribute Name and Definition	Name: Definition:
Output Attribute Name and Definition	Name: Definition:
Current Logic	
<p>... (lines GETLDAT+18 through GETLDAT+27)</p> <pre> S Z=0 F S Z=\$O(IBXDATA(Z)) Q:'Z D . S CPIEN=+\$G(IBXDATA(Z,"CPLNK")) ;I 'CPIEN Q . I FTYPE=2,\$\$SUB1OK^IBCEP8A(IBXIEN) S PSAMNT=\$\$DOLLAR^IBCEFG1(\$P(\$G(IB XDATA(Z)),U,11)) . S (PCE1,NODE1)="" . I CPIEN D .. S NODE1=\$G(^DGCR(399,IBXIEN,"CP",CPIEN,1)) .. S PCE1=\$\$GET1^DIQ(399.0304,CPIEN_", "_IBXIEN_",",71) . S IBXSAVE("LDAT",Z)=PCE1_U_\$P(NODE1,U,3)_U_\$P(NODE1,U)_U_\$P(NODE1,U,5 )_U_\$G(PSPID)_U_\$G(PSAMNT) . Q Q ... </pre>	
Modified Logic (Changes are in bold)	
<p>...</p> <pre> S Z=0 F S Z=\$O(IBXDATA(Z)) Q:'Z D . S CPIEN=+\$G(IBXDATA(Z,"CPLNK")) ;I 'CPIEN Q . I FTYPE=2,\$\$SUB1OK^IBCEP8A(IBXIEN) S PSAMNT=\$\$DOLLAR^IBCEFG1(\$P(\$G(IB XDATA(Z)),U,11)) . S (PCE1,NODE1)="" . I CPIEN D .. S NODE1=\$G(^DGCR(399,IBXIEN,"CP",CPIEN,1)) .. S PCE1=\$\$GET1^DIQ(399.0304,CPIEN_", "_IBXIEN_",",71) . S IBXSAVE("LDAT",Z)=PCE1_U_\$P(NODE1,U,3)_U_\$P(NODE1,U)_U_\$P(NODE1,U,5 )_U_\$G(PSPID)_U_\$G(PSAMNT)<b>_U_\$P(NODE1,U,4)</b> . Q Q ... </pre>	

#### 6.2.2.2.7.14.

Functional Requirement: Transmit NOC Procedures – Free Text  
Description - Professional

The IB System shall provide the ability to transmit a line level 1-80 A/N procedure description in a professional X12N 5010 Health Care Claim (837) transaction to FSC (Loop 2400):

- SV101-7 – Description – Situational

See section 6.2.2.2.7.13.1 above, which describes a new field added to the 837 in the Output Formatter.

#### 6.2.2.2.7.15. Functional Requirement: Transmit NDC Code Units– non-RX - Institutional

The IB System shall provide the ability to transmit the following line level NDC unit count in an institutional X12N 5010 Health Care Claim (837) transaction to FSC (Loop 2410):

- CTP04 – National Drug Unit Count – Required
- CTP05 - 1 - Code Qualifier – UN (Units) – Required

See section 6.2.2.2.7.11.2 for a description of routine changes.

##### 6.2.2.2.7.15.1 Changes to Output Formatter

Enhancement Category	<input checked="" type="checkbox"/> New <input type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change
Form Type	IB 837 Transmission
Sequence	185
Record ID	INS
Loop	2400
Piece	16
Description	National Drug Unit Count
Type	Alpha-numeric
Maximum Length	15
Location	2410 CTP04
VistA Input / Storage	Input IB Screens 4 & 5, Section 4; Stored in File #399 (BILL/CLAIMS), Subfile #304 (PROCEDURES), Field #54 (UNITS)
Comments	
Format Code	K IBXDATA N Z S Z=0 F S Z=\$O(IBXSAVE("INPT",Z)) Q:'Z I \$P(IBXSAVE("INPT",Z),U,12)'="" S IBXDATA(Z)=\$P(IBXSAVE("INPT",Z),U,12)

Enhancement Category	<input checked="" type="checkbox"/> New <input type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change
----------------------	--



Form Type	IB 837 Transmission
Sequence	185
Record ID	INS
Loop	2400
Piece	17
Description	Unit or Basis of Measurement Code
Type	Alpha-numeric
Maximum Length	2
Location	2410 CTP05-1
VistA Input / Storage	n/a
Comments	
Format Code	K IBXDATA N Z S Z=0 F S Z=\$O(IBXSAVE("INPT",Z)) Q:'Z I \$P(IBXSAVE("INPT",Z),U,12)'="" S IBXDATA(Z)="UN"

#### 6.2.2.2.7.16. Functional Requirement: Transmit NDC Code Units – non-RX - Professional

The IB System shall provide the ability to transmit the following line level NDC unit count in a professional X12N 5010 Health Care Claim (837) transaction to FSC (Loop 2410):

- CTP04 – National Drug Unit Count – Required
- CTP05 - 1 - Code Qualifier – UN (Units) – Required

See section 6.2.2.2.7.12.2 for a description of routine changes.

##### 6.2.2.2.7.16.1 Changes to Output Formatter

Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change
Form Type	IB 837 Transmission
Sequence	180
Record ID	PRF
Loop	2400
Piece	23
Description	National Drug Unit Count
Type	Numeric

Maximum Length	15
Location	2410 CTP04
VistA Input / Storage	Input IB Screens 4 & 5, Section 4; Stored in File #399 (BILL/CLAIMS), Subfile #304 (PROCEDURES), Field #54 (UNITS)
Comments	n/a
Format Code	K IBXDATA N Z S Z=0 F S Z=\$O(IBXSAVE("OUTPT",Z)) Q:'Z I \$P(IBXSAVE("OUTPT",Z),U,16)'="" S IBXDATA(Z)=\$P(IBXSAVE("OUTPT",Z),U,16)
Piece	25
Description	Unit or Basis of Measurement Code
Type	Alpha-numeric
Maximum Length	2
Location	2410 CTP05-1
VistA Input / Storage	n/a
Comments	n/a
Format Code	K IBXDATA N Z S Z=0 F S Z=\$O(IBXSAVE("OUTPT",Z)) Q:'Z I \$P(IBXSAVE("OUTPT",Z),U,16)'="" S IBXDATA(Z)="UN"

#### 6.2.2.2.8. System Feature: Copy and Cancel a Bill (CLON)/Correct Rejected/Denied Bill (CRD)

##### 6.2.2.2.8.1. Functional Requirement: CRD - Prevent Correction of Secondary Claim

The IB System shall prevent users from copying rejected/denied secondary claims using the Correct Rejected/Denied Bill option (CRD).

##### 6.2.2.2.8.1.1. Routines

Routines	Activities	
Routine Name	IBCC	
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change	
RTM	2.6.8	
Related Options		
Related Routines	Routines "Called By"	Routines "Called"

Routines	Activities	
Routine Name	IBCC	
	IBCCC	DIC, DICN, DIE, DIQ, DIR, IBCB2, ICBULL, IBCC1, IBCCC, IBCCC2, IBCDC, IBCEF4, IBCEM, IBCEMU1, IBCEMU2, IBCIST, IBCIUT1, PRCAFN, RCBEIB
Routines	Activities	
Data Dictionary (DD) References		
Related Protocols		
Related Integration Control Registrations (ICRs)		
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input type="checkbox"/> Both <input type="checkbox"/> Global Reference <input checked="" type="checkbox"/> Local	
Input Attribute Name and Definition	Name: Definition:	
Output Attribute Name and Definition	Name: Definition:	
Current Logic		
<pre> I IBCAN=2,IB("S")]","",+\$P(IB("S"),U,16),\$P(IB("S"),U,17)]"" D G 1 . W !,"This bill was cancelled on " S Y=\$P(IB("S"),U,17) X ^DD("DD") W Y," by ",\$\$(\$P(IB("S"),U,18)]"":IBU,\$D(^VA(200,\$P(IB("S"),U,18),0)):\$P(^0,U,1),1:IBU),". . S IBQUIT=1 ; Notify if a payment has been posted to this bill before cancel N PRCABILL S PRCABILL=\$\$TPR^PRCAFN(IBIFN) I PRCABILL=-1 W !,"Please note: PRCA was unable to determine if a payment has been posted." I \$G(IBCNCRD)=1 W !,"Copy and cancel (CLON) must be used to correct this bill." S IBQUIT=1 H 3 Q I PRCABILL&gt;0 W !,"Please note a PAYMENT of **\$\$_\$TPR^PRCAFN(IBIFN)_"** has been POSTED to this bill." ; New message for CRD option I \$G(IBCNCRD)=1,PRCABILL&gt;0 W !,"Copy and cancel (CLON) must be used to correct this bill." S IBQUIT=1 H 3 Q </pre>		
Modified Logic (Changes are in bold)		
<pre> I IBCAN=2,IB("S")]","",+\$P(IB("S"),U,16),\$P(IB("S"),U,17)]"" D G 1 . W !,"This bill was cancelled on " S Y=\$P(IB("S"),U,17) X ^DD("DD") W Y," by ",\$\$(\$P(IB("S"),U,18)]"":IBU,\$D(^VA(200,\$P(IB("S"),U,18),0)):\$P(^0,U,1),1:IBU),". . S IBQUIT=1 ; <b>Copy Rejected/Denied Claim cannot be used to correct secondary or tertiary claims.</b> I \$G(IBCNCRD),(\$\$COB^IBCEF(IBIFN)'="P") D S IBQUIT=1 H 3 Q </pre>		

Routines	Activities
Routine Name	IBCC
<pre> . W !,"Please note that COB data exists for this bill." . W !,"Copy and cancel (CLON) must be used to correct this bill." ; ; Notify if a payment has been posted to this bill before cancel N PRCABILL S PRCABILL=\$\$TPR^PRCAFN(IBIFN) I PRCABILL=-1 W !,"Please note: PRCA was unable to determine if a payment has been posted." I \$(IBCNCRD)=1 W !,"Copy and cancel (CLON) must be used to correct this bill." S IBQUIT=1 H 3 Q I PRCABILL&gt;0 W !,"Please note a PAYMENT of **\$_\$\$TPR^PRCAFN(IBIFN)_"" has been POSTED to this bill." ; New message for CRD option I \$(IBCNCRD)=1,PRCABILL&gt;0 W !,"Copy and cancel (CLON) must be used to correct this bill." S IBQUIT=1 H 3 Q </pre>	

#### 6.2.2.2.8.2. Functional Requirement: CRD - Prevent Correction of Tertiary Claim

The IB System shall prevent users from copying rejected/denied tertiary claims using the Correct Rejected/Denied Bill option (CRD).

See 6.2.2.2.8.1 for design.

#### 6.2.2.2.8.3. Functional Requirement: CLON – Copy Secondary/Tertiary Claim Data to New Secondary/Tertiary Claim

The IB System shall provide the ability for users to copy data from an original secondary/tertiary claim, including COB data from the electronic EOB(s) to a new claim using the Copy and Cancel a Bill (CLON) option.

See 6.2.2.2.8.1 for design.

#### 6.2.2.2.8.4. Functional Requirement: CRD – Copy Primary Claim Data to New Primary Claim

The IB System shall provide the ability for users to copy data from an original primary claim to a new claim using the Correct Rejected/Denied Bill (CRD) option.

See 6.2.2.2.8.1 for design.

#### 6.2.2.2.8.5. Functional Requirement: CRD – Prevent Correction of Claim in MRA Request Status

The IB System shall prevent users from copying an MRA claim in an MRA Request status using the Correct Rejected/Denied Bill option (CRD).

See 6.2.2.2.8.1 for design.

#### 6.2.2.2.9. System feature: Provider ID Maintenance

**6.2.2.2.9.1.****Functional Requirement: Sole-Proprietorship Designation - non-VA Facility**

The IB System shall provide the ability for users to designate a non-VA Facility as a sole-proprietorship.

**6.2.2.2.9.1.1.****Fields to be Added by the Design**

File Number and Name
#355.93, IB NON/OTHER VA BILLING PROVIDER
Field Numbers and Names
#.17, SOLE PROPRIETORSHIP
Field Location
Node 0, PIECE 17
Data Type
Set of Codes Y: YES N: NO
Input Transform
K:\$L(X)>1!(\$L(X)<1 X

**6.2.2.2.9.2.****Functional Requirement: Link non-VA Facility to Sole-Proprietor**

The IB System shall provide the ability for users to link a non-VA Facility that is a sole-proprietorship to an individual provider.

**6.2.2.2.9.2.1.****Fields to be Added by the Design**

File Number and Name
#355.93, IB NON/OTHER VA BILLING PROVIDER
Field Numbers and Names
#.18, NON-VA PROVIDER
Field Location
Node 0, PIECE 18
Data Type
POINTER TO NEW PERSON FILE (#200)
Input Transform
Q

**6.2.2.2.9.2.2.****Routines (Entry Points)**

Routines	Activities
----------	------------

Routine Name	IBCEP8	
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change	
RTM	2.6.9.1, 2.6.9.2, 2.6.9.3, 2.6.9.4	
Related Options		
Related Routines	Routines "Called By"	Routines "Called"
Routines	Activities	
Data Dictionary (DD) References	IB NON/OTHER VA BILLING PROVIDER File (#355.93) NEW PERSON File (#200)	
Related Protocols		
Related Integration Control Registrations (ICRs)		
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input checked="" type="checkbox"/> Both <input type="checkbox"/> Global Reference <input type="checkbox"/> Local	
Input Attribute Name and Definition	Name: IBNPRV Definition: ien of entry in 355.93	
Input Attribute Name and Definition	Name: IBNOLM Definition: 1 if not called from list manager.	
Output Attribute Name and Definition	Name: IBNPRV Definition: ien of entry in 355.93	
Current Logic		

Routines	Activities
Routine Name	IBCEP8
EDIT1(IBNPRV,IBNOLM) ; Edit non-VA provider/facility demographics ; IBNPRV = ien of entry in file 355.93 ; IBNOLM = 1 if not called from list manager ; N DA,X,Y,DIE,DR,IBP I '\$G(IBNOLM) D FULL^VALM1 I IBNPRV D . I '\$G(IBNOLM) D CLEAR^VALM1 . S DIE="^IBA(355.93,"DA=IBNPRV,IBP=(\$P(\$G(^IBA(355.93,IBNPRV,0)),U,2)=2) . ; PRXM/KJH - Added NPI and Taxonomy to the list of fields to be edited. Put a "NO^" around the Taxonomy multiple (#42) since some of the sub-field entries are 'required'. . ; Begin IB*2.0*436 - RBN . ;S DR=".01;"_\$\$S(IBP:".03;.04",1:".05;.1;.06;.07;.08;.13///24;W !,""ID Qualifier: 24 - EMPLOYER'S IDENTIFICATION #"";.09Lab or Facility Primary ID;.11;.15")_";D PRENPI^IBCEP81(IBNPRV);D EN^IBCEP82(IBNPRV);S DIE(""NO^""")="""";42;K DIE(""NO^""") . ;S DR=\$\$S(IBP:".03;.04",1:".05;.1;.06;.07;.08;.13///24;W !,""ID Qualifier: 24 - EMPLOYER'S IDENTIFICATION #"";.09Lab or Facility Primary ID;.11;.15")_";D PRENPI^IBCEP81(IBNPRV);D EN^IBCEP82(IBNPRV);S DIE(""NO^""")="""";42;K DIE(""NO^""") . ; End IB*2.0*436 - RBN . ;IB*2.0*432 - add contact phone and name . S DR=\$\$S(IBP:".03;.04",1:".05;.1;.06;.07;.08;.13///24;W !,""ID Qualifier: 24 - EMPLOYER'S IDENTIFICATION #"";.09Lab or Facility Primary ID;.11;.15") . ;IB*2.0*476 - Add FEE BASIS allow multiple value . ;S DR=DR_";D PRENPI^IBCEP81(IBNPRV);D EN^IBCEP82(IBNPRV);S DIE(""NO^""")="""";42;K DIE(""NO^""") . S DR=DR_";D PRENPI^IBCEP81(IBNPRV);D EN^IBCEP82(IBNPRV);S DIE(""NO^""")="""";42;K DIE(""NO^""");D FBTGLSET^IBCEP8C1(IBNPRV)" . D ^DIE . Q:\$G(IBNOLM) . D BLD^IBCEP8B(IBNPRV) I '\$G(IBNOLM) K VALMBCK S VALMBCK="R" Q	
Modified Logic (Changes are in bold)	

Routines	Activities
Routine Name	IBCEP8
<pre> EDIT1(IBNPRV,IBNOLM) ; Edit non-VA provider/facility demographics ; IBNPRV = ien of entry in file 355.93 ; IBNOLM = 1 if not called from list manager ; N DA,X,Y,DIE,DR,IBP I '\$G(IBNOLM) D FULL^VALM1 I IBNPRV D . I '\$G(IBNOLM) D CLEAR^VALM1 . S DIE="^IBA(355.93,"DA=IBNPRV,IBP=(\$P(\$G(^IBA(355.93,IBNPRV,0)),U,2)=2) . ; PRXM/KJH - Added NPI and Taxonomy to the list of fields to be edited. Put a "NO^" around the Taxonomy multiple (#42) since some of the sub-field entries are 'required'. . ; Begin IB*2.0*436 - RBN . ;S DR=".01;"_\$\$S(IBP:".03;.04",1:".05;.1;.06;.07;.08;.13///24;W !,""ID Qualifier: 24 - EMPLOYER'S IDENTIFICATION #"";.09Lab or Facility Primary ID;.11;.15")_";D PRENPI^IBCEP81(IBNPRV);D EN^IBCEP82(IBNPRV);S DIE("NO^")="";42;K DIE("NO^") . ;S DR=\$\$S(IBP:".03;.04",1:".05;.1;.06;.07;.08;.13///24;W !,""ID Qualifier: 24 - EMPLOYER'S IDENTIFICATION #"";.09Lab or Facility Primary ID;.11;.15")_";D PRENPI^IBCEP81(IBNPRV);D EN^IBCEP82(IBNPRV);S DIE("NO^")="";42;K DIE("NO^") . ; End IB*2.0*436 - RBN . ;IB*2.0*432 - add contact phone and name . S DR=\$\$S(IBP:".03;.04",1:".05;.1;.06;.07;.08;.13///24;W !,""ID Qualifier: 24 - EMPLOYER'S IDENTIFICATION #"";.09Lab or Facility Primary ID;.11;.15") . D ^DIE . I 'IBP D . . S DR="17" D ^DIE . . I X="Y" D . . S DR="18;.19" D ^DIE . . Q . ;IB*2.0*476 - Add FEE BASIS allow multiple value . ;S DR=DR_";D PRENPI^IBCEP81(IBNPRV);D EN^IBCEP82(IBNPRV);S DIE("NO^")="";42;K DIE("NO^") . S DR="";D PRENPI^IBCEP81(IBNPRV);D EN^IBCEP82(IBNPRV);S DIE("NO^")="";42;K DIE("NO^");D FBTGLSET^IBCEP8C1(IBNPRV)" . D ^DIE . Q:\$G(IBNOLM) . D BLD^IBCEP8B(IBNPRV) I '\$G(IBNOLM) K VALMBCK S VALMBCK="R" Q </pre>	



#### 6.2.2.2.9.3. Functional Requirement: Sole-Proprietorship non-VA Facility – NPI

The IB System shall provide the ability for users to enter an NPI number for a non-VA Facility that is defined as a sole-proprietorship that has previously been entered for an individual provider.

##### 6.2.2.2.9.3.1. Fields to be Added by the Design

File Number and Name
#355.93, IB NON/OTHER VA BILLING PROVIDER
Field Numbers and Names
#.19, SOLE PROPRIETOR NPI
Field Location
Node 0, PIECE 19
Data Type
FREE TEXT
Input Transform
K:\$L(X)'=10 X

#### 6.2.2.2.9.4. Functional Requirement: Individual Sole-Proprietor - NPI

The IB System shall provide the ability for users to enter the same NPI for an individual provider that has previously been entered for a non-VA facility designated as a sole-proprietorship.

Addressed in 6.2.2.2.9.3

#### 6.2.2.2.10. System Feature: MCCR Site Parameter Display/Edit

##### 6.2.2.2.10.1. Functional Requirement: Default TRICARE Pay-to Provider

The IB System shall provide the ability for users to define a default Pay-to Provider for TRICARE claims with the following data:

- Pay-to Provider from the Institution file
- Pay-to Provider Name – default from Institution file
- Pay-to Provider Address Line 1 – default from Institution file
- Pay-to Provider Address Line 2 – default from Institution file
- Pay-to Provider City – default from Institution file
- Pay-to Provider State – default from Institution file
- Pay-to Provider Zip Code – default from Institution file
- Pay-to Provider Phone Number:
- Pay-to Provider Federal Tax ID Number
- Default Flag

All of the requirements beneath 6.2.2.2.10, MCCR Site Parameter Display/Edit, pertain to adding functionality for TRICARE-specific pay-to providers that already exists for pay-to providers. There is to be a new set of pay-to providers for TRICARE claims. The logic and function governing these – adding, editing, deleting, associating with divisions – is to be identical to that already in place for pay-to providers.

New fields will be added to the IB SITE PARAMETERS file, ^IBE(350.9), to store TRICARE pay-to provider information. The new fields will be patterned after the existing pay-to provider fields. No changes will be made to the existing pay-to provider fields.

The existing code handling pay-to providers will be modified to accommodate both TRICARE and non-TRICARE pay-to providers. This will be accomplished mainly through adding a parameter to procedures and functions – a flag to indicate whether or not it is TRICARE. The logic within each procedure will be largely the same as it currently is, with the code referencing the appropriate fields on the IB SITE PARAMETERS file according to the TRICARE flag.

The existing IB Site Parameter screens, including the editing of pay-to providers, are handled by List Manager. New screens will be created to handle TRICARE pay-to providers (one for enter/edit of provider information, one for division associations). The existing IB Site Parameter screen will be modified to present to the user the option of editing TRICARE-specific pay-to provider information.

To create the new TRICARE pay-to provider screens, two new List Templates and seven new Protocols will be created. All of these will be modeled on the existing List Templates and Protocols handling the pay-to providers.

Since much of the existing code currently handling pay-to providers will be modified to include a TRICARE flag passed as a parameter, the existing List Templates and Protocols will be modified to pass the appropriate parameter where necessary.

#### 6.2.2.2.10.1.1.

#### Fields to be Added by the Design

File Number and Name
#350.9, IB SITE PARAMETERS
New Multiple – Number, Name and Location
#29, TRICARE PAY-TO PROVIDERS, node 29
<i>Ten new fields beneath the 29-node, described below</i>
Field Number, Name and Location
#.01, TC FACILITY, 0;1 (node 0, “^”-piece 1)
Data Type
Pointer to ^DIC(4), INSTITUTION file
Input Transform
S DIC("S")="I \$\$SCRN4^IBJPS4(Y)" D ^DIC K DIC S DIC=DIE,X=+Y K:Y<0 X
Field Number, Name and Location
#.02, TC NAME, 0;2
Data Type

Free Text
Input Transform
K:\$L(X)>35!(\$L(X)<1) X
Field Number, Name and Location
#.03, TC FEDERAL TAX NUMBER, 0;3
Data Type
Free Text
Input Transform
K:\$L(X)>10!(\$L(X)<10)!(X?2N1"- "7N) X
Field Number, Name and Location
#.04, TC TELEPHONE NUMBER, 0;4
Data Type
Free Text
Input Transform
K:\$L(X)>30!(\$L(X)<1) X
Field Number, Name and Location
#.05, TC PARENT PAY-TO PROVIDER, 0;5
Data Type
Numeric
Input Transform
K:+X'=X!(X>9999)!(X<1)!(X?.E1"."1N.N) X
Field Number, Name and Location
#1.01, TC STREET ADDRESS 1, 1;1
Data Type
Free Text
Input Transform
K:\$L(X)>55!(\$L(X)<1) X
Field Number, Name and Location
#1.02, TC STREET ADDRESS 2, 1;2
Data Type
Free Text
Input Transform
K:\$L(X)>55!(\$L(X)<1) X

Field Number, Name and Location
#1.03, TC CITY, 1;3
Data Type
Free Text
Input Transform
K:\$L(X)>40!(\$L(X)<2) X
Field Number, Name and Location
#1.04, TC STATE, 1;4
Data Type
Pointer to ^DIC(5), STATE file
Input Transform
Q
Field Number, Name and Location
#1.05, TC ZIP, 1;5
Data Type
Free Text
Input Transform
K:\$L(X)>15!(\$L(X)<3) X

File Number and Name
#350.9, IB SITE PARAMETERS
Field Numbers and Names
#11.04, DEFAULT TRICARE PAY-TO PROV
Field Location
Node 11, “^”-piece 4
Data Type
Numeric
Input Transform
K:+X'=X!(X>9999)!(X<1)!(X?.E1"."1N.N) X

#### 6.2.2.2.10.1.2.

#### List Templates to be Modified by the Design

Template Name	IBJP IB PAY-TO PROVIDERS
IEN	823

Template Name	IBJP IB PAY-TO PROVIDERS
IEN	823
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change
Entry Code – Before	D INIT^IBJPS3
Entry Code – After	D INIT^IBJPS3(0)

Template Name	IBJP IB PAY-TO ASSOCIATIONS
IEN	824
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change
Entry Code – Before	D INIT^IBJPS4
Entry Code – After	D INIT^IBJPS4(0)

#### 6.2.2.2.10.1.3.

#### List Templates to be Added by the Design

Template Name	IBJP IB TRICARE PAY-TO PROVS
IEN	851
Enhancement Category	<input checked="" type="checkbox"/> New <input type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change
Type of List	<input checked="" type="checkbox"/> Protocol <input type="checkbox"/> Display
Protocol Menu	IBJP IB TRICARE PAY-TO PROVIDERS MENU
Entry Code	D INIT^IBJPS3(1)
Header Code	D HDRTC^IBJPS3
Help Code	D HELP^IBJPS3
Exit Code	D EXIT^IBJPS3

Template Name	IBJP IB TRICARE PAY-TO ASSOCS
IEN	852
Enhancement Category	<input checked="" type="checkbox"/> New <input type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change
Type of List	<input checked="" type="checkbox"/> Protocol <input type="checkbox"/> Display
Protocol Menu	IBJP IB TRICARE PAY-TO ASSOCIATIONS MENU
Entry Code	D INIT^IBJPS4(1)
Header Code	D HDR^IBJPS4
Help Code	D HELP^IBJPS4
Exit Code	D EXIT^IBJPS4

**6.2.2.2.10.1.4.**
**Protocols to be Modified by the Design**

Protocol Name	IBJP IB PAY-TO PROVIDER ADD
IEN	4287
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change
Associated Protocols	None
Protocol Type	<input checked="" type="checkbox"/> Action <input type="checkbox"/> Menu <input type="checkbox"/> Protocol <input type="checkbox"/> Protocol Menu <input type="checkbox"/> Limited Protocol <input type="checkbox"/> Extended Action <input type="checkbox"/> Dialog <input type="checkbox"/> Other
Associated Routine	^IBJPS3
Entry Action – Before	D PRVADD^IBJPS3
Entry Action – After	D PRVADD^IBJPS3(0)

Protocol Name	IBJP IB PAY-TO PROVIDER DEL
IEN	4286
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change
Associated Protocols	None
Protocol Type	<input checked="" type="checkbox"/> Action <input type="checkbox"/> Menu <input type="checkbox"/> Protocol <input type="checkbox"/> Protocol Menu <input type="checkbox"/> Limited Protocol <input type="checkbox"/> Extended Action <input type="checkbox"/> Dialog <input type="checkbox"/> Other
Associated Routine	^IBJPS3
Entry Action – Before	D PRVDEL^IBJPS3
Entry Action – After	D PRVDEL^IBJPS3(0)

Protocol Name	IBJP IB PAY-TO PROVIDER EDIT
IEN	4285
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change
Associated Protocols	None
Protocol Type	<input checked="" type="checkbox"/> Action <input type="checkbox"/> Menu <input type="checkbox"/> Protocol <input type="checkbox"/> Protocol Menu <input type="checkbox"/> Limited Protocol <input type="checkbox"/> Extended Action <input type="checkbox"/> Dialog <input type="checkbox"/> Other
Associated Routine	^IBJPS3
Entry Action – Before	D PRVEDIT^IBJPS3
Entry Action – After	D PRVEDIT^IBJPS3(0)

Protocol Name	IBJP IB PAY-TO DIVISION ADD
IEN	4289
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change
Associated Protocols	None
Protocol Type	<input checked="" type="checkbox"/> Action <input type="checkbox"/> Menu <input type="checkbox"/> Protocol <input type="checkbox"/> Protocol Menu <input type="checkbox"/> Limited Protocol <input type="checkbox"/> Extended Action <input type="checkbox"/> Dialog <input type="checkbox"/> Other
Associated Routine	^IBJPS4
Entry Action – Before	D DIVADD^IBJPS4
Entry Action – After	D DIVADD^IBJPS4(0)

#### 6.2.2.2.10.1.5.

#### Protocols to be Added by the Design

Protocol Name	IBJP IB TRICARE PAY-TO PROVIDERS MENU
IEN	4515
Item Text	TRICARE Pay-To Providers Menu
Enhancement Category	<input checked="" type="checkbox"/> New <input type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change
Associated Protocols	IBJP IB TRICARE PAY-TO PROVIDER ADD IBJP IB TRICARE PAY-TO PROVIDER DEL IBJP IB TRICARE PAY-TO PROVIDER EDIT IBJP IB TRICARE PAY-TO PROVIDER DIVISIONS VALM QUIT
Protocol Type	<input type="checkbox"/> Action <input checked="" type="checkbox"/> Menu <input type="checkbox"/> Protocol <input type="checkbox"/> Protocol Menu <input type="checkbox"/> Limited Protocol <input type="checkbox"/> Extended Action <input type="checkbox"/> Dialog <input type="checkbox"/> Other
Package	INTEGRATED BILLING
Associated Routine	^IBJPS3
Header	D SHOW^VALM
Screen	I \$D(^XUSEC("IB EDIT PAY-TO TC",DUZ))

Protocol Name	IBJP IB TRICARE PAY-TO PROVIDER ADD
IEN	4511
Item Text	Add Provider
Enhancement Category	<input checked="" type="checkbox"/> New <input type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change
Associated Protocols	None
Protocol Type	<input checked="" type="checkbox"/> Action <input type="checkbox"/> Menu <input type="checkbox"/> Protocol <input type="checkbox"/> Protocol Menu <input type="checkbox"/> Limited Protocol <input type="checkbox"/> Extended Action <input type="checkbox"/> Dialog

	<input type="checkbox"/> Other
Package	INTEGRATED BILLING
Associated Routine	^IBJPS3
Entry Action	D PRVADD^IBJPS3(1)

Protocol Name	IBJP IB TRICARE PAY-TO PROVIDER DEL
IEN	4512
Item Text	Delete Provider
Enhancement Category	<input checked="" type="checkbox"/> New <input type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change
Associated Protocols	None
Protocol Type	<input checked="" type="checkbox"/> Action <input type="checkbox"/> Menu <input type="checkbox"/> Protocol <input type="checkbox"/> Protocol Menu <input type="checkbox"/> Limited Protocol <input type="checkbox"/> Extended Action <input type="checkbox"/> Dialog <input type="checkbox"/> Other
Package	INTEGRATED BILLING
Associated Routine	^IBJPS3
Entry Action	D PRVDEL^IBJPS3(1)

Protocol Name	IBJP IB TRICARE PAY-TO PROVIDER EDIT
IEN	4513
Item Text	Edit Provider
Enhancement Category	<input checked="" type="checkbox"/> New <input type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change
Associated Protocols	None
Protocol Type	<input checked="" type="checkbox"/> Action <input type="checkbox"/> Menu <input type="checkbox"/> Protocol <input type="checkbox"/> Protocol Menu <input type="checkbox"/> Limited Protocol <input type="checkbox"/> Extended Action <input type="checkbox"/> Dialog <input type="checkbox"/> Other
Package	INTEGRATED BILLING
Associated Routine	^IBJPS3
Entry Action	D PRVEDIT^IBJPS3(1)

Protocol Name	IBJP IB TRICARE PAY-TO PROVIDER DIVISIONS
IEN	4514
Item Text	Associate Divisions
Enhancement Category	<input checked="" type="checkbox"/> New <input type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change
Associated Protocols	None
Protocol Type	<input checked="" type="checkbox"/> Action <input type="checkbox"/> Menu <input type="checkbox"/> Protocol <input type="checkbox"/> Protocol Menu



	<input type="checkbox"/> Limited Protocol <input type="checkbox"/> Extended Action <input type="checkbox"/> Dialog <input type="checkbox"/> Other
Package	INTEGRATED BILLING
Associated Routine	^IBJPS4
Entry Action	D ENTC^IBJPS4

Protocol Name	IBJP IB TRICARE PAY-TO ASSOCIATIONS MENU
IEN	4516
Item Text	TRICARE Pay-To Associations Menu
Enhancement Category	<input checked="" type="checkbox"/> New <input type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change
Associated Protocols	IBJP IB TRICARE PAY-TO DIVISION ADD VALM QUIT
Protocol Type	<input type="checkbox"/> Action <input checked="" type="checkbox"/> Menu <input type="checkbox"/> Protocol <input type="checkbox"/> Protocol Menu <input type="checkbox"/> Limited Protocol <input type="checkbox"/> Extended Action <input type="checkbox"/> Dialog <input type="checkbox"/> Other
Package	INTEGRATED BILLING
Associated Routine	^IBJPS4
Header	D SHOW^VALM
Screen	I \$D(^XUSEC("IB EDIT PAY-TO TC",DUZ))

Protocol Name	IBJP IB TRICARE PAY-TO DIVISION ADD
IEN	4517
Item Text	TRICARE Associate Division
Enhancement Category	<input checked="" type="checkbox"/> New <input type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change
Associated Protocols	None
Protocol Type	<input checked="" type="checkbox"/> Action <input type="checkbox"/> Menu <input type="checkbox"/> Protocol <input type="checkbox"/> Protocol Menu <input type="checkbox"/> Limited Protocol <input type="checkbox"/> Extended Action <input type="checkbox"/> Dialog <input type="checkbox"/> Other
Package	INTEGRATED BILLING
Associated Routine	^IBJPS4
Entry Action	D DIVADD^IBJPS4(1)

#### 6.2.2.2.10.1.6.

#### Routines to be Modified by the Design

Routines	Activities
Routine Name	^IBJPS

Routines	Activities	
Routine Name	^IBJPS	
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change	
RTM	2.6.10.1 – 2.6.10.7	
Related Options		
Related Routines	Routines "Called By"	Routines "Called"
	^IBJON001, ^IBJON002	^DIE, ^IBJPS, ^IBJPS1, ^IBJPS3, ^VALM, ^VALM1, ^VALM2, ^XQORM1
Routines	Activities	
Data Dictionary (DD) References	IB SITE PARAMETERS File (#350.9)	
Related Protocols		
Related Integration Control Registrations (ICRs)		
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input checked="" type="checkbox"/> Both <input type="checkbox"/> Global Reference <input type="checkbox"/> Local	
Input Attribute Name and Definition	Name: Definition:	
Output Attribute Name and Definition	Name: Definition:	
Current Logic – ^IBJPS		
<pre> EDIT(IBSET) ; edit IB Site Parameters   D FULL^VALM1   I IBSET="" D:IBSET=10 EN^IBJPS3 S:IBSET'=10 DR=\$P(\$T(@IBSET),",",2,999)   I \$G(DR)'="" S DIE="^IBE(350.9,"DA=1 D ^DIE K DA,DR,DIE,DIC,X,Y   D INIT^IBJPS S VALMBCK="R"   Q   ; 1    ;;.09;.13;.14 2    ;;1.2;.15;.11;.12;7.04 3    ;;1.09;1.07;2.07 4    ;;4.04;6.25;6.24 5    ;;.02;1.14;1.25;1.08 6    ;;1.23;1.16;1.22;1.19;1.15;1.17 7    ;;1.33;1.32;1.31;1.27;8.14T;8.15T;8.16T;8.19T 8    ;;1.29;1.3;1.18;1.28 9    ;;1.01;1.02;1.05 11   ;;2.08;2.09 12   ;;11.01;11.02;12 13   ;;10.02;10.03;10.04;10.05;D INIT^IBATFILE 14   ;;2.11;8.01;8.09;8.03;8.06;8.04;8.07;8.02;8.12T;8.11T;8.17T 15   ;;50.01;50.02;50.05;50.06;50.03;50.04;50.07           </pre>		

Routines	Activities
Routine Name	^IBJPS
;	
Modified Logic (Changes are in bold) – ^IBJPS	
EDIT(IBSET) ; edit IB Site Parameters D FULL^VALM1 I IBSET="" <b>D</b> <b>. I IBSET=10 D EN^IBJPS3 Q</b> <b>. I IBSET=11 D ENTC^IBJPS3 Q</b> <b>. S DR=\$P(\$T(@IBSET),",",2,999)</b> <b>. Q</b> I \$G(DR)'="" S DIE="^IBE(350.9,"DA=1 D ^DIE K DA,DR,DIE,DIC,X,Y D INIT^IBJPS S VALMBCK="R" Q ; 1     ;;.09;.13;.14 2     ;;1.2;.15;.11;.12;7.04 3     ;;1.09;1.07;2.07 4     ;;4.04;6.25;6.24 5     ;;.02;1.14;1.25;1.08 6     ;;1.23;1.16;1.22;1.19;1.15;1.17 7     ;;1.33;1.32;1.31;1.27;8.14T;8.15T;8.16T;8.19T 8     ;;1.29;1.3;1.18;1.28 9     ;;1.01;1.02;1.05 <b>12    ;;2.08;2.09</b> <b>13    ;;11.01;11.02;12</b> <b>14    ;;10.02;10.03;10.04;10.05;D INIT^IBATFILE</b> <b>15    ;;2.11;8.01;8.09;8.03;8.06;8.04;8.07;8.02;8.12T;8.11T;8.17T</b> <b>16    ;;50.01;50.02;50.05;50.06;50.03;50.04;50.07</b> ; ;	

Routines	Activities	
Routine Name	^IBJPS2	
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change	
RTM	2.6.10.1 – 2.6.10.7	
Related Options		
Related Routines	Routines "Called By"	Routines "Called"
	^IBJPS1	^DILFD, ^DIQ, ^IBJPS3, ^IBJU1, ^IBTRE, ^VALM1, ^VALM10
Routines	Activities	
Data Dictionary (DD) References	IB SITE PARAMETERS File (#350.9)	

Routines	Activities
Routine Name	^IBJPS2
Related Protocols	
Related Integration Control Registrations (ICRs)	
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input checked="" type="checkbox"/> Both <input type="checkbox"/> Global Reference <input type="checkbox"/> Local
Input Attribute Name and Definition	Name: Definition:
Output Attribute Name and Definition	Name: Definition:
Current Logic – ^IBJPS2	
<i>(Below are line BLD2+49 through BLD2+55)</i>  ... D RIGHT(3,1,1) ; - Pay-To Providers - section 10 S (Z,Z0)=0 F S Z=\$O(^IBE(350.9,1,19,Z)) Q:'Z S:\$P(\$G(^IBE(350.9,1,19,Z,0)),U,5)="" Z0=Z0+1 S Z=+\$P(\$G(^IBE(350.9,1,11)),U,3),PTPSTR=Z0_" defined"_\$S(Z>0:", default - "_\$P(\$PTG^IBJPS3(Z),U,1:"") S IBLN=\$\$SET("Pay-To Providers",PTPSTR,IBLN,IBLR,IBSEL) ; D RIGHT(3,1,1) S IBLN=\$\$SET("Inpt Health Summary",\$\$EXSET^IBJU1(\$P(IBPD2,U,8),350.9,2.08),IBLN,IBLR,IBSEL) ...	
Modified Logic (Changes are in bold) – ^IBJPS2	
<i>(Below begins with line BLD2+49)</i>  ... D RIGHT(3,1,1) ; - Pay-To Providers - section 10 S (Z,Z0)=0 F S Z=\$O(^IBE(350.9,1,19,Z)) Q:'Z S:\$P(\$G(^IBE(350.9,1,19,Z,0)),U,5)="" Z0=Z0+1 S Z=+\$P(\$G(^IBE(350.9,1,11)),U,3),PTPSTR=Z0_" defined"_\$S(Z>0:", default - "_\$P(\$PTG^IBJPS3(Z, <b>0</b> ),U,1:"") S IBLN=\$\$SET("Pay-To Providers",PTPSTR,IBLN,IBLR,IBSEL) ; D RIGHT(3,1,1) ; - TRICARE Pay-To Providers - section 11 (IB*2.0*516 MRD) S (Z,Z0)=0 F S Z=\$O(^IBE(350.9,1,29,Z)) Q:'Z S:\$P(\$G(^IBE(350.9,1,29,Z,0)),U,5)="" Z0=Z0+1 S Z=+\$P(\$G(^IBE(350.9,1,11)),U,4),PTPSTR=Z0_" defined"_\$S(Z>0:", default - "_\$P(\$PTG^IBJPS3(Z, <b>1</b> ),U,1:"") S IBLN=\$\$SET("TRICARE Pay-To Providers",PTPSTR,IBLN,IBLR,IBSEL) ; D RIGHT(3,1,1)	

Routines	Activities
Routine Name	^IBJPS2
S IBLN=\$\$SET("Inpt Health Summary",\$\$EXSET^IBJU1(\$P(IBPD2,U,8),350.9,2.08),IBLN,IBLR,IBSEL) ...	

Routines	Activities	
Routine Name	^IBJPS3	
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change	
RTM	2.6.10.1 – 2.6.10.7	
Related Options		
Related Routines	Routines “Called By”	Routines “Called”
	^IBCBB0, ^IBCEF79, ^BCEMRAA, ^BCEMRAB, ^IBJPS, ^IBJPS2, ^IBJPS4, ^BNCPDPI, ^RCDPEX3	^DIC, ^DIE, ^DIK, ^DIQ, ^DIR, ^IBCEF, ^IBCEF79, ^IBCEP8, ^IBJPS4, ^VALM, ^VALM1, ^VALM10, ^VASITE, ^XLFSTR, ^XQORM1, ^XUAF4, ^XUSNPI
Routines	Activities	
Data Dictionary (DD) References	IB SITE PARAMETERS File (#350.9)	
Related Protocols	IBJP IB TRICARE PAY-TO PROVIDERS MENU IBJP IB TRICARE PAY-TO PROVIDER ADD IBJP IB TRICARE PAY-TO PROVIDER DEL IBJP IB TRICARE PAY-TO PROVIDER EDIT IBJP IB TRICARE PAY-TO PROVIDER DIVISIONS IBJP IB TRICARE PAY-TO ASSOCIATIONS MENU IBJP IB TRICARE PAY-TO DIVISION ADD	
Related Integration Control Registrations (ICRs)		
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input checked="" type="checkbox"/> Both <input type="checkbox"/> Global Reference <input type="checkbox"/> Local	
Input Attribute Name and Definition	Name: Definition:	
Output Attribute Name and Definition	Name: Definition:	
Current Logic – ^IBJPS3		
IBJPS3 ;BP/YMG - IB Site Parameters, Pay-To Provider ;20-Oct-2008 ;;2.0;INTEGRATED BILLING; **400,432** ;21-MAR-94;Build 192 ;;Per VHA Directive 2004-038, this routine should not be modified.		

Routines	Activities
Routine Name	^IBJPS3
<pre> ; EN      ; -- main entry point for IBJP IB PAY-TO PROVIDERS         D EN^VALM("IBJP IB PAY-TO PROVIDERS")         Q ; HDR      ; -- header code         ; Not setting VALMHDR causes this tag to be called upon return from every action, this is done to keep VALMSG displayed at all times, instead of the default message on the lower bar.         S VALMSG="* = Default Pay-to provider"         Q ; INIT      ; -- init variables and list array         N IBCNT,IBLN,IBSTR,PIEN,PDATA         S (VALMCNT,IBCNT,IBLN)=0         S PIEN=0 F S PIEN=\$O(^IBE(350.9,1,19,PIEN)) Q:'PIEN D         .I \$P(\$G(^IBE(350.9,1,19,PIEN,0)),U,5)'="" Q         .S PDATA=\$\$PTG(PIEN),IBCNT=IBCNT+1         .S IBSTR=\$\$SETSTR^VALM1(IBCNT_"_",",",2,4)         .I \$\$ISDFLT(PIEN) S IBSTR=\$\$SETSTR^VALM1("","IBSTR,7,1)         .S IBSTR=\$\$SETSTR^VALM1("Name   : "_\$P(PDATA,U),IBSTR,8,45)         .S IBSTR=\$\$SETSTR^VALM1("State  : "_\$P(PDATA,U,8),IBSTR,54,25)         .S IBLN=\$\$SET(IBLN,IBSTR)         .S IBSTR=\$\$SETSTR^VALM1("Address 1: "_\$P(PDATA,U,5),"",8,45)         .S IBSTR=\$\$SETSTR^VALM1("Zip Code: "_\$P(PDATA,U,9),IBSTR,54,25)         .S IBLN=\$\$SET(IBLN,IBSTR)         .S IBSTR=\$\$SETSTR^VALM1("Address 2: "_\$P(PDATA,U,6),"",8,45)         .S IBSTR=\$\$SETSTR^VALM1("Phone   : "_\$P(PDATA,U,4),IBSTR,54,25)         .S IBLN=\$\$SET(IBLN,IBSTR)         .S IBSTR=\$\$SETSTR^VALM1("City    : "_\$P(PDATA,U,7),"",8,45)         .S IBSTR=\$\$SETSTR^VALM1("Tax ID  : "_\$P(PDATA,U,3),IBSTR,54,25)         .S IBLN=\$\$SET(IBLN,IBSTR),IBLN=\$\$SET(IBLN,"")         .S @VALMAR@("ZIDX",IBCNT,PIEN)=" "         .Q         I 'IBLN S IBLN=\$\$SET(IBLN,\$\$SETSTR^VALM1("No Pay-To Providers defined.",",",13,30))         S VALMCNT=IBLN,VALMBG=1         Q ; HELP      ; -- help code         S X="?" D DISP^XQORM1 W !!         Q ; EXIT      ; -- exit code         D CLEAR^VALM1,CLEAN^VALM10         Q ; PRVADD      ; add new pay to provider </pre>	

Routines	Activities
Routine Name	^IBJPS3
<pre> N X,Y,DIC,DA,DLAYGO,DIE,DR,DIR,DIRUT,DUOUT,DTOUT,IEN D FULL^VALM1 S VALMBCK="R" S DIC="^IBE(350.9,1,19," ,DIC(0)="AELMQ",DA(1)=1,DIC("A")="Enter Pay-toProvider: ",DLAYGO=350.9 D ^DIC S IEN=+Y I IEN"&gt;0 Q D PRVEDIT1 I \$P(\$G(^IBE(350.9,1,19,IEN,0)),U,2)=" D PRVDEL1 Q ; PRVDEL ; delete a pay-to provider N DA,DR,DIE,X,Y,DIR,DIRUT,DUOUT,DTOUT,I,IEN,DIVS,DFLT S VALMBCK="R" D FULL^VALM1 S IEN=\$\$SEL Q:'IEN S DFLT=\$\$ISDFLT(IEN) I DFLT W !,"WARNING: This is the default Pay-To Provider." D GETDIVS^IBJPS4(IEN,.DIVS) I 'DFLT D .W !,"The following divisions are currently associated with this Pay-To Provider: " .S I="" F S I=\$O(DIVS(I)) Q:I="" W !,?5,DIVS(I) .W:\$D(DIVS) "None",! W ! .Q S DIR("?")="Enter Yes to delete this Pay-To Provider." S DIR("A")="Delete Pay-To Provider "_\$P(\$G(^IBE(350.9,1,19,IEN,0)),U,2) S DIR(0)="YO",DIR("B")="NO" D ^DIR Q:'Y I DFLT S DIE="^IBE(350.9," ,DA=1,DR="11.03///@" D ^DIE I \$D(DIVS) K DIK S DIK="^IBE(350.9,1,19," ,DA(1)=1,I="" F S I=\$O(DIVS(I)) Q:I="" S DA=I D ^DIK K DIK PRVDEL1 ; N DIK K DA S DIK="^IBE(350.9,1,19," ,DA(1)=1,DA=IEN D ^DIK D CLEAN^VALM10,INIT Q ; PRVEDIT ; edit existing pay-to provider N IEN S VALMBCK="R" D FULL^VALM1 S IEN=\$\$SEL Q:'IEN PRVEDIT1 ; N DIE,DA,DR,DIR,DIRUT,DUOUT,DTOUT,X,Y S DIE="^IBE(350.9,1,19," ,DA=IEN,DA(1)=1 S DR=" .02T;1.01T;1.02T;1.03T;1.04T;1.05T;.04T;.03T;.05///@" D ^DIE S DIR("?")="Enter Yes to make this entry the default Pay-to Provider." S DIR("A")="Is this the default Pay-To Provider",DIR(0)="YO" </pre>	

Routines	Activities
Routine Name	^IBJPS3
<pre> S DIR("B")="YES" I \$\$GETDFLT,\$\$ISDFLT(IEN) S DIR("B")="NO" D ^DIR I Y K DA S DIE="^IBE(350.9,"DA=1,DR="11.03////" _IEN D ^DIE D CLEAN^VALM10,INIT Q ; ; SET(IBLN,IBSTR) ; add a line to display list ; returns line number added S IBLN=IBLN+1 D SET^VALM10(IBLN,IBSTR) Q IBLN ; ISDFLT(PIEN) ; returns 1 if provider with ien PIEN is the default pay-to provider, 0 otherwise Q:PIEN="" 0 Q \$\$GETDFLT=PIEN ; GETDFLT() ; returns ien of default pay-to provider Q \$P(\$G(^IBE(350.9,1,11)),U,3) ; SEL() ; select pay-to provider ; returns ien of selected pay-to provider, or 0 if nothing is selected N DIR,IEN,MAX,X,Y S IEN=0 I VALMLST&gt;4 D .; there is at least one entry .S MAX=\$O(@VALMAR@("ZIDX",""),-1) S:MAX=1 Y=1 .I MAX&gt;1 S DIR("A")="Select Pay-To Provider (1-"_MAX_"):" ",DIR(0)="NA^_1_":_"_MAX_":0" D ^DIR .S:+Y&gt;0 IEN=\$O(@VALMAR@("ZIDX",Y,"")) .Q Q +IEN ; PRVDATA(IBIFN) ; Return a string of Pay-To provider information in the following format ; [1] name ; [2] npf ; [3] tax id# ; [4] phone# ; [5] street 1 ; [6] street 2 ; [7] city ; [8] state abbreviation ; [9] zip ; [10] list of IB error messages if any of this data is missing in IBXX1;IBXX2;IBXX3;IBXX4; format ; [11] Institution (File 4) ien ; ; **NOTE: pieces 12,13,14 are added to this string in output formatter data element #1624 for PRV1-1.5 for PRV1 ; pieces 2,3,5. If pieces are added here to this string, then adjust the code in PRV1- 1.5,2,3,5 accordingly. </pre>	



Routines	Activities
Routine Name	^IBJPS3
<pre> ; N DATA,IB0,EVDT,IBDIV,INST,PIEN,IBER S DATA="",IBER="" ; S IB0=\$G(^DGCR(399,IBFN,0)) S EVDT=\$P(IB0,U,3) ; event date on claim I 'EVDT S EVDT=DT S IBDIV=\$P(IB0,U,22) ; division on claim I 'IBDIV S IBDIV=\$\$PRIM^VASITE(EVDT) I IBDIV&gt;0 S IBDIV=\$\$PRIM^VASITE() I IBDIV&gt;0 G PRV DATX ; get out if no division S INST=\$\$SITE^VASITE(EVDT,IBDIV) ; inst file 4 pointer I INST&gt;0 S INST=\$\$SITE^VASITE(DT,IBDIV) I INST&gt;0 S INST=\$\$SITE^VASITE() I INST&gt;0 G PRV DATX ; get out if no institution ; ; check to see if this institution exists as a separate Pay-To Provider subfile entry S PIEN=\$O(^IBE(350.9,1,19,"B",INST,"")) ; I 'PIEN D G PRV DATX ; this institution does not exist in 350.9004 ; check to see if the default Pay-To provider information is defined(350.9;11.03) S PIEN=\$P(\$G(^IBE(350.9,1,11)),U,3) Q:'PIEN S DATA=\$\$PTG(PIEN) Q ; ; here PIEN exists and the institution pointer was found in the 350.9004 subfile ; find parent pay-to provider S PIEN=\$\$GETPROV^IBJPS4(PIEN) S:PIEN DATA=\$\$PTG(PIEN) ; PRV DATX ; I DATA="" S IBER=IBER_"IB177;",\$P(DATA,U,10)=IBER Q DATA ; PTG(PIEN) ; gather pay-to provider info N N0,N1,IBORG,NPI,STIEN,STATE,Z,IBER S Z="",IBER="",PIEN=\$G(PIEN) ; I '\$D(^IBE(350.9,1,19,PIEN)) S IBER=IBER_"IB177;",\$P(Z,U,10)=IBER G PTGX S N0=\$G(^IBE(350.9,1,19,PIEN,0)) S N1=\$G(^IBE(350.9,1,19,PIEN,1)) ; ; get the NPI# from the Institution file S IBORG=\$P(N0,U,1),NPI="" I IBORG S NPI=\$P(\$\$NPI^XUSNPI("Organization_ID",IBORG),U,1) ; ; get the state abbreviation S STIEN=\$P(N1,U,4),STATE="" I STIEN S STATE=\$\$GET1^DIQ(5,STIEN_"",",",1) </pre>	

Routines	Activities
Routine Name	^IBJPS3
<pre> ; ; check for missing data I '\$L(\$P(N0,U,2)) S IBER=IBER_"IB178;" ; missing name I NPI&gt;0 S IBER=IBER_"IB179;" ; missing np ; Patch 432 enh5: The IB system shall no longer prevent users from authorizing (fatal error message) a claim because the system can not find the human providers SSN or EIN ; I '\$L(\$P(N0,U,3)) S IBER=IBER_"IB180;" ; missing tax ID I '\$L(\$P(N1,U,1))!'\$L(\$P(N1,U,3))!'\$L(STATE)!'\$L(\$P(N1,U,5)) S IBER=IBER_"IB181;" ; missing address part(s) ; S Z=\$P(N0,U,2)_U_NPI_U_\$P(N0,U,3)_U_\$P(N0,U,4)_U_\$P(N1,U,1)_U_\$P(N1,U,2)_U_\$P(N1, U,3)_U_STATE_U_\$P(N1,U,5)_U_IBER_U_IBORG PTGX ; Q Z ; PRVPHONE(IBIFN) ; Return Pay-to provider phone# for a given claim ; IBIFN - internal claim# (optional parameter) ; If IBIFN is not passed in, then the phone# from the default pay-to provider entry will be returned. ; For example, AR option 'EDI Lockbox 3rd Party Exceptions' needs the phone# for the process of transferring an ; EEOB to another site, but the claim# is not available to this process. N PTPP,PIEN S PTPP="" I +\$G(IBIFN) S PTPP=\$P(\$\$PRVDATA(IBIFN),U,4) G PRVPHNX ; S PIEN=+\$P(\$G(^IBE(350.9,1,11)),U,3) I 'PIEN G PRVPHNX ; no claim#, default pay- to provider S PTPP=\$P(\$\$PTG(PIEN),U,4) ; phone# ; PRVPHNX ; Q PTPP ; DEF(INST,DA) ; procedure called by new style x-ref in order to default name and address fields ; INST - new VA institution ien to file 4 as the .01 field to this sub-file ; DA - DA array as passed in from FileMan. DA(1) should equal 1 since this is the IB site params ; and there is only 1 entry. DA should equal the IEN to the pay-to provider multiple entry ; This procedure is only called if a new institution is being added as the .01 field or if the value of ; field is being changed from one institution to another. ; NEW NAD,IENS,ST,STIEN,IBTAXID ; I '\$G(INST) G DEFX ; </pre>	

Routines	Activities
Routine Name	^IBJPS3
<pre> S ST=\$\$WHAT^XUAF4(INST,.02)          ; full state name S STIEN=\$\$FIND1^DIC(5,,"BX",ST,"B")  ; state ien ; ; if the selected pay-to provider institution is the same as the main ; facility name field from the IB site parameters, then also default ; the federal tax ID# from the IB site parameters into the pay-to ; provider tax ID# field. S IBTAXID="" I INST=\$P(\$G(^IBE(350.9,1,0)),U,2) S IBTAXID=\$P(\$G(^IBE(350.9,1,1)),U,5) ; S IENS=DA_",1," S NAD(350.9004,IENS,.02)=\$\$WHAT^XUAF4(INST,100) ; official VA name S NAD(350.9004,IENS,.03)=IBTAXID                ; tax# S NAD(350.9004,IENS,.04)=""                      ; phone# - blank it out S NAD(350.9004,IENS,.05)=""                      ; parent - blank it out S NAD(350.9004,IENS,1.01)=\$\$WHAT^XUAF4(INST,1.01) ; address line 1 S NAD(350.9004,IENS,1.02)=\$\$WHAT^XUAF4(INST,1.02) ; address line 2 S NAD(350.9004,IENS,1.03)=\$\$WHAT^XUAF4(INST,1.03) ; city I STIEN S NAD(350.9004,IENS,1.04)=STIEN          ; state S NAD(350.9004,IENS,1.05)=\$\$WHAT^XUAF4(INST,1.04) ; zip D FILE^DIE(,"NAD") DEFX ; Q ; DIFF(IBIFN,EDI) ; This function will determine if there are any differences between ; the Billing Provider name and address and the Pay-to Provider name and address. ; When these two are the same, then the Pay-to Provider information is ; suppressed and is not printed or transmitted. ; This function returns a 1 if differences are found, and 0 if they are the same. ; ; EDI=1 if this is being called for the electronic claim transmission ; EDI=0 if this is being called for the printed UB-04 claim form ; N BPZ,PTP,DIFF,BPNAME,BPAD1,BPAD2,BPCITY,BPST,BPZIP,IBZ S DIFF=0,EDI=+\$G(EDI) S BPZ=+\$B^IBCEF79(IBIFN) ; billing provider ien to file 4 S PTP=\$\$UP^XLFSTR(\$\$PRVDATA(IBIFN)) ; pay-to provider information ; ; for EDI claims, use the GETBP utility to get the billing provider data I EDI D . D GETBP^IBCEF79(IBIFN,"",BPZ,"DIFF",.IBZ) . S BPNAME=\$\$UP^XLFSTR(\$G(IBZ("DIFF","NAME"))) . S BPAD1=\$\$UP^XLFSTR(\$G(IBZ("DIFF","ADDR1"))) . S BPAD2=\$\$UP^XLFSTR(\$G(IBZ("DIFF","ADDR2"))) . S BPCITY=\$\$UP^XLFSTR(\$G(IBZ("DIFF","CITY"))) . S BPST=\$\$UP^XLFSTR(\$G(IBZ("DIFF","ST"))) . S BPZIP=\$\$NOPUNCT^IBCEF(\$\$UP^XLFSTR(\$G(IBZ("DIFF","ZIP")))) . Q </pre>	

Routines	Activities
Routine Name	^IBJPS3
<pre> ; ; for printed UB claims, use the Institution file for FL-1 data I 'EDI D . S BPNAME=\$\$UP^XLFSTR(\$\$GETFAC^IBCEP8(BPZ,0,0)) . S BPAD1=\$\$UP^XLFSTR(\$\$GETFAC^IBCEP8(BPZ,0,1)) . S BPAD2=\$\$UP^XLFSTR(\$\$GETFAC^IBCEP8(BPZ,0,2)) . S BPCITY=\$\$UP^XLFSTR(\$\$GETFAC^IBCEP8(BPZ,0,"3C")) . S BPST=\$\$UP^XLFSTR(\$\$GETFAC^IBCEP8(BPZ,0,"3S")) . S BPZIP=\$\$NOPUNCT^IBCEF(\$\$UP^XLFSTR(\$\$GETFAC^IBCEP8(BPZ,0,"3Z"))) . Q ; I BPNAME'=\$P(PTP,U,1) S DIFF=1 G DIFFX I BPAD1'=\$P(PTP,U,5) S DIFF=1 G DIFFX I BPAD2'=\$P(PTP,U,6) S DIFF=1 G DIFFX I BPCITY'=\$P(PTP,U,7) S DIFF=1 G DIFFX I BPST'=\$P(PTP,U,8) S DIFF=1 G DIFFX I BPZIP'=\$\$NOPUNCT^IBCEF(\$P(PTP,U,9)) S DIFF=1 G DIFFX DIFFX ; Q DIFF ; MAINPRV() ; Return Pay-To provider information for main VAMC N DATA,IBER,IEN4,PIEN S (DATA,IBER)="",IEN4=+\$\$SITE^VASITE I 'IEN4 G MAINPRVX S PIEN=\$O(^IBE(350.9,1,19,"B",IEN4,"")) I 'PIEN G MAINPRVX I \$P(\$G(^IBE(350.9,1,19,PIEN,0)),U,5)'="" G MAINPRVX ; if this sub-entry is not a pay- to provider, then get out S DATA=\$\$PTG(PIEN) MAINPRVX ; I DATA="" S IBER=IBER_"IB177;",\$P(DATA,U,10)=IBER Q DATA ; </pre>	
Modified Logic (Changes are in bold) – ^IBJPS3	
<pre> IBJPS3 ;BP/YMG - IB Site Parameters, Pay-To Provider ;20-Oct-2008 ;;2.0;INTEGRATED BILLING;**400,432**;21-MAR-94;Build 192 ;;Per VHA Directive 2004-038, this routine should not be modified. ; EN ; -- main entry point for IBJP IB PAY-TO PROVIDERS D EN^VALM("IBJP IB PAY-TO PROVIDERS") Q ; ENTC ; -- main entry point for IBJP IB TRICARE PAY-TO PROVIDERS D EN^VALM("IBJP IB TRICARE PAY-TO PROVS") Q ; HDR ; -- header code ; Not setting VALMHDR causes this tag to be called upon return from every action, ; this is done to keep VALMSG displayed at all times, instead of the default message on </pre>	

Routines	Activities
Routine Name	^IBJPS3
<p>the lower bar.</p> <pre> S VALMSG="* = Default Pay-to provider" Q ; ; HDRTC ; -- header code S VALMSG="* = Default TRICARE Pay-to provider" Q ; ; INIT(IBTCFLAG) ; -- init variables and list array N IBCNT,IBLN,IBSTR,PIEN,PDATA,IBNODE S IBNODE=\$\$NODE^IBJPS4(IBTCFLAG) ; S (VALMCNT,IBCNT,IBLN)=0 S PIEN=0 F S PIEN=\$O(^IBE(350.9,1,IBNODE,PIEN)) Q:'PIEN D .I \$P(\$G(^IBE(350.9,1,IBNODE,PIEN,0)),U,5)'="" Q .S PDATA=\$\$PTG(PIEN,IBTCFLAG),IBCNT=IBCNT+1 .S IBSTR=\$\$SETSTR^VALM1(IBCNT_"", "", 2,4) .I \$\$ISDFLT(PIEN,IBTCFLAG) S IBSTR=\$\$SETSTR^VALM1(" ",IBSTR,7,1) .S IBSTR=\$\$SETSTR^VALM1("Name : "_\$P(PDATA,U),IBSTR,8,45) .S IBSTR=\$\$SETSTR^VALM1("State : "_\$P(PDATA,U,8),IBSTR,54,25) .S IBLN=\$\$SET(IBLN,IBSTR) .S IBSTR=\$\$SETSTR^VALM1("Address 1: "_\$P(PDATA,U,5), "", 8,45) .S IBSTR=\$\$SETSTR^VALM1("Zip Code: "_\$P(PDATA,U,9),IBSTR,54,25) .S IBLN=\$\$SET(IBLN,IBSTR) .S IBSTR=\$\$SETSTR^VALM1("Address 2: "_\$P(PDATA,U,6), "", 8,45) .S IBSTR=\$\$SETSTR^VALM1("Phone : "_\$P(PDATA,U,4),IBSTR,54,25) .S IBLN=\$\$SET(IBLN,IBSTR) .S IBSTR=\$\$SETSTR^VALM1("City : "_\$P(PDATA,U,7), "", 8,45) .S IBSTR=\$\$SETSTR^VALM1("Tax ID : "_\$P(PDATA,U,3),IBSTR,54,25) .S IBLN=\$\$SET(IBLN,IBSTR),IBLN=\$\$SET(IBLN,"") .S @VALMAR@("ZIDX",IBCNT,PIEN)=" " .Q ; ; I 'IBLN S IBLN=\$\$SET(IBLN,\$\$SETSTR^VALM1("No "_\$\$ (IBTCFLAG:"TRICARE ",1:"")_ "Pay-To Providers defined.", "", 13,30)) ; S VALMCNT=IBLN,VALMBG=1 Q ; ; HELP ; -- help code S X="?" D DISP^XQORM1 W !! Q ; ; EXIT ; -- exit code D CLEAR^VALM1,CLEAN^VALM10 Q ; ; PRVADD(IBTCFLAG) ; add new pay-to provider N X,Y,DIC,DA,DLAYGO,DIE,DR,DIR,DIRUT,DUOUT,DTOUT,IEN,IBNODE </pre>	

Routines	Activities
Routine Name	^IBJPS3
<pre> S IBNODE=\$\$NODE^IBJPS4(IBTCFLAG) D FULL^VALM1 S VALMBCK="R" S DIC="^IBE(350.9,1,"_IBNODE_",",DIC(0)="AELMQ",DA(1)=1,DLAYGO=350.9, S DIC("A")="Enter "_\$(IBTCFLAG:"TRICARE ",1:"")_"Pay-to Provider: " D ^DIC S IEN=+Y I IEN"&gt;0 Q D PRVEDIT1 I \$P(\$G(^IBE(350.9,1,IBNODE,IEN,0)),U,2)="" D PRVDEL1 Q ; PRVDEL(IBTCFLAG) ; delete a pay-to provider N DA,DR,DIE,X,Y,DIR,DIRUT,DUOUT,DTOUT,I,IEN,DIVS,DFLT,IBNODE,IBDISP S IBNODE=\$\$NODE^IBJPS4(IBTCFLAG) S IBDISP=\$\$(IBTCFLAG:"TRICARE ",1:"")_"Pay-To Provider" S VALMBCK="R" D FULL^VALM1 S IEN=\$\$SEL(IBTCFLAG) Q:IEN S DFLT=\$\$ISDFLT(IEN,IBTCFLAG) I DFLT W !,"WARNING: This is the default "_IBDISP_"." D GETDIVS^IBJPS4(IEN,.DIVS,IBTCFLAG) I 'DFLT D .W !,"The following divisions are currently associated with this "_IBDISP_": " .S I="" F S I=\$O(DIVS(I)) Q:I="" W !,?5,DIVS(I) .W:\$D(DIVS) "None",! W ! .Q S DIR("?")="Enter Yes to delete this "_IBDISP_" " S DIR("A")="Delete "_IBDISP_" " \$P(\$G(^IBE(350.9,1,IBNODE,IEN,0)),U,2) S DIR(0)="YO",DIR("B")="NO" D ^DIR Q:'Y I DFLT S DIE="^IBE(350.9,"DA=1,DR=\$\$(IBTCFLAG:"11.04",1:"11.03")_"////@" D ^DIE I \$D(DIVS) K DIK S DIK="^IBE(350.9,1,"_IBNODE_",",DA(1)=1,I="" F S I=\$O(DIVS(I)) Q:I="" S DA=I D ^DIK K DIK PRVDEL1 ; N DIK K DA S DIK="^IBE(350.9,1,"_IBNODE_",", S DA(1)=1,DA=IEN D ^DIK D CLEAN^VALM10,INIT(IBTCFLAG) Q ; PRVEDIT(IBTCFLAG) ; edit existing pay-to provider N IEN,IBNODE S IBNODE=\$\$NODE^IBJPS4(IBTCFLAG) S VALMBCK="R" D FULL^VALM1 S IEN=\$\$SEL(IBTCFLAG) Q:IEN PRVEDIT1 ; </pre>	

Routines	Activities
Routine Name	^IBJPS3
<pre> N DIE,DA,DR,DIR,DIRUT,DUOUT,DTOUT,X,Y S DIE="^IBE(350.9,1,"_IBNODE_", S DA=IEN,DA(1)=1 S DR=".02T;1.01T;1.02T;1.03T;1.04T;1.05T;.04T;.03T;.05///@" D ^DIE S DIR("?)"="Enter Yes to make this entry the default "_\$\$ (IBTCFLAG:"TRICARE ",1:"")_"Pay-to Provider." S DIR("A")="Is this the default "_\$\$ (IBTCFLAG:"TRICARE ",1:"")_"Pay-ToProvider" S DIR(0)="YO" S DIR("B")="YES" I \$\$GETDFLT (IBTCFLAG),\$\$ISDFLT(IEN,IBTCFLAG) S DIR("B")="NO" D ^DIR I Y K DA S DIE="^IBE(350.9,"DA=1,DR=\$\$ (IBTCFLAG:"11.04",1:"11.03")_"_/"_ IEN D ^DIE D CLEAN^VALM10,INIT (IBTCFLAG) Q ; SET (IBLN,IBSTR) ; add a line to display list ; returns line number added S IBLN=IBLN+1 D SET^VALM10 (IBLN,IBSTR) Q IBLN ; ISDFLT (PIEN,IBTCFLAG) ; returns 1 if provider with ien PIEN is the default pay-to provider, 0 otherwise Q:PIEN="" 0 Q \$\$GETDFLT (IBTCFLAG)=PIEN ; GETDFLT (IBTCFLAG) ; returns ien of default pay-to provider Q \$P (\$G (^IBE (350.9,1,11)),U,\$\$ (IBTCFLAG:4,1:3)) ; SEL (IBTCFLAG) ; select pay-to provider ; returns ien of selected pay-to provider, or 0 if nothing is selected N DIR,IEN,MAX,X,Y S IEN=0 I VALMLST&gt;4 D . ; there is at least one entry . S MAX=\$O (@VALMAR@ ("ZIDX",""),-1) S:MAX=1 Y=1 . I MAX&gt;1 S DIR ("A")="Select "_\$\$ (IBTCFLAG:"TRICARE ",1:"")_"Pay-To Provider (1- "_MAX_"): ",DIR(0)="NA^"_1_:"_MAX_":0" D ^DIR . S:+Y&gt;0 IEN=\$O (@VALMAR@ ("ZIDX",Y,"")) . Q Q +IEN ; PRVDATA (IBIFN) ; Return a string of Pay-To provider information in the following format ; [1] name ; [2] npf ; [3] tax id# ; [4] phone# ; [5] street 1 </pre>	

Routines	Activities
Routine Name	^IBJPS3
<pre> ; [6] street 2 ; [7] city ; [8] state abbreviation ; [9] zip ; [10] list of IB error messages if any of this data is missing in IBXX1;IBXX2;IBXX3;IBXX4; format ; [11] Institution (File 4) ien ; ; **NOTE: pieces 12,13,14 are added to this string in output formatter data element #1624 for PRV1-1.5 for PRV1 ; pieces 2,3,5. If pieces are added here to this string, then adjust the code in PRV1- 1.5,2,3,5 accordingly. ; N DATA,IB0,EVDT,IBDIV,INST,PIEN,IBER,IBTCFLAG S DATA="",IBER="" ; S IBTCFLAG=\$\$TRICARE^IBJPS4(IBIFN) ; Set IBTCFLAG to '1' if TRICARE claim, otherwise '0'. ; S IB0=\$G(^DGCR(399,IBIFN,0)) S EVDT=\$P(IB0,U,3) ; event date on claim I 'EVDT S EVDT=DT S IBDIV=+\$P(IB0,U,22) ; division on claim I 'IBDIV S IBDIV=\$\$PRIM^VASITE(EVDT) I IBDIV&gt;0 S IBDIV=\$\$PRIM^VASITE() I IBDIV&gt;0 G PRVDTX ; get out if no division S INST=+\$SITE^VASITE(EVDT,IBDIV) ; inst file 4 pointer I INST&gt;0 S INST=+\$SITE^VASITE(DT,IBDIV) I INST&gt;0 S INST=+\$SITE^VASITE() I INST&gt;0 G PRVDTX ; get out if no institution ; ; check to see if this institution exists as a separate Pay-To Provider subfile entry S PIEN=+\$O(^IBE(350.9,1,\$\$(IBTCFLAG:29,1:19),"B",INST,"")) ; I 'PIEN D G PRVDTX ; this institution does not exist in 350.9004 ; check to see if the default Pay-To provider information is defined(350.9;11.03 or 11.04) . S PIEN=+\$P(\$G(^IBE(350.9,1,11)),U,\$\$(IBTCFLAG:4,1:3)) Q:'PIEN . S DATA=\$\$PTG(PIEN,IBTCFLAG) . Q ; ; here PIEN exists and the institution pointer was found in the 350.9004 subfile ; find parent pay-to provider S PIEN=\$\$GETPROV^IBJPS4(PIEN,IBTCFLAG) S:PIEN DATA=\$\$PTG(PIEN,IBTCFLAG) ; PRVDTX ; I DATA="" S IBER=IBER_"IB177;",\$P(DATA,U,10)=IBER Q DATA </pre>	



Routines	Activities
Routine Name	^IBJPS3
<pre> ; PTG(PIEN,IBTCFLAG) ; gather pay-to provider info N N0,N1,IBORG,NPI,STIEN,STATE,Z,IBER,IBNODE ; S IBNODE=\$\$NODE^IBJPS4(IBTCFLAG) ; S Z="",IBER="",PIEN=+\$G(PIEN) ; I '\$D(^IBE(350.9,1,IBNODE,PIEN)) S IBER=IBER_"IB177;",\$P(Z,U,10)=IBER G PTGX S N0=\$G(^IBE(350.9,1,IBNODE,PIEN,0)) S N1=\$G(^IBE(350.9,1,IBNODE,PIEN,1)) ; ; get the NPI# from the Institution file S IBORG=+\$P(N0,U,1),NPI="" I IBORG S NPI=\$P(\$\$NPI^XUSNPI("Organization_ID",IBORG),U,1) ; ; get the state abbreviation S STIEN=+\$P(N1,U,4),STATE="" I STIEN S STATE=\$\$GET1^DIQ(5,STIEN_",",1) ; ; check for missing data I '\$L(\$P(N0,U,2)) S IBER=IBER_"IB178;" ; missing name I NPI&gt;0 S IBER=IBER_"IB179;" ; missing np ; Patch 432 enh5: The IB system shall no longer prevent users from authorizing (fatal error message) a claim because the system can not find the human providers SSN or EIN ; I '\$L(\$P(N0,U,3)) S IBER=IBER_"IB180;" ; missing tax ID I '\$L(\$P(N1,U,1))!'\$L(\$P(N1,U,3))!'\$L(STATE)!'\$L(\$P(N1,U,5)) S IBER=IBER_"IB181;" ; missing address part(s) ; S Z=\$P(N0,U,2)_U_NPI_U_\$P(N0,U,3)_U_\$P(N0,U,4)_U_\$P(N1,U,1)_U_\$P(N1,U,2)_U_\$P(N1, U,3)_U_STATE_U_\$P(N1,U,5)_U_IBER_U_IBORG PTGX ; Q Z ; PRVPHONE(IBIFN) ; Return Pay-to provider phone# for a given claim ; IBIFN - internal claim# (optional parameter) ; If IBIFN is not passed in, then the phone# from the default pay-to provider entry will be returned. ; For example, AR option 'EDI Lockbox 3rd Party Exceptions' needs the phone# for the process of transferring an ; EEOB to another site, but the claim# is not available to this process. N PTPP,PIEN,IBTCFLAG S PTPP="" I +\$G(IBIFN) S PTPP=\$P(\$\$PRVDATA(IBIFN),U,4) G PRVPHNX ; S IBTCFLAG=\$\$TRICARE^IBJPS4(IBIFN) ; Set IBTCFLAG to '1' if TRICARE claim, otherwise '0'. S PIEN=+\$P(\$G(^IBE(350.9,1,11)),U,\$\$ (IBTCFLAG:4,1:3)) I 'PIEN G PRVPHNX ; no </pre>	

Routines	Activities
Routine Name	^IBJPS3
<pre> claim#, default pay-to provider   S PTPP=\$P(\$\$PTG(PIEN,IBTCFLAG),U,4) ; phone# ; PRVPHNX ;   Q PTPP ; DEF(INST,DA) ; procedure called by new style x-ref in order to default name and address fields ; INST - new VA institution ien to file 4 as the .01 field to this sub-file ; DA - DA array as passed in from FileMan. DA(1) should equal 1 since this is the IB site params ; and there is only 1 entry. DA should equal the IEN to the pay-to provider multiple entry ; This procedure is only called if a new institution is being added as the .01 field or if the value of ; field is being changed from one institution to another. ; NEW NAD,IENS,ST,STIEN,IBTAXID ; I '\$G(INST) G DEFX ; S ST=\$\$WHAT^XUAF4(INST,.02) ; full state name S STIEN=\$\$FIND1^DIC(5,,"BX",ST,"B") ; state ien ; ; if the selected pay-to provider institution is the same as the main ; facility name field from the IB site parameters, then also default ; the federal tax ID# from the IB site parameters into the pay-to ; provider tax ID# field. S IBTAXID="" I INST=\$P(\$G(^IBE(350.9,1,0)),U,2) S IBTAXID=\$P(\$G(^IBE(350.9,1,1)),U,5) ; S IENS=DA_,1," S NAD(350.9004,IENS,.02)=\$\$WHAT^XUAF4(INST,100) ; official VA name S NAD(350.9004,IENS,.03)=IBTAXID ; tax# S NAD(350.9004,IENS,.04)="" ; phone# - blank it out S NAD(350.9004,IENS,.05)="" ; parent - blank it out S NAD(350.9004,IENS,1.01)=\$\$WHAT^XUAF4(INST,1.01) ; address line 1 S NAD(350.9004,IENS,1.02)=\$\$WHAT^XUAF4(INST,1.02) ; address line 2 S NAD(350.9004,IENS,1.03)=\$\$WHAT^XUAF4(INST,1.03) ; city I STIEN S NAD(350.9004,IENS,1.04)=STIEN ; state S NAD(350.9004,IENS,1.05)=\$\$WHAT^XUAF4(INST,1.04) ; zip D FILE^DIE(,"NAD") DEFX ;   Q ; DIFF(IBIFN,EDI) ; This function will determine if there are any differences between ; the Billing Provider name and address and the Pay-to Provider name and address. ; When these two are the same, then the Pay-to Provider information is ; suppressed and is not printed or transmitted. </pre>	

Routines	Activities
Routine Name	^IBJPS3
<pre> ; This function returns a 1 if differences are found, and 0 if they are the same. ; ; EDI=1 if this is being called for the electronic claim transmission ; EDI=0 if this is being called for the printed UB-04 claim form ; N BPZ,PTP,DIFF,BPNAME,BPAD1,BPAD2,BPCITY,BPST,BPZIP,IBZ S DIFF=0,EDI=+\$G(EDI) S BPZ=+\$B^IBCEF79(IBIFN) ; billing provider ien to file 4 S PTP=\$\$UP^XLFSTR(\$\$PRVDATA(IBIFN)) ; pay-to provider information ; ; for EDI claims, use the GETBP utility to get the billing provider data I EDI D . D GETBP^IBCEF79(IBIFN,"",BPZ,"DIFF",.IBZ) . S BPNAME=\$\$UP^XLFSTR(\$G(IBZ("DIFF","NAME"))) . S BPAD1=\$\$UP^XLFSTR(\$G(IBZ("DIFF","ADDR1"))) . S BPAD2=\$\$UP^XLFSTR(\$G(IBZ("DIFF","ADDR2"))) . S BPCITY=\$\$UP^XLFSTR(\$G(IBZ("DIFF","CITY"))) . S BPST=\$\$UP^XLFSTR(\$G(IBZ("DIFF","ST"))) . S BPZIP=\$\$NOPUNCT^IBCEF(\$\$UP^XLFSTR(\$G(IBZ("DIFF","ZIP")))) . Q ; ; for printed UB claims, use the Institution file for FL-1 data I 'EDI D . S BPNAME=\$\$UP^XLFSTR(\$\$GETFAC^IBCEP8(BPZ,0,0)) . S BPAD1=\$\$UP^XLFSTR(\$\$GETFAC^IBCEP8(BPZ,0,1)) . S BPAD2=\$\$UP^XLFSTR(\$\$GETFAC^IBCEP8(BPZ,0,2)) . S BPCITY=\$\$UP^XLFSTR(\$\$GETFAC^IBCEP8(BPZ,0,"3C")) . S BPST=\$\$UP^XLFSTR(\$\$GETFAC^IBCEP8(BPZ,0,"3S")) . S BPZIP=\$\$NOPUNCT^IBCEF(\$\$UP^XLFSTR(\$\$GETFAC^IBCEP8(BPZ,0,"3Z"))) . Q ; I BPNAME'=\$P(PTP,U,1) S DIFF=1 G DIFFX I BPAD1'=\$P(PTP,U,5) S DIFF=1 G DIFFX I BPAD2'=\$P(PTP,U,6) S DIFF=1 G DIFFX I BPCITY'=\$P(PTP,U,7) S DIFF=1 G DIFFX I BPST'=\$P(PTP,U,8) S DIFF=1 G DIFFX I BPZIP'=\$\$NOPUNCT^IBCEF(\$P(PTP,U,9)) S DIFF=1 G DIFFX DIFFX ; Q DIFF ; MAINPRV(IBTCFLAG) ; Return Pay-To provider information for main VAMC I '\$D(IBTCFLAG) S IBTCFLAG=0 N DATA,IBER,IEN4,PIEN,IBNODE S IBNODE=\$\$NODE^IBJPS4(IBTCFLAG) S (DATA,IBER)="",IEN4=+\$SITE^VASITE I 'IEN4 G MAINPRVX S PIEN=\$O(^IBE(350.9,1,IBNODE,"B",IEN4,"")) I 'PIEN G MAINPRVX I \$P(\$G(^IBE(350.9,1,IBNODE,PIEN,0)),U,5)'="" G MAINPRVX ; if this sub-entry is not a pay-to provider, then get out </pre>	

Routines	Activities
Routine Name	^IBJPS3
S DATA=\$\$PTG(PIEN,IBTCFLAG) MAINPRVX ; I DATA="" S IBER=IBER_"IB177;"\$,P(DATA,U,10)=IBER Q DATA ; ;	

Routines	Activities	
Routine Name	^IBJPS4	
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change	
RTM	2.6.10.1 – 2.6.10.7	
Related Options		
Related Routines	Routines “Called By”	Routines “Called”
	^IBJPS3	^DIC, ^DICN, ^DIE, ^DILF, ^DIQ, ^DIR, ^IBJPS3, ^VALM, ^VALM1, ^VALM10, ^XQORM1
Routines	Activities	
Data Dictionary (DD) References	IB SITE PARAMETERS File (#350.9)	
Related Protocols	IBJP IB TRICARE PAY-TO PROVIDERS MENU IBJP IB TRICARE PAY-TO PROVIDER ADD IBJP IB TRICARE PAY-TO PROVIDER DEL IBJP IB TRICARE PAY-TO PROVIDER EDIT IBJP IB TRICARE PAY-TO PROVIDER DIVISIONS IBJP IB TRICARE PAY-TO ASSOCIATIONS MENU IBJP IB TRICARE PAY-TO DIVISION ADD	
Related Integration Control Registrations (ICRs)		
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input checked="" type="checkbox"/> Both <input type="checkbox"/> Global Reference <input type="checkbox"/> Local	
Input Attribute Name and Definition	Name: Definition:	
Output Attribute Name and Definition	Name: Definition:	
Current Logic – ^IBJPS4		
IBJPS4 ;BP/YMG - IB Site Parameters, Pay-To Provider Associations ;06-Nov-2008 ;;2.0;INTEGRATED BILLING;**400**;;21-MAR-94;Build 52 ;;Per VHA Directive 2004-038, this routine should not be modified. :		

Routines	Activities
Routine Name	^IBJPS4
<pre> EN      ; -- main entry point for IBJP IB PAY-TO ASSOCIATIONS         ; select pay-to provider         D EN^VALM("IBJP IB PAY-TO ASSOCIATIONS")         S VALMBCK="R"         Q         ; HDR      ; -- header code         S VALMHDR(1)=" "         Q         ; INIT      ; -- init variables and list array         N DFLT,HASDIVS,IBCNT,IBLN,IBSTR,IEN4,PIEN,PROVS         S DFLT=\$\$GETDFLT^IBJPS3 D BLD(DFLT,PROVS)         I \$D(PROVS) D         ; create listman array         .S (IBCNT,IBLN)=0 S PIEN=" " F S PIEN=\$O(PROVS(PIEN)) Q:PIEN=" " D         ..S IBLN=IBLN+1         ..S IBSTR=\$\$SETSTR^VALM1(PROVS(PIEN)_\$\$(\$\$ISDFLT^IBJPS3(PIEN):" (Default)",1:""),",",2,75)         ..D SET^VALM10(IBLN,IBSTR)         ..S HASDIVS=0,IEN4=" " F S IEN4=\$O(PROVS(PIEN,IEN4)) Q:IEN4=" " D         ...S IBLN=IBLN+1,IBCNT=IBCNT+1 S:'HASDIVS HASDIVS=1         ...S IBSTR=\$\$SETSTR^VALM1(IBCNT,"",8,4)         ...S IBSTR=\$\$SETSTR^VALM1(\$P(PROVS(PIEN,IEN4),U,2),IBSTR,14,8)         ...S IBSTR=\$\$SETSTR^VALM1(\$P(PROVS(PIEN,IEN4),U),IBSTR,24,55)         ...D SET^VALM10(IBLN,IBSTR)         ...S @VALMAR@("ZIDX",IBCNT,IEN4)=" "         ...Q         ..I 'HASDIVS S IBSTR=\$\$SETSTR^VALM1("No Divisions found.",",",8,45) S IBLN=IBLN+1 D SET^VALM10(IBLN,IBSTR)         ..S IBLN=IBLN+1 D SET^VALM10(IBLN,"")         ..Q         .Q         I 'DFLT S IBLN=\$\$SET^IBJPS3(0,\$\$SETSTR^VALM1("No Default Pay-To Provider found.",",",11,40))         I DFLT,\$D(PROVS) S IBLN=\$\$SET^IBJPS3(0,\$\$SETSTR^VALM1("No Pay-To Providers found.",",",15,30))         S VALMCNT=IBLN,VALMBG=1         Q         ; HELP      ; -- help code         S X="?" D DISP^XQORM1 W !!         Q         ; EXIT      ; -- exit code         D CLEAR^VALM1,CLEAN^VALM10         Q         ; </pre>	

Routines	Activities
Routine Name	^IBJPS4
<pre> BLD(DFLT,PROVS) ; build array of pay-to providers and divisions   N ALLDIVS,DIEN,DIVDATA,I,IB0,IEN4,PIEN   I DFLT&gt;0 Q   ; create list of all pay-to providers   S I=0 F S I=\$O(^IBE(350.9,1,19,I)) Q:'I D   .S IB0=\$G(^IBE(350.9,1,19,I,0)) I 'IB0 Q   .I \$P(IB0,U,5)=" S PROVS(I)=\$P(IB0,U,2)   .Q   I \$D(PROVS) D   .; add divisions to the list   .D LIST^DIC(40.8,,"@;.01;.07I","PQ",,,,,,"ALLDIVS")   .I \$D(ALLDIVS) S I=0 F S I=\$O(ALLDIVS("DILIST",I)) Q:I="" D   .. ; make sure that we have a file 4 ien to work with   ..S DIVDATA=\$G(ALLDIVS("DILIST",I,0)),IEN4=\$P(DIVDATA,U,3) I IEN4="" Q   ..S DIEN=\$O(^IBE(350.9,1,19,"B",IEN4,""))   ..; if there is an entry in 350.9 for this division, get corresponding pay-to provider   ..; otherwise, use default pay-to provider   ..S PIEN=\$S(DIEN:\$GETPROV(DIEN),1:DFLT)   ..; add this division to the list as division name ^ station number   ..S PROVS(PIEN,IEN4)=\$P(DIVDATA,U,2)_U_\$GET1^DIQ(4,IEN4,99)   ..Q   .Q   D CLEAN^DILF   Q   ; SEL() ; select division ; returns ien of selected division, or 0 if nothing is selected N DIR,IEN,MAX,X,Y S IEN=0,MAX=+\$O(@VALMAR@("ZIDX",""),-1) I MAX&gt;0 D .S:MAX=1 Y=1 I MAX&gt;1 S DIR("A")="Select Division (1- "_MAX_"):" ",DIR(0)="NA^_1_":"_MAX_":0" D ^DIR .S:+Y&gt;0 IEN=\$O(@VALMAR@("ZIDX",Y,"")) .Q Q +IEN ; DIVADD ; associate division with a pay-to provider N DA,DFLT,DIC,DIE,DIEN,DIR,DNAME,DR,IEN4,IEN19,Y D FULL^VALM1 S VALMBCK="R" S IEN4=\$\$SEL I IEN4&gt;0 D .S IEN19=\$O(^IBE(350.9,1,19,"B",IEN4,"")) I IEN19="" D ..; create a new entry in 350.9 ..S DIEN=\$\$FIND1^DIC(40.8,,"QX",IEN4,"AD") I 'DIEN Q ..S DNAME=\$\$GET1^DIQ(40.8,DIEN,.01),DFLT=\$\$GETDFLT^IBJPS3 I 'DFLT Q ..I IEN4=+\$G(^IBE(350.9,1,19,DFLT,0)) D ERR Q ..S DIC=^IBE(350.9,1,19,"",DIC(0)="L",DIC("DR")=".02////" _DNAME_";.05////" _DFLT,X=IEN4,DLAY </pre>	

Routines	Activities
Routine Name	^IBJPS4
GO=350.9,DA(1)=1 ..K DD,DO D FILE^DICN I +Y>0 S IEN19=+Y ..K DIC,DD,DO,DLAYGO ..Q .I +IEN19>0 D ..I \$P(\$G(^IBE(350.9,1,19,IEN19,0)),U,5)=" D ERR Q ..S DIR(0)="P^IBE(350.9,1,19,:M",DIR("S")="I \$P(^0),U,5)="" ..S DA(1)=1,DIR("A")="Select Pay-To Provider" D ^DIR ..I +Y>0 S DIE="^IBE(350.9,1,19,"DA=IEN19,DA(1)=1,DR=".05///" _+Y D ^DIE .Q D CLEAN^VALM10,CLEAN^DILF,INIT Q ; ERR ; N DIR S DIR("A",1)="A division used as a Pay-to Provider can not be associated" S DIR("A",2)="with another Pay-to Provider." S DIR("A")="Press RETURN to continue: " S DIR(0)="EA" D ^DIR Q ; GETPROV(PIEN) ; return pay-to provider ien for a given division, or 0 if provider can't be found ; PIEN has to be a valid ien in pay-to providers sub-file ; N PRVZ,NXTPIEN,OUT S PRVZ(PIEN)="" ; this array holds ien's to prevent infinite chain S OUT=0 F S NXTPIEN=+\$P(\$G(^IBE(350.9,1,19,PIEN,0)),U,5) D Q:OUT ; .I 'NXTPIEN S OUT=1 Q ; no parent - this is pay-to provider .I \$D(PRVZ(NXTPIEN)) S PIEN=0,OUT=1 Q ; we are in an infinite loop, so get out .S PIEN=NXTPIEN,PRVZ(NXTPIEN)="" ; parent exists, so continue the loop .Q Q PIEN ; GETDIVS(PIEN,DIVS) ; return array of divisions associated with pay-to provider PIEN N I,DIV,PPROV S I="" F S I=\$O(^IBE(350.9,1,19,"B",I)) Q:I="" D .S DIV=\$O(^IBE(350.9,1,19,"B",I,"")) .Q:+DIV'>0 S PPROV=\$\$GETPROV(DIV) .I PPROV=PIEN,DIV'=PIEN S DIVS(DIV)=\$P(\$G(^IBE(350.9,1,19,DIV,0)),U,2) .Q Q SCRN4(IEN) ; Screen for INSTITUTION(#4) file N DIERR,IENS,FIELDS,Z,ZERR S IENS=+IEN_"",FIELDS="11;13;101" D GETS^DIQ(4,IENS,FIELDS,"IE","Z","ZERR") I \$D(DIERR) Q 0 ;Check to see if National I Z(4,IENS,11,"I")="N" Q 0	

Routines	Activities
Routine Name	^IBJPS4
;Check to see if Inactive I Z(4,IENS,101,"I") Q 0 ;Check to see if Pharmacy I "^PHARM^CMOP^MSN^"[(U_Z(4,IENS,13,"E")_U) Q 0 ;Default Q 1	

Modified Logic (Changes are in bold) – ^IBJPS4
IBJPS4 ;BP/YMG - IB Site Parameters, Pay-To Provider Associations ;06-Nov-2008 ;;2.0;INTEGRATED BILLING;**400**;21-MAR-94;Build 52 ;;Per VHA Directive 2004-038, this routine should not be modified. ; EN ; -- main entry point for IBJP IB PAY-TO ASSOCIATIONS ; select pay-to provider D EN^VALM("IBJP IB PAY-TO ASSOCIATIONS") S VALMBCK="R" Q ; ENTC ; -- main entry point for IBJP IB TRICARE PAY-TO ASSOCS ; select TRICARE pay-to provider D EN^VALM("IBJP IB TRICARE PAY-TO ASSOCS") S VALMBCK="R" Q ; HDR ; -- header code S VALMHDR(1)="" Q ; INIT( <b>IBTCFLAG</b> ) ; -- init variables and list array N DFLT,HASDIVS,IBCNT,IBLN,IBSTR,IEN4,PIEN,PROVS S DFLT=\$\$GETDFLT^IBJPS3( <b>IBTCFLAG</b> ) D BLD(DFLT,.PROVS, <b>IBTCFLAG</b> ) I \$D(PROVS) D ; create listman array .S (IBCNT,IBLN)=0 S PIEN="" F S PIEN=\$O(PROVS(PIEN)) Q:PIEN="" D ..S IBLN=IBLN+1 ..S IBSTR=\$\$SETSTR^VALM1(PROVS(PIEN)_\$\$(\$\$ISDFLT^IBJPS3(PIEN, <b>IBTCFLAG</b> ):" (Default)",1:""),",",2,75) ..D SET^VALM10(IBLN,IBSTR) ..S HASDIVS=0,IEN4="" F S IEN4=\$O(PROVS(PIEN,IEN4)) Q:IEN4="" D ...S IBLN=IBLN+1,IBCNT=IBCNT+1 S:'HASDIVS HASDIVS=1 ...S IBSTR=\$\$SETSTR^VALM1(IBCNT,"",8,4) ...S IBSTR=\$\$SETSTR^VALM1(\$P(PROVS(PIEN,IEN4),U,2),IBSTR,14,8) ...S IBSTR=\$\$SETSTR^VALM1(\$P(PROVS(PIEN,IEN4),U),IBSTR,24,55) ..D SET^VALM10(IBLN,IBSTR) ...S @VALMAR@("ZIDX",IBCNT,IEN4)="" ...Q ..I 'HASDIVS S IBSTR=\$\$SETSTR^VALM1("No Divisions found.",",",8,45) S IBLN=IBLN+1



Modified Logic (Changes are in bold) – ^IBJPS4

```

D SET^VALM10(IBLN,IBSTR)
  ..S IBLN=IBLN+1 D SET^VALM10(IBLN,"")
  ..Q
  .Q
  I'DFLT S IBLN=$$SET^IBJPS3(0,$$SETSTR^VALM1("No Default
  "_$$$(IBTCFLAG:"TRICARE ",1:"")_"Pay-To Provider found.", "",11,40))
  I DFLT,$D(PROVS) S IBLN=$$SET^IBJPS3(0,$$SETSTR^VALM1("No
  "_$$$(IBTCFLAG:"TRICARE ",1:"")_"Pay-To Providers found.", "",15,30))
  S VALMCNT=IBLN,VALMBG=1
  Q
  ;
HELP      ; -- help code
  S X="?" D DISP^XQORM1 W !!
  Q
  ;
EXIT      ; -- exit code
  D CLEAR^VALM1,CLEAN^VALM10
  Q
  ;
BLD(DFLT,PROVS,IBTCFLAG) ; build array of pay-to providers and divisions
  N ALLDIVS,DIEN,DIVDATA,I,IB0,IEN4,PIEN,IBNODE
  I DFLT>0 Q
  S IBNODE=$$NODE(IBTCFLAG)
  ;
  ; create list of all pay-to providers
  S I=0 F S I=$O(^IBE(350.9,1,IBNODE,I)) Q:'I D
  .S IB0=$G(^IBE(350.9,1,IBNODE,I,0)) I 'IB0 Q
  .I $P(IB0,U,5)=" S PROVS(I)=$P(IB0,U,2)
  .Q
  I $D(PROVS) D
  .; add divisions to the list
  .D LIST^DIC(40.8,,"@;.01;.07I","PQ",,,,,,"ALLDIVS")
  .I $D(ALLDIVS) S I=0 F S I=$O(ALLDIVS("DILIST",I)) Q:I="" D
  ..; make sure that we have a file 4 ien to work with
  ..S DIVDATA=$G(ALLDIVS("DILIST",I,0)),IEN4=$P(DIVDATA,U,3) I IEN4="" Q
  ..S DIEN=$O(^IBE(350.9,1,IBNODE,"B",IEN4,""))
  ..; if there is an entry in 350.9 for this division, get corresponding pay-to provider
  ..; otherwise, use default pay-to provider
  ..S PIEN=$S(DIEN:$GGETPROV(DIEN,IBTCFLAG),1:DFLT)
  ..; add this division to the list as division name ^ station number
  ..S PROVS(PIEN,IEN4)=$P(DIVDATA,U,2)_U_$$GET1^DIQ(4,IEN4,99)
  ..Q
  .Q
  D CLEAN^DILF
  Q
  ;
SEL()      ; select division
  ; returns ien of selected division, or 0 if nothing is selected
  N DIR,IEN,MAX,X,Y

```

Modified Logic (Changes are in bold) – ^IBJPS4

```

S IEN=0,MAX=+$O(@VALMAR@("ZIDX",""),-1)
I MAX>0 D
.S:MAX=1 Y=1 I MAX>1 S DIR("A")="Select Division (1- "_MAX_"):"
",DIR(0)="NA^"_1_":"_MAX_":0" D ^DIR
.S:+Y>0 IEN=$O(@VALMAR@("ZIDX",Y,""))
.Q
Q +IEN
;
DIVADD(IBTCFLAG) ; associate division with a pay-to provider
N DA,DFLT,DIC,DIE,DIEN,DIR,DNAME,DR,IEN4,IEN19,Y,IBNODE
S IBNODE=$$NODE(IBTCFLAG)
;
D FULL^VALM1
S VALMBCK="R"
S IEN4=$$SEL I IEN4>0 D
.S IEN19=$O(^IBE(350.9,1,IBNODE,"B",IEN4,"")) I IEN19="" D
..; create a new entry in 350.9
..S DIEN=$$FIND1^DIC(40.8,,"QX",IEN4,"AD") I 'DIEN Q
..S DNAME=$$GET1^DIQ(40.8,DIEN,.01),DFLT=$$GETDFLT^IBJPS3(IBTCFLAG) I
'DFLT Q
..I IEN4=+$G(^IBE(350.9,1,IBNODE,DFLT,0)) D ERR Q
..S DIC="^IBE(350.9,1,"_IBNODE_",",
DIC(0)="L",DIC("DR")=".02////" _DNAME_";.05////" _DFLT,X=IEN4,DLAYGO=350.9,DA(1)=1
..K DD,DO D FILE^DICN I +Y>0 S IEN19=+Y
..K DIC,DD,DO,DLAYGO
..Q
.I +IEN19>0 D
..I $P($G(^IBE(350.9,1,IBNODE,IEN19,0)),U,5)="" D ERR Q
..S DIR(0)="P^IBE(350.9,1,"_IBNODE_",":M",DIR("S")="I $P(^0,U,5)="""
..S DA(1)=1,DIR("A")="Select "_$$S(IBTCFLAG:"TRICARE",1:"")_"Pay-To Provider"
..D ^DIR
..I +Y>0 S DIE="^IBE(350.9,1,"_IBNODE_",",DA=IEN19,DA(1)=1,DR=".05////" _+Y D ^DIE
.Q
D CLEAN^VALM10,CLEAN^DILF,INIT(IBTCFLAG)
Q
;
ERR ;
N DIR
S DIR("A",1)="A division used as a Pay-to Provider can not be associated"
S DIR("A",2)="with another Pay-to Provider."
S DIR("A")="Press RETURN to continue: "
S DIR(0)="EA" D ^DIR
Q
;
GETPROV(PIEN,IBTCFLAG) ; return pay-to provider ien for a given division, or 0 if provider
can't be found
; PIEN has to be a valid ien in pay-to providers sub-file
;
N PRVZ,NXTPIEN,OUT,IBNODE

```

Modified Logic (Changes are in bold) – ^IBJPS4

```

S PRVZ(PIEN)=""; this array holds ien's to prevent infinite chain
S IBNODE=$$NODE(IBTCFLAG)
S OUT=0 F S NXTPIEN=+$P($G(^IBE(350.9,1,IBNODE,PIEN,0)),U,5) D Q:OUT ;
.I 'NXTPIEN S OUT=1 Q ; no parent - this is pay-to provider
.I $D(PRZ(NXTPIEN)) S PIEN=0,OUT=1 Q ; we are in an infinite loop, so get out
.S PIEN=NXTPIEN,PRVZ(NXTPIEN)=""; parent exists, so continue the loop
.Q
Q PIEN
;
GETDIVS(PIEN,DIVS,IBTCFLAG) ; return array of divisions associated with pay-to provider
PIEN
N I,DIV,PPROV,IBNODE
S IBNODE=$$NODE(IBTCFLAG)
S I="" F S I=$O(^IBE(350.9,1,IBNODE,"B",I)) Q:I="" D
.S DIV=$O(^IBE(350.9,1,IBNODE,"B",I,""))
.Q:+DIV'>0 S PPROV=$$GETPROV(DIV,IBTCFLAG)
.I PPROV=PIEN,DIV=PIEN S DIVS(DIV)=$P($G(^IBE(350.9,1,IBNODE,DIV,0)),U,2)
.Q
Q
;
NODE(IBTCFLAG) ; Determine appropriate pay-to provide node within ^IBE(350.9).
; '29' for TRICARE, otherwise '19'.
Q $$ (IBTCFLAG:29,1:19)
;
SCRN4(IEN) ; Screen for INSTITUTION(#4) file
N DIERR,IENS,FIELDS,Z,ZERR
S IENS=+IEN_"",FIELDS="11;13;101"
D GETS^DIQ(4,IENS,FIELDS,"IE","Z","ZERR")
I $D(DIERR) Q 0
;Check to see if National
I Z(4,IENS,11,"I")="N" Q 0
;Check to see if Inactive
I Z(4,IENS,101,"I") Q 0
;Check to see if Pharmacy
I "^PHARM^CMOP^MSN^[(U_Z(4,IENS,13,"E")_U) Q 0
;Default
Q 1
;
TRICARE(IBIFN) ; Determine whether this bill/claim is TRICARE or not.
; Return '1' if TRICARE, '0' if not. There are two rate types that
; should return '1': TRICARE and TRICARE REIMB. INS.
;
;
I '$G(IBIFN) Q 0
N IBRATE
S IBRATE=$P(^DGCR(399,IBIFN,0),U,7)
I 'IBRATE Q 0
I $P(^DGCR(399.3,IBRATE,0),U) ["TRICARE" Q 0
;
; At this point, the claim has a rate type of TRICARE or TRICARE

```

Modified Logic (Changes are in bold) – ^IBJPS4

```
; REIMB. INS. However, quit with a '1' only if a default TRICARE-  
; specific pay-to provider is defined. Otherwise, quit with a '0'.  
;  
I $$GETDFLT^IBJPS3(1) Q 1  
Q 0
```

**6.2.2.2.10.2. Functional Requirement: Default TRICARE Pay-to Provider Associations**

The IB System shall automatically associate all divisions of the VAMC with the default TRICARE Pay-to Provider.

See Section 6.2.2.2.10.1 above, which describes new List Templates and Protocols, and changes to existing List Templates, Protocols and Routines, to satisfy this requirement.

**6.2.2.2.10.3. Functional Requirement: Additional TRICARE Pay-to Providers**

The IB System shall provide the ability for users to define additional non-default Pay-to Providers for TRICARE claims with the following data:

- Pay-to Provider from the Institution file
- Pay-to Provider Name – default from Institution file
- Pay-to Provider Address Line 1 – default from Institution file
- Pay-to Provider Address Line 2 – default from Institution file
- Pay-to Provider City – default from Institution file
- Pay-to Provider State – default from Institution file
- Pay-to Provider Zip Code – default from Institution file
- Pay-to Provider Phone Number:
- Pay-to Provider Federal Tax ID Number
- Default Flag

See Section 6.2.2.2.10.1 above, which describes new List Templates and Protocols, and changes to existing List Templates, Protocols and Routines, to satisfy this requirement.

**6.2.2.2.10.4. Functional Requirement: Associate Division(s) with TRICARE Pay-to Provider**

The IB System shall provide the ability for users to associate one or more divisions of the medical center with additional non-default Pay-to Providers for TRICARE claims.

See Section 6.2.2.2.10.1 above, which describes new List Templates and Protocols, and changes to existing List Templates, Protocols and Routines, to satisfy this requirement.

**6.2.2.2.10.5. Functional Requirement: Edit a TRICARE Pay-to Provider**

The IB System shall provide the ability for users to edit a TRICARE Pay-to Provider.

See Section 6.2.2.2.10.1 above, which describes new List Templates and Protocols, and changes to existing List Templates, Protocols and Routines, to satisfy this requirement.

#### 6.2.2.2.10.6. Functional Requirement: Delete a TRICARE Pay-to Provider

The IB System shall provide the ability for users to delete a TRICARE Pay-to Provider.

See Section 6.2.2.2.10.1 above, which describes new List Templates and Protocols, and changes to existing List Templates, Protocols and Routines, to satisfy this requirement.

#### 6.2.2.2.10.7. Functional Requirement: Re-associate Divisions - Delete TRICARE Pay-to Provider

The IB System shall automatically re-associate all divisions associated with a deleted TRICARE Pay-to Provider with the default provider.

See Section 6.2.2.2.10.1 above, which describes new List Templates and Protocols, and changes to existing List Templates, Protocols and Routines, to satisfy this requirement.

#### 6.2.2.2.10.8. Functional Requirement: TRICARE Pay-to Provider Security Key

The IB System shall provide a Security Key to allow users to access the capability to define TRICARE Pay-to Provider(s).

##### 6.2.2.2.10.8.1. New Security Key

Security Keys	Activities
Security Key Name	IB EDIT PAY-TO TC
Enhancement Category	<input checked="" type="checkbox"/> New <input type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change
Related Options	
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output <input type="checkbox"/> Both <input type="checkbox"/> Global Reference <input type="checkbox"/> Local Reference
Security Key Description	This key allows a user to edit the TRICARE-specific pay-to provider information under IB Site Parameters.

#### 6.2.2.2.10.9. Functional Requirement: Pay-to Provider Security Key

The IB System shall provide a Security Key to allow users to access the capability to define Pay-to Provider(s).

##### 6.2.2.2.10.9.1. New Security Key

Security Keys	Activities
Security Key Name	IB EDIT PAY-TO
Enhancement Category	<input checked="" type="checkbox"/> New <input type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change
Related Options	
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output <input type="checkbox"/> Both <input type="checkbox"/> Global Reference <input type="checkbox"/> Local Reference

Security Keys	Activities
Security Key Description	This key allows a user to edit the pay-to provider information under IB Site Parameters.

#### 6.2.2.2.10.9.2.

#### Protocols to be Modified by the Design

Protocol Name	IBJP IB PAY-TO PROVIDERS MENU
IEN	4288
Item Text	TRICARE Pay-To Providers Menu
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change
Associated Protocols	IBJP IB PAY-TO PROVIDER ADD IBJP IB PAY-TO PROVIDER DEL IBJP IB PAY-TO PROVIDER EDIT IBJP IB PAY-TO PROVIDER DIVISIONS VALM QUIT
Protocol Type	<input type="checkbox"/> Action <input checked="" type="checkbox"/> Menu <input type="checkbox"/> Protocol <input type="checkbox"/> Protocol Menu <input type="checkbox"/> Limited Protocol <input type="checkbox"/> Extended Action <input type="checkbox"/> Dialog <input type="checkbox"/> Other
Package	INTEGRATED BILLING
Associated Routine	^IBJPS3
Header	D SHOW^VALM
Screen	I \$D(^XUSEC("IB EDIT PAY-TO",DUZ))

#### 6.2.2.2.11. System Feature: View Cancelled Claim

##### 6.2.2.2.11.1. Functional Requirement: View Cancelled Claim

The IB System shall provide the ability for users to view the non-computed data stored in the Bill/Claim file (file 399) for a Cancelled claim.

##### 6.2.2.2.11.1.1.

#### Options

Options	Activities
Option Name	VCB
Enhancement Category	<input checked="" type="checkbox"/> New <input type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change
Associated Menu Options that will invoke this reference	Billing Supervisor Menu/Third Party Billing Menu
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output <input type="checkbox"/> Both <input type="checkbox"/> Global Reference <input type="checkbox"/> Local Reference

Options	Activities
Menu Text Description	View Cancelled Bill
Option Type	<input type="checkbox"/> Edit <input type="checkbox"/> Print <input type="checkbox"/> Menu <input type="checkbox"/> Inquire <input checked="" type="checkbox"/> Action <input type="checkbox"/> Run Routine <input type="checkbox"/> Other
Associated Routine	IBVCB
Option Definition	This option will allow the user to select and view a bill that is in CANCELLED status.
Current Entry Action Logic	
D NX^IBVCB	
Modified Entry Action Logic (Changes are in bold)	
Current Exit Action Logic	
Modified Exit Action Logic (Changes are in bold)	

#### 6.2.2.2.11.1.2.

#### Routines

Routines	Activities	
Routine Name	IBVCB	
Enhancement Category	<input checked="" type="checkbox"/> New <input type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change	
RTM	2.6.11.1	
Related Options	VCB	
Related Routines	Routines "Called By"	Routines "Called"
		IBCVB1
Routines	Activities	
Data Dictionary (DD) References		
Related Protocols	IBJT VCB	

Routines	Activities
Routine Name	IBVCB
Related Integration Control Registrations (ICRs)	
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input type="checkbox"/> Both <input type="checkbox"/> Global Reference <input type="checkbox"/> Local
Input Attribute Name and Definition	Name: Definition:
Output Attribute Name and Definition	Name: Definition:
Current Logic	
N/A	
Modified Logic (Changes are in bold)	
<pre> IBVCB ;LITS/EJK - IB VIEW CANCELLED CLAIM ;04-APRIL-2014 ;;2.0;INTEGRATED BILLING;**516**;21-MAR-94;Build 80 ;;Per VHA Directive 2004-038, this routine should not be modified. ; EN ;MAIN ENTRY POINT Q:\$G(IBFN)=" K ^UTILITY("DIQ1",\$J) D GCD D CHIRD D AMB K ^UTILITY("DIQ1",\$J) Q ; HDR ; -- header code D TITLE S VALMHDR(1)=\$G(^UTILITY("DIQ1",\$J,399,IBFN,.02,"E"))_"_"\$E(IBSSN,1,3)_"-" "\$E(IBSSN,4,5)_"_"\$E(IBSSN,6,9)_"_"\$G(^UTILITY("DIQ1",\$J,399,IBFN,.01,"E")) ;N X S X=\$\$PT^IBEFUNC(+\$G(DFN)) ;S VALMHDR(1)=\$P(X,U,1) I \$P(X,U,3)="" S VALMHDR(1)=VALMHDR(1)_ "\$E(X,1)\$P(X,U,3) ;S VALMHDR(1)=VALMHDR(1)_\$(IBHMSG,(80-\$L(VALMHDR(1)))) ; IB*2.0*451 - explanation of EEOB indicator '%' for user S VALMSG=" r Referred * MT on Hold  + Multi Carriers % EEOB " Q ; INIT ; N DIC,DR,DA,DIQ,IBSSN,I,IBLCT S IBLCT=0 D EN </pre>	



Routines	Activities
Routine Name	IBVCB
Modified Logic (Changes are in bold)	
<pre> <b>Q</b> ; <b>TITLE ;</b> <b>S DIC="^DGCR(399,"DA=IBIFN,DR=".02",DIQ(0)="IEN"</b> <b>D EN^DIQ1</b> <b>S DA=\$G(^UTILITY("DIQ1",\$J,399,IBIFN,.02,"I"))</b> <b>I DA]" S DIC="^DPT(",DR=".09"</b> <b>D EN^DIQ1</b> <b>S IBSSN=\$G(^UTILITY("DIQ1",\$J,2,DA,.09))</b> <b>S DIC="^DGCR(399,"DA=IBIFN,DR=".01",DIQ(0)="IEN"</b> <b>D EN^DIQ1</b> <b>Q</b> ;  <b>GCD ; GENERAL CLAIM DATA</b> <b>S DIC="^DGCR(399,"DA=IBIFN,DR=".17;.03;.07;.11;244;111;.06;.22;.27;156;.04;162;161;.05;.19;151;152;"</b> <b>S DR=DR "155;157;158;159;159.5;215;160;221;216;217;165;170;166;167;.21;.18;.13;.14;.15;.08;.09;"S DR=DR_ ".04;.05;.06;.16;242;235;238;27;28;260;263;264;266;267;283;282;285;257;284"</b> <b>S DIQ(0)="IEN"</b> <b>D EN^DIQ1</b> <b>D PGCD^IBVCB1</b> <b>Q</b> ;  <b>CHIRD ;CHIRPORACTIC DATA</b> <b>S DIC="^DGCR(399,"DA=IBIFN,DR="246;245;247;248"</b> <b>S DIQ(0)="IEN"</b> <b>D EN^DIQ1</b> <b>D PCHIRD^IBVCB1</b> <b>Q</b> ;  <b>AMB ;AMBULANCE DATA</b> <b>S DIC="^DGCR(399,"DA=IBIFN,DR="271;278;287;289;288;290;291"</b> <b>S DIQ(0)="IEN"</b> <b>D EN^DIQ1</b> <b>D PAMB^IBVCB1</b> <b>Q</b> ;  <b>NX ; -- IBJT CLAIM SCREEN INACTIVE action: go to next screen template</b> <b>; get user bill selection from Inactive Bills list then open Claim Info screen for that bill</b> ; <b>N VALMY,IBSELN,IBIFN</b> <b>D EN^VALM2(\$G(XQORNOD(0)))</b> </pre>	

Routines	Activities
Routine Name	IBVCB
Modified Logic (Changes are in bold)	
<pre> I \$D(VALMY) S IBSELN=0 F S IBSELN=\$O(VALMY(IBSELN)) Q:'IBSELN D . S IBIFN=\$P(\$G(^TMP("IBJTLBX",\$J,IBSELN)),U,2) . I +IBIFN D EN^VALM("IBJT VCB") S VALMBCK="R" Q SET1(IBLCT,TEXT,IBCT) ; S IBLCT=IBLCT+1 D SET^VALM10(IBLCT,TEXT,\$G(IBCT)) Q </pre>	

Routines	Activities	
Routine Name	IBVCB1	
Enhancement Category	<input checked="" type="checkbox"/> New <input type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change	
RTM	2.6.11.1	
Related Options	VCB	
Related Routines	Routines "Called By"	Routines "Called"
	IBVCB	
Routines	Activities	
Data Dictionary (DD) References		
Related Protocols	IBJT VCB	
Related Integration Control Registrations (ICRs)		
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input type="checkbox"/> Both <input checked="" type="checkbox"/> Global Reference <input checked="" type="checkbox"/> Local	
Input Attribute Name and Definition	Name: Definition:	
Output Attribute Name and Definition	Name: Definition:	
Current Logic		
N/A		
Modified Logic (Changes are in bold)		

Routines	Activities
Routine Name	IBVCB1
IBVCB1 ;LITS/EJK - IB VIEW CANCELLED CLAIM ;04-APRIL-2014 ;;2.0;INTEGRATED BILLING;**516**;21-MAR-94;Build 80 ;;Per VHA Directive 2004-038, this routine should not be modified. ; ; IBVCB1 ; PGCD ;PRINT GENERAL CLAIM DATA D SET1^IBVCB(.IBLCT,"General Claim Data") D SET1^IBVCB(.IBLCT,"-----") D SET1^IBVCB(.IBLCT,"Primary Bill: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,.17,"E"))_ " _ "Event Date: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,.03,"E")) D SET1^IBVCB(.IBLCT,"Rate Type: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,.07,"E"))_ " _ "Outpt Visit Date: ") D SET1^IBVCB(.IBLCT,"Responsible Party: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,.11,"E"))_ " " _ "Service Fac. Taxonomy: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,244,"E")) D SET1^IBVCB(.IBLCT,"Responsible Institution: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,111,"E")) D SET1^IBVCB(.IBLCT,"Timeframe: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,.06,"E"))_ " " _ "Default Division: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,.22,"E")) D SET1^IBVCB(.IBLCT,"Charge Type: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,.27,"E"))_ " " _ "Assignment of Benefits: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,156,"E")) D SET1^IBVCB(.IBLCT,"LOC: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,.04,"E")) D SET1^IBVCB(.IBLCT,"D/C Status: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,162,"E"))_ " _ "D/C Bedsection: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,161,"E")) D SET1^IBVCB(.IBLCT,"Bill Classification: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,.05,"E"))_ " " _ "Form Type: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,.19,"E")) D SET1^IBVCB(.IBLCT,"Statement From: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,151,"E"))_ " " _ "Statement To: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,152,"E")) D SET1^IBVCB(.IBLCT,"Sensitive?: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,155,"E"))_ " _ "ROI Complete?: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,157,"E")) D SET1^IBVCB(.IBLCT,"Admission Type: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,158,"E"))_ " " _ "Admission Source: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,159,"E")) D SET1^IBVCB(.IBLCT,"Non-PTF Admission Hr.: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,159.5,"E"))_ " _ "Admitting DX: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,215,"E")) D SET1^IBVCB(.IBLCT,"Accident Hr.: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,160,"E"))_ " _ "Co- Insurance Days: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,221,"E")) D SET1^IBVCB(.IBLCT,"Covered Days: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,216,"E"))_ " " _ "Non-Covered Days: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,217,"E")) D SET1^IBVCB(.IBLCT,"Length of Stay: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,165,"E"))_ " " _ "PPS: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,170,"E")) D SET1^IBVCB(.IBLCT,"Unable to Work From: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,166,"E"))_ " _ "Unable to Work To: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,167,"E")) D SET1^IBVCB(.IBLCT,"Current Payer Seq.: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,.21,"E"))_ " " _ "SC: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,.18,"E"))	

Routines	Activities
Routine Name	IBVCB1
Modified Logic (Changes are in bold)	
<pre> D SET1^IBVCB(.IBLCT,"Status: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,.13,"E"))_ " _"Status Date: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,.14,"E"))) D SET1^IBVCB(.IBLCT,"Bill Copied From: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,.15,"E"))_ " _"PTF Record #: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,.08,"E"))) D SET1^IBVCB(.IBLCT,"Procedure Coding Method: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,.09,"E"))) D SET1^IBVCB(.IBLCT,"Bill Type: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,.04,"E"))_ " _"Non-VA D/C Date: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,.05,"E"))) D SET1^IBVCB(.IBLCT,"Mammography No.: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,.06,"E"))_ " _"CLIA No.: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,.16,"E"))) D SET1^IBVCB(.IBLCT,"Special Program Indicator: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,242,"E"))) D SET1^IBVCB(.IBLCT,"Forced to Print: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,27,"E"))_ " _"MRA Secondary Forced to Print: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,28,"E"))) D SET1^IBVCB(.IBLCT,"COB Total Non-Covered Amt: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,260,"E"))) D SET1^IBVCB(.IBLCT,"Disability Start Date: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,263,"E"))_ " _"Disability End Date: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,264,"E"))) D SET1^IBVCB(.IBLCT,"Prim Surgical Proc: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,266,"E"))_ " _"Sec Surgical Proc: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,267,"E"))) D SET1^IBVCB(.IBLCT,"Relinquish Care Date: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,283,"E"))_ " _"Assumed Care Date: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,282,"E"))) D SET1^IBVCB(.IBLCT,"Attachment Report Type: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,285,"E"))) D SET1^IBVCB(.IBLCT,"Attachment Report Transmit Method: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,257,"E"))) D SET1^IBVCB(.IBLCT,"Attachment Control No.: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,284,"E"))) D SET1^IBVCB(.IBLCT,"") Q ;  PCHIRD ;PRINT CHIROPRACTIC DATA D SET1^IBVCB(.IBLCT,"Chiropractic Data") D SET1^IBVCB(.IBLCT,"-----") D SET1^IBVCB(.IBLCT,"Initial TX Date: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,246,"E"))_ " _"Last XRAY Date: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,245,"E"))) D SET1^IBVCB(.IBLCT,"Acute Manifestation Date: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,247,"E"))_ " _"Condition Code: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,248,"E"))) D SET1^IBVCB(.IBLCT,"") Q ; </pre>	

Routines	Activities
Routine Name	IBVCB1
Modified Logic (Changes are in bold)	
PAMB ;PRINT AMBULANCE DATA D SET1^IBVCB(.IBLCT,"Ambulance Data") D SET1^IBVCB(.IBLCT,"-----") D SET1^IBVCB(.IBLCT,"P/U Address: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,271,"E")) _ "\$G(^UTILITY("DIQ1",\$J,399,IBIFN,272,"E")) _" "\$G(^UTILITY("DIQ1",\$J,399,IBIFN,273,"E")) _" "\$G(^UTILITY("DIQ1",\$J,399,IBIFN,274,"E")) _" "\$G(^UTILITY("DIQ1",\$J,399,IBIFN,275,"E"))) D SET1^IBVCB(.IBLCT,"D/O Location: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,276,"E"))) D SET1^IBVCB(.IBLCT,"D/O Address: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,277,"E"))) D SET1^IBVCB(.IBLCT,"Pt. Weight: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,287,"E")) _" " "Transport Distance: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,289,"E"))) D SET1^IBVCB(.IBLCT,"Transport Reason: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,288,"E"))) D SET1^IBVCB(.IBLCT,"R/T Purpose: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,290,"E"))) D SET1^IBVCB(.IBLCT,"Stretcher Purpose: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,291,"E"))) D SET1^IBVCB(.IBLCT,"Ambulance Condition: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,304,"E"))) D SET1^IBVCB(.IBLCT,"Ambulance Condition: " \$G(^UTILITY("DIQ1",\$J,399,IBIFN,304,"E"))) D SET1^IBVCB(.IBLCT,"Ambulance Condition: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,304,"E"))) D SET1^IBVCB(.IBLCT,"Ambulance Condition: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,304,"E"))) D SET1^IBVCB(.IBLCT,"Ambulance Condition: " _\$G(^UTILITY("DIQ1",\$J,399,IBIFN,304,"E"))) D SET1^IBVCB(.IBLCT,"") Q	

#### 6.2.2.2.12. System Feature: Miscellaneous Existing Requirements

The following requirements exist and either require correction, modification or deletion along with the existing functionality.

##### 6.2.2.2.12.1. Correct - FEAT604 Functional Requirement: Transmit Property\_Casualty Claim Number

The IB system shall transmit the following data with a Professional 837 claim transmission when a Property/Casualty Claim Number is present on a claim (2010CA REF01, REF02):

- Y4 - Agency Claim Number Qualifier
- Property Casualty Claim Number

##### 6.2.2.2.12.1.1. Unique Record

File 364.7 IEN 1674

Field Name(s)	Current Value	New Value
---------------	---------------	-----------

Field Name(s)	Current Value	New Value
FORMAT CODE :	S IBXDATA=\$S ( IBXDATA ] " " : "Y4" , 1 : " " )	S IBXDATA=\$S ( \$TR ( IBXDATA , " " ) ] " " : "Y4" , 1 : " " )

#### 6.2.2.2.12.2. *Delete* – FEAT435 Functional Requirement: VAMC as Billing Provider

The VistA IB system shall provide the ability for authorized users to designate by insurance company and form type, that the Billing Provider will always be the main facility (VAMC) on claims to the payer.

#### 6.2.2.2.12.2.1. Routines

Routines	Activities				
Routine Name	IBCNSC1				
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change				
RTM	2.6.12.2				
Related Options					
Related Routines	Routines "Called By"	Routines "Called"			
		DIC, DIQ, IBCEP, IBCEP2B, IBCEP7, IBCNSC, IBCNSC0, IBCNSC02, IBCNSC2, IBCNSP, IBTRCD1, IBTRE, VALM1, XUSRB			
Routines	Activities				
Data Dictionary (DD) References					
Related Protocols					
Related Integration Control Registrations (ICRs)					
Data Passing	<input type="checkbox"/> Input	<input type="checkbox"/> Output Reference	<input type="checkbox"/> Both	<input type="checkbox"/> Global Reference	<input type="checkbox"/> Local
Input Attribute Name and Definition	Name: Definition:				
Output Attribute Name and Definition	Name: Definition:				
Current Logic					

Routines	Activities
Routine Name	IBCNSC1
<pre> S TEXT="Use Att/Rend ID as Billing Provider Sec. ID (UB-04): "_\$EXPAND^IBTRE(36,4.08,\$P(IBCNS4,U,8)) S LINE=LINE+1 D SET^IBCNSP(LINE,OFFSET,TEXT) ; <b>S TEXT="Always use main VAMC as Billing Provider (1500)?:</b> <b>"_\$EXPAND^IBTRE(36,4.11,\$P(IBCNS4,U,11))</b> <b>S LINE=LINE+1</b> <b>D SET^IBCNSP(LINE,OFFSET,TEXT)</b> ; <b>S TEXT="Always use main VAMC as Billing Provider (UB-04)?:</b> <b>"_\$EXPAND^IBTRE(36,4.12,\$P(IBCNS4,U,12))</b> <b>S LINE=LINE+1</b> <b>D SET^IBCNSP(LINE,OFFSET,TEXT)</b> ; I \$P(IBCNS4,U,11)!(\$P(IBCNS4,U,12)) D .S TEXT="Send VA Lab/Facility IDs or Facility Data for VAMC?: "_\$EXPAND^IBTRE(36,4.07,\$P(IBCNS4,U,7)) .S LINE=LINE+1 .D SET^IBCNSP(LINE,OFFSET,TEXT) .; </pre>	
Modified Logic (Changes are in bold)	
<pre> S TEXT="Use Att/Rend ID as Billing Provider Sec. ID (UB-04): "_\$EXPAND^IBTRE(36,4.08,\$P(IBCNS4,U,8)) S LINE=LINE+1 D SET^IBCNSP(LINE,OFFSET,TEXT) ; I \$P(IBCNS4,U,11)!(\$P(IBCNS4,U,12)) D .S TEXT="Send VA Lab/Facility IDs or Facility Data for VAMC?: "_\$EXPAND^IBTRE(36,4.07,\$P(IBCNS4,U,7)) .S LINE=LINE+1 .D SET^IBCNSP(LINE,OFFSET,TEXT) .; </pre>	

#### 6.2.2.2.12.2.2.

#### Templates

Templates	Description
Template Name	IBEDIT INS CO1
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change
RSD	2.6.12.2
Template Type	<input type="checkbox"/> Sort <input type="checkbox"/> Input <input type="checkbox"/> Print <input type="checkbox"/> Other
Related Options	

Related Routines	Routines "Called By"	Routines "Called"
	IBCNSC1	IBCNSC, XUSRB
Routines	Description	
Data Dictionary (DD) References		
Global References		

Remove the following lines from the Template:

EDIT FIELDS (c): USE VAMC AS BILL PROV ON 1500//NO;"Always use main VAMC as Billing Provider (1500)?"  
 EDIT FIELDS (c): USE VAMC AS BILL PROV ON UB04//NO;"Always use main VAMC as Billing Provider (UB-04)?"

#### 6.2.2.2.12.3. *Change* – FEAT102 Functional Requirement: EDI Parameter Report

The VistA system shall provide the ability for users to view a report which includes the contents of the following fields in the Insurance Company file for all active entries:

- Insurance Company Name; and
- Insurance Company Address (Line 1, City and State); and
- Electronic Type; and
- Type of Coverage; and
- Electronic Transmit?; and
- Inst Electronic Bill ID; and
- Prof Electronic Bill ID; and
- Inst Use VAMC as Billing Provider - *Delete*
- Prof Use VAMC as Billing Provider – *Delete*
- HPID(s) - *Add*
- OEID(s) - *Add*

#### 6.2.2.2.12.3.1. Routines

Routines	Activities	
Routine Name	IBCNSGE	
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change	
RTM	2.6.12.3	
Related Options	IBCN INSURANCE EDI REPORT	
Related Routines	Routines "Called By"	Routines "Called"



Routines	Activities	
Routine Name	IBCNSGE	
		^%ZISC, ^%ZTLOAD, ^DIC, ^DILFD, ^DIR, ^IBCNEUT4, ^XLFDT, ^XLFSTR, ^XUTMDEVQ
Routines	Activities	
Data Dictionary (DD) References		
Related Protocols		
Related Integration Control Registrations (ICRs)		
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input type="checkbox"/> Both <input checked="" type="checkbox"/> Global Reference <input type="checkbox"/> Local	
Input Attribute Name and Definition	Name: Definition:	
Output Attribute Name and Definition	Name: Definition:	
Current Logic		
<pre> ; SORT ; Choose the sorting method NEW DIR,X,Y,DTOUT,DUOUT,DIRUT,DIROUT W !!?5, "*** Sort Criteria ***" <b>S DIR(0)="SO^1:Insurance Company Name;2:Prof Electronic Bill ID;3:Inst Electronic Bill ID;4:Electronic Type;5:Type Of Coverage;6:Use VAMC as Billing Provider"</b> S DIR("A")="Sort By",DIR("B")=1 D ^DIR K DIR I \$D(DIRUT) S STOP=1 G SORTX S IBRSORT=Y SORTX ; Q ; </pre>		
Modified Logic (Changes are in bold)		

Routines	Activities
Routine Name	IBCNSGE
<pre> ; SORT ; Choose the sorting method NEW DIR,X,Y,DTOUT,DUOUT,DIRUT,DIROUT W !!?5,"*** Sort Criteria ***" S DIR(0)="SO^1:Insurance Company Name;2:Prof Electronic Bill ID;3:Inst Electronic Bill ID;4:Electronic Type;5:Type Of Coverage " S DIR("A")="Sort By",DIR("B")=1 D ^DIR K DIR I \$D(DIRUT) S STOP=1 G SORTX S IBRSORT=Y SORTX ; Q ; </pre>	
Current Logic	

Routines	Activities
Routine Name	IBCNSGE
<pre> CALC(INS) ; extract insurance data for company ien=INS ; I '\$\$ACTIVE^IBCNEUT4(INS) G CALCX    ; not active S DATA=\$G(^DIC(36,INS,0)) S ADDR=\$G(^DIC(36,INS,.11)) <b>S EDI=\$G(^DIC(36,INS,3))</b> <b>S FLG=\$G(^DIC(36,INS,4))</b> <b>S FLGP=+\$P(FLG,U,11) ; prof switchback flag</b> <b>S FLGI=+\$P(FLG,U,12) ; inst switchback flag</b> <b>S PROFID=\$P(EDI,U,2)</b> <b>S INSTID=\$P(EDI,U,4)</b> ; I IBRBID,PROFID='',INSTID='', \$\$UP^XLFSTR(PROFID) ["PRNT", \$\$UP^XLFSTR(INSTID) ["PRNT" G CALCX ; S NAME=\$P(DATA,U,1) S:NAME="" NAME="~UNK" S STREET=\$P(ADDR,U,1) S CITY=\$P(ADDR,U,4) S STATE=+\$P(ADDR,U,5) S STATE=\$\$ (STATE:\$P(\$G(^DIC(5,STATE,0)),U,2),1:"") S TPCOV=\$\$EXTERNAL^DILFD(36,.13,,\$P(DATA,U,13)) S TRANS=\$\$EXTERNAL^DILFD(36,3.01,,\$P(EDI,U,1)) <b>S INSTYP=\$\$EXTERNAL^DILFD(36,3.09,,\$P(EDI,U,9))</b> <b>S SWBCK="~" ; default no switchback flags set; sort these at the end</b> <b>I FLGP,FLGI S SWBCK="BOTH"</b> <b>I FLGP,FLGI S SWBCK="PROF"</b> <b>I 'FLGP,FLGI S SWBCK="INST"</b> ; S SORT=" " I IBRSORT=1,NAME='' S SORT=" "_NAME I IBRSORT=2,PROFID='' S SORT=" "_PROFID I IBRSORT=3,INSTID='' S SORT=" "_INSTID I IBRSORT=4,INSTYP='' S SORT=" "_INSTYP <b>I IBRSORT=5,TPCOV='' S SORT=" "_TPCOV</b> <b>I IBRSORT=6,SWBCK='' S SORT=" "_SWBCK</b> ; S TMP=NAME_U_STREET_U_CITY_U_STATE_U_INSTYP_U_TPCOV_U_TRANS_U_INSTID_U_PR OFID_U_SWBCK S ^TMP(\$J,RTN,SORT,NAME,INS)=TMP CALCX ; Q ; </pre>	
Modified Logic (Changes are in bold)	

Routines	Activities
Routine Name	IBCNSGE
<pre> CALC(INS) ; extract insurance data for company ien=INS ; I '\$\$ACTIVE^IBCNEUT4(INS) G CALCX    ; not active S DATA=\$G(^DIC(36,INS,0)) S ADDR=\$G(^DIC(36,INS,.11)) S EDI=\$G(^DIC(36,INS,3)) S PROFID=\$P(EDI,U,2) S INSTID=\$P(EDI,U,4) ; I IBRBID,PROFID="" ,INSTID="" ,\$\$UP^XLFSTR(PROFID) ["PRNT" ,\$\$UP^XLFSTR(INSTID) ["PRNT" G CALCX ; S NAME=\$P(DATA,U,1) S:NAME="" NAME="-UNK" S STREET=\$P(ADDR,U,1) S CITY=\$P(ADDR,U,4) S STATE=+\$P(ADDR,U,5) S STATE=\$S(STATE:\$P(\$G(^DIC(5,STATE,0)),U,2),1:"") S TYPCOV=\$\$EXTERNAL^DILFD(36,.13,,\$P(DATA,U,13)) S TRANS=\$\$EXTERNAL^DILFD(36,3.01,,\$P(EDI,U,1)) S INSTYP=\$\$EXTERNAL^DILFD(36,3.09,,\$P(EDI,U,9)) ; S SORT=" " I IBRSORT=1,NAME="" S SORT=" " _NAME I IBRSORT=2,PROFID="" S SORT=" " _PROFID I IBRSORT=3,INSTID="" S SORT=" " _INSTID I IBRSORT=4,INSTYP="" S SORT=" " _INSTYP I IBRSORT=5,TYPCOV="" S SORT=" " _TYPCOV ; S TMP=NAME_U_STREET_U_CITY_U_STATE_U_INSTYP_U_TYPCOV_U_TRANS_U_INSTID_U_PR OFID S ^TMP(\$J,RTN,SORT,NAME,INS)=TMP CALCX ; Q ; </pre>	
Current Logic	

Routines	Activities
Routine Name	IBCNSGE
<pre> PRINT ; print the report to the specified device NEW MAXCNT,CRT,PAGECNT,STOP,SORT,NAME,INS,DATA,DIR,X,Y,DIRUT,DUOUT,DTOUT,DIRO UT I IOST["C-" S MAXCNT=IOSL-3,CRT=1 E S MAXCNT=IOSL-6,CRT=0 S PAGECNT=0,STOP=0 ; I '\$D(^TMP(\$J,RTN)) D HEADER W !!!?5,"No Data Found" ; S SORT="" F S SORT=\$O(^TMP(\$J,RTN,SORT)) Q:SORT="" D Q:STOP . S NAME="" . F S NAME=\$O(^TMP(\$J,RTN,SORT,NAME)) Q:NAME="" D Q:STOP .. S INS=0 .. F S INS=\$O(^TMP(\$J,RTN,SORT,NAME,INS)) Q:'INS D Q:STOP ... S DATA=\$G(^TMP(\$J,RTN,SORT,NAME,INS)) ... I \$P(DATA,U,10)["~" S \$P(DATA,U,10)="" ... I \$Y+1&gt;MAXCNT!'PAGECNT D HEADER Q:STOP ... W !,\$E(\$P(DATA,U,1),1,25) ; name ... W ?27,\$E(\$P(DATA,U,2),1,19) ; address1 ... W ?47,\$E(\$P(DATA,U,3),1,13) ; city, st ... I \$P(DATA,U,3)'="" , \$P(DATA,U,4)'="" W " , " ... W \$E(\$P(DATA,U,4),1,2) ... W ?65,\$E(\$P(DATA,U,7),1,8) ; transmit elec ... W ?75,\$E(\$P(DATA,U,8),1,8) ; inst payer id ... W ?84,\$E(\$P(DATA,U,9),1,8) ; prof payer id ... W ?94,\$E(\$P(DATA,U,5),1,12) ; ins type ... W ?108,\$E(\$P(DATA,U,6),1,18) ; type of cov ... W ?128,\$E(\$P(DATA,U,10),1,4) ; switchback flag ... Q .. Q . Q ; I STOP G PRINTX W !!!?5, "*** End of Report ***" I CRT,'\$D(ZTQUEUED) S DIR(0)="E" D ^DIR K DIR PRINTX ; Q ; </pre>	
Modified Logic (Changes are in bold)	

Routines	Activities
Routine Name	IBCNSGE
<pre> PRINT ; print the report to the specified device NEW MAXCNT,CRT,PAGECNT,STOP,SORT,NAME,INS,DATA,DIR,X,Y,DIRUT,DUOUT,DTOUT,DIRO UT I IOST["C-" S MAXCNT=IOSL-3,CRT=1 E S MAXCNT=IOSL-6,CRT=0 S PAGECNT=0,STOP=0 ; I '\$D(^TMP(\$J,RTN)) D HEADER W !!!?5,"No Data Found" ; S SORT="" F S SORT=\$O(^TMP(\$J,RTN,SORT)) Q:SORT="" D Q:STOP . S NAME="" . F S NAME=\$O(^TMP(\$J,RTN,SORT,NAME)) Q:NAME="" D Q:STOP .. S INS=0 .. F S INS=\$O(^TMP(\$J,RTN,SORT,NAME,INS)) Q:'INS D Q:STOP ... S DATA=\$G(^TMP(\$J,RTN,SORT,NAME,INS)) ... I \$P(DATA,U,10)["~" S \$P(DATA,U,10)="" ... I \$Y+1&gt;MAXCNT!'PAGECNT D HEADER Q:STOP ... W !,\$E(\$P(DATA,U,1),1,25) ; name ... W ?27,\$E(\$P(DATA,U,2),1,19) ; address1 ... W ?47,\$E(\$P(DATA,U,3),1,13) ; city, st ... I \$P(DATA,U,3)'="" , \$P(DATA,U,4)'="" W " , " ... W \$E(\$P(DATA,U,4),1,2) ... W ?65,\$E(\$P(DATA,U,7),1,8) ; transmit elec ... W ?75,\$E(\$P(DATA,U,8),1,8) ; inst payer id ... W ?84,\$E(\$P(DATA,U,9),1,8) ; prof payer id ... W ?94,\$E(\$P(DATA,U,5),1,12) ; ins type ... W ?108,\$E(\$P(DATA,U,6),1,18) ; type of cov ... Q .. Q . Q ; I STOP G PRINTX W !!!?5,"*** End of Report ***" I CRT,'\$D(ZTQUEUED) S DIR(0)="E" D ^DIR K DIR PRINTX ; Q ; </pre>	
Current Logic	

Routines	Activities
Routine Name	IBCNSGE
<pre> HEADER ; page break and report header information NEW LIN,HDR,TAB,C1,C2 S STOP=0 I CRT,PAGECNT&gt;0,\$D(ZTQUEUED) D I STOP G HEADX . I MAXCNT&lt;51 F LIN=1:1:(MAXCNT-\$Y) W ! . S DIR(0)="E" D ^DIR K DIR . I 'Y S STOP=1 Q . Q ; S PAGECNT=PAGECNT+1 W @IOF,! ; I IBRINS="A" W "All Companies" I IBRINS="S" W "Selected Companies" I IBRINS="R" D ; range description . S C1=IBRINS1 I C1=" " S C1="First" . S C2=IBRINS2 I C2="~~~~~" S C2="Last" . W "Companies [",C1,"] through [",C2,"]" . Q ; W ?45," Insurance Company EDI Parameter Report" S HDR="Page: "_PAGECNT,TAB=132-\$L(HDR)-1 W ?TAB,HDR ; W !,"Sorted By " I IBRSORT=1 W "Ins Company Name" I IBRSORT=2 W "Prof ID" I IBRSORT=3 W "Inst ID" I IBRSORT=4 W "Electronic Type" <b>I IBRSORT=5 W "Type of Coverage"</b> <b>I IBRSORT=6 W "Use VAMC as Billing Provider"</b> <b>S HDR=\$\$FMTE^XLFD(\$\$NOW^XLFDT,"1Z"),TAB=132-\$L(HDR)-1</b> W ?TAB,HDR ; <b>W !,"Only Blank or 'PRNT' Bill ID's = ",\$\$S(IBRBID:"YES",1:"NO"),?128,"VAMC"</b> ; <b>W !?65,"Electron",?75,"Inst",?84,"Prof",?94,"Electronic",?128,"Bill"</b> W !,"Insurance Company Name",?27,"Street Address",?47,"City" <b>W ?65,"Transmit",?76,"ID",?85,"ID",?97,"Type",?108,"Type of Coverage",?128,"Prov"</b> W !,\$\$RJ^XLFSTR("",132,"=") ; ; check for a stop request I \$D(ZTQUEUED),\$\$S^%ZTLOAD() D G HEADX . S (ZTSTOP,STOP)=1 . W !!!?5,"*** Report Halted by TaskManager Request ***" . Q HEADX ; Q ; </pre>	
Modified Logic (Changes are in bold)	

Routines	Activities
Routine Name	IBCNSGE
<pre> HEADER ; page break and report header information NEW LIN,HDR,TAB,C1,C2 S STOP=0 I CRT,PAGECNT&gt;0,\$D(ZTQUEUED) D I STOP G HEADX . I MAXCNT&lt;51 F LIN=1:1:(MAXCNT-\$Y) W ! . S DIR(0)="E" D ^DIR K DIR . I 'Y S STOP=1 Q . Q ; S PAGECNT=PAGECNT+1 W @IOF,! ; I IBRINS="A" W "All Companies" I IBRINS="S" W "Selected Companies" I IBRINS="R" D ; range description . S C1=IBRINS1 I C1=" " S C1="First" . S C2=IBRINS2 I C2="~~~~~" S C2="Last" . W "Companies [",C1,"] through [",C2,"]" . Q ; W ?45," Insurance Company EDI Parameter Report" S HDR="Page: "_PAGECNT,TAB=132-\$L(HDR)-1 W ?TAB,HDR ; W !,"Sorted By " I IBRSORT=1 W "Ins Company Name" I IBRSORT=2 W "Prof ID" I IBRSORT=3 W "Inst ID" I IBRSORT=4 W "Electronic Type" I IBRSORT=5 W "Type of Coverage" S HDR=\$\$FMTE^XLFD(\$\$NOW^XLFD,"1Z"),TAB=132-\$L(HDR)-1 W ?TAB,HDR ; W !,"Only Blank or 'PRNT' Bill ID's = ",\$\$S(IBRBID:"YES",1:"NO") ; W !?65,"Electron",?75,"Inst",?84,"Prof",?94,"Electronic" W !,"Insurance Company Name",?27,"Street Address",?47,"City" W ?65,"Transmit",?76,"ID",?85,"ID",?97,"Type",?108,"Type of Coverage" W !,\$\$RJ^XLFSTR("",132,"=") ; ; check for a stop request I \$D(ZTQUEUED),\$\$S^%ZTLOAD() D G HEADX . S (ZTSTOP,STOP)=1 . W !!!?5,"*** Report Halted by TaskManager Request ***" . Q HEADX ; Q ; </pre>	



6.2.2.2.12.4. *Correct* - FEAT200 Functional Requirement: MRA Management Worklist - Sort Display

The VistA system shall provide the ability for a user to sort the MRW based on the following criteria:

- Biller
- Days Since Transmission of Latest Bill
- Date Last MRA Received
- Secondary Insurance Company
- MRA Status – *Display correct status*
- Patient Name
- Patient Responsibility
- Service Date

The correct MRA Status is being displayed. To accomplish what CBO wants to do would require a change to the EOB/MRA Filer. The design is contingent on a decision by CBO on how to proceed. CBO has determined that this is operating in compliance with HIPAA 5010 and cannot be changed. See Change Request 11.

6.2.2.2.12.5. *Delete* – FEAT443 Functional Requirement: Schedule Mailman Message/Payer Settings for Billing Provider/Service Facility

The VistA system shall provide the ability for users to schedule the task to generate the mailman message that reports a site's settings in the Insurance Company Editor for the Billing Provider/Service Facility parameters.

6.2.2.2.12.5.1. Routines

Routines	Activities	
Routine Name	IBY516PO	
Enhancement Category	<input checked="" type="checkbox"/> New <input type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change	
RTM	2.6.12.5	
Related Options		
Related Routines	Routines "Called By"	Routines "Called"
Routines	Activities	
Data Dictionary (DD) References		
Related Protocols		

Routines	Activities
Routine Name	IBY516PO
Related Integration Control Registrations (ICRs)	
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input type="checkbox"/> Both <input type="checkbox"/> Global Reference <input type="checkbox"/> Local
Input Attribute Name and Definition	Name: Definition:
Output Attribute Name and Definition	Name: Definition:
Current Logic	
None	
Modified Logic (Changes are in bold)	

Routines	Activities
Routine Name	IBY516PO
<pre> IBY516PO ;LITS/TAZ - IB*2*516 POST-INSTALL ;01-APRIL-2014 ;;2.0;INTEGRATED BILLING;**516**;21-MAR-94;Build 1 ;;Per VHA Directive 2004-038, this routine should not be modified. ; EN      ;Post Install Routine primary entry point N IBY,Y,QUIT,ROUT S QUIT=0 F IBY="TMOPT" D IQUIT Q . S ROUT=IBY_"^IBY506PO" . S Y=\$\$NEWCP^XPDUTL(IBY,ROUT) . I 'Y D BMES^XPDUTL("ERROR Creating "_IBY_" Checkpoint.") S QUIT=1 Q Q ; TMOPT   ; Delete scheduled TaskMan option ; NEW IBZ,T,FST,TMERR,OPTNM,DIFROM D MES^XPDUTL("Delete Scheduled TaskMan Option ...") ; I '\$\$PROD^XUPROD(1) D MES^XPDUTL("Not a production account. No further action taken.") G TMOPTX ; S OPTNM="IBCN INS BILL PROV FLAG RPT"      ; option name to be unscheduled D OPTSTAT^XUTMOPT(OPTNM,.IBZ) S ZTSK=\$G(IBZ(1)) K IBZ I 'ZTSK D MES^XPDUTL("Option not scheduled. No further action taken.") G TMOPTX D KILL^%ZTASK I 'ZTSK(0) D MES^XPDUTL("Schedule not deleted.") G TMOPTX ; TMOPTX  ; D MES^XPDUTL(" Done. ") Q </pre>	

6.2.2.2.12.6. *Delete* – FEAT444 Functional Requirement: Default Schedule Mailman Message/Payer Settings for Billing Provider/Service Facility

The VistA system shall automatically set the default frequency for the task to generate the mailman message that reports a site's settings in the Insurance Company Editor for the Billing Provider/Service Facility parameters, upon installation of the patch, to one time per month.

See 6.2.2.12.5 which removes the option from TaskMan. Once this is done the default frequency will also be removed.

6.2.2.2.12.7. *Delete* – FEAT445 Functional Requirement: Mailman Message with Payer Settings/Billing Provider/Service Facility

The Vista IB system shall generate a mailman message that reports a site's settings in the Insurance Company Editor for the Billing Provider/Service Facility parameters, when at least one of the Always use main VAMC as Billing Provider parameters is set to 'Yes', which includes the following data:

- Insurance Company Name; and
- Insurance Company Address; and
- Date of Report; and
- Station ID; and
- Electronic Transmit; and
- Inst Electronic Bill ID; and
- Prof Electronic Bill ID; and
- Inst Use VAMC as Billing Provider; and
- Prof Use VAMC as Billing Provider.

#### 6.2.2.2.12.7.1.

#### Options

Options	Activities
Option Name	IBCN INS BILL PROV FLAG RPT
Enhancement Category	<input type="checkbox"/> New <input type="checkbox"/> Modify <input checked="" type="checkbox"/> Delete <input type="checkbox"/> No Change
Associated Menu Options that will invoke this reference	
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output <input type="checkbox"/> Both <input type="checkbox"/> Global Reference <input type="checkbox"/> Local Reference
Menu Text Description	Insurance Company Billing Provider Flag Rpt/Msg
Option Type	<input type="checkbox"/> Edit <input type="checkbox"/> Print <input type="checkbox"/> Menu <input type="checkbox"/> Inquire <input type="checkbox"/> Action <input checked="" type="checkbox"/> Run Routine <input type="checkbox"/> Other
Associated Routine	IBCNSGM
Option Definition	
Current Entry Action Logic	
Modified Entry Action Logic (Changes are in bold)	
Current Exit Action Logic	

Modified Exit Action Logic (Changes are in bold)

6.2.2.2.12.8. *Delete* – FEAT446 Functional Requirement: Mailman Message with Payer Settings/Billing Provider/Service Facility

The Vista IB system shall generate an mailman message that reports a site’s settings in the Insurance Company Editor for the Billing Provider/Service Facility parameters, when both of the Always use main VAMC as Billing Provider parameters is set to ‘No’, which includes the following data:

- Date of Report; and
- Station ID

6.2.2.2.12.8.1.

Routines

Routines	Activities	
Routine Name	IBCNSGM	
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change	
RTM	2.6.12.8	
Related Options	IBCNSRVBP	
Related Routines	Routines “Called By”	Routines “Called”
		DILFD, IBCNEUT1, UBCNEUT4, VASITE, XLFDT, XMRENT, XMXAPI, XUPROD, XUTMOPT
Routines	Activities	
Data Dictionary (DD) References		
Related Protocols		
Related Integration Control Registrations (ICRs)		
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output Reference <input type="checkbox"/> Both <input type="checkbox"/> Global Reference <input type="checkbox"/> Local	
Input Attribute Name and Definition	Name: Definition:	
Output Attribute Name and Definition	Name: Definition:	
Current Logic		

Routines	Activities
Routine Name	IBCNSGM
<pre> ; SRV ; server entry point ; send the report and the TaskManager schedule at the site back to the sender of the server request N MMHD,IBSNDRSQ I '\$G(XMZ) G SRVX ; only for processing incoming server requests S MMHD=\$\$NET^XMRENT(XMZ) ; mailman header information S IBSNDRSQ=\$TR(\$P(MMHD,U,3),"&lt;&gt;") ; sender of server request D EN ; send message D ZAPSERV^XMXAPI("S.IBCNSRVBP",XMZ) ; delete msg from server basket SRVX ; Q ; </pre>	
Modified Logic (Changes are in bold)	
<pre> ; SRV ; server entry point ; send the report and the TaskManager schedule at the site back to the sender of the server request ;IB*2.0*506 - This is an inbound server request. It cannot be removed. <b>G SRVX</b> N MMHD,IBSNDRSQ I '\$G(XMZ) G SRVX ; only for processing incoming server requests S MMHD=\$\$NET^XMRENT(XMZ) ; mailman header information S IBSNDRSQ=\$TR(\$P(MMHD,U,3),"&lt;&gt;") ; sender of server request D EN ; send message D ZAPSERV^XMXAPI("S.IBCNSRVBP",XMZ) ; delete msg from server basket SRVX ; Q ; </pre>	

#### 6.2.2.2.12.9. *Delete* – FEAT573 Functional Requirement: Security Key for Copy\_Cancel a Claim

The IB system shall provide the ability for authorized users to assign a security key to a user which will allow them to use the existing Clon – Copy/Cancel a Claim option [IB COPY AND CANCEL].

#### 6.2.2.2.12.9.1. Options

Options	Activities
Option Name	IB COPY AND CANCEL
Enhancement Category	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modify <input type="checkbox"/> Delete <input type="checkbox"/> No Change

Options	Activities
Associated Menu Options that will invoke this reference	
Data Passing	<input type="checkbox"/> Input <input type="checkbox"/> Output <input type="checkbox"/> Both <input type="checkbox"/> Global Reference <input type="checkbox"/> Local Reference
Menu Text Description	Copy and Cancel
Option Type	<input type="checkbox"/> Edit <input type="checkbox"/> Print <input type="checkbox"/> Menu <input type="checkbox"/> Inquire <input type="checkbox"/> Action <input checked="" type="checkbox"/> Run Routine <input type="checkbox"/> Other
Associated Routine	IBCCC
Option Definition	This option will allow cancelling a bill and then will create an exact duplicate bill except its status will be ENTERED/NOT REVIEWED.
Current Entry Action Logic	
Currently the option is locked by Key IB CLON	
Modified Entry Action Logic (Changes are in bold)	
The Modified option will not be locked.	
Current Exit Action Logic	
Modified Exit Action Logic (Changes are in bold)	

### 6.3. Communications Detailed Design

This section is not applicable to this SDD.

## 7. External Interface Design

This section is not applicable to this SDD.

### 7.1. Interface Architecture

This section is not applicable to this SDD.

### 7.2. Interface Detailed Design

This section is not applicable to this SDD.

## **8. Human-Machine Interface**

This section is not applicable to this SDD.

### **8.1. Interface Design Rules**

This section is not applicable to this SDD.

### **8.2. Inputs**

This section is not applicable to this SDD.

### **8.3. Outputs**

This section is not applicable to this SDD.

### **8.4. Navigation Hierarchy**

This section is not applicable to this SDD.

#### **8.4.1. Screen [x.1]**

This section is not applicable to this SDD.

#### **8.4.2. Screen [x.2]**

This section is not applicable to this SDD.

#### **8.4.3. Screen [x.3]**

This section is not applicable to this SDD.

## **9. System Integrity Controls**

This section is not applicable to this SDD.



## 10. Approval Signatures

The signature below is an acknowledgement that the signatory understands the purpose and content of this document.

Signed: \_\_\_\_\_

Integrated Project Team Chair

Date

Signed: \_\_\_\_\_

Business Sponsor

Date

Signed: \_\_\_\_\_

IT Program Manager

Date

Signed: \_\_\_\_\_

Project Manager

Date

Signed: \_\_\_\_\_

Enterprise Architecture

Date

Signed: \_\_\_\_\_

Service Delivery and Engineering

Date

## A. Additional Information

### A.1. RTM

Requirements Traceability Matrix (RTM)

### A.2. Packaging and Installation

The following documents will be delivered as part of this project:

- Current Workflow Analysis Document
- Requirements Specification Document (RSD)
- Requirements Traceability Matrix (RTM)
- Software Design Document (SDD)
- Interface Control Document (ICD)
- Entity Relationship Diagrams (ERD)
- Release Notes/Installation Guide
- Technical/Security Manual
- EDI User Guide

### A.3. Design Metrics

This section is not applicable to this SDD.

### A.4. Acronym List, Glossary and References

#### Acronym List

Term	Meaning
AITC	Austin Information Technology Center located in Austin, Texas; responsible for maintaining the hardware that supports the Lockbox system, including FSC servers, the Mailman routing system, and EPHRA database
AR	Accounts Receivable
COB	Coordination of Benefits
CBO	Chief Business Office
CSA	Claim Status Awaiting Resolution
DMI	Data Management Interface
EDI	Electronic Data Interchange

Term	Meaning
EGHP	Employer Group Health Plans
EIN	Employer's Identification Number
EOB	Explanation of Benefits
FSC	Financial Services Center – Austin, Texas
HCCH	Health Care Clearing House
HIPAA	Health Insurance Portability and Accountability Act of 1996
HPID	Health Plan Identifier
ICN	Individual Control Number
IB	Integrated Billing software version 2.0
MRA	Medicare-equivalent Remittance Advice
MRW	MRA Management Work List
M (MUMPS)	Massachusetts General Hospital Utility Multi-Programming System
Non-MRA	Translates to non-Medicare
NPI	National Provider Identifier
NUBC	National Uniform Billing Committee
OEID	Other Entity Identifier
RX	Prescription (Outpatient Medication)
TPJI	Third Party Joint Inquiry
VAMC	Veterans Administration Medical Center
VistA	Veterans Health Information Systems and Technology Architecture
VPE	View/Print EDI Bill Extract Data
WNR	Will Not Reimburse

## Glossary

Term	Meaning
837	Transaction set for Health Care Claim, used to send a claim to a trading partner
835	Transaction set for Health Care Claim Payment Advice (or remittance advice). This is returned from the insurer to the billing facility. Generally this is referred to as an Explanation of Benefits (EOB or MRA)

Term	Meaning
CMS-1500	Preprinted forms to which professional third-party claims can be printed
EOB	This is the return file (835) from non-Medicare payers that provides data pertaining to the claim adjudication and the amounts paid by the payer.
MRA	This is the return file (835) from Medicare that provides data on allowable amounts. MRA reports are normally required for creation of secondary claims.
MRA Request claim	This is the initial claim request to Medicare that is submitted for the purpose of obtaining MRA notice only.
MRA Secondary Claim	This secondary claim is a result of the primary claim being an MRA Request claim.
Non-MRA Secondary Claim	This secondary claim is a result of the primary claim being to any insurer other than Medicare WNR.
Payer	An insurance company, fiscal intermediary, government agency, other agency, or individual responsible for the payment of health care claims.
Translator	A software package owned and residing at the Austin Services Center that allows reformatting data in internal VA formats to EDI formats and Vice Versa. This includes the ability to simultaneously handle multiple versions of EDI. The FSC translator also provides for non ASC X12 formats.
UB04	Preprinted forms to which institutional third-party claims can be printed
User	The person or persons who operate or interact directly with VistA.

## References

Name	Location	Date
ASC X12N/005010X221 Health Care Claim Payment/Advice (835) – Technical Report Type 3	<a href="http://www.wpc-edi.com/">http://www.wpc-edi.com/</a>	May 2006
ASC X12N/005010X222 Health Care Claim - Professional (837) – Technical Report Type 3	<a href="http://www.wpc-edi.com/">http://www.wpc-edi.com/</a>	May 2006
ASC X12N/005010X223 Health Care Claim - Institutional (837) – Technical Report Type 3	<a href="http://www.wpc-edi.com/">http://www.wpc-edi.com/</a>	May 2006
Patch IB*2*447 ICD (5010)	<a href="https://litsinc.sharepoint.com/Operations_Center/EDI_Program/eBilli">https://litsinc.sharepoint.com/Operations_Center/EDI_Program/eBilli</a>	June 2010

	<a href="#">ng%20Workspace/Forms/AllItems.aspx?RootFolder=%2FOperations%5FCenter%2FEDI%5FProgram%2FeBilling%20Workspace%2FReference%20Material&amp;FolderCTID=0x0120003F6981C559D640C9F8D20EEA93571C5&amp;View=%7B11F22154%2DC94E%2D4AEC%2D9821%2D5029EA44A088%7D</a>	
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