Camp Lejeune-Veterans (CL-V)

Increment 4

Integrated Billing V. 2.0

Patch IB\*2.0\*544

System Design Document



Department of Veterans Affairs

Office of Information and Technology (OI&T)

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# Introduction

Public Law 112-154 was enacted to furnish Department of Veterans Affairs (VA) medical services and hospital care to Veterans stationed at Camp Lejeune between August 1, 1953 and December 31, 1987. Veterans serving at this location for at least 30 days may suffer from medical conditions and/or illnesses arising from their exposure to water contaminated by hazardous chemicals.

Software enhancements to the Veterans Health Information Systems and Technology Architecture (VistA) and the centralized Health Eligibility Center (HEC) Enrollment System Core (ESC) are required for maintaining the Camp Lejeune-Veterans (CL-V) Support information in the Veteran records. This implies that enhancements to the Health Level 7 (HL7) messaging between ESC and VistA are also required as part of the software development effort.

The purpose of this System Design Document (SDD) is to outline the design specifications for the CL-V prEoject for the Integrated Billing (IB) application. The change to IB will be done via patch IB\*2.0\*544. Wherever the IB patch is referenced in this SDD, it is for IB patch IB\*2.0\*544.

## Scope

This section outlines the scope inclusions and exclusions (where applicable) for the VistA IB software enhancements of the CL-V project.

For detailed information, refer to the Camp Lejeune PL 112-154 Systems Changes to Support Provisions Affecting Veterans BRD (Business Requirements Document).

The IB package provides all the features necessary to create first party (patient) and third party (insurance carriers/Medicare) bills. An Automated Biller module provides a process that automatically creates bills for billable events which can then be finished and authorized by the billing staff. The IB package also provides reporting features that support the billing staff.

Table : Scope Inclusions

| Includes |
| --- |
| Events to be billed to a Third Party are first identified and tracked in Claims Tracking. The Claims Tracking module of IB will be updated to identify and flag as non-billable outpatient encounters and prescriptions related to Camp Lejeune. |
| All Claims Tracking entries may be assigned a Reason Not Billable (RNB) that will remove the event from all unbilled lists. The list of RNBs will be updated to allow “Camp Lejeune Treatment” as a reason an event should not be billed. |
| Claims Tracking: Add Camp Lejeune Reason Not Billable to an Event |
| Claims Tracking: Add Camp Lejeune Related Prescriptions |
| Claims Tracking: Add Camp Lejeune Related Outpatient Encounters |
| Claims Tracking: Hospital Reviews Display |
| Claims Tracking: Appeals/Denials Display |
| Claims Tracking: Print Claims Tracking Summary for Billing |
| Claims Tracking: Inquire to Claims Tracking Report |
| Third Party: Screen Camp Lejeune Events from Third Party AutoBiller |
| Third Party: Screen Camp Lejeune Outpatient Encounters from Reports |
| Special Inpatient: Add Camp Lejeune Special Inpatient Cases |
| Special Inpatient: Disposition Special Inpatient Billing Cases |
| Special Inpatient: Special Inpatient Billing Cases Report |
| First Party: Screen Camp Lejeune Events from First Party AutoBiller |
| First Party: Screen Means Test Backbilling Support for IVM (Income Verification Matching) |
| First Party: Outpatient Encounters Exempt from Classification Questions Bulletin |
| First Party: Cancel First Party Bills |
| First Party: Identify Camp Lejeune Classification and Charge Removals on Reports |
| NCPDP (National Council for Prescription Drug Programs): Screen/Identify Camp Lejeune Prescription ECME Bill |
| Pharmacy/ECME (Electronic Claims Management Engine) Claims Tracking Edit Display |
| Assign Reason Not Billable |

Table : Scope Exclusions

| Excludes |
| --- |
| N/A |

## User Profiles

The IB Software Package is used by a wide range of users within the VA medical facilities, such as, but not limited to, Billing Clerks, Billing Supervisors, and VA OI&T staff.

Each site where VistA is installed has its own staff of users. See Section 1.4.6 in the CL-V VistA Inc. 4 Training Plan on the CL-V TSPR site for information.

The VA OI&T staff will be responsible for support and maintenance of the current VistA applications, of which IB is but a very small part.

# Background

This section provides an overview of the system, business processes, and business benefits.

## Overview of the System

The release of the IB Application Version 2.0 introduces fundamental changes to the way Medical Care Cost Recovery (MCCR)-related tasks are done. This software introduces three new modules: Claims Tracking, Encounter Form Utilities, and Insurance Data Capture.

There are also significant enhancements to the two previous modules: Patient Billing and Third Party Billing. IB has moved from a package with the singular purpose of identifying billable episodes of care and creating bills, to a package responsible for the whole billing process through to the passing of charges to Accounts Receivable (AR). Functionality has been added to assist in capturing patient data, tracking potentially billable episodes of care, completing Utilization Review (UR) tasks, and capturing more complete insurance information.

## Overview of the Business Process

The Integrated Billing (IB) VistA package provides all the features necessary to create first party (patient) and third party (insurance carriers/Medicare) bills. An Automated Biller module provides a process that automatically creates bills for billable events which can then be finished and authorized by the billing staff. The IB application will be enhanced to include Camp Lejeune as a non-billable event. IB Autobilling processes as well as IB tracking and reporting will be updated to incorporate Camp Lejeune related events.

See details in Section 2.6.7 of the CL-V Increment 4 VistA RSD, found on the CL-V TSPR site.

The CL-V Inc 4 RTM (Requirements Traceability Matrix), found on the CL-V TSPR site, contains a tab for IB with a listing of all IB requirements linked to the Business Needs found in the Camp Lejeune PL 112-154 Systems Changes to Support Provisions Affecting Veterans BRD.

## Overview of the Significant Requirements

The Requirements Specification Document (RSD) for the CL-V Increment 4 applications is the CL-V Increment 4 VistA RSD, found on the CL-V TSPR site.

This section provides an overview of the significant requirements for the Radiology patch.

### Overview of Significant Functional Requirements

This table below provides an overview of the functional requirements.

Table : Functional Requirements

| ID | Requirement |
| --- | --- |
| 2.6.7.1 | Events to be billed to a Third Party are first identified and tracked in Claims Tracking. The Claims Tracking module of IB will be updated to identify and flag as non-billable outpatient encounters and prescriptions related to Camp Lejeune. |
| 2.6.7.2 | All Claims Tracking entries may be assigned a Reason Not Billable (RNB) that will remove the event from all unbilled lists. The list of RNBs will be updated to allow “Camp Lejeune Treatment” as a reason an event should not be billed. |
| 2.6.7.3 | Claims Tracking: Add Camp Lejeune Reason Not Billable to an Event |
| 2.6.7.4 | Claims Tracking: Add Camp Lejeune Related Prescriptions |
| 2.6.7.5 | Claims Tracking: Add Camp Lejeune Related Outpatient Encounters |
| 2.6.7.6 | Claims Tracking: Hospital Reviews Display |
| 2.6.7.7 | Claims Tracking: Appeals/Denials Display |
| 2.6.7.8 | Claims Tracking: Print Claims Tracking Summary for Billing |
| 2.6.7.9 | Claims Tracking: Inquire to Claims Tracking Report |
| 2.6.7.10 | Third Party: Screen Camp Lejeune Events from Third Party AutoBiller |
| 2.6.7.11 | Third Party: Screen Camp Lejeune Outpatient Encounters from Reports |
| 2.6.7.12 | Special Inpatient: Add Camp Lejeune Special Inpatient Cases |
| 2.6.7.13 | Special Inpatient: Disposition Special Inpatient Billing Cases |
| 2.6.7.14 | Special Inpatient: Special Inpatient Billing Cases Report |
| 2.6.7.15 | First Party: Screen Camp Lejeune Events from First Party AutoBiller |
| 2.6.7.16 | First Party: Screen Means Test Backbilling Support for IVM (Income Verification Matching) |
| 2.6.7.17 | First Party: Outpatient Encounters Exempt from Classification Questions Bulletin |
| 2.6.7.18 | First Party: Cancel First Party Bills |
| 2.6.7.19 | First Party: Identify Camp Lejeune Classification and Charge Removals on Reports |
| 2.6.7.20 | NCPDP (National Council for Prescription Drug Programs): Screen/Identify Camp Lejeune Prescription ECME Bill |
| 2.6.7.21 | Pharmacy/ECME Claims Tracking Edit Display |
| 2.6.7.22 | Assign Reason Not Billable |

### Overview of Functional Workload / Performance Requirements

N/A

Table : Workload and Performance Requirements

| ID | Requirement |
| --- | --- |
| N/A | N/A |

### Overview of Operational Requirements

N/A

Table : Operational Requirements

| ID | Requirement |
| --- | --- |
| N/A | N/A |

### Overview of the Technical Requirements

The IB technical requirements are listed in the table below.

Table : Technical Requirements

| ID | Requirement |
| --- | --- |
| 2.6.7 | PCE, Scheduling, and Outpatient Pharmacy Camp Lejeune patches should be in place for Camp Lejeune to function fully in Integrated Billing. |

### Overview of the Security or Privacy Requirements

N/A

Table : Security Requirements

| ID | Requirement |
| --- | --- |
| N/A | N/A |

### Overview of System Criticality and High Availability Requirements

N/A

### Single Sign-on Requirement

N/A

### Requirement for Use of Enterprise Portals

N/A

### Special Device Requirements

N/A

# Conceptual Design

This section provides an overview of the conceptual design, including:

* Conceptual Application Design
* Conceptual Data Design
* Conceptual Infrastructure Design

## Conceptual Application Design

This subsection describes the conceptual application design.

### Application Context

The diagram below illustrates the application context of the components related to this specific release.

Figure : Camp Lejeune Context Diagram – VistA

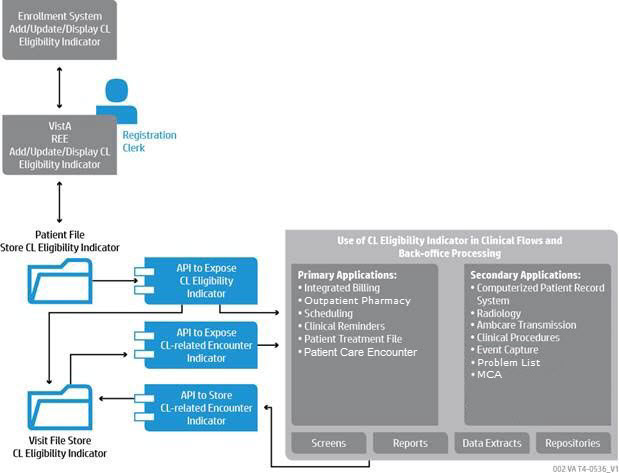


Table : (Grouping): Application Context Description

Object

| ID | Name | Description | Interface Name | Interface System |
| --- | --- | --- | --- | --- |
| N/A | N/A | N/A | N/A | N/A |

Interfaces External to OI&T

| ID | Name | Related Object | Input Messages | Output Messages | External Party |
| --- | --- | --- | --- | --- | --- |
| N/A | N/A | N/A | N/A | N/A | N/A |

Interfaces Internal to OI&T

| ID | Name | Related Object | Input Messages | Output Messages | External Party |
| --- | --- | --- | --- | --- | --- |
| N/A | N/A | N/A | N/A | N/A | N/A |

Externally Shared Data Stores

| ID | Name | Data Stored | | | | Owner | Access |
| --- | --- | --- | --- | --- | --- | --- | --- |
| N/A | N/A | | N/A | N/A | N/A | | N/A |

### High-Level Application Design

The CL-V Inc 4 modifications to the IB application have no impact to the existing high-level design of VistA.

Table (Grouping): Objects in the High Level Application Design

Objects / Components to be Built or Modified

| ID | Name | Description | Service or Legacy Code | External Interface Name | External Interface ID | Internal Interface Name | Internal Interface ID | SDP Sections 1&2 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |

Internal Data Stores

| ID | Name | Data Stored | Steward | Access |
| --- | --- | --- | --- | --- |
| N/A | N/A | N/A | N/A | N/A |

### Application Locations

IB is an application that resides on the existing VistA application and infrastructure servers. No change in this area is introduced.

Table : Application Locations

| Application Component | Description | Location at Which Component is Run | Type |
| --- | --- | --- | --- |
| N/A | N/A | N/A | N/A |

The VistA IB application users are shown below:

Table : Application Users

| Application Component | Location | User |
| --- | --- | --- |
| IB User Interface | VistA sites | Administrative Staff |

### Conceptual Data Design

This section is not applicable to this SDD.

### Project Conceptual Data Model

N/A

### Database Information

N/A

Table : Database Inventory

| Database Name | Description | Type | Steward |
| --- | --- | --- | --- |
| N/A | N/A | N/A | N/A |

### User Interface Data Mapping

N/A

#### Application Screen Interface

N/A

##### GUI Screens

N/A

Table : Screen Description

| Graphical User Interface (GUI) Field | Table (Database Table that field connects to) | Field (Field in Table that the GUI field connects to) | Comments |
| --- | --- | --- | --- |
| N/A | N/A | N/A | N/A |

#### Application Report Interface

There is no Application Report Interface applicable to the IB application.

##### Report Names

There are no reports to mention, so there are no figures and tables in this section.

#### Unmapped Data Element

N/A

## Conceptual Infrastructure Design

There is no change in infrastructure for this release.

### System Criticality and High Availability

N/A

### Special Technology

N/A

Table : Special Technology Requirements

| Special Technology | Description | Notional Location | TRM Status |
| --- | --- | --- | --- |
| N/A | N/A | N/A | N/A |

### Technology Locations

The Radiology patch will be installed in each VA VistA instance by VA OI&T staff.

There are no specific components apart from VistA that the Radiology patch includes or adds. It is all legacy mainframe-based.

Table (Grouping): Technology Location Details

| Technology Component  Production 1 | Location | Usage |
| --- | --- | --- |
| Workstations | N/A | N/A |
| Special Hardware | N/A | N/A |
| Interface Processors | N/A | N/A |
| Legacy Mainframe | N/A | N/A |
| Legacy Application Server | N/A | N/A |
| Legacy Databases | N/A | N/A |
| Other | N/A | N/A |

| Technology Component  Production 2 | Location | Usage |
| --- | --- | --- |
| N/A | N/A | N/A |

| Technology Component  Certification | Location | Usage |
| --- | --- | --- |
| N/A | N/A | N/A |

| Technology Component  Education | Location | Usage |
| --- | --- | --- |
| N/A | N/A | N/A |

| Technology Component  Test | Location | Usage |
| --- | --- | --- |
| N/A | N/A | N/A |

| Technology Component  Development | Location | Usage |
| --- | --- | --- |
| N/A | N/A | N/A |

### Conceptual Infrastructure Diagram

There is no change in infrastructure for this release.

#### Location of Environments and External Interfaces

N/A

#### Conceptual Production String Diagram

N/A

# System Architecture

There is no change in the System Architecture for this release.

## Hardware Architecture

There is no change in the Hardware Architecture for this release.

## Software Architecture

There is no change in the Software Architecture for this release.

## Network Architecture

There is no change in the Network Architecture for this release.

## Service Oriented Architecture / ESS

There is no change in the Service Oriented Architecture for this release.

## Enterprise Architecture

There is no change in the Enterprise Architecture for this release.

# Data Design

This section describes the data design (where applicable).

## DBMS Files

N/A

## Non-DBMS Files

N/A

## Data View

N/A

# Detailed Design

The IB patch has very little architectural impact on the overall VistA system, as it has similarities to other existing features such as Agent Orange, Shipboard Hazard and Defense (SHAD), etc., and uses similar design components to store and maintain.

## Hardware Detailed Design

There is no change to the Hardware Detailed Design for this release.

## Software Detailed Design

There is no change to the Software Detailed Design for this release.

### Conceptual Design

There is no change to the Conceptual Design for this release as all updates will adhere to the existing VistA design concepts, conventions and guidelines.

#### Product Perspective

Existing IB software supports the display of other environmental indicators such as Agent Orange and Shipboard Hazard and Defense (SHAD). The enhancements made with this patch allow the IB application to display the Camp Lejeune (CL-V) indicator.

##### User Interfaces

The user interfaces can be seen in Section 2.6.7 in the CL-V Increment 4 VistA RSD, found on the CL-V TSPR site. In the RSD, please refer to the appropriate Section and the Requirement IDs in the list below for specific screen shots:

**See Section 2.6.7, Table 8, Functional Requirements for IB:**

2.6.7.3.1

2.6.7.5.2.1

2.6.7.6.1

2.6.7.7.1

2.6.7.8.1

2.6.7.9.1

2.6.7.11.1.1

2.6.7.11.2.1

2.6.7.11.3.1

2.6.7.11.4.1

2.6.7.12.3.1

2.6.7.13.1.1

2.6.7.14.1

2.6.7.17.1

2.6.7.19.1

2.6.7.19.2

2.6.7.19.3

2.6.7.19.4

2.6.7.19.5

2.6.7.20.4.1

2.6.7.21.1

2.6.7.21.2

##### Hardware Interfaces

N/A

##### Software Interfaces

Table 16 lists the Integration Control Registrations (ICRs) applicable to this Integrated Billing patch.

Table : Applicable ICRs

| **ICR** | **Custodian** | **Usage** | **Description** | **New/Modified** |
| --- | --- | --- | --- | --- |
| 4299 | Integrated Billing | Controlled Subscription | RX^IBNCPDP API modified to include ARRAY(“CLV”) as one of its elements which will assist in determining whether or not a Prescription is third party billable or not. If the CL-V value of this node is 1 (not 0 or null) then the Rx can be deemed non-billable. | Modified |

##### Communications Interfaces

N/A

##### Memory Constraints

The effects of the CL-V data on the dynamic memory and disk storage is insignificant compared to the existing overall dynamic memory and disk storage for the IB package. There are no memory constraints given the nature of the addition. It uses existing features such as Agent Orange, SHAD, etc.

##### Special Operations

N/A

#### Product Features

The IB patch does not add any new features. The application will be enhanced to display the eligibility of a Camp Lejeune Veteran for third-party billing, outpatient encounters, and other functions of the IB system. The indicator will be added to existing functionality as detailed under Section 2.6.7 in the CL-V Increment 4 VistA RSD, which is found on the CL-V TSPR site.

#### User Characteristics

The IB user is also an active user of the VistA Outpatient Pharmacy and Registration Eligibility and Enrollment (REE) screens in order to manage facility revenue reviews. The IB users have the following roles:

* Facility Revenue
* Insurance Verification
* Revenue Utilization Review (RUR)

#### Dependencies and Constraints

CL-V Increment 3 VistA Registration Eligibility and Enrollment (REE), in host file DG\*5.3\*P909.KID, will be in place so that Camp Lejeune eligibility can be shown in the Registration Application and help drive the related business processes.

Prior to the installation of the Inc 4 Integrated Billing patch, the Outpatient Pharmacy Patch, PSO\*7.0\*445, must already be installed. Refer to Section 3, Implementation, of the CL-V VistA Inc 4 Installation Back-out Rollback Plan*,* found on the CL-V TSPR site*,* for full, detailed instructions.

### Specific Requirements

For specific requirements, see Section 2.6.7 in the CL-V Increment 4 VistA RSD, found on the CL-V TSPR site.

For an historical perspective, see the CL-V VistA Registration, Eligibility, and Enrollment (REE) Increment 3 System Design Document.

#### Database Repository

Database Repositories are related to relational databases which are not related to VistA. VistA relies on the Caché hierarchical database design.

#### System Features

The System Features are described in Section 2.6.7 of the Requirements Specification Document, CL-V Increment 4 VistA RSD, found on the CL-V TSPR site.

#### Design Element Tables

N/A

##### Routines (Entry Points)

Table : IB20544P Routine

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | **IB20544P** | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.7.15.2.2, 2.6.7.18.1, 2.6.7.19.2, 2.6.7.19.3, 2.6.7.19.4, 2.6.7.19.5 | | | | | | | | |
| **Related Options** | N/A | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | N/A | | | | | FILE^DICN  ^DIE  MES^XPDUTL | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | ^IBE(350.3) | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | IBCRR – Description of ‘CAMP LEJEUNE RELATED’  DLAYGO – File Number in FileMan, which is 350.3  DIC – Global reference for File 350.3 which is “^IBE(350.3,”  DIC(0) – “L” | | | | | | | | |
| **Output Attribute Name and Definition** | +Y – If new CL-V code successfully added, then this should show new IEN into file 350.3. | | | | | | | | |
| Current Logic | | | | | | | | | |

**New routine so whole new routine listed immediately below:**

IB20544P ;ALB/MAN - IB\*2.0\*544 POST INIT ADD CL-V ENTRY INTO FILE 350.3 ;04-JUNE-2015  
 ;;2.0;INTEGRATED BILLING;\*\*544\*\*;21-MAR-94;Build 35  
 ;;Per VHA Directive 6402, this routine should not be modified.  
 ;  
POST ;  
 N IBA S IBA(1)="",IBA(2)=" IB Support for CLV Post-Install .....",IBA(3)="" D MES^XPDUTL(.IBA) K IBA  
 ;  
 D ADDCRR ; Add CAMP LEJEUNE RELATED Charge Removal Reason (#350.3)  
 ;  
 S IBA(1)="",IBA(2)="IB Support for CLV Post-Install Complete",IBA(3)="" D MES^XPDUTL(.IBA) K IBA  
 Q  
 ;  
ADDCRR ; Add Charge Removal Reason of CAMP LEJEUNE RELATED (#350.3)  
 N IBA,IBJ,IBNX,IBCRR,IBABBR,IBLMT,IBFN,DD,DO,DINUM,DLAYGO,DIC,DIE,DA,DR,X,Y  
 ;  
 S IBCRR="CAMP LEJEUNE RELATED",IBABBR="CLV",IBLMT="GENERIC"  
 ;  
 I $O(^IBE(350.3,"B",IBCRR,0)) S IBA(1)=" >>> "\_IBCRR\_" Charge Removal Reason (#350.3) exists, not re-added." G ADDCRRQ  
 ;  
 F IBJ=50:1 D   I IBNX="" S DINUM=IBJ Q  ; find next available ien  
 . S IBNX=$G(^IBE(350.3,IBJ,0))  
 ;   
 K DD,DO S DLAYGO=350.3,DIC="^IBE(350.3,",DIC(0)="L",X=IBCRR D FILE^DICN S IBFN=+Y  
 I Y<1 S IBA(1)=" >>> Unable to add "\_IBCRR\_" Charge Removal Reason (#350.3), contact Support." G ADDCRRQ  
 ;  
 S DIE="^IBE(350.3,",DA=+IBFN,DR=".02///"\_IBABBR\_";.03///"\_IBLMT D ^DIE  
 ;  
 S IBA(1)=" >>> "\_IBCRR\_" Charge Removal Reason (#350.3) Added."  
 ;  
ADDCRRQ D MES^XPDUTL(.IBA)  
 Q  
 ;

| Modified Logic (Changes are in bold) |
| --- |
| None (New Routine) |

Table : IBACV Routine

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | **IBACV** | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.7.12.1, 2.6.7.14.1 | | | | | | | | |
| **Related Options** | IB OUTPUT EVENTS REPORT | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | IB20P336.INT  IBACUS1.INT  IBACUS2.INT  IBACVA.INT  IBACVA1.INT  IBACVA2.INT  IBAHVE3.INT  IBAMTC.INT  IBAMTD.INT  IBAMTI.INT  IBAMTI1.INT  IBAMTS.INT  IBAMTV.INT  IBARX1.INT  IBECEA32.INT  IBECEAU4.INT  IBNCPDP6.INT  IBNTEG.INT  IBOVOP1.INT  IBOVOP2.INT  IBTRKR3.INT  IBYPNTEG.INT | | | | | DD^%DT  NOW^%DTC  $$CVEDT^DGCV  $$CVEDT^IBACV  SEND^IBACVA2  $$CHNGDATE^IBAHVE3  $$PT^IBEFUNC  $$FILE^IBRXUTL  CL^SDCO21  DEM^VADPT  $$LOWER^VALM1  ^XMD | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | ^DD("DD"  ^DGPM(  ^XTMP("IBCVEXPDT" | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | X -- Patient class [1-ao|2-ir|3-swa|4-sc|5-mst|6-hnc|7-cv|8-SHAD|9-clv]  IBCASE -- "M" mixed case (the first letter is uppercase and others-lowercase) | | | | | | | | |
| **Output Attribute Name and Definition** | IBZ -- Environmental Indicator Description/External Abbreviation of Special Inpatient Billing Case Patient Type (#351.2,.03) | | | | | | | | |
| Current Logic | | | | | | | | | |

IBACV ;WOIFO/SS-COMBAT VET UTILITIES ;7-AUG-03  
 ;;2.0;INTEGRATED BILLING;\*\*234,247,275,339,347\*\* ;21-MAR-94;Build 24  
 ;;Per VHA Directive 2004-038, this routine should not be modified.  
 ;  
 ;To replace CL^SDCO21 with CL^IBACV that wraps out both CL^SDCO21 and $$CVEDT^DGCV  
CL(IBDFN,IBSDDT,IBSDOE,IBSDCLY) ;Build Classification Array  
 ; Input -- DFN Patient file IEN   
 ; SDDT Date/Time [Optional]  
 ; SDOE Outpatient Encounter file IEN [Optional]  
 ; Output -- SDCLY Classification Array  
 ; Subscripted by Class. Type file (#409.41) IEN  
 ;  
 D CL^SDCO21(IBDFN,$G(IBSDDT),$G(IBSDOE),.IBSDCLY)  
 Q  
 ;  
 ;returns CV status as:  
 ; current\_CV\_status^end\_date^if\_ever\_had\_CV\_status  
CVEDT(IBDFN,IBDT) ;  
 N IBRET S IBRET=$$CVEDT^DGCV($G(IBDFN),$G(IBDT))  
 Q (+$P(IBRET,"^",3))\_"^"\_(+$P(IBRET,"^",2))\_"^"\_(+$P(IBRET,"^",1)) ;swop  
 ;  
 ;/\*\*  
 ;Return the classification description of code sets for #.03 in #351.2.  
 ; Input:  
 ; X -- Patient class [1-ao|2-ir|3-swa|4-sc|5-mst|6-hnc|7-cv|8-SHAD]  
 ; IBCASE -- "M" - mixed case (the first letter is uppercase and others-lowercase)  
PATTYPE(X,IBCASE) ; \*/  
 N IBZ  
 S IBZ=$S(X=1:"AGENT ORANGE",X=2:"IONIZING RADIATION",X=3:"SOUTHWEST ASIA",X=4:"SERVICE CONNECTED",X=5:"MILITARY SEXUAL TRAUMA",X=6:"HEAD/NECK CANCER",X=7:"COMBAT VETERAN",X=8:"PROJECT 112/SHAD",1:"SPECIAL")  
 Q:$G(IBCASE)="M" $$LOWER^VALM1(IBZ)  
 Q IBZ  
 ;  
PATTYAB(X) ; Return External Abbreviation of Special Inpatient Billing Case Patient Type (#351.2,.03)  
 ; Input: 351.2, .03 internal value  
 N IBZ S X=$G(X)  
 S IBZ=$S(X=1:"AO",X=2:"IR",X=3:"SWA",X=4:"SC",X=5:"MST",X=6:"HNC",X=7:"CV",X=8:"SHAD",1:"UNK")  
 Q IBZ  
 ;  
 ;if Combat Vet sends e-mail to mailgroup "IB COMBAT VET RX COPAY"  
 ;IBDFN-patient IEN, IBDT - date, IBRXPTR - pointer to #52 file to get prescription #  
RXALRT(IBDFN,IBDT,IBRXPTR) ;  
 N IB1  
 S IB1=$$CVEDT(IBDFN,$G(IBDT))  
 I +IB1 D EMAIL(IBDFN,$G(IBDT),$P(IB1,"^",2),$G(IBRXPTR))  
 Q  
 ;sends e-mail to mail group IB COMBAT VET RX COPAY  
EMAIL(DFN,IBEFDT,IBEXPDT,IBRX) ;  
 N IBTODAY,IBPAT,IBT,IBSSN  
 N XMSUB,XMY,XMTEXT,XMDUZ  
 N Y D NOW^%DTC S Y=%\1 X ^DD("DD") S IBTODAY=Y  
 I +$G(DFN)>0 D  
 . N VADM,VA,VAERR  
 . D DEM^VADPT  
 . S IBPAT=$G(VADM(1))  
 . S IBSSN=$P($G(VADM(2)),"^",2)  
 I $G(IBRX) S IBRX=$$FILE^IBRXUTL(IBRX,.01) ;get RX number  
 S:IBPAT="" IBPAT="Unknown"  
 S XMSUB="COMBAT VET RX COPAY REVIEW NEEDED"  
 S XMY("G.IB COMBAT VET RX COPAY")=""  
 S XMTEXT="IBT(",XMDUZ="INTEGRATED BILLING PACKAGE"  
 S IBT(1,0)="PATIENT: "\_IBPAT  
 I $G(IBEXPDT)>0 S Y=IBEXPDT X ^DD("DD") S IBT(1,0)=IBT(1,0)\_" COMBAT VET until: "\_Y  
 S IBT(2,0)="SSN: "\_IBSSN  
 S IBT(3,0)=""  
 S IBT(4,0)=$S($G(IBRX)'="":"RX#: "\_$G(IBRX),1:"")  
 S IBT(5,0)="RX RELEASE DATE: "\_IBTODAY  
 S IBT(6,0)=""  
 S IBT(7,0)="The above patient has a Combat Veteran status. Please review this"  
 S IBT(8,0)="prescription to determine if the RX Copay charge should be cancelled."  
 S IBT(9,0)=""  
 D ^XMD  
 Q  
 ;  
 ;--------------------------------------------------------------------  
 ;is called from PROC^IBAMTC for each active inpatient  
IFCVEXP(IBDFN,IBNJDT,IB405) ;  
 ;Input:IBDFN1 - patient's ien in PATIENT file  
 ; IBNJDT - Nightly Job date   
 ; IB405 - ptr to #405  
 N IBTSTDT,IBPAT,IBZ,IBEXPIR,IBADM  
 S IBPAT=$$PT^IBEFUNC(IBDFN)  
 S (IBZ,IBEXPIR)=0  
 S IBZ=$$CVEDT^IBACV(IBDFN,IBNJDT)  
 I $P(IBZ,"^",3)=0 Q  ;patient has never been CV  
 S IBEXPIR=+$P(IBZ,"^",2)\1  
 I IBEXPIR>IBNJDT Q  ;expires in the future  
 ;get last date when Nightly job checked CV status for inpatients  
 S IBTSTDT=$$XTMPLST()  
 ;if ^XTMP is not there then make the last CV check date as TODAY-7  
 I IBTSTDT=0 S IBTSTDT=$$CHNGDATE^IBAHVE3(IBNJDT,-7) D SETXTMP0(IBTSTDT)  
  S IBADM=+$G(^DGPM(IB405,0))\1 ;admission/movement date  
 I IBTSTDT'<IBNJDT Q  
 ;check for all the days since the last check date thru today  
 F  D  Q:(IBTSTDT'<IBNJDT)!(IBTSTDT=IBEXPIR)  
 . S IBTSTDT=$$CHNGDATE^IBAHVE3(IBTSTDT,+1) ;next date  
 . ;quit if the date is before the admission  
 . I IBTSTDT<IBADM Q  
 . ;send alert if CV expires this day  
 . I IBEXPIR=IBTSTDT D SETXTPM(IBDFN,IBTSTDT,IBEXPIR,IBADM,IBPAT)  
 Q  
 ;  
XTMPLST() ;get the last CV check date in ^XTMP  
 Q +$P($G(^XTMP("IBCVEXPDT",0)),"^",2)  
 ;  
SETXTPM(IBDFN,IBCHKDT,IBEXP,IBADMIS,IBPT) ;save info in ^XTMP  
 ;Input:IBDFN - patient's ien in PATIENT file  
 ; IBEXP - CV expiration date  
 ; IBADMIS - admission/movement date  
 ; IBPT - patient's info  
 S ^XTMP("IBCVEXPDT",IBDFN)=IBDFN\_"^"\_IBCHKDT\_"^"\_IBEXP\_"^"\_IBADMIS\_"^"\_$P(IBPT,"^",1,2)  
 Q  
 ;  
 ;is called from IBAMTC after PROC^IBAMTC and sends e-mail alert   
 ;with the list of inpatient's with CV expired  
CVEXMAIL(IBDT) ;send all e-mails  
 N Y,IBT,IBZ1,IBZ2,IBC,IBT,IBTOTAL  
 S IBC=0,IBTOTAL=0  
 ;loop thru ^XTMP  
 S IBZ1=0 F  S IBZ1=$O(^XTMP("IBCVEXPDT",IBZ1)) Q:+IBZ1=0 D  
 . D HEADER  
 . S IBZ2=$G(^XTMP("IBCVEXPDT",IBZ1))  
 . I IBZ2'="" S IBTOTAL=IBTOTAL+1 D MKEMAIL($P(IBZ2,U,3),$P(IBZ2,U,4),$P(IBZ2,U,5),$P(IBZ2,U,6))  
 I IBC>0 D  
 . D FOOTER(IBTOTAL)  
 . D SEND^IBACVA2  
 D SETXTMP0(IBDT)  
 Q  
 ;  
HEADER ;prints a header for the e-mail  
 I IBC>0 Q  
 S XMSUB="INPATIENTS' COMBAT VET STATUS EXPIRED"  
 N IBX S IBX="",$P(IBX,"=",70)=""  
 S IBC=IBC+1,IBT(IBC)="The following patients whose records indicate that they had CV status, were"  
 S IBC=IBC+1,IBT(IBC)="admitted for inpatient care with CV status, and their CV status has expired"  
 S IBC=IBC+1,IBT(IBC)="during their stays. Please check their CV exp date again before adjusting"  
 S IBC=IBC+1,IBT(IBC)="their billings accordingly."  
 S IBC=IBC+1,IBT(IBC)=""  
 S IBC=IBC+1,IBT(IBC)=$$LRJ("Patient NAME",23)\_$$LRJ("SSN",14)\_$$LRJ("CV exp. date",20)\_$$LRJ("Date of admission",20)  
 S IBC=IBC+1,IBT(IBC)=IBX  
 Q  
FOOTER(IBTOTAL) ;  
 S IBC=IBC+1,IBT(IBC)=""  
 S IBC=IBC+1,IBT(IBC)="Total: "\_IBTOTAL\_" patient(s)"  
 Q  
 ;  
MKEMAIL(IBEXP,IBADM,IBNAME,IBSSN) ;  
 ;send e-mail alert if CV does expire today  
 N Y  
 S Y=IBEXP D DD^%DT S IBEXP=Y  
 S Y=IBADM D DD^%DT S IBADM=Y  
 S IBC=IBC+1,IBT(IBC)=$$LRJ($E(IBNAME,1,21),23)\_$$LRJ(IBSSN,14)\_$$LRJ(IBEXP,20)\_$$LRJ(IBADM,20)  
 Q  
 ;  
SETXTMP0(IBDT) ;set the new "last CV check date" in ^XTMP  
 N IBPURGDT S IBPURGDT=+$$CHNGDATE^IBAHVE3(IBDT,+7)  
 K ^XTMP("IBCVEXPDT")  
 S ^XTMP("IBCVEXPDT",0)=IBPURGDT\_"^"\_IBDT\_"^LAST DATE NIGHTLY JOB CHECKED COMBAT VET EXPIRATION FOR INPATIENTS"  
 Q  
 ;  
 ;---  
 ;adds spaces on right/left or truncates to make return string IBLEN characters long  
 ;IBST- original string  
 ;IBLEN - desired length  
 ;IBCHR -character (default = SPACE)  
 ;IBSIDE - on which side to add characters (default = RIGHT)  
LRJ(IBST,IBLEN,IBCHR,IBSIDE) ;  
 N Y S $P(Y,$S($L($G(IBCHR)):IBCHR,1:" "),$S(IBLEN-$L(IBST)<0:1,1:IBLEN-$L(IBST)+1))=""  
 Q $E($S($G(IBSIDE)="L":Y\_IBST,1:IBST\_Y),1,IBLEN)  
 ;---  
 ;

| Modified Logic (Changes are in bold) |
| --- |
| IBACV ;WOIFO/SS-COMBAT VET UTILITIES ;7-AUG-03  ;;2.0;INTEGRATED BILLING;\*\*234,247,275,339**,544**\*\* ;21-MAR-94;Build 35  .  .  .  ;returns CV status as:  ; current\_CV\_status^end\_date^if\_ever\_had\_CV\_status CVEDT(IBDFN,IBDT) ;  N IBRET S IBRET=$$CVEDT^DGCV($G(IBDFN),$G(IBDT))  Q (+$P(IBRET,"^",3))\_"^"\_(+$P(IBRET,"^",2))\_"^"\_(+$P(IBRET,"^",1)) ;swop  ;  ;/\*\*  ;Return the classification description of code sets for #.03 in #351.2.  ; Input:  ; X -- Patient class [1-ao|2-ir|3-swa|4-sc|5-mst|6-hnc|7-cv|8-SHAD**|9-clv**] **JMB added Camp Lejeune for rsd ref# 2.6.7.12.1**  ; IBCASE -- "M" - mixed case (the first letter is uppercase and others-lowercase) PATTYPE(X,IBCASE) ; \*/  N IBZ  S IBZ=$S(X=1:"AGENT ORANGE",X=2:"IONIZING RADIATION",X=3:"SOUTHWEST ASIA",X=4:"SERVICE CONNECTED",X=5:"MILITARY SEXUAL TRAUMA",X=6:"HEAD/NECK CANCER",X=7:"COMBAT VETERAN",X=8:"PROJECT 112/SHAD",**X=9:"CAMP LEJEUNE",**1:"SPECIAL")  **; JMB added to above line x=9 for Camp Lejeune rsd ref# 2.6.7.12.1**  Q:$G(IBCASE)="M" $$LOWER^VALM1(IBZ)  Q IBZ  ; PATTYAB(X) ; Return External Abbreviation of Special Inpatient Billing Case Patient Type (#351.2,.03)  ; Input: 351.2, .03 internal value  N IBZ S X=$G(X)  S IBZ=$S(X=1:"AO",X=2:"IR",X=3:"SWA",X=4:"SC",X=5:"MST",X=6:"HNC",X=7:"CV",X=8:"SHAD",**X=9:"CLV",**1:"UNK")  **;JMB add X=9 for Camp Lejeune rsd ref# 2.6.7.12.1**   Q IBZ  ;  .  .  . |

Table : IBAMTD Routine

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | **IBAMTD** | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.7.15.1 | | | | | | | | |
| **Related Options** | N/A | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | IBAECI.INT  IBAMTBU.INT  IBAMTD1.INT  IBAMTD2.INT  IBAMTEL.INT  IBATEI.INT  IBAUTL4.INT  IBBSHDWN.INT | | | | | ^%DTC  C^%DTC  H^%DTC  YMD^%DTC  $$GETSTAT^DGMSTAPI  $$BILST^DGMTUB  $$MVT^DGPMOBS  ^DIK  CL^IBACV  PROC^IBACVA  EN^IBAECI  ^IBAERR1  ^IBAMTBU  KILL1^IBAMTC  ORIG^IBAMTC  ^IBAMTD1  UNFLAG^IBAMTD1  ADM^IBAMTI  DIS^IBAMTI  ^IBATEI  SITE^IBAUTL  SERV^IBAUTL2  CLOCK^IBAUTL3  CLUPD^IBAUTL3  EVCLOSE^IBAUTL3  EVFIND^IBAUTL3  ^IBAUTL4  $$ASIH^IBAUTL5  $$CVA^IBAUTL5  $$SECT^IBAUTL5  FILER^IBAUTL5  LAST^IBAUTL5  PASS^IBAUTL5  $$SWSTAT^IBBAPI  OBS^IBECEAU5  $$FY^IBOUTL  INP^IBTRKR  IN5^VADPT | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | ^DGPM(  ^IBE(351.1  ^IBE(351.2 | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | DGPMA -- Patient Admission/Discharge/Transfer record (File #405), in particular the main zero node information  IBCLSF – Environmental Indicator Classification | | | | | | | | |
| **Output Attribute Name and Definition** | ADM^IBAMTI(DFN,IBA,IBCLSF) - Create a new case record upon admission | | | | | | | | |
| Current Logic | | | | | | | | | |

IBAMTD ;ALB/CPM - MOVEMENT EVENT DRIVER INTERFACE ;21-OCT-91  
V ;;2.0;INTEGRATED BILLING;\*\*45,52,93,115,132,153,164,156,234,312,339\*\*;21-MAR-94;Build 2  
 ;;Per VHA Directive 2004-038, this routine should not be modified.  
 ;  
 I $G(DGPMA)="",$G(DGPMP)="" Q  
 ;  
EN ; Process events from the Movement Event Driver.  
 ;  
 ;S XRTL=$ZU(0),XRTN="IBAMTD-1" D T0^%ZOSV ;start rt clock  
 ;  
 Q:+$$SWSTAT^IBBAPI() ;IB\*2.0\*312  
 ;  
 ; -- add admissions to claims tracking  
 D INP^IBTRKR  
 ;  
 ; -- update Transfer Pricing  
 D ^IBATEI  
 ;  
 ; -- check for Long Term Care  
 N IBALTC D EN^IBAECI Q:IBALTC  
 ;  
 ; - process billing for CHAMPVA patients  
 I $$CVA^IBAUTL5(DFN) D PROC^IBACVA G END  
 ;  
 ; - unflag continuous patients  
 S IBASIH=$$ASIH^IBAUTL5(DGPMA)  
 I DGPMP="",($P(DGPMA,"^",2)=3!(IBASIH)),$O(^IBE(351.1,"B",DFN,0)),$D(^IBE(351.1,+$O(^(0)),0)),'$P(^(0),"^",2) D UNFLAG^IBAMTD1  
 ;  
 ; - update case record on discharge for special inpatient episodes  
 S IBA=$P($S(DGPMA="":DGPMP,1:DGPMA),"^",14)  
 I $O(^IBE(351.2,"AC",IBA,0)),DGPMP="",($P(DGPMA,"^",2)=3!(IBASIH)) D DIS^IBAMTI(IBA) G END  
 ;  
 ; - quit if patient was last Means Test copay patient before adm. date  
 S IBLC=$$BILST^DGMTUB(DFN) G:'IBLC END I DGPMA="",$P(DGPMP,"^",2)=1,IBLC<$P(+DGPMP,".") G END  
 D ORIG^IBAMTC I IBLC<$P(IBADMDT,".") G END  
 ;  
 ; - if editing or deleting a movement, send bulletin; delete  
 ; case record in #351.2 for deleted admissions  
 I DGPMP]"" S IBJOB=3 D  G END  
 .D ^IBAMTBU  
 .I DGPMA="",$P(DGPMP,"^",2)=1,$O(^IBE(351.2,"AC",IBA,0)) S DA=$O(^(0)),DIK="^IBE(351.2," D ^DIK K DA,DIK  
 ;  
 ; - add a case record for admission of special (ao/ir/swa/mst/hnc/shad/cv) inpatients  
 I $P(DGPMA,"^",2)=1 D  G END  
 .N IBCLSF D CL^IBACV(DFN,IBADMDT,"",.IBCLSF)  
 .S IBCLSF=$O(IBCLSF(0)) I IBCLSF,(IBCLSF<5) D ADM^IBAMTI(DFN,IBA,IBCLSF) Q  
 .I $P($$GETSTAT^DGMSTAPI(DFN,IBADMDT),U,2)="Y" S IBCLSF=5,IBCLSF(5)="" D ADM^IBAMTI(DFN,IBA,IBCLSF) Q  
 .I IBCLSF=6 D ADM^IBAMTI(DFN,IBA,IBCLSF) ; hnc  
 .I IBCLSF=8 D ADM^IBAMTI(DFN,IBA,IBCLSF) ; shad  
 .I IBCLSF=7 D ADM^IBAMTI(DFN,IBA,IBCLSF) ; CV has the lowest priority  
 ;  
 ; - if adding a retro-active transfer or spec. transfer, send bulletin  
 I ($P(DGPMA,"^",2)=2!($P(DGPMA,"^",2)=6)),+DGPMA<DT S IBJOB=6 D ^IBAMTBU  
 ;  
 ; - process discharges and ASIH movements only  
 I $P(DGPMA,"^",2)'=3,'IBASIH G END  
 ;  
 W:'$G(DGQUIET) !,"Billing Means Test charges...."  
 S (IBY,Y)=1,IBEVOLD=0,IBJOB=2,IBWHER=1,IBDISDT=+DGPMA\1,IBAFY=$$FY^IBOUTL(DT)  
 D SITE^IBAUTL I Y<1 S IBY=Y G END1  
 D SERV^IBAUTL2 G:IBY<1 END1  
 S IBWHER=24 D CLOCK^IBAUTL3 G:IBY<1 END1  
 ;  
 ; - Create an Outpat Copay for discharge with Observation Speciality  
 I $$MVT^DGPMOBS(IBA) D OBS^IBECEAU5 G:IBY<1 END1 G END  
 ;  
 ; - handle the variations on the basis of the event record  
 D EVFIND^IBAUTL3 ; sets IBEVDA to IEN of event record, or to 0 if none  
 S IBWHER=25 D @$S(IBEVDA:"EVT",1:"NOEVT")  
 ;  
 ; - kill variables and close  
END1 I IBY<1 S IBDUZ=DUZ D ^IBAERR1 K IBDUZ  
 W:'$G(DGQUIET) "completed."  
END D KILL1^IBAMTC  
 ;  
 ;I $D(XRT0) S:'$D(XRTN) XRTN="IBAMTD" D T1^%ZOSV ;stop rt clock  
 ;  
 Q  
 ;  
EVT ; Billable admission event on record.  
 ; I +$$MVT^DGPMOBS(IBA) S IBDT=IBDISDT D OE^IBAMTBU1,CLOSE1 G EVTQ  
 I IBEVCAL'<IBDISDT S IBY="-1^IB033" G EVTQ  
 I IBEVCAL S X1=IBEVCAL,X2=1 D C^%DTC S IBBDT=%H I X=IBDISDT S IBDT=IBEVCAL D PASS^IBAUTL5,CLOSE1:IBY>0 G EVTQ  
 I 'IBEVCAL S X=IBEVDT D H^%DTC S IBBDT=%H  
 S X=IBDISDT D H^%DTC S IBEDT=%H-1  
 I IBCLDA S %H=IBBDT D YMD^%DTC S IBDT=X D COUNT  
 D ^IBAUTL4,CLOSE:IBY>0  
EVTQ Q  
 ;  
NOEVT ; No billable event on record since admission date.  
 ; I +$$MVT^DGPMOBS(IBA) W:'$G(DGQUIET) " patient not billed (adm. for O&E)... " G NOEVTQ ; admitted for Observation & Examination  
 S (IBCUR,VAIP("D"))=+$G(^DGPM(IBA,0)) D IN5^VADPT S IBBS=$$SECT^IBAUTL5(+VAIP(8))  
 I 'IBASIH,'IBBS G NOEVTQ ; not in billable bedsection  
 I 'IBASIH,IBCUR\1=IBDISDT S IBDT=IBDISDT D:IBBS ^IBAMTD1 G NOEVTQ  
 S X=IBADMDT\1 D H^%DTC S IBBDT=%H  
 I IBASIH S VAIP("D")=IBADMDT,IBSAVBS=IBBS D IN5^VADPT S IBBS=$$SECT^IBAUTL5(+VAIP(8)) I 'IBBS S X=IBCUR D H^%DTC S IBBDT=%H I IBCUR\1=IBDISDT S IBDT=IBDISDT,IBBS=IBSAVBS D:IBBS ^IBAMTD1 G NOEVTQ  
 D LAST^IBAUTL5  
 S X=IBDISDT D H^%DTC S IBEDT=%H-1  
 I IBCLDA S %H=IBBDT D YMD^%DTC S IBDT=X D COUNT  
 D ^IBAUTL4,CLOSE:IBY>0  
NOEVTQ Q  
 ;  
COUNT ; Find number of days on clock. Input: IBDT  
 S X1=IBDT,X2=IBCLDT D ^%DTC S IBCLCT=X Q  
 ;  
CLOSE ; Close out charges, events; update clocks (at discharge: tag CLOSE1)  
 I $G(IBCHPDA) S IBNOS=IBCHPDA D FILER^IBAUTL5 G:IBY<1 CLOSEQ  
 I $G(IBCHCDA) S IBNOS=IBCHCDA D FILER^IBAUTL5 G:IBY<1 CLOSEQ  
 I IBCLDA D CLUPD^IBAUTL3  
CLOSE1 I IBEVDA,$D(IBDT) S IBEVCLD=IBDT D EVCLOSE^IBAUTL3  
CLOSEQ Q

| Modified Logic (Changes are in bold) |
| --- |
| IBAMTD ;ALB/CPM - MOVEMENT EVENT DRIVER INTERFACE ;21-OCT-91 V ;;2.0;INTEGRATED BILLING;\*\*45,52,93,115,132,153,164,156,234,312,339**,544**\*\*;21-MAR-94;Build 35  .  .  .   ;  ; - add a case record for admission of special (ao/ir/swa/mst/hnc/shad/cv**/clv**) inpatients **JMB added clv for Camp Lejeune rsd ref# 2.6.7.15**  I $P(DGPMA,"^",2)=1 D  G END  .N IBCLSF D CL^IBACV(DFN,IBADMDT,"",.IBCLSF)  .S IBCLSF=$O(IBCLSF(0)) I IBCLSF,(IBCLSF<5) D ADM^IBAMTI(DFN,IBA,IBCLSF) Q  .I $P($$GETSTAT^DGMSTAPI(DFN,IBADMDT),U,2)="Y" S IBCLSF=5,IBCLSF(5)="" D ADM^IBAMTI(DFN,IBA,IBCLSF) Q  .I IBCLSF=6 D ADM^IBAMTI(DFN,IBA,IBCLSF) ; hnc  .I IBCLSF=8 D ADM^IBAMTI(DFN,IBA,IBCLSF) ; shad  .I IBCLSF=7 D ADM^IBAMTI(DFN,IBA,IBCLSF) ; CV has the lowest priority  **.I IBCLSF=9 D ADM^IBAMTI(DFN,IBA,IBCLSF) ; clv JMB added this for Camp Lejeune rsd ref# 2.6.7.15.1**  ; .  .  . |

Table : IBAMTI Routine

| Routines | Activities | | | |
| --- | --- | --- | --- | --- |
| **Routine Name** | **IBAMTI** | | | |
| **Enhancement Category** | New | Modify | Delete | No Change |
| **RTM** | 2.6.7.11.4.1, 2.6.7.12.2, 2.6.7.12.3.1 | | | |
| **Related Options** | IB MT DISP SPECIAL CASES | | | |

| Related Routines | Routines “Called By” | | | Routines “Called” | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | IBAMTC.INT  IBAMTD.INT  IBAMTI1.INT  IBAMTI2.INT  IBECEA3.INT  IBECEA32.INT  IBECEAU5.INT  IBNTEG.INT  IBTUBOA.INT  IBYPNTEG.INT | | | DD^%DT  NOW^%DTC  $$BIL^DGMTUB  FILE^DICN  ^DIE  $$CVEDT^IBACV  $$PATTYPE^IBACV  SEND^IBACVA2  PAT^IBAERR1  $$BFO^IBECEAU  $$PT^IBEFUNC  $$FMDIFF^XLFDT | | |
| Routines | Activities | | | | | |
| **Data Dictionary (DD) References** | ^DGPM(  ^IBE(351.2 | | | | | |
| **Related Protocols** | N/A | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | |
| **Data Passing** | Input | Output Reference | Both | | Global Reference | Local |
| **Input Attribute Name and Definition** | DFN -- Pointer to the patient in file #2 ,  IBPM -- Pointer to the adm movement in file #405 ,  IBCL -- Patient class [1-ao|2-ir|3-sc|4-swa|5-mst|6-hnc|7-cv|8-shad|9-clv] | | | | | |
| **Output Attribute Name and Definition** | BULL(1,IBCL) ; send admission bulletin | | | | | |
| Current Logic | | | | | | |

IBAMTI ;ALB/CPM - SPECIAL INPATIENT BILLING CASES ; 11-AUG-93  
 ;;2.0;INTEGRATED BILLING;\*\*52,132,153,156,234,247,339\*\*;21-MAR-94;Build 2  
 ;;Per VHA Directive 2004-038, this routine should not be modified.  
 ;  
ADM(DFN,IBPM,IBCL) ; Create a new case record upon admission  
 ; Input: DFN -- Pointer to the patient in file #2  
 ; IBPM -- Pointer to the adm movement in file #405  
 ; IBCL -- Patient class [1-ao|2-ir|3-sc|4-swa|5-mst|6-hnc|7-cv|8-shad]  
 I '$G(DFN)!'$G(IBPM)!'$G(IBCL) G ADMQ  
 N DA,DIC,DIE,DR,IBC,X,Y  
 ;  
 ; - need to swap the input of 3 (SC) to 4, and 4 (EC) to 3  
 S IBCL=$S(IBCL=3:4,IBCL=4:3,IBCL=5:5,1:IBCL)  
 ;  
 K DD,DO S DIC="^IBE(351.2,",DIC(0)="",X=DFN D FILE^DICN S IBC=+Y  
 S DR=".02////"\_IBPM\_";.03////"\_IBCL\_";.05////1;2.01////"\_DUZ\_";2.02///NOW;2.03////"\_DUZ\_";2.04///NOW"  
 S DA=IBC,DIE=DIC D ^DIE  
 D BULL(1,IBCL) ; send admission bulletin  
ADMQ Q  
 ;  
DIS(IBPM) ; Update the case record upon discharge  
 ; Input: IBPM -- Pointer to the adm movement in file #405  
 N DA,DIE,DR,IBC  
 S IBC=$O(^IBE(351.2,"AC",+$G(IBPM),0)) I 'IBC G DISQ  
 S DR=".05////2;.06////"\_DT\_";2.03////"\_DUZ\_";2.04///NOW"  
 S DA=IBC,DIE="^IBE(351.2," D ^DIE  
 D BULL(2,+$P($G(^IBE(351.2,IBC,0)),"^",3)) ; send discharge bulletin  
DISQ Q  
 ;  
BGJ ; Perform nightly background monitoring of all case records.  
 N IBC,IBCD,IBNUM  
 S IBC=0 F  S IBC=$O(^IBE(351.2,IBC)) Q:'IBC  S IBCD=$G(^(IBC,0)) D  
 .Q:$P(IBCD,"^",8) ; case has been dispositioned  
 .Q:$P(IBCD,"^",5)=1 ; patient still admitted  
 .I '$P(IBCD,"^",6) S $P(^IBE(351.2,IBC,0),"^",6)=DT Q  ; no disch date  
 .S IBNUM=$$FMDIFF^XLFDT(DT,$P(IBCD,"^",6))  
 .Q:IBNUM<45 ; still time to disposition the case  
 .D NOTICE(IBNUM,+IBCD,+$P(IBCD,"^",2),+$P(IBCD,"^",3)) ; send reminder to disposition  
 Q  
 ;  
BULL(IBEV,IBCL) ; Send a bulletin at admission and discharge.  
 ; Input: IBEV -- Event [1:admission|2:discharge]  
 ; IBCL -- Patient class [1-ao|2-ir|3-swa|4-sc|5-mst|6-hnc|7-cv|8-shad]  
 K IBT S IBPT=$$PT^IBEFUNC(DFN)  
 S XMSUB=$E($P(IBPT,"^"),1,14)\_" "\_$P(IBPT,"^",3)\_" - "\_$$UCCL(IBCL)\_$S($G(IBEV)=1:" ADM",1:" DISCH")  
 S IBT(1)="The following Means Test copay "\_$$LCCL(IBCL)\_" patient was just "\_$S($G(IBEV)=1:"admitted:",1:"discharged:")  
 S IBT(2)=" " S IBC=2  
 S IBDUZ=DUZ D PAT^IBAERR1  
 S IBC=IBC+1,IBT(IBC)=" "  
 S IBC=IBC+1,IBT(IBC)=$S($G(IBEV)=1:"Please note that a special inpatient case record has been created for",1:"Please note that you have 45 days to determine if this episode of care")  
 S IBC=IBC+1,IBT(IBC)=$S($G(IBEV)=1:"this admission.",1:"should be billed.")  
 ;---CV  
 I IBCL=7,$G(IBEV)=2 D   
 . N Y,X,IBZ,IBFL,IBEXP,IBTODAY,IBDIS  
 . S (Y,X,IBZ,IBFL,IBEXP,IBTODAY,IBDIS)=0  
 . D NOW^%DTC S IBTODAY=%\1  
 . S IBZ=$$CVEDT^IBACV(DFN,IBTODAY)  
 . I +IBZ=1 Q  ;patient is still CV  
 . S IBEXP=+$P(IBZ,"^",2)\1  
 . S IBDIS=+$G(^DGPM(+$P($G(^DGPM(+$G(IBPM),0)),"^",17),0))\1  
 . ; if CV expired during inpatient stay  
 . I IBDIS>0,IBEXP'>IBDIS D  
 . . S IBFL=1  
 . . S Y=IBEXP D DD^%DT S IBEXP=Y  
 . . S IBC=IBC+1,IBT(IBC)=""  
 . . S IBC=IBC+1,IBT(IBC)="WARNING: Patient's CV status has expired on "\_IBEXP\_" during the"  
 . . S IBC=IBC+1,IBT(IBC)="inpatient stay. Billing needs to be adjusted accordingly."  
 . ; if discharge move was entered after actual discharge date  
 . I IBFL=0 D  
 . . S Y=IBEXP D DD^%DT S IBEXP=Y  
 . . S IBC=IBC+1,IBT(IBC)=""  
 . . S IBC=IBC+1,IBT(IBC)="WARNING: Patient CV status has expired on "\_IBEXP\_""  
 ;---  
 I IBEV=2 D  
 .I '$$BIL^DGMTUB(DFN,DT) S IBC=IBC+1,IBT(IBC)=" ",IBC=IBC+1,IBT(IBC)="Note: This patient, who was MT copay at admission, is no longer MT billable."  
 .I $$BFO^IBECEAU(DFN,+$G(^DGPM(IBPM,0))\1) S IBC=IBC+1,IBT(IBC)=" ",IBC=IBC+1,IBT(IBC)="Note: This patient was billed the outpatient copayment at admission."  
 D SEND^IBACVA2  
 Q  
 ;  
NOTICE(IBNUM,DFN,IBPM,IBCL) ; Notice to disposition billing case  
 ; Input: IBNUM -- Number of days since discharge  
 ; DFN -- Pointer to the patient in file #2  
 ; IBPM -- Pointer to the admission in file #405  
 ; IBCL -- Patient class [1-ao|2-ir|3-swa|4-sc|5-mst|6-hnc|7-cv|8-shad]  
 ;  
 Q:IBNUM#15 ; send notice every 15 days only  
 N IBC K IBT S IBPT=$$PT^IBEFUNC(DFN)  
 S XMSUB="NOTICE TO DISPOSITION SPECIAL INPATIENT BILLING CASE"  
 S IBT(1)="The case record for this Means Test copay "\_$$LCCL(IBCL)\_" patient"  
 S IBT(2)="is now "\_IBNUM\_" days old and should be dispositioned:"  
 S IBT(3)=" " S IBC=3  
 S IBDUZ=DUZ D PAT^IBAERR1  
 S Y=+$G(^DGPM(+$G(IBPM),0)) D DD^%DT  
 S IBC=IBC+1,IBT(IBC)=" Adm Date: "\_Y  
 S Y=+$G(^DGPM(+$P($G(^DGPM(+$G(IBPM),0)),"^",17),0)) D DD^%DT  
 S IBC=IBC+1,IBT(IBC)="Disc Date: "\_Y  
 S IBC=IBC+1,IBT(IBC)=" "  
 S IBC=IBC+1,IBT(IBC)="Please determine if this episode of care should be billed, and use"  
 S IBC=IBC+1,IBT(IBC)="the Cancel/Edit/Add Patient Charges option to add charges, or the"  
 S IBC=IBC+1,IBT(IBC)="Disposition Special Inpatient Billing Cases option to enter the reason"  
 S IBC=IBC+1,IBT(IBC)="for not billing."  
 D SEND^IBACVA2  
 Q  
 ;  
UCCL(X) ; Return the upper case classification description.  
 ; Input: X -- Patient class [1-ao|2-ir|3-swa|4-sc|5-mst|6-hnc|7-cv|8-shad]  
 Q $S('$G(X):"SPECIAL",1:$$PATTYPE^IBACV(X))  
 ;  
LCCL(X) ; Return the lower case classification description.  
 ; Input: X -- Patient class [1-ao|2-ir|3-swa|4-sc|5-mst|6-hnc|7-cv|8-shad]  
 Q $S('$G(X):"Special",1:$$PATTYPE^IBACV(X,"M"))  
 ;

| Modified Logic (Changes are in bold) |
| --- |
| IBAMTI ;ALB/CPM - SPECIAL INPATIENT BILLING CASES ; 11-AUG-93  ;;2.0;INTEGRATED BILLING;\*\*52,132,153,156,234,247,339**,544**\*\*;21-MAR-94;Build 35 **;;Per VA Directive 6402, this routine should not be modified.**  .  .  .  ADM(DFN,IBPM,IBCL) ; Create a new case record upon admission  ; Input: DFN -- Pointer to the patient in file #2  ; IBPM -- Pointer to the adm movement in file #405  ; IBCL -- Patient class [1-ao|2-ir|3-sc|4-swa|5-mst|6-hnc|7-cv|8-shad**|9-clv**] **JMB added 9-clv for Camp Lejeune rsd ref# 2.6.7.12.2** .  .  .  BULL(IBEV,IBCL) ; Send a bulletin at admission and discharge.  ; Input: IBEV -- Event [1:admission|2:discharge]  ; IBCL -- Patient class [1-ao|2-ir|3-swa|4-sc|5-mst|6-hnc|7-cv|8-shad**|9-clv**] **JMB added 9-clv for Camp Lejeune rsd ref# 2.6.7.12.2** .  .  .  NOTICE(IBNUM,DFN,IBPM,IBCL) ; Notice to disposition billing case  ; Input: IBNUM -- Number of days since discharge  ; DFN -- Pointer to the patient in file #2  ; IBPM -- Pointer to the admission in file #405  ; IBCL -- Patient class [1-ao|2-ir|3-swa|4-sc|5-mst|6-hnc|7-cv|8-shad**|9-clv**] **JMB added 9-clv for Camp Lejeune rsd ref# 2.6.7.12.2** .  .  .  UCCL(X) ; Return the upper case classification description.  ; Input: X -- Patient class [1-ao|2-ir|3-swa|4-sc|5-mst|6-hnc|7-cv|8-shad**|9-clv**] **JMB added 9-clv for Camp Lejeune rsd ref# 2.6.7.12.2**  Q $S('$G(X):"SPECIAL",1:$$PATTYPE^IBACV(X))  ; LCCL(X) ; Return the lower case classification description.  ; Input: X -- Patient class [1-ao|2-ir|3-swa|4-sc|5-mst|6-hnc|7-cv|8-shad**|9-clv**] **JMB added 9-clv for Camp Lejeune rsd ref# 2.6.7.12.2**  Q $S('$G(X):"Special",1:$$PATTYPE^IBACV(X,"M"))  ; |

Table : IBAMTI1 Routine

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | **IBAMTI1** | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.7.13.1, 2.6.7.13.1.1 | | | | | | | | |
| **Related Options** | IB MT DISP SPECIAL CASES | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | IBAMTI2.INT  IBECEA3.INT  IBECEA32.INT  IBNTEG.INT  IBYPNTEG.INT | | | | | ^DIC  ^DIE  $$PATTYAB^IBACV  $$UCCL^IBAMTI  $$PT^IBEFUNC  $$DAT1^IBOUTL | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | ^DGPM(  ^IB(  ^IB("AF"  ^IBE(350.1  ^IBE(350.21  ^IBE(351.2  ^VA(200 | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | IBC -- Pointer to the case record in file #351.2  IBEVT -- Pointer to event record in #350 | | | | | | | | |
| **Output Attribute Name and Definition** | UPD(IND) -- Disposition the case record. | | | | | | | | |
| Current Logic | | | | | | | | | |

IBAMTI1 ;ALB/CPM - SPECIAL INPATIENT BILLING CASES (CON'T.) ; 11-AUG-93  
 ;;2.0;INTEGRATED BILLING;\*\*52,132,156,199,234,339\*\*;21-MAR-94;Build 2  
 ;;Per VHA Directive 2004-038, this routine should not be modified.  
 ;  
DISP ; Manually disposition a case record.  
 W !!,"This option is used to disposition case records for special inpatient"  
 W !,"episodes of care which are not to be billed. (AO/IR/SWA/SC/MST/HNC/CV/SHAD)"  
 W !,"After identifying the case, please enter the reason (up to 80 characters)"  
 W !,"for non-billing."  
 ;  
 ; - main processing loop  
 S IBQ=0 F  W ! D SEL Q:IBQ  
 K IBQ  
 Q  
 ;  
SEL ; Select an inpatient billing case and enter the reason for non-billing.  
 S DIC="^IBE(351.2,",DIC(0)="QEAMZ",DIC("A")="Select PATIENT: "  
 N DPTNOFZY S DPTNOFZY=1 ;Suppress PATIENT file fuzzy lookups  
 D ^DIC S IBC=+Y I Y<0 S IBQ=1 G SELQ  
 I $P(Y(0),"^",5)=1 W !!,"You must wait until this patient has been discharged to disposition the case." G SELQ  
 I $P(Y(0),"^",4) S IBBILLED=1 W !!,"Please note that it appears as if this case has been billed."  
 I $P(Y(0),"^",8) W !!,"Please note that this case has already been dispositioned."  
 ;  
 ; - display case record  
 W ! D DSPL(IBC)  
 ;  
 ; - allow user update of record  
 S IBHC=$P(Y(0),"^",7),IBHR=$G(^IBE(351.2,IBC,1))  
 S DIE="^IBE(351.2,",DA=IBC,DR=$S($G(IBBILLED):".07;",1:"")\_1 D ^DIE  
 ;  
 S IBNC=$P(^IBE(351.2,IBC,0),"^",7),IBNR=$G(^IBE(351.2,IBC,1))  
 I IBHC=IBNC,IBHR=IBNR W !!,"No changes made to the case record!" G SELQ  
 I IBNR]"" W !!,"This case record will be dispositioned."  
 S DR="2.03////"\_DUZ\_";2.04///NOW"  
 I IBNR]"" S DR=".07////1;.08////1;"\_DR  
 S DIE="^IBE(351.2,",DA=IBC D ^DIE  
SELQ K DA,DIC,DIE,DR,IBC,IBHC,IBHR,IBNC,IBNR,IBBILLED  
 Q  
 ;  
CEA(IBPM,IBEVT) ; Automatically disposition the case from Cancel/Edit/Add.  
 ; Input: IBPM -- Pointer to the adm movement in file #405  
 ; IBEVT -- Pointer to the billing event record in file #350  
 I '$G(IBEVT) G CEAQ  
 N DA,DIE,DR,IBC  
 S IBC=$O(^IBE(351.2,"AC",+$G(IBPM),0)) I IBC D UPD(0)  
CEAQ Q  
 ;  
CHK(IBC,IBEVT) ; Review the case after adding a charge from Cancel/Edit/Add.  
 ; Input: IBC -- Pointer to the case in file #351.2  
 ; IBEVT -- Pointer to the billing event record in file #350  
 I '$G(IBC)!'$G(IBEVT) G CHKQ  
 N DA,DIE,DR,IBCD,IBCD1  
 S IBCD=$G(^IBE(351.2,IBC,0)),IBCD1=$G(^(1))  
 I $P(IBCD,"^",7)!'$P(IBCD,"^",8)!(IBCD1]"") D UPD(1)  
CHKQ Q  
 ;  
UPD(IND) ; Disposition the case record.  
 ; Input: IND -- 0 = dispositioning | 1 = reviewing  
 ; variables -- IBC => ptr to case record  
 ; IBEVT => ptr to event record in #350  
 W !,"Dispositioning the special inpatient billing case record"  
 W:$G(IND) " (as billable)" W "..."  
 K ^IBE(351.2,IBC,1)  
 S DR=".04////"\_IBEVT\_";.07////0;.08////1;2.03////"\_DUZ\_";2.04///NOW"  
 S DIE="^IBE(351.2,",DA=IBC D ^DIE W " done."  
 Q  
 ;  
DSPL(IBC) ; Display a case record.  
 ; Input: IBC -- Pointer to the case record in file #351.2  
 I '$G(IBC) G DSPLQ  
 N DFN,IBCD,IBC1,IBC2,IBATYP,IBPT,IBDIS,IBCL,IBEVT,IBN,IBND,Y  
 S IBCD=$G(^IBE(351.2,IBC,0)),IBC1=$G(^(1)),IBC2=$G(^(2))  
 S DFN=+IBCD,IBPT=$$PT^IBEFUNC(DFN),IBCL=$P(IBCD,"^",3)  
 W !,$$DASH(),!?1,"Pt. Name: ",$E($P(IBPT,"^"),1,17)," (",$P(IBPT,"^",3),")"  
 W ?38,"Care related to ",$$PATTYAB^IBACV(IBCL),": ",$S($P(IBCD,"^",7):"YES",$P(IBCD,"^",7)=0:"NO",1:"UNANSWERED")  
 W !?5,"Type: ",$$UCCL^IBAMTI(IBCL),?39,"Case Dispositioned: ",$S($P(IBCD,"^",8):"YES",1:"NO")  
 W !?1,"Adm Date: ",$$DAT1^IBOUTL(+$G(^DGPM(+$P(IBCD,"^",2),0)),1),?41,"Date Last Edited: ",$$DAT1^IBOUTL(+$P(IBC2,"^",4),1)  
 S IBDIS=+$G(^DGPM(+$P($G(^DGPM(+$P(IBCD,"^",2),0)),"^",17),0))  
 W !,"Disc Date: ",$S(IBDIS:$$DAT1^IBOUTL(IBDIS,1),1:"Still Admitted"),?43,"Last Edited By: ",$E($P($G(^VA(200,+$P(IBC2,"^",3),0)),"^"),1,20),!,$$DASH()  
 ;  
 S IBEVT=+$P(IBCD,"^",4)  
 I $O(^IB("AF",IBEVT,IBEVT)) W !?1,"Charges Billed:" D  
 .S IBN=0 F  S IBN=$O(^IB("AF",IBEVT,IBN)) Q:'IBN  I IBN'=IBEVT D  
 ..S IBND=$G(^IB(IBN,0))  
 ..S IBATYP=$P($G(^IBE(350.1,+$P(IBND,"^",3),0)),"^")  
 ..S:$E(IBATYP,1,2)="DG" IBATYP=$E(IBATYP,4,99)  
 ..W !?5,IBATYP,?35,$$DAT1^IBOUTL($P(IBND,"^",14)),?46,$$DAT1^IBOUTL($P(IBND,"^",15))  
 ..W ?57,"$",$P(IBND,"^",7),?64,$P($G(^IBE(350.21,+$P(IBND,"^",5),0)),"^",2)  
 .W !,$$DASH()  
 ;  
 I IBC1]"" W !?1,"Reason for Non-Billing:",!,IBC1,!,$$DASH(),!  
DSPLQ Q  
 ;  
DASH() ; Return a dashed line.  
 Q $TR($J("",80)," ","-")

| Modified Logic (Changes are in bold) |
| --- |
| IBAMTI1 ;ALB/CPM - SPECIAL INPATIENT BILLING CASES (CON'T.) ; 11-AUG-93  ;;2.0;INTEGRATED BILLING;\*\*52,132,156,199,234,339**,544**\*\*;21-MAR-94;Build 35 **;;Per VA Directive 6402, this routine should not be modified.**  .  .  .  DISP ; Manually disposition a case record.  W !!,"This option is used to disposition case records for special inpatient"  W !,"episodes of care which are not to be billed. (AO/IR/SWA/SC/MST/HNC/CV/SHAD**/CL**)" **;JMB added CL for Camp Lejeune rsd ref# 2.6.7.13.1**  W !,"After identifying the case, please enter the reason (up to 80 characters)"  W !,"for non-billing."  ; |

Table : IBAMTS Routine

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | **IBAMTS** | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.7.11.4.1, 2.6.7.15.1, 2.6.7.17.1 | | | | | | | | |
| **Related Options** | N/A | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | IB20P16A.INT  IBAECO.INT  IBAERR1.INT  IBAMTEDU.INT  IBAMTS1.INT  IBAMTS2.INT  IBATEO.INT  IBBSHDWN.INT  IBECEAU5.INT  IBEMTO.INT  IBJDI11.INT  IBJDI7.INT  IBNTEG.INT  IBONI002.INT  IBOVOP2.INT  IBTRED.INT  IBTRKR41.INT  IBTUBO1.INT  IBTUTL5.INT  IBYPNTEG.INT | | | | | DD^%DT  $$BILST^DGMTUB  $$CVEDT^IBACV  EN^IBAECO  $$LTCENC^IBAECU  ^IBAERR1  MAIL^IBAERR1  PAT^IBAERR1  NEW^IBAMTS1  UPD^IBAMTS2  ^IBATEO  $$SWSTAT^IBBAPI  $$BFO^IBECEAU  $$CHECK^IBECEAU  $$CNP^IBECEAU  CANCH^IBECEAU4  $$PT^IBEFUNC  CL^SDCO21  DUZ^XUP | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | ^DIC(40.7  ^IBE(350.3  ^TMP("SDEVT" | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | DFN --File Number – the local/facility patient Record number (patient file internal entry number)  IBDAT – Clock begin date  IBARR – Classification array – Camp Lejeune now included | | | | | | | | |
| **Output Attribute Name and Definition** | Y -- Return the classification type | | | | | | | | |
| Current Logic | | | | | | | | | |

IBAMTS ;ALB/CPM - APPOINTMENT EVENT DRIVER INTERFACE ;20-JUL-93  
 ;;2.0;INTEGRATED BILLING;\*\*52,115,132,153,164,156,171,247,312,341,339\*\*;21-MAR-94;Build 2  
 ;;Per VHA Directive 2004-038, this routine should not be modified.  
 ;  
EN ; Main interface entry point.  
 ;  
 N IBSWINFO S IBSWINFO=$$SWSTAT^IBBAPI() ;IB\*2.0\*312  
 I '$G(DUZ) D DUZ^XUP(.5) ;IB\*2.0\*341 Setting of DUZ covered by IA 4129  
 ;  
 S IBJOB=5,IBWHER="",IBDUZ=DUZ,IBY=1  
 ; Do Transfer Pricing  
 I '+IBSWINFO D ^IBATEO ;IB\*2.0\*312  
 ; Check Encounter Related to LTC  
 N IBALTC D EN^IBAECO  
 I '$$BILST^DGMTUB(DFN) G ENQ ; never Means Test billable  
 I '$$CHECK^IBECEAU(0) D ^IBAERR1 G ENQ ; can't set vital parameters  
 ;  
 ; - process all parent outpatient encounters  
 S IBORG=0 F  S IBORG=$O(^TMP("SDEVT",$J,SDHDL,IBORG)) Q:'IBORG  D  
 .S IBOE=0 F  S IBOE=$O(^TMP("SDEVT",$J,SDHDL,IBORG,"SDOE",IBOE)) Q:'IBOE  S IBEVT=$G(^(IBOE,0,"AFTER")),IBEV0=$G(^("BEFORE")) D  
 ..;  
 ..S IBDT=$S(IBEVT:+IBEVT,1:+IBEV0),IBDAT=$P(IBDT,".")  
 ..; Do NOT PROCESS on VistA if IBDAT>=Switch Eff Date ;CCR-930  
 ..I +IBSWINFO,(IBDAT+1)>$P(IBSWINFO,"^",2) Q             ;IB\*2.0\*312  
 ..;  
 ..S IBAPTY=$S(IBEVT:$P(IBEVT,"^",10),1:$P(IBEV0,"^",10))  
 ..S IBBILLED=$$BFO^IBECEAU(DFN,IBDAT),IBY=1  
 ..;  
 ..; - if C&P encounter, cancel charges for the day and quit  
 ..I IBAPTY=1!(IBALTC) D:IBBILLED  Q  
 ...S IBCRES=+$O(^IBE(350.3,"B",$S(IBALTC:"BILLED LTC CHARGE",1:"COMP & PENSION VISIT RECORDED"),0))  
 ...S:'IBCRES IBCRES=23 S IBWHER=""  
 ...D CANCH^IBECEAU4(IBBILLED,IBCRES,0)  
 ..;  
 ..; - quit if there are any C&P encounters on the visit date  
 ..Q:$$CNP^IBECEAU(DFN,IBDAT)  
 ..;  
 ..; - quit if there are any LTC encounters on the visit date  
 ..Q:$$LTCENC^IBAECU(DFN,IBDAT)  
 ..;  
 ..; - don't process child events  
 ..I IBEVT]"" Q:$P(IBEVT,"^",6)  
 ..I IBEVT="",IBEV0]"" Q:$P(IBEV0,"^",6)  
 ..;  
 ..; - get statuses  
 ..S IBAST=+$P(IBEVT,"^",12),IBBST=+$P(IBEV0,"^",12)  
 ..;  
 ..; - do either NEW or UPDATED processing  
 ..I IBAST=2,IBBST'=2 D NEW^IBAMTS1 Q  
 ..D UPD^IBAMTS2  
 ;  
ENQ K IBJOB,IBWHER,IBORG,IBOE,IBEVT,IBEV0,IBAST,IBBST,IBDUZ,IBY  
 K IBDT,IBDAT,IBAPTY,IBBILLED,IBSERV,IBSITE,IBFAC,IBCRES,IBRTED  
 Q  
 ;  
BULL ; Send bulletin when classified patients are billed stops which  
 ; are exempt from the classification process.  
 N IBT,IBC,IBPT,IBDUZ,IBX S IBPT=$$PT^IBEFUNC(DFN),IBX=$$CLTY  
 S XMSUB="CHARGE FOR STOP CODE EXEMPT FROM CLASSIFICATION"  
 S IBT(1)="The following patient, who "\_$S(IBX="SC":"has a service connected disability,",IBX="CV":"is Combat Veteran",1:"has claimed exposure to "\_IBX\_",")  
 S IBT(2)="was billed the Means Test outpatient copay for a stop code which is"  
 S IBT(3)="exempt from classification:"  
 S IBT(4)=" " S IBC=4  
 S IBDUZ=DUZ D PAT^IBAERR1  
 S Y=IBDAT D DD^%DT  
 S IBC=IBC+1,IBT(IBC)="Stop Date: "\_Y  
 S IBC=IBC+1,IBT(IBC)="Stop Code: "\_$P($G(^DIC(40.7,+$P(IBEVT,"^",3),0)),"^")  
 S IBC=IBC+1,IBT(IBC)=" "  
 S IBC=IBC+1,IBT(IBC)="Please check this patient's medical record to determine if the care provided"  
 S IBC=IBC+1,IBT(IBC)="was related to the "\_$S(IBX="SC":"SC disability",IBX="CV":"Combat Veteran status",1:"claimed exposure")\_", and, if related, cancel the charge."  
 D MAIL^IBAERR1  
 K X,Y,XMSUB,XMY,XMTEXT,XMDUZ  
 Q  
 ;  
CLTY() ; Return the classification type  
 N IBARR,Y D CL^SDCO21(DFN,IBDAT,"",.IBARR) S Y=""  
 I $D(IBARR(3)) S Y="SC" G CLTYQ  
 I $D(IBARR(7)),+$$CVEDT^IBACV(DFN,IBDAT) S Y="CV" G CLTYQ  
 I $D(IBARR(1)) S Y="Agent Orange" G CLTYQ  
 I $D(IBARR(2)) S Y="Ionizing Radiation" G CLTYQ  
 I $D(IBARR(4)) S Y="Southwest Asia" G CLTYQ  
 I $D(IBARR(8)) S Y="Project 112/SHAD" G CLTYQ  
 I $D(IBARR(5)) S Y="Military Sexual Trauma" G CLTYQ  
 I $D(IBARR(6)) S Y="Head/Neck Cancer" G CLTYQ  
CLTYQ Q Y

| Modified Logic (Changes are in bold) |
| --- |
| IBAMTS ;ALB/CPM - APPOINTMENT EVENT DRIVER INTERFACE ;20-JUL-93  ;;2.0;INTEGRATED BILLING;\*\*52,115,132,153,164,156,171,247,312,341,339**,544**\*\*;21-MAR-94;Build 35  .  .  .  CLTY() ; Return the classification type  N IBARR,Y D CL^SDCO21(DFN,IBDAT,"",.IBARR) S Y=""  I $D(IBARR(3)) S Y="SC" G CLTYQ  I $D(IBARR(7)),+$$CVEDT^IBACV(DFN,IBDAT) S Y="CV" G CLTYQ  I $D(IBARR(1)) S Y="Agent Orange" G CLTYQ  I $D(IBARR(2)) S Y="Ionizing Radiation" G CLTYQ  I $D(IBARR(4)) S Y="Southwest Asia" G CLTYQ  I $D(IBARR(8)) S Y="Project 112/SHAD" G CLTYQ  I $D(IBARR(5)) S Y="Military Sexual Trauma" G CLTYQ  I $D(IBARR(6)) S Y="Head/Neck Cancer" G CLTYQ  **I $D(IBARR(9)) S Y="Camp Lejeune" G CLTYQ ;JMB Added Camp Lejeune IB\*2.0\*544 rsd ref# 2.6.7.17.1**  CLTYQ Q Y |

Table : IBAMTS1 Routine

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | **IBAMTS1** | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.7.15.2 | | | | | | | | |
| **Related Options** | IB MT NIGHT COMP | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | IB20P16A.INT  IBAMTEDU.INT  IBAMTS.INT  IBAMTS2.INT  IBECEAU5.INT  IBEMTO.INT  IBJDI11.INT  IBNTEG.INT  IBTUBO1.INT  IBTUTL5.INT  IBYPNTEG.INT | | | | | NOW^%DTC  $$BIL^DGMTUB  ^IBAERR1  ^IBAFIL  BULL^IBAMTS  CANC^IBAMTS2  TYPE^IBAUTL2  CLADD^IBAUTL3  ADD^IBECEAU3  $$IGN^IBEFUNC  $$NBCL^IBEFUNC  $$NBCSC^IBEFUNC  $$NBDIS^IBEFUNC  $$GETSC^IBEMTSCU  CL^SDCO21  $$EXOE^SDCOU2  ADM^VADPT2  $$FMDIFF^XLFDT | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | ^IB(  ^IBE(350.1  ^IBE(351  ^IBE(352.5  ^SC(  ^TMP("SDEVT" | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | IBUPD -- 0 if event just checked out, 1 if event is being updated, Y -- array to place output | | | | | | | | |
| **Output Attribute Name and Definition** | Environmental Indicators returned as ao^ir^sc^swa^mst^hnc^cv^shad^clv [1|yes, 0|no]  if IBUPD=0, Y is returned as a single string  if IBUPD=1, Y("BEFORE"), and Y("AFTER") are defined. | | | | | | | | |
| Current Logic | | | | | | | | | |

IBAMTS1 ;ALB/CPM - PROCESS NEW OUTPATIENT ENCOUNTERS ; 22-JUL-93  
 ;;2.0;INTEGRATED BILLING;\*\*20,52,132,153,166,156,167,247,339\*\*;21-MAR-94;Build 2  
 ;;Per VHA Directive 2004-038, this routine should not be modified.  
 ;  
NEW ; Appointment fully processed - prepare a new charge.  
 ;  
 ; ibbilled is set to 1 if the patient has already been billed on this  
 ; date. if the date is after 12/5/01, check the type of bill to see  
 ; if it is an upgrade from primary (1st bill) to specialty (new bill)  
 I IBBILLED D:IBDAT'<3011206 CHKPRIM I IBBILLED G NEWQ  
 ;  
 ; - for registrations, get disposition, and use log-out date/time  
 I IBORG=3 D  G:'IBDISP NEWQ  
 .S IBDISP=+$P($G(^TMP("SDEVT",$J,SDHDL,IBORG,"DIS",0,"AFTER")),"^",7)  
 .Q:'IBDISP  
 .S IBTEMP=+$P($G(^TMP("SDEVT",$J,SDHDL,IBORG,"DIS",0,"AFTER")),"^",6)  
 .S:IBTEMP IBDT=IBTEMP,IBDAT=$P(IBDT,".")  
 ;  
 I '$$BIL^DGMTUB(DFN,IBDT) G NEWQ ; patient is not Means Test billable  
 ;  
 ; - perform batch of edits  
 I '$$CHKS G NEWQ  
 ;  
 ; - quit if AO/IR/SWA/MST/HNC/CV/SHAD exposure is indicated, or SC related  
 D CLSF(0,.IBCLSF)  
 I IBCLSF[1 G NEWQ  
 ;  
 S IBSL="409.68:"\_IBOE  
 ;  
BLD ; - build the charge. May also enter from IBAMTS2 (requires IBSL)  
 ;  
 ; find the clinic stop code in 409.68 (dbia402) and find the matching  
 ; entry in file 352.5. the 352.5 entry is populated in the 350 field  
 ; for reference using the ibstopda variable  
 N %,IBSTOPDA,IBTYPE  
 S %=$$GETSC^IBEMTSCU(IBSL,IBDAT) I % S IBSTOPDA=%  
 ;  
 ; get the rate, ibtype = primary or specialty  
 S IBTYPE=$P($G(^IBE(352.5,+$G(IBSTOPDA),0)),"^",3) I IBTYPE=0 Q  
 ; if the type is not defined, must be a local created sc, set it to primary  
 I 'IBTYPE S IBTYPE=1  
 S IBX="O" D TYPE^IBAUTL2 G:IBY<0 NEWQ  
 S IBUNIT=1,(IBFR,IBTO)=IBDAT,IBEVDA="\*"  
 D ADD^IBECEAU3 G:IBY<0 NEWQ  
 ;  
 ; - if enctr is exempt from classification, but patient isn't, send msg  
 I $$EXOE^SDCOU2($S($G(IBOEN):IBOEN,1:IBOE)),$$CLPT(DFN,IBDAT) D BULL^IBAMTS  
 ;  
 ; - if the opt billing rate is over a year old, place the charge on hold  
 ;I $$OLDRATE(IBRTED,IBFR) D G CLOCK  
 ;.S DIE="^IB(",DA=IBN,DR=".05////20" D ^DIE K DIE,DA,DR  
 ;  
 ; - drop the charge into the background filer  
 D IBFLR G:IBY<0 NEWQ  
 ;  
 ; - if there is no active billing clock, add one  
CLOCK I '$D(^IBE(351,"ACT",DFN)) S IBCLDT=IBDAT D CLADD^IBAUTL3  
 ;  
NEWQ I IBY<0 D ^IBAERR1  
 K IBDISP,IBCLSF,IBCLDA,IBMED,IBCLDT,IBN,IBBS,IBTEMP  
 K IBUNIT,IBFR,IBTO,IBSL,IBEVDA,IBX,IBDESC,IBATYP,IBCHG  
 Q  
 ;  
CHKS() ; Perform a batch of edits to determine whether to bill.  
 ; Input variables required: IBEVT -- encounter  
 ; IBAPTY -- appt type  
 ; IBDAT -- appt date  
 ; IBDT -- appt date/time  
 ; IBORG -- originating process  
 ; IBDISP -- disposition (if registration)  
 N IBRESULT  
 ;  
 ; default is fail the checks  
 S IBRESULT=0  
 ;  
 ; for appts prior to 12/6/2001  
 I IBDAT<3011206 D  Q IBRESULT  
 . ; - non-count clinic  
 . I $P($G(^SC(+$P(IBEVT,"^",4),0)),"^",17)="Y" Q  
 . ;  
 . ; - non-billable appointment type  
 . I $$IGN^IBEFUNC(IBAPTY,IBDAT) Q  
 . ;  
 . ; - non-billable disposition/stop code/clinic  
 . I IBORG=1!(IBORG=2),$$NBCL^IBEFUNC(+$P(IBEVT,"^",4),IBDT) Q  
 . I IBORG=1!(IBORG=2),$$NBCSC^IBEFUNC(+$P(IBEVT,"^",3),IBDT) Q  
 . I IBORG=3,$$NBDIS^IBEFUNC(IBDISP,IBDT) Q  
 . ;  
 . ; - ignore if checked out late and pt was an inpatient at midnight  
 . I DT>IBDAT,$$INPT(DFN,IBDAT\_".2359") Q  
 . ;  
 . ; pass the checks  
 . S IBRESULT=1  
 ;  
 ; for appts on or after 12/6/2001  
 ;  
 ; - non-billable appointment type  
 I $$IGN^IBEFUNC(IBAPTY,IBDAT) Q 0  
 ;  
 ; - non-count clinic  
 I $P($G(^SC(+$P(IBEVT,"^",4),0)),"^",17)="Y" Q 0  
 ;  
 ; - ignore if checked out late and pt was an inpatient at midnight  
 I DT>IBDAT,$$INPT(DFN,IBDAT\_".2359") Q 0  
 ;  
 ; pass the checks  
 Q 1  
 ;  
 ;  
IBFLR ; Drop the charge into the IB Background filer.  
 N IBSEQNO,IBNOS,IBNOW,IBTOTL,IBSERV,IBWHER,IBFAC,IBSITE,IBAFY,IBARTYP,IBIL,IBTRAN  
 D NOW^%DTC S IBNOW=%,IBNOS=IBN  
 S IBSEQNO=$P($G(^IBE(350.1,+IBATYP,0)),"^",5) I 'IBSEQNO S IBY="-1^IB023"  
 I IBY>0 D ^IBAFIL  
 Q  
 ;  
CLPT(DFN,VDATE) ; Should the patient be asked the classification questions?  
 ; Input: DFN -- Pointer to the patient in file #2  
 ; VDATE -- Visit date  
 N IBARR D CL^SDCO21(DFN,VDATE,"",.IBARR)  
 Q $D(IBARR)>0  
 ;  
INPT(DFN,VAINDT) ; Was the patient an inpatient at VAINDT?  
 ; Input: DFN -- Pointer to the patient in file #2  
 ; VAINDT -- Date/time to check for inpatient status  
 ; Output: 1 - inpatient | 0 - not an inpatient  
 N VADMVT D ADM^VADPT2  
 Q VADMVT>0  
 ;  
CLSF(IBUPD,Y) ; Examine classification questions.  
 ; Input: IBUPD -- 0 if event just checked out  
 ; 1 if event is being updated  
 ; Y -- array to place output  
 ; Output: indicators returned as ao^ir^sc^swa^mst^hnc^cv^shad [1|yes, 0|no]  
 ; if IBUPD=0, Y is returned as a single string  
 ; if IBUPD=1, Y("BEFORE"),Y("AFTER") are defined.  
 N X,ZA,ZB S:'$G(IBUPD) Y="" S:$G(IBUPD) (Y("BEFORE"),Y("AFTER"))=""  
 S X=0 F  S X=$O(^TMP("SDEVT",$J,SDHDL,IBORG,"SDOE",IBOE,"CL",X)) Q:'X  S ZB=$G(^(X,0,"BEFORE")),ZA=$G(^("AFTER")) D  
 .I '$G(IBUPD) S:ZA $P(Y,"^",+ZA)=+$P(ZA,"^",3) Q  
 .S $P(Y("BEFORE"),"^",+ZB)=+$P(ZB,"^",3),$P(Y("AFTER"),"^",+ZA)=+$P(ZA,"^",3)  
 Q  
 ;  
OLDRATE(IBRTED,IBFR) ; See if the copay rate effective date is too old.  
 ; Input: IBRTED -- Charge Effective Date  
 ; IBFR -- Visit Date  
 ; Output: 1 -- Effective Date is too old  
 ; 0 -- Not  
 ;  
 N IBNUM,IBYR  
 S IBNUM=$$FMDIFF^XLFDT(IBFR,IBRTED),IBYR=$E(IBFR,1,3)  
 Q IBYR#4&(IBNUM>364)!(IBYR#4=0&(IBNUM>365))  
 ;  
 ;  
CHKPRIM ; check to see if patient has been billed for primary  
 ; and this is a specialty stop. if so, cancel the primary  
 ; bill and let the software create the new specialty charge  
 ; input ibbilled = last parent bill to check (ien 350)  
 ; used to check the rate  
 ; output ibbilled = last parent bill number to prevent  
 ; adding specialty charge  
 N %,IBSTOPDA,IBTYPE,IBCRES,IBI,IBS  
 ;  
 ; get the stop code for the 2nd visit on the same day  
 S IBSTOPDA=$$GETSC^IBEMTSCU("409.68:"\_IBOE,IBDAT) I 'IBSTOPDA Q  
 ;  
 ; get the rate, ibtype = primary or specialty  
 S IBTYPE=$P(^IBE(352.5,IBSTOPDA,0),"^",3)  
 ; if the new appt is not specialty, quit ... no need to create  
 ; a new charge  
 I IBTYPE'=2 Q  
 ;  
 ; if the last charge was billed at specialty, quit  
 I $P($G(^IBE(352.5,+$P($G(^IB(+IBBILLED,0)),"^",20),0)),"^",3)=2 Q  
 ;  
 ; cancel the charge  
 ; cancellation reason = billed at higher tier rate  
 S IBCRES=6,IBS=$P($G(^IB(+IBBILLED,0)),"^",5)  
 ;  
 ; if not billed, on hold, or cancelled wait  
 I IBS'=3!(IBS'=8)!(IBS'=10) F IBI=1:1:10 H 1 S IBS=$P($G(^IB(+IBBILLED,0)),"^",5) I IBS=3!(IBS=8)!(IBS=10) Q  
 ;  
 D CANC^IBAMTS2  
 ;  
 ; set ibbilled = 0 to create the specialty charge  
 S IBBILLED=0  
 Q

| Modified Logic (Changes are in bold) |
| --- |
| IBAMTS1 ;ALB/CPM - PROCESS NEW OUTPATIENT ENCOUNTERS ; 22-JUL-93  ;;2.0;INTEGRATED BILLING;\*\*20,52,132,153,166,156,167,247,339**,544**\*\*;21-MAR-94;Build 35  .  .  .  ;  ; - perform batch of edits  I '$$CHKS G NEWQ  ;  ; - quit if AO/IR/SWA/MST/HNC/CV/SHAD**/CLV** exposure is indicated, or SC related **JMB added CLV for Camp Lejeune rsd ref# 2.6.7.15.2**  D CLSF(0,.IBCLSF)  I IBCLSF[1 G NEWQ  ; .  .  .  ; CLSF(IBUPD,Y) ; Examine classification questions.  ; Input: IBUPD -- 0 if event just checked out  ; 1 if event is being updated  ; Y -- array to place output  ; Output: indicators returned as ao^ir^sc^swa^mst^hnc^cv^shad**^clv** [1|yes, 0|no]  ; if IBUPD=0, Y is returned as a single string  ; if IBUPD=1, Y("BEFORE"),Y("AFTER") are defined.  N X,ZA,ZB S:'$G(IBUPD) Y="" S:$G(IBUPD) (Y("BEFORE"),Y("AFTER"))=""  S X=0 F  S X=$O(^TMP("SDEVT",$J,SDHDL,IBORG,"SDOE",IBOE,"CL",X)) Q:'X  S ZB=$G(^(X,0,"BEFORE")),ZA=$G(^("AFTER")) D  .I '$G(IBUPD) S:ZA $P(Y,"^",+ZA)=+$P(ZA,"^",3) Q  .S $P(Y("BEFORE"),"^",+ZB)=+$P(ZB,"^",3),$P(Y("AFTER"),"^",+ZA)=+$P(ZA,"^",3)  Q  ; |

Table : IBAMTS2 Routine

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | **IBAMTS2** | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.7.15.2.1 | | | | | | | | |
| **Related Options** | N/A | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | IBAERR1.INT  IBAMTEDU.INT  IBAMTS.INT  IBAMTS1.INT  IBJDI7.INT  IBNTEG.INT  IBOVOP2.INT  IBTRED.INT  IBTRKR41.INT  IBTUBO1.INT  IBTUTL5.INT  IBYPNTEG.INT | | | | | $$BIL^DGMTUB  $$CHKS^IBAMTS1  BLD^IBAMTS1  CLSF^IBAMTS1  NEW^IBAMTS1  CANCH^IBECEAU4  $$DISND^IBSDU  SCAN^IBSDU | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | ^IB(  ^IBE(350.3  ^SDD(409.42  ^TMP("DIERR" | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | For tag: CLUPD^IBAMTS2  IBCLSF("BEFORE")  IBCLSF("AFTER")  For tag: ENCL^IBAMTS2  IBOE -- Pointer to outpatient encounter in file #409.68 | | | | | | | | |
| **Output Attribute Name and Definition** | Y – Array with possible values:  For tag: CLUPD^IBAMTS2  0 -- no changes 1 -- changes require charges to be cancelled 2 -- changes require appt to be billed 3 -- [ec/swa] cancel charge, create deferred charge 4 -- [ec/swa] pass deferred charge, disposition case  For tag: ENCL^IBAMTS2  ao^ir^sc^swa^mst^hnc^cv^shad^clv, where, for each piece,  1 - care was related to condition, and  0 (or null) - care not related to condition | | | | | | | | |
| Current Logic | | | | | | | | | |

IBAMTS2 ;ALB/CPM - PROCESS UPDATED OUTPATIENT ENCOUNTERS ; 25-AUG-93  
 ;;2.0;INTEGRATED BILLING;\*\*52,91,117,132,153,156,167,247,339\*\*;21-MAR-94;Build 2  
 ;;Per VHA Directive 2004-038, this routine should not be modified.  
 ;  
UPD ; Perform encounter update actions.  
 N IBCBK,IBFILTER,IBVAL  
 ;  
 ; - was check out deleted?  
 I IBAST'=2,IBBST=2 S IBCRES=$S(IBAST=8:5,1:1)  
 ;  
 ; - see if checked out appt classifications were changed  
 I IBAST=2,IBBST=2 D CLSF^IBAMTS1(1,.IBCLSF) S IBACT=$$CLUPD() G:'IBACT UPDQ D  I IBACT'=1 G UPDQ  
 .I IBACT=1 S IBCRES=2 Q  
 .I IBACT=2 N IBCLSF D NEW^IBAMTS1  
 ;  
 ; - cancel charge if there is a cancellation reason, and the billed  
 ; - charge was for the appointment that is no longer billable  
 I '$G(IBCRES) G UPDQ  
 I '$$LINK(IBOE,$S(IBEVT:IBEVT,1:IBEV0),IBBILLED) G UPDQ  
 D CANC G:IBY<0 UPDQ  
 ;  
 ; - look for other billable visits if Means Test billable  
 I '$$BIL^DGMTUB(DFN,IBDT) G UPDQ  
 S IBBILLED=0  
 ;  
 S IBVAL("DFN")=DFN,IBVAL("BDT")=IBDAT-.1,IBVAL("EDT")=IBDAT\_.99  
 S IBFILTER=""  
 ; Skip encounter just cancelled,  
 ; consider only parent encounters, appts checked out  
 S IBCBK="I Y'=IBOE,'$P(Y0,U,6),$P(Y0,U,12)=2 D BEDIT^IBAMTS2(Y,Y0) S:IBBILLED SDSTOP=1"  
 D SCAN^IBSDU("PATIENT/DATE",.IBVAL,IBFILTER,IBCBK,1) K ^TMP("DIERR",$J)  
 ;  
UPDQ K IBCLSF,IBACT,IBC,IBOEN,IBEVT  
 Q  
 ;  
BEDIT(IBOEN,IBEVT) ; - perform batch edit  
 I $P(IBEVT,U,10)=1 S UNBILLED=1 Q  ; C&P exam -- stop looking  
 S IBORG=+$P(IBEVT,U,8),IBAPTY=+$P(IBEVT,U,10)  
 I IBORG=3 S IBDISP=+$$DISND^IBSDU(IBOEN,IBEVT,7) Q:'IBDISP  
 Q:'$$CHKS^IBAMTS1  
 ;  
 ; - check classifications  
 S IBCLSF=$$ENCL(IBOEN)  
 I IBCLSF[1 Q  ; care was related to ao/ir/swa/sc/mst/hnc/cv/shad  
 S IBSL="409.68:"\_IBOEN ; set softlink  
 ;  
 ; - ready to bill another encounter  
 D BLD^IBAMTS1 S IBBILLED=1  
 Q  
 ;  
CRES ; List of cancellation reasons  
 ;;CHECK OUT DELETED  
 ;;CLASSIFICATION CHANGED  
 ;;MT OP APPT NO-SHOW  
 ;;MT OP APPT CANCELLED  
 ;;RECD INPATIENT CARE  
 ;;BILLED AT HIGHER TIER RATE  
 ;  
LINK(IBOE,IBEVT,IBN) ; Was the billed charge for the current appointment?  
 ; Input: IBOE -- Pointer to outpatient encounter in file #409.68  
 ; IBEVT -- Zeroth node of encounter in file #409.68  
 ; IBN -- Pointer to charge in file #350  
 ; Output: 0 -- Charge was not for current appointment  
 ; 1 -- Charge was for current appointment  
 N IBSL,Y  
 I '$G(IBOE)!'$G(IBEVT)!'$G(IBN) G LINKQ  
 S IBSL=$P($G(^IB(IBN,0)),"^",4)  
 I +IBSL=44 S Y=$P(IBSL,";",1,2)=("44:"\_$P(IBEVT,"^",4)\_";S:"\_+IBEVT) G LINKQ  
 I +IBSL=409.68 S Y=IBSL=("409.68:"\_IBOE)  
LINKQ Q +$G(Y)  
 ;  
CLUPD() ; Examine changes in the classification.  
 ; Output: 0 -- no changes  
 ; 1 -- changes require charges to be cancelled  
 ; 2 -- changes require appt to be billed  
 ; 3 -- [ec/swa] cancel charge, create deferred charge  
 ; 4 -- [ec/swa] pass deferred charge, disposition case  
 N I,Y S Y=0  
 I IBCLSF("BEFORE")=IBCLSF("AFTER") G CLUPDQ  
 F I=1,2,3,4,5,6,7,8 I '$P(IBCLSF("BEFORE"),U,I),$P(IBCLSF("AFTER"),U,I) S Y=$S(I=4:3,1:1) G CLUPDQ  
 F I=1,2,3,4,5,6,7,8 I $P(IBCLSF("BEFORE"),U,I),'$P(IBCLSF("AFTER"),U,I) S Y=$S(I=4:4,1:2) Q  
CLUPDQ Q Y  
 ;  
CANC ; Determine cancellation reason and cancel charge  
 ; Input variables: IBCRES -- Code for reason to be determined  
 ; IBBILLED -- Charge to be cancelled  
 S IBCRES=$P($T(CRES+IBCRES),";;",2),IBCRES=+$O(^IBE(350.3,"B",IBCRES,0))  
 D CANCH^IBECEAU4(IBBILLED,IBCRES)  
 Q  
 ;  
ENCL(IBOE) ; Return classification results for an encounter.  
 ; Input: IBOE -- Pointer to outpatient encounter in file #409.68  
 ; Output: ao^ir^sc^swa^mst^hnc^cv^shad, where, for each piece,  
 ; 1 - care was related to condition, and  
 ; 0 (or null) - care not related to condition  
 N CL,CLD,X,Y S Y=""  
 S CL=0 F  S CL=$O(^SDD(409.42,"OE",+$G(IBOE),CL)) Q:'CL  S CLD=$G(^SDD(409.42,CL,0)) I CLD S $P(Y,U,+CLD)=+$P(CLD,U,3)  
 Q Y

| Modified Logic (Changes are in bold) |
| --- |
| IBAMTS2 ;ALB/CPM - PROCESS UPDATED OUTPATIENT ENCOUNTERS ; 25-AUG-93  ;;2.0;INTEGRATED BILLING;\*\*52,91,117,132,153,156,167,247,339**,544**\*\*;21-MAR-94;Build 35  .  .  .   ; - check classifications  S IBCLSF=$$ENCL(IBOEN)  I IBCLSF[1 Q  ; care was related to ao/ir/swa/sc/mst/hnc/cv/shad**/clv JMB added clv for Camp Lejeune rsd ref# 2.6.7.15.2.1**  S IBSL="409.68:"\_IBOEN ; set softlink  ;  ; - ready to bill another encounter  D BLD^IBAMTS1 S IBBILLED=1  Q  ; .  .  .  CLUPD() ; Examine changes in the classification.  ; Output: 0 -- no changes  ; 1 -- changes require charges to be cancelled  ; 2 -- changes require appt to be billed  ; 3 -- [ec/swa] cancel charge, create deferred charge  ; 4 -- [ec/swa] pass deferred charge, disposition case  N I,Y S Y=0  I IBCLSF("BEFORE")=IBCLSF("AFTER") G CLUPDQ  F I=1,2,3,4,5,6,7,8**,9** I '$P(IBCLSF("BEFORE"),U,I),$P(IBCLSF("AFTER"),U,I) S Y=$S(I=4:3,1:1) G CLUPDQ  F I=1,2,3,4,5,6,7,8**,9** I $P(IBCLSF("BEFORE"),U,I),'$P(IBCLSF("AFTER"),U,I) S Y=$S(I=4:4,1:2) Q CLUPDQ Q Y  ;  .  .  .  ENCL(IBOE) ; Return classification results for an encounter.  ; Input: IBOE -- Pointer to outpatient encounter in file #409.68  ; Output: ao^ir^sc^swa^mst^hnc^cv^shad**^clv**, where, for each piece, **JMB added clv for Camp Lejeune rsd ref# 2.6.7.15.2.1**  ; 1 - care was related to condition, and  ; 0 (or null) - care not related to condition  N CL,CLD,X,Y S Y=""  S CL=0 F  S CL=$O(^SDD(409.42,"OE",+$G(IBOE),CL)) Q:'CL  S CLD=$G(^SDD(409.42,CL,0)) I CLD S $P(Y,U,+CLD)=+$P(CLD,U,3)  Q Y |

Table : IBBDOC Routine

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | **IBBDOC** | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | N/A | | | | | | | | |
| **Related Options** | N/A | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | IBBAPI.INT  IBBFAPI.INT | | | | | N/A | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | For tag GETACCT^IBBDOC  IBBZCL = array for ZCL segment data,  IBBZCL(n,2) - Classification Type; (1=AO;2=IR;3=SC;4=EC;5=MST;6=HNC; 7=CV;8=SHAD,9=CLV),  IBBZCL(n,3) - Classification Value; (1=YES;0=NO)  For tag CHARGE^IBBDOC  IBBZCL = array for ZCL segment data IBBZCL(n,2) - Classification Type;  (1=AO;2=IR;3=SC;4=EC;5=MST; 6=HNC;7=CV;8=SHAD,9=CLV) IBBZCL(n,3) - Classification Value; (1=YES;0=NO) | | | | | | | | |
| **Output Attribute Name and Definition** | For tag GETACCT^IBBDOC  Returns the pointer to the PFSS ACCOUNT file (#375) where all application input data is stored.  Output: IEN to file #375, or 0, if unsuccessful  For tag CHARGE^IBBDOC  Returns success indicator.  Output: 1, if successful; 0 otherwise | | | | | | | | |
| Current Logic | | | | | | | | | |

IBBDOC ;OAK/ELZ - APIS FOR OTHER PACKAGES FOR PFSS - DOCUMENT ;5-AUG-2004  
 ;;2.0;INTEGRATED BILLING;\*\*267,260,286,361,384,404\*\*;21-MAR-94;Build 6  
 ;;Per VHA Directive 2004-038, this routine should not be modified.  
 ;  
 ; Documents the calls to the routine IBBAPI.  
 ;  
INSUR ;(DFN,IBDT,IBSTAT,IBR,IBFLDS)  
 ; Function to return patient insurance information  
 ; --Input:  
 ; DFN = patient  
 ; IBDT = date insured (optional - default is today's date)  
 ; IBSTAT = Insurance Status filter (combinable based on groups below)  
 ; Group 1  
 ; A = Inactive included (Default is active only)  
 ; Group 2  
 ; R = Not reimbursable included (Default is reimbursable only)  
 ; B = Indemnity included (Default is not included)  
 ; Group 3  
 ; P = Prescription coverage required (Default is all coverages)  
 ; O = Outpatient coverage required (Default is all coverages)  
 ; I = Inpatient coverage only (Default is all coverages)  
 ; E = e-Pharmacy billable coverage required, i.e. should have   
 ; Pharmacy coverage and be able to process e-claims (Default   
 ; is all coverages)  
 ;  
 ; IBR = Array to return insurance information - passed by reference  
 ; IBFLDS = List of fields to return (1-24) in a comma separated list or "\*" for all  
 ;  
 ; --Output:  
 ; -1 = error occurred (error message passed back in  
 ; IBR("IBBAPI","INSUR","ERROR",x) where x is error number  
 ; between 101 & 111  
 ; 0 = No insurance found based on parameters  
 ; 1 = Insurance found  
 ;  
 ;  
CIDC  ; (DFN)  
 ; Input: DFN for the patient in question.  
 ; Output: 1 = Ask CIDC questions for the specified patient  
 ; 0 = Don't ask CIDC questions for the specified patient  
 ;  
 ; The API will evaluate both a CIDC switch and the patient's insurance  
 ; to determine if the CIDC questions should be asked.  
 ;  
 ; The switch will have three internal values:  
 ; 0 = Don't ask any patients  
 ; 1 = Ask for patients only with active billable insurance  
 ; 2 = Ask for all patients  
 ;  
 ;  
SWSTAT ; ()  
 ; Returns the current status of the PFSS On/Off Switch  
 ;  
 ; Output: <switch\_status>^<status\_date/time>  
 ;   
 ; <switch\_status> will be one of the following:  
 ; 0 = OFF  
 ; 1 = ON  
 ;  
GETACCT ; (IBBDFN,IBBARFN,IBBEVENT,IBBAPLR,IBBPV1,IBBPV2,IBBPR1,IBBDG1,IBBZCL,IBBDIV,IBBRAIEN,IBBSURG)  
 ; Pass data to IBB for account/visit (ADT) messaging.  
 ;  
 ; Input:  
 ; IBBDFN = Patient; IEN to file #2 [required]  
 ; IBBARFN = Account Reference;   
 ; IEN to file #375 or null [required]  
 ; IBBEVENT = HL7 Event Code; e.g., "A04" [required]  
 ; IBBAPLR = Calling Application;   
 ; <routine> or <tag>\_;\_<routine>   
 ; IBBPV1 = array for PV1 segment data [required]  
 ; IBBPV1(2) - Patient Class (O=Outpatient;I=Inpatient)  
 ; IBBPV1(3) - IEN to file #44, or "FEE BASIS"  
 ; IBBPV1(4) - Appointment Type; IEN to file #409.1  
 ; IBBPV1(7) - Attending Physician; IEN to file #200  
 ; IBBVP1(9) - Consulting Physician; IEN to file #200  
 ; IBBPV1(10) - Purpose of Visit;   
 ; (Scheduling: 1=C&P;2=10-10;3=SV;4=UV)  
 ; IBBPV1(17) - Admitting Physician or Surgeon;   
 ; IEN to file #200  
 ; IBBPV1(18) - Primary Stop Code; IEN to file #40.7  
 ; IBBPV1(25) - Check-In Date/Time (Scheduling)  
 ; IBBPV1(41) - Credit Stop Code; IEN to file #40.7  
 ; IBBPV1(44) - Admit Date/Time  
 ; IBBPV1(45) - Check-Out Date/Time (Scheduling)  
 ; IBBPV1(50) - Prescription #; IEN to file #52 (Pharmacy)  
 ; IBBPV1(52) - Other Provider; IEN to file #200  
 ; IBBPV2 = array for PV2 segment data  
 ; IBBPV2(7) - Eligibility of Visit; IEN to file #8.1  
 ; IBBPV2(8) - Expected Admit/Visit Date/Time  
 ; IBBPV2(24) - Appointment Status;   
 ; (Scheduling:  
 ; R=Scheduled/Kept;I=Inpatient;  
 ; NS=No-Show;NSR=No-Show, Rescheduled;  
 ; CP=Cancelled by Patient;  
 ; CPR=Cancelled by Patient, Rescheduled;  
 ; CC=Cancelled by Clinic;  
 ; CCR=Cancelled by Clinic, Rescheduled;  
 ; NT=No Action Taken)  
 ; IBBPV2(46) - Date Appointment Made (Scheduling)  
 ; IBBPR1 = array for PR1 segment data  
 ; IBBPR1(3) - Procedure; IEN to file #81  
 ; IBBPR1(4) - Procedure; free text  
 ; IBBPR1(5) - Procedure Date/Time  
 ; IBBPR1(6) - Functional Type;  
 ; (Prosthetics:   
 ; O=Home Oxygen;P=Purchasing;  
 ; I=Stock Issue)  
 ; (Radiology:   
 ; ANI=Angio/Neuro/Interventional;  
 ; CARD=Cardiology Studies;CT=CT Scan;  
 ; RAD=General Radiology;  
 ; MRI=Magnetic Resonance Imaging;  
 ; MAM=Mammography;NM=Nuclear Medicine;  
 ; US=Ultrasound;VAS=Vascular Lab)  
 ; IBBPR1(11) - Surgeon; IEN to file #200  
 ; IBBPR1(16) - <modifier>;<modifier>;<modifier>;...   
 ; where each <modifier> is an IEN to file #81.3  
 ; IBBDG1 = array for DG1 segment data  
 ; IBBDG1(n,3) - Diagnosis; IEN to file #80  
 ; IBBDG1(1,4) - Diagnosis; free text; only one allowed  
 ; IBBDG1(n,6) - Diagnosis Type; (A=Admitting;  
 ; W=Working;  
 ; D=Discharge;  
 ; F=Final)  
 ; IBBZCL = array for ZCL segment data  
 ; IBBZCL(n,2) - Classification Type;   
 ; (1=AO;2=IR;3=SC;4=EC;5=MST;6=HNC;  
 ; 7=CV;8=SHAD)  
 ; IBBZCL(n,3) - Classification Value; (1=YES;0=NO)  
 ; IBBDIV = IEN to file #40.8  
 ; IBBRAIEN = IEN to file #75.1  
 ; IBBSURG = array for special Surgery data  
 ; IBBSURG(1) - Surgical Case #; IEN to file #130  
 ; IBBSURG(2) - Surgical Specialty; IEN to file #45.3  
 ;  
 ; Returns the pointer to the PFSS ACCOUNT file (#375) where   
 ; all application input data is stored.  
 ;  
 ; Output: IEN to file #375, or 0, if unsuccessful  
 ;   
GETCHGID ; ()  
 ; Returns a Unique Charge ID.  
 ;  
 ; Output: 1 + current value of field #2 of file #372.  
 ;  
CHARGE ; (IBBDFN,IBBARFN,IBBCTYPE,IBBUCID,IBBFT1,IBBPR1,IBBDG1,IBBZCL,IBBRXE,IBBORIEN,IBBPROS)  
 ; Pass data to IBB for charge (DFT) messaging.  
 ;  
 ; Input:  
 ; IBBDFN = Patient; IEN to file #2 [required]  
 ; IBBARFN = Account Reference; IEN to file #375 [required]  
 ; IBBCTYPE = Charge Type; (CG=debit;CD=credit) [required]  
 ; IBBUCID = Unique Charge ID [required]  
 ; IBBFT1 = array for FT1 segment data [required]  
 ; IBBFT1(4) - Transaction Date/Time  
 ; IBBFT1(7) - Pharmacy Service Code  
 ; IBBFT1(10) - Transaction Quantity  
 ; IBBFT1(13) - Department Code  
 ; IBBFT1(16) - Patient Location; IEN to file #44  
 ; IBBFT1(18) - Patient Status; (Pharmacy: 1=Rx Copay Exempt;  
 ; 0=Not Exempt)  
 ; IBBFT1(20) - Rendering Provider; IEN to file #200  
 ; IBBFT1(21) - Ordering Provider; IEN to file #200  
 ; IBBFT1(22) - Unit Cost  
 ; IBBFT1(29) - <NDC>;<generic\_name>  
 ; IBBFT1(31) - Transaction Type;   
 ; (Pharmacy: 1=PSO NSC Rx Copay;  
 ; 2=PSO SC Rx Copay;  
 ; 3=PSO NSC Rx Copay Cancel  
 ; 4=PSO NSC Rx Copay Update  
 ; 5=PSO SC Rx Copay Cancel  
 ; 6=PSO SC Rx Copay Update)  
 ; IBBPR1 = array for PR1 segment data;  
 ; (required except Pharmacy)  
 ; IBBPR1(3) - Procedure; IEN to file #81  
 ; IBBPR1(4) - Procedure; free text  
 ; IBBPR1(5) - Procedure Date/Time  
 ; IBBPR1(6) - Functional Type;   
 ; (Prosthetics: O=Home Oxygen;  
 ; P=Purchasing;  
 ; I=Stock Issue)  
 ; IBBPR1(11,1) - Surgeon; IEN to file #200  
 ; IBBPR1(11,2) - Attending Surgeon; IEN to file #200  
 ; IBBPR1(16) - <modifier>;<modifier>;<modifier>;...;  
 ; each <modifier> is an IEN to file #81.3  
 ; IBBDG1 = array for DG1 segment data  
 ; IBBDG1(n,3) - Diagnosis; IEN to file #80  
 ; IBBDG1(n,6) - Diagnosis Type; (A=Admitting;W=Working;  
 ; D=Discharge;F=Final)  
 ; IBBZCL = array for ZCL segment data  
 ; IBBZCL(n,2) - Classification Type;   
 ; (1=AO;2=IR;3=SC;4=EC;5=MST;  
 ; 6=HNC;7=CV;8=SHAD)  
 ; IBBZCL(n,3) - Classification Value; (1=YES;0=NO)  
 ; IBBRXE = data for RXE segment data (Pharmacy only)  
 ; IBBRXE(1) - <quantity>\_;\_<days\_supply>  
 ; IBBRXE(17) - Refills Dispensed  
 ; IBBRXE(18) - Release Date/Time  
 ; IBBRXE(31) - DEA, Special Handling codes  
 ; IBBPROS = array for special Prosthetics data  
 ; IBBPROS(1) - Vendor; IEN to file #440  
 ; IBBPROS(2) - OBL#  
 ;  
 ; Returns success indicator.  
 ;  
 ; Output: 1, if successful; 0 otherwise  
 ;  
SETACCT ; (IBBDFN,HLMTIENS)  
 ; Store visit/account # from external billing system in PFSS  
 ; ACCOUNT record; the file #375 record is found based on data  
 ; contained in the HL7 message referenced by HLMTIENS.  
 ; Most of the ADT messages involved originate in VistA and   
 ; are returned by the external billing system with visit#  
 ; attached.  
 ; Some ADT-A01 messages originate in the external billing  
 ; system; these cause a new record to be created in file #375.  
 ;   
 ; Input:  
 ; IBBDFN = Patient; IEN to file #2 [required]  
 ; HLMTIENS = HL7 Message (standard VistA HL7 variable);   
 ; IEN to file #773 [required]  
 ;  
 ; Returns PFSS Account Reference.  
 ;  
 ; Output: IEN to file #375  
 ;  
EXTNUM ; (IBBDFN,IBBARFN)  
 ; Obtain the visit/account # of the external billing system  
 ; that has been associated with the PFSS ACCOUNT file (#375)  
 ; record.  
 ;   
 ; Input:  
 ; IBBDFN = Patient; IEN to file #2 [required]  
 ; IBBARFN = Account Reference; IEN to file #375 [required]  
 ;  
 ; Returns the value of field #.02 from the file #375 record.  
 ;  
 ; Output: external visit/account #, or 0, if unsuccessful  
 ;

| Modified Logic (Changes are in bold) |
| --- |
| IBBDOC ;OAK/ELZ - APIS FOR OTHER PACKAGES FOR PFSS - DOCUMENT ;5-AUG-2004  ;;2.0;INTEGRATED BILLING;\*\*267,260,286,361,384,404**,544**\*\*;21-MAR-94;Build 35 .  .  .  GETACCT ; (IBBDFN,IBBARFN,IBBEVENT,IBBAPLR,IBBPV1,IBBPV2,IBBPR1,IBBDG1,IBBZCL,IBBDIV,IBBRAIEN,IBBSURG)  ; Pass data to IBB for account/visit (ADT) messaging. .  .  .  ; IBBZCL = array for ZCL segment data  ; IBBZCL(n,2) - Classification Type;   ; (1=AO;2=IR;3=SC;4=EC;5=MST;6=HNC;  ; 7=CV;8=SHAD**;9=CLV**)  ; IBBZCL(n,3) - Classification Value; (1=YES;0=NO) .  .  .  CHARGE ; (IBBDFN,IBBARFN,IBBCTYPE,IBBUCID,IBBFT1,IBBPR1,IBBDG1,IBBZCL,IBBRXE,IBBORIEN,IBBPROS)  ; Pass data to IBB for charge (DFT) messaging. .  .  .  ; IBBZCL = array for ZCL segment data  ; IBBZCL(n,2) - Classification Type;   ; (1=AO;2=IR;3=SC;4=EC;5=MST;  ; 6=HNC;7=CV;8=SHAD**;9=CLV**)  ; IBBZCL(n,3) - Classification Value; (1=YES;0=NO) |

Table : IBCSC5C Routine

| Routines | Activities | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | **IBCSC5C** | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | No Change | | |
| **RTM** | 2.6.7.4.1.1 | | | | | | | |
| **Related Options** | IBT SUP MANUALLY QUE RX FILLS | | | | | | | |
| Related Routines | Routines “Called By” | | | | Routines “Called” | | | |
|  | IBCRBC3.INT  IBCSC5A.INT  IBEFUR.INT  IBNTEG0.INT  IBYPNTEG.INT | | | | FILE^DICN  ^DIE  ^DIR  $$BDATE^IBACSV  $$ICD9SYS^IBACSV  $$ADD^IBCSC5A  $$FINDREV^IBCSC5A  $$RXSTAT^IBCU1  $$RXDUP^IBCU3  $$GETSPEC^IBEFUNC  $$FILE^IBRXUTL  $$RXSEC^IBRXUTL  $$RXZERO^IBRXUTL  $$ZEROSUB^IBRXUTL  DATA^IBRXUTL  ZERO^IBRXUTL  $$ICD^IBRXUTL1  PROF^PSO52API  RX^PSO52API  $$GETNDC^PSONDCUT | | | |
| Routines | Activities | | | | | | | |
| **Data Dictionary (DD) References** | ^DGCR(399  ^IBA(362.3  ^IBA(362.4  ^IBE(350.9  ^TMP($J | | | | | | | |
| **Related Protocols** | N/A | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | Global Reference | Local |
| **Input Attribute Name and Definition** | RX – Prescription Number | | | | | | | |
| **Output Attribute Name and Definition** | IBR – First exception reason found | | | | | | | |
| Current Logic | | | | | | | | |

IBCSC5C ;ALB/ARH - ADD/EDIT PRESCRIPTION FILLS (CONTINUED) ;3/4/94  
 ;;2.0;INTEGRATED BILLING;\*\*27,52,130,51,160,260,309,315,339,347,363,381,405,432,461\*\*;21-MAR-94;Build 58  
 ;;Per VHA Directive 2004-038, this routine should not be modified.  
 ;  
 ;  
DEFAULT(IFN,IBRX) ; add default DX and CPT to a prescription bill  
 ; if one is not in PSO. If there is, use it instead.  
 ; IFN = ien of bill entry  
 N IBX,IBPAR1,IBDX,IBCPT,IBDT,IBBIL,IBDXIFN,IBCPTIFN,IBY,IB52,IBC,PDFN,LIST,NODE  
 S IBDXIFN=0  
 S IBPAR1=$G(^IBE(350.9,1,1)),IBCPT=$P(IBPAR1,U,30)  
 S IBDX=$P(IBPAR1,U,29) I $$ICD9SYS^IBACSV($$BDATE^IBACSV(IFN))=30 S IBDX=$P($G(^IBE(350.9,1,7)),U,5)  
 S IBBIL=$G(^DGCR(399,+$G(IFN),0)) Q:IBBIL=""  
 S IBX=$S($G(IBRX):$P($G(^DGCR(399,IFN,"RC",+IBRX,0)),U,11),1:$O(^IBA(362.4,"C",IFN,0))) Q:'IBX  
 S IB52=+$P($G(^IBA(362.4,IBX,0)),"^",5),IBY=0 Q:IB52=0  
 S PDFN=$$FILE^IBRXUTL(IB52,2)  
 S LIST="IBCSC5CARR"  
 S NODE="ICD"  
 D RX^PSO52API(PDFN,LIST,IB52,,NODE,,)  
 I ^TMP($J,LIST,PDFN,IB52,"ICD",0)>0 D  
 .S IBY=0 F  S IBY=$O(^TMP($J,LIST,PDFN,IB52,"ICD",IBY)) Q:IBY'>0 D  
 ..S IBDX(IBY)=$$ICD^IBRXUTL1(PDFN,IB52,IBY,LIST)  
 ..I 'IBDX(IBY) K IBDX(IBY)  
 K ^TMP($J,LIST)  
 I 'IBDX,'IBCPT,$D(IBDX)<10 Q  
 S IBDT=$P($G(^IBA(362.4,+IBX,0)),U,3) Q:'IBDT  
 ; add dx associated with rx if they are there.  
 I $D(IBDX)>9 S (IBC,IBDX,IBY)=0 F  S IBY=$O(IBDX(IBY)) Q:'IBY  D  
 . I $D(^IBA(362.3,"AIFN"\_IFN,+IBDX(IBY))) Q  
 . S IBC=IBC+1  
 . S DIC="^IBA(362.3,",DIC(0)="L",DIC("DR")=".02////"\_IFN\_";.03////"\_IBC,X=+IBDX(IBY),DLAYGO=362.3  
 . K DD,DO D FILE^DICN K DIC,DA,DR,DD,DO,DLAYGO  
 . S IBDXIFN(IBC)=+Y  
 ; add default dx if none found on actual rx.  
 I +IBDX,'$D(^IBA(362.3,"AIFN"\_IFN,+IBDX)) S DIC="^IBA(362.3,",DIC(0)="L",DIC("DR")=".02////"\_IFN,X=IBDX,DLAYGO=362.3 K DD,DO D FILE^DICN K DIC,DA,DR,DD,DO,DLAYGO S IBDXIFN=+Y  
 I +IBCPT D  ;Check if the procedure is already present for the Rx  
 . N Z,Z0,DUP  
 . S (DUP,Z)=0 F  S Z=$O(^DGCR(399,IFN,"RC",Z)) Q:'Z  S Z0=$G(^(Z,0)) D  Q:DUP  
 .. I $P(Z0,U,10)=3,$P(Z0,U,15),$P(Z0,U,11)=IBX S DUP=1  
 . Q:DUP  
 . I $P($G(^DGCR(399,IFN,0)),U,9)="" S DIE="^DGCR(399,",DA=IFN,DR=".09////5" D ^DIE K DIE,DIC,DA,DR  
 . I '$D(^DGCR(399,IFN,"CP",0)) S DIC("P")=$$GETSPEC^IBEFUNC(399,304)  
 . S DLAYGO=399,DIC("DR")="1////"\_IBDT D  
 . . I +IBDXIFN>0 S DIC("DR")=DIC("DR")\_";10////"\_IBDXIFN Q  
 . . I $D(IBDXIFN)>9 F IBY=1:1:4 I $D(IBDXIFN(IBY)) S DIC("DR")=DIC("DR")\_";"\_(IBY+9)\_"////"\_IBDXIFN(IBY)  
 . S DIC="^DGCR(399,"\_IFN\_",""CP"",",DIC(0)="L",DA(1)=IFN,X=IBCPT\_";ICPT(" K DD,DO D FILE^DICN K DIC,DA,DD,DO,DR,DLAYGO  
 . I +Y D  
 .. N Z,IBZ  
 .. S IBZ=+Y,Z=$S($G(IBREV):IBREV,1:$$FINDREV^IBCSC5A(IFN,3,+IBX))  
 .. I Z S DR=".15////"\_IBZ\_";.06////"\_IBCPT,DA=+Z,DA(1)=IFN,DIE="^DGCR(399,"\_DA(1)\_",""RC""," D ^DIE  
 Q  
 ;  
RXDISP(DFN,DT1,DT2,ARRAY,POARR,RXARR,IBRXALL,NODISP) ; display all rx fills for a patient and date range  
 ;RXARR (as defined by SET^IBCSC5A) passed by ref. only to check if rx-fill is on the bill, not necessary not changed  
 ;returns: ARRAY(RX #, FILL DT) = RX IFN (52) ^ FILL IFN ^ DRUG ^ DAYS SUPPLY ^ QTY ^ NDC ^ ORDER DATE, pass by reference if desired  
 ; POARR(CNT)=RX # ^ FILL DT  
 N PIFN,RIFN,IBX,IBY,DTE,DTR,RX,IBCNT,IBRX0,IBRX2,IBS,LIST,LIST2 K ARRAY,POARR S POARR=0,NODISP=+$G(NODISP)  
 S IBCNT=0,DT1=$G(DT1)-.0001,DT2=$G(DT2) S:'DT2 DT2=9999999 Q:'$G(DFN)  
 ;^PS(55,DFN,"P","A",EXPIRATION DATE, RX) is the best xref available for finding patient fills in a date range  
 ;if RX expires/cancelled before start of bill then should not be applicable to bill  
 S LIST="IBRXDISPARR"  
 D PROF^PSO52API(DFN,LIST,DT1)  
 S DTE=0 F  S DTE=$O(^TMP($J,LIST,"B",DTE)) Q:'DTE  D  
 . S PIFN=0 F  S PIFN=$O(^TMP($J,LIST,"B",DTE,PIFN)) Q:'PIFN  D  
 .. S IBRX0=$$RXZERO^IBRXUTL(DFN,PIFN),IBRX2=$$RXSEC^IBRXUTL(DFN,PIFN)  
 .. ; original fill  
 .. I +$G(IBRXALL) S DTR=$P(IBRX2,U,2) I DTR'<DT1,DTR'>DT2 D  
 ... D DATA^IBRXUTL(+$P(IBRX0,U,6))  
 ... ; add issue date to array so order date can be displayed  
 ... ;S ARRAY($P(IBRX0,U,1),+DTR)=PIFN\_U\_0\_U\_$P(IBRX0,U,6)\_U\_$P(IBRX0,U,8)\_U\_$P(IBRX0,U,7)\_U\_$$GETNDC^PSONDCUT(PIFN,0)  
 ... S ARRAY($P(IBRX0,U,1),+DTR)=PIFN\_U\_0\_U\_$P(IBRX0,U,6)\_U\_$P(IBRX0,U,8)\_U\_$P(IBRX0,U,7)\_U\_$$GETNDC^PSONDCUT(PIFN,0)\_U\_$P(IBRX0,U,13)  
 ... K ^TMP($J,"IBDRUG")  
 ... Q  
 .. ; refills  
 .. S LIST2="IBDISPSUB"  
 .. S NODE="R"  
 .. D RX^PSO52API(DFN,LIST2,PIFN,,NODE,,)  
 .. S RIFN=0 F  S RIFN=$O(^TMP($J,LIST2,DFN,PIFN,"RF",RIFN)) Q:RIFN'>0 D  
 ... S IBY=$$ZEROSUB^IBRXUTL(DFN,PIFN,RIFN) Q:IBY=""  
 ... Q:+IBY<DT1!(+IBY>DT2)  
 ... D DATA^IBRXUTL(+$P(IBRX0,U,6))  
 ... ; add issue date to array so order date can be displayed  
 ... ;S ARRAY($P(IBRX0,U,1),+IBY)=PIFN\_U\_RIFN\_U\_$P(IBRX0,U,6)\_U\_$P(IBRX0,U,8)\_U\_$P(IBY,U,4)\_U\_$$GETNDC^PSONDCUT(PIFN,RIFN)  
 ... S ARRAY($P(IBRX0,U,1),+IBY)=PIFN\_U\_RIFN\_U\_$P(IBRX0,U,6)\_U\_$P(IBRX0,U,8)\_U\_$P(IBY,U,4)\_U\_$$GETNDC^PSONDCUT(PIFN,RIFN)\_U\_$P(IBRX0,U,13)  
 ... K ^TMP($J,"IBDRUG")  
 ... Q  
 .. K ^TMP($J,LIST2)  
 K ^TMP($J,LIST)  
 ;  
 S IBX="",IBS=0 F  S IBX=$O(ARRAY(IBX)) Q:IBX=""  S IBY=0 F  S IBY=$O(ARRAY(IBX,IBY)) Q:'IBY  D  
 . S IBCNT=IBCNT+1,POARR(IBCNT)=$P(IBX,U,1)\_"^"\_+IBY,POARR=IBCNT I $D(RXARR(IBX,IBY)) S IBS=IBS+1  
 S $P(POARR,U,2)=IBCNT-IBS  
 ;  
 Q:+NODISP  
 W @IOF,?33,"PRESCRIPTIONS IN DATE RANGE",!,"===============================================================================",!  
 S IBCNT=0 F  S IBCNT=$O(POARR(IBCNT)) Q:IBCNT=""  S RX=$P(POARR(IBCNT),U,1),DTR=$P(POARR(IBCNT),U,2) I RX'="",DTR'="" D  
 . S IBS=$$RXSTAT^IBCU1($P(ARRAY(RX,DTR),U,3),$P(ARRAY(RX,DTR),U,1),DTR)  
 . S IBY="" I $D(RXARR(RX,+DTR)) S IBY="\*"  
 . D ZERO^IBRXUTL(+$P(ARRAY(RX,DTR),U,3))  
 . W !,$J(IBCNT,2),")",?5,IBY,?6,RX,?19,$E($G(^TMP($J,"IBDRUG",+$P(ARRAY(RX,DTR),U,3),.01)),1,25),?46,$$DATE(+DTR),?56,$P(IBS,U,1),?61,$P(IBS,U,2),?69,$P(IBS,U,3),?75,$$EXEMPT(+ARRAY(RX,DTR))  
 . S IBY=$$RXDUP^IBCU3(RX,DTR,IBIFN) I +IBY W ?73,$P($G(^DGCR(399,+IBY,0)),U,1)  
 . K ^TMP($J,"IBDRUG")  
 Q  
DATE(X) Q $E(X,4,5)\_"/"\_$E(X,6,7)\_"/"\_$E(X,2,3)  
 ;  
NEWRX(IBX) ;  
 Q:'$G(IBX) N X,Y K IBLIST W !  
NEWRX1 S DIR("?")="Enter the number preceding the RX Fills you want added to the bill. "\_$$HTEXT  
 S DIR("A")="SELECT NEW RX FILLS TO ADD THE BILL"  
 S DIR(0)="LO^1:"\_+IBX D ^DIR K DIR G:'Y!$D(DIRUT) NEWRXE  
 S IBLIST=Y  
 ;  
 S DIR("A")="YOU HAVE SELECTED "\_IBLIST\_" TO BE ADDED TO THE BILL IS THIS CORRECT",DIR("B")="YES"  
 S DIR(0)="YO" D ^DIR K DIR I $D(DIRUT) K IBLIST G NEWRXE  
 I 'Y K IBLIST G NEWRX1  
NEWRXE Q  
 ;  
ADDNEW(IBIFN,LIST,IBPR,IBPRO) ;  
 Q:'LIST  N IBI,IBX,IBRX,IBDT,IBQ,IBY,IBPIFN,IBZ  
 F IBI=1:1 S IBX=$P(LIST,",",IBI) Q:'IBX  I $D(IBPRO(IBX)) D  
 . S IBRX=$P(IBPRO(IBX),U,1),IBDT=$P(IBPRO(IBX),U,2) Q:IBRX=""  
 . S IBQ=0,IBY=$G(IBPR(IBRX,+IBDT)) Q:'IBY  
 . S IBPIFN=0 F  S IBPIFN=$O(^IBA(362.4,"AIFN"\_IBIFN,IBRX,IBPIFN)) Q:'IBPIFN  I $P($G(^IBA(362.4,IBPIFN,0)),U,3)=IBDT S IBQ=1 Q  
 . ;I 'IBQ S IBZ=$G(IBPR(IBRX,IBDT)) I $$ADD^IBCSC5A(IBRX,IBIFN,IBDT,$P(IBZ,U,3),$P(IBZ,U,1),$P(IBZ,U,4,6),$P(IBZ,U,2)) W "."  
 . ; IB\*2.0\*432 - include issue date from file 52 to display to user when adding   
 . I 'IBQ S IBZ=$G(IBPR(IBRX,IBDT)) I $$ADD^IBCSC5A(IBRX,IBIFN,IBDT,$P(IBZ,U,3),$P(IBZ,U,1),$P(IBZ,U,4,7),$P(IBZ,U,2)) W "."  
 Q  
 ;  
HTEXT() ;  
 N X S X="If an Rx fill has been assigned to another bill it will be displayed in the last column. [ORG=Original Fill, NR=Not Released, RTS=Returned to Stock, OTC=Over-the-Counter, INV=Investigational, SUP=Supply Item]"  
 Q X  
 ;  
RXLINK(IBIFN,CPIEN) ; Function returns the ien of the Rx rev code the proc  
 ; code is linked to or 0 if no link found.  
 Q +$O(^DGCR(399,IBIFN,"RC","ACP",+CPIEN,0))  
 ;  
EXEMPT(RX) ; Used to look up exemption if any on rx, the return value  
 ; will be only the first exemption reason found.  
 N IBX,IBZ,IBS,IBR,PDFN,LIST,NODE,ICDCT  
 S PDFN=$$FILE^IBRXUTL(RX,2)  
 S LIST="IBRXARREX"  
 S NODE="ICD"  
 D RX^PSO52API(PDFN,LIST,RX,,NODE,,)  
 S ICDCT=$G(^TMP($J,LIST,PDFN,RX,"ICD",0))  
 S IBR="",(IBS,IBX)=0  
 I ICDCT>0 D  
 .S IBX=0 F  S IBX=$O(^TMP($J,LIST,PDFN,RX,"ICD",IBX)) Q:IBX'>0!(IBS) D  
 ..S IBZ=$$ICD^IBRXUTL1(PDFN,RX,IBX,LIST) F IBP=2:1:8 Q:IBS  I $P(IBZ,"^",IBP) S IBR=$P($T(EREASON+(IBP-1)),";",3),IBS=1  
 K ^TMP($J,LIST)  
 Q IBR  
EREASON ;  
 ;;AO  
 ;;IR  
 ;;SC  
 ;;SWA  
 ;;MST  
 ;;HNC  
 ;;CV  
 ;;SHAD  
 ;

| Modified Logic (Changes are in bold) |
| --- |
| IBCSC5C ;ALB/ARH - ADD/EDIT PRESCRIPTION FILLS (CONTINUED) ;3/4/94  ;;2.0;INTEGRATED BILLING;\*\*27,52,130,51,160,260,309,315,339,347,363,381,405,432,461**,544**\*\*;21-MAR-94;Build 35  **.**  **.**  **.**  EXEMPT(RX) ; Used to look up exemption if any on rx, the return value  ; will be only the first exemption reason found.  **; lmd added CLV for Camp Lejeune to EREASON line tag and upped the count to 10. rsd ref# 2.6.7.4.1.1**  N IBX,IBZ,IBS,IBR,PDFN,LIST,NODE,ICDCT  S PDFN=$$FILE^IBRXUTL(RX,2)  S LIST="IBRXARREX"  S NODE="ICD"  D RX^PSO52API(PDFN,LIST,RX,,NODE,,)  S ICDCT=$G(^TMP($J,LIST,PDFN,RX,"ICD",0))  S IBR="",(IBS,IBX)=0  I ICDCT>0 D  .S IBX=0 F  S IBX=$O(^TMP($J,LIST,PDFN,RX,"ICD",IBX)) Q:IBX'>0!(IBS) D  ..S IBZ=$$ICD^IBRXUTL1(PDFN,RX,IBX,LIST) F IBP=2:1:**10** Q:IBS  I $P(IBZ,"^",IBP) S IBR=$P($T(EREASON+(IBP-1)),";",3),IBS=1  K ^TMP($J,LIST)  Q IBR EREASON ;  ;;AO  ;;IR  ;;SC  ;;SWA  ;;MST  ;;HNC  ;;CV  ;;SHAD  **;;CLV**  ; |

Table : IBJDB22 Routine

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | **IBJDB22** | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.7.11.3.1 | | | | | | | | |
| **Related Options** | IBJD REASONS NOT BILLABLE | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | IBJDB21.INT  IBTUTL5.INT | | | | | NOW^%DTC  ^DIR  E^IBJDE  $$DAT2^IBOUTL  $$STOP^IBOUTL | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | ^DG(40.8  ^IBE(356.8  ^TMP("IBJDB2" | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | IBSM - Array containing the summary information | | | | | | | | |
| **Output Attribute Name and Definition** | Extract/transmit data to DM Extract Module  IBTR – Array  IB -- Array | | | | | | | | |
| Current Logic | | | | | | | | | |

IBJDB22 ;ALB/RB - REASONS NOT BILLABLE REPORT (PRINT) ;19-JUN-00  
 ;;2.0;INTEGRATED BILLING;\*\*123,159,399\*\*;21-MAR-94;Build 8  
 ;  
EN ; - Entry point from IBJDB21.  
 ;  
 ; - Extract summary data.  
 I $G(IBXTRACT) D EXTMO(.IB) G ENQ  
 ;  
 S (IBQ,ECNT,ETOT,SCNT,STOT)=0 D NOW^%DTC S IBRUN=$$DAT2^IBOUTL(%)  
 ;  
 S IBDIV="" I 'IBSD S VAUTD(0)=""  
 F  S IBDIV=$O(VAUTD(IBDIV)) Q:IBDIV=""  D  I IBQ Q  
 . F IBEP=1:1:4 I IBSEL[IBEP D  I IBQ Q  
 . . D @($S(IBRPT="D":"DET",1:"SUM"))  
 ;  
 I IBQ G ENQ  
 ;  
 I 'IBQ,IBRPT="D" D  
 . S IBDIV="" I 'IBSD S VAUTD(0)=""  
 . F  S IBDIV=$O(VAUTD(IBDIV)) Q:IBDIV=""  D  I IBQ Q  
 . . F IBEP=1:1:4 I IBSEL[IBEP D SUM I IBQ Q  
 ;  
ENQ K %,IB0,IBDH,IBDIV,IBEP,IBEPH,IBN,IBP,IBPAG,IBPT,IBQ,IBRT,IBRUN,IBSORT  
 K IBT1,IBU,GTOT,ECNT,ETOT,SCNT,STOT  
 Q  
 ;  
DET ; - Print detailed report.  
 I '$D(^TMP("IBJDB2",$J,IBDIV,IBEP)) D  D PAUSE Q  
 . D HDR Q:IBQ  W !!,"No entries for this episode.",!  
 S IBT1=0,(IBSORT1,IBPT,IB0)=""  
 F  S IBSORT1=$O(^TMP("IBJDB2",$J,IBDIV,IBEP,IBSORT1)) Q:IBSORT1=""  D  Q:IBQ  
 . D HDR Q:IBQ  
 . F  S IBPT=$O(^TMP("IBJDB2",$J,IBDIV,IBEP,IBSORT1,IBPT)) Q:IBPT=""  S IBP=$G(^(IBPT)) D  Q:IBQ  
 . . I $Y>(IOSL-8) D PAUSE Q:IBQ  D HDR Q:IBQ  
 . . D WPAT  
 . . F  S IB0=$O(^TMP("IBJDB2",$J,IBDIV,IBEP,IBSORT1,IBPT,IB0)) Q:IB0=""  S IBN=$G(^(IB0)) D  Q:IBQ  
 . . . I $Y>(IOSL-8) D PAUSE Q:IBQ  D HDR Q:IBQ  D WPAT  
 . . . W ?45,$$DTE(+IBN),?55,$$DTE($P(IBN,U,2))  
 . . . I $P(IBN,U,4)'="" W ?65,$$DTE($P(IBN,U,3)),?76,$E($P(IBN,U,4),1,19)  
 . . . E  W ?65,$$DTE($P(IBN,U,2)) W ?76,"POSTMASTER"  
 . . . S IBU=5 S:12[IBEP IBU=$S(IBSORT="R":6,1:IBU)  
 . . . I 12[IBEP W ?97,$E($P(IBN,U,IBU),1,25),?124,$J($P(IBN,U,8),8,2),!  
 . . . I 34[IBEP,+$P(IBN,U,11)>0 W ?99,$J($P(IBN,U,8),8,2) F X=2:1:$P($P(IBN,U,11),";",1)+1 W ?114,$P($P(IBN,U,11),";",X)\_" "  
 . . . I 34[IBEP,+$P(IBN,U,11)<0 W ?99,$J($P(IBN,U,8),8,2),!  
 . . . I 34[IBEP,+$P(IBN,U,11)>0 W !  
 . . . I $P(IBN,U,9)]"" W ?15,"Comments: ",$P(IBN,U,9) W:12'[IBEP !  
 . . . I 12[IBEP,+$P(IBN,U,11)>0,$P(IBN,U,9)="" W ?27,"Related Bills: " F X=2:1:$P($P(IBN,U,11),";",1)+1 W ?41,$P($P(IBN,U,11),";",X)\_" "  
 . . . I 2[IBEP,$P(IBN,U,10)'="" W ?76,"Nx Adm:",?85,$P(IBN,U,10)  
 . . . I 12[IBEP,+$P(IBN,U,11)>0,$P(IBN,U,9)'="" W !,?27,"Related Bills: " F X=2:1:$P($P(IBN,U,11),";",1)+1 W ?41,$P($P(IBN,U,11),";",X)\_" "  
 . . . I 12[IBEP W ?97,$E($P(IBN,U,$S("PR"[IBSORT:7,1:6)),1,25),!  
 . . . S SCNT=SCNT+1,ECNT=ECNT+1  
 . . . S STOT=STOT+$P(IBN,U,8),ETOT=ETOT+$P(IBN,U,8)  
 . I 'IBQ D TOT2 I $O(^TMP("IBJDB2",$J,IBDIV,IBEP,IBSORT1))'="" D PAUSE Q  
 I 'IBQ D TOT1,PAUSE  
 ;  
DETQ Q  
 ;  
EXTMO(IBSM) ; Extract/transmit data to DM Extract Module  
 ; IBSM - Array containing the summary information  
 ;  
 N I,IB,IBI,IBJ,IBLST,IBR,IBRNB,IBSQ,IBTR,IBTP,IBZ,RNBC,RNBN  
 ;  
 F I=1:1 S RNBN=$P($T(RNB+I),";;",2,99) Q:RNBN=""  D  
 . S RNBC=$O(^IBE(356.8,"B",RNBN,0)) Q:'RNBC  
 . S IBTR(RNBC)=I  
 ;  
 S IBRNB="",IBLST=$O(^IBE(356.8,999),-1)\*2  
 F IBTP=1:1:4 D  
 . F IBJ=1:1:IBLST,999,1000 S IB(IBTP,IBJ)=$S(IBJ#2:0,1:"0.00")  
 . F  S IBRNB=$O(IBSM(0,IBTP,IBRNB)) Q:IBRNB=""  D  
 . . I '$D(IBTR(IBRNB)) Q  
 . . S IBSQ=$S(IBRNB<999:IBTR(IBRNB)\*2-1,1:999)  
 . . S IBZ=$G(IBSM(0,IBTP,IBRNB))  
 . . S IB(IBTP,IBSQ)=+IBZ  
 . . S IB(IBTP,IBSQ+1)=$FN(+$P(IBZ,"^",2),"",2)  
 . F I=1:1:3 D E^IBJDE(21+(IBTP\*3)+I,0)  
 . K IB(IBTP)  
 ;  
 Q  
 ;  
SUM ; - Print summary line(s).  
 I '$D(IB(IBDIV,IBEP)) D  D PAUSE Q  
 . D SUMH W !!?14,"No statistics available."  
 D SUMH Q:IBQ  
 S IBRNB=0 F  S IBRNB=$O(IB(IBDIV,IBEP,IBRNB)) Q:'IBRNB  D  Q:IBQ  
 . S IBN=IB(IBDIV,IBEP,IBRNB)  
 . W !?14,$P($G(^IBE(356.8,IBRNB,0)),U),?48,$J(+IBN,5),?57,$J($P(IBN,U,2),9,2)  
 . S $P(GTOT,U)=$P(GTOT,U)+IBN,$P(GTOT,U,2)=$P(GTOT,U,2)+$P(IBN,U,2)  
 D SUMT  
 ;  
 Q  
 ;  
SUMH ; - Print summary header.  
 I $E(IOST,1,2)="C-"!$G(IBPAG) W @IOF,\*13  
 S IBPAG=$G(IBPAG)+1 W ?68,"Page: ",IBPAG  
 S IBEPH="REASONS NOT BILLABLE SUMMARY/"\_IBEPS(IBEP)  
 W !!?(80-$L(IBEPH))\2,IBEPH  
 I IBDIV D  
 .S IBDH="Division: "\_$P($G(^DG(40.8,IBDIV,0)),U)  
 .W !?(80-$L(IBDH)\2),IBDH  
 ;  
 W !?22,"Period : from ",$$DTE(IBBDT)," thru ",$$DTE(IBEDT),!  
 W !?24,"Run Date: ",IBRUN  
 W !!?46,"No. of",?61,"Total",!?14,"RNB Category",?46,"Entries"  
 W ?60,"Amount",!?14,$$DASH(52)  
 S GTOT="0^0",IBQ=$$STOP^IBOUTL("Reasons Not Billable Summary")  
 Q  
 ;  
SUMT ; - Print summary totals.  
 W !?47,"-------------------"  
 W !?33,"Grand Totals:",?47,$J(+GTOT,6),?56,$J($P(GTOT,U,2),10,2) D PAUSE  
 Q  
 ;  
HDR ; - Write the detailed report header.  
 I $E(IOST,1,2)="C-"!$G(IBPAG) W @IOF,\*13  
 S IBPAG=$G(IBPAG)+1 W "Reasons Not Billable (RNB) Report "  
 W ?88,"Run Date: ",IBRUN,?123,"Page: ",$J(IBPAG,3)  
 S X=IBE(IBEP)\_" events by "  
 I 1234[IBEP D  
 . S X=X\_$S(IBSORT="P":"provider",IBSORT="S":"specialty",1:"RNB category")  
 . I $G(IBSORT1)'="" S X=X\_" ("\_IBSORT1\_")"  
 E  S X=X\_"RNB category"  
 S X=X\_" from "\_$$DTE(IBBDT)\_" thru "\_$$DTE(IBEDT)\_" ("\_IBD\_")"  
 I 12[IBEP D  
 . I IBSORT'="R" D  
 . . S X=X\_" / "\_$S(IBSRNB="S":"SPECIFIC",1:"ALL")\_" REASONS NOT BILLABLE"  
 . I IBSORT'="P" D  
 . . S X=X\_" / "\_$S(IBSPRV="S":"SPECIFIC",1:"ALL")\_" PROVIDERS"  
 . I IBSORT'="S",IBEP=1 D  
 . . S X=X\_" / "\_$S(IBSISP="S":"SPECIFIC",1:"ALL")\_" SPECIALTIES"  
 . I IBSORT'="S",IBEP=2 D  
 . . S X=X\_" / "\_$S(IBSOSP="S":"SPECIFIC",1:"ALL")\_" SPECIALTIES"  
 F I=1:1 W !,$E(X,1,132) S X=$E(X,133,999) I X="" Q  
 ;  
 I IBDIV W !,"Division: ",$P($G(^DG(40.8,IBDIV,0)),U)  
 W !!?26,"Last",?32,"Insurance",?45,"Episode Date Dte Last"  
 I 12[IBEP W ?97,$S("PS"[IBSORT:"RNB Category",1:"Provider")  
 W !,"Patient",?26,"4SSN",?32,"Carrier"  
 W ?45,"Date Entered Edited Last Edited By"  
 I 12[IBEP W ?97,$S("PR"[IBSORT:"Specialty",1:"Provider")  
 ;  
 I 34[IBEP W ?101,"Amount",?114,"Related Bills",!,$$DASH(IOM),!  
 E  W ?126,"Amount",!,$$DASH(IOM),!  
 S IBQ=$$STOP^IBOUTL("Reasons Not Billable Report")  
 Q  
 ;  
WPAT ; - Write patient data.  
 W $P(IBPT,"@@"),?26,$P(IBPT,"@@",2),?32,$E($P(IBP,U),1,12)  
 Q  
 ;  
TOT1 ; - Print episode totals.  
 I 34[IBEP W !?97,"----------",!  
 E  W !?122,"----------",!  
 I 34[IBEP W ?55  
 E  W ?80  
 W "TOTAL FOR EPISODE - Count: ",$J(ECNT,5)," Amount: ",$J(ETOT,10,2)  
 S (ECNT,ETOT)=0  
 Q  
 ;  
TOT2 ; - Print sub-totals.  
 I 34[IBEP W ?98,"---------",!  
 E  W ?123,"---------",!  
 I 34[IBEP W ?60  
 E  W ?85  
 W "TOTAL EVENTS - Count: ",$J(SCNT,4)," Amount: ",$J(STOT,9,2),!  
 S (SCNT,STOT)=0  
 Q  
 ;  
DASH(X) ; - Return a dashed line.  
 Q $TR($J("",X)," ","=")  
 ;  
PAUSE ; - Page break.  
 I $E(IOST,1,2)'="C-" Q  
 N IBX,DIR,DIRUT,DUOUT,DTOUT,DIROUT,X,Y  
 F IBX=$Y:1:(IOSL-3) W !  
 S DIR(0)="E" D ^DIR S:$D(DIRUT)!($D(DUOUT)) IBQ=1  
 Q  
 ;  
DTE(X) ; - Format the date.  
 Q $S(X:$E(X,4,5)\_"/"\_$E(X,6,7)\_"/"\_$E(X,2,3),1:"")  
 ;  
RNB ; - Reasons Not Billable   
 ;;NOT INSURED  
 ;;SC TREATMENT  
 ;;AGENT ORANGE  
 ;;IONIZING RADIATION  
 ;;ENV. CONTAM.  
 ;;SERVICE NOT COVERED  
 ;;COVERAGE CANCELED  
 ;;NEEDS SC DETERMINATION  
 ;;NON-BILLABLE APPOINTMENT TYPE  
 ;;INVALID PRESCRIPTION ENTRY  
 ;;REFILL ON VISIT DATE  
 ;;PRESCRIPTION DELETED  
 ;;PRESCRIPTION NOT RELEASED  
 ;;DRUG NOT BILLABLE  
 ;;HMO POLICY  
 ;;REFUSES TO SIGN RELEASE (ROI)  
 ;;NON-BILLABLE STOP CODE  
 ;;RESEARCH VISIT  
 ;;BILL PURGED  
 ;;NON-BILLABLE CLINIC  
 ;;MILITARY SEXUAL TRAUMA  
 ;;CREDENTIALING ISSUE  
 ;;INSUFFICIENT DOCUMENTATION  
 ;;NO DOCUMENTATION  
 ;;NON-BILLABLE PROVIDER (RESID.)  
 ;;NON-BILLABLE PROVIDER (OTHER)  
 ;;OTHER COMPLIANCE  
 ;;OUT OF NETWORK (PPO)

| Modified Logic (Changes are in bold) |
| --- |
| IBJDB22 ;ALB/RB - REASONS NOT BILLABLE REPORT (PRINT) ;19-JUN-00  ;;2.0;INTEGRATED BILLING;\*\*123,159,399**,544**\*\*;21-MAR-94;Build 35  .  .  .  **;JMB Added line for Camp Jejeune below rsd ref# 2.6.7.11.3.1**  RNB ; - Reasons Not Billable   ;;NOT INSURED  ;;SC TREATMENT  ;;AGENT ORANGE  ;;IONIZING RADIATION  ;;ENV. CONTAM.  ;;SERVICE NOT COVERED  ;;COVERAGE CANCELED  ;;NEEDS SC DETERMINATION  ;;NON-BILLABLE APPOINTMENT TYPE  ;;INVALID PRESCRIPTION ENTRY  ;;REFILL ON VISIT DATE  ;;PRESCRIPTION DELETED  ;;PRESCRIPTION NOT RELEASED  ;;DRUG NOT BILLABLE  ;;HMO POLICY  ;;REFUSES TO SIGN RELEASE (ROI)  ;;NON-BILLABLE STOP CODE  ;;RESEARCH VISIT  ;;BILL PURGED  ;;NON-BILLABLE CLINIC  ;;MILITARY SEXUAL TRAUMA  ;;CREDENTIALING ISSUE  ;;INSUFFICIENT DOCUMENTATION  ;;NO DOCUMENTATION  ;;NON-BILLABLE PROVIDER (RESID.)  ;;NON-BILLABLE PROVIDER (OTHER)  ;;OTHER COMPLIANCE  ;;OUT OF NETWORK (PPO)  **;;CAMP LEJEUNE** |

Table : IBJDI7 Routine

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | **IBJDI7** | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.7.11.2.1 | | | | | | | | |
| **Related Options** | DIAGNOSTIC MEASURES | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | IBJDNTEG.INT | | | | | NOW^%DTC  ^%ZIS  HOME^%ZIS  ^%ZISC  ^%ZTLOAD  ^DIR  $$BILLCK^IBAMTEDU  $$ENCL^IBAMTS2  $$INSURED^IBCNS1  E^IBJDE  $$TESTP^IBJDI1  OUTPT^IBJDI21  PSDR^IBODIV  $$DAT1^IBOUTL  $$DAT2^IBOUTL  DATE^IBOUTL  CLOSE^IBSDU  ELIG^VADPT  $$PRIM^VASITE | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | ^DG(40.8  ^DPT(  ^IBT(356  ^SDD(409.42 | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | IBOE -- IEN of outpatient encounter in file #409.68  IBOED -- Outpatient encounter in file #409.68 | | | | | | | | |
| **Output Attribute Name and Definition** | Y – Array ao^ir^sc^swa^mst^hnc^cv^shad^clv, where, for each piece, 1 - care was related to condition, and 0 (or null) - care not related to condition | | | | | | | | |
| Current Logic | | | | | | | | | |

IBJDI7 ;ALB/CPM - OUTPATIENT WORKLOAD REPORT ; 19-DEC-96  
 ;;2.0;INTEGRATED BILLING;\*\*69,91,98,100,118,133,339\*\*;21-MAR-94;Build 2  
 ;  
EN ; - Option entry point.  
 ;  
 W !!,"This report provides a measure of the number and types of"  
 W !,"Outpatient Services that are provided in the Medical Center.",!  
 ;  
DATE D DATE^IBOUTL I IBBDT=""!(IBEDT="") G ENQ  
 ;  
 ; - Sort by division?  
 S DIR(0)="Y",DIR("B")="NO"  
 S DIR("A")="Do you wish to sort this report by division"  
 S DIR("?")="^D DHLP^IBJDI7" W !  
 D ^DIR S IBSORT=+Y I $D(DIRUT)!$D(DTOUT)!$D(DUOUT)!$D(DIROUT) G ENQ  
 K DIR,DIROUT,DTOUT,DUOUT,DIRUT  
 ;  
 ; - Select division(s).  
 I IBSORT D PSDR^IBODIV G:Y<0 ENQ  
 ;  
 W !!,"This report only requires an 80 column printer."  
 ;  
 W !!,"Note: This report may take a while to run."  
 W !?6,"You should queue this report to run after normal business hours.",!  
 ;  
 ; - Select a device.  
 S %ZIS="QM" D ^%ZIS G:POP ENQ  
 I $D(IO("Q")) D  G ENQ  
 .S ZTRTN="DQ^IBJDI7",ZTDESC="IB - OUTPATIENT WORKLOAD REPORT"  
 .F I="IBBDT","IBEDT","IBSORT","VAUTD","VAUTD(" S ZTSAVE(I)=""  
 .D ^%ZTLOAD  
 .W !!,$S($D(ZTSK):"This job has been queued. The task number is "\_ZTSK\_".",1:"Unable to queue this job.")  
 .K ZTSK,IO("Q") D HOME^%ZIS  
 ;  
 U IO  
 ;  
DQ ; - Tasked entry point.  
 ;  
 I $G(IBXTRACT) D E^IBJDE(7,1) ; Change extract status.  
 ;  
 N IBQUERY K IB  
 S IBC="TOT^NSC^SC^SCS^SCN",IBQ=0  
 I IBSORT D  
 .S I=0 F  S I=$S(VAUTD:$O(^DG(40.8,I)),1:$O(VAUTD(I))) Q:'I  D  
 ..S J=$P(^DG(40.8,I,0),U),IB(J,"GTOT")=0  
 ..F K=1:1:5 S IB(J,$P(IBC,U,K)\_"-A")=0 S:K<4 IB(J,$P(IBC,U,K)\_"-I")=0  
 S IB("ZZALL","GTOT")=0  
 F I=1:1:5 D  
 .S IB("ZZALL",$P(IBC,U,I)\_"-A")=0 S:I<4 IB("ZZALL",$P(IBC,U,I)\_"-I")=0  
 ;  
 ; - Find outpatient encounters within the user-specified date range.  
 D OUTPT^IBJDI21("",IBBDT,IBEDT,"S:IBQ SDSTOP=1 D:'IBQ ENC^IBJDI7(Y,Y0)","Outpatient Workload Report",.IBQ,"",.IBQUERY)  
 D CLOSE^IBSDU(.IBQUERY)  
 ;  
 I IBQ G ENQ  
 ;  
 I $G(IBXTRACT) D E^IBJDE(7,0) G ENQ ; Extract summary data.  
 ;  
 ; - Print the report.  
 S (IBPAG,IBQ)=0 D NOW^%DTC S IBRUN=$$DAT2^IBOUTL(%)  
 S IBDIV="" F  S IBDIV=$O(IB(IBDIV)) Q:IBDIV=""  D SUM Q:IBQ  
 ;  
ENQ I $D(ZTQUEUED) S ZTREQ="@" G ENQ1  
 ;  
 D ^%ZISC  
ENQ1 K IB,IBC,IBH,IBQ,IBBDT,IBEDT,IBD,IBDIV,IBOE,IBOED,IBPAG,IBRUN,IBSORT  
 K IBPER,IBINS,IBSC,%,%ZIS,DFN,POP,I,J,K,X,Y,VA,VAEL,VAERR,VAUTD  
 K ZTDESC,ZTRTN,ZTSAVE  
 Q  
 ;  
ENC(IBOE,IBOED) ; - Extract encounter - must be called from DQ above.  
 I $$TESTP^IBJDI1(+$P(IBOED,U,2)) G ENCQ  ; Test patient.  
 ;  
 I IBSORT D  G:'$D(IB(IBDIV,"TOT-A")) ENCQ  
 .S IBDIV=+$P(IBOED,U,11)  
 .S IBDIV=$P($G(^DG(40.8,$S('IBDIV:+$$PRIM^VASITE(),1:IBDIV),0)),U)  
 ;  
 S IBINS=$$INS(IBOE,IBOED) ; Check if insured encounter.  
 ;  
 ; - Set main totals.  
 S IB("ZZALL","GTOT")=IB("ZZALL","GTOT")+1  
 S IB("ZZALL","TOT-A")=IB("ZZALL","TOT-A")+1  
 I IBINS S IB("ZZALL","TOT-I")=IB("ZZALL","TOT-I")+1  
 I IBSORT D  
 .S IB(IBDIV,"GTOT")=IB(IBDIV,"GTOT")+1  
 .S IB(IBDIV,"TOT-A")=IB(IBDIV,"TOT-A")+1  
 .I IBINS S IB(IBDIV,"TOT-I")=IB(IBDIV,"TOT-I")+1  
 ;  
 ; - Set NSC totals.  
 S DFN=+$P(IBOED,U,2) D ELIG^VADPT S IBSC=+VAEL(3)  
 I 'IBSC D  G ENCQ  
 .S IB("ZZALL","NSC-A")=IB("ZZALL","NSC-A")+1  
 .I IBINS S IB("ZZALL","NSC-I")=IB("ZZALL","NSC-I")+1  
 .I IBSORT D  
 ..S IB(IBDIV,"NSC-A")=IB(IBDIV,"NSC-A")+1  
 ..I IBINS S IB(IBDIV,"NSC-I")=IB(IBDIV,"NSC-I")+1  
 ;  
 ; - Set SC totals.  
 S IB("ZZALL","SC-A")=IB("ZZALL","SC-A")+1  
 I IBINS S IB("ZZALL","SC-I")=IB("ZZALL","SC-I")+1  
 I IBSORT D  
 .S IB(IBDIV,"SC-A")=IB(IBDIV,"SC-A")+1  
 .I IBINS S IB(IBDIV,"SC-I")=IB(IBDIV,"SC-I")+1  
 ;  
 ; - If care related to an SC condition, set SCS totals.  
 I $$SC(IBOE) D  G ENCQ  
 .S IB("ZZALL","SCS-A")=IB("ZZALL","SCS-A")+1  
 .I IBSORT S IB(IBDIV,"SCS-A")=IB(IBDIV,"SCS-A")+1  
 ;  
 ; - Set SCN totals.  
 S IB("ZZALL","SCN-A")=IB("ZZALL","SCN-A")+1  
 I IBSORT S IB(IBDIV,"SCN-A")=IB(IBDIV,"SCN-A")+1  
 ;  
ENCQ Q  
 ;  
SUM ; - Print the summary report.  
 F X="-A","-I" D  Q:IBQ  
 .I X["A" W @IOF,\*13  
 .I X["I",$E(IOST,1,2)="C-" W @IOF,\*13  
 .E  W:X["I" !!  
 .;  
 .; - Print summary header.  
 .W !!?$S(X["A":17,1:12),"OUTPATIENT ENCOUNTER WORKLOAD - "  
 .W $S(X["A":"ALL ENCOUNTERS",1:"INSURED ENCOUNTERS ONLY")  
 .S IBH="SUMMARY REPORT FOR "\_$S(IBDIV="ZZALL":"ALL DIVISIONS",1:IBDIV)  
 .S IBC=(80-$L(IBH)/2)\1 W !?IBC,IBH  
 .W !!?$S(X["A":15,1:11),"For ",$S(X["I":"Insured ",1:""),"Outpatient Encounters from ",$$DAT1^IBOUTL(IBBDT)," - ",$$DAT1^IBOUTL(IBEDT)  
 .I $E(IOST,1,2)="C-" W !!?24,"Run Date: ",IBRUN  
 .S IBC=$S(X["A":"17^46",1:"12^55") W !?+IBC,$$DASH($P(IBC,U,2)),!!  
 .;  
 .; - Print summary statistics.  
 .S IBPER(1)=$J($S('IB(IBDIV,"TOT"\_X):0,1:IB(IBDIV,"NSC"\_X)/IB(IBDIV,"TOT"\_X)\*100),0,2),IBPER(2)=$J($S('IB(IBDIV,"TOT"\_X):0,1:100-IBPER(1)),0,2)  
 .W ?$S(X["A":27,1:21),"Number of Outpatient Encounters:",?$S(X["A":60,1:54),$J(IB(IBDIV,"TOT"\_X),7)  
 .W !?$S(X["A":21,1:15),"Number of Encounters for NSC Veterans:",?$S(X["A":60,1:54),$J(IB(IBDIV,"NSC"\_X),7)," (",IBPER(1),"%)"  
 .W !?$S(X["A":22,1:16),"Number of Encounters for SC Veterans:",?$S(X["A":60,1:54),$J(IB(IBDIV,"SC"\_X),7)," (",IBPER(2),"%)"  
 .I X["A" D  
 ..S IBPER(3)=$J($S('IB(IBDIV,"SC-A"):0,1:IB(IBDIV,"SCS-A")/IB(IBDIV,"SC-A")\*100),0,2),IBPER(4)=$J($S('IB(IBDIV,"SC-A"):0,1:100-IBPER(3)),0,2)  
 ..W !?4,"Number of Service Connected Encounters for SC Veterans:",?60,$J(IB(IBDIV,"SCS-A"),7)," (",IBPER(3),"%)"  
 ..W !?3,"Number of Non-Svc. Connected Encounters for SC Veterans:",?60,$J(IB(IBDIV,"SCN-A"),7)," (",IBPER(4),"%)"  
 .E  D  
 ..S IBPER(5)=$J($S('IB(IBDIV,"GTOT"):0,1:IB(IBDIV,"TOT-I")/IB(IBDIV,"GTOT")\*100),0,2)  
 ..W !!?5,"Percentage of Insured Outpatient Encounters for ",$S(IBDIV="ZZALL":"All Divisions",1:"This Division"),": ",IBPER(5),"%"  
 .D PAUSE  
 Q  
 ;  
DASH(X) ; - Return a dashed line.  
 Q $TR($J("",X)," ","=")  
 ;  
PAUSE ; - Page break.  
 I $E(IOST,1,2)'="C-" Q  
 N IBX,DIR,DIRUT,DUOUT,DTOUT,DIROUT,X,Y  
 F IBX=$Y:1:(IOSL-3) W !  
 S DIR(0)="E" D ^DIR I $D(DIRUT)!($D(DUOUT)) S IBQ=1  
 Q  
 ;  
INS(IBOE,IBOED) ; - Is this an insured encounter?  
 ; Input: IBOE = IEN of outpatient encounter in file #409.68  
 ; IBOED = Outpatient encounter in file #409.68  
 ; Output: 1 = Insured encounter  
 ; 0 = Not an insured encounter  
 ;  
 N DFN,IBCK,IBPB,VA,VAEL,VAERR,X0  
 S DFN=+$P(IBOED,U,2)  
 I $G(^DPT(DFN,"VET"))'="Y" G INSQ ; Patient not a veteran.  
 I '$$INSURED^IBCNS1(DFN,+IBOED\1) G INSQ ; Patient not insured.  
 ;  
 ; - Check if encounter was made non-billable in Claims Tracking.  
 I $P($G(^IBT(356,+$O(^IBT(356,"ASCE",IBOE,0)),0)),U,19) G INSQ  
 ;  
 ; - Check encounter for non-billable appt. type (1), non-count  
 ; clinic (2), non-billable clinic (3,12), admission by 11:59pm of  
 ; encounter date (5), non-billable stop code (7,8), non-billable  
 ; disposition (10), and parent encounter (11). If IBPB equals one  
 ; of these numbers, Y will be set to 0 (Not an insured encounter).  
 F X0=1,2,3,5,7,8,10,11,12 S IBCK(X0)=""  
 S X0=$$BILLCK^IBAMTEDU(IBOE,IBOED,.IBCK,.IBPB)  
 I $G(IBPB) G INSQ  
 ;  
 I $$ENCL^IBAMTS2(IBOE)[1 G INSQ ; Care is related to AO/IR/SWA/SC/MST/HNC/CV/SHAD.  
 ;  
 S Y=1 Q Y  
INSQ S Y=0 Q Y  
 ;  
SC(OE) ; - Is the encounter related to the veteran's SC condition?  
 ; Input: OE = IEN of outpatient encounter in file #409.68  
 ; Output: SC = 1 (Encounter related to SC condition)  
 ; 0 (Encounter NOT related to SC condition)  
 ;  
 N CL,CLD,SC  
 S (CL,SC)=0 F  S CL=$O(^SDD(409.42,"OE",+$G(OE),CL)) Q:'CL  D  Q:SC  
 .S CLD=$G(^SDD(409.42,CL,0)) I +CLD=3,$P(CLD,U,3) S SC=1  
 Q SC  
 ;  
DHLP ; - Display 'Sort by division' help.  
 W !,"Enter RETURN to summarize all outpt. encounters without regard to"  
 W !,"division, or 'Yes' to select those divisions for which a separate"  
 W !,"summary report should be created."  
 Q

| Modified Logic (Changes are in bold) |
| --- |
| IBJDI7 ;ALB/CPM - OUTPATIENT WORKLOAD REPORT ; 19-DEC-96  ;;2.0;INTEGRATED BILLING;\*\*69,91,98,100,118,133,339**,544**\*\*;21-MAR-94;Build 35  .  .  .  INS(IBOE,IBOED) ; - Is this an insured encounter?  ; Input: IBOE = IEN of outpatient encounter in file #409.68  ; IBOED = Outpatient encounter in file #409.68  ; Output: 1 = Insured encounter  ; 0 = Not an insured encounter  ;  N DFN,IBCK,IBPB,VA,VAEL,VAERR,X0  S DFN=+$P(IBOED,U,2)  I $G(^DPT(DFN,"VET"))'="Y" G INSQ ; Patient not a veteran.  I '$$INSURED^IBCNS1(DFN,+IBOED\1) G INSQ ; Patient not insured.  ;  ; - Check if encounter was made non-billable in Claims Tracking.  I $P($G(^IBT(356,+$O(^IBT(356,"ASCE",IBOE,0)),0)),U,19) G INSQ  ;  ; - Check encounter for non-billable appt. type (1), non-count  ; clinic (2), non-billable clinic (3,12), admission by 11:59pm of  ; encounter date (5), non-billable stop code (7,8), non-billable  ; disposition (10), and parent encounter (11). If IBPB equals one  ; of these numbers, Y will be set to 0 (Not an insured encounter).  F X0=1,2,3,5,7,8,10,11,12 S IBCK(X0)=""  S X0=$$BILLCK^IBAMTEDU(IBOE,IBOED,.IBCK,.IBPB)  I $G(IBPB) G INSQ  ;  I $$ENCL^IBAMTS2(IBOE)[1 G INSQ ; Care is related to AO/IR/SWA/SC/MST/HNC/CV/SHAD**/CLV**.  **;JMB added CLV for Camp Lejeune rsd ref# 2.6.7.11.2.1**  ;  S Y=1 Q Y INSQ S Y=0 Q Y  ; SC(OE) ; - Is the encounter related to the veteran's SC condition?  ; Input: OE = IEN of outpatient encounter in file #409.68  ; Output: SC = 1 (Encounter related to SC condition)  ; 0 (Encounter NOT related to SC condition)  ;  N CL,CLD,SC  S (CL,SC)=0 F  S CL=$O(^SDD(409.42,"OE",+$G(OE),CL)) Q:'CL  D  Q:SC  .S CLD=$G(^SDD(409.42,CL,0)) I +CLD=3,$P(CLD,U,3) S SC=1  Q SC  ; DHLP ; - Display 'Sort by division' help.  W !,"Enter RETURN to summarize all outpt. encounters without regard to"  W !,"division, or 'Yes' to select those divisions for which a separate"  W !,"summary report should be created."  Q |

Table : IBJTEA Routine

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | **IBJTEA** | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.7.21.2 | | | | | | | | |
| **Related Options** | PHARMACY/ECME PRESCRIPTION BILLABLE STATUS CHECK | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | IBJTCA.INT  IBNCPDPL.INT | | | | | $$LST^DGMTU  $$BIL^DGMTUB  $$INSURED^IBCNS1  HDR^IBJTU1  $$DATE^IBJU1  PRTCL^IBJU1  ELIG^VADPT  SVC^VADPT  EN^VALM  $$SETSTR^VALM1  CLEAR^VALM1  CNTRL^VALM10  SET^VALM10  DISP^XQORM1 | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | ^DIC(31  ^DPT(  ^TMP("IBJTEA" | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | DFN is required, uses Statement From date of the bill if available,  DT if not | | | | | | | | |
| **Output Attribute Name and Definition** | IBT="CLV Exposure: ",  IBD=$S(+VASV(15):"Yes",1:"")  IBLN=$$SET(IBT,IBD,IBLN,IBLR) | | | | | | | | |
| Current Logic | | | | | | | | | |

IBJTEA ;ALB/ARH-TPI PATIENT ELIGIBLITY SCREEN ;16-FEB-1995  
 ;;2.0;INTEGRATED BILLING;\*\*39,153,183\*\*;21-MAR-94  
 ;;Per VA Directive 6402, this routine should not be modified.  
 ;  
 ; the EL Patient Eligibility screen is based on the Eligibility Inquiry for Patient Billing   
 ; [DG PATIENT ELIGIBILITY INQUIRY] display option  
 ;  
EN ; -- main entry point for IBJ TP CLAIMS INFO  
 D EN^VALM("IBJT PT ELIGIBILITY")  
 Q  
 ;  
HDR ; -- header code  
 D HDR^IBJTU1(+$G(IBIFN),+DFN,1)  
 Q  
 ;  
INIT ; -- init variables and list array  
 K ^TMP("IBJTEA",$J)  
 I '$G(DFN) S VALMQUIT="" G INITQ  
 I '$G(IBIFN) D PRTCL^IBJU1("IBJT SHORT MENU")  
 D BLD  
INITQ Q  
 ;  
HELP ; -- help code  
 S X="?" D DISP^XQORM1 W !!  
 Q  
 ;  
EXIT ; -- exit code  
 K ^TMP("IBJTEA",$J)  
 D CLEAR^VALM1  
 Q  
 ;  
BLD ; DFN, required, uses Statment From date of the bill if available, DT if not  
 I '$G(DFN) G BLDQ  
 N IBX,IBY,IBI,IBDU,IBDT,IBDTE,IBLN,IBD,IBT,IBTC,IBTW,IBSW,IBLR,IBGRPB,IBGRPE,IBCNT  
 S (IBLN,VALMCNT)=1  
 S IBTC(1)=1,IBTW(1)=25,IBSW(1)=23,IBTC(2)=52,IBTW(2)=15,IBSW(2)=11,IBTC(4)=1,IBTW(4)=0,IBSW(4)=38  
 ;  
 S IBGRPB=IBLN,IBLR=1  
 ;  
 S IBX=$$LST^DGMTU(DFN)  
 S IBT="Means Test: ",IBD=$P(IBX,U,4)  
 S IBD=$S('IBX:"Not in Means Test File",IBD="P":"PEN",IBD="C":"YES",IBD="G":"GMT",IBD="R":"REQ",1:"NO")  
 S IBLN=$$SET(IBT,IBD,IBLN,IBLR)  
 S IBT="Date of Test: ",IBD=$$DATE^IBJU1($P(IBX,U,2)) S IBLN=$$SET(IBT,IBD,IBLN,IBLR)  
 S IBX=$$LST^DGMTU(DFN,"",2)  
 S IBT="Co-pay Exemption Test: ",IBD=$P(IBX,U,3) S IBLN=$$SET(IBT,IBD,IBLN,IBLR)  
 S IBT="Date of Test: ",IBD=$$DATE^IBJU1($P(IBX,U,2)) S IBLN=$$SET(IBT,IBD,IBLN,IBLR)  
 ;  
 I +$$BIL^DGMTUB(DFN) S IBT="",IBD="Patient has agreed to pay deductible" S IBLN=$$SET(IBT,IBD,IBLN,4)  
 ;  
 S IBGRPE=IBLN,IBLN=IBGRPB,IBLR=2  
 ;  
 S IBT="Insured: ",IBD=$S(+$$INSURED^IBCNS1(DFN):"Yes",1:"No") S IBLN=$$SET(IBT,IBD,IBLN,IBLR)  
 D SVC^VADPT  
 S IBT="A/O Exposure: ",IBD=$S(+VASV(2):"Yes",1:"") S IBLN=$$SET(IBT,IBD,IBLN,IBLR)  
 S IBT="Rad. Exposure: ",IBD=$S(+VASV(3):"Yes",1:"") S IBLN=$$SET(IBT,IBD,IBLN,IBLR)  
 K VASV  
 ;  
 S (IBLN,VALMCNT)=$S(IBLN>IBGRPE:IBLN,1:IBGRPE)  
 S IBTC(5)=1,IBTW(5)=25,IBSW(5)=53,IBLR=5  
 S (IBT,IBD)="" S IBLN=$$SET(IBT,IBD,IBLN,IBLR)  
 ;  
 D ELIG^VADPT  
 S IBT="Primary Elig. Code: ",IBD=$P(VAEL(1),U,2)\_$S(VAEL(8)'="":" -- "\_$P(VAEL(8),U,2),1:"") S IBLN=$$SET(IBT,IBD,IBLN,IBLR)  
 I $D(VAEL(1))>1 S IBT="Other Elig. Code(s): ",IBI=0 F  S IBI=$O(VAEL(1,IBI)) Q:'IBI  D  
 . S IBD=$P(VAEL(1,IBI),U,2) S IBLN=$$SET(IBT,IBD,IBLN,IBLR),IBT=""  
 S (IBT,IBD)="" S IBLN=$$SET(IBT,IBD,IBLN,IBLR)  
 ;  
 S IBT="Service Connected: ",IBD=$S('VAEL(3):"No",1:$P(VAEL(3),U,2)\_"%") S IBLN=$$SET(IBT,IBD,IBLN,IBLR)  
 S IBT="Rated Disabilities: " D  
 . I 'VAEL(4) S IBD="Not a Veteran" S IBLN=$$SET(IBT,IBD,IBLN,IBLR) Q  
 . I '$O(^DPT(DFN,.372,0)) S IBD="None" S IBLN=$$SET(IBT,IBD,IBLN,IBLR) Q  
 . S IBI=0 F  S IBI=$O(^DPT(DFN,.372,IBI)) Q:'IBI  D  
 .. S IBX=$G(^DPT(DFN,.372,IBI,0)),IBY=$G(^DIC(31,+IBX,0))  
 .. S IBD=$S($P(IBY,U,4)="":$P(IBY,U,1),1:$P(IBY,U,4))\_" ("\_$P(IBX,U,2)\_"%-"\_$S(+$P(IBX,U,3):"SC",1:"NSC")\_")"  
 .. S IBLN=$$SET(IBT,IBD,IBLN,IBLR),IBT=""  
 K VAEL  
 ;  
 ; initially requested by a test site, but group decided only rated disablities should be displayed  
 ;I $O(^DPT(DFN,.373,0)) D  
 ;. ;  
 ;. S IBTC(1)=0,IBTW(1)=0,IBSW(1)=79,IBLR=1  
 ;. S (IBT,IBD)="" S IBLN=$$SET(IBT,IBD,IBLN,IBLR)  
 ;. ;  
 ;. S IBT="",IBD=" Service Connected Conditions as stated by applicant" S IBLN=$$SET(IBT,IBD,IBLN,IBLR)  
 ;. S IBT="",IBD=" ---------------------------------------------------" S IBLN=$$SET(IBT,IBD,IBLN,IBLR)  
 ;. ;  
 ;. S (IBT,IBD)="",(IBCNT,IBI)=0  
 ;. F S IBI=$O(^DPT(DFN,.373,IBI)) Q:'IBI D  
 ;.. S IBX=$G(^DPT(DFN,.373,IBI,0)) Q:IBX=""  
 ;.. S IBY=$P(IBX,U,1)\_" ("\_$P(IBX,U,2)\_"%)"  
 ;.. S IBD=IBD\_" "\_IBY\_$J("",(37-$L(IBY))),IBCNT=IBCNT+1  
 ;.. I IBCNT>1 S IBLN=$$SET(IBT,IBD,IBLN,IBLR),IBD="",IBCNT=0  
 ;. I IBD'="" S IBLN=$$SET(IBT,IBD,IBLN,IBLR),IBD="",IBCNT=0  
 ;  
 S VALMCNT=IBLN-1  
 ;  
BLDQ K VAERR  
 Q  
 ;  
SET(TTL,DATA,LN,LR) ;  
 N IBY  
 S IBY=$J(TTL,IBTW(LR))\_DATA D SET1(IBY,LN,IBTC(LR),(IBTW(LR)+IBSW(LR)))  
 S LN=LN+1  
 Q LN  
 ;  
SET1(STR,LN,COL,WD,RV) ; set up TMP array with screen data  
 N IBX S IBX=$G(^TMP("IBJTEA",$J,LN,0))  
 S IBX=$$SETSTR^VALM1(STR,IBX,COL,WD)  
 D SET^VALM10(LN,IBX) I $G(RV)'="" D CNTRL^VALM10(LN,COL,WD,IORVON,IORVOFF)  
 Q

| Modified Logic (Changes are in bold) |
| --- |
| IBJTEA ;ALB/ARH-TPI PATIENT ELIGIBLITY SCREEN ;16-FEB-1995  ;;2.0;INTEGRATED BILLING;\*\*39,153,183**,544**\*\*;21-MAR-94;Build 35  .  .  .  BLD ; DFN, required, uses Statment From date of the bill if available, DT if not  I '$G(DFN) G BLDQ  N IBX,IBY,IBI,IBDU,IBDT,IBDTE,IBLN,IBD,IBT,IBTC,IBTW,IBSW,IBLR,IBGRPB,IBGRPE,IBCNT  S (IBLN,VALMCNT)=1  S IBTC(1)=1,IBTW(1)=25,IBSW(1)=23,IBTC(2)=52,IBTW(2)=15,IBSW(2)=11,IBTC(4)=1,IBTW(4)=0,IBSW(4)=38  ;  S IBGRPB=IBLN,IBLR=1  ;  S IBX=$$LST^DGMTU(DFN)  S IBT="Means Test: ",IBD=$P(IBX,U,4)  S IBD=$S('IBX:"Not in Means Test File",IBD="P":"PEN",IBD="C":"YES",IBD="G":"GMT",IBD="R":"REQ",1:"NO")  S IBLN=$$SET(IBT,IBD,IBLN,IBLR)  S IBT="Date of Test: ",IBD=$$DATE^IBJU1($P(IBX,U,2)) S IBLN=$$SET(IBT,IBD,IBLN,IBLR)  S IBX=$$LST^DGMTU(DFN,"",2)  S IBT="Co-pay Exemption Test: ",IBD=$P(IBX,U,3) S IBLN=$$SET(IBT,IBD,IBLN,IBLR)  S IBT="Date of Test: ",IBD=$$DATE^IBJU1($P(IBX,U,2)) S IBLN=$$SET(IBT,IBD,IBLN,IBLR)  ;  I +$$BIL^DGMTUB(DFN) S IBT="",IBD="Patient has agreed to pay deductible" S IBLN=$$SET(IBT,IBD,IBLN,4)  ;  S IBGRPE=IBLN,IBLN=IBGRPB,IBLR=2  ;  S IBT="Insured: ",IBD=$S(+$$INSURED^IBCNS1(DFN):"Yes",1:"No") S IBLN=$$SET(IBT,IBD,IBLN,IBLR)  D SVC^VADPT  S IBT="A/O Exposure: ",IBD=$S(+VASV(2):"Yes",1:"") S IBLN=$$SET(IBT,IBD,IBLN,IBLR)  S IBT="Rad. Exposure: ",IBD=$S(+VASV(3):"Yes",1:"") S IBLN=$$SET(IBT,IBD,IBLN,IBLR)  **S IBT="Camp Lejeune: ",IBD=$S(+VASV(15):"Yes",1:"") S IBLN=$$SET(IBT,IBD,IBLN,IBLR) ;JMB added Camp Lejeune rsd ref# 2.6.7.21.2**   K VASV  ; |

Table : IBNCPDP Routine

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | **IBNCPDP** | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.7.20.1, 2.6.7.20.3.1 | | | | | | | | |
| **Related Options** | N/A | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | IB20P276.INT  IB20P342.INT  IB20P411.INT  IBCC1.INT  IBCCC1.INT  IBCCC2.INT  IBCNERTQ.INT  IBCNSBL1.INT  IBJTCA1.INT  IBNCPBB.INT  IBNCPBB1.INT  IBNCPDP1.INT  IBNCPDP2.INT  IBNCPDP3.INT  IBNCPDP4.INT  IBNCPDP5.INT  IBNCPDP6.INT  IBNCPDPC.INT  IBNCPDPE.INT  IBNCPDPH.INT  IBNCPDPI.INT  IBNCPDPL.INT  IBNCPDPR.INT  IBNCPDPU.INT  IBNCPDPV.INT  IBNCPEB.INT  IBNCPEV.INT  IBNCPEV1.INT  IBNCPIV.INT  IBNCPNB.INT  IBNCPRR.INT  IBRREL.INT  IBTOBI.INT  IBTRED.INT | | | | | $$RX^IBNCPDP1  $$ECME^IBNCPDP2  $$UPAWP^IBNCPDP3  $$PSSBILSD^PSS50 | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | 4299 | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | DFN - File Number—the local/facility patient Record number (patient file internal entry number) | | | | | | | | |
| **Output Attribute Name and Definition** | IBD("IEN") = Prescription IEN ("FILL NUMBER") = Fill number (0 is initial) ("DOS") = Date of Service ("RELEASE DATE")= Date of the Rx release in FileMan format ("NDC") = NDC number for drug ("DEA") = DEA special handling info ("COST") = cost of medication being dispensed ("AO") = Agent Orange (0,1 OR Null) ("EC") = Environmental Contaminant (0,1 OR Null) ("HNC") = Head/neck cancer (0,1 OR Null) ("IR") = Ionizing radiation (0,1 OR Null) ("MST") = Military sexual trauma (0,1 OR Null) ("SC") = Service connected (0,1 OR Null) ("CV") = Combat Veteran (0,1 OR Null) ("QTY") = Quantity of med dispensed ("EPHARM") = #9002313.56 ien (E-PHARMACY division) ("CLV") = Camp Lejeune water contaminant exposure (0,1 OR Null) | | | | | | | | |
| Current Logic | | | | | | | | | |

IBNCPDP ;OAK/ELZ - APIS FOR NCPCP/ECME ;1/9/08 17:27  
 ;;2.0;INTEGRATED BILLING;\*\*223,276,363,383,384,411,435,452,550\*\*;21-MAR-94;Build 26  
 ;;Per VA Directive 6402, this routine should not be modified.  
 ;  
 ;Reference to $$PSSBILSD^PSS50 supported by IA# 6245  
 ;  
RX(DFN,IBD) ; IB Billing Determination  
 ; this is called by PSO for all prescriptions issued, return is  
 ; a response to bill ECME or not with array for billing data elements  
 ; third piece of return is an Eligibility indicator for the prescription  
 ;  
 ; IBD("IEN") = Prescription IEN  
 ; ("FILL NUMBER") = Fill number (0 is initial)  
 ; ("DOS") = Date of Service  
 ; ("RELEASE DATE")= Date of the Rx release in FileMan format  
 ; ("NDC") = NDC number for drug  
 ; ("DEA") = DEA special handling info  
 ; ("COST") = cost of medication being dispensed  
 ; ("AO") = Agent Orange (0,1 OR Null)  
 ; ("EC") = Environmental Contaminant (0,1 OR Null)  
 ; ("HNC") = Head/neck cancer (0,1 OR Null)  
 ; ("IR") = Ionizing radiation (0,1 OR Null)  
 ; ("MST") = Military sexual trauma (0,1 OR Null)  
 ; ("SC") = Service connected (0,1 OR Null)  
 ; ("CV") = Combat Veteran (0,1 OR Null)  
  ; ("QTY") = Quantity of med dispensed  
 ; ("EPHARM") = #9002313.56 ien (E-PHARMACY division)  
 ;  
 ;  
 ; IBD("INS",n,1) = insurance array to bill in n order (see SETINSUR^IBNCPDP1 for details)  
 ; file 355.3 ien (group)^bin^pcn^Payer Sheet B1^group id^  
 ; cardholder id^patient relationship code^  
 ; cardholder first name^cardholder last name^  
 ; home plan state^Payer Sheet B2^Payer Sheet B3^  
 ; Software/Vendor Cert ID ^ Ins Name^Payer Sheet E1^  
 ; Payer Sheet B1 ien^B2 ien^B3 ien^E1 ien^Pharmacy Person Code  
 ;   
 ;  
 ; ("INS",n,2) = dispensing fee^basis of cost determination^  
 ; awp or tort rate or cost^gross amount due^  
 ; administrative fee^ingredient cost^usual & customary charge  
 ; (see RATEPRIC^IBNCPDP1 for details)  
 ;  
 ; for basis of cost determination the following is used:  
 ; "07" would be sent for Usual & Customary  
 ; "01" would be sent for AWP  
 ; "05" would be sent for Cost calculations  
 ;  
 ; ("INS",n,3) = group name^ins co ph 3^plan ID^  
 ; insurance type (V=VETERAN, T=TRICARE, C=CHAMPVA)^  
 ; insurance company (#36) ien^COB field (.2) in 2.312 subfile^  
 ; 2.312 subfile ien (pt. insurance policy ien)^  
 ; maximum NCPDP transactions (366.03,10.1)  
 ; (see SETINSUR^IBNCPDP1 for details)  
 ;  
 N IBRES,IBNB  
 S IBRES=$$RX^IBNCPDP1(DFN,.IBD)  
 ;remove "Not ECME billable: " from the reason text  
 S IBNB="Not ECME billable: "  
 I IBRES[IBNB S IBRES=$P(IBRES,U)\_U\_$P($P(IBRES,U,2),IBNB,2)\_U\_$P(IBRES,U,3)  
 Q IBRES  
 ;  
 ;  
STORESP(DFN,IBD) ; this is an API for pharmacy/ecme to use to relay  
 ; results of billing using the ecme software. If electronic billing is  
 ; successful, then bills will be established. If not, then we will  
 ; flag the entry in ct for paper or not billable.  
 ;  
 ; IBD("STATUS") = Bill status (PAID, REJECTED,REVERSED  
 ; CLOSED,RELEASED,or SUBMITTED)  
 ; ("DOS") = Date of Service  
 ; ("PRESCRIPTION") = Prescription IEN from drug file (#52)  
 ; ("FILL NUMBER") = Fill or refill number  
 ; ("BILLED") = Amount billed  
 ; ("PAID") = Amount paid  
 ; ("BCID") = Reference number to the claim for payment  
 ; BCID stands for Bill Claim ID  
 ; ("PLAN") = IEN of the the entry in the GROUP INSURANCE  
 ; PLAN file(#355.3)(captured from the  
 ; $$RX^IBNCPDP call)  
 ; ("COPAY") = Patient's copay from ECME response  
 ; ("RX NO") = RX number from file 52  
 ; ("DRUG") = IEN of file #50 DRUG  
 ; ("DAYS SUPPLY") = Days Supply  
 ; ("QTY") = Quantity Dispensed (should be from the Rx fill or refill 52/52.1)  
 ; ("NDC") = NDC  
 ; ("CLOSE REASON") = Optional, Pointer to the IB file #356.8  
 ; "CLAIMS TRACKING NON-BILLABLE REASONS"  
 ; ("CLOSE COMMENT")= Optional, if the close reason is defined  
 ; then the Close Comment parameter may be  
 ; sent to IB  
 ; ("DROP TO PAPER")= Optional, this parameter may be set to 1(TRUE)  
 ; for certain Close Claim Reasons, indicating  
 ; that that the closed episode still may be  
 ; "dropped to paper" - passed to the Autobiller  
 ; ("RELEASE COPAY")= Optional, if the claim is being closed, setting  
 ; this parameter to 1 (TRUE) indicates that the  
 ; patients copay should be released off hold  
 ; ("DIVISION") = Pointer to the MC DIVISION file (#40.8)  
 ; ("AUTH #") = ECME approval/authorization number  
 ; ("CLAIMID") = Reference Number to ECME  
 ; ("EPHARM") = Optional, #9002313.56 ien (E-PHARMACY division)  
 ; ("RTYPE") = Optional, rate type specified by user during  
 ; manual ePharmacy processing  
 ; ("PRIMARY BILL") = Optional, if this is to be a secondary bill,  
 ; this is the primary bill the secondary relates  
 ; ("PRIOR PAYMENT")= Optional, on secondary bills this is the offset  
 ; to be applied from the primary payment.  
 ; ("RXCOB") = Optional, COB indicator (secondary = 2)  
 ;  
 ;  
 ; Return is the bill number for success or 1 if not billable.  
 ; "0^reason" indicates not success  
 ;  
 ;  
 Q $$ECME^IBNCPDP2(DFN,.IBD)  
 ;  
 ;  
UPAWP(IBNDC,IBAWP,IBADT) ; used to update AWPs. This is an API that  
 ; pharmacy will call.  
 ;  
 ; IBNDC = NDC number to update with the price.  
 ; IBAWP = average wholesale price of the NDC  
 ; IBADT = effective date of change (optional, default it today)  
 ;  
 ; return will be a positive number indicating success.  
 ; if it is unsuccessful, then "0^reason" will be returned.  
 ;  
 Q $$UPAWP^IBNCPDP3(IBNDC,IBAWP,$G(IBADT,DT))  
 ;  
BILLABLE(DRUG,ELIG,IBRMARK,IBBDAR) ; used to pass the ePharmacy Billable Status   
 ;  
 ;Input:  
 ; DRUG = PRESCRIPTION File #52 IEN (required)  
 ; ELIG = BILLING ELIGIBILITY INDICATOR (T,C,V) field #85 of file 52 or 52.1. If not defined, assume "V".  
 ;  
 ;Output:  
 ; IBRMARK = "DRUG NOT BILLABLE" - only set if drug not billable (pass by reference)  
 ; IBBDAR = (optional) array values returned regarding drug file billable fields (pass by reference)  
 ; Function Value: 1 if drug is billable, 0 if drug is not billable  
 ;  
 N IBRES,EPHNODE  
 S IBRES=0,IBRMARK="DRUG NOT BILLABLE"    ; assume not billable as default  
 ;  
 I '$G(DRUG) G BILLQ  
 I $G(ELIG)="" S ELIG="V"  
 ;  
 S EPHNODE=$$PSSBILSD^PSS50(DRUG) ;using PSS API to obtain this information IA# 6245  
 ;  
 ; set the values into the array   
 S IBBDAR("DRUG-BILLABLE")=$P(EPHNODE,U,1)  
 S IBBDAR("DRUG-BILLABLE TRICARE")=$P(EPHNODE,U,2)  
 S IBBDAR("DRUG-BILLABLE CHAMPVA")=$P(EPHNODE,U,3)  
 ;  
 ; If Elig is VET:  
 ; and ePharmacy Billable field is YES, then drug is billable.  
 ; Otherwise, drug is non-billable.  
 I ELIG="V" D  G BILLQ  
 . I $P(EPHNODE,U,1) S IBRES=1 K IBRMARK Q  
 . Q  
 ;  
 ;If Elig is TRICARE:  
 ; And ePharmacy Billable TRICARE field is YES, then drug is billable  
 ; And ePharmacy Billable TRICARE field is NO, then drug is non-billable  
 ; And ePharmacy Billable field is YES and ePharmacy Billable TRICARE field is unanswered, then drug is billable  
 ; Otherwise, drug is non-billable  
 ;  
 I ELIG="T" D  G BILLQ  
 . I $P(EPHNODE,U,2) S IBRES=1 K IBRMARK Q                         ; TRICARE billable true  
 . I $P(EPHNODE,U,1),$P(EPHNODE,U,2)="" S IBRES=1 K IBRMARK Q      ; TRICARE billable unanswered + ePharm billable true  
 . Q  
 ;  
 ;If Elig is CHAMPVA:  
 ; And ePharmacy Billable CHAMPVA field is YES, then drug is billable  
 ; And ePharmacy Billable CHAMPVA field is NO, then drug is non-billable  
 ; And ePharmacy Billable field is YES and ePharmacy Billable CHAMPVA is unanswered, then drug is billable  
 ; Otherwise, drug is non-billable  
 ;  
 I ELIG="C" D  G BILLQ  
 . I $P(EPHNODE,U,3) S IBRES=1 K IBRMARK Q                         ; CHAMPVA billable true  
 . I $P(EPHNODE,U,1),$P(EPHNODE,U,3)="" S IBRES=1 K IBRMARK Q      ; CHAMPVA billable unanswered + ePharm billable true  
 . Q  
 ;  
BILLQ ;  
 Q IBRES  
 ;

| Modified Logic (Changes are in bold) |
| --- |
| IBNCPDP ;OAK/ELZ - APIS FOR NCPCP/ECME ;1/9/08 17:27  ;;2.0;INTEGRATED BILLING;\*\*223,276,363,383,384,411,435,452,550**,544**\*\*;21-MAR-94;Build 35  ………..  RX(DFN,IBD) ; IB Billing Determination  ; this is called by PSO for all prescriptions issued, return is  ; a response to bill ECME or not with array for billing data elements  ; third piece of return is an Eligibility indicator for the prescription  ;  ; IBD("IEN") = Prescription IEN  ; ("FILL NUMBER") = Fill number (0 is initial)  ; ("DOS") = Date of Service  ; ("RELEASE DATE")= Date of the Rx release in FileMan format  ; ("NDC") = NDC number for drug  ; ("DEA") = DEA special handling info  ; ("COST") = cost of medication being dispensed  ; ("AO") = Agent Orange (0,1 OR Null)  ; ("EC") = Environmental Contaminant (0,1 OR Null)  ; ("HNC") = Head/neck cancer (0,1 OR Null)  ; ("IR") = Ionizing radiation (0,1 OR Null)  ; ("MST") = Military sexual trauma (0,1 OR Null)  ; ("SC") = Service connected (0,1 OR Null)  ; ("CV") = Combat Veteran (0,1 OR Null)  **; ("CLV") = Camp Lejeune water contaminant exposure (0,1 OR Null)** **IB\*2.0\*544** |

Table : IBNCPDP1 Routine

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | **IBNCPDP1** | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.7.20.1, 2.6.7.20.3.1 | | | | | | | | |
| **Related Options** | Claims Tracking | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | IB20P342.INT  IBNCPDP.INT  IBNCPDPU.INT  IBNCPEV1.INT | | | | | ^DIE  $$EXTERNAL^DILFD  $$GET1^DIQ  GETS^DIQ  $$NAME^IBCEFG1  STCHK^IBCNRU1  $$PLCOV^IBCNSU3  $$PTCOV^IBCNSU3  $$RATECHG^IBCRCC  $$BICOST^IBCRCI  $$ITPTR^IBCRU2  $$EVNTITM^IBCRU3  $$BILLABLE^IBNCPDP  LOG^IBNCPDP2  $$PHONE^IBNCPDP6  START^IBNCPDP6  $$ACDUTY^IBNCPDPU  $$RT^IBNCPDPU  CT^IBNCPDPU  RXINS^IBNCPDPU  $$SENS^IBNCPDR  $$ROI^IBNCPDR4  ROICLN^IBNCPDR4  $$ERMSG^IBNCPNB  $$NDC^IBNCPNB  $$PAPERBIL^IBNCPNB  $$RXSTATUS^IBNCPRR  GETINDIC^IBNCPUT2  $$COSTTYP^IBNCPUT3  DATA^IBRXUTL  $$MWC^PSOBPSU2  CL^SDCO21 | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | ^BPSF(9002313.92  ^DGCR(399.3  ^DIC(36  ^IBA(355.3  ^IBE(350.9  ^IBE(355.1  ^IBE(356.8  ^IBT(356  ^TMP($J | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | DFN – File Number – the local/facility patient Record number (patient file internal entry number) | | | | | | | | |
| **Output Attribute Name and Definition** | IBD – Array for billing data elements including EI’s | | | | | | | | |
| Current Logic | | | | | | | | | |

IBNCPDP1 ;OAK/ELZ - IB BILLING DETERMINATION PROCESSING FOR NEW RX REQUESTS ;5/22/08  
 ;;2.0;INTEGRATED BILLING;\*\*223,276,339,363,383,405,384,411,434,437,435,455,452,473,494,534,550\*\*;21-MAR-94;Build 18  
 ;;Per VA Directive 6402, this routine should not be modified.  
 ;  
 ; Reference to CL^SDCO21 supported by IA# 406  
 ; Reference to IN5^VADPT supported by IA# 10061  
 ; Reference to $$MWC^PSOBPSU2 supported by IA# 4970  
 ;  
RX(DFN,IBD) ; pharmacy package call, passing in IBD by ref  
 ; this is called by PSO for all prescriptions issued, return is  
 ; a response to bill ECME or not with array for billing data elements  
 ;  
 ;warning: back-billing flag:  
 ;if passed IBSCRES(IBRXN,IBFIL)=1  
 ; - then the SC Determination is just done by the IB clerk (billable)  
 ; - set by routine IBNCPBB  
 ;  
 ; IBD("PLAN") - is specified only if RX API is called for billing determination for 2ndary claim.  
 ;  
 ;clean up the list of non-answered SC/Env.indicators questions and INS  
 K IBD("SC/EI NO ANSW"),IBD("INS")  
 ;  
 N IBTRKR,IBARR,IBADT,IBRXN,IBFIL,IBTRKRN,IBRMARK,IBANY,IBX,IBT,IBINS,IBSAVE,IBPRDATA,IBDISPFEE,IBADMINFEE  
 N IBFEE,IBBI,IBIT,IBPRICE,IBRS,IBRT,IBTRN,IBCHG,IBRES,IBNEEDS,IBELIG,IBDEA,IBPTYP,IBACDUTY,IBINSXRES  
 ;  
 ; eligibility verification request flag - esg 9/9/10 IB\*2\*435  
 S IBELIG=($G(IBD("RX ACTION"))="ELIG")  
 ;  
 I '$G(DFN) S IBRES="0^No DFN" G RXQ  
 ;  
 S IBRES="0^Error"  
 S IBADT=+$G(IBD("DOS"),DT) ; date of service (default to today)  
 ;  
 ; -- gather all active pharmacy insurance policies for patient on date of service  
 D RXINS^IBNCPDPU(DFN,IBADT,.IBINS)  
 ;  
 ; -- determine rate type  
 S IBRT=$$RT^IBNCPDPU(DFN,IBADT,.IBINS,.IBPTYP)  
 ;  
 ; If the rate type was selected by the user for manual primary or secondary claims processing, then update IBRT  
 I $G(IBD("RTYPE")),$G(IBD("PLAN")) D  
 . S $P(IBRT,U,1)=+IBD("RTYPE") ; overwrite the rate type ien [1]  
 . S $P(IBRT,U,2)=$$COSTTYP^IBNCPUT3(+IBD("RTYPE"),IBADT) ; overwrite the basis of cost determination [2]  
 . I $P(IBRT,U,3)="" S $P(IBRT,U,3)=IBPTYP                   ; overwrite eligibility if null [3]  
 . Q  
 ;  
 ; -- Process an eligibility verification request  
 I IBELIG D  G RXQ  
 . S IBRES=1  
 . D SETINSUR(IBADT,IBRT,IBELIG,.IBINS,.IBD,.IBRES)  
 . Q  
 ;  
 ; additional data integrity checks  
 S IBRXN=+$G(IBD("IEN")) I 'IBRXN S IBRES="0^No Rx IEN" G RXQ  
 S IBFIL=+$G(IBD("FILL NUMBER"),-1) I IBFIL<0 S IBRES="0^No fill number" G RXQ  
 S IBD("QTY")=+$G(IBD("QTY")) I 'IBD("QTY") S IBRES="0^No Quantity" G RXQ  
 ;  
 ; -- Gather claims tracking information if it exists  
 S IBTRKR=$G(^IBE(350.9,1,6))  
 ; date can't be before parameters  
 S $P(IBTRKR,U)=$S('$P(IBTRKR,U,4):0,+IBTRKR&(IBADT<+IBTRKR):0,1:IBADT)  
 ; already in claims tracking  
 S IBTRKRN=+$O(^IBT(356,"ARXFL",IBRXN,IBFIL,0))  
 ;  
 ; Gather and store insurance information in the IBD("INS") insurance array  
 D SETINSUR(IBADT,IBRT,IBELIG,.IBINS,.IBD,.IBRES)  
 I $G(IBD("NO ECME INSURANCE")) S IBINSXRES=$G(IBRES) ; save IBRES when there are insurance errors  
 ;  
 ;for secondary billing - skip claim tracking functionality  
 G:$G(IBD("RXCOB"))>1 GETINS  
 ;  
 ; -- claims tracking info  
 I IBTRKRN,$$PAPERBIL^IBNCPNB(IBTRKRN) S IBRES="0^Existing IB Bill in CT",IBD("NO ECME INSURANCE")=1 G RXQ  
 ;  
 ; -- no pharmacy coverage, update ct if applicable, quit  
 I '$$PTCOV^IBCNSU3(DFN,IBADT,"PHARMACY",.IBANY) S IBRMARK=$S($G(IBANY):"SERVICE NOT COVERED",1:"NOT INSURED") D:$P(IBTRKR,U,4)=2 CT S IBRES="0^"\_IBRMARK,IBD("NO ECME INSURANCE")=1 G RXQ  
 ;  
 ; Environmental Indicators Validation  
 ; Find out if the patient is Active Duty - IB\*2\*534  
 S IBACDUTY=$P(IBRT,U,3)="T"&$$ACDUTY^IBNCPDPU(DFN)  
 ; Retrieve indicators from file #52 and overwrite the indicators in IBD array  
 D GETINDIC^IBNCPUT2(+IBD("IEN"),.IBD)  
 ; Process patient exemptions if any and if not already resolved  
 S IBNEEDS=0 ;flag will be set to 1 if at least one of the questions wasn't answered  
 I $G(IBD("SC/EI OVR"))'=1,'IBACDUTY D  
 . D CL^SDCO21(DFN,IBADT,"",.IBARR)  
 . I $D(IBARR)>9 F IBX=2:1 S IBT=$P($T(EXEMPT+IBX),";;",2) Q:IBT=""  D:$D(IBARR(+IBT))  
 . . I $G(IBD($P(IBT,U,2)))=0 Q  
 . . I $G(IBD($P(IBT,U,2))) S IBRMARK=$P(IBT,U,3) Q  
 . . I '$G(IBSCRES(IBRXN,IBFIL)) S IBNEEDS=1 D  
 . . . S IBD("SC/EI NO ANSW")=$S($G(IBD("SC/EI NO ANSW"))="":$P(IBT,U,2),1:$G(IBD("SC/EI NO ANSW"))\_","\_$P(IBT,U,2))  
 I '$D(IBRMARK),IBNEEDS=1 S IBRMARK="NEEDS SC DETERMINATION"  
 I $D(IBRMARK) D CT S IBRES="0^"\_IBRMARK G RXQ  
 ;  
 ; -- check for drug billable  
 I '$$BILLABLE^IBNCPDP($G(IBD("DRUG")),$P(IBRT,U,3),.IBRMARK,.IBD) S IBRES="0^"\_IBRMARK D CT G RXQ  
 ;  
 ; -- check for sensitive diagnosis drug and ROI on file  
 I $$SENS^IBNCPDR($G(IBD("DRUG")),.IBD),$D(IBD("INS",1,3)) D  
 . I '$$ROI^IBNCPDR4(DFN,$G(IBD("DRUG")),+$P($G(IBD("INS",1,3)),U,5),IBADT) D  Q  
 .. ;  
 .. ; no active ROI found for patient/drug/insurance/DOS  
 .. S IBRMARK="ROI NOT OBTAINED"  
 .. S IBRES="0^NO ACTIVE/VALID ROI FOR DRUG OR INSURANCE"      ; PSO routine PSOREJU3 contains this text  
 .. Q  
 . ;  
 . ; active ROI found, clear out RNB from Claims Tracking and variable IBRMARK  
 . D ROICLN^IBNCPDR4(IBTRKRN,IBRXN,IBFIL)  
 . I $G(IBRMARK)["ROI" K IBRMARK  
 . Q  
 I $D(IBRMARK) D CT G RXQ  
 ;  
 ; Clean-up the NEEDS SC DETERMINATION record if resolved  
 ; And check if it is non-billable in CT  
 I IBTRKRN D  
 . N IBNBR,IBNBRT  
 . S IBNBR=$P($G(^IBT(356,+IBTRKRN,0)),U,19) Q:'IBNBR  
 . S IBNBRT=$P($G(^IBE(356.8,IBNBR,0)),U) Q:IBNBRT=""  
 . ;  
 . ; if refill was deleted (not RX) and now the refill is re-entered  
 . ;use $$RXSTATUS^IBNCPRR instead of $G(^PSRX(IBRXN,"STA"))  
 . I IBNBRT="PRESCRIPTION DELETED",$$RXSTATUS^IBNCPRR(DFN,IBRXN)'=13 D  Q  
 . . N DIE,DA,DR  
 . . ; clean up REASON NOT BILLABLE and ADDITIONAL COMMENT  
 . . S DIE="^IBT(356,",DA=+IBTRKRN,DR=".19////@;1.08////@" D ^DIE  
 . ;  
 . ; Clean up NBR if released  
 . I IBNBRT="PRESCRIPTION NOT RELEASED" D:$G(IBD("RELEASE DATE")) Q  
 . . N DIE,DA,DR  
 . . S DIE="^IBT(356,",DA=+IBTRKRN,DR=".19////@" D ^DIE  
 . ;  
 . ; Clean up 'Needs SC determ'  
 . I IBNBRT="NEEDS SC DETERMINATION" D  Q  
 . . N DIE,DA,DR  
 . . S DIE="^IBT(356,",DA=+IBTRKRN,DR=".19////@" D ^DIE  
 . ;  
 . ; Clean up 'DRUG NOT BILLABLE' since we made it through the $$BILLABLE function above - IB\*2\*550  
 . I IBNBRT="DRUG NOT BILLABLE" D  Q  
 .. N DIE,DA,DR  
 .. S DIE="^IBT(356,",DA=+IBTRKRN,DR=".19////@;1.08////@" D ^DIE  
 .. Q  
 . ;  
 . S IBRMARK=IBNBRT  
 I $D(IBRMARK) S IBRES="0^Non-Billable in CT: "\_IBRMARK G RXQ  
 ;  
GETINS ; -- examine the insurance data for a patient  
 ;  
 ; if insurance errors were detected earlier, then restore IBRES and get out  
 I $G(IBD("NO ECME INSURANCE")) S IBRES=$G(IBINSXRES) G RXQ  
 ;  
RATEPRIC ; determine rates/prices to use  
 ;  
 I 'IBRT D CT S IBRES="0^Cannot determine Rate type" G RXQ  
 S IBBI=$$EVNTITM^IBCRU3(+IBRT,3,"PRESCRIPTION FILL",IBADT,.IBRS)  
 I 'IBBI,$P(IBBI,";")'="VA COST" D CT S IBRES="0^Cannot find Billable Item" G RXQ  
 ;  
 ; Check for missing NDC  
 I $G(IBD("NDC"))="" D CT S IBRES="0^Missing NDC" G RXQ  
 ;  
 ;1;BEDSECTION;1^  
 ;IBRS(1,18,5)=  
 S IBRS=+$O(IBRS($P(IBBI,";"),0))  
 S IBIT=$$ITPTR^IBCRU2($P(IBBI,";"),$S($P(IBRT,U,2)="A":$$NDC^IBNCPNB($G(IBD("NDC"))),1:"PRESCRIPTION"))  
 I 'IBIT,$P(IBRT,U,2)'="C" D CT S IBRES="0^Cannot find Item Pointer" G RXQ  
 ;8  
 S IBPRICE=+$$BICOST^IBCRCI(+IBRT,3,IBADT,"PRESCRIPTION FILL",+IBIT,,,$S($P(IBRT,U,2)="A":IBD("QTY"),1:1))  
 ;36^2991001  
 ;  
 ; return the true value of drug cost for 3rd party bill if it is zero  
 I IBD("COST")=0,$P($G(^DGCR(399.3,+$P(IBRT,U,1),0)),U,5) S IBD("COST")=$$RXPCT(.IBD,.BWHERE)  
 ;  
 ; get fees if any, ignore return, don't care about price, just need fees  
 S IBCHG=$$RATECHG^IBCRCC(+IBRS,$S($P(IBRT,U,2)'="C":1,1:IBD("QTY")\*IBD("COST")),IBADT,.IBFEE)  
 I $P(IBRT,U,2)="C" S IBPRICE=+IBCHG  
 ;  
 S IBDISPFEE=+$P($G(IBFEE),U,1) ; dispensing fee  
 S IBADMINFEE=+$P($G(IBFEE),U,2) ; administrative fee  
 ;  
 I 'IBPRICE D CT S IBRES="0^Cannot find price for Item" G RXQ  
 ;  
 ; build pricing data string  
 S IBPRDATA=""  
 S $P(IBPRDATA,U,1)=IBDISPFEE                     ; dispensing fee  
 S $P(IBPRDATA,U,2)=$S($P(IBRT,U,2)="A":"01",$P(IBRT,U,2)="C":"05",1:"07") ; basis of cost determination  
 S $P(IBPRDATA,U,3)=$S($P(IBRT,U,2)="C":IBD("QTY")\*IBD("COST")+IBDISPFEE,$P(IBRT,U,2)="A":IBPRICE-IBDISPFEE-IBADMINFEE,1:IBPRICE) ; basis of cost amount  
 S $P(IBPRDATA,U,4)=IBPRICE                       ; gross amount due  
 S $P(IBPRDATA,U,5)=IBADMINFEE                    ; administrative fee  
 S $P(IBPRDATA,U,6)=IBD("QTY")\*IBD("COST") ; ingredient cost  
 S $P(IBPRDATA,U,7)=IBPRICE-IBADMINFEE            ; usual & customary charge (U&C)  
 ;  
 ; store the pricing data string on each node 2 that may exist  
 S IBX=0 F  S IBX=$O(IBD("INS",IBX)) Q:'IBX  S IBD("INS",IBX,2)=IBPRDATA  
 ;  
 S IBRES=$S($D(IBRMARK):"0^"\_IBRMARK,1:1)  
 I IBRES,'$G(IBD("RELEASE DATE")) S IBRMARK="PRESCRIPTION NOT RELEASED"  
 ;  
 D CT  
 ;  
RXQ ; final processing  
 ; set the 3rd piece of IBRES (default Vet)  
 S $P(IBRES,U,3)=$S($L($P($G(IBRT),U,3)):$P(IBRT,U,3),1:"V")  
 ;  
 ; possibly add entries to files 366.14 and 366.15 (not for eligibility verification requests)  
 I 'IBELIG D  
 . I IBRES D START^IBNCPDP6(IBRXN\_";"\_IBFIL,$P(IBRES,U,3),+IBRT)  
 . D LOG^IBNCPDP2("BILLABLE STATUS CHECK",IBRES)  
 . Q  
 ;  
 Q IBRES  
 ;  
 ;  
CT ; files in claims tracking  
 Q:$G(IBD("RXCOB"))>1 ;Claim Tracking is updated only for the primary payer (payer sequence =1)  
 ;If null then the payer sequence = Primary is assumed  
 I IBTRKR D CT^IBNCPDPU(DFN,IBRXN,IBFIL,IBADT,$G(IBRMARK))  
 Q  
 ;  
SETINSUR(IBADT,IBRT,IBELIG,IBINS,IBD,IBRES) ; build insurance data array  
 ; Input variables:  
 ; IBADT - date of service/identify insurance as of this date  
 ; IBRT - rate type variable - [1] rate type ien, [2] type (A/C/T), [3] eligibility (V/T/C)  
 ; IBELIG - eligibility request flag (1/0)  
 ; IBINS - insurance array as returned by RXINS^IBNCPDPU  
 ; IBD - input/output - array entries passed in and certain array entries returned  
 ; Output variable:  
 ; IBRES - only returned if insurance errors  
 ;  
 ; Note: if more than one insurance with the same COB then the latest insurance occurrence overrides the first one(s)  
 ; Example:  
 ; IBINS("S",1,1)=""  
 ; IBINS("S",1,3)="" <<--- this will be primary  
 ;  
 K IBD("INS"),IBD("NO ECME INSURANCE")  
 ;  
 N IBCNT,IBERMSG,IBRXPOL,IBT,IBX  
 ; IBERMSG - error message array  
 ; IBRXPOL - array of Rx policies found  
 ;  
 S IBX=0 F  S IBX=$O(IBINS("S",IBX)) Q:'IBX  D  
 . S IBT=0 F  S IBT=$O(IBINS("S",IBX,IBT)) Q:'IBT  D  
 .. N IBDAT,IBPL,IBINSN,IBPIEN,IBY,IBZ,IBCHNM,IBREL,IBPLNTYP  
 .. S IBZ=$G(IBINS(IBT,0)) Q:IBZ=""  
 .. S IBPL=$P(IBZ,U,18) ; plan  
 .. Q:'IBPL  
 .. Q:'$$PLCOV^IBCNSU3(IBPL,IBADT,3) ; not a pharmacy plan  
 .. I $G(IBD("PLAN")) Q:IBPL'=$G(IBD("PLAN")) ; skip other plans if we call RX API for a specific plan (IBD("PLAN"))  
 .. ;  
 .. ; at this point we have found an Rx policy. We'll count these up later by IBX.  
 .. S IBRXPOL(IBX,IBT)=""  
 .. ;  
 .. S IBPLNTYP=$P($G(^IBE(355.1,+$P($G(IBINS(IBT,355.3)),U,9),0)),U,1) ; type of plan name, insurance plan type  
 .. I '$G(IBD("PLAN")) I '$D(IBD("INS",IBX)),$P(IBRT,U,3)="V",(IBPLNTYP["TRICARE"!(IBPLNTYP="CHAMPVA")) S IBERMSG(IBX)=IBPLNTYP\_" coverage for a Veteran" Q  
 .. ;  
 .. S IBPIEN=+$G(^IBA(355.3,+IBPL,6))  
 .. I 'IBPIEN S IBERMSG(IBX)="Plan not linked to the Payer" Q  ; Not linked  
 .. ;  
 .. K IBY D STCHK^IBCNRU1(IBPIEN,.IBY,IBELIG)  
 .. I $E($G(IBY(1)))'="A" S IBERMSG(IBX)=$$ERMSG^IBNCPNB($G(IBY(6))) Q  ; not active  
 .. ;  
 .. ; at this point we have a valid policy for this IBX  
 .. S IBERMSG(IBX)=""          ; no error message  
 .. S IBINSN=$P($G(^DIC(36,+$G(^IBA(355.3,+IBPL,0)),0)),U) ; ins name  
 .. S IBCHNM=$$NAME^IBCEFG1($P(IBZ,U,17)) ; standardize subscriber/cardholder name  
 .. S IBREL=+$P($G(IBINS(IBT,4)),U,5) ; pointer to pharmacy relationship code file  
 .. ; use the #4.05 field if it exists, otherwise use the old pt relationship field #16  
 .. S IBREL=$S(IBREL:$$EXTERNAL^DILFD(2.312,4.05,,IBREL),1:$P(IBZ,U,16))  
 .. ;  
 .. S IBDAT=""  
 .. S $P(IBDAT,U,1)=IBPL       ; Plan IEN  
 .. S $P(IBDAT,U,2)=$G(IBY(2)) ; BIN  
 .. S $P(IBDAT,U,3)=$G(IBY(3)) ; PCN  
 .. S $P(IBDAT,U,4)=$P($G(^BPSF(9002313.92,+$P($G(IBY(5)),",",1),0)),U) ; Payer Sheet B1 name  
 .. S $P(IBDAT,U,5)=$P($G(IBINS(IBT,355.3)),U,4) ; Group ID  
 .. S $P(IBDAT,U,6)=$P(IBZ,U,2) ; Cardholder ID  
 .. S $P(IBDAT,U,7)=IBREL           ; Patient Relationship Code  
 .. S $P(IBDAT,U,8)=$P(IBCHNM,U,2) ; Cardholder First Name  
 .. S $P(IBDAT,U,9)=$P(IBCHNM,U,1) ; Cardholder Last Name  
 .. S $P(IBDAT,U,10)=$P($G(^DIC(36,+IBZ,.11)),U,5) ; State  
 .. S $P(IBDAT,U,11)=$P($G(^BPSF(9002313.92,+$P($G(IBY(5)),",",2),0)),U) ; Payer Sheet B2 name  
 .. S $P(IBDAT,U,12)=$P($G(^BPSF(9002313.92,+$P($G(IBY(5)),",",3),0)),U) ; Payer Sheet B3 name  
 .. S $P(IBDAT,U,13)=$G(IBY(4)) ; Software/Vendor Cert ID  
 .. S $P(IBDAT,U,14)=IBINSN ; Ins Name  
 .. S $P(IBDAT,U,15)=$P($G(^BPSF(9002313.92,+$P($G(IBY(5)),",",4),0)),U) ; Payer Sheet E1 name  
 .. S $P(IBDAT,U,16)=+$P($G(IBY(5)),",",1) ; Payer Sheet B1 ien  
 .. S $P(IBDAT,U,17)=+$P($G(IBY(5)),",",2) ; Payer Sheet B2 ien  
 .. S $P(IBDAT,U,18)=+$P($G(IBY(5)),",",3) ; Payer Sheet B3 ien  
 .. S $P(IBDAT,U,19)=+$P($G(IBY(5)),",",4) ; Payer Sheet E1 ien  
 .. S $P(IBDAT,U,20)=$P($G(IBINS(IBT,4)),U,6) ; Pharmacy Person Code  
 .. S IBD("INS",IBX,1)=IBDAT  
 .. ;  
 .. S IBDAT=""  
 .. S $P(IBDAT,U,1)=$P($G(IBINS(IBT,355.3)),U,3) ;group name  
 .. S $P(IBDAT,U,2)=$$PHONE^IBNCPDP6(+IBZ) ;ins co ph 3  
 .. S $P(IBDAT,U,3)=$$GET1^DIQ(366.03,IBPIEN\_",",.01) ;plan ID  
 .. S $P(IBDAT,U,4)=$S(IBPLNTYP="TRICARE":"T",IBPLNTYP="CHAMPVA":"C",1:"V") ; plan type  
 .. S $P(IBDAT,U,5)=+$G(^IBA(355.3,+IBPL,0)) ; insurance co ien  
 .. S $P(IBDAT,U,6)=$P(IBZ,U,20) ;(#.2) COB field of the (#.3121) insurance Type multiple of the Patient file (#2)  
 .. S $P(IBDAT,U,7)=IBT  ; 2.312 subfile ien  
 .. S $P(IBDAT,U,8)=$$GET1^DIQ(366.03,IBPIEN\_",",10.1) ; maximum ncpdp transactions  
 .. S IBD("INS",IBX,3)=IBDAT  
 .. Q  
 . Q  
 ;  
 ; Count the number of pharmacy insurance policies by IBX found up above  
 S IBX=0 F IBCNT=0:1 S IBX=$O(IBRXPOL(IBX)) Q:'IBX  
 ;  
 ; Determine the value of the IBX variable here. This is basically the COB sequence# to be used.  
 ; If there is only 1 pharmacy policy or no pharmacy policies, then set IBX in this manner  
 I IBCNT'>1 D  
 . I $D(IBD("INS")) S IBX=+$O(IBD("INS",0)) ; use the only one in this array  
 . I '$D(IBD("INS")) S IBX=+$O(IBERMSG(0)) ; the only one here (or 0)  
 . Q  
 ;  
 ; If there are multiple pharmacy policies on file, then the COB field in the pt. policy must be used correctly  
 ; and primary insurance must be at #1  
 I IBCNT>1 S IBX=1  
 ;  
 ; In all cases, if this variable is set, then use it  
 I $G(IBD("RXCOB"))>1 S IBX=$G(IBD("RXCOB"))  
 ;  
 ; Check insurance at IBX  
 I '$D(IBD("INS",IBX)),$G(IBERMSG(IBX))'="" S IBRES="0^Not ECME billable: "\_IBERMSG(IBX),IBD("NO ECME INSURANCE")=1 G SETINX  
 I '$D(IBD("INS",IBX)) S IBRES="0^No Insurance ECME billable",IBD("NO ECME INSURANCE")=1  
SETINX ;  
 Q  
 ;  
RXPCT(IBD,BWHERE) ; Penny drug cost calculation  
 ; Input-IBD array, BWHERE  
 ; Output-return quotient of drug true value with 4 decimal places, or 0  
 N IBDIEN,IBDRX,IBNDC,IBFRM,IBDRFL,IBUNIT,IBSYN,IBQUO,IBDQUO,IBPSUF,IBPORD,IBPDISP,IBDRUG  
 S IBDIEN=IBD("IEN"),IBNDC=IBD("NDC"),IBDRX=IBD("DRUG"),IBDRFL=IBD("FILL NUMBER")  
 S IBFRM=$G(BWHERE),IBQUO=0  
 G:'IBDRX RXPCTQ  
 ; default unit price from (50-13/15)  
 D GETS^DIQ(50,IBDRX,".01;13;15","I","IBUNIT")  
 S IBPORD=$G(IBUNIT(50,IBDRX\_",",13,"I"))  
 S IBPDISP=$G(IBUNIT(50,IBDRX\_",",15,"I"))  
 S (IBDQUO,IBQUO)=$S(IBPORD&IBPDISP:(IBPORD/IBPDISP),1:0)  
 ;  
 ; unit price from (50.1-402/403) if NDC exists in the SYNONYM subfile  
 D DATA^IBRXUTL(IBDRX)  
 S IBSYN=0 F  S IBSYN=$O(^TMP($J,"IBDRUG",IBDRX,"SYN",IBSYN)) Q:'IBSYN  D  
 . I IBNDC'="",$G(^TMP($J,"IBDRUG",IBDRX,"SYN",IBSYN,2))=IBNDC D  
 .. S IBPSUF=IBSYN\_","\_IBDRX\_","  
 .. D GETS^DIQ(50.1,IBPSUF,".01;402;403","I","IBUNIT")  
 .. S IBPORD=$G(IBUNIT(50.1,IBPSUF,402,"I"))  
 .. S IBPDISP=$G(IBUNIT(50.1,IBPSUF,403,"I"))  
 .. S IBQUO=$S(IBPORD&IBPDISP:(IBPORD/IBPDISP),1:0)  
 ;  
 ; API #4970 - use the default unit price for CMOP  
 I $$MWC^PSOBPSU2(IBDIEN,IBDRFL)="C" D  
 . Q:(IBFRM="PE")!(IBFRM="PP")  
 . S IBQUO=IBDQUO  
 ; set the lowest value 0.0001 with 4 decimal if less than 0.00005  
 I IBQUO S IBQUO=$J(IBQUO,1,4),IBQUO=$S(IBQUO>0:IBQUO,1:"0.0001")  
 K ^TMP($J,"IBDRUG")  
RXPCTQ ;  
 Q IBQUO  
 ;  
EXEMPT ; exemption reasons  
 ; variable from SD call ^ variable from PSO ^ reason not billable  
 ;;1^AO^AGENT ORANGE  
 ;;2^IR^IONIZING RADIATION  
 ;;3^SC^SC TREATMENT  
 ;;4^SWA^SOUTHWEST ASIA  
 ;;5^MST^MILITARY SEXUAL TRAUMA  
 ;;6^HNC^HEAD/NECK CANCER  
 ;;7^CV^COMBAT VETERAN  
 ;;8^SHAD^PROJECT 112/SHAD  
 ;;  
 ;

| Modified Logic (Changes are in bold) |
| --- |
| IBNCPDP1 ;OAK/ELZ - IB BILLING DETERMINATION PROCESSING FOR NEW RX REQUESTS ;5/22/08  ;;2.0;INTEGRATED BILLING;\*\* 223,276,339,363,383,405,384,411,434,437,435,455,452,473,494,534,550**,544**\*\*;21-MAR-94;Build 35  ;;Per VA Directive 6402, this routine should not be modified.  ;  .  .  .  EXEMPT ; exemption reasons - **JMB added Camp Lejeune rsd ref# 2.6.7.20.1**  ; variable from SD call ^ variable from PSO ^ reason not billable  ;;1^AO^AGENT ORANGE  ;;2^IR^IONIZING RADIATION  ;;3^SC^SC TREATMENT  ;;4^SWA^SOUTHWEST ASIA  ;;5^MST^MILITARY SEXUAL TRAUMA  ;;6^HNC^HEAD/NECK CANCER  ;;7^CV^COMBAT VETERAN  ;;8^SHAD^PROJECT 112/SHAD  **;;9^CLV^CAMP LEJEUNE** |

Table : IBNCPEV1 Routine

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | **IBNCPEV1** | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.7.20.2.1 | | | | | | | | |
| **Related Options** | EVNT   ECME Billing Events Report | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | IBNCPDPE.INT  IBNCPEV.INT | | | | | $$MULTPHRM^BPSUTIL  $$SELPHARM^BPSUTIL  $$EXTERNAL^DILFD  GET1^DIQ  ^IBNCPDP1  $$TESTDATA^IBNCPDPE  DATE^IBNCPDPE  DEVICE^IBNCPDPE  MODE^IBNCPDPE  $$BOCD^IBNCPEV  $$DAT^IBNCPEV  $$USR^IBNCPEV  CHKP^IBNCPEV  DISPUSR^IBNCPEV  SUBHDR^IBNCPEV  $$EXMPFLDS^IBNCPEV1  DATA^PSS50  EN^PSSDI  $$RJ^XLFSTR | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | ^IBCNR(366.03  ^IBCNR(366.14  ^TMP($J | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | IBEXMP - exemption (like "AO","EC", etc)  IBNODE - node ^IBCNR(366.14,D0,1,D1,4) | | | | | | | | |
| **Output Attribute Name and Definition** | N/A | | | | | | | | |
| Current Logic | | | | | | | | | |

IBNCPEV1 ;DALOI/SS - NCPDP BILLING EVENTS REPORT ;21-MAR-2006  
 ;;2.0;INTEGRATED BILLING;\*\*342,339,363,411,435,452,516,550\*\*;21-MAR-94;Build 123  
 ;;Per VA Directive 6402, this routine should not be modified.  
 ;  
 ;IA# 10155 is used to read ^DD(file,field,0) node  
 Q  
 ;  
SETVARS ;  
 ;newed in IBNCPEV  
 S (IBECME,IBPAT,IBRX,IBQ,IBSCR,IBPAGE,IBDTL,IBDIVS)=0  
 ;date  
 F  D DATE^IBNCPDPE Q:IBQ  Q:$$TESTDATA^IBNCPDPE  
 Q:IBQ  
 N IBMLTDV S IBMLTDV=$$MULTPHRM^BPSUTIL()  
 I +IBMLTDV=1 S IBDIVS=+$$MULTIDIV(.IBDIVS) S:IBDIVS=0 IBDIVS(0)="0^ALL" I IBDIVS=-1 S IBQ=1 Q  
 I +IBMLTDV=0 S IBDIVS=0,IBDIVS(0)="0^"\_$P(IBMLTDV,U,2)  
 D MODE^IBNCPDPE Q:IBQ  
 D DEVICE^IBNCPDPE Q:IBQ  
 Q  
 ;  
 ;/\*\*  
GETRX(IBECMENO,IBST,IBEND,IBECME) ; get ien of file 52 from #366.14  
 ; input -   
 ; IBECMENO = ECME # input from the user (with or without leading zeros)  
 ; IBST = start date (FM format)  
 ; IBEND = end date (FM format)  
 ; output - function value: returns internal entry number of file #52 for the earliest date within the date range  
 ; IBECME - output variable pass by reference. Returns the external version of the ECME# with leading zeros  
 ;  
 ; This subroutine is called when the user enters an ECME# as part of the search criteria  
 ;  
 N IBDATE,IBNO,IBIEN,IBFOUND,IBRXIEN,ECMELEN,IBRXIEN  
 S (IBFOUND,IBRXIEN)=0  
 F ECMELEN=12,7 D  Q:IBFOUND  
 . I $L(+IBECMENO)>ECMELEN Q  
 . S IBECMENO=$$RJ^XLFSTR(+IBECMENO,ECMELEN,0) ; build ECME# with leading zeros to proper length  
 . S IBDATE=+$O(^IBCNR(366.14,"E",IBECMENO,IBST-1)) Q:'IBDATE  
 . I IBDATE>IBEND Q  
 . S IBNO=+$O(^IBCNR(366.14,"E",IBECMENO,IBDATE,0)) Q:'IBNO  
 . S IBIEN=+$O(^IBCNR(366.14,"B",IBDATE,0)) Q:'IBIEN  
 . S IBRXIEN=+$P($G(^IBCNR(366.14,IBIEN,1,IBNO,2)),U,1)  
 . I IBRXIEN S IBFOUND=1,IBECME=IBECMENO Q  
 . Q  
 Q IBRXIEN  
 ;  
DSTAT(IBD0,IBD2,IBD3,IBD4,IBINS,IBD7) ; finish event/IB Billing Determination event  
 ;input:  
 ;IBD0 - node ^IBCNR(366.14,D0,1,D1,0)  
 ;IBD2 - node ^IBCNR(366.14,D0,1,D1,2)  
 ;IBD3 - node ^IBCNR(366.14,D0,1,D1,3)  
 ;IBD4 - node ^IBCNR(366.14,D0,1,D1,4)  
 ;IBINS - multiple of ^IBCNR(366.14,D0,1,D1,5)  
 ;IBD7 - node ^IBCNR(366.14,D0,1,D1,7)  
 ;  
 N IBX,IBT,IBSC,IB1ST,IBNXT,IBEXMPV  
 S IB1ST=1  
 D CHKP^IBNCPEV Q:IBQ  
 ;  
 W !?10,"ELIGIBILITY: "  
 W $$EXTERNAL^DILFD(366.141,7.05,,$P(IBD7,U,5)) ; esg - 5/1/11 - IB\*2\*452  
 ;  
 W !?10,"EI/SC INDICATORS: "  
 F IBX=2:1 S IBT=$P($T(EXEMPT+IBX^IBNCPDP1),";",3),IBSC=$P(IBT,U,2) Q:IBSC=""  S IBEXMPV=$$EXMPFLDS(IBSC,IBD4) D:IBEXMPV]""  Q:IBQ!(IBEXMPV=3)  
 . I IBEXMPV=3 W "overridden by the user" Q  
 . I 'IB1ST W "," I $X>70 D CHKP^IBNCPEV Q:IBQ  W !?10 S IB1ST=1  
 . W " ",IBSC,":",$S(IBEXMPV=1:"Yes",IBEXMPV=0:"No",IBEXMPV=2:"No Answer",1:"?") S IB1ST=0  
 Q:IBQ  
 ;  
 I $P(IBD2,U,4) D CHKP^IBNCPEV Q:IBQ  W !?10,"DRUG:",$$DRUGNAM(+$P(IBD2,U,4))  
 ;  
 ; esg - 9/29/15 - IB\*2\*550 - Display Drug file ECME billable fields  
 I ($P(IBD7,U,6)=0)!($P(IBD7,U,7)=0)!($P(IBD7,U,8)=0) D  Q:IBQ  
 . I $P(IBD0,U,7) Q                                 ; billable result - no display  
 . I $P(IBD7,U,5)="V",$P(IBD7,U,6) Q                ; veteran, drug billable - no display  
 . I $P(IBD7,U,5)="T",$P(IBD7,U,6),$P(IBD7,U,7) Q   ; tricare, drug billable - no display  
 . I $P(IBD7,U,5)="C",$P(IBD7,U,6),$P(IBD7,U,8) Q   ; champva, drug billable - no display  
 . D CHKP^IBNCPEV Q:IBQ  
 . W !?10,"DRUG ECME BILLABLE: ",$S($P(IBD7,U,6):"Yes",1:"No")  
 . I $P(IBD7,U,5)="T" W ", DRUG ECME BILLABLE (TRICARE): ",$S($P(IBD7,U,7):"Yes",1:"No")  
 . I $P(IBD7,U,5)="C" W ", DRUG ECME BILLABLE (CHAMPVA): ",$S($P(IBD7,U,8):"Yes",1:"No")  
 . Q  
 ;  
 ; esg - 9/29/15 - IB\*2\*550 - Display sensitive diagnosis drug if not billable and the message contains "ROI"  
 I $P(IBD7,U,9),'$P(IBD0,U,7),$P(IBD0,U,8)["ROI" D  Q:IBQ  
 . D CHKP^IBNCPEV Q:IBQ  
 . W !?10,"SENSITIVE DIAGNOSIS DRUG: Yes"  
 . Q  
 ;  
 D CHKP^IBNCPEV Q:IBQ  
 W !?10,"NDC:",$S($P(IBD2,U,5):$P(IBD2,U,5),1:"No")  
 W ", NCPDP QTY:",$S($P(IBD2,U,14):$P(IBD2,U,14),1:"No")  
 W $$UNITDISP($P(IBD2,U,14),$P(IBD2,U,15)) ; display NCPDP unit type  
 ;  
 D CHKP^IBNCPEV Q:IBQ  
 W !?10,"BILLED QTY:",$S($P(IBD2,U,8):$P(IBD2,U,8),1:"No")  
 W $$UNITDISP($P(IBD2,U,8),$P(IBD2,U,13)) ; display billing unit type  
 W ", UNIT COST:",$S($P(IBD3,U,4):$P(IBD3,U,4),1:"No")  
 I $P(IBD2,U,10)]"" W ", DEA:",$P(IBD2,U,10)  
 ;  
 ; display insurance subfile data  
 S IBX=0,IBNXT=0 F  S IBX=$O(IBINS(IBX)) Q:'IBX  D  Q:IBQ  S IBNXT=1  
 . N Y,Y3,PLANIEN  
 . S Y=$G(IBINS(IBX,0))  
 . S PLANIEN=+$P(Y,U,2) I 'PLANIEN W "@@@@" Q  
 . I IBNXT D CHKP^IBNCPEV Q:IBQ  W !?10,"-----------"  
 . D CHKP^IBNCPEV Q:IBQ  W !?10  
 . ;  
 . ;IB\*2.0\*516/baa - Use HIPAA compliant fields  
 . W "PLAN:",$$GET1^DIQ(355.3,PLANIEN\_",",2.01)  
 . W ", INSURANCE:",$$GET1^DIQ(355.3,PLANIEN\_",",.01,"E")  
 . I +IBD7>0 W ", COB:",$S(+IBD7=2:"S",1:"P")  
 . ;  
 . ; display pharmacy plan ID and name  
 . D CHKP^IBNCPEV Q:IBQ  
 . S Y3=$G(IBINS(IBX,3))  
 . W !?10,"PHARMACY PLAN:",$S($L($P(Y3,U,3)):$$PLANID($P(Y3,U,3)),1:"N/A")  
 . ;  
 . D CHKP^IBNCPEV Q:IBQ  W !?10 S IB1ST=1  
 . I $P(Y,U,3)]"" W "BIN:",$P(Y,U,3) S IB1ST=0  
 . I $P(Y,U,4)]"" W:'IB1ST ", " W "PCN:",$P(Y,U,4) S IB1ST=0  
 . I $P(Y,U,5)]"" W:'IB1ST ", " W "PAYER SHEET B1:",$P(Y,U,5) S IB1ST=0  
 . ;  
 . D CHKP^IBNCPEV Q:IBQ  W !?10 S IB1ST=1  
 . S Y=$G(IBINS(IBX,1))  
 . I $P(Y,U,4)]"" W "PAYER SHEET B2:",$P(Y,U,4) S IB1ST=0  
 . I $P(Y,U,5)]"" W:'IB1ST ", " W "PAYER SHEET B3:",$P(Y,U,5)  
 . ;  
 . D CHKP^IBNCPEV Q:IBQ  
 . S Y=$G(IBINS(IBX,2))  
 . W !?10,"BASIS OF COST DETERM:",$S($L($P(Y,U,2)):$$BOCD^IBNCPEV($P(Y,U,2)),1:"N/A")  
 . D CHKP^IBNCPEV Q:IBQ  
 . W !?10,"DISPENSING FEE:",$S($L($P(Y,U,1)):$J($P(Y,U,1),0,2),1:"N/A")  
 . W ", ADMIN FEE:",$S($L($P(Y,U,5)):$J($P(Y,U,5),0,2),1:"N/A")  
 . D CHKP^IBNCPEV Q:IBQ  
 . W !?10,"INGREDIENT COST:",$S($L($P(Y,U,6)):$J($P(Y,U,6),0,2),1:"N/A")  
 . W ", U&C CHARGE:",$S($L($P(Y,U,7)):$J($P(Y,U,7),0,2),1:"N/A")  
 . W ", GROSS AMT DUE:",$S($L($P(Y,U,4)):$J($P(Y,U,4),0,2),1:"N/A")  
 . Q  
 ;  
 Q:IBQ  
 ;  
 D CHKP^IBNCPEV Q:IBQ  
 W !?10,"USER:",$$USR^IBNCPEV(+$P(IBD3,U,10))  
 Q  
 ;  
UNITDISP(QTY,TYP) ; display type of units  
 I 'QTY,TYP="" Q ""       ; display nothing if no QTY or TYP  
 I TYP="" S TYP=" "      ; default if ""  
 Q " ("\_TYP\_")"  
 ;  
PLANID(PLID) ; display Pharmacy plan ID and the name  
 ; Input: PLID - the external plan ID as found in (366.03,.01). Stored for this report as (366.1412,.303).  
 N PLNAME,PLANIEN  
 S PLID=$G(PLID),PLNAME=""  
 I PLID="" G PLANIDX  
 S PLANIEN=+$O(^IBCNR(366.03,"B",PLID,""),-1)  
 I 'PLANIEN G PLANIDX  
 S PLNAME=$P($G(^IBCNR(366.03,PLANIEN,0)),U,2)  
PLANIDX ;  
 Q PLID\_" ("\_PLNAME\_")"  
 ;  
 ;get Exemption status by name  
 ;IBEXMP - exemption (like "AO","EC", etc)  
 ;IBNODE - node ^IBCNR(366.14,D0,1,D1,4)  
EXMPFLDS(IBEXMP,IBNODE) ;  
 Q:IBEXMP="AO" $P(IBNODE,U,1)  
 Q:IBEXMP="CV" $P(IBNODE,U,2)  
 Q:IBEXMP="SWA" $P(IBNODE,U,3)  
 Q:IBEXMP="IR" $P(IBNODE,U,4)  
 Q:IBEXMP="MST" $P(IBNODE,U,5)  
 Q:IBEXMP="HNC" $P(IBNODE,U,6)  
 Q:IBEXMP="SC" $P(IBNODE,U,7)  
 Q:IBEXMP="SHAD" $P(IBNODE,U,8)  
 Q ""  
 ;returns DFN from file #366.14 by prescription ien of file #50  
GETDFN(IBRX) ;  
 N IB1,IB2  
 S IB1=+$O(^IBCNR(366.14,"I",IBRX,0))  
 I IB1=0 Q 0  
 S IB2=+$O(^IBCNR(366.14,"I",IBRX,IB1,0))  
 I IB2=0 Q 0  
 Q +$P($G(^IBCNR(366.14,IB1,1,IB2,0)),U,3)  
 ;  
 ;return DRUG name (#50,.01)  
 ;IBX1 - ien in file #50  
DRUGNAM(IBX1) ;  
 N X  
 K ^TMP($J,"IBNCPDP50")  
 D DATA^PSS50(IBX1,"","","","","IBNCPDP50")  
 S X=$G(^TMP($J,"IBNCPDP50",IBX1,.01))  
 K ^TMP($J,"IBNCPDP50")  
 Q X  
 ;  
DRUGAPI(DRUGIEN,FLDNUM) ;  
 ;return a DRUG's field value  
 ;input:  
 ; DRUGIEN - ien #50  
 ; FLDNUM - field number (like .01)  
 ;output:  
 ; returned value that contains the external value of the specified field  
 N IBARR,DIQ,DIC  
 S DIQ="IBARR",DIQ(0)="E",DIC=50  
 D EN^PSSDI(50,"IB",DIC,.FLDNUM,.DRUGIEN,.DIQ)  
 Q $G(IBARR(50,DRUGIEN,FLDNUM,"E"))  
 ;  
 ;reopen  
REOPEN ;  
 D CHKP^IBNCPEV Q:IBQ  
 D SUBHDR^IBNCPEV  
 ;IB\*2.0\*516/baa Use HIPAA compliant fields  
 I +$P(IBD3,U,3) D CHKP^IBNCPEV Q:IBQ  W !?10,"PLAN:",$$GET1^DIQ(355.3,+$P(IBD3,U,3)\_",",2.01),", INSURANCE: ",$$GET1^DIQ(355.3,+$P(IBD3,U,3)\_",",.01,"E")  
 I $L($P(IBD3,U,6))>2 D CHKP^IBNCPEV Q:IBQ  W !?10,"REOPEN COMMENTS:",$P(IBD3,U,6)  
 D CHKP^IBNCPEV Q:IBQ  
 D DISPUSR^IBNCPEV  
 Q  
 ;  
 ;Prompts user to select multiple divisions (BPS PHARMACIES)  
 ; in order to filter the report by division(s) or for ALL divisions  
 ;   
 ;returns composite value:  
 ;1st piece  
 ; 1 - divisions were selected   
 ; 0 - divisions were NOT selected   
 ; -1 if up arrow entered or timeout  
 ;2nd piece  
 ; A-all or D - division(s) in the BPS PHARMACIES file #9002313.56)  
 ;  
 ;and by reference:  
 ;IBPSPHAR (only if the user selects "D") - a local array with iens and names   
 ; of BPS PHARMACIES (file #9002313.56) selected by the user  
 ; IBPSPHAR(ien of file #9002313.56) = ien of file #9002313.56 ^ name of the BPS PHARMACY  
 ;  
MULTIDIV(IBPSPHAR) ;  
 N IBDIVCNT,IBANSW,IBRETV  
 S IBRETV=$$SELPHARM^BPSUTIL(.IBPSPHAR)  
 I IBRETV="^" Q -1 ;exit  
 I IBRETV="A" Q "0^A"  
 Q "1^D"  
 ;  
 ;check if ePharmacy division in IB36614 in among those selected by the user  
 ;IBDIVS - a local array (by reference) with divisions selected by the user  
 ;returns 0 - not among selected divisions, 1 - among them  
CHECKDIV(IB36614,IBDIVS) ;  
 I $D(IBDIVS(IB36614)) Q 1  
 Q 0  
 ;  
 ;Compile the string for divisions  
 ;input:  
 ;IBDVS - division local array by reference  
 ;output:   
 ; return value with the resulting string  
DISPLDIV(IBDVS) ;  
 I ('$D(IBDVS))!($G(IBDVS)="") Q ""  ;invalid parameters  
 I IBDVS=0 Q ""  ;if "all" or single division  
 N IBZ,IBCNT,IBDIVSTR  
 S IBDIVSTR=""  
 S IBZ=0,IBCNT=0  
 F  S IBZ=$O(IBDVS(IBZ)) Q:+IBZ=0 D  
 . I IBCNT>0 S IBDIVSTR=IBDIVSTR\_", "  
 . S IBCNT=IBCNT+1  
 . S IBDIVSTR=IBDIVSTR\_$P(IBDVS(IBZ),U,2)  
 I $L(IBDIVSTR)'<80 S IBDIVSTR=$E(IBDIVSTR,1,75)\_"..."  
 Q $$CENTERIT(IBDIVSTR,80)  
 ;  
 ;Compile the string for title  
 ;input:  
 ;IBBDT - begin date  
 ;IBEDT - end date  
 ;IBDTL - summary/detail mode  
 ;IBDIVS - division local array by reference  
 ;output:   
 ; return value with the resulting string  
DISPTITL(IBBDT,IBEDT,IBDTL,IBDIVS) ;  
 I ('$D(IBDIVS))!($G(IBDIVS)="")!($G(IBBDT)="")!($G(IBEDT)="")!($G(IBDTL)="") Q ""  ;invalid parameters  
 N IBTITL  
 S IBTITL="BILLING ECME EVENTS ON "\_$$DAT^IBNCPEV(IBBDT)  
 I IBBDT'=IBEDT S IBTITL=IBTITL\_" TO "\_$$DAT^IBNCPEV(IBEDT)  
 S IBTITL=IBTITL\_" ("\_$S(IBDTL:"DETAILED",1:"SUMMARY")\_") for "  
 I IBDIVS'=0 S IBTITL=IBTITL\_"SELECTED DIVISIONS:"  
 I IBDIVS=0 S IBTITL=IBTITL\_$P(IBDIVS(0),U,2)\_" DIVISION" I $P(IBDIVS(0),U,2)="ALL" S IBTITL=IBTITL\_"S"  
 Q $$CENTERIT(IBTITL,80)  
 ;  
 ;Center the string (add left pads to center the string)  
 ;input:  
 ;IBSTR - input string  
 ;IBMAXLEN - max len  
 ;output:   
 ; return value with the resulting string  
CENTERIT(IBSTR,IBMAXLEN) ;  
 I ($G(IBSTR)="")!(+$G(IBMAXLEN)=0) Q ""  
 N IBLEFT,IBSP  
 S IBSTR=$E(IBSTR,1,IBMAXLEN)  
 S IBLEFT=((IBMAXLEN-$L(IBSTR))/2)\1  
 S IBSP=""  
 S $P(IBSP," ",IBLEFT+1)=""  
 Q IBSP\_IBSTR  
 ;Get list of indicators that were not answered  
GETNOANS(IBD4) ;  
 N IBX,IBT,IBSC,IBEXMPV,IBQ,IBRET  
 S IBQ=0,IBRET=""  
 F IBX=2:1 S IBT=$P($T(EXEMPT+IBX^IBNCPDP1),";",3),IBSC=$P(IBT,U,2) Q:IBSC=""  S IBEXMPV=$$EXMPFLDS^IBNCPEV1(IBSC,IBD4) D:IBEXMPV]""  
 . I IBEXMPV=2 S IBRET=IBRET\_","\_IBSC  
 Q $S(IBRET="":"SC",1:$E(IBRET,2,99))  
 ;IBNCPEV1

|  |
| --- |
| IBNCPEV1 ;DALOI/SS - NCPDP BILLING EVENTS REPORT ;21-MAR-2006  ;;2.0;INTEGRATED BILLING;\*\*342,339,363,411,435,452,516,550**,544**\*\*;21-MAR-94;Build 35  **;; Per VA Directive 6402, this routine should not be modified.**  ;  .  .  DSTAT(IBD0,IBD2,IBD3,IBD4,IBINS,IBD7) ; finish event/IB Billing Determination event  ;input:  ;IBD0 - node ^IBCNR(366.14,D0,1,D1,0)  ;IBD2 - node ^IBCNR(366.14,D0,1,D1,2)  ;IBD3 - node ^IBCNR(366.14,D0,1,D1,3)  ;IBD4 - node ^IBCNR(366.14,D0,1,D1,4)  ;IBINS - multiple of ^IBCNR(366.14,D0,1,D1,5)  ;IBD7 - node ^IBCNR(366.14,D0,1,D1,7)  ;  .  .  **; rbd IB\*2\*544 rsd ref# 2.6.7.20.2 If Camp Lejeune display as 'CL' not 'CLV' ($Select of IBSC added for this purpose)**   F IBX=2:1 S IBT=$P($T(EXEMPT+IBX^IBNCPDP1),";",3),IBSC=$P(IBT,U,2) Q:IBSC=""  S IBEXMPV=$$EXMPFLDS(IBSC,IBD4) D:IBEXMPV]""  Q:IBQ!(IBEXMPV=3)  . I IBEXMPV=3 W "overridden by the user" Q  . I 'IB1ST W "," I $X>70 D CHKP^IBNCPEV Q:IBQ  W !?10 S IB1ST=1  . W " ",**$S(IBSC="CLV":"CL",1:IBSC)**,":",$S(IBEXMPV=1:"Yes",IBEXMPV=0:"No",IBEXMPV=2:"No Answer",1:"?") S IB1ST=0  Q:IBQ  .   ;get Exemption status by name  ;IBEXMP - exemption (like "AO","EC", etc)  ;IBNODE - node ^IBCNR(366.14,D0,1,D1,4) EXMPFLDS(IBEXMP,IBNODE) ;  Q:IBEXMP="AO" $P(IBNODE,U,1)  Q:IBEXMP="CV" $P(IBNODE,U,2)  Q:IBEXMP="SWA" $P(IBNODE,U,3)  Q:IBEXMP="IR" $P(IBNODE,U,4)  Q:IBEXMP="MST" $P(IBNODE,U,5)  Q:IBEXMP="HNC" $P(IBNODE,U,6)  Q:IBEXMP="SC" $P(IBNODE,U,7)  Q:IBEXMP="SHAD" $P(IBNODE,U,8)  **Q:IBEXMP="CLV" $P(IBNODE,U,9) ;LMD IB\*2.0\*544 Camp Lejeune rsd. ref# 2.6.7.20.2** |

Table : IBNCPLOG Routine

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | **IBNCPLOG** | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.7.20.4.1 | | | | | | | | |
| **Related Options** | EVNT   ECME Billing Events Report | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | IB20P342.INT  IBNCPDP2.INT | | | | | FILE^DICN  $$EXT2INT^IBNCPUT1  $$FILLFLDS^IBNCPUT1  $$INSITEM^IBNCPUT1  $$NOW^XLFDT  $$UP^XLFSTR | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | ^IBCNR(366.14  ^IBCNR(366.17 | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | IBIBDTYP – Environmental Indicator Desc - added CLV for Camp Lejeune related | | | | | | | | |
| **Output Attribute Name and Definition** | N/A | | | | | | | | |
| Current Logic | | | | | | | | | |

IBNCPLOG ;BHAM ISC/SS - IB ECME EVNT REPORT ;3/5/08 14:02  
 ;;2.0;INTEGRATED BILLING;\*\*342,339,363,383,411,435,452,534,550\*\*;21-MAR-94;Build 18  
 ;;Per VA Directive 6402, this routine should not be modified.  
 ;  
 ;store data related to the IB calls made by ECME package in the file #366.14  
 ;input:  
 ;.IBIBD - (by reference) IBD array with parameter sent to IB by ECME  
 ;DFN patient's ien  
 ;IBPROC - type of event. i.e. content of CALL such as BILL, REJECT and so on  
 ;IBRESULT - (optional) result of the event processing, format: return\_code^message  
 ;IBJOB - (optional) job, default = $J  
 ;IBDTTM - (optional) datetime, default = "NOW"  
 ;IBUSR - (optional) user ID, default = DUZ  
 ;output:  
 ;none  
LOG(IBIBD,DFN,IBPROC,IBRESULT,IBJOB,IBDTTM,IBUSR) ;Store the data  
 N NDX,Z,REF,IBDATE,IBDTIEN,IBEVNIEN,IBIBDTYP,IBRETV,IBPTR  
 S IBRESULT=$G(IBRESULT)  
 ;  
 I '$G(IBJOB) S IBJOB=$J  
 I '$G(IBDTTM) S IBDTTM=$$NOW^XLFDT()  
 I '$G(IBUSR) S IBUSR=+DUZ  
 ;  
 S IBDATE=DT  
 S IBDTIEN=+$O(^IBCNR(366.14,"B",IBDATE,0))  
 L +^IBCNR(366.14):30 E  Q  
 I IBDTIEN=0 S IBDTIEN=+$$ADDDATE(IBDATE)  
 ;create an event  
 S IBEVNIEN=$$NEWEVENT(IBDTIEN,IBPROC)  
 L -^IBCNR(366.14)  
 I IBEVNIEN=0 W !,"New event creation Error : LOG^IBNCPLOG",! Q  
 ;  
 I +$$FILLFLDS^IBNCPUT1(366.141,".03",IBEVNIEN\_","\_IBDTIEN,DFN) ;DFN  
 I +$$FILLFLDS^IBNCPUT1(366.141,".04",IBEVNIEN\_","\_IBDTIEN,IBJOB) ;JOB  
 I +$$FILLFLDS^IBNCPUT1(366.141,".05",IBEVNIEN\_","\_IBDTIEN,IBDTTM) ;DATETIME  
 I +$$FILLFLDS^IBNCPUT1(366.141,".06",IBEVNIEN\_","\_IBDTIEN,DUZ) ;USER  
 I IBRESULT'="" D  
 . S IBRETV=+$$FILLFLDS^IBNCPUT1(366.141,".07",IBEVNIEN\_","\_IBDTIEN,+IBRESULT) ;RESULT  
 . S IBRETV=+$$FILLFLDS^IBNCPUT1(366.141,".08",IBEVNIEN\_","\_IBDTIEN,$P(IBRESULT,U,2)) ;RESULT MESSAGE  
 . I IBPROC="BILLABLE STATUS CHECK",$P(IBRESULT,U,2)]"" D  
 .. S IBPTR=$$GETREAS($P(IBRESULT,U,2))  
 .. I IBPTR S IBRETV=+$$FILLFLDS^IBNCPUT1(366.141,".02",IBEVNIEN\_","\_IBDTIEN,IBPTR) ; Non-Billable Status Reason  
 . I $P(IBRESULT,U,3)'="" S IBRETV=+$$FILLFLDS^IBNCPUT1(366.141,"7.05",IBEVNIEN\_","\_IBDTIEN,$P(IBRESULT,U,3)) ; Eligibility from IB billing determination (IB\*2\*452)  
 . Q  
 ;  
 ;store IBIBD array  
 S IBIBDTYP=""  
 F  S IBIBDTYP=$O(IBIBD(IBIBDTYP)) Q:IBIBDTYP=""  D  
 . D IBD(IBDTIEN,IBEVNIEN,IBIBDTYP,$G(IBIBD(IBIBDTYP)),.IBIBD)  
 ;store "INS" node of IBIBD array  
 I $D(IBIBD("INS")) I $$INS(.IBIBD,IBDTIEN,IBEVNIEN)  
 Q  
 ;  
 ;store IBD array data  
 ;IBDTIEN - ien on top [DATE] level  
 ;IBRECNO - ien in [EVENTS] multiple  
 ;IBIBDTYP - type subscript in IBD array (BILL, PAID, RESPONSE, etc)  
 ;IBVAL - value to store  
 ;IBIBD - array with data passed by reference (for efficiency)  
IBD(IBDTIEN,IBRECNO,IBIBDTYP,IBVAL,IBIBD) ;  
 N IBFLDNO  
 ;W !," - ",IBRECNO," ",IBIBDTYP," = ",IBVAL  
 ;free text like "WEBMD: PAID"  
 I IBIBDTYP="AUTH #" S IBFLDNO=".11",IBVAL=$E(IBVAL,1,30) G EDITIBD  
 ;free text like "0504597;3051229"  
 I IBIBDTYP="BCID" S IBFLDNO=".12" G EDITIBD  
 ;7 or 12 digit ECME number - identifier (stored as a text - might have leading zeroes)  
 I IBIBDTYP="CLAIMID" S IBFLDNO=".13" G EDITIBD  
 ;pointer to file #2  
 I IBIBDTYP="DFN" S IBFLDNO=".14" G EDITIBD  
 ;pointer to file #40.8  
 I IBIBDTYP="DIVISION" S IBFLDNO=".15" G EDITIBD  
 ;free text  
 I IBIBDTYP="RESPONSE" S IBFLDNO=".16",IBVAL=$E(IBVAL,1,20) G EDITIBD  
 ;free text  
 I IBIBDTYP="REVERSAL REASON" S IBFLDNO=".17",IBVAL=$E(IBVAL,1,40) G EDITIBD  
 ;1 digit number  
 I IBIBDTYP="RTS-DEL" S IBFLDNO=".18" G EDITIBD  
 ;free text  
 I IBIBDTYP="STATUS" S IBFLDNO=".19",IBVAL=$E(IBVAL,1,20) G EDITIBD  
 ;Prescription number as a text, might have alpha characters (external value, this is not IEN)  
 I IBIBDTYP="RX NO" S IBFLDNO=".202",IBVAL=$E(IBVAL,1,20) G EDITIBD  
 ;0 - original, 1,2,3,... - refill number  
 I IBIBDTYP="FILL NUMBER" S IBFLDNO=".203" G EDITIBD  
 ;internal identifier number for a DRUG  
 I IBIBDTYP="DRUG" S IBFLDNO=".204" G EDITIBD  
 I IBIBDTYP="NDC" S IBFLDNO=".205" G EDITIBD  
 I IBIBDTYP="DOS" S IBFLDNO=".206" G EDITIBD  
 I IBIBDTYP="RELEASE DATE" S IBFLDNO=".207" G EDITIBD  
 I IBIBDTYP="QTY" S IBFLDNO=".208" G EDITIBD  
 I IBIBDTYP="UNITS" S IBFLDNO=".213" G EDITIBD  
 I IBIBDTYP="NCPDP QTY" S IBFLDNO=".214" G EDITIBD  
 I IBIBDTYP="NCPDP UNITS" S IBFLDNO=".215" G EDITIBD  
 I IBIBDTYP="DAYS SUPPLY" S IBFLDNO=".209" G EDITIBD  
 I IBIBDTYP="DEA" S IBFLDNO=".21" G EDITIBD  
 I IBIBDTYP="FILLED BY" S IBFLDNO=".211" G EDITIBD  
 I IBIBDTYP="COPAY" S IBFLDNO=".311" G EDITIBD  
 I IBIBDTYP="ING COST PAID" S IBFLDNO=".312" G EDITIBD  
 I IBIBDTYP="DISP FEE PAID" S IBFLDNO=".313" G EDITIBD  
 I IBIBDTYP="PAT RESP" S IBFLDNO=".314" G EDITIBD  
 ; for environmental indicators:  
 ; if IBIBD("SC/EI OVR")=1 - the user overrides any answers (3)  
 ; if $G(IBIBD("SC/EI NO ANSW")) contains the IBIBDTYP - this question was not answered (2)  
 ; otherwise - use whatever in the IBVAL (0 - NO, 1 -YES)  
 I IBIBDTYP="AO" S IBFLDNO=".401",IBVAL=$S($G(IBIBD("SC/EI OVR"))=1:3,(","\_$G(IBIBD("SC/EI NO ANSW"))\_",")[(","\_IBIBDTYP\_","):2,1:IBVAL) G EDITIBD  
 I IBIBDTYP="CV" S IBFLDNO=".402",IBVAL=$S($G(IBIBD("SC/EI OVR"))=1:3,(","\_$G(IBIBD("SC/EI NO ANSW"))\_",")[(","\_IBIBDTYP\_","):2,1:IBVAL) G EDITIBD  
 I IBIBDTYP="SWA" S IBFLDNO=".403",IBVAL=$S($G(IBIBD("SC/EI OVR"))=1:3,(","\_$G(IBIBD("SC/EI NO ANSW"))\_",")[(","\_IBIBDTYP\_","):2,1:IBVAL) G EDITIBD  
 I IBIBDTYP="IR" S IBFLDNO=".404",IBVAL=$S($G(IBIBD("SC/EI OVR"))=1:3,(","\_$G(IBIBD("SC/EI NO ANSW"))\_",")[(","\_IBIBDTYP\_","):2,1:IBVAL) G EDITIBD  
 I IBIBDTYP="MST" S IBFLDNO=".405",IBVAL=$S($G(IBIBD("SC/EI OVR"))=1:3,(","\_$G(IBIBD("SC/EI NO ANSW"))\_",")[(","\_IBIBDTYP\_","):2,1:IBVAL) G EDITIBD  
 I IBIBDTYP="HNC" S IBFLDNO=".406",IBVAL=$S($G(IBIBD("SC/EI OVR"))=1:3,(","\_$G(IBIBD("SC/EI NO ANSW"))\_",")[(","\_IBIBDTYP\_","):2,1:IBVAL) G EDITIBD  
 I IBIBDTYP="SC" S IBFLDNO=".407",IBVAL=$S($G(IBIBD("SC/EI OVR"))=1:3,(","\_$G(IBIBD("SC/EI NO ANSW"))\_",")[(","\_IBIBDTYP\_","):2,1:IBVAL) G EDITIBD  
 I IBIBDTYP="SHAD" S IBFLDNO=".408",IBVAL=$S($G(IBIBD("SC/EI OVR"))=1:3,(","\_$G(IBIBD("SC/EI NO ANSW"))\_",")[(","\_IBIBDTYP\_","):2,1:IBVAL) G EDITIBD  
 I IBIBDTYP="BILL" S IBFLDNO=".301" G EDITIBD  
 I IBIBDTYP="BILLED" S IBFLDNO=".302" G EDITIBD  
 I IBIBDTYP="PLAN" S IBFLDNO=".303" G EDITIBD  
 I IBIBDTYP="COST" S IBFLDNO=".304" G EDITIBD  
 I IBIBDTYP="PAID" S IBFLDNO=".305" G EDITIBD  
 I IBIBDTYP="CLOSE COMMENT" S IBFLDNO=".306" G EDITIBD  
 I IBIBDTYP="REOPEN COMMENT" S IBFLDNO=".306" G EDITIBD  
 I IBIBDTYP="CLOSE REASON" S IBFLDNO=".307" G EDITIBD  
 I IBIBDTYP="DROP TO PAPER" S IBFLDNO=".308" G EDITIBD  
 I IBIBDTYP="RELEASE COPAY" S IBFLDNO=".309" G EDITIBD  
 I IBIBDTYP="USER" S IBFLDNO=".31" G EDITIBD  
 I IBIBDTYP="PRESCRIPTION" S IBFLDNO=".201" G EDITIBD  
 I IBIBDTYP="IEN" S IBFLDNO=".212" G EDITIBD  
 I IBIBDTYP="EPHARM" S IBFLDNO=".09" G EDITIBD  
 I IBIBDTYP="RXCOB" S IBFLDNO="7.01" G EDITIBD  
 I IBIBDTYP="PRIMARY BILL" S IBFLDNO="7.02" G EDITIBD  
 I IBIBDTYP="PRIOR PAYMENT" S IBFLDNO="7.03" G EDITIBD  
 I IBIBDTYP="RTYPE" S IBFLDNO="7.04" G EDITIBD  
 I IBIBDTYP="DRUG-BILLABLE" S IBFLDNO=7.06 G EDITIBD  
 I IBIBDTYP="DRUG-BILLABLE TRICARE" S IBFLDNO=7.07 G EDITIBD  
 I IBIBDTYP="DRUG-BILLABLE CHAMPVA" S IBFLDNO=7.08 G EDITIBD  
 I IBIBDTYP="DRUG-SENSITIVE DX" S IBFLDNO=7.09 G EDITIBD  
 Q 0  
EDITIBD ;  
 Q +$$FILLFLDS^IBNCPUT1(366.141,IBFLDNO,IBRECNO\_","\_IBDTIEN,IBVAL)  
 ;------  
 ;to store IBD("INS") array data  
 ;input:  
 ;IBDARR - IBD array by reference  
 ;IBDTIEN - ien on top [DATE] level  
 ;IBRECNO - ien in [EVENTS] multiple  
 ;output:  
 ; record number if success  
 ; 0 if failure  
INS(IBDARR,IBDTIEN,IBRECNO) ;  
 N IBSET1,IBSET2,IBSET3,IBFLDNO,IBINSNO,RECNO,IBVAL  
 S IBINSNO=0  
 ; Only create entry for first insurance found. BNT 07/07/2010  
 F  S IBINSNO=$O(IBDARR("INS",IBINSNO)) Q:+IBINSNO=0 D  Q:$D(RECNO)  
 . S IBSET1=$G(IBDARR("INS",IBINSNO,1))  
 . S IBSET2=$G(IBDARR("INS",IBINSNO,2))  
 . S IBSET3=$G(IBDARR("INS",IBINSNO,3))  
 . S RECNO=$$ADDINS(IBDTIEN,IBRECNO)  
 . I +$$FILLFLDS^IBNCPUT1(366.1412,.02,RECNO\_","\_IBRECNO\_","\_IBDTIEN,$P(IBSET1,U,1))  
 . I +$$FILLFLDS^IBNCPUT1(366.1412,.03,RECNO\_","\_IBRECNO\_","\_IBDTIEN,$P(IBSET1,U,2))  
 . I +$$FILLFLDS^IBNCPUT1(366.1412,.04,RECNO\_","\_IBRECNO\_","\_IBDTIEN,$P(IBSET1,U,3))  
 . I +$$FILLFLDS^IBNCPUT1(366.1412,.05,RECNO\_","\_IBRECNO\_","\_IBDTIEN,$P(IBSET1,U,4))  
 . I +$$FILLFLDS^IBNCPUT1(366.1412,.06,RECNO\_","\_IBRECNO\_","\_IBDTIEN,$P(IBSET1,U,5))  
 . I +$$FILLFLDS^IBNCPUT1(366.1412,.07,RECNO\_","\_IBRECNO\_","\_IBDTIEN,$P(IBSET1,U,6))  
 . I +$$FILLFLDS^IBNCPUT1(366.1412,.08,RECNO\_","\_IBRECNO\_","\_IBDTIEN,$P(IBSET1,U,7))  
 . I +$$FILLFLDS^IBNCPUT1(366.1412,.09,RECNO\_","\_IBRECNO\_","\_IBDTIEN,$P(IBSET1,U,20))  
 . ;  
 . I +$$FILLFLDS^IBNCPUT1(366.1412,.101,RECNO\_","\_IBRECNO\_","\_IBDTIEN,$P(IBSET1,U,8))  
 . I +$$FILLFLDS^IBNCPUT1(366.1412,.102,RECNO\_","\_IBRECNO\_","\_IBDTIEN,$P(IBSET1,U,9))  
 . I +$$FILLFLDS^IBNCPUT1(366.1412,.103,RECNO\_","\_IBRECNO\_","\_IBDTIEN,$P(IBSET1,U,10))  
 . I +$$FILLFLDS^IBNCPUT1(366.1412,.104,RECNO\_","\_IBRECNO\_","\_IBDTIEN,$P(IBSET1,U,11))  
 . I +$$FILLFLDS^IBNCPUT1(366.1412,.105,RECNO\_","\_IBRECNO\_","\_IBDTIEN,$P(IBSET1,U,12))  
 . I +$$FILLFLDS^IBNCPUT1(366.1412,.106,RECNO\_","\_IBRECNO\_","\_IBDTIEN,$P(IBSET1,U,13))  
 . I +$$FILLFLDS^IBNCPUT1(366.1412,.107,RECNO\_","\_IBRECNO\_","\_IBDTIEN,$P(IBSET1,U,14))  
 . ;  
 . I +$$FILLFLDS^IBNCPUT1(366.1412,.201,RECNO\_","\_IBRECNO\_","\_IBDTIEN,$P(IBSET2,U,1))  
 . I +$$FILLFLDS^IBNCPUT1(366.1412,.202,RECNO\_","\_IBRECNO\_","\_IBDTIEN,$P(IBSET2,U,2))  
 . I +$$FILLFLDS^IBNCPUT1(366.1412,.203,RECNO\_","\_IBRECNO\_","\_IBDTIEN,$P(IBSET2,U,3))  
 . I +$$FILLFLDS^IBNCPUT1(366.1412,.204,RECNO\_","\_IBRECNO\_","\_IBDTIEN,$P(IBSET2,U,4))  
 . I +$$FILLFLDS^IBNCPUT1(366.1412,.205,RECNO\_","\_IBRECNO\_","\_IBDTIEN,$P(IBSET2,U,5))  
 . I +$$FILLFLDS^IBNCPUT1(366.1412,.206,RECNO\_","\_IBRECNO\_","\_IBDTIEN,$P(IBSET2,U,6))  
 . I +$$FILLFLDS^IBNCPUT1(366.1412,.207,RECNO\_","\_IBRECNO\_","\_IBDTIEN,$P(IBSET2,U,7))  
 . ;  
 . I +$$FILLFLDS^IBNCPUT1(366.1412,.301,RECNO\_","\_IBRECNO\_","\_IBDTIEN,$P(IBSET3,U,1))  
 . I +$$FILLFLDS^IBNCPUT1(366.1412,.302,RECNO\_","\_IBRECNO\_","\_IBDTIEN,$P(IBSET3,U,2))  
 . I +$$FILLFLDS^IBNCPUT1(366.1412,.303,RECNO\_","\_IBRECNO\_","\_IBDTIEN,$P(IBSET3,U,3))  
 . I +$$FILLFLDS^IBNCPUT1(366.1412,.304,RECNO\_","\_IBRECNO\_","\_IBDTIEN,$P(IBSET3,U,7))  
 . Q  
 ;  
 Q RECNO  
 ;create top level entry in #366.14  
 ;input:  
 ; IBDATE - date in FileMan format  
 ;output  
 ; returns ien created  
ADDDATE(IBDATE) ;  
 N IBIEN  
 S IBIEN=+$O(^IBCNR(366.14,"B",IBDATE,0))  
 I IBIEN>0 Q IBIEN  
 I $$INSITEM^IBNCPUT1(366.14,"",IBDATE,"")  
 Q +$O(^IBCNR(366.14,"B",IBDATE,0))  
 ;  
 ;create EVENT entry in #366.14  
 ;input:  
 ;IBIEN - ien on top [DATE] level  
 ;EVNTTYPE event type (value for .01)  
 ;returns ien for the event  
 ;or 0 if failed  
NEWEVENT(IBIEN,EVNTTYPE) ;  
 N EVNTRECN  
 S EVNTRECN=$$INSITEM^IBNCPUT1(366.141,IBIEN,$$EXT2INT^IBNCPUT1(EVNTTYPE),"","")  
 I EVNTRECN>0 Q EVNTRECN  
 Q 0  
 ;  
 ;add insurance node  
 ;IBDTIEN - ien on top [DATE] level  
 ;IBEVIEN - ien in [EVENTS] multiple  
 ;returns :  
 ; new ien in INSURANCE multiple  
ADDINS(IBDTIEN,IBEVIEN) ;  
 N IBX,IBX2  
 F IBX=1:1:99999 I '$D(^IBCNR(366.14,IBDTIEN,1,IBEVIEN,5,IBX)) D  Q  
 . S IBX2=$$INSITEM^IBNCPUT1(366.1412,IBEVIEN\_","\_IBDTIEN,IBX,IBX)  
 Q +$O(^IBCNR(366.14,IBDTIEN,1,IBEVIEN,5,"B",IBX,0))  
 ;  
GETREAS(REASON) ;  
 ; Get the pointer of the IB NCPDP NON-BILLABLE REASON file - Create the   
 ; entry if needed.  
 ;  
 ; Input:  
 ; REASON: Non-billable reason text  
 ; Output:  
 ; IEN of the IB NCPPD NON-BILLABLE REASON file  
 ;  
 I $G(REASON)="" Q ""  
 N NBSTS,DIC,X,Y,DTOUT,DUOUT  
 ;  
 ; Make uppercase and less than 60 characters  
 S REASON=$TR($E($$UP^XLFSTR(REASON),1,60),"^")  
 I $E(REASON,$L(REASON))="." S REASON=$E(REASON,1,$L(REASON)-1)  
 ;  
 ; Check if it already exists. If so, return the IEN  
 S NBSTS=$O(^IBCNR(366.17,"B",REASON,""))  
 I NBSTS Q NBSTS  
 ;  
 ; If it does not exist not, add to the dictionary  
 S DIC="^IBCNR(366.17,",DIC(0)="F",X=REASON  
 D FILE^DICN  
 I Y=-1 Q ""  
 Q +Y

| Modified Logic (Changes are in bold) |
| --- |
| IBNCPLOG ;BHAM ISC/SS - IB ECME EVNT REPORT ;3/5/08 14:02  ;;2.0;INTEGRATED BILLING;\*\* 342,339,363,383,411,435,452,534,550,**544**\*\*;21-MAR-94;Build 35  ;; Per VA Directive 6402, this routine should not be modified.  ;  ;internal identifier number for a DRUG  .  .  .  ; otherwise - use whatever in the IBVAL (0 - NO, 1 -YES)  I IBIBDTYP="AO" S IBFLDNO=".401",IBVAL=$S($G(IBIBD("SC/EI OVR"))=1:3,(","\_$G(IBIBD("SC/EI NO ANSW"))\_",")[(","\_IBIBDTYP\_","):2,1:IBVAL) G EDITIBD  I IBIBDTYP="CV" S IBFLDNO=".402",IBVAL=$S($G(IBIBD("SC/EI OVR"))=1:3,(","\_$G(IBIBD("SC/EI NO ANSW"))\_",")[(","\_IBIBDTYP\_","):2,1:IBVAL) G EDITIBD  I IBIBDTYP="SWA" S IBFLDNO=".403",IBVAL=$S($G(IBIBD("SC/EI OVR"))=1:3,(","\_$G(IBIBD("SC/EI NO ANSW"))\_",")[(","\_IBIBDTYP\_","):2,1:IBVAL) G EDITIBD  I IBIBDTYP="IR" S IBFLDNO=".404",IBVAL=$S($G(IBIBD("SC/EI OVR"))=1:3,(","\_$G(IBIBD("SC/EI NO ANSW"))\_",")[(","\_IBIBDTYP\_","):2,1:IBVAL) G EDITIBD  I IBIBDTYP="MST" S IBFLDNO=".405",IBVAL=$S($G(IBIBD("SC/EI OVR"))=1:3,(","\_$G(IBIBD("SC/EI NO ANSW"))\_",")[(","\_IBIBDTYP\_","):2,1:IBVAL) G EDITIBD  I IBIBDTYP="HNC" S IBFLDNO=".406",IBVAL=$S($G(IBIBD("SC/EI OVR"))=1:3,(","\_$G(IBIBD("SC/EI NO ANSW"))\_",")[(","\_IBIBDTYP\_","):2,1:IBVAL) G EDITIBD  I IBIBDTYP="SC" S IBFLDNO=".407",IBVAL=$S($G(IBIBD("SC/EI OVR"))=1:3,(","\_$G(IBIBD("SC/EI NO ANSW"))\_",")[(","\_IBIBDTYP\_","):2,1:IBVAL) G EDITIBD  I IBIBDTYP="SHAD" S IBFLDNO=".408",IBVAL=$S($G(IBIBD("SC/EI OVR"))=1:3,(","\_$G(IBIBD("SC/EI NO ANSW"))\_",")[(","\_IBIBDTYP\_","):2,1:IBVAL) G EDITIBD  **I IBIBDTYP="CLV" S IBFLDNO=".409",IBVAL=$S($G(IBIBD("SC/EI OVR"))=1:3,(","\_$G(IBIBD("SC/EI NO ANSW"))\_",")[(","\_IBIBDTYP\_","):2,1:IBVAL) G EDITIBD**  **; lmd Added above line for Camp Lejeune IB\*2.0\*554 rsd ref# 2.6.7.20.4** |

Table : IBNCPUT2 Routine

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | **IBNCPUT2** | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.7.20.1, 2.6.7.20.3.1 | | | | | | | | |
| **Related Options** | IB NCPDP UTILITIES | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | IBNCPDP1.INT | | | | | DIQ^PSODI | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | N/A | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | IBARRAY – Environmental Indicators – Added CLV for Camp Lejeune related | | | | | | | | |
| **Output Attribute Name and Definition** | N/A | | | | | | | | |
| Current Logic | | | | | | | | | |

IBNCPUT2 ;BHAM ISC/SS - IB NCPDP UTILITIES ;23-JUL-2007  
 ;;2.0;INTEGRATED BILLING;\*\*363\*\*;21-MAR-94;Build 35  
 ;;Per VHA Directive 2004-038, this routine should not be modified.  
 ;  
 ;Utilities for NPCDP  
 ;  
 ;Subroutine to return values from MULTIPLE fields of file #52  
 ;DBIA 4858  
 ;input:  
 ; IBIEN52 - ien of file #52  
 ; IBFLDN - one or more fields, for example ".01;2;5"  
 ; IBRET - contains a name for a local array to return results,  
 ; Note: the name of the array shouldn’t be "BPSRET" otherwise it will   
 ; be "newed" since the parameter has the same name  
 ; IBFORMAT -   
 ; "E" for external format  
 ; "I" - internal   
 ; "N" - do not return nulls  
 ; default is "E"  
 ;output:  
 ; result will be put into array with the name specified by BPSRET  
RXAPI(IBIEN52,IBFLDN,IBRET,IBFORMAT) ;  
 I ($G(IBIEN52)="")!($G(IBFLDN)="")!($G(IBRET)="") Q  
 N DIQ,DIC,X,Y,D0,PSODIY  
 N I,J,C,DA,DRS,DIL,DI,DIQ1  
 N IBDIQ  
 S IBDIQ=$NA(@IBRET)  
 S IBDIQ(0)=$S($G(IBFORMAT)="":"E",1:IBFORMAT)  
 D DIQ^PSODI(52,52,.IBFLDN,.IBIEN52,.IBDIQ) ;DBIA 4858  
 Q   
 ;Subroutine to return values from MULTIPLE fields of a subfile of the file #52  
 ;DBIA 4858  
 ;input:  
 ; IBIEN52 - ien of file #52  
 ; IBFLD52 - field # that relates to this subfile  
 ; IBSUBFNO - subfile number (like 52.052311)  
 ; IBSUBIEN - ien of the subfile record you're interested in  
 ; IBSUBFLD - one or more fields, for example ".01;2;5"  
 ; IBRET - name for a local array to return results   
 ; IBFORMAT - optional parameter.  
 ; "E" for external format  
 ; "I" - internal   
 ; "N" - do not return nulls  
 ; default is "E"  
 ;output:  
 ; returns results in array BPSRET in the form:  
 ; IBRET (IBSUBFNO, IBSUBIEN, IBSUBFLD,IBFORMAT)=value  
RXSUBF(IBIEN52,IBFLD52,IBSUBFNO,IBSUBIEN,IBSUBFLD,IBRET,IBFORMAT) ;  
 I ($G(IBIEN52)="")!($G(IBFLD52)="")!($G(IBSUBFNO)="")!($G(IBSUBIEN)="")!($G(IBSUBFLD)="")!($G(IBRET)="") Q  
 N DIQ,DIC,DA,DR,X,Y,D0,PSODIY  
 N I,J,C,DA,DRS,DIL,DI,DIQ1  
 N IBDIC,IBDR,IBDA,IBDIQ  
 S IBDIC=52 ;main file #52  
 S IBDA=IBIEN52 ;ien in main file #52  
 S IBDA(IBSUBFNO)=IBSUBIEN ;ien in subfile  
 S IBDR=IBFLD52 ;field# of the subfile in the main file  
 S IBDR(IBSUBFNO)=IBSUBFLD ;field# in the subfile that we need to get a value for  
 S IBDIQ=$NA(@IBRET) ;output array  
 S IBDIQ(0)=$S($G(IBFORMAT)="":"E",1:IBFORMAT)  
 D DIQ^PSODI(52,.IBDIC,.IBDR,.IBDA,.IBDIQ) ;DBIA 4858  
 Q  
 ;  
 ;Retrieve indicators (AO,CV,etc) from the file #52   
 ;input:  
 ; IBRXIEN - ien of file #52  
 ; .IBARRAY - local array passed by reference   
 ;output:  
 ; .IBARRAY  
GETINDIC(IBRXIEN,IBARRAY) ;  
 ;set all indicators nodes to null before populating  
 S IBARRAY("AO")="",IBARRAY("EC")="",IBARRAY("HNC")="",IBARRAY("IR")=""  
 S IBARRAY("MST")="",IBARRAY("SC")="",IBARRAY("CV")="",IBARRAY("SWA")="",IBARRAY("SHAD")=""  
 N IBARR,IBFOUND  
 ; Get SC/EI from ICD subfile (new way)  
 D RXSUBF(IBRXIEN,52311,52.052311,1,"1;2;3;4;5;6;7;8","IBARR","I")  
 S IBFOUND=0  
 I $G(IBARR(52.052311,1,1,"I"))'="" S IBARRAY("AO")=IBARR(52.052311,1,1,"I"),IBFOUND=1  
 I $G(IBARR(52.052311,1,2,"I"))'="" S IBARRAY("IR")=IBARR(52.052311,1,2,"I"),IBFOUND=1  
 I $G(IBARR(52.052311,1,3,"I"))'="" S IBARRAY("SC")=IBARR(52.052311,1,3,"I"),IBFOUND=1  
 I $G(IBARR(52.052311,1,4,"I"))'="" S IBARRAY("SWA")=IBARR(52.052311,1,4,"I"),IBFOUND=1  
 I $G(IBARR(52.052311,1,5,"I"))'="" S IBARRAY("MST")=IBARR(52.052311,1,5,"I"),IBFOUND=1  
 I $G(IBARR(52.052311,1,6,"I"))'="" S IBARRAY("HNC")=IBARR(52.052311,1,6,"I"),IBFOUND=1  
 I $G(IBARR(52.052311,1,7,"I"))'="" S IBARRAY("CV")=IBARR(52.052311,1,7,"I"),IBFOUND=1  
 I $G(IBARR(52.052311,1,8,"I"))'="" S IBARRAY("SHAD")=IBARR(52.052311,1,8,"I"),IBFOUND=1  
 Q:IBFOUND=1  
 ; If not available, pull from IBQ node (old way)  
 K IBARR  
 D RXAPI(IBRXIEN,"116;117;118;119;120;121;122;122.01","IBARR","I")  
 S IBARRAY("SC")=IBARR(52,IBRXIEN,116,"I")  
 S IBARRAY("MST")=IBARR(52,IBRXIEN,117,"I")  
 S IBARRAY("AO")=IBARR(52,IBRXIEN,118,"I")  
 S IBARRAY("IR")=IBARR(52,IBRXIEN,119,"I")  
 S IBARRAY("SWA")=IBARR(52,IBRXIEN,120,"I")  
 S IBARRAY("HNC")=IBARR(52,IBRXIEN,121,"I")  
 S IBARRAY("CV")=IBARR(52,IBRXIEN,122,"I")  
 S IBARRAY("SHAD")=$G(IBARR(52,IBRXIEN,122.01,"I"))  
 Q  
 ;IBNCPUT2

| Modified Logic (Changes are in bold) |
| --- |
| IBNCPUT2 ;BHAM ISC/SS - IB NCPDP UTILITIES ;23-JUL-2007  ;;2.0;INTEGRATED BILLING;\*\*363,**544**\*\*;21-MAR-94;Build 35  ;;Per VHA Directive 2004-038, this routine should not be modified.  ;  .  .  .  GETINDIC(IBRXIEN,IBARRAY) ;  ;set all indicators nodes to null before populating  S IBARRAY("AO")="",IBARRAY("EC")="",IBARRAY("HNC")="",IBARRAY("IR")="" **S IBARRAY("MST")="",IBARRAY("SC")="",IBARRAY("CV")="",IBARRAY("SWA")="",IBARRAY("SHAD")="",IBARRAY("CLV")=""   ;lmd Camp Lejeune IB\*2.0\*544 rsd ref 2.6.7.20.1**   N IBARR,IBFOUND  ; Get SC/EI from ICD subfile (new way)  **D RXSUBF(IBRXIEN,52311,52.052311,1,"1;2;3;4;5;6;7;8;9","IBARR","I") ;lmd Camp Lejeune IB\*2.0\*544 rsd ref# 2.6.7.20.1**  S IBFOUND=0  I $G(IBARR(52.052311,1,1,"I"))'="" S IBARRAY("AO")=IBARR(52.052311,1,1,"I"),IBFOUND=1  I $G(IBARR(52.052311,1,2,"I"))'="" S IBARRAY("IR")=IBARR(52.052311,1,2,"I"),IBFOUND=1  I $G(IBARR(52.052311,1,3,"I"))'="" S IBARRAY("SC")=IBARR(52.052311,1,3,"I"),IBFOUND=1  I $G(IBARR(52.052311,1,4,"I"))'="" S IBARRAY("SWA")=IBARR(52.052311,1,4,"I"),IBFOUND=1  I $G(IBARR(52.052311,1,5,"I"))'="" S IBARRAY("MST")=IBARR(52.052311,1,5,"I"),IBFOUND=1  I $G(IBARR(52.052311,1,6,"I"))'="" S IBARRAY("HNC")=IBARR(52.052311,1,6,"I"),IBFOUND=1  I $G(IBARR(52.052311,1,7,"I"))'="" S IBARRAY("CV")=IBARR(52.052311,1,7,"I"),IBFOUND=1  I $G(IBARR(52.052311,1,8,"I"))'="" S IBARRAY("SHAD")=IBARR(52.052311,1,8,"I"),IBFOUND=1 **I $G(IBARR(52.052311,1,9,"I"))'="" S IBARRAY("CLV")=IBARR(52.052311,1,9,"I"),IBFOUND=1 ;lmd IB\*2.0\*544 Camp Lejeune rsd ref# 2.6.7.20.1**   Q:IBFOUND=1  ; If not available, pull from IBQ node (old way)  K IBARR **D RXAPI(IBRXIEN,"116;117;118;119;120;121;122;122.01,128","IBARR","I") ;lmd Camp Lejeune IB\*2.0\*544 rsd ref# 2.6.7.20.1**  S IBARRAY("SC")=IBARR(52,IBRXIEN,116,"I")  S IBARRAY("MST")=IBARR(52,IBRXIEN,117,"I")  S IBARRAY("AO")=IBARR(52,IBRXIEN,118,"I")  S IBARRAY("IR")=IBARR(52,IBRXIEN,119,"I")  S IBARRAY("SWA")=IBARR(52,IBRXIEN,120,"I")  S IBARRAY("HNC")=IBARR(52,IBRXIEN,121,"I")  S IBARRAY("CV")=IBARR(52,IBRXIEN,122,"I") |

Table : IBOVOP1 Routine

| Routines | | | Activities | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | | | **IBOVOP1** | | | | | | | |
| **Enhancement Category** | | | New | Modify | | Delete | | | No Change | |
| **RTM** | | | 2.6.7.19.1 | | | | | | | |
| **Related Options** | | | N/A | | | | | | | |
| Related Routines | | | Routines “Called By” | | | | Routines “Called” | | | |
|  | | | IBAMTBU2.INT  IBECEAU5.INT  IBOVOP.INT | | | | $$BIL^DGMTUB  $$EXTERNAL^DILFD  CL^IBACV  $$LTCST^IBAECU  $$BILLCK^IBAMTEDU  $$INSURED^IBCNS1  IBOVOP^IBECEAU5  $$DISCT^IBEFUNC  $$PT^IBEFUNC  $$STOP^IBOUTL  HDR^IBOVOP2  PRINT^IBOVOP2 $$DISND^IBSDU  SCAN^IBSDU | | | |
| Routines | Activities | | | | | | | | | |
| **Data Dictionary (DD) References** | ^DD("DD"  ^DIC(40.7  ^SC(  ^SD(409.1  ^TMP("DIERR"  ^TMP("IBOVOP" | | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | | Local |
| **Input Attribute Name and Definition** | DFN – IEN into PATIENT File #2 | | | | | | | | | |
| **Output Attribute Name and Definition** | IBZ – Will contain “CLV” if Camp Lejeune is deemed applicable. | | | | | | | | | |
| Current Logic | | | | | | | | | | |

IBOVOP1 ;ALB/RLW-Report of Visits for NSC Outpatients ;12-JUN-92  
 ;;2.0;INTEGRATED BILLING;\*\*52,91,99,132,156,176,234,249,339,372\*\*;21-MAR-94;Build 12  
 ;;Per VA Directive 2004-038, this routine should not be modified.  
……………………..  
FLD1(DFN) ; get patient name, l-4 ssn id, classification, insured?  
 I '$G(DFN) Q ""  
 N IBX,IBY,IBZ S IBX=$$PT^IBEFUNC(DFN),IBZ=""  
 D CL^IBACV(DFN,IBDATE,"",.IBY)  
 I $D(IBY(1)) S IBZ="AO"  
 I $D(IBY(2)) S IBZ=IBZ\_$S(IBZ]"":"/",1:"")\_"IR"  
 I $D(IBY(3)) S IBZ=IBZ\_$S(IBZ]"":"/",1:"")\_"SC"  
 I $D(IBY(4)) S IBZ=IBZ\_$S(IBZ]"":"/",1:"")\_"SWA"  
 I $D(IBY(5)) S IBZ=IBZ\_$S(IBZ]"":"/",1:"")\_"MST"  
 I $D(IBY(6)) S IBZ=IBZ\_$S(IBZ]"":"/",1:"")\_"HNC"  
 I $D(IBY(7)) S IBZ=IBZ\_$S(IBZ]"":"/",1:"")\_"CV"  
 I $D(IBY(8)) S IBZ=IBZ\_$S(IBZ]"":"/",1:"")\_"SHAD"  
 Q $E($P(IBX,U),1,20)\_" "\_$E(IBX)\_$P(IBX,U,3)\_$S(IBZ]"":" ["\_IBZ\_"]",1:"")\_$S($$INSURED^IBCNS1(DFN,IBDATE):" \*\*Insured\*\*",1:"")  
 ;

| Modified Logic (Changes are in bold) |
| --- |
| IBOVOP1 ;ALB/RLW-Report of Visits for NSC Outpatients ;12-JUN-92  ;;2.0;INTEGRATED BILLING;\*\*52,91,99,132,156,176,234,249,339,372**,544**\*\*;21-MAR-94;Build 35  ;;Per VA Directive **6402**, this routine should not be modified. I $P(IBOE0,U,8)=3 D  ; -  …………………………………  FLD1(DFN) ; get patient name, l-4 ssn id, classification, insured?  I '$G(DFN) Q ""  N IBX,IBY,IBZ S IBX=$$PT^IBEFUNC(DFN),IBZ=""  D CL^IBACV(DFN,IBDATE,"",.IBY)  I $D(IBY(1)) S IBZ="AO"  I $D(IBY(2)) S IBZ=IBZ\_$S(IBZ]"":"/",1:"")\_"IR"  I $D(IBY(3)) S IBZ=IBZ\_$S(IBZ]"":"/",1:"")\_"SC"  I $D(IBY(4)) S IBZ=IBZ\_$S(IBZ]"":"/",1:"")\_"SWA"  I $D(IBY(5)) S IBZ=IBZ\_$S(IBZ]"":"/",1:"")\_"MST"  I $D(IBY(6)) S IBZ=IBZ\_$S(IBZ]"":"/",1:"")\_"HNC"  I $D(IBY(7)) S IBZ=IBZ\_$S(IBZ]"":"/",1:"")\_"CV"  I $D(IBY(8)) S IBZ=IBZ\_$S(IBZ]"":"/",1:"")\_"SHAD"  **I $D(IBY(9)) S IBZ=IBZ\_$S(IBZ]"":"/",1:"")\_"CL"  ;lmd IB\*2.0\*544 Added Camp Lejeune rsd ref# 2.6.7.19.1**   Q $E($P(IBX,U),1,20)\_" "\_$E(IBX)\_$P(IBX,U,3)\_$S(IBZ]"":" ["\_IBZ\_"]",1:"")\_$S($$INSURED^IBCNS1(DFN,IBDATE):" \*\*Insured\*\*",1:"")  ; |

Table : IBOVOP2 Routine

| Routines | | | Activities | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | | | **IBOVOP2** | | | | | | | |
| **Enhancement Category** | | | New | Modify | | Delete | | | No Change | |
| **RTM** | | | 2.6.7.19.1 | | | | | | | |
| **Related Options** | | | N/A | | | | | | | |
| Related Routines | | | Routines “Called By” | | | | Routines “Called” | | | |
|  | | | IBECEAU5.INT  IBNTEG02.INT  IBOVOP1.INT  IBYPNTEG.INT | | | | $$CVEDT^IBACV  $$ENCL^IBAMTS2  CLSF^IBECEAU5  $$TYPE^IBEMTSCR  $$DAT1^IBOUTL  PAUSE^IBOUTL | | | |
| Routines | Activities | | | | | | | | | |
| **Data Dictionary (DD) References** | ^IB(  ^IB("AD"  ^IB("AFDT"  ^IBE(350.1  ^IBE(350.21  ^IBE(352.5  ^TMP("IBOVOP" | | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | | Local |
| **Input Attribute Name and Definition** | IBOE -- Pointer to Outpatient Encounter in file #409.68 | | | | | | | | | |
| **Output Attribute Name and Definition** | IBCLS - Care related to (I=1:"AO",I=2:"IR",I=3:"SC",I=4:"SWA",I=5:"MST",I=6:"HNC",I=7:"CV",I=8:"SHAD",I=9:"CL") | | | | | | | | | |
| Current Logic | | | | | | | | | | |

IBOVOP2 ;ALB/CPM-Opt/Reg Events Report Print Utilities ; 30-AUG-93  
 ;;2.0;INTEGRATED BILLING;\*\*52,132,153,156,167,176,234,247,339\*\*;21-MAR-94;Build 2  
 ;;Per VHA Directive 2004-038, this routine should not be modified.  
 ;  
PRINT ; Retrieve data for printing.  
 N IBCOMBAT  
 S IBFLD1="" I '$D(^TMP("IBOVOP",$J)) W !!,"No Outpatient activity recorded for MT/LTC copay patients on ",$$DAT1^IBOUTL(IBDATE),"."  
 F  S IBFLD1=$O(^TMP("IBOVOP",$J,IBFLD1)) Q:(IBFLD1="")!(IBQUIT) W ! D:IBLINE>55 HDR W !,IBFLD1 D  D CHRGS Q:IBQUIT  
 .S IBFLD2="" F  S IBFLD2=$O(^TMP("IBOVOP",$J,IBFLD1,IBFLD2)) Q:(IBFLD2="")!(IBQUIT) D  
 ..S IBFLD3="" F  S IBFLD3=$O(^TMP("IBOVOP",$J,IBFLD1,IBFLD2,IBFLD3)) Q:(IBFLD3="")!(IBQUIT) D  
 ...S IBSEQ="" F  S IBSEQ=$O(^TMP("IBOVOP",$J,IBFLD1,IBFLD2,IBFLD3,IBSEQ)) Q:(IBSEQ="")!(IBQUIT) S IBDATA=$G(^(IBSEQ)) D  
 ....S IBFLD4=$P(IBDATA,"^",1),IBFLD5=$P(IBDATA,"^",2),IBFLD6=$P(IBDATA,"^",3),DFN=$P(IBDATA,"^",4)  
 ....S IBCOMBAT=$$CVEDT^IBACV(DFN,IBDATE) I +IBCOMBAT I $P(IBCOMBAT,"^",2)>0 W !,"Veteran has CV status until "\_$$DAT1^IBOUTL($P(IBCOMBAT,"^",2))  
 ....W !?5,IBFLD2  
 ....W ?20,IBFLD3,?26,IBFLD4,?44,IBFLD5,?63,IBFLD6 D CLSF(+$P(IBDATA,"^",5)) D:IBFLD2="OBS ADMIS" CLSF^IBECEAU5(+$P(IBDATA,U,6)) W ! S IBLINE=IBLINE+1  
 ....Q:$O(^TMP("IBOVOP",$J,IBFLD1))=""  
 ....I IBLINE>55 D HDR W !,IBFLD1 I $D(^TMP("IBOVOP",$J,IBFLD1,IBFLD2,IBFLD3,IBSEQ+1)) W !?5,IBFLD2  
 ....I $Y>(IOSL-5) D PAUSE^IBOUTL Q:IBQUIT  D HDR W !,IBFLD1,!?5,IBFLD2  
 D:'IBQUIT PAUSE^IBOUTL  
 Q  
 ;  
CHRGS ; Find OP charges for day, if any. Build string for print.  
 Q:'$G(DFN)  
 N IBSTDATA  
 I $D(^IB("AFDT",DFN,-IBDATE))=10 D  
 .S IBPRNT="" F  S IBPRNT=$O(^IB("AFDT",DFN,-IBDATE,IBPRNT)) Q:IBPRNT=""!(IBQUIT) D  
 ..S IBIEN="" F  S IBIEN=$O(^IB("AD",IBPRNT,IBIEN)) Q:IBIEN=""!(IBQUIT) D  
 ...S IBDATA=$G(^IB(IBIEN,0)) Q:IBDATA=""  
 ...I $Y>(IOSL-5) D PAUSE^IBOUTL Q:IBQUIT  D HDR W !,IBFLD1  
 ...S IBSTAT=$P($G(^IBE(350.21,+$P(IBDATA,"^",5),0)),"^",2)  
 ...S IBACT=$S($P($G(^IBE(350.1,+$P(IBDATA,"^",3),0)),"^",8)'="":$P(^(0),"^",8),1:$P(^(0),"^",1))  
 ...S IBAMT=$P(IBDATA,"^",7)  
 ...S IBAMT=$S(IBAMT?1N.N1"."1N:IBAMT\_"0 ",IBAMT?1N.N:IBAMT\_".00 ",1:IBAMT)  
 ...S IBAMT=$S(IBACT["CANCEL":"\*($"\_IBAMT\_")",1:"\* $"\_IBAMT)  
 ...S IBSTDATA=$G(^IBE(352.5,+$P(IBDATA,"^",20),0))  
 ...I IBSTDATA'="" W !?26,"Stop Code: ",$P(IBSTDATA,"^",4),?58,"#",$P(IBSTDATA,"^"),?63,$$TYPE^IBEMTSCR(+$P(IBSTDATA,"^",3))  
 ...W !?5,IBAMT,?13,IBACT,?63,IBSTAT S IBLINE=IBLINE+1  
 Q  
 ;  
HDR ; Print header.  
 S IBPAGE=IBPAGE+1,IBLINE=5,IBTITLE="Means Test/LTC Outpatient and Registration Activity for "\_$$DAT1^IBOUTL(IBDATE)  
 I $E(IOST,1,2)["C-"!(IBPAGE>1) W @IOF,\*13  
 W ?(80-$L(IBTITLE))\2,IBTITLE  
 S IBTITLE="Printed: "\_$$DAT1^IBOUTL(DT)  
 W !?(80-$L(IBTITLE))\2,IBTITLE,?70,"Page: "\_IBPAGE  
 W !!,"Patient/Event",?20,"Time",?26,"Clinic/Stop",?44,"Appt.Type",?63,"(Status)",!  
 Q  
 ;  
CLSF(IBOE) ; Display classification results.  
 ; Input: IBOE -- Pointer to Outpatient Encounter in file #409.68  
 I '$G(IBOE) G CLSFQ  
 N I,IBCLS,IBCLSD,IBF S IBF=0,IBCLSD=$$ENCL^IBAMTS2(IBOE)  
 I IBCLSD]"" F I=1,2,3,4,5,6,7,8 S IBCLS=$P(IBCLSD,"^",I) I IBCLS]"" W:'IBF !?6 W:IBF " " W "Care related to ",$S(I=1:"AO",I=2:"IR",I=3:"SC",I=4:"SWA",I=5:"MST",I=6:"HNC",I=7:"CV",I=8:"SHAD",1:"??"),"? ",$S(IBCLS:"YES",1:"NO") S IBF=1  
CLSFQ Q

| Modified Logic (Changes are in bold) |
| --- |
| IBOVOP2 ;ALB/CPM-Opt/Reg Events Report Print Utilities ; 30-AUG-93  ;;2.0;INTEGRATED BILLING;\*\*52,132,153,156,167,176,234,247,339,**544**\*\*;21-MAR-94;Build 35 **;; Per VA Directive 6402, this routine should not be modified.**  ;  .  .  .  CLSF(IBOE) ; Display classification results.  ; Input: IBOE -- Pointer to Outpatient Encounter in file #409.68  I '$G(IBOE) G CLSFQ  N I,IBCLS,IBCLSD,IBF S IBF=0,IBCLSD=$$ENCL^IBAMTS2(IBOE)  I IBCLSD]"" **F I=1,2,3,4,5,6,7,8,9** S IBCLS=$P(IBCLSD,"^",I) **D    ;lmd IB\*2.0\*544 added 9 to loop for Camp Lejeune rsd ref# 2.6.7.19.1**  . I IBCLS]"" W:'IBF !?6 W:IBF " " W "Care related to ",$S(I=1:"AO",I=2:"IR",I=3:"SC",I=4:"SWA",I=5:"MST",I=6:"HNC",I=7:"CV",I=8:"SHAD",**I=9:"CL",**1:"??"),"? ",$S(IBCLS:"YES",1:"NO") S IBF=1 **. ; lmd IB\*2.0\*544 Added I=9 for Camp Lejeune to above line rsd ref# 2.6.7.19.1** |

Table : IBRXUTL1 Routine

| Routines | | | Activities | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | | | **IBRXUTL1** | | | | | | | |
| **Enhancement Category** | | | New | Modify | | Delete | | | No Change | |
| **RTM** | | | 2.6.7.4.1 | | | | | | | |
| **Related Options** | | | N/A | | | | | | | |
| Related Routines | | | Routines “Called By” | | | | Routines “Called” | | | |
|  | | | IBCSC5C.INT  IBNCPBB.INT  IBNCPDR.INT  IBNCPDR5.INT  IBTRKR3.INT | | | | DATA^PSS50  ZERO^PSS50 | | | |
| Routines | Activities | | | | | | | | | |
| **Data Dictionary (DD) References** | ^TMP($J | | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | | Local |
| **Input Attribute Name and Definition** | ^TMP($J,LIST,DFN,RXIEN,”ICD”,ICDCT,9) – Piece 1 will hold the Camp Lejeune indicator | | | | | | | | | |
| **Output Attribute Name and Definition** | ^TMP($J,”ICDARR”) – Piece 10 will now hold the same Camp Lejeune indicator | | | | | | | | | |
| Current Logic | | | | | | | | | | |

IBRXUTL1 ;BP/BDM - PHARMACY API CALLS ; DECEMBER 20, 2006  
 ;;2.0;INTEGRATED BILLING;\*\*347\*\*;21-MAR-94;Build 24

………

ICD(DFN,RXIEN,ICDCT,LIST) ;  
 N ICDOUT,NODE,IBTMPARR  
 I '$G(DFN) S ICDOUT="" Q ICDOUT  
 I '$G(RXIEN) S ICDOUT="" Q ICDOUT  
 I '$G(ICDCT) S ICDOUT="" Q ICDOUT  
 I $G(LIST)="" S ICDOUT="" Q ICDOUT  
 S IBTMPARR="ICDARR"  
 S $P(^TMP($J,IBTMPARR),"^",1)=$P($G(^TMP($J,LIST,DFN,RXIEN,"ICD",ICDCT,.01)),"^",1)  
 S $P(^TMP($J,IBTMPARR),"^",2)=$P($G(^TMP($J,LIST,DFN,RXIEN,"ICD",ICDCT,1)),"^",1)  
 S $P(^TMP($J,IBTMPARR),"^",3)=$P($G(^TMP($J,LIST,DFN,RXIEN,"ICD",ICDCT,2)),"^",1)  
 S $P(^TMP($J,IBTMPARR),"^",4)=$P($G(^TMP($J,LIST,DFN,RXIEN,"ICD",ICDCT,3)),"^",1)  
 S $P(^TMP($J,IBTMPARR),"^",5)=$P($G(^TMP($J,LIST,DFN,RXIEN,"ICD",ICDCT,4)),"^",1)  
 S $P(^TMP($J,IBTMPARR),"^",6)=$P($G(^TMP($J,LIST,DFN,RXIEN,"ICD",ICDCT,5)),"^",1)  
 S $P(^TMP($J,IBTMPARR),"^",7)=$P($G(^TMP($J,LIST,DFN,RXIEN,"ICD",ICDCT,6)),"^",1)  
 S $P(^TMP($J,IBTMPARR),"^",8)=$P($G(^TMP($J,LIST,DFN,RXIEN,"ICD",ICDCT,7)),"^",1)  
 S ICDOUT=^TMP($J,IBTMPARR)  
 K ^TMP($J,IBTMPARR)  
 Q ICDOUT

| Modified Logic (Changes are in bold) |
| --- |
| IBRXUTL1 ;BP/BDM - PHARMACY API CALLS ; DECEMBER 20, 2006  ;;2.0;INTEGRATED BILLING;\*\*347**,544**\*\*;21-MAR-94;Build 35 **;;Per VA Directive 6402, this routine should not be modified.**  …………………………..  ICD(DFN,RXIEN,ICDCT,LIST) ;  N ICDOUT,NODE,IBTMPARR  I '$G(DFN) S ICDOUT="" Q ICDOUT  I '$G(RXIEN) S ICDOUT="" Q ICDOUT  I '$G(ICDCT) S ICDOUT="" Q ICDOUT  I $G(LIST)="" S ICDOUT="" Q ICDOUT  S IBTMPARR="ICDARR"  S $P(^TMP($J,IBTMPARR),"^",1)=$P($G(^TMP($J,LIST,DFN,RXIEN,"ICD",ICDCT,.01)),"^",1)  S $P(^TMP($J,IBTMPARR),"^",2)=$P($G(^TMP($J,LIST,DFN,RXIEN,"ICD",ICDCT,1)),"^",1)  S $P(^TMP($J,IBTMPARR),"^",3)=$P($G(^TMP($J,LIST,DFN,RXIEN,"ICD",ICDCT,2)),"^",1)  S $P(^TMP($J,IBTMPARR),"^",4)=$P($G(^TMP($J,LIST,DFN,RXIEN,"ICD",ICDCT,3)),"^",1)  S $P(^TMP($J,IBTMPARR),"^",5)=$P($G(^TMP($J,LIST,DFN,RXIEN,"ICD",ICDCT,4)),"^",1)  S $P(^TMP($J,IBTMPARR),"^",6)=$P($G(^TMP($J,LIST,DFN,RXIEN,"ICD",ICDCT,5)),"^",1)  S $P(^TMP($J,IBTMPARR),"^",7)=$P($G(^TMP($J,LIST,DFN,RXIEN,"ICD",ICDCT,6)),"^",1)  S $P(^TMP($J,IBTMPARR),"^",8)=$P($G(^TMP($J,LIST,DFN,RXIEN,"ICD",ICDCT,7)),"^",1)  **S $P(^TMP($J,IBTMPARR),"^",10)=$P($G(^TMP($J,LIST,DFN,RXIEN,"ICD",ICDCT,9)),"^",1) ;lmd IB\*2.0\*544 Camp Lejeune rsd ref# 2.6.7.4.1**  S ICDOUT=^TMP($J,IBTMPARR)  K ^TMP($J,IBTMPARR)  Q ICDOUT |

Table : IBTRED Routine

| Routines | Activities | | | |
| --- | --- | --- | --- | --- |
| **Routine Name** | **IBTRED** | | | |
| **Enhancement Category** | New | Modify | Delete | No Change |
| **RTM** | 2.6.7.3.1, 2.6.7.3.2, 2.6.7.6.1, 2.6.7.7.1 | | | |
| **Related Options** | IBT EDIT TRACKING ENTRY | | | |

| Related Routines | | | Routines “Called By” | | Routines “Called” | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | IB20PT48.INT  IBCC1.INT  IBNCPDPC.INT  IBNTEG02.INT  IBONI028.INT  IBONI029.INT  IBONI036.INT  IBONI040.INT  IBONI041.INT  IBTOBI.INT  IBTOBI1.INT  IBTRCD.INT  IBTRCD0.INT  IBTRDD.INT  IBTRE.INT  IBTRE1.INT  IBTRED0.INT  IBTRED01.INT  IBTRED1.INT  IBTRED2.INT  IBTRVD.INT  IBTRVD0.INT | | DT^DICRW  D^DIQ  $$ENCL^IBAMTS2  SET^IBCNSP  PSOCPVW^IBNCPDPC  $$RXAPI1^IBNCPUT1  $$DAT1^IBOUTL  $$SCE^IBSDU  $$EXPAND^IBTRE  EN^IBTRE  ^IBTRED0  ^IBTRED01  4^IBTRED01  PROT^IBTRPR  $$ROIEVT^IBTRR1  EN^PSOCPVW  $$GETNDC^PSONDCUT  $$NCPDPQTY^PSSBPSUT  INP^VADPT  PID^VADPT  EN^VALM  FULL^VALM1  CLEAN^VALM10  KILL^VALM10  SET^VALM10  $$FMTE^XLFDT  DISP^XQORM1 | | |
| Routines | Activities | | | | | | |
| **Data Dictionary (DD) References** | ^DGPM(  ^DPT(  ^IBE(356.6  ^IBT(356  ^SC(  ^TMP("IBTRED" | | | | | | |
| **Related Protocols** | N/A | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | |
| **Data Passing** | Input | Output Reference | | Both | | Global Reference | Local |
| **Input Attribute Name and Definition** | IBOE - visit region for outpatient care | | | | | | |
| **Output Attribute Name and Definition** | IBCL=IBCL\_$S(I=1:"AO",I=2:"IR",I=3:"SC",I=4:"SWA",I=5:"MST",I=6:"HNC",I=7:"CV",I=8:"SHAD",I=9:"CL",,1:"")\_" " | | | | | | |
| Current Logic | | | | | | | |

IBTRED ;ALB/AAS - EXPAND/EDIT CLAIMS TRACKING ENTRY ;01-JUL-1993  
 ;;2.0;INTEGRATED BILLING;\*\*71,91,160,247,309,276,339,363,458\*\*;21-MAR-94;Build 4  
 ;;Per VHA Directive 2004-038, this routine should not be modified.  
 ;  
% ;  
EN ; -- main entry point for IBT EXPAND/EDIT TRACKING  
 I '$D(DT) D DT^DICRW  
 K XQORS,VALMEVL,DFN,IBTRN,IBTRV,IBTRC,IBTRD  
 I '$G(IBTRN) G EN^IBTRE Q  ; entry from programmer mode  
 D EN^VALM("IBT EXPAND/EDIT TRACKING")  
 K IBFASTXT  
 Q  
 ;  
HDR ; -- header code  
 D PID^VADPT N IBXR  
 S VALMHDR(1)="Expanded Claims Tracking Info for: "\_$E($P($G(^DPT(DFN,0)),"^"),1,20)\_" "\_$E($G(^(0)),1)\_VA("BID")  
 S IBXR=$$ROIEVT^IBTRR1(IBTRN) I IBXR'="" S VALMHDR(1)=VALMHDR(1)\_$J(" ",(60-$L(VALMHDR(1))))\_"ROI: "\_IBXR  
 S VALMHDR(2)=" For: "\_$$ETYP(IBTRN)  
 Q  
 ;  
INIT ; -- init variables and list array  
 K VALMQUIT  
 S VALMCNT=0,VALMBG=1  
 D BLD,HDR  
 Q  
 ;  
BLD ; -- list builder  
 N IBTRND,IBTRND1,IBTRND2,IBETYP  
 K ^TMP("IBTRED",$J)  
 F I=1:1:30 D BLANK(.I)  
 I '$G(IBTRPRF) S IBTRPRF=123  
 I IBTRPRF<10 S X=$S(IBTRPRF=1:"IBTRED HR MENU",IBTRPRF=2:"IBTRED IR MENU",IBTRPRF=3:"IBTRED BI MENU",1:"IBTRED MENU") D PROT^IBTRPR(X)  
 D KILL^VALM10()  
 S IBTRND=$G(^IBT(356,IBTRN,0)),IBTRND1=$G(^(1))  
 S IBETYP=$G(^IBE(356.6,+$P(IBTRND,"^",18),0))  
 S VALMCNT=30  
 D VISIT D ^IBTRED0,^IBTRED01  
 Q  
 ;  
VISIT ; -- Visit info Region  
 N OFFSET,START,IBOE,IBOE0  
 S START=1,OFFSET=2  
 D SET^IBCNSP(START,OFFSET," Visit Information ",IORVON,IORVOFF)  
 D SET^IBCNSP(START+1,OFFSET," Visit Type: "\_$P(IBETYP,"^"))  
 I '$D(IBETYP) N IBETYP S IBETYP=$G(^IBE(356.6,+$P(IBTRND,"^",18),0))  
 S X=$P(IBETYP,"^",3) D @X  
 Q  
1 ; -- visit region for admission or scheduled admission  
 I $P($G(^DGPM(+$P(IBTRND,"^",5),0)),"^",17) S VAINDT=+$G(^DGPM(+$P(IBTRND,"^",5),0))  
 I '$D(VAIN) S VA200="" D INP^VADPT  
 I VAIN(7)="" S Y=$P(IBTRND,"^",6) D D^DIQ S $P(VAIN(7),"^",2)=Y  
 D SET^IBCNSP(START+2,OFFSET,"Admission Date: "\_$P(VAIN(7),"^",2))  
 D SET^IBCNSP(START+3,OFFSET," Ward: "\_$P(VAIN(4),"^",2))  
 D SET^IBCNSP(START+4,OFFSET," Specialty: "\_$P(VAIN(3),"^",2))  
 Q  
2 ; -- visit region for outpatient care  
 S IBOE=$P(IBTRND,"^",4),IBOE0=$$SCE^IBSDU(+IBOE)  
 D SET^IBCNSP(START+2,OFFSET," Visit Date: "\_$$DAT1^IBOUTL($P(IBTRND,"^",6),"2P"))  
 I +IBOE<1 D  Q  
 .D SET^IBCNSP(START+3,OFFSET," No Outpatient Encounter Found") Q  
 D SET^IBCNSP(START+3,OFFSET," Clinic: "\_$P($G(^SC(+$P(IBOE0,"^",4),0)),"^"))  
 D SET^IBCNSP(START+4,OFFSET," Appt. Status: "\_$$EXPAND^IBTRE(409.68,.12,$P(IBOE0,"^",12)))  
 D SET^IBCNSP(START+5,OFFSET," Appt. Type: "\_$$EXPAND^IBTRE(409.68,.1,$P(IBOE0,"^",10)))  
 D SET^IBCNSP(START+6,OFFSET," Special Cond: "\_$$ENCL(IBOE))  
 Q  
 ;  
3 ; -- visit region for rx refill  
 N PSONTALK,PSOTMP,PSOQTY  
 S PSONTALK=1 ;PSORXN=+$P(IBTRND,"^",8),PSOFILL=+$P(IBTRND,"^",10)  
 S X=+$P(IBTRND,"^",8)\_"^"\_+$P(IBTRND,"^",10) D EN^PSOCPVW  
 ;if refill was deleted and EN^PSOCPVW doesn't return any data use IB API  
 I '$D(PSOTMP) D PSOCPVW^IBNCPDPC(+$P(IBTRND,"^",2),+$P(IBTRND,"^",8),.PSOTMP)  
 S PSOQTY=$$NCPDPQTY^PSSBPSUT(+$$RXAPI1^IBNCPUT1(+$P(IBTRND,"^",8),6,"I"),PSOTMP(52,+$P(IBTRND,"^",8),7,"E"))  
 D SET^IBCNSP(START+2,OFFSET,"Prescription #: "\_$G(PSOTMP(52,+$P(IBTRND,"^",8),.01,"E")))  
 ;I $P(IBTRND,"^",10)=0 D SET^IBCNSP(START+3,OFFSET," Fill Date: "\_$G(PSOTMP(52,+$P(IBTRND,"^",8),22,"E")))  
 ;I +$P(IBTRND,"^",10) D SET^IBCNSP(START+3,OFFSET," Refill Date: "\_$G(PSOTMP(52.1,+$P(IBTRND,"^",10),.01,"E")))  
 I $P(IBTRND,"^",10)=0 D SET^IBCNSP(START+3,OFFSET," Fill Date: "\_$$FMTE^XLFDT(+$P(IBTRND,"^",6)))  
 I +$P(IBTRND,"^",10) D SET^IBCNSP(START+3,OFFSET," Refill Date: "\_$$FMTE^XLFDT(+$P(IBTRND,"^",6)))  
 D SET^IBCNSP(START+4,OFFSET," Drug: "\_$G(PSOTMP(52,+$P(IBTRND,"^",8),6,"E")))  
 D SET^IBCNSP(START+5,OFFSET," Rx Quantity: "\_$J($G(PSOTMP(52,+$P(IBTRND,"^",8),7,"E")),8))  
 D SET^IBCNSP(START+6,OFFSET," Bill Quantity: "\_$J($P(PSOQTY,"^"),11)\_" "\_$P(PSOQTY,"^",2))  
 D SET^IBCNSP(START+7,OFFSET," Days Supply: "\_$J($G(PSOTMP(52,+$P(IBTRND,"^",8),8,"E")),8))  
 D SET^IBCNSP(START+8,OFFSET," NDC#: "\_$$GETNDC^PSONDCUT(+$P(IBTRND,"^",8),$P(IBTRND,"^",10)))  
 D SET^IBCNSP(START+9,OFFSET," Physician: "\_$G(PSOTMP(52,+$P(IBTRND,"^",8),4,"E")))  
 Q  
 ;  
4 ; -- Visit region for prosthetics  
 D 4^IBTRED01  
 Q  
 ;  
HELP ; -- help code  
 S X="?" D DISP^XQORM1 W !!  
 Q  
 ;  
EXIT ; -- exit code  
 K VALMQUIT,IBTRN  
 D CLEAN^VALM10,FULL^VALM1  
 Q  
 ;  
BLANK(LINE) ; -- Build blank line  
 D SET^VALM10(.LINE,$J("",80))  
 Q  
 ;  
ETYP(IBTRN) ; -- Expand type of epidose and date  
 N IBY S IBY=""  
 S IBTRND=$G(^IBT(356,+IBTRN,0)) I IBTRND="" G ETYPQ  
 S IBETYPD=$G(^IBE(356.6,+$P(IBTRND,"^",18),0))  
 I IBETYPD="" G ETYPQ  
 S IBY=$P(IBETYPD,"^")\_" on "\_$$DAT1^IBOUTL($P(IBTRND,"^",6),"2P")  
ETYPQ Q IBY  
 ;  
ENCL(IBOE) ; -- output format of classifications  
 N I,X,IBCL,IBCL1 S IBCL=""  
 I '$G(IBOE) G ENCLQ  
 S IBCL1=$$ENCL^IBAMTS2(+IBOE)  
 F I=1:1:8 S X=$P(IBCL1,"^",I) S:X IBCL=IBCL\_$S(I=1:"AO",I=2:"IR",I=3:"SC",I=4:"SWA",I=5:"MST",I=6:"HNC",I=7:"CV",I=8:"SHAD",1:"")\_" "  
ENCLQ Q IBCL  
 ;

| Modified Logic (Changes are in bold) |
| --- |
| IBTRED ;ALB/AAS - EXPAND/EDIT CLAIMS TRACKING ENTRY ;01-JUL-1993  ;;2.0;INTEGRATED BILLING;\*\*71,91,160,247,309,276,339,363,458,**544**\*\*;21-MAR-94;Build 35  **;;Per VA Directive 6402, this routine should not be modified.**  ;  % ;  .  .  .  ;  ENCL(IBOE) ; -- output format of classifications  N I,X,IBCL,IBCL1 S IBCL=""  I '$G(IBOE) G ENCLQ  S IBCL1=$$ENCL^IBAMTS2(+IBOE)  F I=1:1:9 S X=$P(IBCL1,"^",I) S:X IBCL=IBCL\_$S(I=1:"AO",I=2:"IR",I=3:"SC",I=4:"SWA",I=5:"MST",I=6:"HNC",I=7:"CV",I=8:"SHAD**",I=9:"CL",1:"")\_" "**  **; lmd added 9 and "CLV" to the above line for Camp Lejeune rsd ref# 2.6.7.3.2**  ENCLQ Q IBCL  ; |

Table : IBTRKR3 Routine

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | **IBTRKR3** | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.7.2, 2.6.7.4.1, 2.6.7.4.1.1, 2.6.7.21.1 | | | | | | | | |
| **Related Options** | IB MT NIGHT COMP, IBT SUP MANUALLY QUE RX FILLS | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | IB20PT61.INT  IBCU82.INT  IBNTEG02.INT  IBTRKR.INT  IBTRKR31.INT  IBTRKR41.INT  IBTRKR5.INT  IBZ20A.INT | | | | | HOME^%ZIS  ^%ZTLOAD  $$AUTOINFO^DGMTCOU1  $$CVEDT^IBACV  $$RXST^IBARXEU  $$SWSTAT^IBBAPI  $$INSURED^IBCNS1  ALL^IBCNS1  $$PTCOV^IBCNSU3  $$SENS^IBNCPDR  $$ROI^IBNCPDR4  $$DAT1^IBOUTL  DATE^IBOUTL  $$FILE^IBRXUT  $$IBND^IBRXUTL  $$RXZERO^IBRXUT  $$SUBFILE^IBRXUTL  ZERO^IBRXUTL  $$ICD^IBRXUTL1  BULL^IBTRKR31  REFILL^IBTUTL1  RX^PSO52API  REF^PSO52EX  CL^SDCO21  ELIG^VADPT  $$FMADD^XLFDT  $$FMTE^XLFDT | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | ^IBE(350.9  ^IBE(356.6  ^IBT(356  ^TMP($J | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | IBARR(IBP) – if this node exists where IBP is 9 to denote the 9th environmental indicator (CL-V) then IBRMARK will be updated as below | | | | | | | | |
| **Output Attribute Name and Definition** | IBRMARK – Will potentially equal “CAMP LEJEUNE” if Rx Medication is non-billable due to CL-V | | | | | | | | |
| Current Logic | | | | | | | | | |

IBTRKR3 ;ALB/AAS - CLAIMS TRACKING - ADD/TRACK RX FILLS ;13-AUG-93  
 ;;2.0;INTEGRATED BILLING;\*\*13,43,121,160,247,275,260,309,336,312,339,347,405,384,550\*\*;21-MAR-94;Build 74  
 ;;Per VA Directive 6402, this routine should not be modified.  
 ;  
% ; -- entry point for nightly background job  
 N IBTSBDT,IBTSEDT  
 S IBTSBDT=$$FMADD^XLFDT(DT,-14)-.1  
 S IBTSEDT=$$FMADD^XLFDT(DT,-7)+.9  
 D EN1  
 Q  
 ;  
EN ; -- entry point to ask date range  
 N IBSWINFO S IBSWINFO=$$SWSTAT^IBBAPI() ;IB\*2.0\*312  
 N IBBDT,IBEDT,IBTSBDT,IBTSEDT,IBTALK,IBMESS  
 S IBTALK=1  
 I '$P($G(^IBE(350.9,1,6)),"^",4) W !!,"I'm sorry, Tracking of Prescription Refills is currently turned off." G ENQ  
 W !!!,"Select the Date Range of Rx Refills to Add to Claims Tracking.",!  
 D DATE^IBOUTL  
 I IBBDT<1!(IBEDT<1) G ENQ  
 S IBTSBDT=IBBDT,IBTSEDT=IBEDT  
 ;  
 ; Do NOT PROCESS on VistA if Start or End>=Switch Eff Date ;IB\*2.0\*312  
 I +IBSWINFO,((IBTSBDT+1)>$P(IBSWINFO,"^",2))!((IBTSEDT+1)>$P(IBSWINFO,"^",2)) D  G EN  
 .W !!,"The Begin OR End Date CANNOT be on or after"  
 .W !,"the PFSS Effective Date: ",$$FMTE^XLFDT($P(IBSWINFO,"^",2))  
 ;  
 ; -- check selected dates  
 S IBTRKR=$G(^IBE(350.9,1,6))  
 ; start date can't be before parameters  
 I +IBTRKR,IBTSBDT<+IBTRKR S IBTSBDT=IBTRKR W !!,"Begin date is before Claims Tracking Start Date, changed to ",$$DAT1^IBOUTL(IBTSBDT)  
 ; -- end date into future  
 I IBTSEDT>$$FMADD^XLFDT(DT,-3) W !!,"I'll automatically change the end date to 3 days prior to the date queued to run."  
 ;  
 W !!!,"I'm going to automatically queue this off and send you a"  
 W !,"mail message when complete.",!  
 S ZTIO="",ZTRTN="EN1^IBTRKR3",ZTSAVE("IB\*")="",ZTDESC="IB - Add Rx Refills to Claims Tracking"  
 D ^%ZTLOAD I $G(ZTSK) K ZTSK W !,"Request Queued"  
ENQ K ZTSK,ZTIO,ZTSAVE,ZTDESC,ZTRTN  
 D HOME^%ZIS  
 Q  
 ;  
EN1 ; -- add rx refills to claims tracking file  
 N I,J,X,Y,IBTRKR,IBDT,IBRXN,IBFILL,DFN,IBDATA,IBCNT,IBCNT1,IBCNT2,LIST1  
 N IBSWINFO S IBSWINFO=$$SWSTAT^IBBAPI() ;IB\*2.0\*312  
 N IBICD,IBCOPAY  
 ;  
 ; -- check parameters  
 S IBTRKR=$G(^IBE(350.9,1,6))  
 G:'$P(IBTRKR,"^",4) EN1Q ; quit if rx tracking off  
 I +IBTRKR,IBTSBDT<+IBTRKR S IBTSBDT=IBTRKR ; start date can't be before parameters  
 ;  
 ; -- users can queue into future, make sure dates not after date run  
 I IBTSEDT>$$FMADD^XLFDT(DT,-3) S IBMESS="(Selected end date of "\_$$DAT1^IBOUTL(IBTSEDT)\_" automatically changed to "\_$$DAT1^IBOUTL($$FMADD^XLFDT(DT,-3))\_".)",IBTSEDT=$$FMADD^XLFDT(DT,-3)  
 ;  
 S IBRXTYP=$O(^IBE(356.6,"AC",4,0)) ; event type pointer for rx billing  
 ;  
 ; -- cnt= total count, cnt1=count added nsc, cnt2=count of pending  
 S (IBCNT,IBCNT1,IBCNT2)=0  
 S IBDT=IBTSBDT-.0001  
 S LIST1="IBTRKAD"  
 D REF^PSO52EX(IBDT,IBTSEDT,LIST1)  
 S IBDT=0  
 F  S IBDT=$O(^TMP($J,LIST1,"AD",IBDT)) Q:'IBDT!(IBDT>IBTSEDT) D  
 .S IBRXN=0  
 .I +IBSWINFO,(IBDT+1)>$P(IBSWINFO,"^",2) Q  
 .F  S IBRXN=$O(^TMP($J,LIST1,"AD",IBDT,IBRXN)) Q:'IBRXN  D  
 ..S IBFILL=""  
 ..F  S IBFILL=$O(^TMP($J,LIST1,"AD",IBDT,IBRXN,IBFILL)) Q:IBFILL=""  D RXCHK  
 K ^TMP($J,LIST1)  
 ;  
 I $G(IBTALK) D BULL^IBTRKR31  
EN1Q I $D(ZTQUEUED) S ZTREQ="@"  
 Q  
 ;  
RXCHK ; -- check and add rx  
 N IBND,LIST,NODE  
 S IBCNT=IBCNT+1  
 ;I IBFILL<1 G RXCHKQ ; original fill  
 I IBDT>(DT+.24) G RXCHKQ ; future fill  
 I '$D(ZTQUEUED),($G(IBTALK)) W "."  
 ;  
 S DFN=$$FILE^IBRXUTL(IBRXN,2)  
 S IBRXDATA=$$RXZERO^IBRXUTL(DFN,IBRXN),IBRXSTAT=$$FILE^IBRXUTL(IBRXN,100,"I")  
 ;I IBDT=$P($O(^DPT(DFN,"S",(IBDT-.00001))),".") G RXCHKQ ;scheduled appointment on same day as fill date  
 ;I $$BABCSC^IBEFUNC(DFN,$P(IBDT,".",1)) G RXCHKQ ; is billable clinic stop in encounter file for data (allows telephone stops on same day, but not others) (P121 - RC, can now bill Rx if on same day as opt visit)  
 ;  
 ; -- not already in claims tracking  
 I $O(^IBT(356,"ARXFL",IBRXN,IBFILL,"")) G RXCHKQ ; already in claims tracking  
 ;  
 ; -- see if tracking only insured and pt is insured  
 I $P(IBTRKR,"^",4)=1,'$$INSURED^IBCNS1(DFN,IBDT) G RXCHKQ ; patient not insure  
 ;  
 ; -- check rx status (not deleted)  
 I IBRXSTAT=13 G RXCHKQ  
 ;  
 ; -- Don't PROCESS IF there is already a PFSS ACCT REF# -- ;IB\*2.0\*312  
 I 'IBFILL,+$$FILE^IBRXUTL(IBRXN,125) G RXCHKQ  
 I +IBFILL,+$$SUBFILE^IBRXUTL(IBRXN,IBFILL,52,21) G RXCHKQ  
 ;  
 ; -- original fill not released or returned to stock  
 I 'IBFILL,'$$FILE^IBRXUTL(IBRXN,31) G RXCHKQ  
 I 'IBFILL,$$FILE^IBRXUTL(IBRXN,32.1) G RXCHKQ  
 ;  
 ; -- refill not released or returned to stock  
 I +IBFILL,'$$SUBFILE^IBRXUTL(IBRXN,IBFILL,52,17) G RXCHKQ  
 I +IBFILL,$$SUBFILE^IBRXUTL(IBRXN,IBFILL,52,14) G RXCHKQ  
 ;  
 ; -- check drug (not investigational, supply, over the counter drug, or nutritional supplement  
 S IBDRUG=$P(IBRXDATA,"^",6)  
 D ZERO^IBRXUTL(IBDRUG)  
 S IBDEA=$G(^TMP($J,"IBDRUG",+IBDRUG,3))  
 K ^TMP($J,"IBDRUG")  
 I IBDEA["I"!(IBDEA["S")!(IBDEA["9")!(IBDEA["N") G RXCHKQ ; investigational drug, supply, otc, or nutritional supplement  
 ;  
 ; -- see if insured for prescriptions  
 I '$$PTCOV^IBCNSU3(DFN,IBDT,"PHARMACY",.IBANY) S IBRMARK=$S($G(IBANY):"NO PHARMACY COVERAGE",1:"NOT INSURED")  
 ;  
 ; -- check sc status and others  
 ; -- new ICD node in PSO with CIDC, if it exists use this for determination  
 S LIST="IBTRKRLST"  
 S NODE="ICD"  
 S IBICD=0,IBCOPAY=0  
 D RX^PSO52API(DFN,LIST,IBRXN,,NODE,,)  
 I +$G(^TMP($J,LIST,DFN,IBRXN,"ICD",0))>0 S IBICD=1 ;Setup ICD Flag  
 I +$$IBND^IBRXUTL(DFN,IBRXN)>0 S IBCOPAY=1 ;Setup Copay Flag  
 I $G(IBRMARK)="",IBICD D CL^SDCO21(DFN,IBDT,"",.IBARR) I $D(IBARR) D  
 .S IBM=0  
 .F  S IBM=$O(^TMP($J,LIST,DFN,IBRXN,"ICD",IBM)) Q:'IBM!($G(IBRMARK)'="") D  
 ..S IBZ=$$ICD^IBRXUTL1(DFN,IBRXN,IBM,LIST) F IBP=1:1:7 Q:$G(IBRMARK)'=""  I $D(IBARR(IBP)) D  
 ... S IBRMARK=$S($P(IBZ,"^",IBP+1):$P($T(EXEMPT+IBP),";",3),$P(IBZ,"^",IBP+1)=0:"",1:"NEEDS SC DETERMINATION")  
 ;  
 ; -- no new ICD node in PSO, use old method of determining status  
 I $G(IBRMARK)="",'IBICD D  
 . D ELIG^VADPT  
 . ;if the patient is covered by insurance for pharmacy ($G(IBRMARK)="")  
 . ;AND if no copay in #350  
 . ;then we need to determine the non billable reason and set IBRMARK  
 . ;  
 . ;IF VAEL(3) -- if this is a veteran with SC(service connection) status  
 . I VAEL(3),'IBCOPAY D  
 . . I $P(VAEL(3),"^",2)>49 S IBRMARK="NEEDS SC DETERMINATION"  
 . . ;in case of POW and Unempl.vet we cannot decide if the 3rd party should be exempt  
 . . N IBPOWUNV,IBAUTRET S IBAUTRET=$$AUTOINFO^DGMTCOU1(DFN),IBPOWUNV=$S($P(IBAUTRET,U,8):1,$P(IBAUTRET,U,9):1,1:0)  
 . . I $P(VAEL(3),"^",2)<50 S IBRMARK=$S(IBPOWUNV:"NEEDS SC DETERMINATION",1:"SC TREATMENT")  
 . . I $$RXST^IBARXEU(DFN,$P(IBRXDATA,U,13))>0 S IBRMARK="NEEDS SC DETERMINATION"  
 . ;  
 . ;IF +VAEL(3)=0 if the veteran doesn't have SC status, but  
 . ;the veteran still may have CV status active  
 . I $G(IBRMARK)="",+VAEL(3)=0,'IBCOPAY D  
 . . I $$CVEDT^IBACV(DFN,IBDT) S IBRMARK="NEEDS SC DETERMINATION" ;SC-because IB staff usually is using this reason to search for cases that need to be reviewed. COMBAT VETERAN reason will be used after review if this was a case  
 ;  
 K ^TMP($J,LIST)  
 ;  
 ; ROI check  
 N IBSCROI  
 I $$SENS^IBNCPDR(IBDRUG) D  
 . N IBINS,IBFLG,IBINSP  
 . D ALL^IBCNS1(DFN,"IBINS",1,IBDT,1)  
 . S IBINSP=$O(IBINS("S",1,99),-1) Q:IBINSP=""  
 . S IBFLG=$$ROI^IBNCPDR4(DFN,$G(IBDRUG),+$G(IBINS(IBINSP,"0")),$G(IBDT))  
 . I 'IBFLG,$G(IBRMARK)="" S IBRMARK="ROI NOT OBTAINED"      ; IB\*2\*550  
 . I 'IBFLG S IBSCROI=3  
 . I IBFLG S IBSCROI=2  
 ;  
 ; -- ok to add to tracking module  
 D REFILL^IBTUTL1(DFN,IBRXTYP,IBDT,IBRXN,IBFILL,$G(IBRMARK),,$G(IBSCROI)) I '$D(ZTQUEUED),$G(IBTALK) W "+"  
 ;  
 I $G(IBRMARK)'="" S IBCNT2=IBCNT2+1  
 I $G(IBRMARK)="" S IBCNT1=IBCNT1+1  
 K IBANY,IBRMARK,VAEL,VA,IBDEA,IBDRUG,IBRXSTAT,IBRXDATA,DFN,X,Y  
 K IBARR,IBM,IBZ,IBP  
RXCHKQ Q  
 ;  
EXEMPT ; exemption reasons  
 ;;AGENT ORANGE  
 ;;IONIZING RADIATION  
 ;;SC TREATMENT  
 ;;SOUTHWEST ASIA  
 ;;MILITARY SEXUAL TRAUMA  
 ;;HEAD/NECK CANCER  
 ;;COMBAT VETERAN  
 ;;PROJECT 112/SHAD  
 ;;

| Modified Logic (Changes are in bold) |
| --- |
| IBTRKR3 ;ALB/AAS - CLAIMS TRACKING - ADD/TRACK RX FILLS ;13-AUG-93  ;;2.0;INTEGRATED BILLING;\*\* 13,43,121,160,247,275,260,309,336,312,339,347,405,384,550**,544**\*\*;21-MAR-94;Build 35 **;;Per VA Directive 6402, this routine should not be modified.**  ;  **.**  **.**  **.**  I $G(IBRMARK)="",IBICD D CL^SDCO21(DFN,IBDT,"",.IBARR) I $D(IBARR) D  **.S IBM=0 ;lmd changed the loop from 7 to 9 for Camp Lejeune rsd ref# 2.6.7.4.1**  .F S IBM=$O(^TMP($J,LIST,DFN,IBRXN,"ICD",IBM)) Q:'IBM!($G(IBRMARK)'="") D  ..S IBZ=$$ICD^IBRXUTL1(DFN,IBRXN,IBM,LIST) F IBP=1:1:**9** Q:$G(IBRMARK)'="" I $D(IBARR(IBP)) D  ... S IBRMARK=$S($P(IBZ,"^",IBP+1):$P($T(EXEMPT+IBP),";",3),$P(IBZ,"^",IBP+1)=0:"",1:"NEEDS SC DETERMINATION")  .  .  .  EXEMPT ; exemption reasons **lmd added CAMP LEJEUNE to the bottom for Camp Lejeune rsd ref# 2.6.7.4.1**  ;;AGENT ORANGE  ;;IONIZING RADIATION  ;;SC TREATMENT  ;;SOUTHWEST ASIA  ;;MILITARY SEXUAL TRAUMA  ;;HEAD/NECK CANCER  ;;COMBAT VETERAN  ;;PROJECT 112/SHAD **;;CAMP LEJEUNE**  ;; |

Table : IBTRKR41 Routine

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | **IBTRKR41** | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.7.2, 2.6.7.5.1, 2.6.7.5.1.1, 2.6.7.5.2, 2.6.7.5.2.1, 2.6.7.8.1, 2.6.7.9.1, 2.6.7.10.1, 2.6.7.21.1 | | | | | | | | |
| **Related Options** | IB MT NIGHT COMP, IBT SUP MANUALLY QUE ENCTRS | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | IBCCPT1.INT  IBCU81.INT  IBNTEG02.INT  IBTRKR4.INT | | | | | $$ENCL^IBAMTS2  $$SWSTAT^IBBAPI  $$INSURED^IBCNS1  $$PTCOV^IBCNSU3  $$PTFTF^IBCNSU31  $$NBCT^IBEFUNC  $$NBST^IBEFUNC  $$RPT^IBEFUNC  $$BDSRC^IBEFUNC3  $$DAT1^IBOUTL  $$SCE^IBSDU  SEND^IBTRKR31  OPT^IBTUTL1  ENCEVENT^PXKENC  CL^SDCO2 | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | ^DIC(40.7  ^IBT(356  ^SD(409.1  ^TMP("PXKENC" | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | IBOEDATA – Appointment type  IBR – Visit level | | | | | | | | |
| **Output Attribute Name and Definition** | IBENCL - return 1 in string if true "ao^ir^sc^swa^mst^hnc^cv^shad^clv" | | | | | | | | |
| Current Logic | | | | | | | | | |

IBTRKR41 ;ALB/AAS - CLAIMS TRACKING - ADD/TRACK OUTPATIENT ENCOUNTERS ;13-AUG-93  
 ;;2.0;INTEGRATED BILLING;\*\*43,55,91,132,174,247,260,315,292,312,339,399\*\*;21-MAR-94;Build 8  
 ;;Per VHA Directive 2004-038, this routine should not be modified.  
 ;  
OPCHK ; -- check and add rx  
 N Y,Y0,IBSERV,IBAPPT  
 N IBSWINFO S IBSWINFO=$$SWSTAT^IBBAPI() ;IB\*2.0\*312  
 ; IBDT is set from IBTRKR4  
 ; Do NOT PROCESS on VistA if IBDT>=Switch Eff Date ;CCR-930  
 I +IBSWINFO,(IBDT+1)>$P(IBSWINFO,"^",2) Q                 ;IB\*2.0\*312  
 ;  
 K IBRMARK  
 I '$D(ZTQUEUED),($G(IBTALK)) W "."  
 ;  
 S IBOEDATA=$$SCE^IBSDU(IBOE),IBOESTAT=$P(IBOEDATA,"^",15)  
 S IBSERV=$S(+$P($G(^DIC(40.7,+$P(IBOEDATA,"^",3),0)),"^",2)=180:"DENTAL",1:"OUTPATIENT")  
 S IBAPPT=$P($G(^SD(409.1,+$P(IBOEDATA,"^",10),0)),"^",1)  
 S DFN=$P(IBOEDATA,"^",2)  
 I 'DFN G OPCHKQ  
 I $P(IBOEDATA,"^",5) S IBVSIT=$P(IBOEDATA,"^",5) I '$$BDSRC^IBEFUNC3(IBVSIT) G OPCHKQ ;non-billable data sources  
 ; -- do not allow date/time duplicate claims before Jan. 1, 2006  
 I $O(^IBT(356,"APTY",DFN,IBOETYP,IBDT,0)),IBDT<3060101 G OPCHKQ  
 ;  
 ; -- see if tracking only insured and pt is insured/insured for outpt visits  
 I $P(IBTRKR,"^",3)=1,'$$INSURED^IBCNS1(DFN,IBDT) G OPCHKQ ; patient not insured  
 ;  
 I '$$PTFTF^IBCNSU31(DFN,IBDT) S IBRMARK="FILING TIMEFRAME NOT MET"  
 ;  
 ; -- see if outpatient services are covered  
 I '$$PTCOV^IBCNSU3(DFN,IBDT,IBSERV,.IBANY) S IBRMARK=$S($G(IBANY)&(IBSERV="DENTAL"):"NO DENTAL COVERAGE",$G(IBANY):"NO OUTPATIENT COVERAGE",1:"NOT INSURED")  
 ;  
 ; -- see if appointment type is billable  
 I '$$RPT^IBEFUNC($P(IBOEDATA,"^",10),+IBOEDATA) S IBRMARK=$S(IBAPPT="RESEARCH":"RESEARCH VISIT",1:"NON-BILLABLE APPOINTMENT TYPE")  
 ;  
 ; -- check sc status, special conditions etc.  
 I $G(IBRMARK)="" S IBRMARK=$$CL(IBOEDATA)  
 ;  
 ; -- check for non-billable stops or clinic  
 S X=$P(IBOEDATA,"^",4) I X,$$NBCT^IBEFUNC(X,+IBOEDATA) S IBRMARK="NON-BILLABLE CLINIC"  
 S X=$P(IBOEDATA,"^",3) I X,$$NBST^IBEFUNC(X,+IBOEDATA) S IBRMARK="NON-BILLABLE STOP CODE"  
 ;  
 ; -- ok to add to tracking module  
 D OPT^IBTUTL1(DFN,IBOETYP,IBDT,IBOE,IBRMARK,$G(IBVSIT)) I '$D(ZTQUEUED),$G(IBTALK) W "+"  
 I IBRMARK'="" S IBCNT2=IBCNT2+1  
 I IBRMARK="" S IBCNT1=IBCNT1+1  
OPCHKQ K IBANY,IBRMARK,VAEL,VA,IBOEDATA,IBVSIT,DFN,X,Y  
 Q  
 ;  
BULL ; -- send bulletin  
 ;  
 S XMSUB="Outpatient Encounters added to Claims Tracking Complete"  
 S IBT(1)="The process to automatically add Opt Encounters has successfully completed."  
 S IBT(1.1)=""  
 S IBT(2)=" Start Date: "\_$$DAT1^IBOUTL(IBTSBDT)  
 S IBT(3)=" End Date: "\_$$DAT1^IBOUTL(IBTSEDT)  
 I $D(IBMESS) S IBT(3.1)=IBMESS  
 S IBT(4)=""  
 S IBT(5)=" Total Encounters Checked: "\_$G(IBCNT)  
 S IBT(6)=" Total Encounters Added: "\_$G(IBCNT1)  
 S IBT(7)=" Total Non-billable Encounters Added: "\_$G(IBCNT2)  
 S IBT(8)=""  
 S IBT(9)="\*The SC, Agent Orange, Southwest Asia, Ionizing Radiation,"  
 S IBT(10)="Military Sexual Trauma, Head Neck Cancer, Combat Veteran and Project 112/SHAD"  
 S IBT(11)="status visits have been added for insured patients but automatically"  
 S IBT(12)="indicated as not billable."  
 D SEND^IBTRKR31  
BULLQ Q  
 ;  
CL(IBOEDATA,IBR) ; check out classification questions for encounter  
 ; this new check will look at the V POV level then to the Visit level  
 ; as necessary to determine if it relates or not. This will indicate  
 ; if the WHOLE visit is not billable, otherwise it will say it is  
 ; (even if just part is billable).  
 ; call with the zero node of 409.68 in IBOEDATA  
 ; assumes DFN and IBDT defined  
 ; pass in IBR by ref to get values back  
 ;  
 N IBRMARK,IBPCEX,IBCPT,IBARR,IBP,IBDX,IBVRNB,IBENCL  
 S IBRMARK="",IBPCEX=$P(IBOEDATA,"^",5)  
 ;  
 ; look up classification info needed (if any)  
 D CL^SDCO21(DFN,IBDT,"",.IBARR) I '$D(IBARR) G CLQ  
 ;  
 ; if no PCE event use old approach  
 I 'IBPCEX D:$G(IBOE) G CLQ  
 . S IBENCL=$$ENCL^IBAMTS2(IBOE) I IBENCL["1" D  ; return 1 in string if true "ao^ir^sc^swa^mst^hnc^cv^shad"  
 . I $P(IBENCL,"^",3) S IBRMARK="SC TREATMENT" Q  
 . I $P(IBENCL,"^",1) S IBRMARK="AGENT ORANGE" Q  
 . I $P(IBENCL,"^",2) S IBRMARK="IONIZING RADIATION" Q  
 . I $P(IBENCL,"^",4) S IBRMARK="SOUTHWEST ASIA" Q  
 . I $P(IBENCL,"^",5) S IBRMARK="MILITARY SEXUAL TRAUMA" Q  
 . I $P(IBENCL,"^",6) S IBRMARK="HEAD/NECK CANCER" Q  
 . I $P(IBENCL,"^",7) S IBRMARK="COMBAT VETERAN" Q  
 . I $P(IBENCL,"^",8) S IBRMARK="PROJECT 112/SHAD" Q  
 ;  
 ; look up PCE info  
 D ENCEVENT^PXKENC(IBPCEX)  
 ;  
 S IBVRNB=$$RNB($G(^TMP("PXKENC",$J,IBPCEX,"VST",IBPCEX,800)),.IBARR)  
 ;  
 ; find dx rnb's  
 S IBDX=0 F  S IBDX=$O(^TMP("PXKENC",$J,IBPCEX,"POV",IBDX)) Q:'IBDX  S IBDX(+$G(^TMP("PXKENC",$J,IBPCEX,"POV",IBDX,0)))=$$RNB($G(^TMP("PXKENC",$J,IBPCEX,"POV",IBDX,800)),.IBARR)  
 ;  
 ; look for v cpt's with IBDX  
 S IBCPT=0 F  S IBCPT=$O(^TMP("PXKENC",$J,IBPCEX,"CPT",IBCPT)) Q:'IBCPT  F IBP=5,9,10,11 Q:'$D(^TMP("PXKENC",$J,IBPCEX,"CPT",IBCPT,0)) D  
 . ;  
 . ; dx exists in v cpt but not v pov use visit level determination  
 . I $P(^TMP("PXKENC",$J,IBPCEX,"CPT",IBCPT,0),"^",IBP),'$D(IBDX($P(^TMP("PXKENC",$J,IBPCEX,"CPT",IBCPT,0),"^",IBP))) D:IBVRNB REL(IBVRNB) Q  
 . ;  
 . ; use dx determination (where dx exists on v cpt)  
 . I $P(^TMP("PXKENC",$J,IBPCEX,"CPT",IBCPT,0),"^",IBP) D:$G(IBDX($P(^TMP("PXKENC",$J,IBPCEX,"CPT",IBCPT,0),"^",IBP))) REL($G(IBDX($P(^TMP("PXKENC",$J,IBPCEX,"CPT",IBCPT,0),"^",IBP)))) Q  
 ;  
 ; check for no assoc dx and apply visit level determination  
 S IBCPT=0 F  S IBCPT=$O(^TMP("PXKENC",$J,IBPCEX,"CPT",IBCPT)) Q:'IBCPT  D  
 . S IBDX=0 F IBP=5,9,10,11 Q:IBDX  I +$P($G(^TMP("PXKENC",$J,IBPCEX,"CPT",IBCPT,0)),"^",IBP) S IBDX=1  
 . I 'IBDX,IBVRNB D REL(IBVRNB)  
 ;  
 ; if some procedures left, then we need to bill, set return array  
 I $D(^TMP("PXKENC",$J,IBPCEX,"CPT")) S IBRMARK="" M IBR=^TMP("PXKENC",$J,IBPCEX)  
 ;  
CLQ K ^TMP("PXKENC",$J)  
 Q IBRMARK  
 ;  
RNB(IBDATA,IBARR) ; find rnb's  
 ; pass in PCE 800 data (visit or v pov) to find any reasons not billable  
 ; IBARR = classifications that could apply to patient  
 ; the RNB number returned is from the IBARR number (SDCO21 array)  
 N IBX,IBR S IBR=""  
 S IBX=0 F  S IBX=$O(IBARR(IBX)) Q:'IBX!(IBR) I $P(IBDATA,"^",$P($T(CLDATA+(IBX+1)),"^",2)) S IBR=IBX  
 Q IBR  
 ;  
REL(IBRNB) ; kills of tmp if related and set IBRMARK  
 K ^TMP("PXKENC",$J,IBPCEX,"CPT",IBCPT)  
 S IBRMARK=$P($T(CLDATA+(IBRNB+1)),"^",3)  
 Q  
 ;  
CLDATA ; classification data  
 ; format is: SCDO21 array^vpov/vcpt/visit 800 piece^reason not billable  
 ;;1^2^AGENT ORANGE  
 ;;2^3^IONIZING RADIATION  
 ;;3^1^SC TREATMENT  
 ;;4^4^SOUTHWEST ASIA  
 ;;5^5^MILITARY SEXUAL TRAUMA  
 ;;6^6^HEAD/NECK CANCER  
 ;;7^7^COMBAT VETERAN  
 ;;8^8^PROJECT 112/SHAD  
 ;

|  |
| --- |
| Modified Logic (Changes are in bold)  IBTRKR41 ;ALB/AAS - CLAIMS TRACKING - ADD/TRACK OUTPATIENT ENCOUNTERS ;13-AUG-93  ;;2.0;INTEGRATED BILLING;\*\*43,55,91,132,174,247,260,315,292,312,339,399**,544**\*\*;21-MAR-94;Build 35 **;;Per VA Directive 6402, this routine should not be modified.**  ;  ………………………………………………………  BULL ; -- send bulletin  ;  S XMSUB="Outpatient Encounters added to Claims Tracking Complete"  S IBT(1)="The process to automatically add Opt Encounters has successfully completed."  S IBT(1.1)=""  S IBT(2)=" Start Date: "\_$$DAT1^IBOUTL(IBTSBDT)  S IBT(3)=" End Date: "\_$$DAT1^IBOUTL(IBTSEDT)  I $D(IBMESS) S IBT(3.1)=IBMESS  S IBT(4)=""  S IBT(5)=" Total Encounters Checked: "\_$G(IBCNT)  S IBT(6)=" Total Encounters Added: "\_$G(IBCNT1)  S IBT(7)=" Total Non-billable Encounters Added: "\_$G(IBCNT2)  S IBT(8)=""  S IBT(9)="\*The SC, Agent Orange, Southwest Asia, Ionizing Radiation,"  S IBT(10)="Military Sexual Trauma, Head Neck Cancer, Combat Veteran, Project 112/SHAD" **S IBT(11)=" and Camp Lejeune status visits have been added for insured patients"**  S IBT(12)=" but automatically indicated as not billable." **; MAN added Camp Lejeune rsd ref# 2.6.7.5.2**  D SEND^IBTRKR31 BULLQ Q  ;  CL(IBOEDATA,IBR) ; check out classification questions for encounter  ; this new check will look at the V POV level then to the Visit level  ; as necessary to determine if it relates or not. This will indicate  ; if the WHOLE visit is not billable, otherwise it will say it is  ; (even if just part is billable).  ; call with the zero node of 409.68 in IBOEDATA  ; assumes DFN and IBDT defined  ; pass in IBR by ref to get values back  ;  N IBRMARK,IBPCEX,IBCPT,IBARR,IBP,IBDX,IBVRNB,IBENCL  S IBRMARK="",IBPCEX=$P(IBOEDATA,"^",5)  ;  ; look up classification info needed (if any)  D CL^SDCO21(DFN,IBDT,"",.IBARR) I '$D(IBARR) G CLQ  ;  ; if no PCE event use old approach  I 'IBPCEX D:$G(IBOE) G CLQ  . S IBENCL=$$ENCL^IBAMTS2(IBOE) I IBENCL["1" D  ; return 1 in string if true "ao^ir^sc^swa^mst^hnc^cv^shad"  . I $P(IBENCL,"^",3) S IBRMARK="SC TREATMENT" Q  . I $P(IBENCL,"^",1) S IBRMARK="AGENT ORANGE" Q  . I $P(IBENCL,"^",2) S IBRMARK="IONIZING RADIATION" Q  . I $P(IBENCL,"^",4) S IBRMARK="SOUTHWEST ASIA" Q  . I $P(IBENCL,"^",5) S IBRMARK="MILITARY SEXUAL TRAUMA" Q  . I $P(IBENCL,"^",6) S IBRMARK="HEAD/NECK CANCER" Q  . I $P(IBENCL,"^",7) S IBRMARK="COMBAT VETERAN" Q  . I $P(IBENCL,"^",8) S IBRMARK="PROJECT 112/SHAD" Q **. I $P(IBENCL,"^",9) S IBRMARK="CAMP LEJEUNE" Q  ; MAN added Camp Lejeune rsd ref# 2.6.7.5.2**  ;   ; look up PCE info  CLDATA ; classification data  ; format is: SCDO21 array^vpov/vcpt/visit 800 piece^reason not billable  ;;1^2^AGENT ORANGE  ;;2^3^IONIZING RADIATION  ;;3^1^SC TREATMENT  ;;4^4^SOUTHWEST ASIA  ;;5^5^MILITARY SEXUAL TRAUMA  ;;6^6^HEAD/NECK CANCER  ;;7^7^COMBAT VETERAN  ;;8^8^PROJECT 112/SHAD  **;;9^9^CAMP LEJEUNE  ;MAN added CAMP LEJEUNE for rsd ref# 2.6.7.5.2**  ; |

Table : IBTUBO1 Routine

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | **IBTUBO1** | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.7.11.1.1 | | | | | | | | |
| **Related Options** | N/A | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | IBTUBOA.INT | | | | | $$GET1^DIQ  $$INPT^IBAMTS1  $$ENCL^IBAMTS2  $$BICOST^IBCRCI  $$CKBIL^IBTUBOU  CKENC^IBTUBOU  SCAN^IBTUBOU  $$CODEC^ICPTCOD  $$CPT^ICPTCOD  $$EXOE^SDOE  $$GETOE^SDOE  GETCPT^SDOE  $$PRIM^VASITE | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | ^DGCR(399  ^DPT(  ^TMP($J | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | N/A | | | | | | | | |
| **Output Attribute Name and Definition** | N/A | | | | | | | | |
| Current Logic | | | | | | | | | |

IBTUBO1 ;ALB/AAS - UNBILLED AMOUNTS - GENERATE UNBILLED REPORTS ;29-SEP-94  
 ;;2.0;INTEGRATED BILLING;\*\*19,31,32,91,123,159,247,155,277,339,399,516,547\*\*;21-MAR-94;Build 123  
 ;;Per VA Directive 6402, this routine should not be modified.  
 ;  
OPT(IBOE,IBQUERY) ; - Has the outpatient encounter been billed?  
 ; Input: IBOE=pointer to outpatient encounter in file #409.68  
 ; (NOTE: this value may be null)  
 ; IBQUERY (Passed by reference)=flag that is incremented when  
 ; the Scheduling query API is invoked  
 ; \*Pre-set variables: DFN=patient IEN, IBDT=event date, IBRT=bill rate,  
 ; IBEDT=End of reporting period date.  
 ; IBX=ien of CLAIMS TRACKING entry file 356  
 ;  
 I '$G(DFN)!('$G(IBDT))!('$G(IBRT))!'$G(IBX) G OPTQ  
 N IBCN,IBCPT,IBCPTSUM,IBCT,IBDATA,IBDAY,IBDIV,IBFL,IBNAME  
 N IBQUIT,IBNCF,IBTCHRG,IBXX,IBYD,IBYY,IBZ,IBMRA  
 ;  
 ; - Check to be sure the encounter is billable.  
 I $$INPT^IBAMTS1(DFN,IBDT\1\_.2359) G OPTQ ; Became inpatient same day.  
 I $G(IBOE),$$ENCL^IBAMTS2(IBOE)["1" G OPTQ ; "ao^ir^sc^swa^mst^hnc^cv^shad" encounter.  
 S IBDAY=$E(IBDT,1,7),IBNAME=$P($G(^DPT(DFN,0)),U),IBQUIT="",IBNCF=0  
 ;  
 ; - Determine the encounter division.  
 S IBDIV=+$P($$GETOE^SDOE(IBOE),U,11) S:'IBDIV IBDIV=+$$PRIM^VASITE()  
 ; IB\*2.0\*516 - Added ability to sort by Division.  
 I $D(^TMP($J,"IBTUB-DIV")),'$D(^TMP($J,"IBTUB-DIV",IBDIV)) G OPTQ ; Not a selected Division  
 ;  
 ; - If no encounter, see if add/edits or registrations are not billable.  
 I '$G(IBOE) D NOOE G:IBQUIT OPTQ  
 ;  
 ; - If encounter was dated prior to Reasonable Charges (9/1/99) and  
 ; the claim was not authorized before end of reporting period, add  
 ; encounter Tort Rate to Unbilled Outpatient Amount  
 I IBDAY<2990901 D PRERC,SETUB:'IBQUIT G OPTQ  
 I '$G(IBOE) G OPTQ ; If still no encounter, quit.  
 ;  
 ; - If encounter was made after start of Reasonable Charges (9/1/99)  
 ; and any of the encounter's procedure codes have no corresponding  
 ; inst. or prof. claims that were not authorized before end of the  
 ; reporting period, add the charges for the procedures to the  
 ; Unbilled Outpatient Amount.  
 ;  
 ; - Gather all procedures associated with the encounter.  
 D GETCPT^SDOE(IBOE,"IBYY") G:'$G(IBYY) OPTQ ; Check CPT qty.  
 ;  
 ; - Build array of all billable encounter procedures.  
 S IBXX=0 F  S IBXX=$O(IBYY(IBXX)) Q:'IBXX  D  
 . ;  
 . ; - Get procedure pointer and code.  
 . S IBZ=+IBYY(IBXX),IBCN=$P($$CPT^ICPTCOD(IBZ),"^",2)  
 . ;  
 . ; - Ignore LAB services for vets with Medicare Supplemental coverage.  
 . I IBCN>79999,IBCN<90000 Q  
 . ;  
 . ; - Get the institutional/professional charge components.  
 . S IBCPT(IBZ,1)=+$$BICOST^IBCRCI(IBRT,3,IBDAY,"PROCEDURE",IBZ,"",IBDIV,"",1)  
 . S IBCPT(IBZ,2)=+$$BICOST^IBCRCI(IBRT,3,IBDAY,"PROCEDURE",IBZ,"",IBDIV,"",2)  
 . ;  
 . ; - Eliminate components without a charge.  
 . S IBCPTSUM(IBZ)=+$G(IBCPT(IBZ,1))+$G(IBCPT(IBZ,2))  
 . I 'IBCPT(IBZ,1) K IBCPT(IBZ,1)  
 . I 'IBCPT(IBZ,2) K IBCPT(IBZ,2)  
 . Q  
 ;  
 I '$D(IBCPT) G OPTQ ; Quit if no billable procedures remain.  
 ;  
 ; - Look at all of the vet's bills for the day and eliminate  
 ; from the array those procedures that have been billed.  
 S IBXX=0  
 F  S IBXX=$O(^DGCR(399,"AOPV",DFN,IBDAY,IBXX)) Q:'IBXX  D  
 . ;  
 . ; - Perform general checks on the claim.  
 . S IBDATA=$$CKBIL^IBTUBOU(IBXX) Q:IBDATA=""  
 . I $P(IBDATA,U,2)=2 S IBMRA(IBXX)=IBDATA ; MRA request  
 . S IBNCF=IBNCF+1  
 . ;  
 . ; If Compile/Store & Not authorized/MRA requested before reporting period - Quit.  
 . I $G(IBCOMP),$S('$G(IBMRA(IBXX)):$P(IBDATA,U,3),1:$P(IBDATA,U,6))>IBEDT Q  
 . ;  
 . ; - The episode has been billed. Check the revenue code multiple for  
 . ; all procedures billed on the claim.  
 . S IBYY=0  
 . F  S IBYY=$O(^DGCR(399,IBXX,"RC",IBYY)) Q:'IBYY  S IBYD=^(IBYY,0) D  
 . . ;  
 . . ; - Get the procedure code and charge type for the revenue code.  
 . . S IBZ=$P(IBYD,U,6)  
 . . S IBCT=$S($P(IBYD,U,12):$P(IBYD,U,12),1:$P(IBDATA,U,4))  
 . . S IBTCHRG=$P(IBYD,U,4)  
 . . I 'IBZ!('IBCT) Q  ; Can't determine code/charge type for procedure.  
 . . I $G(IBMRA(IBXX))'="" S:$D(IBCPT(IBZ)) IBCPT("MRA",IBZ,IBCT)=1 Q  
 . . ; Delete procedure from unbilled procedures array.  
 . . I $G(IBTCHRG)'<$G(IBCPTSUM(IBZ)) K IBCPT(IBZ) Q  
 . . I $D(IBCPT(IBZ,IBCT)) K IBCPT(IBZ,IBCT) Q  
 . . K IBCPT(IBZ)  
 . . Q  
 . Q  
 ;  
 ; - Again, quit if no billable procedures remain.  
 I '$D(IBCPT) G OPTQ  
 ;  
 ; If the IBSBD flag is not set, then reset the Division to be  
 ; 999999. This data will still be included, but the report  
 ; will not be sorted by Division.  
 ;  
 I '$G(IBSBD) S IBDIV=999999  
 ;  
 ; - The encounter has unbilled procedure codes. Increment the counters  
 ; as per the extract specification.  
 ;  
 ; - Count the encounter (element 37N).  
 S IBMRA=$S($D(IBCPT("MRA")):1,1:0)  
 I 'IBMRA D  
 . S IBUNB(IBDIV,"ENCNTRS")=$G(IBUNB(IBDIV,"ENCNTRS"))+1  
 . S IBUNB("ENCNTRS")=$G(IBUNB("ENCNTRS"))+1  
 I $G(IBXTRACT) S IB(14)=IB(14)+1  
 ;  
 ; - Look at all the unbilled procedures.  
 S IBZ=0 F  S IBZ=$O(IBCPT(IBZ)) Q:'IBZ  D  
 . ;  
 . S IBMRA=$S($D(IBCPT("MRA",IBZ)):1,1:0)  
 . ; - Count the procedure (element 37M).  
 . I $G(IBXTRACT) S IB(13)=IB(13)+1  
 . ;  
 . ; - Count the institutional component (element 37I) and its  
 . ; corresponding charge amount (element 37J).  
 . I $G(IBCPT(IBZ,1)) D  
 . . I IBMRA D  
 . . . S IBUNB(IBDIV,"CPTMS-I-MRA")=$G(IBUNB(IBDIV,"CPTMS-I-MRA"))+1  
 . . . S IBUNB("CPTMS-MRA")=$G(IBUNB("CPTMS-MRA"))+1  
 . . . S IBUNB(IBDIV,"UNBILOP-MRA")=$G(IBUNB(IBDIV,"UNBILOP-MRA"))+IBCPT(IBZ,1)  
 . . . S IBUNB("UNBILOP-MRA")=$G(IBUNB("UNBILOP-MRA"))+IBCPT(IBZ,1)  
 . . . Q  
 . . E  D  
 . . . S IBUNB(IBDIV,"CPTMS-I")=$G(IBUNB(IBDIV,"CPTMS-I"))+1  
 . . . S IBUNB("CPTMS")=$G(IBUNB("CPTMS"))+1  
 . . . S IBUNB(IBDIV,"UNBILOP")=$G(IBUNB(IBDIV,"UNBILOP"))+IBCPT(IBZ,1)  
 . . . S IBUNB("UNBILOP")=$G(IBUNB("UNBILOP"))+IBCPT(IBZ,1)  
 . . . Q  
 . . I $G(IBXTRACT) S IB(9)=IB(9)+1,IB(10)=IB(10)+IBCPT(IBZ,1)  
 . . Q  
 . ;  
 . ; - Count the professional component (element 37K) and its  
 . ; corresponding charge amount (element 37L).  
 . I $G(IBCPT(IBZ,2)) D  
 . . I IBMRA D  
 . . . S IBUNB(IBDIV,"CPTMS-P-MRA")=$G(IBUNB(IBDIV,"CPTMS-P-MRA"))+1  
 . . . S IBUNB("CPTMS-MRA")=$G(IBUNB("CPTMS-MRA"))+1  
 . . . S IBUNB(IBDIV,"UNBILOP-MRA")=$G(IBUNB(IBDIV,"UNBILOP-MRA"))+IBCPT(IBZ,2)  
 . . . S IBUNB("UNBILOP-MRA")=$G(IBUNB("UNBILOP-MRA"))+IBCPT(IBZ,2)  
 . . . Q  
 . . E  D  
 . . . S IBUNB(IBDIV,"CPTMS-P")=$G(IBUNB(IBDIV,"CPTMS-P"))+1  
 . . . S IBUNB("CPTMS")=$G(IBUNB("CPTMS"))+1  
 . . . S IBUNB(IBDIV,"UNBILOP")=$G(IBUNB(IBDIV,"UNBILOP"))+IBCPT(IBZ,2)  
 . . . S IBUNB("UNBILOP")=$G(IBUNB("UNBILOP"))+IBCPT(IBZ,2)  
 . . . Q  
 . . I $G(IBXTRACT) S IB(11)=IB(11)+1,IB(12)=IB(12)+IBCPT(IBZ,2)  
 . . Q  
 . Q  
 ;  
 D SETUB  
 ;  
OPTQ Q  
 ;  
PRERC ; - Determine if a pre-9/1/99 visit has been billed.  
 ; Output: IBQUIT will be set to 1 if the visit has been billed.  
 ; \*Pre-set variables DFN,IBDAY,IBDET,IBNAME,IBNCF,IBQUIT,IBRT,IBEDT  
 ; and IB/IBUNB arrays required.  
 ; NO MRA Extract code needed for pre-RC processes  
 ;  
 S IBDIV=0  
 F  S IBDIV=$O(^TMP($J,"IBTUB",IBDIV)) Q:'IBDIV  D  I IBQUIT Q  
 . I $D(^TMP($J,"IBTUB",IBDIV,"OPT",IBNAME\_"@@"\_DFN,IBDAY)) S IBQUIT=1  
 I IBQUIT G PRCQ  
 ;  
 ; - Check all outpatient claims on event date.  
 N IBXX S IBXX=0  
 F  S IBXX=$O(^DGCR(399,"AOPV",DFN,IBDAY,IBXX)) Q:'IBXX  D  Q:IBQUIT  
 . ;  
 . ; - Perform general checks on the claim.  
 . S IBDATA=$$CKBIL^IBTUBOU(IBXX) Q:IBDATA=""  S IBNCF=IBNCF+1  
 . I IBDIV="" S IBDIV=$$GET1^DIQ(399,IBXX\_",",.22,"I")  
 . ;  
 . ; If Compile/Store & Not authorized before reporting period - Quit.  
 . I $G(IBCOMP),$P(IBDATA,U,3)>IBEDT Q  
 . ;  
 . S IBQUIT=1 ; Episode has been billed-set flag.  
 . Q  
 ;  
 I IBQUIT G PRCQ ; Episode was billed.  
 I IBDIV="" S IBDIV=999999  
 ;  
 ; - The episode was not billed; determine the tort rate for a visit  
 ; and increment the number and amount of unbilled pre-9/1/99 visits.  
 S IBXX=+$$BICOST^IBCRCI(IBRT,3,IBDAY,"OUTPATIENT VISIT DATE")  
 S IBUNB(IBDIV,"UNBILOP")=$G(IBUNB(IBDIV,"UNBILOP"))+IBXX  
 S IBUNB("UNBILOP")=$G(IBUNB("UNBILOP"))+IBXX  
 S IBUNB(IBDIV,"ENCNTRS")=$G(IBUNB(IBDIV,"ENCNTRS"))+1  
 S IBUNB("ENCNTRS")=$G(IBUNB("ENCNTRS"))+1  
 ;  
 I $G(IBXTRACT) S IB(7)=IB(7)+1,IB(8)=IB(8)+IBXX ; For DM extract.  
 ;  
PRCQ Q  
 ;  
NOOE ; - If there is no encounter, look for add/edits or registrations.  
 ; Output: IBQUIT will be set to 1 if the visit is non-billable.  
 ; \*Pre-set variable IBQUIT required.  
 N IBDATA,IBSC,IBSDV,IBXX,IBZERR  
 ;  
 ; - Check if for a visit at the visit date/time.  
 S IBXX=$$EXOE^SDOE(DFN,IBDT,IBDT,"","IBZERR")  
 I IBXX D CKENC^IBTUBOU(IBXX,"",.IBQUIT) G NOOEQ  
 ;  
 ; - Find next add/edit stop code encounter after IBDT.  
 D SCAN^IBTUBOU(DFN,IBDT,.IBQUERY)  
 ;  
NOOEQ Q  
 ;  
SETUB ; Set array elements for the detail report.  
 ; Array element format:  
 ; NON-MRA:  
 ; ^TMP($J,"IBTUB",DIVISION,"OPT",NAME@@DFN,DATE,IBX)=bill status^claim type  
 ; ^TMP($J,"IBTUB",DIVISION,"OPT",NAME@@DFN,DATE,IBX,CPT no)=inst rate^prof rate  
 ; MRA:  
 ; ^TMP($J,"IBTUB",DIVISION,"OPT\_MRA",NAME@@DFN,DATE,IBX,CPT no)=1 if MRA req  
 ;  
 N IBCTF,IBCPTNM  
 I $S($G(IBINMRA):1,1:'$O(IBCPT("MRA",""))) S ^TMP($J,"IBTUB",IBDIV,"OPT",IBNAME\_"@@"\_DFN,IBDAY,IBX)=IBNCF  
 I $G(IBINMRA),$O(IBCPT("MRA","")) S ^TMP($J,"IBTUB",IBDIV,"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(IBPT(IBXX,1)):"I",1:"")  
 . S IBCTF=$S($G(IBCPT(IBXX,2)):$S(IBCTF="I":"I,P",1:"P"),1:IBCTF)  
 . I $S($G(IBINMRA):1,1:'$O(IBCPT("MRA",""))) S ^TMP($J,"IBTUB",IBDIV,"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",IBDIV,"OPT\_MRA",IBNAME\_"@@"\_DFN,IBDAY,IBX,IBCPTNM)=1  
 . Q  
 ;  
SETUBQ Q

| Modified Logic (Changes are in bold) |
| --- |
| IBTUBO1 ;ALB/AAS - UNBILLED AMOUNTS - GENERATE UNBILLED REPORTS ;29-SEP-94  ;;2.0;INTEGRATED BILLING;\*\*19,31,32,91,123,159,247,155,277,339,399,516,547**,544**\*\*;21-MAR-94;Build 35  ;;Per VA Directive 6402, this routine should not be modified.  ; OPT(IBOE,IBQUERY) ; - Has the outpatient encounter been billed?  ; Input: IBOE=pointer to outpatient encounter in file #409.68  ; (NOTE: this value may be null)  ; IBQUERY (Passed by reference)=flag that is incremented when  ; the Scheduling query API is invoked  ; \*Pre-set variables: DFN=patient IEN, IBDT=event date, IBRT=bill rate,  ; IBEDT=End of reporting period date.  ; IBX=ien of CLAIMS TRACKING entry file 356  ;  I '$G(DFN)!('$G(IBDT))!('$G(IBRT))!'$G(IBX) G OPTQ  N IBCN,IBCPT,IBCPTSUM,IBCT,IBDATA,IBDAY,IBDIV,IBFL,IBNAME  N IBQUIT,IBNCF,IBTCHRG,IBXX,IBYD,IBYY,IBZ,IBMRA  ;  ; - Check to be sure the encounter is billable.  I $$INPT^IBAMTS1(DFN,IBDT\1\_.2359) G OPTQ ; Became inpatient same day.  I $G(IBOE),$$ENCL^IBAMTS2(IBOE)["1" G OPTQ ; "ao^ir^sc^swa^mst^hnc^cv^shad**^clv**" encounter.  **; lmd add clv to above line for Camp Lejeune IB\*2\*544 rsd ref# 2.6.7.11.1.1** |

Table : IBTUTL5 Routine

| Routines | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | **IBTUTL5** | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** | 2.6.7.5.1.1 | | | | | | | | |
| **Related Options** | IB MT NIGHT COMP, IBT SUP MANUALLY QUE ENCTRS | | | | | | | | |
| Related Routines | Routines “Called By” | | | | | Routines “Called” | | | |
|  | IBJDB21.INT | | | | | $$INPT^IBAMTS1  $$ENCL^IBAMTS2  $$BICOST^IBCRCI  $$DT^IBJD  $$DTE^IBJDB22  $$FILE^IBRXUTL  $$CKBIL^IBTUBOU  $$CPT^ICPTCOD  $$GETOE^SDOE  GETCPT^SDOE  $$PRIM^VASITE | | | |
| Routines | Activities | | | | | | | | |
| **Data Dictionary (DD) References** | ^DGCR(399  ^DGPM(  ^DGPM("ATID1"  ^IBA(362.4  ^IBA(362.5 | | | | | | | | |
| **Related Protocols** | N/A | | | | | | | | |
| **Related Integration Control Registrations (ICRs)** | N/A | | | | | | | | |
| **Data Passing** | Input | Output Reference | | | Both | | | Global Reference | Local |
| **Input Attribute Name and Definition** | IBOE - pointer to outpatient encounter in file #409.68 | | | | | | | | |
| **Output Attribute Name and Definition** | IBCN - Became inpatient same day  IBCPT - institutional/professional charge components.  IBCT - charge type  IBDIV - encounter division.  IBXX - billable encounter procedures | | | | | | | | |
| Current Logic | | | | | | | | | |

IBTUTL5 ;ALB/OEC - CLAIMS TRACKING UTILITY ROUTINE ;16-JAN-09  
 ;;2.0;INTEGRATED BILLING;\*\*399\*\*;21-MAR-94;Build 8  
 ;;Per VHA Directive 2004-038, this routine should not be modified.  
 ;  
OPT(IBOE,IBDT) ; - Has the outpatient encounter been billed?  
 ; Input: IBOE=pointer to outpatient encounter in file #409.68  
 ; IBDT=event date CLAIMS TRACKING(#356)  
 ;   
 ; ; \*Pre-set variables: DFN=patient IEN, RIMB=bill rate  
 ;   
 ;  
 I '$G(DFN)!('$G(IBDT))!('$G(RIMB))!('$G(IBOE)) S IBRTN=0 G OPTQ  
 N IBCN,IBCPT,IBCT,IBDATA,IBDAY,IBDIV,IBXX,IBYD,IBYY,IBZ,IBMRA,IBCPTSUM,IBTCHRG,IBRTN,IBAUTH  
 ; - Check to be sure the encounter is billable.  
 I $$INPT^IBAMTS1(DFN,IBDT\1\_.2359) S IBRTN=0 G OPTQ ; Became inpatient same day.  
 I $$ENCL^IBAMTS2(IBOE)["1"  S IBRTN=0 G OPTQ ; "ao^ir^sc^swa^mst^hnc^cv^shad" encounter.  
 ;  
 ;  
 ; - Gather all procedures associated with the encounter.  
 D GETCPT^SDOE(IBOE,"IBYY") I '$G(IBYY) S IBRTN=0 G OPTQ ; Check CPT qty.  
 ;  
 ; - Determine the encounter division.  
 S IBDIV=+$P($$GETOE^SDOE(IBOE),U,11) S:'IBDIV IBDIV=+$$PRIM^VASITE()  
 ;  
 ; - Build array of all billable encounter procedures.  
 S IBXX=0 F  S IBXX=$O(IBYY(IBXX)) Q:'IBXX  D  
 . ;  
 . ; - Get procedure pointer and code.  
 . S IBZ=+IBYY(IBXX),IBCN=$P($$CPT^ICPTCOD(IBZ),"^",2)  
 . ;  
 . ; - Ignore LAB services for vets with Medicare Supplemental coverage.  
 . I IBCN>79999,IBCN<90000 Q  
 . ;  
 . ; - Get the institutional/professional charge components.  
 . S IBCPT(IBZ,1)=+$$BICOST^IBCRCI(RIMB,3,IBDT,"PROCEDURE",IBZ,"",IBDIV,"",1)  
 . S IBCPT(IBZ,2)=+$$BICOST^IBCRCI(RIMB,3,IBDT,"PROCEDURE",IBZ,"",IBDIV,"",2)  
 . ;  
 . ; - Eliminate components without a charge.  
 . S IBCPTSUM(IBZ)=+$G(IBCPT(IBZ,1))+$G(IBCPT(IBZ,2))  
 . I 'IBCPT(IBZ,1) K IBCPT(IBZ,1)  
 . I 'IBCPT(IBZ,2) K IBCPT(IBZ,2)  
 ;  
 I '$D(IBCPT) S IBRTN=0 G OPTQ ; Quit if no billable procedures remain.  
 ;  
 ; - Look at all of the vet's bills for the day and eliminate  
 ; from the array those procedures that have been billed.  
 S IBXX=0 S IBDAY=$E(IBDT,1,7)  
 F  S IBXX=$O(^DGCR(399,"AOPV",DFN,IBDAY,IBXX)) Q:'IBXX  D  
 . ;  
 . ; - Perform general checks on the claim.  
 . S IBDATA=$$CKBIL^IBTUBOU(IBXX) Q:IBDATA=""  
 . S IBAUTH=$P($G(IBDATA),U,2)  
 . I $G(IBAUTH)<2&($G(IBAUTH)>5) Q  
 . ; - The episode has been billed. Check the revenue code multiple for  
 . ; all procedures billed on the claim.  
 . S IBYY=0  
 . F  S IBYY=$O(^DGCR(399,IBXX,"RC",IBYY)) Q:'IBYY  S IBYD=^(IBYY,0) D  
 . . ;  
 . . ; - Get the procedure code,charge type and total charges for the revenue code.  
 . . S IBZ=$P(IBYD,U,6)  
 . . S IBCT=$S($P(IBYD,U,12):$P(IBYD,U,12),1:$P(IBDATA,U,4))  
 . . S IBTCHRG=$P(IBYD,U,4)  
 . . I 'IBZ!('IBCT) Q  ; Can't determine code/charge type for procedure.  
 . . ; Delete procedure from unbilled procedures array.  
 . . I $G(IBTCHRG)'<$G(IBCPTSUM(IBZ)) K IBCPT(IBZ)  
 . . I $D(IBCPT(IBZ,IBCT)) K IBCPT(IBZ,IBCT)  
 ;  
 ; - Again, quit if no billable procedures remain.  
 I '$D(IBCPT) S IBRTN=0 G OPTQ  
 ; - If there are billable procedures return TOTAL AMOUNT  
 I $D(IBCPT) S (IBZ,IBCT,IBRTN)=0  
 F  S IBZ=$O(IBCPT(IBZ)) Q:'IBZ  D  
 .F  S IBCT=$O(IBCPT(IBZ,IBCT)) Q:'IBCT  D  
 ..S IBRTN=IBRTN+IBCPT(IBZ,IBCT)  
 ;  
OPTQ K IBCPT Q IBRTN  
 ;  
 ;  
ADMDT(DFN,EPDT) ;  
 ;  
 ;Returns the next Admission dt for CLAIMS TRACKING entry with RNB 72 HR Rule  
 ; input : DFN (required) := Pointer to PATIENT file (#2)  
 ; from CLAIMS TRACKING file (#356)  
 ; EPDT (required): = Episode dt field (.06) from  
 ; CLAIMS TRAKCING file (#356)  
 ;  
 ; output : If patient has an admission after episode dt  
 ; IBADMDT := ADMISSION DT  
 ; IF NO ADMISSION DT IBADMDT := NULL  
 ;  
 K IBADMDT,ADMID,EPID,ADMIFN  
 I '$G(DFN)!('$G(EPDT)) S IBADMDT="" G ADMDTQ  
 I '$D(^DGPM("ATID1",DFN)) S IBADMDT="" G ADMDTQ ; REF DBIA419  
 S ADMID=9999999.999999-EPDT,EPID=ADMID,ADMIFN=0,X=0  
 F X=1:1:1 S ADMID=$O(^DGPM("ATID1",DFN,ADMID),-1) Q:'ADMID  D  
 .S ADMIFN=+$O(^DGPM("ATID1",DFN,ADMID,0))  
 .I $D(^DGPM(ADMIFN,0)) S IBADMDT=$E($P(^(0),U),1,7)  
 ;   
 ;Format date for PRINTED and EXCEL RNB report  
 ;  
 I $G(IBEXCEL) S IBADMDT=$$DT^IBJD($G(IBADMDT),1)  
 I '$G(IBEXCEL) S IBADMDT=$$DTE^IBJDB22($G(IBADMDT))  
 ;  
ADMDTQ ;  
 ;  
 S:'$D(IBADMDT) IBADMDT=""  
 Q IBADMDT  
 ;  
 ;  
RXAMT(EPDT,RXIEN) ;  
 ;  
 ; -- input epdt := episode date from CLAIMS TRACKING(#356)  
 ; RXIEN := RX field from CLAIMS TRACKING(#356)  
 ;   
 ; -- output 0 if RX billed or -1 if RX not billed  
 ;   
 I '$G(EPDT)!('$G(IBRX)) S IBRTN=-1 G RXAMTQ  
 N IBRXCLM,IBCLM,IBRTN,IBAUTH,IBMRA  
 S IBRX=$$FILE^IBRXUTL(RXIEN,.01)  
 S IBRXCLM=0  
 F  S IBRXCLM=$O(^IBA(362.4,"B",IBRX,IBRXCLM)) Q:'IBRXCLM  D  
 .I $P(^IBA(362.4,IBRXCLM,0),U,3)=EPDT S IBCLM=$P(^(0),U,2)  
 I '$G(IBCLM) S IBRTN=-1 G RXAMTQ  
 I $G(IBCLM) S IBAUTH=$P($$CKBIL^IBTUBOU(IBCLM),U,2)  
 I $G(IBAUTH)>2!($G(IBAUTH)<5) S IBRTN=0 G RXAMTQ  
 E  S IBRTN=-1 G RXAMTQ  
 ;  
RXAMTQ Q IBRTN  
 ;  
 ;  
PRSAMT(EPDT,PRST) ;  
 ;  
 ; input epdt := episode date from CLAIMS TRACKING(#356)  
 ; prst := prosthetic item from CLAIMS TRACKING(#356)  
 ;   
 ; output 0 if prosthetics item billed or -1 if item not billed  
 ;  
 I '$G(EPDT)!('$G(PRST)) S IBRTN=-1 G PRSAMTQ  
 N IBPRCLM,IBCLM,IBRTN,IBAUTH,IBMRA  
 S IBPRCLM=0  
 F  S IBPRCLM=$O(^IBA(362.5,"AE",PRST,IBPRCLM)) Q:'IBPRCLM  D  
 .S IBCLM=$P(^IBA(362.5,IBPRCLM,0),U,2)  
 I '$G(IBCLM) S IBRTN=-1 G PRSAMTQ  
 I $G(IBCLM) S IBAUTH=$P(^DGCR(399,IBCLM,0),U,13)  
 I $G(IBAUTH)'<2&($G(IBAUTH)'>5) S IBRTN=0 G PRSAMTQ  
 E  S IBRTN=-1 G PRSAMTQ  
 ;  
 ;  
PRSAMTQ Q IBRTN  
 ;  
 ;  
RELBIL(IEN,EPDT,DFN,ENCTYP) ;  
 ;  
 ; ---- Input IEN := IEN of encounter  
 ; epdt := Episode Date from CLAIMS TRACKING  
 ; DFN := Patient file (#2) IEN  
 ; ENCTYP := Type of encounter 1=inpatient 2=Outpatient  
 ; 3=Prosthetics 4=Prescription  
 ;   
 ; Output Related Bills IF NO RELATED BILL IBRTN=""  
 ; IF RELATED BILLS   
 ; IBRTN= #OF RELATED BILLS;RELATED BILL  
 ;   
 I '$G(EPDT)!('$G(DFN))!('$G(ENCTYP)) S IBRTN=-1 G RELBILQ  
 ;  
 I ENCTYP=1 S IBRTN=$$INPTREL(DFN,EPDT) G RELBILQ  
 ;  
 I ENCTYP=2 S IBRTN=$$OPTREL(DFN,EPDT) G RELBILQ  
 ;  
 I ENCTYP=3 S IBRTN=$$RXREL(IEN,EPDT) G RELBILQ  
 ;  
 I ENCTYP=4 S IBRTN=$$PROSREL(IEN,EPDT) G RELBILQ  
 ;  
RELBILQ Q IBRTN  
 ;  
 ;  
INPTREL(DFN,EPDT) ;  
 ;  
 ;  
 I '$G(DFN)!('$G(EPDT)) S IBRTN=-1 Q IBRTN  
 N IBCLM,IBDATA,IBN0,IBCLM,IBCNT,IBRTN  
 S (IBCLM,IBCNT,IBRTN)=0  
 F  S IBCLM=$O(^DGCR(399,"C",DFN,IBCLM)) Q:'IBCLM  D  
 .Q:$P($G(^DGCR(399,IBCLM,0)),U,5)'=1  
 .Q:$E($P($G(^DGCR(399,IBCLM,0)),U,3),1,7)'=EPDT  S IBDATA=$$CKBIL^IBTUBOU(IBCLM,1) Q:'+IBDATA  
 .S IBN0=^DGCR(399,IBCLM,0) Q:IBRTN[$P(^(0),U)  
 .S IBCNT=IBCNT+1,$P(IBRTN,";",1)=IBCNT  
 .S $P(IBRTN,";",IBCNT+1)=$P(IBN0,U)\_$S($P(IBN0,U,27)=1:"i",$P(IBN0,U,27)=2:"p",1:"")  
 I IBRTN=0 S IBRTN=-1  
 Q IBRTN  
 ;  
 ;  
OPTREL(DFN,EPDT) ;  
 ;  
 ;  
 I '$G(DFN)!('$G(EPDT)) S IBRTN=-1 Q IBRTN  
 N IBXX,IBCNT,IBN0,IBDATA,IBXX,IBCNT,IBRTN  
 S (IBXX,IBCNT,IBRTN)=0  
 F  S IBXX=$O(^DGCR(399,"AOPV",DFN,EPDT,IBXX)) Q:'IBXX  D  
 .S IBDATA=$$CKBIL^IBTUBOU(IBXX) Q:'+IBDATA  
 .S IBN0=^DGCR(399,IBXX,0)  
 .Q:IBRTN[$P(^(0),U)  
 .S IBCNT=IBCNT+1,$P(IBRTN,";",1)=IBCNT  
 .S $P(IBRTN,";",IBCNT+1)=$P(IBN0,U)\_$S($P(IBN0,U,27)=1:"i",$P(IBN0,U,27)=2:"p",1:"")  
 I IBRTN=0 S IBRTN=-1  
 Q IBRTN  
 ;  
 ;  
PROSREL(IEN,EPDT) ;  
 ;  
 ;INPUT IEN=POINTER TO FILE 660  
 ; EPDT=DATE PROS ITEM ISSUED  
 ;  
 ;OUTPUT IBRTN=-1 IF NOT BILL FOUND OR  
 ; # OF RELATED;RELATED BILLS  
 ;  
 N IBXX,IBCLM,IBYY,IBCNT,IBRTN,IBDATA,IBN0  
 I '$G(IEN) S IBRTN=-1 Q IBRTN  
 S (IBXX,IBYY,IBCNT,IBRTN)=0  
 F  S IBXX=$O(^IBA(362.5,"AE",IEN,IBXX)) Q:'IBXX  D  
 .S IBCLM=$P(^IBA(362.5,IBXX,0),U,2)  
 .I '$D(^DGCR(399,IBCLM,0)) Q  
 .S IBN0=^DGCR(399,IBCLM,0) Q:IBRTN[$P(^(0),U)  
 .I $P(IBN0,U,13)<2!($P(IBN0,U,13)>5) Q  
 .S IBCNT=IBCNT+1,$P(IBRTN,";",1)=IBCNT  
 .S $P(IBRTN,";",IBCNT+1)=$P(IBN0,U)\_$S($P(IBN0,U,27)=1:"i",$P(IBN0,U,27)=2:"p",1:"")  
 I IBRTN=0 S IBRTN=-1  
 Q IBRTN  
 ;  
 ;  
RXREL(IEN,EPDT) ;  
 ;  
 ;  
 N IBCLM,IBYY,IBRX,IBRTN,IBCNT  
 I '$G(IEN) S IBRTN=-1 Q IBRTN  
 S IBRX=$$FILE^IBRXUTL(IEN,.01)  
 S (IBYY,IBCNT,IBRTN)=0  
 F  S IBYY=$O(^IBA(362.4,"B",IBRX,IBYY)) Q:'IBYY  D  
 .Q:$P(^IBA(362.4,IBYY,0),U,3)'=EPDT  S IBCLM=$P(^(0),U,2)  
 .S IBDATA=$$CKBIL^IBTUBOU(IBCLM) Q:'+IBDATA  
 .S IBN0=^DGCR(399,IBCLM,0) Q:IBRTN[$P(^(0),U)  
 .S IBCNT=IBCNT+1,$P(IBRTN,";",1)=IBCNT  
 .S $P(IBRTN,";",IBCNT+1)=$P(IBN0,U)\_$S($P(IBN0,U,27)=1:"i",$P(IBN0,U,27)=2:"p",1:"")  
 I IBRTN=0 S IBRTN=-1  
 Q IBRTN  
 ;  
 ;

| Modified Logic (Changes are in bold) |
| --- |
| IBTUTL5 ;ALB/OEC - CLAIMS TRACKING UTILITY ROUTINE ;16-JAN-09  ;;2.0;INTEGRATED BILLING;\*\*399,**544**\*\*;21-MAR-94;Build 35  **;;Per VA Directive 6402, this routine should not be modified.**  ;  .  .  .  I '$G(DFN)!('$G(IBDT))!('$G(RIMB))!('$G(IBOE)) S IBRTN=0 G OPTQ  N IBCN,IBCPT,IBCT,IBDATA,IBDAY,IBDIV,IBXX,IBYD,IBYY,IBZ,IBMRA,IBCPTSUM,IBTCHRG,IBRTN,IBAUTH  ; - Check to be sure the encounter is billable.  I $$INPT^IBAMTS1(DFN,IBDT\1\_.2359) S IBRTN=0 G OPTQ ; Became inpatient same day.  I $$ENCL^IBAMTS2(IBOE)["1" S IBRTN=0 G OPTQ ; "ao^ir^sc^swa^mst^hnc^cv^shad**^clv" encounter. lmd added clv for Camp Lejeune rsd ref# 2.6.7.5.1.1** |

##### Templates

N/A

Table (Grouping): Templates

| Templates | Description | | | |
| --- | --- | --- | --- | --- |
| **Template Name** | N/A | | | |
| **Enhancement Category** | New | Modify | Delete | No Change |
| **RSD** | N/A | | | |
| **Template Type** | Sort | Input | Print | Other |
| **Related Options** | N/A | | | |

| **Related Routines** | **Routines “Called By”** | **Routines “Called”** |
| --- | --- | --- |
| **N/A** | N/A | N/A |

| Routines | Description |
| --- | --- |
| **Data Dictionary (DD) References** | N/A |
| **Global References** | N/A |

##### Bulletins

RSD SPEC 2.6.7.5.2 states that when the “Manually Add Opt. Encounters to Claims Tracking” completes, a CT Bulletin is sent with a summary of the results. This bulletin will be updated to account for Camp Lejeune related encounters added to Claims Tracking. Furthermore, RSD SPEC 2.6.7.5.2.1 states that, within the same bulletin, the “Total Non-billable Encounters Added” count will reflect those CL-V related encounters also.

Table (Grouping): Manually Add Opt. Encounters to CT – Summary Bulletin Updates

| Bulletins | Description | | | |
| --- | --- | --- | --- | --- |
| **Bulletin Name** | Manually Add Opt. Encounters to CT – Summary | | | |
| **Enhancement Category** | New | Modify | Delete | No Change |
| **RTM** | 2.6.7.5.2, 2.6.7.5.2.1 | | | |

| Related Routines | Routines “Called By” | Routines “Called” |
| --- | --- | --- |
| IBTRKR41 | IBCCPT1.INT  IBCU81.INT  IBNTEG02.INT  IBTRKR4.INT | $$ENCL^IBAMTS2  $$SWSTAT^IBBAPI  $$INSURED^IBCNS1  $$PTCOV^IBCNSU3  $$PTFTF^IBCNSU31  $$NBCT^IBEFUNC  $$NBST^IBEFUNC  $$RPT^IBEFUNC  $$BDSRC^IBEFUNC3  $$DAT1^IBOUTL  $$SCE^IBSDU  SEND^IBTRKR31  OPT^IBTUTL1  ENCEVENT^PXKENC  CL^SDCO2 |

| Routines | Description |
| --- | --- |
| **Mail Subject** | Outpatient Encounters added to Claims Tracking Complete |
| **Mail Group** | N/A (Sends to User Running it) |
| **Parameters** | XMSUB, XMDUZ,XMTEXT,XMY(DUZ) |
| **Data Dictionary (DD) References** | N/A |

RSD SPECs 2.6.7.11.4 and 2.6.7.11.4.1 describe the MailMan Message Bulletin for Required Exemption Flags and is detailed as “If a Veteran’s eligibility changes related to Camp Lejeune indicator (either added or removed) update the IB Means Test MailMan Messages.”

Table : (Grouping) Charge for Stop Code Exempt From Classification Bulletin Updates

| Bulletins | Description | | | |
| --- | --- | --- | --- | --- |
| **Bulletin Name** | Charge for Stop Code Exempt From Classification | | | |
| **Enhancement Category** | New | Modify | Delete | No Change |
| **RTM** | 2.6.7.11.4.1 | | | |

| Related Routines | Routines “Called By” | Routines “Called” |
| --- | --- | --- |
| IBAMTS | IB20P16A.INT  IBAECO.INT  IBAERR1.INT  IBAMTEDU.INT  IBAMTS1.INT  IBAMTS2.INT  IBATEO.INT  IBBSHDWN.INT  IBECEAU5.INT  IBEMTO.INT  IBJDI11.INT  IBJDI7.INT  IBNTEG.INT  IBONI002.INT  IBOVOP2.INT  IBTRED.INT  IBTRKR41.INT  IBTUBO1.INT  IBTUTL5.INT  IBYPNTEG.INT | DD^%DT  $$BILST^DGMTUB  $$CVEDT^IBACV  EN^IBAECO  $$LTCENC^IBAECU  ^IBAERR1  MAIL^IBAERR1  PAT^IBAERR1  NEW^IBAMTS1  UPD^IBAMTS2  ^IBATEO  $$SWSTAT^IBBAPI  $$BFO^IBECEAU  $$CHECK^IBECEAU  $$CNP^IBECEAU  CANCH^IBECEAU4  $$PT^IBEFUNC  CL^SDCO21  DUZ^XUP |

| Routines | Description |
| --- | --- |
| **Mail Subject** | CHARGE FOR STOP CODE EXEMPT FROM CLASSIFICATION |
| **Mail Group** | IB MEANS TEST |
| **Parameters** | XMSUB,XMTEXT,XMY (contains reference to Mail Group) |
| **Data Dictionary (DD) References** | N/A |

RSD SPECs 2.6.7.12.3 and 2.6.7.12.3.1 describe the Special Inpatient Billing Case Bulletin which is detailed as “A bulletin is sent when a Special Inpatient Billing Case is admitted or discharged. The bulletin includes the Classification reason the patient is a Special Inpatient Billing Case and will be updated to include Camp Lejeune as the claimed classification.”

Table : (Grouping) Special Inpatient Billing Case Bulletin Updates

| Bulletins | | Description | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Bulletin Name** | | Special Inpatient Billing Case | | | | |
| **Enhancement Category** | | New | Modify | Delete | | No Change |
| **RTM** | | 2.6.7.12.3.1 | | | | |
| Related Routines | Routines “Called By” | | | | Routines “Called” | |
| IBAMTI | IBAMTC.INT  IBAMTD.INT  IBAMTI1.INT  IBAMTI2.INT  IBECEA3.INT  IBECEA32.INT  IBECEAU5.INT  IBNTEG.INT  IBTUBOA.INT  IBYPNTEG.INT | | | | DD^%DT  NOW^%DTC  $$BIL^DGMTUB  FILE^DICN  ^DIE  $$CVEDT^IBACV  $$PATTYPE^IBACV  SEND^IBACVA2  PAT^IBAERR1  $$BFO^IBECEAU  $$PT^IBEFUNC  $$FMDIFF^XLFDT | |

| Routines | Description |
| --- | --- |
| **Mail Subject** | NOTICE TO DISPOSITION SPECIAL INPATIENT BILLING CASE |
| **Mail Group** | IB MEANS TEST |
| **Parameters** | XMSUB,XMTEXT,XMY (contains reference to Mail Group) |
| **Data Dictionary (DD) References** | N/A |

RSD SPECs 2.6.7.17 and 2.6.7.17.1 describe the First Party Outpatient Encounters Exempt Questions Bulletin which is detailed as “The bulletin sent for classifications exempt but claimed exposure will be updated to identify Camp Lejeune as a non-billable claimed exposure.”

Table : (Grouping) Outpatient Encounters Exempt From Classification Questions Bulletin Updates

| Bulletins | Description | | | |
| --- | --- | --- | --- | --- |
| **Bulletin Name** | Outpatient Encounters Exempt From Classification Questions | | | |
| **Enhancement Category** | New | Modify | Delete | No Change |
| **RTM** | 2.6.7.17.1 | | | |

| Related Routines | Routines “Called By” | Routines “Called” |
| --- | --- | --- |
| IBAMTS | IB20P16A.INT  IBAECO.INT  IBAERR1.INT  IBAMTEDU.INT  IBAMTS1.INT  IBAMTS2.INT  IBATEO.INT  IBBSHDWN.INT  IBECEAU5.INT  IBEMTO.INT  IBJDI11.INT  IBJDI7.INT  IBNTEG.INT  IBONI002.INT  IBOVOP2.INT  IBTRED.INT  IBTRKR41.INT  IBTUBO1.INT  IBTUTL5.INT  IBYPNTEG.INT | DD^%DT  $$BILST^DGMTUB  $$CVEDT^IBACV  EN^IBAECO  $$LTCENC^IBAECU  ^IBAERR1  MAIL^IBAERR1  PAT^IBAERR1  NEW^IBAMTS1  UPD^IBAMTS2  ^IBATEO  $$SWSTAT^IBBAPI  $$BFO^IBECEAU  $$CHECK^IBECEAU  $$CNP^IBECEAU  CANCH^IBECEAU4  $$PT^IBEFUNC  CL^SDCO21  DUZ^XUP |

| Routines | Description |
| --- | --- |
| **Mail Subject** | CHARGE FOR STOP CODE EXEMPT FROM CLASSIFICATION |
| **Mail Group** | IB MEANS TEST |
| **Parameters** | XMSUB,XMTEXT,XMY (contains reference to Mail Group) |
| **Data Dictionary (DD) References** | N/A |

##### Data Entries Affected by the Design

The following data entries were affected by the design.

Table : Data Entries Affected by the Design

| Field Name | Current Value | New Value |
| --- | --- | --- |
| 351.2,.03 PATIENT TYPE | N/A | PATIENT TYPE field of SPECIAL INPATIENT BILLING CASES file 351.2 can now also be ‘9’ denoting ‘CAMP LEJEUNE.’ |
| 366.141,.409 CLV | N/A | New CLV field of the EVENT multiple of the IB NCPDP EVENT LOG file stands for the Camp Lejeune indicator and can be ‘0’ for NO, ‘1’ for YES, ‘2’ for NO ANSWER or ‘3’ for OVERRIDDEN. |

The following is a complete FileMan listing of the new fields:

STANDARD DATA DICTIONARY #351.2 -- SPECIAL INPATIENT BILLING CASES FILE

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STORED IN ^IBE(351.2, (8 ENTRIES) SITE: TROY ISC SUPPORT ACCOUNT UCI: DEVEVC,DEVEVC (VERSION 2.0)

DATA NAME GLOBAL DATA

ELEMENT TITLE LOCATION TYPE

-----------------------------------------------------------------------------

351.2,.03 PATIENT TYPE 0;3 SET

'1' FOR AGENT ORANGE;

'2' FOR IONIZING RADIATION;

'3' FOR SOUTHWEST ASIA;

'4' FOR SERVICE CONNECTED;

'5' FOR MILITARY SEXUAL TRAUMA;

'6' FOR HEAD/NECK CANCER;

'7' FOR COMBAT VETERAN;

'8' FOR PROJECT 112/SHAD;

'9' FOR CAMP LEJEUNE;

LAST EDITED: JUL 10, 2015

HELP-PROMPT: Please enter a number from 1 to 9 that best

represents the exposure being claimed.

DESCRIPTION: This field is used to determine whether the

patient has claimed exposure to Agent Orange,

Ionizing Radiation, Southwest Asia, Military

Sexual Trauma, Head/Neck Cancer, Project

112/SHAD or Camp Lejeune.

STANDARD DATA DICTIONARY #366.14 -- IB NCPDP EVENT LOG FILE

AUG 10,2015@15:30:55 PAGE 1

STORED IN ^IBCNR(366.14, \*\*\* NO DATA STORED YET \*\*\* SITE: TROY ISC SUPPORT ACCOUNT UCI: DEVEVC,DEVEVC (VERSION 2.0)

DATA NAME GLOBAL DATA

ELEMENT TITLE LOCATION TYPE

-----------------------------------------------------------------------------

366.14,1 EVENT 1;0 SET Multiple #366.141

(Add New Entry without Asking)

LAST EDITED: MAR 16, 2006

DESCRIPTION: This multiple contains 1 to many records by

Event type that can occur on a given date for

1 to many outpatient prescription claims.

TECHNICAL DESCR: The records in this sub-file are stored by

sequence or as they occur in time for a given

date. This sub-file is updated when one of

the 2 functions, $$RX^IBNCPDP or

$$STORES^IBNCPDP are invoked by the calling

Application when processing ePharmacy related

Billing events.

366.141,.409 CLV 4;9 SET

'0' FOR NO;

'1' FOR YES;

'2' FOR NO ANSWER;

'3' FOR OVERRIDDEN;

LAST EDITED: JUL 10, 2015

HELP-PROMPT: Enter Camp Lejeune indicator

DESCRIPTION:

Camp Lejeune indicator

##### Unique Record(s)

N/A

Table : Unique Record ID

| Field Name | Current Value | New Value |
| --- | --- | --- |
| N/A | N/A | N/A |

##### File or Global Size Changes

Can we populate this table for the IB patch? Populated; see below.

Table : File or Global Size Changes

| File/Global Name(s) | Estimated Increase | Estimated Decrease |
| --- | --- | --- |
| SPECIAL INPATIENT BILLING CASES file #351.2, ^IBE(351.2) | Really no increase per se since the PATIENT TYPE field, which is a SET OF CODES field, has simply been updated to allow ‘9’ for Camp Lejeune to be one of the codes. With the other possible Environmental Factors (Agent Orange, Ionizing Radiation, etc.), the field was already between 0 and 1 byte in length. | N/A |
| IB NCPDP EVENT LOG file # 366.14, ^IBCNR(366.14) | CLV field of EVENT multiple is a new field for Camp Lejeune so there is an estimated increase of 1 byte added to the file per EVENT that is added to the multiple. | N/A |

##### Mail Groups

No mail groups are affected.

Table (Grouping): Mail Groups

| Mail Groups | Activities | | | |
| --- | --- | --- | --- | --- |
| **Mail Group Name** | N/A | | | |
| **Enhancement Category** | New | Modify | Delete | No Change |
| **Related Options** | N/A | | | |

| Related Routines | Routines “Called By” | Routines “Called” |
| --- | --- | --- |
| N/A | N/A | N/A |

| Mail Groups | Instructions | |
| --- | --- | --- |
| **Data Dictionary (DD) References** | N/A | |
| **Related Protocols** | N/A | |
| **Mail Group Description** | N/A | |
| **Self-Enrollment Allowed** | Yes | No |
| **Type** | Public | Private |

##### Security Keys

N/A

Table (Grouping): Security Keys

| Security Keys | Activities | | | |
| --- | --- | --- | --- | --- |
| **Security Key Name** | N/A | | | |
| **Enhancement Category** | New | Modify | Delete | No Change |
| **Related Options** | N/A | | | |

| Related Routines | Routines “Called By” | Routines “Called” |
| --- | --- | --- |
| N/A | N/A | N/A |

| Security Keys | Activities | | | | |
| --- | --- | --- | --- | --- | --- |
| **Data Passing** | Input | Output | Both | Global Reference | Local Reference |
| **Security Key Description** | N/A | | | | |
| **Subordinate Keys** | N/A | | | | |
| **Mutually Exclusive Keys** | N/A | | | | |
| **Granting Condition Logic** | N/A | | | | |

| Current Logic |
| --- |
| N/A |

| Modified Logic (Changes are in bold) |
| --- |
| N/A |

| Security Keys | Activities |
| --- | --- |
| **Hierarchical Precedence** | N/A |

##### Options

N/A

Table : (Grouping): Options

| Options | Activities | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Option Name** | N/A | | | | | | | | | | |
| **Enhancement Category** | New | Modify | | | | Delete | | | No Change | | |
| **Associated Menu Options that will invoke this reference** | N/A | | | | | | | | | | |
| **Data Passing** | Input | | Output | | Both | | | Global Reference | | | Local Reference |
| **Menu Text Description** | N/A | | | | | | | | | | |
| **Option Type** | Edit | | | Print | | | Menu | | | Inquire | |
| Action | | | Run Routine | | | Other | | |  | |
| **Associated Routine** | N/A | | | | | | | | | | |
| **Option Definition** | N/A | | | | | | | | | | |

| Current Entry Action Logic |
| --- |
| N/A |

| Modified Entry Action Logic (Changes are in bold) |
| --- |
| N/A |

| Current Exit Action Logic |
| --- |
| N/A |

| Modified Exit Action Logic (Changes are in bold) |
| --- |
| N/A |

##### Protocols

N/A

Table (Grouping): Protocols

| Protocols | Activities |
| --- | --- |
| **Protocol Name** | N/A |
| **Enhancement Category** | New  Modify  Delete  No Change |
| **Associated Protocols** | N/A |
| **Data Passing** | Input  Output  Both  Global Reference  Local Reference |
| **Item Text Description** | N/A |
| **Protocol Type** | Action  Menu  Protocol  Protocol Menu  Limited Protocol  Extended Action  Dialog  Other |
| **Associated Routine** | N/A |

| Current Entry Action Logic |
| --- |
| N/A |

| Modified Entry Action Logic (Changes are in bold) |
| --- |
| N/A |

| Current Exit Action Logic |
| --- |
| N/A |

| Modified Exit Action Logic (Changes are in bold) |
| --- |
| N/A |

##### Remote Procedure Call (RPC)

N/A

Table : RPCs

| RPCs | Activities | | |
| --- | --- | --- | --- |
| **Name** | N/A | | |
| **TAG^RTN** | N/A | | |
| **Input Parameters** | N/A | | |
| **Results Array** | Single Value | Array | Word Processing |
| Global Array | Global Instance |  |
| **Description** | N/A | | |

##### Constants Defined in Interface

N/A

Table : Constants Defined in Interface

| Name | Description |
| --- | --- |
| N/A | N/A |

##### Variables Defined in Interface

Table : Variables Defined in Interface

| Name | Type | Description |
| --- | --- | --- |
| N/A | N/A | NA/ |

##### Types Defined in Interface

Table : Types Defined in Interface

| Name | Type | Description |
| --- | --- | --- |
| NA/ | N/A | N/A |

##### GUI

N/A

Table : GUI

| Unit Name | Description |
| --- | --- |
| N/A | N/A |

##### GUI Classes

Table : GUI Classes

| GUI Classes | Instructions |
| --- | --- |
| **Class Name** | N/A |
| **Derived From Class** | N/A |
| **Purpose** | N/A |

##### Current Form

N/A

##### Modified Form

N/A

##### Components on Form

N/A

Table : Components on Form

| Name | Type | Description |
| --- | --- | --- |
| N/A | N/A | N/A |

##### Events

N/A

Table : Events

| Name | Type | Description |
| --- | --- | --- |
| N/A | N/A | NA/ |

##### Methods

N/A

Table : Methods

| Method Name | Procedure/Function | Description |
| --- | --- | --- |
| N/A | N/A | N/A |

##### Special References

N/A

Table : Special References

| Special Reference Name | Type | Description |
| --- | --- | --- |
| N/A | N/A | N/A |

##### Class Events

N/A

Table : Class Events

| Name | Type | Description |
| --- | --- | --- |
| N/A | N/A | N/A |

##### Class Methods

Table : Class Methods

| Name | Procedure/Function | Description |
| --- | --- | --- |
| N/A | N/A | N/A |

##### Class Properties

Table : Class Properties

| Class Properties Name | Type | Visibility | Description |
| --- | --- | --- | --- |
| N/A | N/A | N/A | N/A |

##### Uses Clause

N/A

##### Forms

N/A

Table (Grouping): Forms

| Forms | Description | | | |
| --- | --- | --- | --- | --- |
| **Form Name** | N/A | | | |
| **Enhancement Category** | New | Modify | Delete | No Change |
| **Form Functionality** | N/A | | | |

| Current Form Layout |
| --- |
| N/A |

| Modified Form Layout (Changes are in bold) |
| --- |
| N/A |

##### Functions

N/A

Table (Grouping): Functions

| Function Name | Activities | | | |
| --- | --- | --- | --- | --- |
| **Short Description** | N/A | | | |
| **Enhancement Category** | New | Modify | Delete | No Change |
| **Related Options** | N/A | | | |

| Related Routines | Routines “Called By” | Routines “Called” |
| --- | --- | --- |
| N/A | N/A | N/A |

| Function Name | Activities | | | | |
| --- | --- | --- | --- | --- | --- |
| **Data Dictionary (DD) References** | N/A | | | | |
| **Related Protocols** | N/A | | | | |
| **Related Integration Control Registrations (ICRs)** | NA/ | | | | |
| **Data Passing** | Input | Output | Both | Global Reference | Local Reference |
| **Input Attribute Name and Definition** | Name: N/A | | | | |
| Definition: N/A | | | | |
| **Output Attribute Name and Definition** | Name N/A | | | | |
| Definition: N/A | | | | |

| Current Logic |
| --- |
| N/A |

| Modified Logic (Changes are in bold) |
| --- |
| N/A |

##### Dialog

N/A

Table : Dialog

| Dialog | Instructions | | | |
| --- | --- | --- | --- | --- |
| **Dialog Message (Description)** | N/A | | | |
| **Enhancement Category** | New | Modify | Delete | No Change |
| **Dialog Message (Description) Condition** | N/A | | | |
| **Current Dialog Message (Description)** | N/A | | | |
| **Modified Dialog Message (Description)  (Changes are in bold)** | N/A | | | |

##### Help Frame

N/A

Table (Grouping): Help Frame

| Help Frame | Description | | | |
| --- | --- | --- | --- | --- |
| **Help Frame Text** | N/A | | | |
| **Enhancement Category** | New | Modify | Delete | No Change |
| **Help Frame Text Calling Mechanism** | N/A | | | |

| Current Help Frame Text |
| --- |
| N/A |

| Modified Help Frame Text (Changes are in bold) |
| --- |
| N/A |

##### HL7 Application Parameter

N/A

Table : (Grouping): HL7 Application Parameter

| HL7 Application Parameter Name | Description |
| --- | --- |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Enhancement Category** | New | Modify | Delete | No Change |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Application Status** | Active | Inactive | Active | Inactive |

| Enhancement Category | Current | Modified |
| --- | --- | --- |
| **Facility Name** | N/A | N/A |
| **Country Code** | N/A | N/A |
| **HL7 Field Separator** | N/A | N/A |
| **HL7 Encoding Characters** | N/A | N/A |
| **Mail Group** | N/A | N/A |

##### HL7 Logical Link

No updates were made to HL7 Logical Links for CL-V Inc 4.

Table : (Grouping): HL7 Logical Link

| HL7 Logical Link | Description |
| --- | --- |
| **HL7 Logical Link Parameter Name** | No updates were made to HL7 Logical Links for CL-V Inc 4 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Enhancement Category** | **New** | **Modify** | **Delete** | **No Change** |

| Enhancement Category | Current | Modified |
| --- | --- | --- |
| **Node** | N/A | N/A |
| **Institution** | N/A | N/A |
| **Domain** | N/A | N/A |
| **Autostart** | N/A | N/A |
| **Queue Size** | N/A | N/A |
| **LLP Type** | N/A | N/A |

##### COTS Interface

N/A

Table : COTS Interface

| COTS Interface | Description |
| --- | --- |
| **Communication Method** | N/A |
| **Application Interface** | N/A |

## Network Detailed Design

No change from previous releases.

## Security and Privacy

No special considerations apply for security and privacy for the CL-V enhancements.

### Security

N/A

### Privacy

N/A

## Service Oriented Architecture / ESS Detailed Design

Not applicable to VistA.

### Service Description for <Consumed Service Name>

Not applicable to VistA.

### Service Design for <Provided Service Name>

Not applicable to VistA.

#### Introduction

##### Purpose and Scope of Service

Not applicable to VistA.

##### Links to Other Documents

Not applicable to VistA.

#### Service Details

##### Service Identification

Not applicable to VistA.

Table : Service Identification

| Service Attribute | Value |
| --- | --- |
| N/A | N/A |
| Overview | N/A |
| Version | N/A |
| Latest Status | N/A |
| Service Type | N/A |
| Architecture Layer | N/A |
| Business Domain | N/A |
| Service Domain | N/A |
| Business Organization and Owner | N/A |
| Technical Organization and Owner | N/A |
| Development Organization and Owner | N/A |
| Support Organization and Owner | N/A |
| Target Consumer Organization(s) and Owner(s) | N/A |

##### Service Versions

Not applicable to VistA.

Table : Service Versions

|  |  |  |
| --- | --- | --- |
| Version Numbers | Current Status of Version | A Brief Description of the Change Implemented in that Version |
| N/A | N/A | N/A |

##### Summary of Design and Platform Details

###### SOA Pattern(s) Implemented

Not applicable to VistA.

###### COTS Platform Vendor Names and Versions for Hosting Platform

Not applicable to VistA.

#### Dependencies

Not applicable to VistA.

#### Service Design Details

Not applicable to VistA.

##### Interface Technical Specs

Not applicable to VistA.

###### Service Invocation Type

Not applicable to VistA.

###### Service Interface Type

Not applicable to VistA.

###### Service Name

Not applicable to VistA.

###### Interface

Not applicable to VistA.

###### End Points

Not applicable to VistA.

###### Operations or Methods

Not applicable to VistA.

Table : Operations

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Operation Name | Inputs | Outputs | Transactional Qualities if relevant (Updating?, Atomic?, Can participate in transaction?) | Pre and Post Conditions | Exception (s) |
| N/A | N/A | N/A | N/A | N/A | N/A |

###### Message Schemas

Not applicable to VistA.

##### Information Model

Not applicable to VistA.

###### Class Diagram and Description of Entities Involved

Not applicable to VistA.

###### Mappings from ELDM to Standards Based Schemas

Not applicable to VistA.

##### Behavior Model (AKA Use Case Realization)

Not applicable to VistA.

###### Use Cases (Use Case Model)

Not applicable to VistA.

###### Interaction Diagrams

Not applicable to VistA.

#### Gap Analysis

Not applicable to VistA.

Table : Gap Analysis

| Design Elements🡪  Policies / SLD elements etc.↓ | Design  Element A | Design  Element B | Design  Element C | Comment for Non-Conformance |
| --- | --- | --- | --- | --- |
| N/A | N/A | N/A | N/A | N/A |

##### Variances from Enterprise Target Architecture

Not applicable to VistA.

##### Variances from SLDs

Not applicable to VistA.

##### Variances from Standards and Policies

Not applicable to VistA.

##### Justification for Exceptions and Mitigation

Not applicable to VistA.

# External System Interface Design

N/A

## Interface Architecture

No change from previous releases.

## Interface Detailed Design

No change from previous releases.

# Human-Machine Interface

There are no changes to the human-machine interface for the CL-V enhancements.

## Interface Design Rules

N/A

## Inputs

N/A

## Outputs

N/A

## Navigation Hierarchy

N/A

### Screen [x.1]

N/A

### Screen [x.2]

N/A

### Screen [x.3]

N/A

# Attachment A – Approval Signatures

This section is used to document the approval of the System Design Document. The review should be conducted face to face where signatures can be obtained ‘live’ during the review. If unable to conduct a face-to-face meeting then it should be held via LiveMeeting and concurrence captured during the meeting. The Scribe should add /es/name by each position cited. Example provided below.

The Business Sponsor and Project Manager are required to sign.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: Date:

< Business Sponsor >

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: Date:

< Project Manager >

1. Additional Information

Additional information is provided in the sub-sections that follow.

* 1. Identification of Technology and Standards

The only standard that applies to the patch described in this SDD are the American National Standards Institute [ANSI] standards.

This application conforms to the current VistA Standards and Conventions Committee (SACC) and has passed through all of the VA vetting processes before its national release.

In addition, it utilizes the latest versions of key VistA infrastructure applications (FileMan, Kernel, MailMan, etc.)

* 1. Constraining Policies, Directives and Procedures

Directive: Public Law 112-154: On August 6, 2012, President Obama signed into law the “Honoring America’s Veterans and Caring for Camp Lejeune Families Act of 2012” (P. L. 112-154). This law provides healthcare for Veterans who served on active duty at Camp Lejeune and reimbursement for healthcare to family members who resided at Camp Lejeune for not fewer than 30 days between August 1, 1953 and December 31, 1987. The law authorizes care for 15 medical conditions, even if there is insufficient medical evidence to conclude that such illnesses or conditions are attributable to the Veterans’ military service or family members’ residence at Camp Lejeune.

The Camp Lejeune-Veterans (CL-V) project improves organizational efficiency in providing services to affected Veterans by ensuring they are appropriately identified as Camp Lejeune eligible, assigning them to Priority Group 6, and waiving co-payments for their conditions related to Camp Lejeune. This helps to address the mandated House Resolution (H.R.) 1627 [now Public Law (P.L.) 112-154, Honoring America’s Veterans], which requires the Department of Veterans Affairs (VA) to provide hospital care and medical services to Veterans who meet the specified conditions.

The changes to the Integrated Billing application, the subject of this SDD, is one of the backend processing systems for Camp Lejeune related care that allows implementation of Camp Lejeune system changes.

* 1. Requirements Traceability Matrix

The CL-V Inc 4 RTM is found on the CL-V TSPR site. The RTM for the IB patch is found on the IB tab.

* 1. Packaging and Installation

Not applicable to VistA.

* 1. Design Metrics

Not applicable to VistA.