Department of Veterans Affairs

Billing Precertification for Fee Care

System Design Document

FB\*3.5\*163

IB\*2.0\*554



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# Introduction

Department of Veterans Affairs (VA) facilities are able to provide all of the necessary medical care and services required by its patients. However, there are times when the Veteran is not able to access VA health care facilities based on geographic constraints, due to medical emergencies, or because it is economically advantageous to provide treatment in the community. In these cases, the VA may authorize medical care at private-sector facilities for those Veterans who meet the eligibility requirements. This is referred to as Non-VA care (NVC).

Regardless of where the care is provided, precertification is often a prerequisite for certain services before payment is issued by insurance companies. Precertification is the process of obtaining approval from the Veteran’s private insurance health plan for hospital inpatient admissions or outpatient visits prior to the delivery of health care. Currently, Consolidated Patient Account Centers (CPAC) Staff is not notified of scheduled VA-provided outpatient services requiring precertification. Notification regarding authorized nonservice-connected NVCs received after treatment has been rendered. As a result, VA Medical Centers (VAMCs) often miss opportunities to be reimbursed by insurance companies for care due to the lack of obtaining timely precertification.

The goal of this project [Reference: New Service Request (NSR) #20081010] is to assist the VAMCs in obtaining timely precertification from third party payers before care is rendered by notifying the appropriate staff as soon as VA-provided outpatient services requiring precertification are authorized in the Veterans Health Information Systems and Technology Architecture (VistA) Fee Package for inpatient or outpatient care. This would also provide an opportunity for insurance identification/verification processes (either internally or externally/outsourced) to be completed prior to treatment.

## Scope

The Billing Precertification for Fee Care Business Requirements Document (BRD) is available via Technical Services Project Repository (TSPR) here: <http://xxxxxxxxxxxxxxxxxxxxx/warboard/anotebk.asp?proj=1784&Type=Active>

The enhancements implemented by this project are consistent with the following legislation which requires and authorizes Veterans Health Administration (VHA) to seek reimbursement from third party health insurers for medical care provided by VA to insured Veterans:

* Title 38 United States Code (USC) Section (§) 1729 Recovery by the United States of the cost of certain care and services
* Title 38 USC § 1729A VAMC Collections Fund
* Title 38 USC § 1729B Health Services Improvement Fund
* Public Law 99-272 Consolidated Omnibus Budget Reconciliation Act of 1985

VHA Handbook 1601C.02 Utilization Review (UR) outlines the responsibilities for Revenue Utilization Review (RUR) staff, which includes these prospective reviews.

Incorporating these enhancements would afford RUR Nurses the opportunity to complete precertification reviews prior to treatment and would also give Billers the information needed via the modified Potential Cost Recovery Report (PCRR) to bill third party carriers for FB-related treatment. The VistA Fee Basis (FB) and Integrated Billing (IB) software packages would be affected by this request.

## User Profiles

User profiles are elaborated in Table 1:

Table 1: Primary and Secondary Users

| Name | Description | Responsibilities |
| --- | --- | --- |
| Primary Users | RUR Nurses | Responsible for prospective reviews which include precertification, also called preadmission or precertification, for inpatient and/or outpatient services |
| Primary Users | Insurance Verification Clerks | Responsible for verifying the status of Veterans’ third party health insurance |
| Primary Users | Billers | Responsible for submitting claims on behalf of VHA to third party carriers for reimbursement for nonservice-connected treatment |
| Secondary Users | Accounts Receivable Technicians | Responsible for third party claim follow up and payment analysis to Veterans’ third party (reimbursable) accounts |
| Secondary Users | Revenue Managers (Facility/Veterans Integrated Service Network [VISN]) | Generate/assess facility/VISN/ Consolidated Patient Account Center (CPAC) level performance reports |
| Secondary Users | Revenue Operations Staff | Generate/assess enterprise-level performance reports |

# Background

## Overview of the System

The FB Software Package supports VHA’s Fee for Service Program by providing the ability to perform the entire purchased care process from entering patient NVC authorizations and vendors to transmitting completed batch data to Austin Information Technology Center (AITC) for payment. Once the payment process is complete, VHA is permitted to bill the Veteran’s third party health insurance plan for the non-service connected services provided through Non-VA care. However, the same precertification rules apply regardless of whether the care was provided by a VA facility or not.

The Claims Tracking Module within the VistA IB Software Package is used by RUR nurses with Medical Care Collections Fund (MCCF) to track episodes of care, complete precertifications, complete continued stay reviews, and other RUR tasks. Currently, they are not notified when outpatient services requiring precertification are scheduled. They are notified of authorized inpatient/outpatient FB care after payment has been submitted to the Non-VA facility via the PCRR. The timing of this information not only defeats the concept of precertification, but also does not provide enough information to allow the Billing Staff to submit timely third party bills without completing additional research. As a result, the VA is missing revenue opportunities because the precertification process was omitted and wasting man-hours researching information that should be readily available.

## Overview of the Business Process

The business processes enabled with these enhancements include CPAC RUR NVC Authorizations and NVC Payment Notifications:

* Notify appropriate members of the Revenue Staff (Insurance Verification Clerks, RUR Nurses) when an NVC authorization for an outpatient service requiring precertification is created in the VistA FB Package for inpatient or outpatient care; this would allow them to identify and verify insurance (internally or using external/outsourced capabilities) and complete the precertification process before treatment is rendered.
* Expedite communications and information sharing between the Fee and Revenue Programs.

A high-level view of the current (as-is) and future (to-be) third-party billing precertification processes/workflows are available via TSPR here: <http://xxxxxxxxxxxxxxxx/warboard/anotebk.asp?proj=1784&Type=Active>

## Overview of the Significant Requirements

The Billing Precertification for Fee Care Business Requirements Document (BRD), Requirements Specification Document (RSD), and Requirements Traceability Matrix (RTM) are available via TSPR here:

<http://xxxxxxxxxxxxxxxxxxxv/warboard/anotebk.asp?proj=1784&Type=Active>

Until documents are approved and posted to TSPR, they will be made available upon request from the project team.

### Overview of Functional Requirements

Modifications to VistA FB application to create notification mechanism and update the existing PCRR to display appropriate data elements needed to submit timely third party FB care related bills.

Table 2: Functional Requirements

| Business Need (BN) Number | Feature Number | Functional Capabilities / Feature Description | Ranking  R=Required  O=Optional |
| --- | --- | --- | --- |
| BN 1:  Appropriate staff would be notified of authorized FB care upon entry into the VistA FB Package. | F 1.1 | Create a mechanism that would notify RUR Nurses and Insurance Verification Clerks when an NVC authorization is created in the VistA FB package for Veterans with active, billable insurance. | R |
| BN 1:  Appropriate staff would be notified of authorized FB care upon entry into the VistA FB Package. | F 1.1.1 | With the ability to generate a report of the same, as needed. | R |
| BN 1:  Appropriate staff would be notified of authorized FB care upon entry into the VistA FB Package. | F 1.1.1.1 | Data elements communicated will include:  Name of ordering physician  Diagnosis/Procedure (including International Classification of Diseases – 10th Edition – Clinical Modification (ICD-1010-CM)/Current Procedural Terminology (CPT) codes if provided) for services authorized, otherwise free text entry of diagnosis/procedure (i.e. reason for referral)  Scheduled date of service  Name of Non-VA location  Insurance information on file  Last date insurance verified  Type of service (inpatient/outpatient)  Existing service connected conditions (if applicable)  Outpatient Copayment Status  Medication Copayment Exemption Status | R |
| BN 2:  Modify the existing PCRR to include the data elements needed to submit timely third party FB care related bills. | F 2.1 | Ability to generate the existing PCRR with additional data elements needed to submit a third party bill. | R |
| BN 2:  Modify the existing PCRR to include the data elements needed to submit timely third party FB care related bills. | F 2.1.1 | Data elements communicated will include:  Station/Facility/Division Number  Type of service (inpatient/outpatient/prescription)  Name of rendering physician  Name of ordering physician  Diagnosis/Procedure (including ICD-10-CM/CPT codes if provided) for services authorized  Scheduled date of service  Name of Non-VA location  Insurance information on file  Last date insurance verified  Existing service connected conditions (if applicable)  Outpatient Copayment Status  Medication Copayment Exemption Status  Indicator signifying whether or not the FB care related episode of care has been previously billed to a third party carrier  If it has been billed previously, indicate date billed and the associated bill number(s)  Display the NVC authorization number or precertification number RUR received from the insurance carrier | R |
| BN 2:  Modify the existing PCRR to include the data elements needed to submit timely third party FB care related bills. | F 2.1.2 | Ability to differentiate and sort the data on this report by 5 digit station number. | R |
| BN 2:  Modify the existing PCRR to include the data elements needed to submit timely third party FB care related bills. | F 2.2 | The episodes of care displayed on this modified report would be based on the following criteria: | R |
| BN 2:  Modify the existing PCRR to include the data elements needed to submit timely third party FB care related bills. | F 2.2.1 | * Veteran has active, billable insurance (similar to the current Re-Generate Unbilled Amounts Report [IBT RE-GEN UNBILLED REPORT]), include only Fee Basis care related episodes of care that have not been billed to a third party carrier previously * Insurance effective date * Insurance expiration date * Treatment date falls within effective/expiration dates * Display the authorization number or precertification number UR received from the insurance carrier | R |
| BN 2:  Modify the existing PCRR to include the data elements needed to submit timely third party FB care related bills. | F 2.3 | * While the solution will be developed within the VistA IB software, the necessary information from the VistA Surgery Package will need to be pulled onto the report | O |
| BN 3:  Appropriate staff would be notified of future VA provided outpatient appointments that meet certain criteria. | F 3.1 | Create a mechanism that would notify RUR Nurses when a future appointment that meets the following criteria is scheduled: | O |
| BN 3:  Appropriate staff would be notified of future VA provided outpatient appointments that meet certain criteria. | F 3.1.1 | * Veteran with active, billable insurance | O |
| BN 3:  Appropriate staff would be notified of future VA provided outpatient appointments that meet certain criteria. | F 3.1.2 | * Provide functionality/option that gives certain users the ability to add or delete specific clinic names needed for the precertification process at the local level for optimal use ([Note: Similar functionality has previously been written for CPAC use and coding can be provided to the Office of Information & Technology (OI&T) when needed]) | O |
| BN 3:  Appropriate staff would be notified of future VA provided outpatient appointments that meet certain criteria. | F 3.2 | Ability to generate an on demand report listing qualifying patients/appointments. | O |

### Overview of Functional Workload/Performance Requirements

Not applicable – there are no functional workload/performance requirements associated with this project.

### Overview of Operational Requirements

Not applicable – there are no operational requirements associated with this project.

### Overview of Technical Requirements

Not applicable – there are no technical requirements that drive the conceptual design.

### Overview of Security or Privacy Requirements

All VA and VHA security or privacy requirements will be adhered to. Cross-cutting security requirements are contained in the VA Enterprise Requirements Repository (ERR). Efforts that involve the collection and maintenance of individually identifiable information must be covered by a Privacy Act system of records notice.

### Overview of System Criticality and High Availability Requirements

The VistA FB and IB systems are composed of multiple VistA applications. Each of these applications has its own availability and downtime requirements which will be VAMC dependent. The FB and IB patches do not impose any requirement beyond the requirement already specified by each of the applications. Any related claim that cannot be submitted due to communication or other issues will be queued and submitted when the systems are available.

### Single Sign-on Requirements

Not applicable – there are no changes to the existing single sign-on requirements.

### Requirement for Use of Enterprise Portals

Not applicable – no enterprise portals are used by the VistA FB and IB modules.

### Special Device Requirements

Not applicable – no special devices are required.

# Conceptual Design

This project is composed of VistA FB and IB patches and there are no conceptual design considerations. The actual software detailed design is presented in Section 6.2.2 Specific Requirements.

## Conceptual Application Design

### Application Context

These enhancements do not require any changes to the application context.

Figure 1 provides the application context.

Application Context Diagram


Figure 1: Application Context Diagram

### High-Level Application Design

This project does not require any changes to the high-level conceptual application design.

For informational purposes and application context, Figure 2 and Figure 3 display the Electronic Data Interchange (EDI) X12 messaging infrastructure for Veterans and beneficiaries. Overview of EDI X12 Messaging

Figure 2: Overview of EDI X12 Messaging

*Overview of Claims Processing and Eligibility (CP&E) System and Interfaces*

Figure 3: Overview of Claims Processing and Eligibility (CP&E) System and Interfaces

### Application Locations

VistA is deployed universally across VHA at more than 1,500 sites of care, including each VAMC, Community Based Outpatient Clinic (CBOC) and Community Living Center (CLC), as well as at nearly 300 VA Vet Centers. The Fee Basis and Integrated Billing application modules are located within the nationally released VistA application. This will not change as a result of this project.

## Conceptual Data Design

### Project Conceptual Data Model

Figure 4 provides the conceptual data model for this project. The PCRR is an existing report, but it will be enhanced to better serve the NVC users. The Fee Basis Billing Worklist is a new tool that will allow the NVC users to track NVC authorizations in the Insurance Verification and RUR departments.

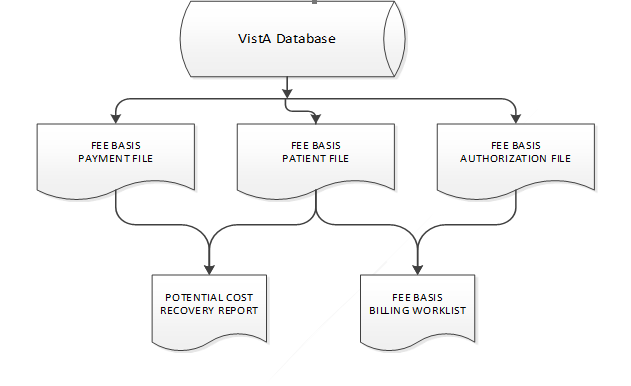


Figure 4: Data Model

(Note: “Fee Basis Authorization File” in Figure 4 refers to the “Fee Basis Patient Authorization Sub-File (#161.01), which will interact with the new IB FB Interface Tracking File (#360).)

For a more detailed visual of the VistA data model, refer to the Entity Relationship Diagram (ERD) available via TSPR here: <http://xxxxxxxxxxxxxxxxxxxv/warboard/anotebk.asp?proj=1784&Type=Active>

Until the ERD is approved and posted to TSPR, it will be made available upon request from the project team.

### Database Information

The database being utilized for this project is VistA. Within the VistA database, two software modules will be utilized – Fee Basis and Integrated Billing.

Table 3 : Database Information

|  |  |  |  |
| --- | --- | --- | --- |
| Database Name | Description | Type | Steward |
| VistA | Veterans Health Information Systems and Technology Architecture | I | VA |

The VistA Fee Basis module, and associated Massachusetts General Hospital Utility Multi-Programming System (Mumps) database, provides for more efficient and accurate operation of the fee for service program with reduction of paperwork, savings in staff hours, minimization of errors, and by allowing medical facilities to have greater control over disbursement of fee medical, pharmacy, and travel monies.

The VistA Integrated Billing module, and associated Mumps database, allows for the capture, maintenance, and storage of insurance data including policy information and related benefits. It provides the ability to electronically transmit bills to payers with the data required by HIPAA. It also provides the ability to receive and store electronic 835 Health Care Claim Payment/Advice. It includes the ability to create printed bills which can then be mailed to payers who are unable to accept an electronic claim. A Claims Tracking feature is available to assist utilization review staff in tracking episodes of care, completing pre-certifications, completing continued stay reviews, and processing appeals and denials. 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 software also provides many reporting features that support the billing staff by providing statistics, tracking and historical information.

### User Interface Data Mapping

VistA Fee Basis receives data from the Fee Basis Claims System (FBCS), a Graphical User Interface (GUI) system that sends authorization and claim data to the VistA Fee Basis system. These fields are mapped in VistA, via Remote Procedure Calls (RPCs). There will be no changes to VistA Fee Basis interface mapping for this project.

The VistA IB package electronically transmit bills to payers with the data required by HIPAA. It also provides the ability to receive and store electronic 835 Health Care Claim Payment/Advice. There will be no changes to VistA IB interface mapping for this project.

## Conceptual Infrastructure Design

### System Criticality and High Availability

No changes are expected to system criticality and high availability as a result of this project. Reliability and availability requirements for VistA are managed by regional data centers.

### Special Technology

VistA has historically been built on a client-server architecture, which ties together workstations and personal computers with user interfaces at VA facilities. No special technologies will be modified as a result of this project.

### Technology Locations

All software changes for this project will be completed within nationally released VistA software code. Mumps routines (programs) will be modified and added to the Fee Basis and Integrated Billing software.

### Conceptual Infrastructure Diagram

#### Location of Environments and External Interfaces

Please see Figure 2 and Figure 3. Modifications for this project will be completed within the bounds of the VistA system, only.

#### Conceptual Production String Diagram

No conceptual production string diagram exists for the VistA Fee Basis and Integrated Billing modules. The standard VistA configuration will be utilized.

# System Architecture

This project is composed of VistA patches which do not require any changes to the VistA architecture or hardware architecture. However, brief descriptions of these entities are provided below.

## Hardware Architecture

The FB and IB applications are part of the VistA suite of applications. The VistA Monograph states:

“VistA is deployed universally across VHA at more than 1,500 sites of care, including each VAMC, Community Based Outpatient Clinic (CBOC) and Community Living Center (CLC), as well as at nearly 300 VA Vet Centers. These locations will have a variety of hardware platforms but all meet a minimal standard required to support VistA.”

## Software Architecture

The FB and IB systems are composed of multiple VistA applications. They also interact with many other VistA standard modules, such as Mailman, Kernel, Health Level 7 (HL7), and FileMan. The entire VistA application consists of 200+ modules. The VistA monograph includes this description for VistA:

“VistA is an integrated Electronic Health Record (EHR) information technology system with application packages that share a common data store and common internal services. The data store and VistA kernel are implemented in the Massachusetts General Hospital Utility Multi-Programming System (MUMPS) computer language, and the Computerized Patient Record System (CPRS) Graphical User Interface (GUI) is implemented in Delphi. Application clients use a highly-efficient proprietary protocol to access data. VistA is highly configurable and customizable, and in addition to appropriate connectivity amongst VistA modules, VistA supports the integration of best-of-breed applications at multiple levels, including MUMPS Application Programming Interface (API), Remote Procedure Call (RPC), Medical Domain Web Services (MDWS), HL7, and data exchange via Blue Button or eHealth Exchanges. VistA comprises nearly 200 distinct applications/modules, 15,000 routines, and millions of lines of computer code.

The backbone of VHA’s clinical and administrative information technology capability, VistA has historically been built on a client-server architecture, which ties together workstations and personal computers with GUIs at VA facilities. The CPRS GUI is as highly customizable and runs on workstations, laptops, tablets (including iPads) and smart phones. VistA interoperates with numerous commercial-off-the shelf software applications and with selected information technology systems of other federal agencies and, increasingly, health information exchange networks. At the time of publication of this edition of the Monograph, comprehensive proposed enhancements to VistA were in the initial stages; referred to as “VistA Evolution” these enhancements are will reflect development and architecture enhancements to allow greater interaction with data and greater efficiency for the VistA system.”

Note that the changes required by this project are based in the MUMPS computer language and do not impact CPRS.

## Network Architecture

*Overview of Claims Processing and Eligibility (CP&E) System and Interfaces*

Figure 5 : Network Architecture

Figure 5, above, diagrams network architecture for the claims processing and billing systems. Network architecture is not impacted or modified by this project.

## SOA/ESS

Not applicable – these applications do not use Service Oriented Architecture (SOA)/Enterprise Shared Services (ESS).

## Enterprise Architecture

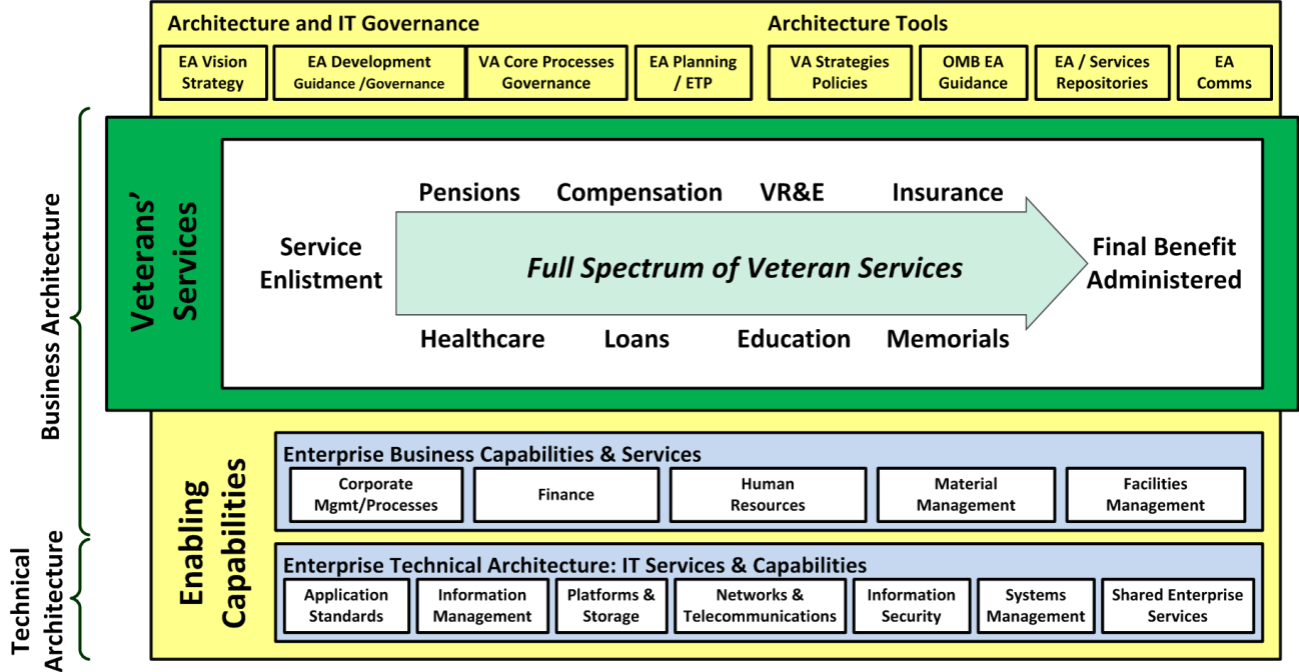


Figure 6 : Enterprise Architecture

Figure 6 illustrates the current Enterprise Architecture. No modifications will be made to the existing system’s (VistA’s) architecture.

# Data Design

## Database Management System (DBMS) Files

This is a VistA FEE BASIS patch. The DBMS in use is VA FileMan.

The VistA FEE BASIS package uses the standard VA FileMan data dictionaries (DDs) and files. This table identifies the VA FileMan databases which are being modified by this VistA FEE BASIS project.

Table 4 : FileMan Databases

| Database | File Number |
| --- | --- |
| FEE BASIS PATIENT FILE - AUTHORIZATION SUB-FILE (New Trigger) | 161.01 |
| FEE BASIS CONTRACT FILE (New Field – CHOICE Indicator) | 161.43 |
| IB-FB INTERFACE TRACKING FILE (New File) | 360 |

### FEE BASIS PATIENT FILE – AUTHORIZATION SUB-FILE (#161.01) – New Trigger

A new trigger / cross-reference (Field: FROM DATE, 161.01,.01) has been added so that each time a new or modified NVC authorization is set in VistA, a new record will log to the IB-FB INTERFACE TRACKING FILE (#360).

Note: Trigger code (EVENT^IBFBUTIL) is detailed in the SDD for NSR #20110303 (Fee Revenue Enhancements).

STANDARD DATA DICTIONARY #161.01 -- AUTHORIZATION SUB-FILE

STORED IN ^FBAAA(D0,1,

DATA NAME GLOBAL DATA

ELEMENT TITLE LOCATION TYPE

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

161.01,.01 FROM DATE 0;1 DATE

INPUT TRANSFORM: S %DT="EX" D ^%DT S X=Y K:Y<1 X

LAST EDITED: OCT 05, 2015

DESCRIPTION: The beginning date for which the patient is

authorized to obtain services from private

vendors. For every claim made by a vendor for

this patient, this date will be checked to

insure that the date the service was provided

was on or after this date.

DELETE TEST: .01,0)= I $$DELA^FBUCDD1(.DA,1)

NOTES: XXXX--CAN'T BE ALTERED EXCEPT BY PROGRAMMER

CROSS-REFERENCE: 161^AIC1^MUMPS

1)= S:$P(^FBAAA(DA(1),1,DA,0),U,20)]"" ^FBAAA("

AIC",DA(1),-X,$P(^FBAAA(DA(1),1,DA,0),U,20),DA)

=""

2)= K:$P(^FBAAA(DA(1),1,DA,0),U,20)]"" ^FBAAA("

AIC",DA(1),-X,$P(^FBAAA(DA(1),1,DA,0),U,20),DA)

Cross-reference used to identify potential

billables using inverse date. Used to set

"AIC" cross-reference on field .097, POTENTIAL

COST RECOVERY CASE.

CROSS-REFERENCE: 161^ATST

1)= S ^FBAAA("ATST",$E(X,1,30),DA(1),DA)=""

2)= K ^FBAAA("ATST",$E(X,1,30),DA(1),DA)

CROSS-REFERENCE: 161.01^B

1)= S ^FBAAA(DA(1),1,"B",$E(X,1,30),DA)=""

2)= K ^FBAAA(DA(1),1,"B",$E(X,1,30),DA)

CROSS-REFERENCE: 161^AENR01^MUMPS

1)= D:'$D(DIU(0)) EVENT^IVMPLOG(DA(1))

2)= D:'$D(DIU(0)) EVENT^IVMPLOG(DA(1))

Notify HEC of changes to FEE Authorization.

**CROSS-REFERENCE: 161^AC^MUMPS**

**1)= D:'$D(DIU(0)) EVENT^IBFBUTIL(DA(1))**

**2)= D:'$D(DIU(0)) EVENT^IBFBUTIL(DA(1))**

**Add new entry into file 360 on new Authorization**

RECORD INDEXES: AMRA (#1327), AUD (#1204)

### FEE BASIS CONTRACT FILE (#161.43) – New Field – CHOICE Indicator

STANDARD DATA DICTIONARY #161.43 -- FEE BASIS CONTRACT FILE

STORED IN ^FBAA(161.43,

DATA NAME GLOBAL DATA

ELEMENT TITLE LOCATION TYPE

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

161.43,4 CHOICE INDICATOR 0;3 SET

CHOICE PROGRAM INDICATOR

'0' FOR NO;

'1' FOR YES;

LAST EDITED: NOV 18, 2015

HELP-PROMPT: Enter 'Yes' if this Fee Basis Contract Number

is indicative of the Veterans Choice Program.

DESCRIPTION: This field is used to identify Fee Basis

Contracts associated with Non-VA Care Vendors

participating in the Veterans Choice Program.

TECHNICAL DESCR: A '1' in piece 3 of the 0 node on File #161.43 indicates that this particular contract for

Non-VA Care Vendor(s) is part of the Veterans Choice Program.

DATA NAME GLOBAL DATA

ELEMENT TITLE LOCATION TYPE

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

161.43,5 CHOICE PROVIDER AGREEMENT 0;4 SET

'0' FOR NO;

'1' FOR YES;

LAST EDITED: JAN 25, 2016

HELP-PROMPT: Enter 'Yes' if this Fee Basis Contract Number

is indicative of the Veterans Choice Program -

Choice Provider Agreement.

DESCRIPTION: This field is used to identify Non-VA Care

Vendors participating in the Veterans Choice

Program via a Choice Provider Agreement.

TECHNICAL DESCR: A '1' in piece 4 of the 0 node on File #161.43

### IB-FB INTERFACE TRACKING FILE (#360) – New File

STANDARD DATA DICTIONARY #360 -- IB-FB INTERFACE TRACKING FILE

STORED IN ^IBFB(360,

DATA NAME GLOBAL DATA

ELEMENT TITLE LOCATION TYPE

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

DD ACCESS:

RD ACCESS:

WR ACCESS:

DEL ACCESS:

LAYGO ACCESS:

AUDIT ACCESS: @

IDENTIFIED BY: PATIENT (#.02), FB AUTHORIZATION (#.03)

NON-VA CARE field (#.33) of the CLAIMS TRACKING File (#356)

CROSS REFERENCED BY: AUTH DELETION DATE/TIME (AC), CLAIM NUMBER(AD), ENTRY NUMBER(B), PATIENT(C)

INDEXED BY: BI QUEUE (BI), READY TO BILL (BL), PATIENT & FB AUTHORIZATION

(D), INVOICE NUMBER & FB PAYMENT INDICATOR (F), FR QUEUE (FR),

IV QUEUE (IV), SC QUEUE (SC), UR QUEUE (UR)

360,.01 ENTRY NUMBER 0;1 NUMBER (Required)

INPUT TRANSFORM: S:$D(X) DINUM=X

LAST EDITED: DEC 15, 2015

HELP-PROMPT: Enter an entry number.

DESCRIPTION: This is the internal entry number to identify

the link between claims/bills and Fee Basis

payments and authorizations.

TECHNICAL DESCR: Manual cross references:

; ^IBFB(360,"DFN",DFN,DT,IEN,IBLOG)="" Log

cross reference by Patient

; ^IBFB(360,"DT",DT,DFN,IEN,IBLOG)="" Log

cross reference by Date

NOTES: XXXX--CAN'T BE ALTERED EXCEPT BY PROGRAMMER

CROSS-REFERENCE: 360^B

1)= S ^IBFB(360,"B",$E(X,1,30),DA)=""

2)= K ^IBFB(360,"B",$E(X,1,30),DA)

360,.02 PATIENT 0;2 POINTER TO PATIENT FILE (#2)

LAST EDITED: DEC 03, 2015

HELP-PROMPT: Enter a Patient name.

DESCRIPTION: Patient name to link authorizations, payments

and claims/bills.

CROSS-REFERENCE: 360^C

1)= S ^IBFB(360,"C",$E(X,1,30),DA)=""

2)= K ^IBFB(360,"C",$E(X,1,30),DA)

RECORD INDEXES: D (#1334)

360,.03 FB AUTHORIZATION 0;3 NUMBER

INPUT TRANSFORM: K:+X'=X!(X>99999999)!(X<1)!(X?.E1"."1.N) X

LAST EDITED: DEC 03, 2015

HELP-PROMPT: Enter a Patient Authorization number.

DESCRIPTION: Enter an Authorization IEN to link

authorizations, payments and claims/bills.

TECHNICAL DESCR: This is the Authorization number not a pointer.

It references file 161.01

RECORD INDEXES: D (#1334)

360,.04 AUTH DELETION DATE/TIME 0;4 DATE

INPUT TRANSFORM: S %DT="ET" D ^%DT S X=Y K:X<1 X

LAST EDITED: DEC 03, 2015

HELP-PROMPT: Enter the date/time the Authorization was

deleted.

DESCRIPTION: This is the date that an Authorization was

deleted completely. Used for tracking purposes.

TECHNICAL DESCR: We're tracking in an Authorization was deleted

and there were pointers to claims or bills

present.

CROSS-REFERENCE: 360^AC

1)= S ^IBFB(360,"AC",$E(X,1,30),DA)=""

2)= K ^IBFB(360,"AC",$E(X,1,30),DA)

Payment ID cross reference used for linking FB

to IB.

360,.05 FB PAYMENT INDICATOR 0;5 FREE TEXT

INPUT TRANSFORM: K:$L(X)>25!($L(X)<1) X

LAST EDITED: DEC 04, 2015

HELP-PROMPT: Enter a payment indicator

DESCRIPTION: Fee Basis Payment indicator, formatted as

following: Patient IEN;Vendor IEN;Initial

treatment date IEN;Service provided IEN

Example: " 100000;455;2;4"

TECHNICAL DESCR: This represnts a complex pointer to the FB

payment file (#162). Where the ID could be

saved as (for example) "165;222;1;10". Patient

pointer is 165, vendor pointer is 222, Service

date is 1, service provided is 10. Actual

pointer would be: ^FBAAC(165,1,222,1,1,1,10).

RECORD INDEXES: F (#1335)

360,1.01 CLAIM NUMBER 1;1 POINTER TO CLAIMS TRACKING FILE (#356)

LAST EDITED: DEC 16, 2015

HELP-PROMPT: Enter a claim ID.

DESCRIPTION: Enter a Claim ID to assist in linking fee basis

authorizations and payments to claims in file

#356.

TECHNICAL DESCR: We need a claim ID to assist in linking fee

basis authorizations and third party claims to

payments. Without this field we lose the

ability to link 3rd party claims to fee basis.

CROSS-REFERENCE: 360^AD

1)= S ^IBFB(360,"AD",$E(X,1,30),DA)=""

2)= K ^IBFB(360,"AD",$E(X,1,30),DA)

360,1.02 BILL/CLAIMS 1;2 POINTER TO BILL/CLAIMS FILE (#399)

LAST EDITED: DEC 03, 2015

HELP-PROMPT: Enter an existing Bill for the Patient.

DESCRIPTION: We use this to link an existing entry in file

#399 to an existing fee basis authorization and

payment.

360,1.03 INVOICE NUMBER 1;3 POINTER TO FEE BASIS INVOICE FILE (#162.5)

LAST EDITED: DEC 03, 2015

HELP-PROMPT: Enter a fee basis invoice number.

DESCRIPTION: We need to be able to link a fee basis invoice

to a claim/bill and to an existing

authorization and payment.

TECHNICAL DESCR: We need a Invoice ID to assist in linking fee

basis authorizations and claims/bills to

payments.

RECORD INDEXES: F (#1335)

360,1.04 INTEGRATED BILLING ACTION 1;4 POINTER TO INTEGRATED BILLING ACTION FILE (#350)

LAST EDITED: DEC 03, 2015

HELP-PROMPT: Enter a copayment associated with the FB auth

DESCRIPTION: Enter a first party copay IEN to link to a FB

Auth and payment.

TECHNICAL DESCR: We need a Bill ID to assist in linking fee

basis authorizations and first party claims to

payments. Without this field we lose the

ability to link 1st party claims to fee basis

Authorizations and payments.

360,2.01 IV QUEUE 2;1 SET

Insurance Verification Precert Queue

'IV' FOR IV QUEUE;

'XX' FOR REMOVED;

LAST EDITED: DEC 15, 2015

HELP-PROMPT: IV Precert Queue

DESCRIPTION: This is the Insurance Verification

Precertification Queue

FIELD INDEX: IV (#1337) REGULAR IR LOOKUP & SORTING

Short Descr: IV QUEUE

Set Logic: S ^IBFB(360,"IV",$E(X,1,240),DA)=""

Kill Logic: K ^IBFB(360,"IV",$E(X,1,240),DA)

Whole Kill: K ^IBFB(360,"IV")

X(1): IV QUEUE (360,2.01) (Subscr 1) (Len 240)

(forwards)

360,2.02 UR QUEUE 2;2 SET

RUR Precert Queue

'UR' FOR UR QUEUE;

'XX' FOR REMOVED;

LAST EDITED: DEC 15, 2015

HELP-PROMPT: UR Precert Queue

DESCRIPTION: This is the RUR Precertification Queue

FIELD INDEX: UR (#1339) REGULAR IR LOOKUP & SORTING

Short Descr: UR QUEUE

Set Logic: S ^IBFB(360,"UR",$E(X,1,240),DA)=""

Kill Logic: K ^IBFB(360,"UR",$E(X,1,240),DA)

Whole Kill: K ^IBFB(360,"UR")

X(1): UR QUEUE (360,2.02) (Subscr 1) (Len 240)

(forwards)

360,2.03 FR QUEUE 2;3 SET

Facility Revenue Billing Queue

'FR' FOR FR QUEUE;

'XX' FOR REMOVED;

LAST EDITED: DEC 15, 2015

HELP-PROMPT: FR Billing Queue

DESCRIPTION: This is the Facility Revenue Billing Queue

FIELD INDEX: FR (#1336) REGULAR IR LOOKUP & SORTING

Short Descr: FR QUEUE

Set Logic: S ^IBFB(360,"FR",$E(X,1,240),DA)=""

Kill Logic: K ^IBFB(360,"FR",$E(X,1,240),DA)

Whole Kill: K ^IBFB(360,"FR")

X(1): FR QUEUE (360,2.03) (Subscr 1) (Len 240)

(forwards)

360,2.04 SC QUEUE 2;4 SET

RUR Service Connected Billing Queue

'SC' FOR SC QUEUE;

'XX' FOR REMOVED;

LAST EDITED: DEC 15, 2015

HELP-PROMPT: SC Billing Queue

DESCRIPTION: This is the RUR Service Connected Billing Queue

FIELD INDEX: SC (#1338) REGULAR IR LOOKUP & SORTING

Short Descr: SC QUEUE

Set Logic: S ^IBFB(360,"SC",$E(X,1,240),DA)=""

Kill Logic: K ^IBFB(360,"SC",$E(X,1,240),DA)

Whole Kill: K ^IBFB(360,"SC")

X(1): SC QUEUE (360,2.04) (Subscr 1) (Len 240)

(forwards)

360,2.05 BI QUEUE 2;5 SET

Billing Review Queue

'BI' FOR BI QUEUE;

'XX' FOR REMOVED;

LAST EDITED: DEC 15, 2015

HELP-PROMPT: BI Billing Queue

DESCRIPTION: This is the Billing Review Queue

FIELD INDEX: BI (#1332) REGULAR IR LOOKUP & SORTING

Short Descr: BI QUEUE

Set Logic: S ^IBFB(360,"BI",$E(X,1,240),DA)=""

Kill Logic: K ^IBFB(360,"BI",$E(X,1,240),DA)

Whole Kill: K ^IBFB(360,"BI")

X(1): BI QUEUE (360,2.05) (Subscr 1) (Len 240)

(forwards)

360,3.01 NEXT REVIEW DT 3;1 DATE

Date of next RUR precertification review

INPUT TRANSFORM: S %DT="E" D ^%DT S X=Y K:X<1 X

LAST EDITED: DEC 15, 2015

HELP-PROMPT: (No range limit on date)

DESCRIPTION: This field holds the date of the next RUR

precertification review. If a date has been

entered in this field, the authorization will

not display on the RUR precertification work

queue until the date specified.

360,3.02 1ST OR 3RD PTY 3;2 NUMBER

First Party Copay or Third Party Insurance

INPUT TRANSFORM: K:+X'=X!(X>3)!(X<1)!(X?.E1"."1.N) X

LAST EDITED: DEC 15, 2015

HELP-PROMPT: First party copay or third party insurance

DESCRIPTION: This field indicates if the bill is for first

party copay or third party insurance.

TECHNICAL DESCR: First Party Copay =

$P(^IBFB(360,IEN,3),"^",2)=1 Third Party

Insurance = $P(^IBFB(360,IEN,3),"^",2)=3

360,4 LOG 4;0 DATE Multiple #360.04

(Add New Entry without Asking)

360.04,.01 DATE/TIME 0;1 DATE

INPUT TRANSFORM: S %DT="ESTR" D ^%DT S X=Y K:X<1 X

LAST EDITED: NOV 05, 2015

HELP-PROMPT: Enter the date/time of the change to the

entries.

DESCRIPTION: Used to capture the changes to the entries in

the file, by date and time of change.

360.04,.02 EVENT 0;2 FREE TEXT

INPUT TRANSFORM: K:$L(X)>45!($L(X)<1) X

LAST EDITED: NOV 05, 2015

HELP-PROMPT: Enter the event that occurred that we logged.

DESCRIPTION: Used to track what kind of event occurred

that we are tracking.

360.04,.03 USER 0;3 POINTER TO NEW PERSON FILE (#200)

LAST EDITED: NOV 05, 2015

HELP-PROMPT: Enter the user that made the change.

FILES POINTED TO FIELDS

BILL/CLAIMS (#399) BILL/CLAIMS (#1.02)

CLAIMS TRACKING (#356) CLAIM NUMBER (#1.01)

FEE BASIS INVOICE (#162.5) INVOICE NUMBER (#1.03)

INTEGRATED BILLING ACTION (#350) INTEGRATED BILLING ACTION (#1.04)

NEW PERSON (#200) LOG:USER (#.03)

PATIENT (#2) PATIENT (#.02)

INDEX AND CROSS-REFERENCE LIST -- FILE #360

File #360

Record Indexes:

D (#1334) RECORD REGULAR IR LOOKUP & SORTING

Short Descr: Lookup index

Set Logic: S ^IBFB(360,"D",X(1),X(2),DA)=""

Kill Logic: K ^IBFB(360,"D",X(1),X(2),DA)

Whole Kill: K ^IBFB(360,"D")

X(1): PATIENT (360,.02) (Subscr 1) (forwards)

X(2): FB AUTHORIZATION (360,.03) (Subscr 2) (forwards)

F (#1335) RECORD REGULAR IR LOOKUP & SORTING

Short Descr: Cross reference by invoice and payment ID

Set Logic: S ^IBFB(360,"F",X(1),$E(X(2),1,30),DA)=""

Kill Logic: K ^IBFB(360,"F",X(1),$E(X(2),1,30),DA)

Whole Kill: K ^IBFB(360,"F")

X(1): INVOICE NUMBER (360,1.03) (Subscr 1) (forwards)

X(2): FB PAYMENT INDICATOR (360,.05) (Subscr 2) (Len 30)

(forwards)

INPUT TEMPLATE(S):

PRINT TEMPLATE(S):

SORT TEMPLATE(S):

FORM(S)/BLOCK(S):

## Non-DBMS Files

N/A. There are no non-DBMS Files in use.

## Data View

This project is a VistA Fee Basis and Integrated Billing patch. There is an ERD as one of the deliverables with this project.

[http:/xxxxxxxxxxxxxxxxxxxxx/warboard/anotebk.asp?proj=1784&Type=Active](http://xxxxxxxxxxxxxxxxxxxxx/warboard/anotebk.asp?proj=1784&Type=Active)

# Detailed Design

## Hardware Detailed Design

This project is a VistA Fee Basis and Integrated Billing patch. There are no modifications to any existing hardware.

## Software Detailed Design

### Conceptual Design

#### Product Perspective

The VistA FEE BASIS system is a software package that is being modified to interact and share data with the VistA Integrated Billing system. Data from FEE BASIS authorizations will be tracked and made available to the Integrated Billing system.

##### User Interfaces

User Interface with all FEE BASIS application software is performed through existing and new VistA screens. VistA is a character-based application accessible through terminal emulator software resident on networked computers.

The FEE BASIS application is a character-based system using VA FileMan as its database manager and Cache/M as the programming language. This software application is part of the VistA suite of applications, which include additional clinical and financial applications. There are no GUIs.

##### Hardware Interfaces

VistA FEE BASIS receives data from the FBCS, a GUI system that sends authorization and claim data to the VistA FEE BASIS system.

Communications between VistA sites and HIPAA EDI Services pass through the Local Area Networks (LANs) and across the Department of Veterans Affairs (VA) intranet. The Services communicate over the AITC LAN and through the private frame relay to the communications clearinghouse for this project. The clearinghouse communicates with the trading partner processors that are continually designated using previously negotiated contractual terms and conditions.

##### Software Interfaces

The following software must be installed prior to the release of this product.

* Kernel V. 8.0
* MailMan V. 8.0
* VA FileMan V. 22.0
* FEE BASIS V 3.5
* Integrated Billing V. 2.0

##### Communications Interfaces

##### Memory Constraints

N/A. There are no memory constraints associated with this project.

##### Special Operations

N/A. There are no special operations associated with this project.

#### Product Features

Please see Section 1.1 for a list of Scope Inclusions, Section 2.3.1 for an overview of the significant functional requirements, and Section 6.2.2.2 for a list of all of the functional requirements.

#### User Characteristics

In general, the resources that shall work with FEE BASIS software need to be knowledgeable in the area of FBCS, FEE BASIS and, to a lesser extent, Integrated Billing.

#### Dependencies and Constraints

N/A/ There are no dependencies and constraints with this project.

### Specific Requirements

#### Database Repository

This project is a VistA patch. The database repository is standard VistA database using FileMan files and fields. Any modifications to this database repository are detailed in Section 6.2.2.2.

#### System Features

The following sub-sections of this System Design Document (SDD) match the specific functional requirements as presented in the RSD for this project. Tables at the end of section 6.2.2.2.1 associate the functional requirement number from the RSD with the proposed design element.

##### Non-VA Medical Care (NVC) Precert Worklist

This enhancement seeks to assist the VAMCs in obtaining timely precertification from third party payers before care is rendered by notifying the appropriate staff as soon as VA-provided outpatient services requiring precertification are scheduled and authorizations are created in the VistA Fee Package for inpatient or outpatient care. This also provides an opportunity for the insurance identification/verification process to be completed prior to treatment.

The system shall notify RUR Nurses and Insurance Verification Clerks, via a worklist, when an authorization is created in the VistA FEE BASIS package.

Note: Authorizations for veterans with no current third-party insurance will not display on the worklist. Authorizations for veterans associated with NVC vendor contracts that have a CHOICE indicator will not display on the worklist.

IB NVC Precert Worklist process will be as follows:   
(Note: This is in “real time” – this is not a nightly job)

1. New or modified authorization is filed into the VistA Fee Patient Authorization Subfile (#161.01).
2. Authorization displays on **Insurance Verification NVC Precert Worklist** (IV Queue).
3. Insurance Verification Clerk deems authorization “Precert Required” or “Precert Not Required”, via Worklist Action WA.
4. If “Precert Not Required”, authorization / action / user is logged for reporting in the new IB-FB Interface File (#360) and removed from IV NVC Precert Worklist.
5. If “Precert Required”, authorization / action / user is logged for reporting in the new IB-FB Interface File (#360), removed from Insurance Verification Worklist and displayed on **RUR Precert Worklist** (RUR Queue).
6. RUR Nurse reviews authorization and has access (via Worklist Actions) to Claims Tracking to assist with their tasks – A new Claims Tracking entry may be entered and tied to the authorization, via the new IB-FB Interface Tracking File (#360).
7. RUR deems authorization “Certification Complete”, “Removed from Worklist”, or sets “Next Review Date” via Worklist Action WA.
8. If “Certification Complete”, authorization is recorded in the logging portion of the new IB-FB Interface File (#360), with optional RUR status message, and removed from RUR Precert Worklist.
9. If “Removed from Worklist”, authorization is recorded in the logging portion of the new IB-FB Interface File (#360), with optional RUR status message, and removed from RUR Precert Worklist.
10. If “Next Review Date” is set, authorization will not display on the RUR Precert Worklist until designated date.

Please Note: The Insurance Verification / RUR Precertification Worklist process is a method of tracking and handling workflow only. It was designed to notify and assist the two departments (IV and RUR) with their daily tasks. There is a Worklist History Action that will provide a means to view Worklist authorization actions, as well as date/time and user. A report was written to display past worklist activities from the worklist log. This report is detailed in the SDD for NSR #20110303 (Fee Revenue Enhancements).

This table attempts to demonstrate how functional requirements from the Precertification RSD tie into the proposed worklist screens:

Table 5 : Functional Requirements vs. Worklist Screens

| Requirement | RSD Functional Req Item # | Screen |
| --- | --- | --- |
| Notify RUR Nurses and Insurance Verification Clerks, via a worklist when an authorization is created in the VistA Fee Basis package for Veterans with active, billable insurance | FRPRE – 1.1 | Main Worklist Screen  \*\* At this point in time, all new and changed authorizations will log to the IV worklist. This is because Category of Care is an open issue (It is not yet sent from FBCS.). There is also a possibility that Insurance Verification Clerks will have to add new insurance for a patient who previously had no reported third-party coverage.\*\* |
| Ordering Physician (Last First MI, NPI#, Taxonomy) | FRPRE – 1.1.1.1 -01 | Worklist Action EE – Expand |
| Diagnosis / Procedure | FRPRE – 1.1.1.1 – 02 | Worklist Action EE – Expand |
| Authorization Range / Scheduled Date of Service Range | FRPRE – 1.1.1.1 – 03 | Main Worklist Screen Worklist Action EE – Expand |
| Non-VA Location | FRPRE – 1.1.1.1 – 04 | Worklist Action EE – Expand |
| All Active Insurance | FRPRE – 1.1.1.1 – 05 | Worklist Action EE – Expand |
| Last Date Insurance Verified | FRPRE – 1.1.1.1 – 06 | Worklist Action EE – Expand |
| Type of Service (Inpatient, Outpatient, etc.) – Note: This is now referred to as “NVC” | FRPRE – 1.1.1.1 – 07 | Main Worklist Screen Worklist Action EE - Expand |
| All Service Connected and Special Authority Eligibilities | FRPRE – 1.1.1.1 – 08 | Worklist Action EE - Expand |
| Means Test (Copay) Status | FRPRE – 1.1.1.1 – 09 | Worklist Action EE - Expand |
| Medication Copayment Exemption Status | FRPRE – 1.1.1.1 – 10 | Worklist Action EE - Expand |
| Use contract numbers as a parameter when generating the pre-certification worklist to filter Choice Program contract numbers from the worklist | FRPRE – 1.1.1.1 – 11 | A modification has been made to the Fee Basis Contract File to designate a contract as CHOICE. Internal worklist code will filter authorizations associated with a CHOICE contract and prevent them from displaying on the worklist. |

##### Potential Cost Recovery Report

An additional component of this change will modify the existing PCRR to include data elements that would give the Billing Staff the information needed to submit third party bills related to Non-VA care in a more efficient and timely manner.

Changes will provide the ability to generate the existing PCRR with additional data elements (FBCS data elements available in VistA Fee) needed to submit a third party bill.

This table attempts to demonstrate how functional requirements from the Precertification RSD tie into the proposed Potential Cost Recovery Report changes:

Table 6: Functional Requirementrs vs. Report Modifications

| Requirement | Functional Requirement | Design Change |
| --- | --- | --- |
| Station/Facility/Division number | FRPRE 2.1.1 – 01 | Header - Division/Station |
| Type of Service (Inpatient/Outpatient/Pharmacy) – Now referred to as **NVC** | FRPRE 2.1.1 – 02 | Printed above service detail lines |
| Rendering Provider (NPI#,Taxonomy Code,Last Name,First Name, MI) | FRPRE 2.1.1 – 03 | Printed in new authorization section |
| Ordering (Referring) Provider (NPI#,Taxonomy Code, Last Name, First Name, MI) | FRPRE 2.1.1 – 04 | (Referring Provider) Printed in new authorization section |
| All available Diagnosis/Procedure data | FRPRE 2.1.1 – 05 | Printed from invoice (current code) and in new authorization section |
| Date of Service | FRPRE 2.1.1 – 06 | Printed in service detail line (Svc Date) – current code |
| Name of Non-VA Location | FRPRE 2.1.1 – 07 | “Vendor” printed above service detail line |
| Active/Effective Insurance Information as of Date of Service | FRPRE 2.1.1 – 08 | Printed in detailed insurance section |
| Date Insurance was verified (MM/DD/YY) | FRPRE 2.1.1 – 09 | Printed in detailed insurance section |
| Service Connected Condition and Special Authority Eligibility | FRPRE 2.1.1 – 10 | Printed in new patient header |
| Outpatient Copayment Status from most recent Means Test adjudication results | FRPRE 2.1.1 – 11 | Printed in new patient header |
| Medication Copayment Exemption Status | FRPRE 2.1.1 – 12 | Printed in new patient header |
| Previously Billed to third party carrier indicator | FRPRE 2.1.1 – 13 | Printed in new service detail line 3 (Billed?) |
| Bill Number(s) if previously billed | FRPRE 2.1.1 – 13.1 | Printed in new service detail line 3 (Bill#) |
| Authorization Number from insurance carrier (Redundancy with 2.2.1-05) | FRPRE 2.1.1 – 14 | Printed in new service detail line 3 (Ins Auth#) |
| Sort by station number | FRPRE 2.1.2 | Current code sorts by station number |
| Display if Veteran has active, billable insurance – Include only Fee Basis care episodes that have not been billed to a third party carrier previously – Runtime prompt | FRPRE 2.2.1 – 01 | New runtime prompt and corresponding code |
| Insurance Effective Date (MM/DD/YY) | FRPRE 2.2.1 - 02 | Printed in detailed insurance section |
| Insurance Termination Date (MM/DD/YY) | FRPRE 2.2.1 – 03 | Printed in detailed insurance section |
| Display insurance only if it treatment date falls within effective/expiration dates (MM/DD/YY) \*\* *Code will be written so that only insurance that is effective as of DOS will display. \*\** | FRPRE 2.2.1 – 04 | Printed in detailed insurance section |
| Authorization Number from insurance carrier (redundancy with FRPRE 2.2.1-14 | FRPRE 2.2.1 – 05 | Printed in new service detail line 3 (Ins Auth#) |

#### Design Element Tables

##### Routines (Entry Points)

Table 7 : (Grouping): Routines

| Routines | Activities | | | |
| --- | --- | --- | --- | --- |
| **Routine Name** | ^FBAACFE | | | |
| **Enhancement Category** | New | Modify | Delete | No Change |
| **RTM** | FRPRE – 1.1.1.1 - 11 | | | |
| **Related Options** | FBAA CONTRACT FILE Contract File Enter/Edit  (Existing Option Allows Fee Basis Supervisors to Enter/Edit Fee Basis Contract Data) | | | |

| Related Routines | Routines “Called By” | Routines “Called” |
| --- | --- | --- |
|  | Driver Routine – Called by VistA Option FBAA CONTRACT FILE |  |

| Routines | Activities | | | | |
| --- | --- | --- | --- | --- | --- |
| **Data Dictionary (DD) References** | FEE BASIS CONTRACT FILE (#161.43) | | | | |
| **Related Protocols** | None | | | | |
| **Related Integration Control Registrations (ICRs)** | None | | | | |
| **Data Passing** | Input | Output Reference | Both | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | |

| Current Logic |
| --- |
| See “Modified Logic” for From/To Routine Changes |

| Modified Logic (Changes are in bold) |
| --- |
| Add CHOICE Indicator Field Enter/Edit  *From:*  +24 . S DR="W !,FBX;1:3"  +25 E S DR=".01:3"  *To:*  +24 . S DR="W !,FBX;1:5"  +25 E S DR=".01:5" ; FB\*3.5\*163 - Added fields 4 and 5 for CHOICE Program Indicator |

| Routines | Activities | | | |
| --- | --- | --- | --- | --- |
| **Routine Name** | ^FBPCR | | | |
| **Enhancement Category** | New | Modify | Delete | No Change |
| **RTM** | FRPRE 2.1.1 – 01 – FRPRE 2.1.1 – 14, FRPRE 2.2.1 – 01 – FRPRE 2.2.1 - 05 | | | |
| **Related Options** | FB PCR Potential Cost Recovery Report | | | |

| Related Routines | Routines “Called By” | Routines “Called” |
| --- | --- | --- |
|  | Driver Routine – Called by VistA Option: FB PCR | EN^FBPCR2 (outpatient)  EN^FBPCR3 (pharmacy)  EN^FBPCR67 (civil hospital and contract nursing home)  PRINT^FBPCR2 (outpt print)  PRINT^FBPCR3 (pharmacy print)  PRINT^FBPCR671 (CH, CNH print) |

| Routines | Activities | | | | |
| --- | --- | --- | --- | --- | --- |
| **Data Dictionary (DD) References** | FEE BASIS PROGRAM FILE (#161.8)  TYPE OF PLAN FILE (#355.1)  PATIENT FILE (#2)  INSTITUTION FILE (#4)  DISABILITY CONDITION FILE (#31) | | | | |
| **Related Protocols** | None | | | | |
| **Related Integration Control Registrations (ICRs)** | Yes – in process | | | | |
| **Data Passing** | Input | Output Reference | Both | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | |

| Current Logic |
| --- |
| See “Modified Logic” for From/To Routine Changes |

| Modified Logic (Changes are in bold) |
| --- |
| Additional Variables to Kill (FBPCR+7)  K FBBILL,FBNPB,FBADJ,FBADJR,FBPVL133,FBINV,FBPVLIST,Y ;FB\*3.5\*163  New Third Party Carrier Prompt  PREBL ; Include Only Not Previously Billed NVC FB\*3.5\*163  N Y,X  W !  S DIR("A")="Include only Non VA Care not previously billed to third party carrier: "  S DIR("?")="Please answer Yes or No."  S DIR("B")="YES",DIR(0)="YA^^"  D ^DIR K DIR  S FBNPB=Y  ;  Fix Display Issue – No records found (Previously, code would “quit” without message)  +73 S FBFIRST=0 ; FB\*3.5\*163  +80 I FBFIRST=0 D WMSG ; FB\*3.5\*163  +98 K A1,A2,A3,BEGDATE,C,D,D2,DFN,DIC,DIR,DTOUT,DUOUT,ENDDATE,FBPDXC,FB  PARTY,FBCOPAY,FBARRLTC,FBINCUNK,FBFIRST  +178 S FBFIRST=1  +179 I '$D(DFN) Q  +180 D PATDEMO ;FB\*3.5\*163  Change Division Prompt to Division/Station  *From:*  +155 W !?(IOM-(11+$L($G(FBPSFNAM))+$L($G(FBPSFNUM)))/2),"Division: ",$G(FBPSFNUM)," ",$G(FBPSFNAM)  *To:*  +172 W !?(IOM-(11+$L($G(FBPSFNAM))+$L($G(FBPSFNUM)))/2),"Division/Station: ",$G(FBPSFNUM)," ",$G(FBPSFNAM) ;FB\*3.5\*163 |
| Change Division Display  *From:*  +169 W !?(IOM-(11+$L($G(FBPSFNAM))+$L($G(FBPSFNUM)))/2),"Division: ",$G(  FBPSFNUM)," ",$G(FBPSFNAM)  *To:*  +193 ;W !?(IOM-(11+$L($G(FBPSFNAM))+$L($G(FBPSFNUM)))/2),"Division: ",$G  (FBPSFNUM)," ",$G(FBPSFNAM) ;FB\*3.5\*163  +194 W !?(IOM-(19+$L($G(FBPSFNAM))+$L($G(FBPSFNUM)))/2),"Division/Statio  n: ",$G(FBPSFNUM)," ",$G(FBPSFNAM) ;FB\*3.5\*163  Enhance Insurance Display  *From:*  +164 W ! D:$D(DFN) INS^DGRPDB  *To:*  FBPCR.INT.1  +184 W !!," Health Insurance: " ;FB\*3.5\*163  +185 S Z=$$INSUR^IBBAPI(DFN,DT)  +186 W $S(Z:"YES",1:"NO")  +187 D DISP^IBCNS3(DFN,DT,5) |
| New Paragraph to Print Patient Demographics  PATDEMO ; Patient Demographics FB\*3.5\*163  N VAEL,FBCP,FBMT  D ELIG^VADPT  S FBMT=$P($G(VAEL(9)),U,2)  W !,?10,"Outpatient Copayment Status: ",FBMT  D DISP^IBARXEU(DFN,DT,1,"")  D GETSC  D GETSTA  Q  ;  New Paragraph to Print Service Connected  GETSC ; Get Service Connected FB\*3.5\*163  N FBD,FBI,FBX,FBY,FBSC  W !,?20,"Service Connected: "  I VAEL(3)=0 W "NO" Q  W $P(VAEL(3),U,2)\_"%"  I '$O(^DPT(DFN,.372,0)) Q  S FBI=0 F S FBI=$O(^DPT(DFN,.372,FBI)) Q:'FBI D  . S FBX=$G(^DPT(DFN,.372,FBI,0)),FBY=$G(^DIC(31,+FBX,0))  . S FBD=$S($P(FBY,U,4)="":$P(FBY,U,1),1:$P(FBY,U,4))\_" ("\_$P(FBX,U,2)\_"%-"\_$S(+$P(FBX,U,3):"SC",1:"NSC")\_")"  . W !?39,FBD  Q  ;  New Paragraph to Print Special Authority Eligibility  GETSTA ; Get Special Authority Eligibility FB\*3.5\*163  N FBY,FBADT,FBARR  W !,?13,"Special Auth Eligibility: "  S FBADT=DT  D CL^SDCO21(DFN,FBADT,"",.FBARR)  I $D(FBARR(3)) W "SC TREATMENT",!  I $D(FBARR(7)),+$$CVEDT^DGCV(DFN,FBDAT) W ?13,"COMBAT VETERAN",!  I $D(FBARR(1)) W ?39,"AGENT ORANGE",!  I $D(FBARR(2)) W ?39,"IONIZING RADIATION",!  I $D(FBARR(4)) W ?39,"SOUTHWEST ASIA",!  I $D(FBARR(8)) W ?39,"PROJECT 112/SHAD",!  I $D(FBARR(5)) W ?39,"MILITARY SEXUAL TRAUMA",!  I $D(FBARR(6)) W ?39,"HEAD/NECK CANCER",!  I '$D(FBARR) W "NO",!  Q  ................ |

| Routines | Activities | | | |
| --- | --- | --- | --- | --- |
| **Routine Name** | ^FBPCR2 | | | |
| **Enhancement Category** | New | Modify | Delete | No Change |
| **RTM** | FRPRE 2.1.1 – 01 – FRPRE 2.1.1 – 14, FRPRE 2.2.1 – 01 – FRPRE 2.2.1 - 05 | | | |
| **Related Options** | FB PCR Potential Cost Recovery Report | | | |

| Related Routines | Routines “Called By” | Routines “Called” |
| --- | --- | --- |
|  | FBPCR  SORT+2 .I FBPI=2 D EN^FBPCR2 ;outpatient payments  PRINT+7 .I FBPI=2,$D(^TMP($J,"FB",FBPSF,FBPT,FBPI)) D PRINT^FBPCR2 Q  FBPCR3  KILL+5 D KILL^FBPCR2  SET+25 I FBAUTH D FBAUTH^FBPCR2(FBAUTH,DFN) ;FB\*3.5\*163  SETTMP+4 D CHKBILL^FBPCR2(FBINVN) ;FB\*3.5\*163  PRINT+21 ..W ! D PRTAUTH^FBPCR2(L) ; FB\*3.5\*163  FBPCR67  KILL+4 D KILL^FBPCR2  ANC+8 ...D EN1^FBPCR2 Q:'$D(FBAACPTC) S FBCNT=FBCNT+1  FBPCR671  PRINT+48 ..W ! D PRTAUTH^FBPCR2(FBI) ;FB\*3.5\*163 |  |

| Routines | Activities | | | | |
| --- | --- | --- | --- | --- | --- |
| **Data Dictionary (DD) References** | FEE BASIS PAYMENT FILE (#162) - ^FBAAC(“AK”) – Looping FEE BASIS SUSPENSION FILE (#161.27)  FEE BASIS PATIENT FILE – AUTH SUB FILE (#161.01)  STATE FILE (#5)  IB-FB INTERFACE TRACKING FILE (#360)  NEW PERSON FILE (#200) | | | | |
| **Related Protocols** | None | | | | |
| **Related Integration Control Registrations (ICRs)** | Yes – in process | | | | |
| **Data Passing** | Input | Output Reference | Both | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | |

| Current Logic |
| --- |
| See “Modified Logic” for From/To Routine Changes |

| Modified Logic (Changes are in bold) |
| --- |
| Additional Variables to Kill  +17 K FBADX1,FBADX2,FBADX3,FBAICD,FBAIEN,FBAREF,FBAREFA,FBARNPI,FBAUTH,  FBAVND,FBAVNDA,FBAVNPI,FBAVTAX ; FB\*3.5\*163  Get Additional Data from Fee Basis Authorization (if available)  +52 ;FB\*3.5\*163 - Get data from fee basis authorization if available  +53 S FBAUTH=$P(FBDAT003,U,9) ;FB\*3.5\*163  +54 I FBAUTH D FBAUTH(FBAUTH,J) ;FB\*3.5\*163  Check for New “Not Previously Billed” Prompt  +58 N FBBILL,FBINAU,FBSKIP ;FB\*3.5\*163  +59 S FBSKIP=0,(FBBILL,FBINAU)="" ;FB\*3.5\*163  +62 D CHKBILL^IBFBUTIL(FBIN) ;FB\*3.5\*163  +63 I FBSKIP,FBNPB Q ;Quit if running for not previously billed and bill IEN exists on File #360 FB\*3.5\*163  If “NO” for Above Prompt – Save Bill Number to ^TMP  +66 I FBBILL S ^TMP($J,"FB",FBPSF,FBPAT,FBP,FBVEN,I,L\_M,"FBBILL")=FBBILL ; FB\*3.5\*163 Bill Number  Save Insurance Info to ^TMP  +67 I FBINAU S ^TMP($J,"FB",FBPSF,FBPAT,FBP,FBVEN,I,L\_M,"FBINAU")=FBINAU ; FB\*3.5\*163 Insurance Auth  Save Auth Info to ^TMP  +68 I $G(FBAUTH)'="" S ^TMP($J,"FB",FBPSF,FBPAT,FBP,FBVEN,I,L\_M,"FBAUTH  ")=FBADX1\_U\_FBADX2\_U\_FBADX3\_U\_FBAICD\_U\_FBAREF\_U\_$G(FBARNPI)\_U\_FBAVND\_U\_$G  (FBAVNPI)\_U\_$G(FBAVTAX) ; FB\*3.5\*163  Addition to Variable Kill List  *From:*  +69 N FB5010PV,FBLIPVL,FBPVLIST  *To:*  +86 N FB5010PV,FBLIPVL,FBPVLIST,FBBILL,FBINAU |
| Extract Bill and Auth Data from ^TMP  +99 ..S FBBILL=$G(^TMP($J,"FB",FBPSF,FBPT,FBPI,FBVI,FBDT,M,"FBBILL"))  ;FB\*3.5\*163  +100 ..S FBINAU=$G(^TMP($J,"FB",FBPSF,FBPT,FBPI,FBVI,FBDT,M,"FBINAU"))  ;FB\*3.5\*163  Print Bill Number and Insurance Auth Number on PCR Report  *From:*  +98 ..W !,$P(FBDATA,U,3)  +99 ..W ?13,$P(FBDATA,U,4)  +100 ..W ?23,$S($P(FBADJ,U,3)]"":$P(FBADJ,U,3),1:$P(FBDATA,U,5))  +101 ..W ?33,$J($S($P(FBADJ,U,4)]"":$J($P(FBADJ,U,4),14),1:$P(FBADJ,U,1)),14)  +102 ..W ?48,$P(FBADJ,U,5)  +103 ..W ?60,$P(FBADJ,U,6)  *To:*  +117 ..W !,$P(FBDATA,U,3) ;Amt Claimed  +118 ..W ?13,$P(FBDATA,U,4) ;Amt Paid  +119 ..W ?23,$S($P(FBADJ,U,3)]"":$P(FBADJ,U,3),1:$P(FBDATA,U,5)) ;Adj Code  +120 ..W ?33,$J($S($P(FBADJ,U,4)]"":$J($P(FBADJ,U,4),14),1:$P(FBADJ,U,1)),14) ;Adj Amts  +121 ..W ?48,$P(FBADJ,U,5) ;Remit Remarks  +122 ..W ?60,$P(FBADJ,U,6) ;Patient Account No.  +123 ..W !,?3,$S(FBBILL:"Y",1:"N"),?9,FBBILL ;FB\*3.5\*163 Billed Bill No.  +124 ..W ?24,FBINAU ;FB\*3.5\*163 Ins Auth No.    Print Auth Data on PCR Report  +135 .. D PRTAUTH(M) ; FB\*3.5\*163  Change Header From FEE PROGRAM to NVC PROGRAM  *From:*  +119 HDR1 W !!?(IOM-(13+$L(FBXPROG))/2),"FEE PROGRAM: ",FBXPROG  *To:*  +141 HDR1 W !!?(IOM-(13+$L(FBXPROG))/2),"NVC PROGRAM: ",FBXPROG ;FB\*3.5\*163 -  Changed from FEE to NVC |
| Change Outpatient Report Column Headers / Add New Header Line for Bill Number and Ins Auth Number  *From:*  +123 W !,"Amt Claimed",?13,"Amt Paid",?23,"Adj Code",?36,"Adj Amounts",?  48,"Remit Remark",?61,"Patient Account No",!,FBDASH  *To:*  +145 ;W !,"Amt Claimed",?13,"Amt Paid",?23,"Adj Code",?36,"Adj Amounts",  ?48,"Remit Remark",?61,"Patient Account No",!,FBDASH  +146 W !,"Amt Claimed",?13,"Amt Paid",?23,"Adj Code",?36,"Adj Amounts",?  48,"Remit Remark",?61,"Patient Account No" ;FB\*3.5\*163  +147 W !,"Billed?",?9,"Bill#",?24,"Ins Auth#",!,FBDASH ;FB\*3.5\*163  New Paragraph to Extract Additional Authorization Data  FBAUTH(FBAUTH,FBDFN) ;Get Authorization Data if it exists FB\*3.5\*163  N FBIEN  S (FBADX1,FBADX2,FBADX3,FBAICD,FBAREF,FBAREFA,FBARNPI,FBAVND,FBAVNDA, FBAVNPI, FBAVTAX)=""  Q:FBAUTH=""  S FBIEN=FBAUTH\_","\_FBDFN\_","  S FBADX1=$$GET1^DIQ(161.01,FBIEN\_",",.08)  S FBADX2=$$GET1^DIQ(161.01,FBIEN\_",",.085)  S FBADX3=$$GET1^DIQ(161.01,FBIEN\_",",.086)  S FBAICD=$$GET1^DIQ(161.01,FBIEN\_",",.087)  S FBAREF=$$GET1^DIQ(161.01,FBIEN\_",",104)  S FBAREFA=$$GET1^DIQ(161.01,FBIEN\_",",104,"I")  I FBAREFA'="" S FBARNPI=$$GET1^DIQ(200,FBAREFA\_",",41.99)  S FBAVND=$$GET1^DIQ(161.01,FBIEN\_",",.04)  S FBAVNDA=$$GET1^DIQ(161.01,FBIEN\_",",.04,"I")  I FBAVNDA'="" D  . S FBAVNPI=$$GET1^DIQ(161.2,FBAVNDA\_",",41.01)  . S FBAVTAX=$$GET1^DIQ(161.2,FBAVNDA\_",",42)  Q  ; |
| New Paragraph to Print Additional Authorization Data  PRTAUTH(FBX) ;Print Data from Authorization FB\*3.5\*163  N FBAUPR  I '$D(^TMP($J,"FB",FBPSF,FBPT,FBPI,FBVI,FBDT,FBX,"FBAUTH")) Q  S FBAUPR=^TMP($J,"FB",FBPSF,FBPT,FBPI,FBVI,FBDT,FBX,"FBAUTH")  W !,"\*\* Authorization Data \*\*"  W !," Diagnosis: ",$P(FBAUPR,U,1)," / ",$P(FBAUPR,U,2)," / ",$P(FBAUPR,U,3), " /",$P(FBAUPR,U,4)  W !," Rendering Provider: "\_$P(FBAUPR,U,7)  W !," NPI: "\_$P(FBAUPR,U,8),?30,"TAXONOMY CODE: "\_$P(FBAUPR,U,9)  W !," Referring Provider: "\_$P(FBAUPR,U,5)  W !," NPI: "\_$P(FBAUPR,U,6)  W !  Q |

| Routines | Activities | | | |
| --- | --- | --- | --- | --- |
| **Routine Name** | ^FBPCR3 | | | |
| **Enhancement Category** | New | Modify | Delete | No Change |
| **RTM** | FRPRE 2.1.1 – 01 – FRPRE 2.1.1 – 14, FRPRE 2.2.1 – 01 – FRPRE 2.2.1 - 05 | | | |
| **Related Options** | FB PCR Potential Cost Recovery Report | | | |

| Related Routines | Routines “Called By” | Routines “Called” |
| --- | --- | --- |
|  | FBPCR  SORT+3 .I FBPI=3 D EN^FBPCR3 ;pharmacy payments  PRINT+8 .I FBPI=3 D:$D(^TMP($J,"FB",FBPSF,FBPT,FBPI)) PRINT^FBPCR3 Q | FBAUTH^FBPCR2  CHKBILL^FBPCR2  PRTAUTH^FBPCR2 |

| Routines | Activities | | | | |
| --- | --- | --- | --- | --- | --- |
| **Data Dictionary (DD) References** | FEE BASIS PHARMACY INVOICE FILE (#162.1) - ^FBAA(162.1,”AA”) – Looping  FEE BASIS PATIENT FILE (#161) | | | | |
| **Related Protocols** | None | | | | |
| **Related Integration Control Registrations (ICRs)** | Yes – in process | | | | |
| **Data Passing** | Input | Output Reference | Both | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | |

| Current Logic |
| --- |
| See “Modified Logic” for From/To Routine Changes |

| Modified Logic (Changes are in bold) |
| --- |
| New/Kill New Variables  +15 K FBAUTH,FBIEN,FBX  +19 N FBIEN,FBX  Get Linked Auth Data for Pharmacy Report Using FBAUTH^FBPCR2  +42 S FBAUTH=$P(Y(1),U,7) ;Get linked auth FB\*3.5\*163  +43 I FBAUTH D FBAUTH^FBPCR2(FBAUTH,DFN) ;FB\*3.5\*163  New Billing Data – Check for Prior Bill Number using CHKBILL^FBPCR2  +46 N FBBILL,FBIBDT,FBSKIP ;FB\*3.5\*163  +47 S FBSKIP=0,(FBBILL,FBINAU)="" ;FB\*3.5\*163  +49 D CHKBILL^IBFBUTIL(FBINVN) ;FB\*3.5\*163  +50 I FBSKIP,FBNPB Q ;Quit if running for not previously billed and bill IEN exists on File #360 FB\*3.5\*163  Extract Auth, Bill Number and Ins Auth Number Data to ^TMP  +53 S ^TMP($J,"FB",FBPSF,FBPAT,FBPI,FBVEN,I,K\_L,"FBAUTH")=$G(FBADX1)\_U\_  $G(FBADX2)\_U\_$G(FBADX3)\_U\_$G(FBAICD)\_U\_$G(FBAREF)\_U\_$G(FBARNPI)\_U\_$G(FBAV  ND)\_U\_$G(FBAVNPI)\_U\_$G(FBAVTAX) ; FB\*3.5\*163  +54 S ^TMP($J,"FB",FBPSF,FBPAT,FBPI,FBVEN,I,K\_L,"FBBILL")=FBBILL ; FB\*3.5\*163 Bill No.  +55 S ^TMP($J,"FB",FBPSF,FBPAT,FBPI,FBVEN,I,K\_L,"FBINAU")=FBINAU ; FB\*3.5\*163 Ins Auth No.  Extract and Print and Bill Number/Insurance Auth Number on Pharmacy Report  +63 N FBBILL,FBINAU ; FB\*3.5\*163  +71 ..S FBBILL=$G(^TMP($J,"FB",FBPSF,FBPT,FBPI,FBVI,FBDT,L,"FBBILL"))  ; FB\*3.5\*163 Bill No.  +72 ..S FBINAU=$G(^TMP($J,"FB",FBPSF,FBPT,FBPI,FBVI,FBDT,L,"FBINAU"))  ; FB\*3.5\*163 Ins Auth No.  +80 ..W !,?2,$S(FBBILL:"Y",1:"N"),?10,FBBILL ; FB\*3.5\*163 Bill No.  +81 ..W ?25,FBINAU ; FB\*3.5\*163 Ins Auth No. |
| Print Additional Auth Data on Pharmacy Report using PRTAUTH^FBPCR2  +83 ..W ! D PRTAUTH^FBPCR2(L) ; FB\*3.5\*163  Change FEE PROGRAM to NVC PROGRAM on Pharmacy Report  *From:*  +72 HDR1 W !!?(IOM-(13+$L(FBXPROG))/2),"FEE PROGRAM: ",FBXPROG  *To:*  +89 HDR1 W !!?(IOM-(13+$L(FBXPROG))/2),"NVC PROGRAM: ",FBXPROG ;FB\*3.5\*163  Modify Column Headers on Pharmacy Report  *From:*  +75 W !?2,"Claimed",?12,"Paid",?20,"Adj Code",?33,"Adj Amounts",?47,"In  voice #",?58,"Batch #",?66,"Remit Remarks",!,FBDASH  *To:*  +92 ; W !?2,"Claimed",?12,"Paid",?20,"Adj Code",?33,"Adj Amounts",?47,"  Invoice #",?58,"Batch #",?66,"Remit Remarks",!,FBDASH  +93 W !?2,"Claimed",?12,"Paid",?20,"Adj Code",?33,"Adj Amounts",?47,"In  voice #",?58,"Batch #",?66,"Remit Remarks" ;FB\*3.5\*163  +94 W !?2,"Billed?",?10,"Bill#",?25,"Ins Auth#",!,FBDASH ;FB\*3.5\*163  \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* |

| Routines | Activities | | | |
| --- | --- | --- | --- | --- |
| **Routine Name** | ^FBPCR671 | | | |
| **Enhancement Category** | New | Modify | Delete | No Change |
| **RTM** | FRPRE 2.1.1 – 01 – FRPRE 2.1.1 – 14, FRPRE 2.2.1 – 01 – FRPRE 2.2.1 – 05 | | | |
| **Related Options** | FB PCR Potential Cost Recovery Report | | | |

| Related Routines | Routines “Called By” | Routines “Called” |
| --- | --- | --- |
|  | ^FBPCR -  PRINT+9 .I FBPI=6!(FBPI=7) D:$D(^TMP($J,"FB",FBPSF,FBPT,FBPI)) PRINT^FBPCR671 Q | PRTAUTH^FBPCR2 |

| Routines | Activities | | | | |
| --- | --- | --- | --- | --- | --- |
| **Data Dictionary (DD) References** | FEE BASIS INVOICE FILE (#162.5) - ^FBAAI(“AD”) – Looping FEE BASIS PATIENT FILE (#161) FEE BASIS VENDER FILE (#161.2)  STATE FILE (#5) | | | | |
| **Related Protocols** | None | | | | |
| **Related Integration Control Registrations (ICRs)** | Yes – in process | | | | |
| **Data Passing** | Input | Output Reference | Both | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | |

| Current Logic |
| --- |
| See “Modified Logic” for From/To Routine Changes |

| Modified Logic (Changes are in bold) |
| --- |
| Kill New Variables  +5 N FBBILL,FBINAU ; FB\*3.5\*163  Extract Bill Number and Insurance Auth Number from ^TMP  +15 ..S FBBILL=$G(^TMP($J,"FB",FBPSF,FBPT,FBPI,FBVI,FBDT,FBI,"FBBILL"))  ; FB\*3.5\*163 Bill No.  +16 ..S FBINAU=$G(^TMP($J,"FB",FBPSF,FBPT,FBPI,FBVI,FBDT,FBI,"FBINAU"))  ; FB\*3.5\*163 Ins Auth No.  Current code / old data issue, tester requested fix ($G)  S FBDATA=$G(^TMP($J,"FB",FBPSF,FBPT,FBPI,FBVI,FBDT,FBI)),FBCATC=$P(FBDATA,U,9),FBINS=$P(FBDATA,U,10) ;FB\*3.5\*163 Add $G  ..S FBINV=$G(^TMP($J,"FB",FBPSF,FBPT,FBPI,FBVI,FBDT,FBI,"FBINV")) ; FB\*3.5\*163 Add $G  Print Bill Number and Insurance Auth Number on Civil Hospital/Contract Nursing Home Reports  +25 ..W !,?2,$S(FBBILL:"Y",1:"N"),?9,FBBILL ; FB\*3.5\*163 Bill No.  +26 ..W ?24,FBINAU ; FB\*3.5\*163 Ins Auth No.  Print Additional Authorization Data Using PRTAUTH^FBPCR2  +52 ..W ! D PRTAUTH^FBPCR2(FBI) ;FB\*3.5\*163  Change Wording from FEE PROGRAM to NVC PROGRAM  *From:*  +99 HDR1 W !!?(IOM-(13+$L(FBXPROG))/2),"FEE PROGRAM: ",FBXPROG  *To:*  +105 HDR1 W !!?(IOM-(13+$L(FBXPROG))/2),"NVC PROGRAM: ",FBXPROG ;FB\*3.5\*163 -  Changed from FEE to NVC  Change Column Headers  *From:*  +101 W !?1,"Amt Claimed",?15,"Amt Paid",?25,"Cov Days",?36,"Adj Codes",?  49,"Adj Amounts",?63,"Remit Remarks",!,FBDASH  *To:*  +107 ; W !?1,"Amt Claimed",?15,"Amt Paid",?25,"Cov Days",?36,"Adj Codes"  ,?49,"Adj Amounts",?63,"Remit Remarks",!,FBDASH  +108 W !?1,"Amt Claimed",?15,"Amt Paid",?25,"Cov Days",?36,"Adj Codes",?  49,"Adj Amounts",?63,"Remit Remarks" ; FB\*3.5\*163  +109 W !?1,"Billed?",?9,"Bill#",?24,"Ins Auth#",!,FBDASH ;FB\*3.5\*163 |

| Routines | Activities | | | |
| --- | --- | --- | --- | --- |
| **Routine Name** | ^IBFBWL – Main Precert and Billing Worklist Routine (Note: Some sections of this routine are used by the Billing Worklist only.) | | | |
| **Enhancement Category** | New | Modify | Delete | No Change |
| **RTM** | FRPRE – 1.1, FRPRE – 1.1.1.1 – 03, FRPRE – 1.1.1.1 - 07 | | | |
| **Related Options** | IB NVC PRECERT WORKLIST | | | |

| Related Routines | Routines “Called By” | Routines “Called” |
| --- | --- | --- |
|  | Called by VistA Option - IB NVC PRECERT WORKLIST  Subroutines Called by ListMan Actions -  EXPAND  LINKCT – Link to CT (RUR only) ACTIONS HISTORY | 1. BLDWL^IBFBWL1 (Billing Worklist only – NSR #20110303) 2. BLDWL^IBFBWL5 (Precert Worklist)  3. Refresh Action calls GETAUT,BLDWL in ^IBFBWL1/^IBFBWL5 to rebuild lists |

| Routines | Activities | | | | |
| --- | --- | --- | --- | --- | --- |
| **Data Dictionary (DD) References** | Worklist Selection Criteria  INSTITUTION FILE (#4) – Read-only via ^DIC/^DIQ PATIENT FILE (#2) – Read-only via ^DIC/^DIQ  Worklist Action Item (Claims Tracking) FEE BASIS PATIENT AUTHORIZATION SUBFILE (#161.01) – Read-only via ^DIQ CLAIMS TRACKING FILE (#356) – Read-only via ^DIQ | | | | |
| **Related Protocols** | IB BILLING WORKLIST MENU  Action Protocols  IB BILLING WORKLIST REFRESH - REFRESH^IBFBWL  IB BILLING WORKLIST EXPAND - EXPAND^IBFBWL  IB BILLING WORKLIST CLAIMS TRACKING – LINKCT^IBFBWL  IB BILLING WORKLIST ACTIONS – ACTIONS^IBFBWL  IB BILLING WORKLIST HISTORY – HISTORY^IBFBWL | | | | |
| **Related Integration Control Registrations (ICRs)** | Yes - In process | | | | |
| **Data Passing** | Input | Output Reference | Both | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | |

| Current Logic |
| --- |
| New Routine |

| Modified Logic (Changes are in bold) |
| --- |
| IBFBWL ;ALB/PAW-IB BILLING Worklist ; 30-SEP-2015  ;;2.0;INTEGRATED BILLING;\*\*554\*\*;21-MAR-94;Build 3  ;;Per VA Directive 6402, this routine should not be modified.  EN ; -- Main entry point for IB BILLING WORKLIST  N FILTERS,IBGRP,IBDIVS,IBWLTYP  S IBWLTYP="B"  I '$$FILTER(.FILTERS) Q  S IBGRP=$P($G(FILTERS(0)),U,1)  K XQORS,VALMEVL  D EN^VALM("IB BILLING WORKLIST")  Q  ;  EN2 ; -- Main entry point for IB NVC PRECERT WORKLIST 🡸This is the entry point for precert  N FILTERS,IBGRP,IBDIVS,IBWLTYP  S IBWLTYP="P"  I '$$FILTER(.FILTERS) Q  S IBGRP=$P($G(FILTERS(0)),U,1)  K XQORS,VALMEVL  D EN^VALM("IB NVC PRECERT WORKLIST")  Q  ;  INIT ; Initialize variables for IB BILLING WORKLIST  D KILLGLB  D GETAUT^IBFBWL1(IBGRP)  I '$D(^TMP("IBFBWL",$J)) D Q  . W !!,\*7,"There are no new cost recoverable invoices on file."  . S DIR(0)="E"  . D ^DIR  . S VALMQUIT=1  . D EXIT  S IBWLTYP="B"  D BLDWL^IBFBWL1  Q  ; |
| INIT2 ; Initialize variables for IB NVC Precert Worklist 🡸Initialization for precert  D KILLGLB  D GETAUT^IBFBWL5(IBGRP) 🡸Calls ^IBFBWL5 to build main worklist screen  I '$D(^TMP("IBFBWL",$J)) D Q  . W !!,\*7,"There are no new authorizations on file."  . S DIR(0)="E"  . D ^DIR  . S VALMQUIT=1  . D EXIT  S IBWLTYP="P"  D BLDWL^IBFBWL5  Q  ;  HDR ; Set header for IB BILLING Worklist  N IBDIVS,IBFST,IBIEN,IBXX,IBY  D CHKFILT  I IBWLTYP="B" D  . S VALMHDR(1)=$S(IBY=1:"Facility Revenue Review",IBY=2:"RUR SC/SA",IBY=3:"Billing")  . S VALMHDR(1)=VALMHDR(1)\_" ("\_$S($P(FILTERS(0),U,4)=1:"First Party Copay",1:"Third Party")\_")"  I IBWLTYP="P" D  . S VALMHDR(1)=$S(IBY=1:"Insurance Verification",IBY=2:"RUR Pre-certification")  S VALMHDR(2)="Selected Division(s): "\_IBDIVS  Q  ;  HDR2 ; Set header for IB NVC Precert Worklist 🡸 Headers for precert  N IBDIVS,IBFST,IBIEN,IBXX,IBY  D CHKFILT  S VALMHDR(1)=$S(IBY=1:"Insurance Verification",IBY=2:"RUR Pre-certification")  S VALMHDR(2)="Selected Division(s): "\_IBDIVS  Q  ; |
| FILTER(FILTERS) ; Set up filters  ; Sets an array of filters to determine which entries to include in display  ; Input: None  ; Output:  ; Returns: 0 if the user entered '^' or timed out, 1 otherwise  ; If Billing - FILTERS(0) = fee basis group (1=Facility Revenue, 2=RUR  SC/SA, 3=Billing)^ 0 (all) 1 (selected) institutions ^ 0 (all) 1 (selected) patients ^ 1(First Party Copay) 2 (Third Party)  ; If Precert - FILTERS(0) = fee basis group (1=insurance verification,  2=RUR)^ 0 (all) 1 (selected) institutions ^ 0 (all) 1 (selected) patients  ; FILTERS(1) = inst ien ^ inst ien ^ etc...  ; FILTERS(2) = pat ien ^ pat ien ^ etc...  N DIR,DIROUT,DIRUT,DTOUT,DUOUT,IBXX,X,XX,Y  K FILTERS  ;  ; Billing Department  I IBWLTYP="B" D  . S DIR(0)="S",DIR("A")="Select (F)acility Revenue, (R)UR SC/SA or (B)lling"  . S DIR("?",1)="Enter 'F' for Facility Revenue, 'R' for RUR SC/SA"  . S DIR("?")="or 'B' to for Billing."  . S $P(DIR(0),U,2)="F:Facility Revenue;R:RUR SC/SA;B:Billing"  . W ! D ^DIR K DIR  . I $G(DIRUT) Q  . S X=$$UP^XLFSTR(X)  . S FILTERS(0)=$S(Y="F":1,Y="R":2,Y="B":3,1:0)  ;  ; Pre-certification Department 🡸Precert filters  I IBWLTYP="P" D  . S DIR(0)="S",DIR("A")="Select (I)nsurance Verification or (R)UR Pre-certification"  . S DIR("?",1)="Enter 'I' for insurance verification authorizations."  . S DIR("?")="Enter 'R' for RUR authorizations."  . S $P(DIR(0),U,2)="I:Insurance Verification;R:RUR Pre-certification"  . W ! D ^DIR K DIR  . I $G(DIRUT) Q  . S X=$$UP^XLFSTR(X)  . S FILTERS(0)=$S(Y="I":1,Y="R":2,1:0)  ; |
| ; First Party Copay or Third Party  I IBWLTYP="B" D  . S DIR(0)="S",DIR("A")="Select (F)irst Party Copay or (T)hird Party Insurance"  . S $P(DIR(0),U,2)="F:First Party Copay;T:Third Party Insurance"  . S DIR("?",1)="Enter 'F' for First Party Copay."  . S DIR("?")="Enter 'T' for Third Party Insurance."  . S $P(DIR(0),U,2)="F:First Party Copay;T:Third Party Insurance"  . W ! D ^DIR K DIR  . I $G(DIRUT) Q  . S X=$$UP^XLFSTR(X)  . S $P(FILTERS(0),U,4)=$S(Y="F":1,Y="T":3,1:0)  ;  I $G(DIRUT) Q 0  ;  ; Site (Division) Filter  S DIR(0)="S",DIR("A")="Select(A)ll or (S)elected Division(s):",DIR("B")="All"  S DIR("?",1)="Enter 'A' for ALL Divisions."  S DIR("?")="Enter 'S' to view entries for selected Division(s)."  S $P(DIR(0),U,2)="A:All Divisions;S:Selected Divisions"  W ! D ^DIR K DIR  I $G(DIRUT) Q 0  S X=$$UP^XLFSTR(X)  S $P(FILTERS(0),U,2)=$S(Y="A":0,1:1)  ;  ; Set Division Filter  I $P(FILTERS(0),U,2)=1 D ASKDIV(.FILTERS)  ;  ; Patient Filter  S DIR(0)="S",DIR("A")="Select(A)ll or (S)elected Patient(s):",DIR("B")="All"  S DIR("?",1)="Enter 'A' to select ALL Patients."  S DIR("?")="Enter 'S' to view entries for selected Patients."  S $P(DIR(0),U,2)="A:All Patients;S:Selected Patients"  W ! D ^DIR K DIR  I $G(DIRUT) Q 0  S X=$$UP^XLFSTR(X)  S $P(FILTERS(0),U,3)=$S(Y="A":0,1:1)  ; Set Patient / Veteran filter  I $P(FILTERS(0),U,3)=1 D ASKPAT(.FILTERS)  D SHOWFILT(.FILTERS)  Q 1  ; |
| ASKDIV(FILTERS) ; Sets a list of Divisions to be displayed in the Billing Worklist  ; Input: FILTERS - Current Array of filter settings  ; Output: FILTERS - Updated Array of filter settings  N DIC,DIR,DIRUT,DIVS,DUOUT,FIRST,IBIENS,IBIENS2,IBXX,IEN,N,X,Y  S DIC=4,DIC(0)="AE",FIRST=1  F D Q:+IEN<1  . D ONEDIV(.DIC,.IEN,.FIRST) ; One Division prompt  . Q:+IEN<1  . S IBIENS($P(IEN,U,2))=$P(IEN,U,7)  . S IBIENS2($P(IEN,U,1))=$P(IEN,U,2)  I '$D(IBIENS) S FILTERS(1)="" Q  ;  ; Set the filter node responses in alphabetical order  S IBXX=""  F S IBXX=$O(IBIENS2(IBXX)) Q:IBXX="" D  . S FILTERS(1,IBXX)=""  Q  ;  ONEDIV(DIC,IEN,FIRST) ; Prompts the user for a Division  ; Input: DIC - Variable/Array of settings needed for ^DIC call  ; FIRST - Set to 1 initially and then 0 for subsequent calls  ; Output: FIRST - Set to 0  ; IEN - IEN of the selected Division  ; null of no selection was made  S DIC("A")=$S(FIRST:"Select a Division: ",1:"Select Another Division: ")  D ^DIC  S FIRST=0,IEN=Y  Q  ; |
| ASKPAT(FILTERS) ; Sets a list of patients  ; Input: FILTERS - Current Array of filter settings  ; Output: FILTERS - Updated Array of filter settings  N DIC,DIR,DIRUT,DIVS,DUOUT,FIRST,IBIENS,IBIENS2,IBN,IBXX,IEN,X,Y  S DIC=2,DIC(0)="AE",FIRST=1  F D Q:+IEN<1  . D ONEPAT(.DIC,.IEN,.FIRST) ; One patient  . Q:+IEN<1  . S IBIENS($P(IEN,U,2))=$P(IEN,U,1)  . S IBIENS2($P(IEN,U,1))=$P(IEN,U,2)  I '$D(IBIENS) S FILTERS(2)="" Q  ;  ; Set the filter node responses in alphabetical order  S IBXX=""  F D Q:IBXX=""  . S IBXX=$O(IBIENS(IBXX))  . Q:IBXX=""  . S IBN=IBIENS(IBXX)  . S FILTERS(2,IBN)=""  Q  ;  ONEPAT(DIC,IEN,FIRST) ; Prompts the user for a Patient  ; Input: DIC - Variable/Array of settings needed for ^DIC call  ; FIRST - Set to 1 initially and then 0 for subsequent calls  ; Output: FIRST - Set to 0  ; IEN - IEN of the Patient  ; null of no selection was made  S DIC("A")=$S(FIRST:"Select Patient: ",1:"Select Another Patient: ")  D ^DIC  S FIRST=0,IEN=Y  Q  ; |
| SHOWFILT(FILTERS) ; Display  ; Displays the currently selected filter selections for the  ; Billing and NVC Precert Worklist display  ; Input: FILTERS() - Array of filter settings. See FILTERS for a detailed  ; explanation of the FILTERS array  ; Output: Current Filter settings are displayed  ;  N DIR,DIROUT,DIRUT,DTOUT,DUOUT,IEN,LEN,IBXX,IBY,IBZ  I IBWLTYP="B" D  . W !!!,"Type of Review: "  . S IBY=$P(FILTERS(0),U,1)  . W $S(IBY=1:"Facility Revenue",IBY=2:"RUR SC",IBY=3:"Billing",1:"")  . S IBZ=$P(FILTERS(0),U,4) W " ("\_$S(IBZ=1:"First Party Copay",1:"Third Party")\_")"  I IBWLTYP="P" D  . W !!!,"Pre-certification Department: "  . S IBY=$P(FILTERS(0),U,1)  . W $S(IBY=1:"Insurance Verification",IBY=2:"RUR",1:"")  ;  W !,"Show All Divisions or Selected Divisions: "  W $S($P(FILTERS(0),U,2)=0:"All",1:"Selected")  ;  ; Division list (if any)  I ($P(FILTERS(0),U,2)=1) D  . W !,"Divisions to Display: "  . S LEN=20,IEN=0  . F S IEN=$O(FILTERS(1,IEN)) Q:IEN="" D  . . S IBXX=$$GET1^DIQ(4,IEN\_",",.01)  . . S LEN=LEN+$L(IBXX)  . . I LEN+2<80 D Q  . . . W IBXX  . . . I $O(FILTERS(1,IEN))'="" D  . . . . S LEN=LEN+2  . . . . W ", "  . . S LEN=20  . . W !," ",IBXX  ; |
| W !,"All Patients or Selected Patients: "  W $S($P(FILTERS(0),U,3)=0:"All",1:"Selected")  ; Patient Inclusion list (if any)  I ($P(FILTERS(0),U,3)=1) D  . W !,"Patients to Display: "  . S LEN=20,IEN=0  . F S IEN=$O(FILTERS(2,IEN)) Q:IEN="" D  . . S IBXX=$$GET1^DIQ(2,IEN\_",",.01)  . . S LEN=LEN+$L(IBXX)  . . I LEN+2<80 D Q  . . . W IBXX  . . . I $O(FILTERS(2,IEN))'="" D  . . . . S LEN=LEN+2  . . . . W ", "  . . S LEN=20  . . W !," ",IBXX  ;  K DIR  D PAUSE^VALM1  Q  ;  EXPAND ; Expand Item (EE)  D FULL^VALM1  N I,J,DFN,IBFBA,IBXX,VALMY,ECNT,IBAUTH,IBNAME  D EN^VALM2($G(XQORNOD(0)))  I $D(VALMY) S IBXX=0 F S IBXX=$O(VALMY(IBXX)) Q:'IBXX D  . K ^TMP("IBFBWE",$J)  . S ECNT=$G(^TMP("IBFBWLX",$J,IBXX))  . S DFN=$P(ECNT,U,1),IBNAME=$P(ECNT,U,2),IBAUTH=$P(ECNT,U,3),IBFBA=$P(ECNT,U,4)  . S ^TMP("IBFBWE",$J)=DFN\_U\_IBNAME\_U\_IBAUTH\_IBFBA  . D EN^VALM("IB BILLING WORKLIST EXPAND")  . Q  K ^TMP("IBFBWE",$J)  S VALMBCK="R"  Q  ; |
| LINKI ; Insurance Enter/Edit (IN) 🡸  D FULL^VALM1  N I,J,DFN,IBXX,VALMY,ECNT  D EN^VALM2($G(XQORNOD(0)))  I $D(VALMY) S IBXX=0 F S IBXX=$O(VALMY(IBXX)) Q:'IBXX D  . S ECNT=$G(^TMP("IBFBWLX",$J,IBXX))  . S DFN=$P(ECNT,U,1)  . D EN^VALM("IBCNS PATIENT INSURANCE")  S VALMBCK="R"  Q  ;  LINKCT ; Claims Tracking (CT)  I IBWLTYP="P",IBGRP=1 D Q 🡸 Precert specific code  . W !," This action not available for IV queue."  . D PAUSE^VALM1  . K ^TMP($J,"IBCLMTRK")  . S VALMBCK="R"  D FULL^VALM1  K ^TMP($J,"IBCLMTRK")  N I,J,CTDT,CTIEN,CTLN1,CTUSR,DFN,ECNT,GOTPAT,IBFBA,IBAUTH,IBEND,IBNAME,IBST,IBXX,VALMY  D EN^VALM2($G(XQORNOD(0)))  I $D(VALMY) S IBXX=0 F S IBXX=$O(VALMY(IBXX)) Q:'IBXX D  . S ECNT=$G(^TMP("IBFBWLX",$J,IBXX))  . S DFN=$P(ECNT,U,1),IBNAME=$P(ECNT,U,2),IBAUTH=$P(ECNT,U,3),IBFBA=$P(ECNT,U,4)GOTPAT=1  . D GETDTS^IBFBUTIL(IBIEN)  . I IBEND="" S IBEND="3991231"  . S ^TMP($J,"IBCLMTRK")=DFN\_U\_IBST\_U\_IBEND\_U\_IBAUTH\_U\_IBFBA  . D EN^VALM("IBT CLAIMS TRACKING EDITOR") |
| I IBWLTYP="P",$D(D0) D 🡸Precert specific code  . S CTIEN=D0  . I '$D(^IBT(356,CTIEN)) Q  . S CTLN1=^IBT(356,CTIEN,1)  . S CTDT=$P($P(CTLN1,U,1),".",1)  . S CTUSR=$P(CTLN1,U,2)  . I $G(DUZ)=CTUSR,DT=CTDT D  .. N Y,X  .. W !!  .. S DIR("A")="Link last Claims Tracking entry to current auth for "\_IBNAME\_"? "  .. S DIR("?")="Please answer Yes or No."  .. S DIR("B")="YES",DIR(0)="YA^^"  .. D ^DIR K DIR  .. I Y(0)'="YES" Q  .. S CTTMP=^TMP($J,"IBCLMTRK")  .. S DFN=$P(CTTMP,U,1)  .. S IBAUTH=$P(CTTMP,U,4)  .. S IBXX=""  .. S IBXX=$O(^IBFB(360,"D",DFN,IBAUTH,IBXX))  .. S $P(^IBFB(360,IBXX,1),U,1)=CTIEN  K ^TMP($J,"IBCLMTRK")  S VALMBCK="R"  Q  ; |
| ACTIONS ; Worklist Action (WA)  D FULL^VALM1  N I,J,DFN,IBFBA,IBXX,VALMY,ECNT,IBAUTH,IBNAME  D EN^VALM2($G(XQORNOD(0)))  I $D(VALMY) S IBXX=0 F S IBXX=$O(VALMY(IBXX)) Q:'IBXX D  . K ^TMP("IBFBWA",$J)  . S ECNT=$G(^TMP("IBFBWLX",$J,IBXX))  . S DFN=$P(ECNT,U,1),IBNAME=$P(ECNT,U,2),IBAUTH=$P(ECNT,U,3),IBFBA=$P(ECNT,U,4)  . S ^TMP("IBFBWA",$J)=DFN\_U\_IBNAME\_U\_IBAUTH\_U\_IBFBA  . I IBWLTYP="B" D  .. D EN^VALM("IB BILLING WORKLIST ACTIONS")  . I IBWLTYP="P" D 🡸Precert specific code  .. I IBGRP=1 D EN^VALM("IB NVC PRECERT WORKLIST IV")  .. I IBGRP=2 D EN^VALM("IB NVC PRECERT WORKLIST RUR")  K ^TMP("IBFBWA",$J)  K ^TMP("VALMAR",$J)  I IBWLTYP="B" D BLDWL^IBFBWL1  I IBWLTYP="P" D BLDWL^IBFBWL5 🡸 If precert, calls actions in ^IBFBWL5  S VALMBCK="R"  Q  ; |
| HISTORY ; Worklist History (HI)  HISTORY ; Worklist History (HI)  D FULL^VALM1  N I,J,DFN,ECNT,IBA,IBAUTH,IBB,IBHDT,IBHLG,IBHUSR,IBNAME,IBNAME,IBY,IBX,IBXX,VALMY  D EN^VALM2($G(XQORNOD(0)))  I $D(VALMY) S IBXX=0 F S IBXX=$O(VALMY(IBXX)) Q:'IBXX D  . K ^TMP("IBFBWH",$J)  . S ECNT=$G(^TMP("IBFBWLX",$J,IBXX))  . S DFN=$P(ECNT,U,1),IBNAME=$P(ECNT,U,2),IBAUTH=$P(ECNT,U,3),IBFBA=$P(ECNT,U,4)  . I IBFBA’=”” S IBY=IBFBA  . I IBFBA=”” D  .. S IBX="" F S IBX=$O(^IBFB(360,"C",DFN,IBX)) Q:IBX="" D  ... I $P(^IBFB(360,IBX,0),U,3)=IBAUTH S IBY=IBX  . S IBA=0 F S IBA=$O(^IBFB(360,IBY,4,IBA)) Q:IBA="" D  .. S IBHDT=$$FDATE^VALM1($P(^IBFB(360,IBY,4,IBA,0),U,1))  .. S IBHLG=$P(^IBFB(360,IBY,4,IBA,0),U,2)  .. S IBHUSR=$P(^IBFB(360,IBY,4,IBA,0),U,3)  .. S ^TMP("IBFBWH",$J,IBA)=IBHDT\_U\_IBHLG\_U\_IBHUSR  . D EN^VALM("IB BILLING WORKLIST HISTORY")  . Q  K ^TMP("IBFBWH",$J)  S VALMBCK="R"  Q  ; |
| REFRESH ; Special Main Screen List Refresh 🡸Special refresh code was needed to redisplay list  K ^TMP("IBFBWL",$J)  I IBWLTYP="B" D  . D GETAUT^IBFBWL1(IBGRP)  . D BLDWL^IBFBWL1  I IBWLTYP="P" D  . D GETAUT^IBFBWL5(IBGRP)  . D BLDWL^IBFBWL5  S VALMBCK="R"  Q  ;  KILLGLB ; Kill Worklist Globals  K ^TMP("IBFBWL",$J)  K ^TMP("IBFBWLX",$J)  K ^TMP("IBFBWA",$J)  K ^TMP("IBFBWE",$J)  K ^TMP("IBFBWH",$J)  K ^TMP("VALMAR",$J)  K ^TMP("XQORS",$J)  D CLEAR^VALM1  Q  ;  CHKFILT ; Check Filters  I $P($G(FILTERS(0)),U,2)=0 S IBDIVS="All"  I $P($G(FILTERS(0)),U,2)'=0 D  . S IBIEN=0,IBFST=1  . F S IBIEN=$O(FILTERS(1,IBIEN)) Q:IBIEN="" D  .. S IBXX=$E($$GET1^DIQ(4,IBIEN\_",",.01),1,15)  .. I IBFST S IBFST=0,IBDIVS=IBXX Q  .. S IBDIVS=IBDIVS\_","\_IBXX  S IBY=$P(FILTERS(0),U,1)  Q  ;  HELP ; -- help code  S X="?" D DISP^XQORM1 W !!  Q  ;  EXIT ; -- exit code  D KILLGLB  D CLEAN^VALM10  D ^%ZISC  Q |

| Routines | Activities | | | |
| --- | --- | --- | --- | --- |
| **Routine Name** | ^IBFBWL2 – Expand Worklist Item  (Note: The Billing Worklist shares this routine with the Precert Worklist. Many fields display on the Billing Worklist only – NSR #20110303.) | | | |
| **Enhancement Category** | New | Modify | Delete | No Change |
| **RTM** | FRPRE 1.1.1.1 – 01 through FBPRE 1.1.1.1 - 10 | | | |
| **Related Options** | IB NVC PRECERT WORKLIST | | | |

| Related Routines | Routines “Called By” | Routines “Called” |
| --- | --- | --- |
|  | Called from IB NVC PRECERT WORKLIST Action “EE” – EXPAND^IBFBWL | GETAUTH^IBFBUTIL  GETPAY^IBFBUTIL |

| Routines | Activities | | | | |
| --- | --- | --- | --- | --- | --- |
| **Data Dictionary (DD) References** | PATIENT FILE (#2)  IB-FB INTERFACE TRACKING FILE (#360)  FEE BASIS VENDOR FILE (#161.2)  NEW PERSON FILE (#200)  DISABILITY CONDITION FILE (#31)  INSURANCE COMPANY FILE (#36)  FEE BASIS PATIENT FILE AUTHORIZATION SUBFILE (#161.01) | | | | |
| **Related Protocols** | IB BILLING WORKLIST MENU  IB BILLING WORKLIST EXPAND - EXPAND^IBFBWL  Corresponding Menu (Protocol)  IB BILLING WORKLIST EXPAND MENU PROTOCOL  Action Protocols  IB BILLING WORKLIST EXPAND REFRESH – REFRESH^IBFBWL2 | | | | |
| **Related Integration Control Registrations (ICRs)** | Yes – in process | | | | |
| **Data Passing** | Input | Output Reference | Both | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | |

| Current Logic |
| --- |
| New Routine |

| Modified Logic (Changes are in bold) |
| --- |
| IBFBWL2 ;ALB/PAW-IB BILLING Worklist Expand Item ; 30-SEP-2015  ;;2.0;INTEGRATED BILLING;\*\*554\*\*;21-MAR-94;Build 3  ;;Per VA Directive 6402, this routine should not be modified.  ;;  EN ; -- main entry point for BILLING WORKLIST EXPAND  D EN^VALM("IB PRECERT WORKLIST EXPAND")  Q  ;  HDR ; -- header code  S VALM("TITLE")=" Expanded NVC"  Q  ;  INIT ; -- init variables and list array  ; input - ^TMP("IBFBWE",$J)=DFN^IBNAME^IBAUTH  ; output - Expanded worklist screen  I '$D(^TMP("IBFBWE",$J)) Q  N CNT,DFN,ECNT,IBNAME,IBAUTH,IBST,LINE,VAEL  S ECNT=$G(^TMP("IBFBWE",$J))  S DFN=$P(ECNT,U,1),IBNAME=$P(ECNT,U,2),IBAUTH=$P(ECNT,U,3)  D BLD  D GETSC  D GETSTA  D GETINS  D BLDEXP  S VALMBCK="R"  Q  ; |
| BLD ; build data to displayall API for Authorization Sub-File (#161.01) fields  I IBWLTYP="P" D  . S IBST=$G(IBARRAY(161.01,IBIEN,.01,"I"))  . S IBEND=$G(IBARRAY(161.01,IBIEN,.02,"I"))  . S IBSTX=$G(IBARRAY(161.01,IBIEN,.01,"E"))  . S IBENDX=$G(IBARRAY(161.01,IBIEN,.02,"E"))  . S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)="AUTH DOS RANGE  : "\_IBSTX\_" - "\_IBENDX |
| I IBWLTYP="B" D  . S (IBST,IBINV)=""  . I IBFBA'="" S IBXX=IBFBA  . I IBFBA="" D  .. S IBX="" F S IBX=$O(^IBFB(360,"C",DFN,IBX)) Q:IBX="" D  ... I $$GET1^DIQ(360,IBX\_",",.03)=IBAUTH S IBXX=IBX  . D GETST^IBFBUTIL(IBXX)  . D GETPAY^IBFBUTIL(IBXX)  . I IBST'="" S IBSTX=$$FDATE^VALM1(IBST)  . S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)="INVOICE NVC  : "\_$G(IBFPNOT)  . S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)="INVOICE#  : "\_IBINV  . I IBFPNO=2!(IBFPNO=3) S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,  CNT)="SERVICE DATE : "\_$G(IBSTX)  . I IBFPNO=6!(IBFPNO=7) S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,  CNT)="DOS START DATE : "\_$G(IBSTX) |
| . ; I IBFPNO=3 S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)="VEN  DOR : "\_$G(IBVNDA)  . I $G(IBINV)'="" D  .. S IBPAYX=""  .. F S IBPAYX=$O(IBRET(162.03,IBPAYX)) Q:IBPAYX="" D  ... S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)=" SERVICE CPT  : "\_$G(IBRET(162.03,IBPAYX,.01,"I"))  ... I $D(IBRET(162.03,IBPAYX,2,"I")) S IBINVPD=$FN(IBRET(162.03,IBPAYX,  2,"I"),"",2)  ... S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)=" AMOUNT PAID  : "\_$G(IBINVPD)  ... S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)=" RENDERING PR  OV : "\_$G(IBRET(162.03,IBPAYX,63,"I"))  ... S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)=" RENDERING NP  I : "\_$G(IBRET(162.03,IBPAYX,64,"I"))  ... S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)=" RENDERING TA  X : "\_$G(IBRET(162.03,IBPAYX,65,"I")) |
| S IBFP=$G(IBARRAY(161.01,IBIEN,.03,"E")) 🡸Begin code used for both Precert and Billing Worklists  S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)="NVC : "\_IBFP  S IBPUR=$G(IBARRAY(161.01,IBIEN,.07,"E"))  S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)="PURPOSE OF VISIT : "\_IBPUR  S IBVND=$G(IBARRAY(161.01,IBIEN,.04,"E"))  S IBVNDA=$G(IBARRAY(161.01,IBIEN,.04,"I"))  S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)="NON-VA LOCATION : "\_IBVND  S IBVNPI=""  I IBVNDA'="" S IBVNPI=$$GET1^DIQ(161.2,IBVNDA\_",",41.01)  S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)=" NPI# : "\_IBVNPI  S IBVTAX=""  I IBVNDA'="" S IBVTAX=$$GET1^DIQ(161.2,IBVNDA\_",",42)  S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)=" TAXONOMY : "\_IBVTAX  S IB7078=$G(IBARRAY(161.01,IBIEN,.055,"E"))  S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)="ASSOC 7078/583 : "\_IB7078  S IBREF=$G(IBARRAY(161.01,IBIEN,104,"E"))  S IBREFA=$G(IBARRAY(161.01,IBIEN,104,"I"))  S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)="ORDERING PHYSICIAN: "\_IBREF  S IBNPI=""  I IBREFA'="" S IBNPI=$$GET1^DIQ(200,IBREFA\_",",41.99)  S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)=" NPI# : "\_IBNPI  ; Placeholder if VA starts to use Taxonomy for VA physicians S IBTAX=""  S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)=" TAXONOMY : "\_IBTAX  S IBMT=$P($G(VAEL(9)),U,2) |
| S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)="MEANS TEST STATUS: "\_IBMT  D DISP^IBARXEU(DFN,IBST,1,"")  S IBCP=$P($G(X),U,2)  S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)="MED COPAY EXEMP ST: "\_IBCP  S IBDX1=$G(IBARRAY(161.01,IBIEN,.08,"E"))  S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)="DIAGNOSIS 1: "\_IBDX1  S IBDX2=$G(IBARRAY(161.01,IBIEN,.085,"E"))  S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)="DIAGNOSIS 2: "\_IBDX2  S IBDX3=$G(IBARRAY(161.01,IBIEN,.086,"E"))  S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)="DIAGNOSIS 3: "\_IBDX3  S IBICDDX=$G(IBARRAY(161.01,IBIEN,.087,"E"))  S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)="ICD DIAGNOSIS: "\_IBICDDX  I '$D(IBARRAY(161.01,IBIEN,.021)) S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,D  FN,IBAUTH,CNT)="AUTH REMARKS : "  S IBREM="",IBREM1=1  F S IBREM=$O(IBARRAY(161.01,IBIEN,.021,IBREM)) Q:IBREM=""!(IBREM="E")  D  . S IBREMARK=IBARRAY(161.01,IBIEN,.021,IBREM)  . I IBREM1 S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)="AUTH RE  MARKS : "\_IBREMARK,IBREM1=0  . E S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)="  : "\_IBREMARK  Q |
| BLDEXP ; Build expand screen  D FULL^VALM1  N IBXX  S DFN=$P(ECNT,U,1),IBNAME=$P(ECNT,U,2),IBAUTH=$P(ECNT,U,3)  S VALMCNT=0  S IBXX=""  F S IBXX=$O(^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,IBXX)) Q:+IBXX=0 D  . S LINE=^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,IBXX)  . S VALMCNT=VALMCNT+1  . D SET^VALM10(VALMCNT,LINE,"")  S VALMCNT=VALMCNT+1  Q  ; |
| GETSC ; Get SC and STA  N IBD,IBI,IBX,IBY,IBSC,IBSC1,FIRST  S FIRST=1  I VAEL(3)=0 S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)="SERVICE CONNECTED : NO" Q  S IBSC="SERVICE CONNECTED : "\_$P(VAEL(3),U,2)\_"%"  S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)=IBSC  I '$O(^DPT(DFN,.372,0)) S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)="RATED DISABILITIES: NONE" 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")\_")"  . I FIRST S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)="RATED DISABILITIES: "\_IBD,FIRST=0 Q  . S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)=" "\_IBD  Q  ; |
| GETSTA ; Get Special Authority Eligibility  N IBY,FIRST,FOUND,IBADT,IBARR  S IBADT=IBST  S FOUND=0  S FIRST=1  D CL^IBACV(DFN,IBADT,"",.IBARR)  I $D(IBARR(3)) S IBY="SC TREATMENT" D GETSTA1  I $D(IBARR(7)),+$$CVEDT^IBACV(DFN,IBDAT) S IBY="COMBAT VETERAN" D GETSTA1  I $D(IBARR(1)) S IBY="AGENT ORANGE" D GETSTA1  I $D(IBARR(2)) S IBY="IONIZING RADIATION" D GETSTA1  I $D(IBARR(4)) S IBY="SOUTHWEST ASIA" D GETSTA1  I $D(IBARR(8)) S IBY="PROJECT 112/SHAD" D GETSTA1  I $D(IBARR(5)) S IBY="MILITARY SEXUAL TRAUMA" D GETSTA1  I $D(IBARR(6)) S IBY="HEAD/NECK CANCER" D GETSTA1  I 'FOUND S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)="STA  : NO" Q  Q  ;  GETSTA1 ; Set in ^TMP("IBFBWE",$J)  I FIRST S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)="SPEC AUTHORITY ELG: "\_IBY,FIRST=0,FOUND=1 Q  S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)=" : "\_IBY  Q  ; |
| GETINS ; Get insurance information  N EXDTCK,IBEFF,IBEXP,IBGRP,IBINSCO,IBINS0,IBINS1,IBINS7,IBST,IBSUB,IBVERBY,IBVERDT,IBX,IBINS,IBINSYES  D ALL^IBCNS1(DFN,"IBINS")  S (IBX,IBINSYES)=0  I '$D(IBINS) S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)="INSURANCE : NO" Q  F S IBX=$O(IBINS(IBX)) Q:'IBX D  . S IBINS0=IBINS(IBX,0)  . S IBINS1=IBINS(IBX,1)  . S IBINS7=$G(IBINS(IBX,7))  . S IBINSCO=$P(^DIC(36,+IBINS0,0),U,1)  . S IBSUB=$P(IBINS7,U,1)  . S IBGRP=$P(IBINS0,U,3)  . S EXDTCK=+$P(IBINS0,U,4)  . S IBST=$$GET1^DIQ(161.01,DFN\_",",.01,"I")  . I EXDTCK,EXDTCK<IBST Q ; if insurance expired before the from date of auth quit  . S IBINSYES=1  . S IBEFF=$$DAT1^IBOUTL($P(IBINS0,U,8))  . S IBEXP=$$DAT1^IBOUTL($P(IBINS0,U,4))  . S IBVERDT=$P($G(IBINS1),U,3)  . S IBVERBY=$P($G(IBINS1),U,4)  . I IBVERDT'="" S IBVERDT=$$FDATE^VALM1(IBVERDT)  . I IBVERBY'="" S IBVERBY="BY "\_$$GET1^DIQ(200,IBVERBY\_", ",.01)  . S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)="INSURANCE : "\_IBINSCO  . S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)=" SUBSCRIBER : "\_IBSUB  . S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)=" GROUP : "\_IBGRP  . S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)=" EFF DATE : "\_IBEFF  . S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)=" EXP DATE : "\_IBEXP  . S CNT=CNT+1,^TMP("IBFBWE",$J,IBNAME,DFN,IBAUTH,CNT)=" DT LAST VERIF : "\_IBVERDT\_" "\_IBVERBY  I IBINSYES=0 S CNT=CNT+1,^TMP(“IBFBWE”,$J,IBNAME,DFN,IBAUTH,CNT)=”INSURANCE :NO”  Q  ; |
| REFRESH ; Special Expand Screen Refresh  K ^TMP("IBFBWE",$J)  D BLD  D GETSC  D GETSTA  D GETINS  D BLDEXP  S VALMBCK="R"  Q  ;  HELP ; -- help code  S X="?" D DISP^XQORM1 W !!  Q  ;  EXIT ; -- exit code  K ^TMP("IBFBWE",$J)  D ^%ZISC  S VALMBCK="R" Q  Q |

| Routines | Activities | | | |
| --- | --- | --- | --- | --- |
| **Routine Name** | ^IBFBWL4 – Worklist History | | | |
| **Enhancement Category** | New | Modify | Delete | No Change |
| **RTM** | FRPRE – 1.1 | | | |
| **Related Options** | IB NVC PRECERT WORKLIST | | | |

| Related Routines | Routines “Called By” | Routines “Called” |
| --- | --- | --- |
|  | Called by IB NVC PRECERT WORKLIST Action “HI” – HISTORY^IBFBWL |  |

| Routines | Activities | | | | |
| --- | --- | --- | --- | --- | --- |
| **Data Dictionary (DD) References** | PATIENT FILE (#2)  NEW PERSON FILE (#200) IB-FB INTERFACE TRACKING FILE (#360) | | | | |
| **Related Protocols** | IB BILLING WORKLIST MENU  IB BILLING WORKLIST HISTORY – HISTORY^IBFBWL | | | | |
| **Related Integration Control Registrations (ICRs)** | None | | | | |
| **Data Passing** | Input | Output Reference | Both | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | |

| Current Logic |
| --- |
| New Routine |

| Modified Logic (Changes are in bold) |
| --- |
| IBFBWL4 ;ALB/PAW-IB BILLING Worklist Worklist History ; 30-SEP-2015  ;;2.0;INTEGRATED BILLING;\*\*554\*\*;21-MAR-94;Build 3  ;;Per VA Directive 6402, this routine should not be modified.  ;;  EN ; -- main entry point for IB BILLING WORKLIST HISTORY  D EN^VALM("IB BILLING WORKLIST HISTORY")  Q  ;  HDR ; -- header code  N IBSS,IBSSX,IBSSLE,IBSSLS  S VALM("TITLE")=" Worklist History"  S IBSSX=$$GET1^DIQ(2,DFN\_",",.09,"I"),IBSSLE=$L(IBSSX),IBSSLS=6 I $E(IB  SSX,IBSSLE)="P" S IBSSLS=5  S IBSS=$E(IBNAME,1)\_$E(IBSSX,IBSSLS,IBSSLE)  S VALMHDR(2)=" PATIENT: "\_IBNAME\_" (ID: "\_IBSS\_")"  Q  ;  INIT ; -- init variables and list array  ; input - ^TMP("IBFBWH",$J,IBA)=IBHDT^IBHLG^IBHUSR  ; output - Worklist History Screen for one Patient / Auth  N IBA,IBHDT,IBHLG,IBLN,IBRUR,IBRURT,IBUSR,LINE,VCNT  S (VCNT,VALMCNT)=0  S IBA=""  F S IBA=$O(^TMP("IBFBWH",$J,IBA)) Q:+IBA=0 D  . S IBRURT=""  . S IBLN=^TMP("IBFBWH",$J,IBA)  . S IBHDT=$P(IBLN,U,1)  . S IBHLG=$P($P(IBLN,U,2),"|")  . S IBRUR=$P($P(IBLN,U,2),"|",2)  . I IBRUR'="" D RUR  . S IBUSR=$P(IBLN,U,3)  . I IBUSR="" S IBUSR="SYSTEM"  . E S IBUSR=$$GET1^DIQ(200,IBUSR\_",",.01)  . S VCNT=VCNT+1  . S LINE=$$SETL("",VCNT,"",1,4) ;line#  . D BLD  Q  ; |
| RUR ; Determine RUR Reason Code  S IBRURT=$S(IBRUR=1:"Pend Payer Action",IBRUR=2:"Addl Info Req-FR",IBRUR=3:"Auth Not Req - SC/SA",IBRUR=4:"AuthNotReq-PayerCont",1:"")  Q:IBRURT'=""  S IBRURT=$S(IBRUR=5:"Auth Not Reqd",IBRUR=6:"Auth Obtained",IBRUR=7:"Cont Stay Rev",IBRUR=8:"Discharge Rev Req",1:"")  Q:IBRURT'=""  S IBRURT=$S(IBRUR=9:"Part SC-Auth Worked",IBRUR=10:"PartStay/VisitAppd",IBRUR=11:"Auth Denied",1:"")  Q:IBRURT'=""  S IBRURT=$S(IBRUR=12:"AuthNotObt/NoROI/FR",IBRUR=13:"Related to Legal",1:"")  Q  ;  BLD ; build data to display  S LINE=$$SETL(LINE,IBHDT,"",5,8)  S LINE=$$SETL(LINE,IBHLG,"",14,20)  S LINE=$$SETL(LINE,IBRURT,"",35,20)  S LINE=$$SETL(LINE,IBUSR,"",56,23)  S VALMCNT=VALMCNT+1  D SET^VALM10(VALMCNT,LINE,VCNT)  Q  ; |
| SETL(LINE,DATA,LABEL,COL,LNG) ; Creates a line of data to be set into the body  ; of the worklist  ; Input: LINE - Current line being created  ; DATA - Information to be added to the end of the current line  ; LABEL - Label to describe the information being added  ; COL - Column position in line to add information add  ; LNG - Maximum length of data information to include on the line  ; Returns: Line updated with added information  S LINE=LINE\_$J("",(COL-$L(LABEL)-$L(LINE)))\_LABEL\_$E(DATA,1,LNG)  Q LINE  ;  HELP ; -- help code  S X="?" D DISP^XQORM1 W !!  Q  ;  EXIT ; -- exit code  D ^%ZISC  S VALMBCK="R" Q  Q |

| Routines | Activities | | | |
| --- | --- | --- | --- | --- |
| **Routine Name** | ^IBFBWL5 – Loop and create main Precert Worklist page  (Note: ^IBFBWL1 is NOT used for the Precert Worklist. It is used to create the main Billing Worklist page, only, NSR #20110303)  The Insurance Verification (IBGRP=1) and RUR Precertification (IBGRP=2) groups have different sorts. | | | |
| **Enhancement Category** | New | Modify | Delete | No Change |
| **RTM** | FRPRE – 1.1, FRPRE – 1.1.1.1 – 03, FRPRE – 1.1.1.1 – 07, FBPRE – 1.1.1.1 – 11 (omit CHOICE) | | | |
| **Related Options** | IB NVC PRECERT WORKLIST | | | |

| Related Routines | Routines “Called By” | Routines “Called” |
| --- | --- | --- |
|  | ^IBFBWL |  |

| Routines | Activities | | | | |
| --- | --- | --- | --- | --- | --- |
| **Data Dictionary (DD) References** | FEE BASIS PATIENT AUTHORIZATION SUBFILE (#161.01)  IB-FB INTERFACE TRACKING FILE (#360)  INSURANCE COMPANY FILE (#36)  FEE BASIS CONTRACT FILE (#161.43) | | | | |
| **Related Protocols** | IB BILLING WORKLIST MENU | | | | |
| **Related Integration Control Registrations (ICRs)** | Yes – in process | | | | |
| **Data Passing** | Input | Output Reference | Both | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | |

| Current Logic |
| --- |
| New Routine |

| Modified Logic (Changes are in bold) |
| --- |
| IBFBWL5 ;ALB/PAW-IB NVC Precert Worklist Main ; 30-SEP-2015  ;;2.0;INTEGRATED BILLING;\*\*554\*\*;21-MAR-94;Build 3  ;;Per VA Directive 6402, this routine should not be modified.  ;;  GETAUT(IBGRP) ; Obtain new authorizations, based upon review group  ;required input IBGRP = 1 (IV) or 2 (RUR)  ;output ^TMP("IBFBWL",$J), containing auths for group queue  N IBA  S IBA=""  I IBGRP=1 D LOOP1  I IBGRP=2 D LOOP2  Q  ;  LOOP1 ; Loop to create Insurance Verification Worklist  F S IBA=$O(^IBFB(360,"IV","IV",IBA)) Q:IBA="" D  . D BLDTMP  Q  ;  LOOP2 ; Loop to create RUR Worklist  N IBNRD,IENROOT  F S IBA=$O(^IBFB(360,"UR","UR",IBA)) Q:IBA="" D  . S IBNRD=$$GET1^DIQ(360,IBA\_",",3.01,"I")  . I IBNRD>DT Q ; RUR Next Review Date in future  . I IBNRD'<DT D  .. S IENROOT=""  .. S FDA(360,IBA\_",",3.01)=""  .. D UPDATE^DIE("","FDA","IENROOT")  . D BLDTMP  Q |
| BLDTMP ; Build ^TMP("IBFBWL",$J)  N DFN,IBAUTH,IBCHO,IBCON,IBDIV,IBDOB,IBIEN,IBNAME,IBSSN,IBFP,IBST,IBEND  S IBCHO=""  I '$D(^IBFB(360,IBA)) Q  S DFN=$$GET1^DIQ(360,IBA\_",",.02,"I")  S IBAUTH=$$GET1^DIQ(360,IBA\_",",.03)  S IBIEN=IBAUTH\_","\_DFN\_","  S IBDIV=$$GET1^DIQ(161.01,IBIEN\_",",101,"I")  I IBDIV'="",$D(FILTERS(1)) I '$D(FILTERS(1,IBDIV)) Q ; If filtering by select divisions  I IBDIV="",$D(FILTERS(1)) Q ; Filtering by division, but no division on auth  I $D(FILTERS(2)) I '$D(FILTERS(2,DFN)) Q ; If filtering by select patients  S IBCON=$$GET1^DIQ(161.01,IBIEN\_",",105,”I”) ; Get contract number  I IBCON S IBCHO=$$GET1^DIQ(161.43,IBIEN\_",",4) ; Check CHOICE Program Indicator on contract  I IBCHO="YES" Q ; Bypass auths with CHOICE contracts  D DEMOS  Q  ; |
| DEMOS ; Auth Demographics  N IBEND,IBFP,IBINDT,IBSSN,IBST,IBINS0,IBINSCO,IBINS,IBSSX,IBSSLE,IBSSLS,VA,VAERR,VADM  D DEM^VADPT  I VAERR K VADM  S IBNAME=$G(VADM(1)) S:IBNAME="" IBNAME=" "  S IBSSX=$P($G(VADM(2)),U,1),IBSSLE=$L(IBSSX),IBSSLS=6 I $E(IBSSX,IBSSLE)="P" S IBSSLS=5  S IBSSN=$E(IBNAME,1)\_$E(IBSSX,IBSSLS,IBSSLE)  S IBFP=$$GET1^DIQ(161.01,IBIEN\_",",.03)  S IBST=$$GET1^DIQ(161.01,IBIEN\_",",.01,"I")  S IBEND=$$GET1^DIQ(161.01,IBIEN\_",",.02,"I")  S IBINDT=IBST  I IBST="" S IBINDT=DT  D ALL^IBCNS1(DFN,"IBINS",1,IBINDT,1) ; Sort in COB order - Need highest / PRIMARY  S IBINS0=$G(IBINS(1,0))  S IBINSCO="UNK"  I IBINS0'="" S IBINSCO=$$GET1^DIQ(36,+IBINS0\_",",.01)  I IBINS0="" S IBINS0=99999999  ; The next two lines sort for IV (IBGRP=1) or RUR (IBGRP=2)  ; IV sort is by primary insurance  ; RUR sort is by auth start date, then primary insurance  I IBGRP=1 S ^TMP("IBFBWL",$J,IBINSCO,IBNAME,DFN,IBAUTH)=IBNAME\_U\_IBSSN\_U\_IBFP\_U\_IBINSCO\_U\_IBST\_U\_IBEND  I IBGRP=2 S ^TMP("IBFBWL",$J,IBST,IBINSCO,IBNAME,DFN,IBAUTH)=IBNAME\_U\_IBSSN\_U\_IBFP\_U\_IBINSCO\_U\_IBST\_U\_IBEND  Q  ; |
| BLDWL ; Build Work List Screen  ; Build display lines  ; Loop by IV (IBGRP=1) or RUR (IBGRP=2) sort  K ^TMP("IBFBWLX",$J)  N DFN,IBAUTH,IBINS0,IBNAME,IBXX,FIRST,LINE,VCNT  S (VALMCNT,FIRST,VCNT,CNT)=0  I IBGRP=1 D Q  . S IBINS0=""  . F S IBINS0=$O(^TMP("IBFBWL",$J,IBINS0)) Q:IBINS0="" D  .. S IBNAME=""  .. F S IBNAME=$O(^TMP("IBFBWL",$J,IBINS0,IBNAME)) Q:IBNAME="" D  ... S FIRST=1  ... S DFN=""  ... F S DFN=$O(^TMP("IBFBWL",$J,IBINS0,IBNAME,DFN)) Q:DFN="" D  .... S IBAUTH=""  .... F S IBAUTH=$O(^TMP("IBFBWL",$J,IBINS0,IBNAME,DFN,IBAUTH)) Q:IBAUTH="" D  ..... S VCNT=VCNT+1  ..... S LINE=$$SETL("",VCNT,"",1,4) ;line#  ..... S IBXX=^TMP("IBFBWL",$J,IBINS0,IBNAME,DFN,IBAUTH)  ..... D SETX  I IBGRP=2 D Q  . S IBST=""  . F S IBST=$O(^TMP("IBFBWL",$J,IBST)) Q:IBST="" D  .. S IBINS0=""  .. F S IBINS0=$O(^TMP("IBFBWL",$J,IBST,IBINS0)) Q:IBINS0="" D  ... S IBNAME=""  ... F S IBNAME=$O(^TMP("IBFBWL",$J,IBST,IBINS0,IBNAME)) Q:IBNAME="" D  .... S FIRST=1  .... S DFN=""  .... F S DFN=$O(^TMP("IBFBWL",$J,IBST,IBINS0,IBNAME,DFN)) Q:DFN="" D  ..... S IBAUTH=""  ..... F S IBAUTH=$O(^TMP("IBFBWL",$J,IBST,IBINS0,IBNAME,DFN,IBAUTH)) Q:IBAUTH="" D  ...... S VCNT=VCNT+1  ...... S LINE=$$SETL("",VCNT,"",1,4) ;line#  ...... S IBXX=^TMP("IBFBWL",$J,IBST,IBINS0,IBNAME,DFN,IBAUTH)  ...... D SETX  Q  ; |
| SETL(LINE,DATA,LABEL,COL,LNG) ; Creates a line of data to be set into the body  ; of the worklist  ; Input: LINE - Current line being created  ; DATA - Information to be added to the end of the current line  ; LABEL - Label to describe the information being added  ; COL - Column position in line to add information add  ; LNG - Maximum length of data information to include on the line  ; Returns: Line updated with added information  S LINE=LINE\_$J("",(COL-$L(LABEL)-$L(LINE)))\_LABEL\_$E(DATA,1,LNG)  Q LINE  ;  SETX ; Set temp global IBFBWLX by VCNT  S IBNAME=$P(IBXX,U)  S LINE=$$SETL(LINE,IBNAME,"",3,24)  S LINE=$$SETL(LINE,$P(IBXX,U,2),"",29,5)  S LINE=$$SETL(LINE,$P(IBXX,U,3),"",35,10)  S LINE=$$SETL(LINE,$P(IBXX,U,4),"",46,15)  I $P(IBXX,U,5)'="" S LINE=$$SETL(LINE,$$FDATE^VALM1($P(IBXX,U,5)),"",62,8)  I $P(IBXX,U,6)'="" S LINE=$$SETL(LINE,$$FDATE^VALM1($P(IBXX,U,6)),"",71,8)  S VALMCNT=VALMCNT+1  D SET^VALM10(VALMCNT,LINE,VCNT)  S ^TMP("IBFBWLX",$J,VCNT)=DFN\_U\_IBNAME\_U\_IBAUTH  Q |

| Routines | Activities | | | |
| --- | --- | --- | --- | --- |
| **Routine Name** | ^IBFBWL6 - Precert Worklist Actions (Note: ^IBFBWL3 is not used for the Precert Worklist. It is for Billing Worklist Actions, only – NSR #20110303. The Insurance Verification Group (IBGRP=1) uses different Worklist Actions than the RUR Precert Group (IBGRP=2).) | | | |
| **Enhancement Category** | New | Modify | Delete | No Change |
| **RTM** | FBPRE – 1.1 | | | |
| **Related Options** | IB NVC PRECERT WORKLIST | | | |

| Related Routines | Routines “Called By” | Routines “Called” |
| --- | --- | --- |
|  | Called by IB NVC PRECERT WORLIST Action “WA” – ACTIONS^IBFBWL |  |

| Routines | Activities | | | | |
| --- | --- | --- | --- | --- | --- |
| **Data Dictionary (DD) References** | PATIENT FILE (#2) | | | | |
| **Related Protocols** | IB BILLING WORKLIST MENU  IB BILLING WORKLIST ACTIONS – ACTIONS^IBFBWL  Corresponding Menu (Protocol)  IB NVC PRECERT WORKLIST IVACTION MENU  Action Protocols  IB NVC PRECERT WORKLIST IVPRECERT – IVDONE^IBFBWL6  IB NVC PRECERT WORKLIST IVREMOVE – IVREM^IBFBWL6  Corresponding Menu (Protocol)  IB NVC PRECERT WORKLIST RURACTION MENU  Action Protocols  IB NVC PRECERT WORKLIST RURCOMP - RURDONE^IBFBWL6  IB NVC PRECERT WORKLIST RURNRD - RUNRD^IBFBWL6  IB NVC PRECERT WORKLIST RURREMOVE - RUREM^IBFBWL6 | | | | |
| **Related Integration Control Registrations (ICRs)** | None | | | | |
| **Data Passing** | Input | Output Reference | Both | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | |

| Current Logic |
| --- |
| New Routine |

| Modified Logic (Changes are in bold) |
| --- |
| IBFBWL6 ;ALB/PAW-IB NVC Precert Worklist IV and RUR ; 30-SEP-2015  ;;2.0;INTEGRATED BILLING;\*\*554\*\*;21-MAR-94;Build 3  ;;Per VA Directive 6402, this routine should not be modified.  ;;  EN ; -- main entry point for IB NVC PRECERT WORKLIST IV and RUR  ; add code to do filters here  ;  I IBGRP=1 D EN^VALM("IB NVC PRECERT WORKLIST IV")  I IBGRP=2 D EN^VALM("IB NVC PRECERT WORKLIST RUR")  Q  ;  HDR ; -- header code  ;  N IBSS,IBSSX,IBSSLE,IBSSLS  S VALM("TITLE")=" Worklist Actions"  S IBSSX=$$GET1^DIQ(2,DFN\_",",.09,"I"),IBSSLE=$L(IBSSX),IBSSLS=6 I $E(IBSSX,IBSSLE)="P" S IBSSLS=5  S IBSS=$E(IBNAME,1)\_$E(IBSSX,IBSSLS,IBSSLE)  S VALMHDR(2)=" PATIENT: "\_IBNAME\_" (ID: "\_IBSS\_")"  Q  ;  INIT ; -- init variables and list array  ; input - ^TMP("IBFBWA",$J)=DFN^IBNAME^IBAUTH  ; output - none  N DFN,ECNT,IBAUTH,IBNAME  I '$D(^TMP("IBFBWA",$J)) Q  S ECNT=$G(^TMP("IBFBWA",$J))  S DFN=$P(ECNT,U,1),IBNAME=$P(ECNT,U,2),IBAUTH=$P(ECNT,U,3)  D BLD  Q  ; |
| BLD ; Build data to display  N IBGRPX,VALMY  D FULL^VALM1  S IBGRPX=$S(IBGRP=1:"Insurance Verification",1:"RUR Pre-certification")  I IBGRP=1 D  . D SET^VALM10(1,"","")  . D SET^VALM10(2," Available Actions:","")  . D SET^VALM10(3,"","")  . D SET^VALM10(4," Enter 1 if Pre-cert is required.","")  . D SET^VALM10(5," Enter 2 if Pre-cert is NOT required.","")  I IBGRP=2 D  . D SET^VALM10(1,"Available Actions:","")  . D SET^VALM10(2,"","")  . D SET^VALM10(3," Enter 1 to remove auth from worklist.","")  . D SET^VALM10(4," Enter 2 to complete certification.","")  . D SET^VALM10(5," Enter 3 to set a next review date.","")  . D RURRC  S VALMBCK="R"  Q  ; |
| IVDONE ; IV is complete  N IBEVENT,IBIEN,IENROOT  S IENROOT=""  D FIND  S FDA(360,IBIEN\_",",2.01)="XX"  D UPDATE^DIE("","FDA","IENROOT")  S FDA(360,IBIEN\_",",2.02)="UR"  D UPDATE^DIE("","FDA","IENROOT")  D RESET  D NOW^%DTC  S IBEVENT="IV-Req Precert"  D LOGUPD  W !," Pre-cert for "\_IBNAME\_" is required. Moved to RUR worklist."  D PAUSE^VALM1  S VALMBCK="R"  Q  ; |
| IVREM ; IV Remove Auth from Worklist  N IBEVENT,IBIEN,IENROOT  D FIND  S FDA(360,IBIEN\_",",2.01)="XX"  D UPDATE^DIE("","FDA","IENROOT")  D RESET  D NOW^%DTC  S IBEVENT="IV-Precert not req"  D LOGUPD  W !," Pre-cert for "\_IBNAME\_" not required. Removed from worklist."  D PAUSE^VALM1  S VALMBCK="R"  Q  ; |
| RUDONE ; RUR Pre-certification is complete  N IBEVENT,IBIEN,IBRC,IENROOT  D FIND  S FDA(360,IBIEN\_",",2.02)="XX"  D UPDATE^DIE("","FDA","IENROOT")  D RESET  D RURRCPR  D NOW^%DTC  S IBEVENT="RUR-Precert complete|"\_$G(IBRC)  D LOGUPD  W !," Authorization for "\_IBNAME\_" has completed RUR Pre-certification."  D PAUSE^VALM1  S VALMBCK="R"  Q  ; |
| RUREM ; RUR Remove Auth from Worklist  N IBEVENT,IBIEN,IBRC  D FIND  S FDA(360,IBIEN\_",",2.02)="XX"  D UPDATE^DIE("","FDA","IENROOT")  D RESET  D RURRCPR  D NOW^%DTC  S IBEVENT="RUR-Precert removed|"\_$G(IBRC)  D LOGUPD  W !," Authorization for "\_IBNAME\_" has been removed from the worklist."  W !," Please update Claims Tracking with Non-billable Reason, if needed."  D PAUSE^VALM1  S VALMBCK="R"  Q  ; |
| RUNRD ; RUR Set Next Review Date  N IBNRD,IBIEN,IENROOT  S (IBNRD,IENROOT)=""  D FIND  S DIR(0)="DA^"\_DT\_"::EX",DIR("A")="Next Review Date: "  ; default to date is last day of current month  S X=DT D DIM^IBYMTC  S DIR("B")=$$FMTE^XLFDT($E(DT,1,5)\_X)  D ^DIR K DIR Q:$D(DIRUT)  S IBNRD=Y  S FDA(360,IBIEN\_",",3.01)=IBNRD  D UPDATE^DIE("","FDA","IENROOT")  D RESET  D RURRCPR  D NOW^%DTC  S IBEVENT="RUR-NextRevDt "\_$$FDATE^VALM1(IBNRD)\_"|"\_$G(IBRC)  D LOGUPD  W !," Next review date for "\_IBNAME\_" has been set to "\_$$FDATE^VALM1(IBNRD)\_"."  D PAUSE^VALM1  S VALMBCK="R"  Q  ; |
| FIND ; Find Auth Match  N IBX  S IBX="" F S IBX=$O(^IBFB(360,"C",DFN,IBX)) Q:IBX="" D  . I $P(^IBFB(360,IBX,0),U,3)=IBAUTH S IBIEN=IBX  Q  ;  LOGUPD ; Update Log  N FDA,IBDT,IBLOG  S IBDT=$$NOW^XLFDT()  S FDA(360.04,"+1,"\_IBIEN\_",",.01)=IBDT,FDA(360.04,"+1,"\_IBIEN\_",",.03)=  DUZ  S IBLOG=$P($G(^IBFB(360,IBIEN,4,0)),U,3)  S IBLOG=IBLOG+1  S FDA(360.04,"+1,"\_IBIEN\_",",.02)=IBEVENT  D UPDATE^DIE("","FDA")  S ^IBFB(360,"DFN",DFN,DT,IBIEN,IBLOG)=""  S ^IBFB(360,"DT",DT,DFN,IBIEN,IBLOG)=""  Q  ;  RESET ; Reset ^TMP global  N IBDOS,IBINS  I IBGRP=1 D  . S IBINS=""  . F S IBINS=$O(^TMP("IBFBWL",$J,IBINS)) Q:IBINS="" D  .. I $D(^TMP("IBFBWL",$J,IBINS,IBNAME,DFN,IBAUTH)) D  ... K ^TMP("IBFBWL",$J,IBINS,IBNAME,DFN,IBAUTH)  I IBGRP=2 D  . S IBDOS=""  . F S IBDOS=$O(^TMP("IBFBWL",$J,IBDOS)) Q:IBDOS="" D  .. S IBINS="" F S IBINS=$O(^TMP("IBFBWL",$J,IBDOS,IBINS)) Q:IBINS="" D  ... I $D(^TMP("IBFBWL",$J,IBDOS,IBINS,IBNAME,DFN,IBAUTH)) D  .... K ^TMP("IBFBWL",$J,IBDOS,IBINS,IBNAME,DFN,IBAUTH)  Q  ; |
| RURRC ; Reason Codes for RUR only (also called from ^IBFBWL3 RUR-SC/SA Billing Review)  D SET^VALM10(6,"","")  D SET^VALM10(7," At the second prompt, you may enter one of the following:","")  D SET^VALM10(8,"","")  D SET^VALM10(9," 1. Pending Payer Action 8. Discharge Review Required","")  D SET^VALM10(10," 2. Addl Info Req - Refer to FR 9. Partial SC Stay - Auth Worked","")  D SET^VALM10(11," 3. Auth Not Reqd - SC/SA 10. Partial Stay/Visit Approved","")  D SET^VALM10(12," 4. Auth Not Reqd - Payer Contacted 11. Auth Denied","")  D SET^VALM10(13," 5. Auth Not Required 12. Auth Not Obtained/No ROI/Sent to FR","")  D SET^VALM10(14," 6. Auth Obtained 13. Related to Legal","")  D SET^VALM10(15," 7. Continued Stay Review","")  Q  ;  RURRCPR ; RUR Reason Code Prompt  S IBRC=""  K DIR S DIR(0)="NO^1:13"  S DIR("A")="Enter REASON CODE (1-13) or return: "  S DIR("?",1)="Enter a Reason Code between 1 and 13 or Enter if no code."  D ^DIR K DIR  S IBRC=$G(Y)  Q  ;  HELP ; -- help code  S X="?" D DISP^XQORM1 W !!  Q  ;  EXIT ; -- exit code  D ^%ZISC  S VALMBCK="R"  Q |

| Routines | Activities | | | |
| --- | --- | --- | --- | --- |
| **Routine Name** | ^IBFBUTIL – IB FB Utilities (Note: Only the subroutines identified below are used in NSR #20081010) | | | |
| **Enhancement Category** | New | Modify | Delete | No Change |
| **RTM** | Supports FBPRE – 1.1, FBPRE – 1.1.1.1 – 01 through FBPRE – 1.1.1.1 - 10 | | | |
| **Related Options** | IB NVC PRECERT WORKLIST | | | |

| Related Routines | Routines “Called By” | Routines “Called” |
| --- | --- | --- |
|  | DEMOS^IBFBWL1 BLD^IBFBWL2 |  |

| Routines | Activities | | | | |
| --- | --- | --- | --- | --- | --- |
| **Data Dictionary (DD) References** | FEE BASIS PATIENT FILE AUTHORIZATION SUB FILE (#161.01)  IB-FB INTERFACE TRACKING FIL E(#360) FEE BASIS PROGRAM FILE (#161.8) FEE BASIS PAYMENT FILE (#162)  FEE BASIS PHARMACY INVOICE FILE (#162.1)  FEE BASIS INVOICE FILE (#162.5) | | | | |
| **Related Protocols** | None | | | | |
| **Related Integration Control Registrations (ICRs)** | Yes - In process | | | | |
| **Data Passing** | Input | Output Reference | Both | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | |

| Current Logic |
| --- |
| New Routine |

| Modified Logic (Changes are in bold) |
| --- |
| New Subroutine/API to obtain Authorization Data for Worklist  GETAUTH(IENS,AUTHARR) ; API to call Authorization Data  D GETS^DIQ(161.01,IENS,".01;.02;.021;.03;.04;.055;.06;.065;.07;.08;.085  ;.086;.087;.095;.096;.097;101;104;105","IEN",AUTHARR)  Q  ; |
| New Subroutine to get NVC Payment Data using Invoice  GETPAY(IEN) ; Get NVC Payment Data using Invoice  N IBFLDS,IBINIEN,IBINLN1,IBINLN2,IBFPNO1  S IBINV=$$GET1^DIQ(360,IEN\_",",1.03,"I") ; Invoice #  S IBFPNO=$$GET1^DIQ(161.01,IBIEN\_",",.03,"I") ; NVC IEN (Type) on FEE  BASIS PROGRAM File (#161.8)  ; For Billing Worklist Only, NVC may have changed -- Check Fee Basis Pa  yment File (#162)  I IBINV'="" D  . S IBINIEN=""  . S IBINIEN=$O(^FBAAC("C",IBINV,DFN,IBINIEN)) Q:IBINIEN="" D  .. S IBINLN1=""  .. S IBINLN1=$O(^FBAAC("C",IBINV,DFN,IBINIEN,IBINLN1)) Q:IBINLN1="" D  ... S IBINLN2=""  ... S IBINLN2=$O(^FBAAC("C",IBINV,DFN,IBINIEN,IBINLN1,IBINLN2)) Q:IBINL  N2="" D  .... S IBFPNO1=$$GET1^DIQ(162.03,IBINLN2\_","\_IBINLN1\_","\_IBINIEN\_","\_DF  N\_",",23,"I")  .... I $G(IBFPNO1)'="" S IBFPNO=IBFPNO1  .... S IBFLDS="2;63;64;65"  .... D GETS^DIQ(162.03,IBINLN2\_","\_IBINLN1\_","\_IBINIEN\_","\_DFN\_",",IBFL  DS,"I","IBRET") ; Get Payment Data  Q  ; |
| PCR Report – Check for Prior Bill CHKBILL(IBIN) ;Check for prior bill  N IBINV,IBFBDT,IBCLM,IBFBAU  S IBINV=$TR(IBIN," ","")  S IBFBDT=""  F S IBFBDT=$O(^IBFB(360,"DFN",DFN,IBFBDT)) Q:IBFBDT="" D  . S IBFBAU=""  . F S IBFBAU=$O(^IBFB(360,"DFN",DFN,IBFBDT,IBFBAU)) Q:IBFBAU="" D  .. I $P($G(^IBFB(360,IBFBAU,1)),U,3)=IBINV D  ... S IBCLM=$$GET1^DIQ(360,IBFBAU\_",",1.01,"I")  ... I IBCLM'="" S FBINAU=$$PRECRT^IBTRC1(IBCLM,18)  ... S FBBILL=$$GET1^DIQ(360,IBFBAU\_",",1.02,"I")  ... I FBBILL'="" S FBSKIP=1  Q  ;  Get Begin / End Auth Dates  GETDTS(IBIEN) ;Get Begin and End Dates from Authorization  S IBST=$$GET1^DIQ(161.01,IBIEN\_",",.01,"I")  S IBEND=$$GET1^DIQ(161.01,IBIEN\_",",.02,"I")  Q  ; |

| Routines | Activities | | | |
| --- | --- | --- | --- | --- |
| **Routine Name** | ^IBCNS3 – Added ability to display Date Insurance Verified | | | |
| **Enhancement Category** | New | Modify | Delete | No Change |
| **RTM** | FBPRE 2.1.1 - 09 | | | |
| **Related Options** | FB PCR | | | |

| Related Routines | Routines “Called By” | Routines “Called” |
| --- | --- | --- |
|  | HDR+18^FBPCR |  |

| Routines | Activities | | | | |
| --- | --- | --- | --- | --- | --- |
| **Data Dictionary (DD) References** | INSURANCE FILE (#36) | | | | |
| **Related Protocols** | None | | | | |
| **Related Integration Control Registrations (ICRs)** | Yes - In process | | | | |
| **Data Passing** | Input | Output Reference | Both | Global Reference | Local |
| **Input Attribute Name and Definition** | Name:  Definition: | | | | |
| **Output Attribute Name and Definition** | Name:  Definition: | | | | |

| Current Logic |
| --- |
| See below |

| Modified Logic (Changes are in bold) |
| --- |
| Added the following lines to call new display with Date Insurance Verified:  +43 I DISPLAY[5 D HDRV ; IB\*2.0\*554  +44 I DISPLAY'[5 D HDR ; IB\*2.0\*554  +45 S IBSUB="IBCNS3",IBCOUNT=3,IBQUIT=0 ; IB\*2.0\*554  +46 ; D HDR S IBSUB="IBCNS3",IBCOUNT=3,IBQUIT=0 ; IB\*2.0\*554  If original code (no Date Insurance Verified) continue as before:  *From:*  +55 . I 'IBQUIT,DISPLAY>1 W !,IBDASH S IBCOUNT=IBCOUNT+1  *To:*  +59 . ; I 'IBQUIT,DISPLAY>1 W !,IBDASH S IBCOUNT=IBCOUNT+1 IB\*2.0\*554  +60 . I 'IBQUIT,DISPLAY'=1,DISPLAY'=5 W !,IBDASH S IBCOUNT=IBCOUNT+1 ; IB\*2.0\*554 |
| Code added to process new/alternate display vs. original display:  +89 ; IB\*2.0\*554 - start  +90 ; S IBX=$$DAT1^IBOUTL($P(IBPOL0,U,8)) S IBLINE=$$FRMLN(IBX,IBLINE,8,55)  +91 ; S IBX=$$DAT1^IBOUTL($P(IBPOL0,U,4)) S IBLINE=$$FRMLN(IBX,IBLINE,8,65)  +92 ; S IBX=$$FNDCOV(+IBPOL0,+$P(IBPOL0,U,18),$G(IBDATE)) S IBLINE=$$FRMLN(IBX,IBLINE,6,74)  +93 I DISPLAY[5 D  +94 . S IBX=$$DAT1^IBOUTL($P(IBPOL0,U,8)) S IBLINE=$$FRMLN(IBX,IBLINE,8,54)  +95 . S IBX=$$DAT1^IBOUTL($P(IBPOL0,U,4)) S IBLINE=$$FRMLN(IBX,IBLINE,8,63)  +96 . S IBX=$P($G(IBINS(IBPOLFN,1)),U,3) I IBX'="" S IBX=$$DAT1^IBOUTL(  IBX) S IBLINE=$$FRMLN(IBX,IBLINE,8,72) ; Date Verified  +97 I DISPLAY'[5 D  +98 . S IBX=$$DAT1^IBOUTL($P(IBPOL0,U,8)) S IBLINE=$$FRMLN(IBX,IBLINE,8,55)  +99 . S IBX=$$DAT1^IBOUTL($P(IBPOL0,U,4)) S IBLINE=$$FRMLN(IBX,IBLINE,8,65)  +100 . S IBX=$$FNDCOV(+IBPOL0,+$P(IBPOL0,U,18),$G(IBDATE)) S IBLINE=$$FR  MLN(IBX,IBLINE,6,74)  +101 ; IB\*2.0\*554 – end |
| New paragraph added to print new header:  HDRV ; -- print header for type 5 (Verified info included)  N IBX W !  W !,"Insurance",?13,"COB",?17,"Subscriber ID",?35,"Group",?47,"Holder",?54,"Eff Dt",?63,"Exp Dt",?72,"Verified"  S IBX="",$P(IBX,"=",80)="=" W !,IBX  Q  ; |

##### Templates

Table 8: Templates

| Templates | Description | | | | |
| --- | --- | --- | --- | --- | --- |
| **Template Name** | The following List Manager Templates have been added for this project:  *The Pre-certification Worklist utilizes VistA List Manager “Lists” that are supported by “Protocols”. Some of the Worklists / Protocols are “shared” with the Billing Worklist (NSR #20110303)*  List Template (Main)  IB NVC PRECERT WORKLIST – EN2^IBFBWL  List Template (Insurance Verification Actions)  IB NVC PRECERT WORKLIST IV - ACTIONS^IBFBWL  List Template (RUR Pre-certification Actions)  IB NVC PRECERT WORKLIST RUR – ACTIONS^IBFBWL  List Template (Expand Authorization View)  IB BILLING WORKLIST EXPAND – EXPAND^IBFBWL  List Template (Authorization History)  IB BILLING WORKLIST HISTORY – HISTORY^IBFBWL  Corresponding Menu (Protocol) | | | | |
| **Enhancement Category** | New | Modify | Delete | | No Change |
| **RSD** |  | | | | |
| **Template Type** | Sort | Input | Print | Other | |
| **Related Options** |  | | | | |

| **Related Routines** | **Routines “Called By”** | **Routines “Called”** |
| --- | --- | --- |
|  |  |  |

Table 9: Bulletins

| Routines | Description | | | | |
| --- | --- | --- | --- | --- | --- |
| **DD References** |  | | | | |
| **Global References** |  | | | | |
| Bulletins | | | Description | | | |
| **Bulletin Name** | | | N/A | | | |
| **Enhancement Category** | | | New | Modify | Delete | No Change |
| **RTM** | | |  | | | |

| Related Routines | Routines “Called By” | Routines “Called” |
| --- | --- | --- |
|  |  |  |

| Routines | Description |
| --- | --- |
| **Mail Subject** |  |
| **Mail Group** |  |
| **Parameters** |  |
| **DD References** |  |

##### Data Entries Affected by the Design

Table 10: Data Entries Affected by the Design

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

##### Unique Record(s)

Table 11: Unique Record ID

| Field Name(s) | Current Value | New Value |
| --- | --- | --- |
| N/A |  |  |

##### File or Global Size Changes

Table 12: File or Global Size Changes

| File/Global Name(s) | Estimated Increase | Estimated Decrease |
| --- | --- | --- |
| Integrated Billing FB Interface Tracking File (#360) | New tracking file created by IB\*2.0\*554 – Minimal per each FBCS authorization |  |

##### Mail Groups

Table 13: Mail Groups

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

| Related Routines | Routines “Called By” | Routines “Called” |
| --- | --- | --- |
|  |  |  |

| Mail Groups | Instructions | |
| --- | --- | --- |
| **DD References** |  | |
| **Related Protocols** |  | |
| **Mail Group Description** |  | |
| **Self-Enrollment Allowed** | Yes | No |
| **Type** | Public | Private |

##### Security Keys

Table 14: Security Keys

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

| Related Routines | Routines “Called By” | Routines “Called” |
| --- | --- | --- |
|  |  |  |

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

| Current Logic |
| --- |
|  |

| Modified Logic (Changes are in bold) |
| --- |
|  |

| Security Keys | Activities |
| --- | --- |
| **Hierarchical Precedence** |  |

##### Options

Table 15: Options

| Options | Activities | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Option Name** | IB NVC PRECERT WORKLIST | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **Associated Menu Options that will invoke this reference** |  | | | | | | | | |
| **Data Passing** | Input | Output | | Both | | Global Reference | | | Local Reference |
| **Menu Text Description** | IB NVC Precert Worklist | | | | | | | | |
| **Option Type** | Edit | | Print | | Menu | | | Inquire | |
| Action | | Run Routine | | Other | | |  | |
| **Associated Routine** | EN2^IBFBWL | | | | | | | | |
| **Option Definition** | This option will display the NVC Precert Worklist for Insurance  Verification and RUR Precertification of Authorizations. | | | | | | | | |

| 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

Table 16: Protocols

| Protocols | Activities |
| --- | --- |
| **Protocol Name** | The Pre-certification Worklist utilizes VistA List Manager “Lists” that are supported by “Protocols”. Some of the Worklists / Protocols are “shared” with the Billing Worklist (NSR #20110303)  Following details the relationship between the List Templates and Protocols:  List Template (Main)  IB NVC PRECERT WORKLIST – EN2^IBFBWL  Corresponding Menu (Protocol)  IB BILLING WORKLIST MENU  Action Protocols  IB BILLING WORKLIST REFRESH - REFRESH^IBFBWL  IB BILLING WORKLIST EXPAND - EXPAND^IBFBWL  IB BILLING WORKLIST INSURANCE LINK – LINKI^IBFBWL  IB BILLING WORKLIST CLAIMS TRACKING – LINKCT^IBFBWL  IB BILLING WORKLIST ACTIONS – ACTIONS^IBFBWL  IB BILLING WORKLIST HISTORY – HISTORY^IBFBWL  List Template (Insurance Verification Actions)  IB NVC PRECERT WORKLIST IV - ACTIONS^IBFBWL  Corresponding Menu (Protocol)  IB NVC PRECERT WORKLIST IVACTION MENU  Action Protocols  IB NVC PRECERT WORKLIST IVPRECERT – IVDONE^IBFBWL6  IB NVC PRECERT WORKLIST IVREMOVE – IVREM^IBFBWL6  List Template (RUR Pre-certification Actions)  IB NVC PRECERT WORKLIST RUR – ACTIONS^IBFBWL  Corresponding Menu (Protocol)  IB NVC PRECERT WORKLIST RURACTION MENU  Action Protocols  IB NVC PRECERT WORKLIST RURCOMP - RURDONE^IBFBWL6  IB NVC PRECERT WORKLIST RURNRD - RUNRD^IBFBWL6  IB NVC PRECERT WORKLIST RURREMOVE - RUREM^IBFBWL6 |
|  | List Template (Expand Authorization View)  IB BILLING WORKLIST EXPAND – EXPAND^IBFBWL  Corresponding Menu (Protocol)  IB BILLING WORKLIST EXPAND MENU PROTOCOL  Action Protocols  IB BILLING WORKLIST EXPAND REFRESH – REFRESH^IBFBWL2  List Template (Authorization History)  IB BILLING WORKLIST HISTORY – HISTORY^IBFBWL  Corresponding Menu (Protocol)  None  Action Protocols  None |
| **Enhancement Category** | New  Modify  Delete  No Change |
| **Associated Protocols** | See above |
| **Data Passing** | Input  Output  Both  Global Reference  Local Reference |
| **Item Text Description** |  |
| **Protocol Type** | Action  Menu  Protocol  Protocol Menu  Limited Protocol  Extended Action  Dialog  Other |
| **Associated Routine** | See above |

| Current Entry Action Logic |
| --- |
|  |

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

| Current Exit Action Logic |
| --- |
|  |

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

##### RPC

Table 17: RPCs

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

##### Constants Defined in Interface

Table 18: Constants Defined in Interface

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

##### Variables Defined in Interface

Table 19: Variables Defined in Interface

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

##### Types Defined in Interface

Table 20: Types Defined in Interface

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

##### GUI

Table 21: GUI

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

##### GUI Classes

Table 22: GUI Classes

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

##### Current Form

##### Modified Form

##### Components on Form

Table 23: Components on Form

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

##### Events

Table 24: Events

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

##### Methods

Table 25: Methods

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

##### Special References

Table 26: Special References

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

##### Class Events

Table 27: Class Events

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

##### Class Methods

Table 28: Class Methods

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

##### Class Properties

Table 29: Class Properties

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

##### Uses Clause

##### Forms

Table 30: Forms

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

| Current Form Layout |
| --- |
|  |

| Modified Form Layout (Changes are in bold) |
| --- |
|  |

##### Functions

Table 31: Functions

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

| Related Routines | Routines “Called By” | Routines “Called” |
| --- | --- | --- |
|  |  |  |

| Function Name | Activities | | | | |
| --- | --- | --- | --- | --- | --- |
| **DD References** |  | | | | |
| **Related Protocols** |  | | | | |
| **Related ICRs** |  | | | | |
| **Data Passing** | Input | Output | Both | Global Reference | Local Reference |
| **Input Attribute Name and Definition** | Name: | | | | |
| Definition: | | | | |
| **Output Attribute Name and Definition** | Name: | | | | |
| Definition: | | | | |

| Current Logic |
| --- |
|  |

| Modified Logic (Changes are in bold) |
| --- |
|  |

##### Dialog

Table 32: Dialog

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

##### Help Frame

Table 33: Help Frame

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

| Current Help Frame Text |
| --- |
|  |

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

##### HL7 Application Parameter

Table 34: 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 |  |
| **Country Code** |  |  |
| **HL7 Field Separator** |  |  |
| **HL7 Encoding Characters** |  |  |
| **Mail Group** |  |  |

##### HL7 Logical Link

Table 35: HL7 Logical Link

| HL7 Logical Link | Description |
| --- | --- |
| **HL7 Logical Link Parameter Name** | **N/A** |

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

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

##### Commercial Off-the-Shelf (COTS) Interface

Table 36: COTS Interface

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

## Network Detailed Design

There are no network topology changes related to this project.

## Security and Privacy

This project does not add any additional security or privacy design considerations.

### Security

Security and Privacy are controlled by the VistA application and the underlying operating system. This application does not mandate any additional security or privacy requirements.

### Privacy

Security and Privacy are controlled by the VistA application and the underlying operating system. This application does not mandate any additional security or privacy requirements.

## SOA/ESS Detailed Design

Not applicable – reference Section 4.4.

# External System Interface Design

Not applicable – there is no external system involved with this project.

# Human-Machine Interface

Not applicable – this project does not change the human-machine interface, which is done via the VistA user options.

# Attachment A – Approval Signatures

The signature below is an acknowledgement that the signatory understands the purpose and content of this document. By signing this document, you agree to this as the SDD to begin work on the project described within, and commitment of the necessary resources.

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

xxxxxx

OI&T Project Manager (PjM), Date

Integrated Project Team (IPT) Co-Chair

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

xxxxx

Business Sponsor Date

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

xxxxx

VHA PjM, IPT Co-Chair Date

# Attachment B – Acronyms

| Term | Definition |
| --- | --- |
| AITC | Austin Information Technology Center |
| API | Application Programming Interface |
| BN | Business Need |
| BRD | Business Requirements Document |
| CBOC | Community Based Outpatient Clinic |
| CLC | Community Living Center |
| COTS | Commercial Off-the-Shelf |
| CP&E | Claims Processing and Eligibility |
| CPAC | Consolidated Patient Account Center |
| CPRS | Computerized Patient Record System |
| CPT | Current Procedural Terminology |
| DBMS | Database Management System |
| DD | Data Dictionary |
| EDI | Electronic Data Interchange |
| EHR | Electronic Health Record |
| ERD | Entity Relationship Diagram |
| ERR | VA Enterprise Requirements Repository |
| ESS | Enterprise Shared Services |
| FB | FEE BASIS |
| FBCS | FEE BASIS Claim System |
| GUI | Graphical User Interface |
| HL7 | Health Level 7 |
| IB | Integrated Billing |
| ICD-9-CM | International Classification of Diseases – 9th Edition – Clinical Modification |
| ICR | Integration Control Registration |
| IPT | Integrated Project Team |
| LAN | Local Area Network |
| MCCF | Medical Care Collections Fund |
| MDWS | Medical Domain Web Services |
| MUMPS | Massachusetts General Hospital Utility Multi-Programming System |
| NSR | New Service Request |
| NVC | Non-VA Medical Care |
| OI&T | Office of Information and Technology |
| PCRR | Potential Cost Recovery Report |
| PjM | Project Manager |
| RPC | Remote Procedure Call |
| RSD | Requirements Specification Document |
| RTM | Requirements Traceability Matrix |
| RUR | Revenue Utilization Review |
| SDD | System Design Document |
| SOA | Service Oriented Architecture |
| TSPR | Technical Services Project Repository |
| UR | Utilization Review |
| USC | United States Code |
| VA | Department of Veterans Affairs |
| VAMC | VA Medical Center |
| VHA | Veterans Health Administration |
| VISN | Veterans Integrated Service Network |
| VistA | Veterans Health Information Systems and Technology Architecture |

# Attachment C – Additional Information

This section and its sub-sections are to be determined. Blank sections have been kept for version control.

## A.1 Identification of Technology and Standards

## A.2 Constraining Policies, Directives and Procedures

## A.3 RTM

The Billing Precertification for Fee Care RTM is available via TSPR here: <http://xxxxxxxxxxxxxxxxxxxxxxxxxxxx>

## A.4 Packaging and Installation

## A.5 Design Metrics

# Attachment D – Change Log

| Version | Change | Notes | Status/Resolution |
| --- | --- | --- | --- |
| 0.02 | Replace embedded diagrams with links to master/latest file location (TSPR) globally | Avoids blurriness and/or version control issues | Completed in v0.032tracked changes returned to vendor |
| 0.02 | Update acronyms globally |  |  |
| 0.02 | Section 1.1: “The enhancements…treatment:” | Not sure of the relationship between non-service connected treatment and Non-VA care. |  |
| 0.02 | 508d entire document | Use this template moving forward | Completed in v0.02tracked changes returned to vendor |
| 0.03 | Globally: Verbiage updated to match across all 5 SDDs |  |  |
| 0.03 | Globally: Ensure acronyms are defined at first mention; update Acronyms table accordingly |  |  |
| 0.03 | Globally: 508 diagrams – add alternative text |  |  |
| 0.03 | Sections 3.1.1 and 3.2.1: Other SDDs have diagrams here; needed? |  |  |

Template Revision History

| Date | Version | Description | Author |
| --- | --- | --- | --- |
| June 2015 | 2.10 | Changed Heading 1 default setting to eliminate page break before | Process Management |
| May 2015 | 2.9 | Edited for Section 508 conformance and remediated with Common Look Office tool | Process Management |
| February 2015 | 2.8 | Incorporates revisions from PMAS Reform Lockdown; namely removing requirements for information that can be obtained from other PMAS authoritative sources. | Andrew Slawter, Office of Technology Strategies |
| September 2014 | 2.7 | Adds Enterprise Shared Services terms and requires AERB Compliance Certificate attachment. | Process Management |
| August 2014 | 2.6 | Signature block update authorized by AERB CR\_018934 | Process Management |
| March 2014 | 2.5 | Section 508 repairs to new version approved by AERB Chair approved | Process Management |
| August 2013 | 2.3 | Replaced the Service Architecture sub-section with new sub-sections for consumed and provided services. Also applied miscellaneous feedback from VA team. | ASD Enterprise Shared Services (ESS) Work Group |
| June 2013 | 1.3 | Upgraded to MS Office 2007-2010 format | Process Management |
| June 2013 | 1.2 | Address inconsistencies in Section 3, Conceptual Design, Correct headings | Process Management |
| March 2013 | 1.1 | Formatted to documentation standards and edited for Section 508 conformance | Process Management |
| January 2013 | 1.0 | Initial Document | PMAS Business Office |

See TOGAF® 9.1, Part III: ADM Guidelines & Techniques, Gap Analysis on TOGAF website at <http://pubs.opengroup.org/architecture/togaf9-doc/arch/chap27.html>