**TAS eBill SDD US-142 v1.1**

System Design Document

IB\*2.0\*608



Department of Veterans Affairs

**December 2017**

Version 1.00

**User Story Number:** 142

**User Story Name:** non-MCCF Unbilled Amounts Report

**Product Backlog ID:** n/a

**Rally ID:** US-142

# Resolution Summary:

This story is a request to filter MCCF claims and non-MCCF claims on the “Re-Generate Unbilled Amounts Report” (a.k.a. Unbilled Report). The user will be able to print the report for 1) MCCF Claims only, 2) non-MCCF Claims only or 3) Both. The report currently displays data for primarily MCCF claims. At this time, only the Outpatient encounters will be searched for Non-NMFF claims. Therefore, when the report is run for Non-MCCF, only the Outpatient portion of the report will be produced and when the report is run for Both, only the Outpatient portion will detail Non-MCCF claims

1. The code needs to be modified to prompt the user to "Search by (M)CCF, (N)on-MCCF, or (B)oth? ” and capture the user’s response. This prompt will only appear if the user chooses to run the Detail report. An Array of Non-MCCF Eligibility of Encounter codes (Eligibility Codes File 8), an array of Non-MCCF Appointment Types (file 409.1) and an array of Non-MCCF Rate Types (file 399.3) are created for later comparison to determine if a particular entry in the Claims Tracking global is MCCF or Non-MCCF. Note that the non-MCCF Eligibility Codes are: "CHAMPVA", "INELIGIBLE", "EMPLOYEE", "TRICARE" and "SHARING AGREEMENT,” the non-MCCF Appointment Types are: "EMPLOYEE" and "SHARING AGREEMENT" that non-MCCF Rate Types are: "INTERAGENCY","CHAMPVA REIMB. INS.","CHAMPVA","TRICARE REIMB. INS.","TRICARE" , "INELIGIBLE" and "INELIGIBLE REIMB. INS." Routine modified: **IBTUBO**
2. The unbilled report cycles through entries in the Claims Tracking global ^IBT(356,… and totals up the unbilled amounts. For Outpatient Claims Tracking records, function the Eligibility of Encounter is 1st checked to see if it is Non-MCCF. If the Eligibility of Encounter is not Non-MCFF, then the Appointment Type is checked to see if Non-MCCF. If the Appointment Type is not Non-MCCF, then the Rate Type of the associated claim (if any) is checked to see if Non-MCCF. If the Rate Type is not Non-MCCF or is found to be MCCF, then the record is determined to be MCCF. Routine modified: **IBTUBOA**. There are also a few places where the claims for a specific patient are searched to weed out claims that don’t meet various criteria. The function used to check if the Eligibility of Encounter, Appointment Type and Rate Type are MCCF/Non-MCCF is $$MCCFCKX^IBTUBOU. Routine modified: **IBTUBOU**.
3. Some Unbilled Report headers need to be modified to indicate if the report is for non-MCCF claims, MCCF Claims or Both. Routines modified: **IBTUBO3, IBTUBUL**.

# Detailed Design

**Routines Modified**

**IBTUBO** – Prompt user to search by MCCF/non-MCCF and create arrays of non-MCCF Eligibility of Encounters, Appointment Types and Rate Types

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | **IBTUBO** | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** |  | | | | | | | | |
| **Related Options** | None | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  |  | | | | |  | | | |
| **Data Dictionary (DD) References** |  | | | | | | | | |
| **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** | | | | | | | | | |
| IBTUBO ;ALB/AAS - UNBILLED AMOUNTS - GENERATE UNBILLED REPORTS ;29-SEP-94  ;;2.0;INTEGRATED BILLING;\*\*19,31,32,91,123,159,192,235,248,155,516,547\*\*;21-MAR-94;Build 119  ;;Per VA Directive 6402, this routine should not be modified.  ;  % ; - Entry point for manual option.  N IBBDT,IBCOMP,IBDET,IBEDT,IBOPT,IBPRT,IBTIMON,IBQUIT,IBSEL,IBSBD  S (IBQUIT,IBSBD)=0 D:'$D(DT) DT^DICRW  W !!,"Re-Generate Unbilled Amounts Report",!  ;  ; - Ask to re-compile Unbilled Amounts data.  S DIR(0)="Y",DIR("B")="NO"  S DIR("A")="Do you want to store Unbilled Amounts figures"  S DIR("?",1)="Enter 'YES' if you wish to store the Unbilled Amounts summary"  S DIR("?",2)="figures in your system for a specific month/year in the past."  S DIR("?",3)="Once stored, these figures will be available for inquiry through"  S DIR("?",4)="the View Unbilled Amounts option [IBT VIEW UNBILLED AMOUNTS]."  S DIR("?",5)="These summary figures are normally calculated and stored"  S DIR("?",6)="automatically by the system at the beginning of each month for"  S DIR("?",7)="the previous month."  S DIR("?",8)=" "  S DIR("?",9)="If you enter 'NO', the Unbilled Amounts summary figures will"  S DIR("?",10)="NOT be stored in your system, and the report may be run for"  S DIR("?")="any date range."  D ^DIR K DIR G:$D(DIRUT) END S IBCOMP=Y  ;  ; IB\*2.0\*516 - Added ability to sort by Division  ;  K ^TMP($J,"IBTUB"),^TMP($J,"IBTUB-DIV")  I IBCOMP G RDATE  ;  ;IB\*2.0\*547/TAZ - Add prompt to search by division. If NO bypass all division selection.  S DIR(0)="Y",DIR("B")="NO" W !  S DIR("A")="Search by Division?"  S DIR("?",1)=" This opt allows you to search for all unbilled amounts"  S DIR("?",2)=" or to search for unbilled amounts in only one or more"  S DIR("?",3)=" divisions."  S DIR("?",4)=""  S DIR("?",5)="Choose from:"  S DIR("?",6)=" N NO"  S DIR("?")=" Y YES"  D ^DIR K DIR G:$D(DIRUT) END  S IBSBD=Y I 'IBSBD G DIVX  ;  DIV ; division  W !!  S DIR(0)="SA^A:All Divisions;S:Selected Divisions"  S DIR("A")="Include All Divisions or Selected Divisions? "  S DIR("B")="All"  D ^DIR K DIR  I $D(DIROUT)!$D(DIRUT) Q ;Timeout or User "^"  I Y="A" G DIVX  ;  W !  F D I IBQUIT S IBQUIT=IBQUIT-1 Q  . S DIC=40.8,DIC(0)="AEMQ",DIC("A")=" Select Division: "  . I $O(^TMP($J,"IBTUB-DIV","")) S DIC("A")=" Select Another Division: "  . D ^DIC K DIC ; lookup  . I X="^^" S IBQUIT=2 Q ; user entered ^^  . I +Y'>0 S IBQUIT=1 Q ; user is done  . S ^TMP($J,"IBTUB-DIV",+Y)=$P(Y,U,2)  . Q  ;  I IBQUIT G END ;User "^" out of the selection  ;  I '$O(^TMP($J,"IBTUB-DIV","")) D G DIV  . W \*7,!!?3,"No divisions have been selected. Please try again."  . Q  ;  DIVX ; Exit Division selection.  ;  ; - Select date(s) to build report.  W ! D DT1^IBTUBOU G:IBBDT="^" END  ;  ; - Select report(s).  S IBPRT="Choose report type(s) to print:"  S IBOPT(1)="INPATIENT UNBILLED"  S IBOPT(2)="OUTPATIENT UNBILLED"  S IBOPT(3)="PRESCRIPTION UNBILLED"  S IBOPT(4)="ALL OF THE ABOVE"  S IBSEL=$$MLTP^IBJD(IBPRT,.IBOPT,1) I 'IBSEL G END  S $E(IBSEL,$L(IBSEL))=""  ;  RDATE ; - Select re-compile date, if necessary.  I IBCOMP D G END:IBTIMON="^",DET  . W ! D DT2("Unbilled Amounts") Q:IBTIMON="^"  . W !!,"NOTE: Just a reminder that by entering the above month/year this"  . W !," report will re-calculate and update the Unbilled Amounts"  . W !," data on file in your system.",\*7  . ;  . ; - Initialize variables  . I IBTIMON<3030900 N X S X=$$M2^IBJDE(IBTIMON,11,11) D  .. S IBBDT=+X,IBEDT=$P(X,U,2)+.9,IBSEL="1,2,3"  . I IBTIMON'<3030900 S IBBDT=$$M3^IBJDE($$LDATE^IBJDE(IBTIMON)+1),IBEDT=$$LDATE^IBJDE(IBTIMON)+.9,IBSEL="1,2,3"  . D MSG W !  ;  S IBTIMON=IBEDT\100\*100  ;  DET ; - Ask to print detail report.  S DIR(0)="Y",DIR("B")="NO" W !  S DIR("A")="Print detail report with the Unbilled Amounts summary"  S DIR("?",1)="Answer YES if you want a detailed listing of the patients"  S DIR("?",2)="and events that are unbilled. Answer NO if you just want"  S DIR("?")="the summary, or '^' to quit this option."  D ^DIR K DIR G:$D(DIRUT) END S IBDET=Y G:'IBDET QUE  ;  ; Ask to include REQUEST MRA Status  S DIR(0)="YA",DIR("A")="Do you want to include MRA claims?: ",DIR("B")="NO" W ! D ^DIR K DIR G:$D(DIRUT) END  S IBINMRA=+Y  ;  ;IB\*2.0\*547/TAZ - Add prompt to sort by Patient or Divsion if Division Search was selected.  I $G(IBSBD) D G:$D(DIRUT) END  . S DIR("A")="Sort by: ",DIR("B")="Patient Name" W !  . S DIR(0)="SA^N:PATIENT NAME;D:DIVISION^S:X="""" X=""N"""  . S DIR("?",1)=" This determines whether the unbilled amounts are displayed"  . S DIR("?",2)=" in alphabetical order of patient name or in alphabetical "  . S DIR("?")=" order of patient name within a division."  . D ^DIR K DIR  . S IBSBD=Y="D" ;IBSBD=0 - Sort by Patient Name, IBSBD=1, Sort by Patient Name within Division.  ;  ; - Select device to print.  W !!,"This report takes a while to run, so you should queue it to run"  W !,"after normal business hours."  W !!,"You will need a 132 column printer for this report!",!  S %ZIS="QM" D ^%ZIS G END:POP,QUE:$D(IO("Q"))  ;  U IO G STR  ;  QUE ; - Queue report/summary, if necessary.  W ! I 'IBDET S ZTIO=""  S ZTRTN="IBTUBOA",ZTSAVE("IB\*")=""  S ZTDESC="IB - Unbilled Amounts Report"  D ^%ZTLOAD K IO("Q"),ZTSK  D HOME^%ZIS G END  ;  AUTO ; - Entry point for scheduled option.  Q ;;\*\*NO LONGER USED\*\*  ;  DQ ; - Entry point for DM extract.  ; - If AUTO PRINT UNBILLED LIST=yes and default report printer then  ; automatically requeue to device.  I $P(^IBE(350.9,1,6),U,24) D G END:'$G(IBXTRACT)  . N X S X=$O(^IBE(353,"B","IB REPORTS",0))  . S ZTIO=$P($G(^IBE(353,+X,0)),U,2) Q:ZTIO=""  . S IBDET=1,IBXTRACT=0,ZTDTH=$H,ZTRTN="IBTUBOA",ZTSAVE("IB\*")=""  . S ZTDESC="IB - Unbilled Amounts Report" D ^%ZTLOAD  . S IBDET=0,IBXTRACT=1  . K ZTDESC,ZTDTH,ZTRTN,ZTSAVE,ZTSK  ;  STR D ^IBTUBOA ; Start report.  ;  END K DIRUT Q  ;  MSG ; - Compile message.  W !!,"NOTE: After this report is run, the Unbilled Amounts totals for"  W !?6,"the month of "\_$$DAT2^IBOUTL(IBTIMON)\_" will be updated."  Q  ;  DT2(STR) ; - Select re-compile date (returns variable IBTIMON).  ; Input: STR - String that describe the type of data that will be  ; re-compiled: "Unbilled Amounts", "Average Bill Amounts", etc...  ;  ; This code is very the same code as is in DT2^IBTUBOU... that is  ; a utility routine, so code was copied and altered to accommodate  ; EOAM changes.  N DIRUT,DT0,DT1,DT2,Y  ; - AUG 1993 is the first month on file with Unbilled Amounts data  S DT0=2930800,DT1=$$DAT2^IBOUTL(DT0)  I $E(DT,6,7)'>$E($$LDATE^IBJDE(DT),6,7) S DT2=DT  I $E(DT,6,7)>$E($$LDATE^IBJDE(DT),6,7) S DT2=DT+100 I $E(DT2,4,5)=13 S DT2=DT+8900  S DT2=$$M1^IBJDE(DT2,1),DIR("B")=$$DAT2^IBOUTL(DT2)  S DIR(0)="DA^"\_$E(DT0,1,5)\_"00:"\_DT2\_":AE^K:$E(Y,6,7)'=""00"" X"  S DIR("A")="Re-compile "\_$G(STR)\_" through MONTH/YEAR: "  S DIR("?",1)="Enter a past month/year (ex. Oct 2000).",DIR("?",2)=""  S DIR("?",3)="NOTE: The earliest month/year that can be entered is "\_DT1\_", and"  S DIR("?")=" it is NOT possible to enter the current or a future month/year."  D ^DIR K DIR I $D(DIRUT) S IBTIMON="^" G DT2Q  I $E(Y,6,7)'="00"!($E(Y,4,7)="0000") W " ??" G DT2  S IBTIMON=Y  ;  DT2Q Q | | | | | | | | | |
| **Modified Logic (Changes are highlighted in yellow)** | | | | | | | | | |
| IBTUBO ;ALB/AAS - UNBILLED AMOUNTS - GENERATE UNBILLED REPORTS ;29-SEP-94  ;;2.0;INTEGRATED BILLING;\*\*19,31,32,91,123,159,192,235,248,155,516,547,608\*\*;21-MAR-94;Build 119  ;;Per VA Directive 6402, this routine should not be modified.  ;  % ; - Entry point for manual option.  N IBBDT,IBCOMP,IBDET,IBEDT,IBOPT,IBPRT,IBTIMON,IBQUIT,IBSEL,IBSBD  S (IBQUIT,IBSBD)=0 D:'$D(DT) DT^DICRW  W !!,"Re-Generate Unbilled Amounts Report",!  ;  ; - Ask to re-compile Unbilled Amounts data.  S DIR(0)="Y",DIR("B")="NO"  S DIR("A")="Do you want to store Unbilled Amounts figures"  S DIR("?",1)="Enter 'YES' if you wish to store the Unbilled Amounts summary"  S DIR("?",2)="figures in your system for a specific month/year in the past."  S DIR("?",3)="Once stored, these figures will be available for inquiry through"  S DIR("?",4)="the View Unbilled Amounts option [IBT VIEW UNBILLED AMOUNTS]."  S DIR("?",5)="These summary figures are normally calculated and stored"  S DIR("?",6)="automatically by the system at the beginning of each month for"  S DIR("?",7)="the previous month."  S DIR("?",8)=" "  S DIR("?",9)="If you enter 'NO', the Unbilled Amounts summary figures will"  S DIR("?",10)="NOT be stored in your system, and the report may be run for"  S DIR("?")="any date range."  D ^DIR K DIR G:$D(DIRUT) END S IBCOMP=Y  ;  ; IB\*2.0\*516 - Added ability to sort by Division  ;  K ^TMP($J,"IBTUB"),^TMP($J,"IBTUB-DIV")  I IBCOMP G RDATE  ;  ;IB\*2.0\*547/TAZ - Add prompt to search by division. If NO bypass all division selection.  S DIR(0)="Y",DIR("B")="NO" W !  S DIR("A")="Search by Division?"  S DIR("?",1)=" This opt allows you to search for all unbilled amounts"  S DIR("?",2)=" or to search for unbilled amounts in only one or more"  S DIR("?",3)=" divisions."  S DIR("?",4)=""  S DIR("?",5)="Choose from:"  S DIR("?",6)=" N NO"  S DIR("?")=" Y YES"  D ^DIR K DIR G:$D(DIRUT) END  S IBSBD=Y I 'IBSBD G DIVX  ;  DIV ; division  W !!  S DIR(0)="SA^A:All Divisions;S:Selected Divisions"  S DIR("A")="Include All Divisions or Selected Divisions? "  S DIR("B")="All"  D ^DIR K DIR  I $D(DIROUT)!$D(DIRUT) Q ;Timeout or User "^"  I Y="A" G DIVX  ;  W !  F D I IBQUIT S IBQUIT=IBQUIT-1 Q  . S DIC=40.8,DIC(0)="AEMQ",DIC("A")=" Select Division: "  . I $O(^TMP($J,"IBTUB-DIV","")) S DIC("A")=" Select Another Division: "  . D ^DIC K DIC ; lookup  . I X="^^" S IBQUIT=2 Q ; user entered ^^  . I +Y'>0 S IBQUIT=1 Q ; user is done  . S ^TMP($J,"IBTUB-DIV",+Y)=$P(Y,U,2)  . Q  ;  I IBQUIT G END ;User "^" out of the selection  ;  I '$O(^TMP($J,"IBTUB-DIV","")) D G DIV  . W \*7,!!?3,"No divisions have been selected. Please try again."  . Q  ;  DIVX ; Exit Division selection.  ;  ;JRA;IB\*2.0\*608 Ask to Search by MCCF, Non-MCCF or Both - Start  W !  S DIR(0)="SA^M:MCCF;N:Non-MCCF (Outpatient Only);B:Both"  S DIR("A")="Search by (M)CCF, (N)on-MCCF (Outpatient Only), or (B)oth? "  S DIR("B")="M"  S DIR("?",1)="Non-MCCF Eligibilities of Encounter are 'CHAMPVA', 'INELIGIBLE',"  S DIR("?",2)=" 'EMPLOYEE', 'TRICARE' and 'SHARING AGREEMENT'."  S DIR("?",3)="Non-MCCF Appointment Types are 'EMPLOYEE' and 'SHARING AGREEMENT'."  S DIR("?",4)="Non-MCCF Rate Types are 'CHAMPVA REIMB. INS.', 'CHAMPVA',"  S DIR("?",5)=" 'TRICARE REIMB. INS.', 'TRICARE', 'INELIGIBLE' and 'INTERAGENCY'."  S DIR("?")="All other Eligibilities/Types are MCCF."  D ^DIR K DIR G:($D(DIROUT)!($D(DIRUT))) END  S IBMCCF=Y  ;Set up arrays of Non-MCCF Rate Types, Non-MCCF Appointment Types and Non-MCCF Eligibility of Encounter entries.  N ARTIEN,ARTYP,ELIG,ELIGIEN  F ARTYP="INTERAGENCY","CHAMPVA REIMB. INS.","CHAMPVA","TRICARE REIMB. INS.","TRICARE","INELIGIBLE" D ;Non-MCCF Rate Types  . S ARTIEN=$O(^DGCR(399.3,"B",ARTYP,"")) I +ARTIEN S IBMCCF("RTYP",ARTIEN)=""  F ARTYP="EMPLOYEE","SHARING AGREEMENT" D ;Non-MCCF Appointment Types  . S ARTIEN=$O(^SD(409.1,"B",ARTYP,"")) I +ARTIEN S IBMCCF("ATYP",ARTIEN)=""  F ELIG="CHAMPVA","INELIGIBLE","EMPLOYEE","TRICARE","SHARING AGREEMENT" D ;Non-MCCF "Eligibility of Encounter" Entries  . S ELIGIEN=$O(^DIC(8,"B",ELIG,"")) I +ELIGIEN S IBMCCF("ELIG",ELIGIEN)=""  ;JRA;IB\*2.0\*608 - End  ;  ; - Select date(s) to build report.  W ! D DT1^IBTUBOU G:IBBDT="^" END  ;  ; - Select report(s).  S IBPRT="Choose report type(s) to print:"  ;S IBOPT(1)="INPATIENT UNBILLED" ;JRA;IB\*2.0\*608 ';'  ;S IBOPT(2)="OUTPATIENT UNBILLED" ;JRA;IB\*2.0\*608 ';'  ;S IBOPT(3)="PRESCRIPTION UNBILLED" ;JRA;IB\*2.0\*608 ';'  ;S IBOPT(4)="ALL OF THE ABOVE" ;JRA;IB\*2.0\*608 ';'  I $G(IBMCCF)="N" S IBOPT(1)="OUTPATIENT UNBILLED" ;JRA;IB\*2.0\*608  E D ;JRA;IB\*2.0\*608  . S IBOPT(1)="INPATIENT UNBILLED"  . S IBOPT(2)="OUTPATIENT UNBILLED"  . S IBOPT(3)="PRESCRIPTION UNBILLED"  . S IBOPT(4)="ALL OF THE ABOVE"  ;S IBSEL=$$MLTP^IBJD(IBPRT,.IBOPT,1) I 'IBSEL G END ;JRA;IB\*2.0\*608 ';'  S IBSEL=$$MLTP^IBJD(IBPRT,.IBOPT,$S($G(IBMCCF)="N":"",1:1)) I 'IBSEL G END ;JRA;IB\*2.0\*608  ;JRA;IB\*2.0\*608 For Non-MCCF set IBSEL="2," since the value of IBSEL drives the computations and '2' is for Outpatient.  ; Since "OUTPATIENT UNBILLED" is the only choice for Non-MCCF, IBSEL will be set to '1,' so need to reset to '2,'.  S:$G(IBMCCF)="N" IBSEL="2," ;JRA;IB\*2.0\*608  S $E(IBSEL,$L(IBSEL))=""  ;  RDATE ; - Select re-compile date, if necessary.  I IBCOMP D G END:IBTIMON="^",DET  . W ! D DT2("Unbilled Amounts") Q:IBTIMON="^"  . W !!,"NOTE: Just a reminder that by entering the above month/year this"  . W !," report will re-calculate and update the Unbilled Amounts"  . W !," data on file in your system.",\*7  . ;  . ; - Initialize variables  . I IBTIMON<3030900 N X S X=$$M2^IBJDE(IBTIMON,11,11) D  .. S IBBDT=+X,IBEDT=$P(X,U,2)+.9,IBSEL="1,2,3"  . I IBTIMON'<3030900 S IBBDT=$$M3^IBJDE($$LDATE^IBJDE(IBTIMON)+1),IBEDT=$$LDATE^IBJDE(IBTIMON)+.9,IBSEL="1,2,3"  . D MSG W !  ;  S IBTIMON=IBEDT\100\*100  ;  DET ; - Ask to print detail report.  S DIR(0)="Y",DIR("B")="NO" W !  S DIR("A")="Print detail report with the Unbilled Amounts summary"  S DIR("?",1)="Answer YES if you want a detailed listing of the patients"  S DIR("?",2)="and events that are unbilled. Answer NO if you just want"  S DIR("?")="the summary, or '^' to quit this option."  D ^DIR K DIR G:$D(DIRUT) END S IBDET=Y G:'IBDET QUE  ;  ; Ask to include REQUEST MRA Status  S DIR(0)="YA",DIR("A")="Do you want to include MRA claims?: ",DIR("B")="NO" W ! D ^DIR K DIR G:$D(DIRUT) END  S IBINMRA=+Y  ;  ;IB\*2.0\*547/TAZ - Add prompt to sort by Patient or Divsion if Division Search was selected.  I $G(IBSBD) D G:$D(DIRUT) END  . S DIR("A")="Sort by: ",DIR("B")="Patient Name" W !  . S DIR(0)="SA^N:PATIENT NAME;D:DIVISION^S:X="""" X=""N"""  . S DIR("?",1)=" This determines whether the unbilled amounts are displayed"  . S DIR("?",2)=" in alphabetical order of patient name or in alphabetical "  . S DIR("?")=" order of patient name within a division."  . D ^DIR K DIR  . S IBSBD=Y="D" ;IBSBD=0 - Sort by Patient Name, IBSBD=1, Sort by Patient Name within Division.  ;  ; - Select device to print.  W !!,"This report takes a while to run, so you should queue it to run"  W !,"after normal business hours."  W !!,"You will need a 132 column printer for this report!",!  S %ZIS="QM" D ^%ZIS G END:POP,QUE:$D(IO("Q"))  ;  U IO G STR  ;  QUE ; - Queue report/summary, if necessary.  W ! I 'IBDET S ZTIO=""  S ZTRTN="IBTUBOA",ZTSAVE("IB\*")=""  S ZTDESC="IB - Unbilled Amounts Report"  D ^%ZTLOAD K IO("Q"),ZTSK  D HOME^%ZIS G END  ;  AUTO ; - Entry point for scheduled option.  Q ;;\*\*NO LONGER USED\*\*  ;  DQ ; - Entry point for DM extract.  ; - If AUTO PRINT UNBILLED LIST=yes and default report printer then  ; automatically requeue to device.  I $P(^IBE(350.9,1,6),U,24) D G END:'$G(IBXTRACT)  . N X S X=$O(^IBE(353,"B","IB REPORTS",0))  . S ZTIO=$P($G(^IBE(353,+X,0)),U,2) Q:ZTIO=""  . S IBDET=1,IBXTRACT=0,ZTDTH=$H,ZTRTN="IBTUBOA",ZTSAVE("IB\*")=""  . S ZTDESC="IB - Unbilled Amounts Report" D ^%ZTLOAD  . S IBDET=0,IBXTRACT=1  . K ZTDESC,ZTDTH,ZTRTN,ZTSAVE,ZTSK  ;  STR D ^IBTUBOA ; Start report.  ;  END K DIRUT,IBMCCF Q ;JRA IB\*2.0\*608 Added IBMCCF  ;  MSG ; - Compile message.  W !!,"NOTE: After this report is run, the Unbilled Amounts totals for"  W !?6,"the month of "\_$$DAT2^IBOUTL(IBTIMON)\_" will be updated."  Q  ;  DT2(STR) ; - Select re-compile date (returns variable IBTIMON).  ; Input: STR - String that describe the type of data that will be  ; re-compiled: "Unbilled Amounts", "Average Bill Amounts", etc...  ;  ; This code is very the same code as is in DT2^IBTUBOU... that is  ; a utility routine, so code was copied and altered to accommodate  ; EOAM changes.  N DIRUT,DT0,DT1,DT2,Y  ; - AUG 1993 is the first month on file with Unbilled Amounts data  S DT0=2930800,DT1=$$DAT2^IBOUTL(DT0)  I $E(DT,6,7)'>$E($$LDATE^IBJDE(DT),6,7) S DT2=DT  I $E(DT,6,7)>$E($$LDATE^IBJDE(DT),6,7) S DT2=DT+100 I $E(DT2,4,5)=13 S DT2=DT+8900  S DT2=$$M1^IBJDE(DT2,1),DIR("B")=$$DAT2^IBOUTL(DT2)  S DIR(0)="DA^"\_$E(DT0,1,5)\_"00:"\_DT2\_":AE^K:$E(Y,6,7)'=""00"" X"  S DIR("A")="Re-compile "\_$G(STR)\_" through MONTH/YEAR: "  S DIR("?",1)="Enter a past month/year (ex. Oct 2000).",DIR("?",2)=""  S DIR("?",3)="NOTE: The earliest month/year that can be entered is "\_DT1\_", and"  S DIR("?")=" it is NOT possible to enter the current or a future month/year."  D ^DIR K DIR I $D(DIRUT) S IBTIMON="^" G DT2Q  I $E(Y,6,7)'="00"!($E(Y,4,7)="0000") W " ??" G DT2  S IBTIMON=Y  ;  DT2Q Q | | | | | | | | | |

**IBTUBOA** – Main loop cycling though the Claims Tracking global where initial check for Rate Type is done

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | **IBTUBOA** | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** |  | | | | | | | | |
| **Related Options** | None | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  |  | | | | |  | | | |
| **Data Dictionary (DD) References** |  | | | | | | | | |
| **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** | | | | | | | | | |
| IBTUBOA ;ALB/RB - UNBILLED AMOUNTS - GENERATE UNBILLED REPORTS ;01-JAN-01  ;;2.0;INTEGRATED BILLING;\*\*19,31,32,91,123,159,192,155,276,516\*\*;21-MAR-94;Build 123  ;;Per VA Directive 6402, this routine should not be modified.  ;  % ; - Entry point from Taskman.  ;  ; IB\*2.0\*516 - Added ability to sort by Division, so added IBDIV as a  ; subscript to most of the IBUNB entries.  ;  ;ARRAY VARIABLES:  ; IBAVG("BILLS-I")=number of inpatient institutional claims  ; IBAVG("BILLS-P")=number of inpatient professional claims  ; IBAVG("EPISD-I")=number of inpt. episodes for institutional claims  ; IBAVG("EPISD-P")=number of inpt. episodes for professional claims  ; IBAVG("$AMNT-I")=inpatient institutional amount billed  ; IBAVG("$AMNT-P")=inpatient professional amount billed  ;  ; IBUNB("UNBILTL")=total unbilled amount  ; IBUNB("UNBILTL-MRA")=total MRA req amount  ;  ; IBUNB(IBDIV,"ENCNTRS")=number of outpatient encounters missing claims  ; IBUNB(IBDIV,"EPISM-I")=number of inpatient episodes missing inst. claims  ; IBUNB(IBDIV,"EPISM-I-MRA")=number of MRA req inpat institutional claims  ; IBUNB(IBDIV,"EPISM-P")=number of inpatient episodes missing prof. claims  ; IBUNB(IBDIV,"EPISM-P-MRA")=number of MRA req inpat professional claims  ; IBUNB(IBDIV,"EPISM-A")=number of inpatient admissions missing claims  ; (any type: Prof,Inst or both)  ; IBUNB(IBDIV,"EPISM-A-MRA")=number inpt MRA req admissions missing claims  ; (any type: Prof,Inst or both)  ; IBUNB(IBDIV,"CPTMS-I")=number of CPT codes missing institutional claims  ; IBUNB(IBDIV,"CPTMS-I-MRA")=number of MRA req CPT codes missing inst claims  ; IBUNB(IBDIV,"CPTMS-P")=number of CPT codes missing professional claims  ; IBUNB(IBDIV,"CPTMS-P-MRA")=number of MRA req CPT codes missing prof claims  ; IBUNB(IBDIV,"PRESCRP")=number of unbilled prescriptions  ; IBUNB(IBDIV,"PRESCRP-MRA")=number of MRA req prescriptions  ; IBUNB(IBDIV,"UNBILIP")=unbilled inpatient amount  ; IBUNB(IBDIV,"UNBILIP-MRA")=MRA req inpatient amount  ; IBUNB(IBDIV,"UNBILOP")=unbilled outpatient amount  ; IBUNB(IBDIV,"UNBILOP-MRA")=MRA req outpatient amount  ; IBUNB(IBDIV,"UNBILRX")=unbilled prescription amount  ; IBUNB(IBDIV,"UNBILRX-MRA")=MRA req prescription amount  ;  ;ARRAY VARIABLES FOR DM EXTRACT:  ; IB(1)=Number of inpatient episodes missing institutional claims  ; IB(2)=Amount of inpatient episodes missing institutional claims  ; IB(3)=Number of inpatient episodes missing professional claims  ; IB(4)=Amount of inpatient episodes missing professional claims  ; IB(5)=Number of all inpatient episodes missing claims  ; IB(6)=Amount of all inpatient episodes missing claims  ; IB(7)=Number of unbilled outpatient encounters prior to 9/1/99  ; IB(8)=Amount of unbilled outpatient encounters prior to 9/1/99  ; IB(9)=Number of procedures without an institutional charge  ; IB(10)=Amount of procedures without an institutional charge  ; IB(11)=Number of procedures without a professional charge  ; IB(12)=Amount of procedures without a professional charge  ; IB(13)=Number of all procedures without a charge  ; IB(14)=Number of encounters associated with all procedures without  ; a charge  ; IB(15)=Number of all encounters missing claims  ; IB(16)=Amount of all encounters missing claims  ; IB(17)=Number of unbilled prescriptions and refills  ; IB(18)=Amount of unbilled prescriptions and refills  ; IB(19)=Amount of all unbilled episodes of care  ;  N IB,IBAMTI,IBAMTP,IBIAV,IBIA,IBNODE,IBOE,IBPA,IBQUERY,IBRX,IBSAV,IBT  N IBAMTIM,IBAMTPM,IBTYP,IBX,IBY,DFN,DGPM,I,J  ;  K ^TMP($J,"IBTUB-INPT"),^TMP($J,"IBTUB-OPT"),^TMP($J,"IBTUB-RX")  K ^TMP($J,"IBTUB-INPT\_MRA"),^TMP($J,"IBTUB-OPT\_MRA"),^TMP($J,"IBTUB-RX\_MRA")  ;  ; - Initialize DM extract variables, if necessary.  I $G(IBXTRACT) D E^IBJDE(37,1) F IBX=1:1:19 S IB(IBX)=0  ;  ; - Initialize Unbilled Amounts variables.  S (IBUNB("ENCNTRS"),IBUNB("PRESCRP"),IBUNB("PRESCRP-MRA"))=0  F IBX="IP","OP","RX","TL" S IBUNB("UNBIL"\_IBX)=0,IBUNB("UNBIL"\_IBX\_"-MRA")=0  F IBX="I","P" S (IBUNB("EPISM-"\_IBX),IBUNB("EPISM-"\_IBX\_"-MRA"),IBUNB("CPTMS-"\_IBX),IBUNB("CPTMS-"\_IBX\_"-MRA"))=0  S (IBUNB("EPISM-A"),IBUNB("EPISM-A-MRA"))=0  ;  ; - Retrieve the Rate Type code for Reimbursable Insurance  S IBRT=$S($O(^DGCR(399.3,"B","REIMBURSABLE INS.",0)):$O(^(0)),1:8)  ;  ; - If Compile/Store - Checks if the Average Bill Amounts exists for  ; IBTIMON. If it does not, calls IBTUBAV to calculate/updated it.  I $G(IBCOMP) D  . I $P($G(^IBE(356.19,IBTIMON,1)),"^",14)'="" Q  . ;  . ; - DQ^IBTUBAV will kill the variables IBTIMON and IBCOMP - That's why  . ; they are being set again after this call.  . S IBSAV=IBTIMON D DQ^IBTUBAV S IBTIMON=IBSAV,IBCOMP=1  . Q  ;  PROC ; - Loops through all the entries in the Claims Tracking file for the  ; period selected and calculate the Unbilled Amounts  S IBDT=IBBDT-.1  ;  F S IBDT=$O(^IBT(356,"D",IBDT)) Q:'IBDT!(IBDT>IBEDT) D  . S IBX=0 F S IBX=$O(^IBT(356,"D",IBDT,IBX)) Q:'IBX D  . . S IBNODE=$G(^IBT(356,IBX,0)) Q:IBNODE=""  . . I $P(IBNODE,U,12) Q ; Tort-Feasor,Workman's Comp,No-fault Auto Acc.  . . I $P(IBNODE,U,19) Q ; Reason not billable assigned.  . . I '$P(IBNODE,U,20) Q ; Inactive.  . . S DFN=+$P(IBNODE,U,2)  . . I '$$PTCHK^IBTUBOU(DFN,IBNODE) Q ; Has a non-veteran eligibility.  . . I '$$INSURED^IBCNS1(DFN,IBDT) Q ; Not insured during care.  . . I $P(IBNODE,U,5),IBSEL[1,$$COV^IBTUBOU(DFN,IBDT,1) D Q ;Inpatient  . . . S DGPM=+$P(IBNODE,U,5) D INPT^IBTUBO2(DGPM)  . . I $P(IBNODE,U,4),IBSEL[2,$$COV^IBTUBOU(DFN,IBDT,2) D Q ;Outpatient  . . . S IBOE=+$P(IBNODE,U,4) I $$NCCL^IBTUBOU(IBOE) Q ; Non-Count Clinic  . . . D OPT^IBTUBO1(IBOE,.IBQUERY)  . . I $P(IBNODE,U,8),IBSEL[3,$$COV^IBTUBOU(DFN,IBDT,3) D Q ;Prescription  . . . N IBIFN,IBCSTAT S IBIFN=+$P(IBNODE,U,11)  . . . I IBIFN S IBCSTAT=$$GET1^DIQ(399,IBIFN\_",",.13,"I") Q:$S(IBCSTAT=0:1,IBCSTAT=1:0,IBCSTAT=2:1,IBCSTAT=3:1,IBCSTAT=4:1,IBCSTAT=5:1,IBCSTAT=7:0,1:1) ;already billed (modified in T9)  . . . S IBRX=+$P(IBNODE,U,8) D RX^IBTUBO2(IBRX)  . . ;  . . ; - Check CT entry event type to get unbilled amounts, if necessary.  . . S IBTYP=$P($G(^IBE(356.6,+$P(IBNODE,U,18),0)),U,8)  . . I IBTYP=1,IBSEL[1,$$COV^IBTUBOU(DFN,IBDT,1) D  . . . D INPT^IBTUBO2(+$O(^DGPM("APTT1",DFN,IBDT,0)))  . . I IBTYP=2,IBSEL[2,$$COV^IBTUBOU(DFN,IBDT,2) D  . . . D OPT^IBTUBO1("",.IBQUERY)  ;  I $G(IBXTRACT) D XTRACT^IBTUBOU ; Load extract file, if necessary.  ;  ; MRD;IB\*2.0\*516 - Moved code that was here into the new  ; procedure TOTAL, and tally most of the values up by Division.  ;  D TOTAL  ;  ; - If Compile/Store - update Unbilled Amounts data on file #356.19  I $G(IBCOMP) D LD^IBTUBOU(3,IBTIMON)  ;  PRT ; - Print report(s).  I $G(IBQUERY) D CLOSE^IBSDU(.IBQUERY)  D REPORT^IBTUBO3  ;  END K ^TMP($J,"IBTUB-INPT"),^TMP($J,"IBTUB-OPT"),^TMP($J,"IBTUB-RX")  K IBDT,IBRT,IBUNB  I $D(ZTQUEUED) S ZTREQ="@" Q  D ^%ZISC K IBTEMON,IBXTRACT,D,D0,DA,DIC,DIE  Q  ;  TOTAL ; Determine grand total amounts.  ;  ; - Calculate the Amount Inpatient INST. & PROF. Unbilled Amounts,  ; based on average amounts of Billed Amounts  ;  S IBIAV=$$INPAVG^IBTUBOU(IBTIMON)  ;  S IBAMTI=$P(IBIAV,"^")\*$G(IBUNB("EPISM-I")) ; Inst  S IBAMTIM=$P(IBIAV,"^")\*$G(IBUNB("EPISM-I-MRA")) ; Inst  S IBAMTP=$P(IBIAV,"^",2)\*$G(IBUNB("EPISM-P")) ; Prof  S IBAMTPM=$P(IBIAV,"^",2)\*$G(IBUNB("EPISM-P-MRA")) ; Prof  ;  S IBUNB("UNBILIP")=IBAMTI+IBAMTP  S IBUNB("UNBILIP-MRA")=IBAMTIM+IBAMTPM  ;  ;S IBUNB("UNBILTL")=IBUNB("UNBILIP")  ;S IBUNB("UNBILTL-MRA")=IBUNB("UNBILIP-MRA")  ;  ; - Calculate Unbilled Amounts Totals by Division  ;  S IBDIV=0  F S IBDIV=$O(IBUNB(IBDIV)) Q:'IBDIV D  . ;  . S IBAMTI=$P(IBIAV,"^")\*$G(IBUNB(IBDIV,"EPISM-I")) ; Inst  . S IBAMTIM=$P(IBIAV,"^")\*$G(IBUNB(IBDIV,"EPISM-I-MRA")) ; Inst  . S IBAMTP=$P(IBIAV,"^",2)\*$G(IBUNB(IBDIV,"EPISM-P")) ; Prof  . S IBAMTPM=$P(IBIAV,"^",2)\*$G(IBUNB(IBDIV,"EPISM-P-MRA")) ; Prof  . ;  . S IBUNB(IBDIV,"UNBILIP")=IBAMTI+IBAMTP  . S IBUNB(IBDIV,"UNBILIP-MRA")=IBAMTIM+IBAMTPM  . ;  . S IBUNB("UNBILTL")=$G(IBUNB("UNBILTL"))+$G(IBUNB(IBDIV,"UNBILIP"))+$G(IBUNB(IBDIV,"UNBILOP"))+$G(IBUNB(IBDIV,"UNBILRX"))  . S IBUNB("UNBILTL-MRA")=$G(IBUNB("UNBILTL-MRA"))+$G(IBUNB(IBDIV,"UNBILIP-MRA"))+$G(IBUNB(IBDIV,"UNBILOP-MRA"))+$G(IBUNB(IBDIV,"UNBILRX-MRA"))  . ;  . Q  ;  Q  ; | | | | | | | | | |
| **Modified Logic (Changes are highlighted in yellow)** | | | | | | | | | |
| IBTUBOA ;ALB/RB - UNBILLED AMOUNTS - GENERATE UNBILLED REPORTS ;01-JAN-01  ;;2.0;INTEGRATED BILLING;\*\*19,31,32,91,123,159,192,155,276,516,608\*\*;21-MAR-94;Build 123  ;;Per VA Directive 6402, this routine should not be modified.  ;  % ; - Entry point from Taskman.  ;  ; IB\*2.0\*516 - Added ability to sort by Division, so added IBDIV as a  ; subscript to most of the IBUNB entries.  ;  ;ARRAY VARIABLES:  ; IBAVG("BILLS-I")=number of inpatient institutional claims  ; IBAVG("BILLS-P")=number of inpatient professional claims  ; IBAVG("EPISD-I")=number of inpt. episodes for institutional claims  ; IBAVG("EPISD-P")=number of inpt. episodes for professional claims  ; IBAVG("$AMNT-I")=inpatient institutional amount billed  ; IBAVG("$AMNT-P")=inpatient professional amount billed  ;  ; IBUNB("UNBILTL")=total unbilled amount  ; IBUNB("UNBILTL-MRA")=total MRA req amount  ;  ; IBUNB(IBDIV,"ENCNTRS")=number of outpatient encounters missing claims  ; IBUNB(IBDIV,"EPISM-I")=number of inpatient episodes missing inst. claims  ; IBUNB(IBDIV,"EPISM-I-MRA")=number of MRA req inpat institutional claims  ; IBUNB(IBDIV,"EPISM-P")=number of inpatient episodes missing prof. claims  ; IBUNB(IBDIV,"EPISM-P-MRA")=number of MRA req inpat professional claims  ; IBUNB(IBDIV,"EPISM-A")=number of inpatient admissions missing claims  ; (any type: Prof,Inst or both)  ; IBUNB(IBDIV,"EPISM-A-MRA")=number inpt MRA req admissions missing claims  ; (any type: Prof,Inst or both)  ; IBUNB(IBDIV,"CPTMS-I")=number of CPT codes missing institutional claims  ; IBUNB(IBDIV,"CPTMS-I-MRA")=number of MRA req CPT codes missing inst claims  ; IBUNB(IBDIV,"CPTMS-P")=number of CPT codes missing professional claims  ; IBUNB(IBDIV,"CPTMS-P-MRA")=number of MRA req CPT codes missing prof claims  ; IBUNB(IBDIV,"PRESCRP")=number of unbilled prescriptions  ; IBUNB(IBDIV,"PRESCRP-MRA")=number of MRA req prescriptions  ; IBUNB(IBDIV,"UNBILIP")=unbilled inpatient amount  ; IBUNB(IBDIV,"UNBILIP-MRA")=MRA req inpatient amount  ; IBUNB(IBDIV,"UNBILOP")=unbilled outpatient amount  ; IBUNB(IBDIV,"UNBILOP-MRA")=MRA req outpatient amount  ; IBUNB(IBDIV,"UNBILRX")=unbilled prescription amount  ; IBUNB(IBDIV,"UNBILRX-MRA")=MRA req prescription amount  ;  ;ARRAY VARIABLES FOR DM EXTRACT:  ; IB(1)=Number of inpatient episodes missing institutional claims  ; IB(2)=Amount of inpatient episodes missing institutional claims  ; IB(3)=Number of inpatient episodes missing professional claims  ; IB(4)=Amount of inpatient episodes missing professional claims  ; IB(5)=Number of all inpatient episodes missing claims  ; IB(6)=Amount of all inpatient episodes missing claims  ; IB(7)=Number of unbilled outpatient encounters prior to 9/1/99  ; IB(8)=Amount of unbilled outpatient encounters prior to 9/1/99  ; IB(9)=Number of procedures without an institutional charge  ; IB(10)=Amount of procedures without an institutional charge  ; IB(11)=Number of procedures without a professional charge  ; IB(12)=Amount of procedures without a professional charge  ; IB(13)=Number of all procedures without a charge  ; IB(14)=Number of encounters associated with all procedures without  ; a charge  ; IB(15)=Number of all encounters missing claims  ; IB(16)=Amount of all encounters missing claims  ; IB(17)=Number of unbilled prescriptions and refills  ; IB(18)=Amount of unbilled prescriptions and refills  ; IB(19)=Amount of all unbilled episodes of care  ;  N IB,IBAMTI,IBAMTP,IBIAV,IBIA,IBNODE,IBOE,IBPA,IBQUERY,IBRX,IBSAV,IBT  N IBAMTIM,IBAMTPM,IBTYP,IBX,IBY,DFN,DGPM,I,J  ;  K ^TMP($J,"IBTUB-INPT"),^TMP($J,"IBTUB-OPT"),^TMP($J,"IBTUB-RX")  K ^TMP($J,"IBTUB-INPT\_MRA"),^TMP($J,"IBTUB-OPT\_MRA"),^TMP($J,"IBTUB-RX\_MRA")  ;  ; - Initialize DM extract variables, if necessary.  I $G(IBXTRACT) D E^IBJDE(37,1) F IBX=1:1:19 S IB(IBX)=0  ;  ; - Initialize Unbilled Amounts variables.  S (IBUNB("ENCNTRS"),IBUNB("PRESCRP"),IBUNB("PRESCRP-MRA"))=0  F IBX="IP","OP","RX","TL" S IBUNB("UNBIL"\_IBX)=0,IBUNB("UNBIL"\_IBX\_"-MRA")=0  F IBX="I","P" S (IBUNB("EPISM-"\_IBX),IBUNB("EPISM-"\_IBX\_"-MRA"),IBUNB("CPTMS-"\_IBX),IBUNB("CPTMS-"\_IBX\_"-MRA"))=0  S (IBUNB("EPISM-A"),IBUNB("EPISM-A-MRA"))=0  ;  ; - Retrieve the Rate Type code for Reimbursable Insurance  S IBRT=$S($O(^DGCR(399.3,"B","REIMBURSABLE INS.",0)):$O(^(0)),1:8)  ;  ; - If Compile/Store - Checks if the Average Bill Amounts exists for  ; IBTIMON. If it does not, calls IBTUBAV to calculate/updated it.  I $G(IBCOMP) D  . I $P($G(^IBE(356.19,IBTIMON,1)),"^",14)'="" Q  . ;  . ; - DQ^IBTUBAV will kill the variables IBTIMON and IBCOMP - That's why  . ; they are being set again after this call.  . S IBSAV=IBTIMON D DQ^IBTUBAV S IBTIMON=IBSAV,IBCOMP=1  . Q  ;  PROC ; - Loops through all the entries in the Claims Tracking file for the  ; period selected and calculate the Unbilled Amounts  N EVELIG ;JRA;IB\*2.0\*608 Flag set to 1 if patient has non-veteran eligibility  S IBDT=IBBDT-.1  ;  F S IBDT=$O(^IBT(356,"D",IBDT)) Q:'IBDT!(IBDT>IBEDT) D  . S IBX=0 F S IBX=$O(^IBT(356,"D",IBDT,IBX)) Q:'IBX D  . . S IBNODE=$G(^IBT(356,IBX,0)) Q:IBNODE=""  . . I $P(IBNODE,U,12) Q ; Tort-Feasor,Workman's Comp,No-fault Auto Acc.  . . I $P(IBNODE,U,19) Q ; Reason not billable assigned.  . . I '$P(IBNODE,U,20) Q ; Inactive.  . . S DFN=+$P(IBNODE,U,2)  . . ;Non-veteran eligibility includes CHAMPVA & TRICARE which is non-MCCF so do not screen out  . . ;I '$$PTCHK^IBTUBOU(DFN,IBNODE) Q ; Has a non-veteran eligibility. ;JRA;IB\*2.0\*608 ';'  . . S NVELIG='$$PTCHK^IBTUBOU(DFN,IBNODE) ;JRA;IB\*2.0\*608  . . I '$$INSURED^IBCNS1(DFN,IBDT) Q ; Not insured during care.  . . ;JRA;IB\*2.0\*608 No Inpatient for Non-MCCF  . . ;I $P(IBNODE,U,5),IBSEL[1,$$COV^IBTUBOU(DFN,IBDT,1) D Q ;Inpatient ;JRA;IB\*2.0\*608 ';'  . . I 'NVELIG,$G(IBMCCF)'="N",$P(IBNODE,U,5),IBSEL[1,$$COV^IBTUBOU(DFN,IBDT,1) D Q ;Inpatient ;JRA;IB\*2.0\*608  . . . S DGPM=+$P(IBNODE,U,5) D INPT^IBTUBO2(DGPM)  . . I $P(IBNODE,U,4),IBSEL[2,$$COV^IBTUBOU(DFN,IBDT,2) D Q ;Outpatient  . . . S IBOE=+$P(IBNODE,U,4) I $$NCCL^IBTUBOU(IBOE) Q ; Non-Count Clinic  . . . ;JRA;IB\*2.0\*608 Check if Eligibility of Encounter, Appointment Type & Rate Type meet MCCF/Non-MCCF Criteria  . . . I $G(IBMCCF)]"",(IBMCCF'="B") N OK S OK=1 D Q:'OK ;JRA;IB\*2.0\*608  . . . . N CLAIM S CLAIM=+$P(IBNODE,U,11)  . . . . ;If looking only for MCCF and there is a non-veteran eligibility, this entry is Non-MCCF so don't process  . . . . I IBMCCF="M",'$$PTCHK^IBTUBOU(DFN,IBNODE) S OK=0 Q ;Copied condition from above & modified  . . . . I IBOE S OK=$$MCCFCKX^IBTUBOU(409.68,IBOE,.13,"ELIG") ;Check Eligibilty of Encounter  . . . . I IBOE,((OK'=1&(IBMCCF="N"))!(IBMCCF="M"&(OK))) S OK=$$MCCFCKX^IBTUBOU(409.68,IBOE,.1,"ATYP") ;Check Appointment Type  . . . . I CLAIM,((OK'=1&(IBMCCF="N"))!(IBMCCF="M"&(OK))) S OK=$$MCCFCKX^IBTUBOU(399,CLAIM,.07,"RTYP") ;Check Rate Type  . . . D OPT^IBTUBO1(IBOE,.IBQUERY)  . . Q:($G(IBMCCF)="N"!(NVELIG)) ;JRA;IB\*2.0\*608 Quit if Non-MCCF since only want Outpatient or quit if patient has non-veteran eligibility  . . I $P(IBNODE,U,8),IBSEL[3,$$COV^IBTUBOU(DFN,IBDT,3) D Q ;Prescription  . . . N IBIFN,IBCSTAT S IBIFN=+$P(IBNODE,U,11)  . . . I IBIFN S IBCSTAT=$$GET1^DIQ(399,IBIFN\_",",.13,"I") Q:$S(IBCSTAT=0:1,IBCSTAT=1:0,IBCSTAT=2:1,IBCSTAT=3:1,IBCSTAT=4:1,IBCSTAT=5:1,IBCSTAT=7:0,1:1) ;already billed (modified in T9)  . . . S IBRX=+$P(IBNODE,U,8) D RX^IBTUBO2(IBRX)  . . ;  . . ; - Check CT entry event type to get unbilled amounts, if necessary.  . . S IBTYP=$P($G(^IBE(356.6,+$P(IBNODE,U,18),0)),U,8)  . . I IBTYP=1,IBSEL[1,$$COV^IBTUBOU(DFN,IBDT,1) D  . . . D INPT^IBTUBO2(+$O(^DGPM("APTT1",DFN,IBDT,0)))  . . I IBTYP=2,IBSEL[2,$$COV^IBTUBOU(DFN,IBDT,2) D  . . . D OPT^IBTUBO1("",.IBQUERY)  ;  I $G(IBXTRACT) D XTRACT^IBTUBOU ; Load extract file, if necessary.  ;  ; MRD;IB\*2.0\*516 - Moved code that was here into the new  ; procedure TOTAL, and tally most of the values up by Division.  ;  D TOTAL  ;  ; - If Compile/Store - update Unbilled Amounts data on file #356.19  I $G(IBCOMP) D LD^IBTUBOU(3,IBTIMON)  ;  PRT ; - Print report(s).  I $G(IBQUERY) D CLOSE^IBSDU(.IBQUERY)  D REPORT^IBTUBO3  ;  END K ^TMP($J,"IBTUB-INPT"),^TMP($J,"IBTUB-OPT"),^TMP($J,"IBTUB-RX")  K IBDT,IBRT,IBUNB  I $D(ZTQUEUED) S ZTREQ="@" Q  D ^%ZISC K IBTEMON,IBXTRACT,D,D0,DA,DIC,DIE  Q  ;  TOTAL ; Determine grand total amounts.  ;  ; - Calculate the Amount Inpatient INST. & PROF. Unbilled Amounts,  ; based on average amounts of Billed Amounts  ;  S IBIAV=$$INPAVG^IBTUBOU(IBTIMON)  ;  S IBAMTI=$P(IBIAV,"^")\*$G(IBUNB("EPISM-I")) ; Inst  S IBAMTIM=$P(IBIAV,"^")\*$G(IBUNB("EPISM-I-MRA")) ; Inst  S IBAMTP=$P(IBIAV,"^",2)\*$G(IBUNB("EPISM-P")) ; Prof  S IBAMTPM=$P(IBIAV,"^",2)\*$G(IBUNB("EPISM-P-MRA")) ; Prof  ;  S IBUNB("UNBILIP")=IBAMTI+IBAMTP  S IBUNB("UNBILIP-MRA")=IBAMTIM+IBAMTPM  ;  ;S IBUNB("UNBILTL")=IBUNB("UNBILIP")  ;S IBUNB("UNBILTL-MRA")=IBUNB("UNBILIP-MRA")  ;  ; - Calculate Unbilled Amounts Totals by Division  ;  S IBDIV=0  F S IBDIV=$O(IBUNB(IBDIV)) Q:'IBDIV D  . ;  . S IBAMTI=$P(IBIAV,"^")\*$G(IBUNB(IBDIV,"EPISM-I")) ; Inst  . S IBAMTIM=$P(IBIAV,"^")\*$G(IBUNB(IBDIV,"EPISM-I-MRA")) ; Inst  . S IBAMTP=$P(IBIAV,"^",2)\*$G(IBUNB(IBDIV,"EPISM-P")) ; Prof  . S IBAMTPM=$P(IBIAV,"^",2)\*$G(IBUNB(IBDIV,"EPISM-P-MRA")) ; Prof  . ;  . S IBUNB(IBDIV,"UNBILIP")=IBAMTI+IBAMTP  . S IBUNB(IBDIV,"UNBILIP-MRA")=IBAMTIM+IBAMTPM  . ;  . S IBUNB("UNBILTL")=$G(IBUNB("UNBILTL"))+$G(IBUNB(IBDIV,"UNBILIP"))+$G(IBUNB(IBDIV,"UNBILOP"))+$G(IBUNB(IBDIV,"UNBILRX"))  . S IBUNB("UNBILTL-MRA")=$G(IBUNB("UNBILTL-MRA"))+$G(IBUNB(IBDIV,"UNBILIP-MRA"))+$G(IBUNB(IBDIV,"UNBILOP-MRA"))+$G(IBUNB(IBDIV,"UNBILRX-MRA"))  . ;  . Q  ;  Q  ; | | | | | | | | | |

**IBTUBOU** – Modification to function that checks claims and the addition of a function where the actual MCCF/non-MCCF check is done.

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | **IBTUBOU** | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** |  | | | | | | | | |
| **Related Options** | None | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  |  | | | | |  | | | |
| **Data Dictionary (DD) References** |  | | | | | | | | |
| **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** | | | | | | | | | |
| IBTUBOU ;ALB/RB - UNBILLED AMOUNTS (UTILITIES) ;03 Aug 2004 7:21 AM  ;;2.0;INTEGRATED BILLING;\*\*123,159,155\*\*;21-MAR-94  ;;Per VHA Directive 10-93-142, this routine should not be modified.  ;  DT1 ; - Select date range (returns variables IBBDT and IBEDT).  N DT0,DT1,DTOUT,DUOUT,Y  S DT0=$O(^IBT(356,"D",""))\1,DT1=""  I DT0 S DT1=$$DAT3^IBOUTL(DT0),DIR("B")=DT1  S DIR(0)="DA^"\_DT0\_":"\_DT\_":AEX",DIR("A")="Start with DATE: "  S DIR("?",1)="If you enter a start date here, the report will look for"  S DIR("?",2)="events ON or AFTER this date. Press <CR> if you want to"  S DIR("?",3)="skip this prompt and have the report look thru ALL events"  S DIR("?",4)="or enter '^' to exit.",DIR("?",5)=""  S DIR("?",6)="NOTE: The earliest date that can be entered is "\_DT1\_","  S DIR("?",7)=" which is the date of the first event on file, and"  S DIR("?")=" it is NOT possible to enter a future date."  D ^DIR K DIR I $D(DTOUT)!($D(DUOUT)) S IBBDT="^" G DT1Q  S IBBDT=Y,DT1=$$DAT3^IBOUTL(IBBDT)  ;  S DIR("B")=$$DAT3^IBOUTL(DT)  S DIR(0)="DA^"\_IBBDT\_":"\_DT\_":AEX",DIR("A")=" Go to DATE: "  S DIR("?",1)="If you enter a end date here, the report will look for"  S DIR("?",2)="events from "\_DT1\_" to this date. Press <CR> to have"  S DIR("?",3)="the report look at all events from "\_DT1\_" to today,"  S DIR("?",4)="or enter '^' to exit."  S DIR("?",5)=""  S DIR("?",6)="NOTE: This date MUST NOT be earlier than "\_DT1\_" neither"  S DIR("?")=" later than today."  D ^DIR K DIR I $D(DTOUT)!($D(DUOUT)) S IBBDT="^" G DT1Q  S IBEDT=Y+.9  ;  DT1Q Q  ;  DT2(STR) ; - Select re-compile date (returns variable IBTIMON).  ; Input: STR - String that describe the type of data that will be  ; re-compiled: "Unbilled Amounts", "Average Bill Amounts", etc...  ;  N DIRUT,DT0,DT1,DT2,Y  ; - AUG 1993 is the first month on file with Unbilled Amounts data  S DT0=2930800,DT1=$$DAT2^IBOUTL(DT0)  S DT2=$$M1^IBJDE(DT,1),DIR("B")=$$DAT2^IBOUTL(DT2)  S DIR(0)="DA^"\_$E(DT0,1,5)\_"00:"\_DT2\_":AE^K:$E(Y,6,7)'=""00"" X"  S DIR("A")="Re-compile "\_$G(STR)\_" through MONTH/YEAR: "  S DIR("?",1)="Enter a past month/year (ex. Oct 2000).",DIR("?",2)=""  S DIR("?",3)="NOTE: The earliest month/year that can be entered is "\_DT1\_", and"  S DIR("?")=" it is NOT possible to enter the current or a future month/year."  D ^DIR K DIR I $D(DIRUT) S IBTIMON="^" G DT2Q  I $E(Y,6,7)'="00"!($E(Y,4,7)="0000") W " ??" G DT2  S IBTIMON=Y  ;  DT2Q Q  ;  YR2(D) ; - Return a date two years from date D.  N X,X1,X2 S X="" G:'$G(D) YR2Q S X1=D,X2=-730 D C^%DTC  ;  YR2Q Q X  ;  COV(P,E,T) ; - Check if patient has insurance coverage.  ; Input: P=patient IEN, E=event date,  ; T=1-inpatient/2-outpatient/3-pharmacy  ; Output: Y=1-patient has coverage/0-no coverage or unknown  N X,XY,Y S Y=0 G:'$G(P)!('$G(E))!('$G(T)) COVQ  S X=$S(T=1:"INPATIENT",T=2:"OUTPATIENT",1:"PHARMACY")  S Y=$$PTCOV^IBCNSU3(P,E,X,.XY)  ;  COVQ Q Y  ;  PTCHK(DFN,IBNODE) ; - See if patient has a non-veteran eligibility.  ; Input: DFN=patient IEN  ; IBNODE=zero node to CT entry  ; Output: IBFLAG=0-nonbillable, 1-billable  N IBFLAG S IBFLAG=0 G:'$G(DFN) PTCKQ  I $D(^DPT(+DFN,.312)),$G(^("VET"))="Y" S IBFLAG=1  I $P(IBNODE,U,4),$P($G(^DIC(8,+$$SCE^IBSDU(+$P(IBNODE,U,4),13),0)),U,5)="N" S IBFLAG=0  ;  PTCKQ Q IBFLAG  ;  NCCL(ENC) ; - Check if Encounter is NON-COUNT CLINIC  ; Input: ENC = Pointer to the ENCOUNTER file (#409.69)  ; Output: NCCL= 1 - NON-COUNT CLINIC / 0 - NO NON-COUNT CLINIC  N NCCL,HLOC  S NCCL=0,HLOC=$$SCE^IBSDU(+ENC,4)  I HLOC,$P($G(^SC(+HLOC,0)),"^",17)="Y" S NCCL=1  ;  Q NCCL  ;  HOSP(ADM) ; Is the patient still hospitalized (not discharged)?  ; Input: ADM = Pointer to the PATIENT MOVEMENT file (#405)  ;Output: HOSP = 1 - Hospitalized / 0 - Discharged  ;  N HOSP,X  S HOSP=1,X=$G(^DGPM(+ADM,0)) I $P(X,"^",17) S HOSP=0  ;  Q HOSP  ;  CKBIL(X,Y) ; - Return valid claim data.  ; Input: X=IEN from file #399, Y=0-outpatient, 1-inpatient  ; Output: Z=rate^status^auth date^1-inst claim/2-prof claim^  ; event date (if Y=1), or null^req MRA date  N X1,X2,Y1,Z S Z="" G:'$G(X) CKBLQ S:'$G(Y) Y=0  S X1=$G(^DGCR(399,X,0)) G:X1="" CKBLQ  I $G(DFN),$P(X1,U,2)'=DFN G CKBLQ ; Invalid patient IEN.  I '$G(IBRX),'Y,'$$NOTRX(X) G CKBLQ ; Bill has RX rev codes.  I $P(X1,U,5)<3,'Y G CKBLQ ; Not inpatient bill.  I $P(X1,U,5)>2,Y G CKBLQ ; Not outpatient bill.  I $P(X1,U,11)'="i" G CKBLQ ; Not an insurance bill.  S X2=$P($G(^DGCR(399,X,"S")),U,10)  I 'X2 G:$P(X1,U,13)'=2 CKBLQ ; No authorization date, not MRA req  I $P(X1,U,13)<2!($P(X1,U,13)>5) G CKBLQ ; Status not auth, prin, trans.  S Z=$P(X1,U,7)\_U\_$P(X1,U,13)\_U\_X2,Y1=$P($P(X1,U,3),".")  S:$P(X1,U,13)=2 $P(Z,U,6)=$P($G(^DGCR(399,X,"S")),U,7)  I $P(X1,U,27)=1!($P(X1,U,19)=3)!(Y1<2990901) S $P(Z,U,4)=1 G CKBL1  I $P(X1,U,27)=2!($P(X1,U,19)=2) S $P(Z,U,4)=2  I '$P(Z,U,4) S Z="" G CKBLQ ; Not institutional or professional bill.  CKBL1 I Y S $P(Z,U,5)=Y1  ;  CKBLQ Q Z  ;  CKENC(IBOE,IBOE0,IBQUIT) ; - Check outpatient encounters.  N IBCK,IBZ,IBPB,IBZERR  I $G(IBOE0)="" D GETGEN^SDOE(IBOE,"IBZ","IBZERR") S IBOE0=$G(IBZ(0))  F IBZ=9,13,14 S IBCK(IBZ)=""  I '$$BILLCK^IBAMTEDU(IBOE,IBOE0) S IBQUIT=1 ; Not billable.  Q  ;  SCAN(DFN,IBDT,IBQUERY) ; - Look at all visits for a day.  N IBNDT,IBVAL,IBFILTER,IBCBK  S IBVAL("DFN")=DFN,IBVAL("BDT")=IBDT,IBVAL("EDT")=IBDT,IBFILTER=""  S IBCBK="I $P(Y0,U,8)=3,Y0>IBDT S:'IBNDT IBNDT=+Y0 D:IBNDT=+Y0 CKENC^IBTUBOU(Y,Y0,.IBQUIT) S:$S('$G(IBQUIT):1,1:Y0>IBNDT) SDSTOP=1"  S IBNDT=0 D SCAN^IBSDU("PATIENT/DATE",.IBVAL,IBFILTER,IBCBK,0,.IBQUERY)  Q  ;  SC(PTF) ; - If patient is SC, are movements for SC care.  ; Input: PTF=PTF record  ; Output: IBM=1-all movements PTF, 0-one or more not flagged as SC  N M,IBM S IBM=1,M=0 G:$G(^DGPT(+$G(PTF),0))="" SCQ  F S M=$O(^DGPT(PTF,"M",M)) Q:'M D Q:'IBM  .I $P($G(^DGPT(PTF,"M",M,0)),U,18)'=1 S IBM=0  ;  SCQ Q IBM  ;  LD(L,M) ; - Load average/unbilled totals into file #356.19  ; Input: L=1-average (mon), 2-average (12m), 3-unbilled  ; M=file #356.19 IEN  I '$G(L)!('$G(M)) G LDQ  S DA=M,DIE="^IBE(356.19,"  S DR=$S(L=3:"[IBT UNBILLED AMOUNTS]",L=2:"[IBT AVERAGE BILL AMOUNTS (12M)]",1:"[IBT AVERAGE BILL AMOUNTS (MON)]")  D ^DIE K DA,DIE,DR  ;  LDQ Q  ;  XTRACT ; - Calculate remaining extract totals and load into file #351.71  ; - Set IB with the average and total amounts and call E^IBJDE  N X,AVGS  S AVGS=$$INPAVG(IBTIMON)  S IB(2)=$J(IB(1)\*$P(AVGS,"^"),0,2)  S IB(4)=$J(IB(3)\*$P(AVGS,"^",2),0,2)  S IB(6)=$J(IB(2)+IB(4),0,2)  S IB(13)=IB(9)+IB(11),IB(15)=IB(7)+IB(14)  F X=8,10,12,18 S IB(X)=$J(IB(X),0,2)  S IB(16)=$J(IB(8)+IB(10)+IB(12),0,2)  S IB(19)=$J(IB(6)+IB(16)+IB(18),0,2)  D E^IBJDE(37,0)  Q  ;  INPAVG(IBYRMO) ; - Calculate the Average Inpatient INST. & PROF. Billed Amounts  ; Input: IBYRMO - YEAR/MONTH (YYYMM00) being calculated/updated  ; Output: Avg.Inpt.Inst.Bill Amount ^ Avg.Inpt.Prof. Bill Amount  ;  N AVGI,AVGP,ND I '$G(IBYRMO) Q ""  F Q:$P($G(^IBE(356.19,IBYRMO,1)),"^",14)'=""!'IBYRMO D  . S IBYRMO=$O(^IBE(356.19,IBYRMO),-1)  S (AVGI,AVGP)=0 I 'IBYRMO Q ""  S ND=$G(^IBE(356.19,IBYRMO,1))  I $P(ND,"^",9) S AVGI=$J($P(ND,"^",8)/$P(ND,"^",9),0,2)  I $P(ND,"^",12) S AVGP=$J($P(ND,"^",11)/$P(ND,"^",12),0,2)  Q (AVGI\_"^"\_AVGP)  ;  NOTRX(BILL) ; - Determine if bill contains outpatient visit (use this check  ; to make sure not just rx bill returns one if contains a revenue  ; code for outpatient visit or a zero if no outpatient visit code  ; on bill).  N IBRX,RC,X  S (IBRX,RC)=0 G:'$O(^DGCR(399,BILL,"OP",0)) NOTRXQ  F S RC=$O(^DGCR(399,BILL,"RC",RC)) Q:'RC I $P($G(^DGCR(399.1,+$P($G(^DGCR(399,BILL,"RC",RC,0)),U,5),0)),U)'="PRESCRIPTION" S IBRX=1 Q  ;  NOTRXQ Q IBRX | | | | | | | | | |
| **Modified Logic (Changes are highlighted in yellow)** | | | | | | | | | |
| IBTUBOU ;ALB/RB - UNBILLED AMOUNTS (UTILITIES) ;03 Aug 2004 7:21 AM  ;;2.0;INTEGRATED BILLING;\*\*123,159,155,608\*\*;21-MAR-94  ;;Per VHA Directive 10-93-142, this routine should not be modified.  ;  DT1 ; - Select date range (returns variables IBBDT and IBEDT).  N DT0,DT1,DTOUT,DUOUT,Y  S DT0=$O(^IBT(356,"D",""))\1,DT1=""  I DT0 S DT1=$$DAT3^IBOUTL(DT0),DIR("B")=DT1  S DIR(0)="DA^"\_DT0\_":"\_DT\_":AEX",DIR("A")="Start with DATE: "  S DIR("?",1)="If you enter a start date here, the report will look for"  S DIR("?",2)="events ON or AFTER this date. Press <CR> if you want to"  S DIR("?",3)="skip this prompt and have the report look thru ALL events"  S DIR("?",4)="or enter '^' to exit.",DIR("?",5)=""  S DIR("?",6)="NOTE: The earliest date that can be entered is "\_DT1\_","  S DIR("?",7)=" which is the date of the first event on file, and"  S DIR("?")=" it is NOT possible to enter a future date."  D ^DIR K DIR I $D(DTOUT)!($D(DUOUT)) S IBBDT="^" G DT1Q  S IBBDT=Y,DT1=$$DAT3^IBOUTL(IBBDT)  ;  S DIR("B")=$$DAT3^IBOUTL(DT)  S DIR(0)="DA^"\_IBBDT\_":"\_DT\_":AEX",DIR("A")=" Go to DATE: "  S DIR("?",1)="If you enter a end date here, the report will look for"  S DIR("?",2)="events from "\_DT1\_" to this date. Press <CR> to have"  S DIR("?",3)="the report look at all events from "\_DT1\_" to today,"  S DIR("?",4)="or enter '^' to exit."  S DIR("?",5)=""  S DIR("?",6)="NOTE: This date MUST NOT be earlier than "\_DT1\_" neither"  S DIR("?")=" later than today."  D ^DIR K DIR I $D(DTOUT)!($D(DUOUT)) S IBBDT="^" G DT1Q  S IBEDT=Y+.9  ;  DT1Q Q  ;  DT2(STR) ; - Select re-compile date (returns variable IBTIMON).  ; Input: STR - String that describe the type of data that will be  ; re-compiled: "Unbilled Amounts", "Average Bill Amounts", etc...  ;  N DIRUT,DT0,DT1,DT2,Y  ; - AUG 1993 is the first month on file with Unbilled Amounts data  S DT0=2930800,DT1=$$DAT2^IBOUTL(DT0)  S DT2=$$M1^IBJDE(DT,1),DIR("B")=$$DAT2^IBOUTL(DT2)  S DIR(0)="DA^"\_$E(DT0,1,5)\_"00:"\_DT2\_":AE^K:$E(Y,6,7)'=""00"" X"  S DIR("A")="Re-compile "\_$G(STR)\_" through MONTH/YEAR: "  S DIR("?",1)="Enter a past month/year (ex. Oct 2000).",DIR("?",2)=""  S DIR("?",3)="NOTE: The earliest month/year that can be entered is "\_DT1\_", and"  S DIR("?")=" it is NOT possible to enter the current or a future month/year."  D ^DIR K DIR I $D(DIRUT) S IBTIMON="^" G DT2Q  I $E(Y,6,7)'="00"!($E(Y,4,7)="0000") W " ??" G DT2  S IBTIMON=Y  ;  DT2Q Q  ;  YR2(D) ; - Return a date two years from date D.  N X,X1,X2 S X="" G:'$G(D) YR2Q S X1=D,X2=-730 D C^%DTC  ;  YR2Q Q X  ;  COV(P,E,T) ; - Check if patient has insurance coverage.  ; Input: P=patient IEN, E=event date,  ; T=1-inpatient/2-outpatient/3-pharmacy  ; Output: Y=1-patient has coverage/0-no coverage or unknown  N X,XY,Y S Y=0 G:'$G(P)!('$G(E))!('$G(T)) COVQ  S X=$S(T=1:"INPATIENT",T=2:"OUTPATIENT",1:"PHARMACY")  S Y=$$PTCOV^IBCNSU3(P,E,X,.XY)  ;  COVQ Q Y  ;  PTCHK(DFN,IBNODE) ; - See if patient has a non-veteran eligibility.  ; Input: DFN=patient IEN  ; IBNODE=zero node to CT entry  ; Output: IBFLAG=0-nonbillable, 1-billable  N IBFLAG S IBFLAG=0 G:'$G(DFN) PTCKQ  I $D(^DPT(+DFN,.312)),$G(^("VET"))="Y" S IBFLAG=1  I $P(IBNODE,U,4),$P($G(^DIC(8,+$$SCE^IBSDU(+$P(IBNODE,U,4),13),0)),U,5)="N" S IBFLAG=0  ;  PTCKQ Q IBFLAG  ;  NCCL(ENC) ; - Check if Encounter is NON-COUNT CLINIC  ; Input: ENC = Pointer to the ENCOUNTER file (#409.69)  ; Output: NCCL= 1 - NON-COUNT CLINIC / 0 - NO NON-COUNT CLINIC  N NCCL,HLOC  S NCCL=0,HLOC=$$SCE^IBSDU(+ENC,4)  I HLOC,$P($G(^SC(+HLOC,0)),"^",17)="Y" S NCCL=1  ;  Q NCCL  ;  HOSP(ADM) ; Is the patient still hospitalized (not discharged)?  ; Input: ADM = Pointer to the PATIENT MOVEMENT file (#405)  ;Output: HOSP = 1 - Hospitalized / 0 - Discharged  ;  N HOSP,X  S HOSP=1,X=$G(^DGPM(+ADM,0)) I $P(X,"^",17) S HOSP=0  ;  Q HOSP  ;  CKBIL(X,Y) ; - Return valid claim data.  ; Input: X=IEN from file #399, Y=0-outpatient, 1-inpatient  ; Output: Z=rate^status^auth date^1-inst claim/2-prof claim^  ; event date (if Y=1), or null^req MRA date  N X1,X2,Y1,Z S Z="" G:'$G(X) CKBLQ S:'$G(Y) Y=0  S X1=$G(^DGCR(399,X,0)) G:X1="" CKBLQ  I $G(DFN),$P(X1,U,2)'=DFN G CKBLQ ; Invalid patient IEN.  I '$G(IBRX),'Y,'$$NOTRX(X) G CKBLQ ; Bill has RX rev codes.  I $P(X1,U,5)<3,'Y G CKBLQ ; Not inpatient bill.  I $P(X1,U,5)>2,Y G CKBLQ ; Not outpatient bill.  I $P(X1,U,11)'="i" G CKBLQ ; Not an insurance bill.  S X2=$P($G(^DGCR(399,X,"S")),U,10)  I 'X2 G:$P(X1,U,13)'=2 CKBLQ ; No authorization date, not MRA req  I $P(X1,U,13)<2!($P(X1,U,13)>5) G CKBLQ ; Status not auth, prin, trans.  ;JRA;IB\*2.0\*608 Check if claim should be excluded based on MCCF/non-MCCF  I $G(IBMCCF)]"",IBMCCF'="B",'$$MCCFCKX(399,X,.07,"RTYP") G CKBLQ ;JRA;IB\*2.0\*608  S Z=$P(X1,U,7)\_U\_$P(X1,U,13)\_U\_X2,Y1=$P($P(X1,U,3),".")  S:$P(X1,U,13)=2 $P(Z,U,6)=$P($G(^DGCR(399,X,"S")),U,7)  I $P(X1,U,27)=1!($P(X1,U,19)=3)!(Y1<2990901) S $P(Z,U,4)=1 G CKBL1  I $P(X1,U,27)=2!($P(X1,U,19)=2) S $P(Z,U,4)=2  I '$P(Z,U,4) S Z="" G CKBLQ ; Not institutional or professional bill.  CKBL1 I Y S $P(Z,U,5)=Y1  ;  CKBLQ Q Z  ;  CKENC(IBOE,IBOE0,IBQUIT) ; - Check outpatient encounters.  N IBCK,IBZ,IBPB,IBZERR  I $G(IBOE0)="" D GETGEN^SDOE(IBOE,"IBZ","IBZERR") S IBOE0=$G(IBZ(0))  F IBZ=9,13,14 S IBCK(IBZ)=""  I '$$BILLCK^IBAMTEDU(IBOE,IBOE0) S IBQUIT=1 ; Not billable.  Q  ;  SCAN(DFN,IBDT,IBQUERY) ; - Look at all visits for a day.  N IBNDT,IBVAL,IBFILTER,IBCBK  S IBVAL("DFN")=DFN,IBVAL("BDT")=IBDT,IBVAL("EDT")=IBDT,IBFILTER=""  S IBCBK="I $P(Y0,U,8)=3,Y0>IBDT S:'IBNDT IBNDT=+Y0 D:IBNDT=+Y0 CKENC^IBTUBOU(Y,Y0,.IBQUIT) S:$S('$G(IBQUIT):1,1:Y0>IBNDT) SDSTOP=1"  S IBNDT=0 D SCAN^IBSDU("PATIENT/DATE",.IBVAL,IBFILTER,IBCBK,0,.IBQUERY)  Q  ;  SC(PTF) ; - If patient is SC, are movements for SC care.  ; Input: PTF=PTF record  ; Output: IBM=1-all movements PTF, 0-one or more not flagged as SC  N M,IBM S IBM=1,M=0 G:$G(^DGPT(+$G(PTF),0))="" SCQ  F S M=$O(^DGPT(PTF,"M",M)) Q:'M D Q:'IBM  .I $P($G(^DGPT(PTF,"M",M,0)),U,18)'=1 S IBM=0  ;  SCQ Q IBM  ;  LD(L,M) ; - Load average/unbilled totals into file #356.19  ; Input: L=1-average (mon), 2-average (12m), 3-unbilled  ; M=file #356.19 IEN  I '$G(L)!('$G(M)) G LDQ  S DA=M,DIE="^IBE(356.19,"  S DR=$S(L=3:"[IBT UNBILLED AMOUNTS]",L=2:"[IBT AVERAGE BILL AMOUNTS (12M)]",1:"[IBT AVERAGE BILL AMOUNTS (MON)]")  D ^DIE K DA,DIE,DR  ;  LDQ Q  ;  XTRACT ; - Calculate remaining extract totals and load into file #351.71  ; - Set IB with the average and total amounts and call E^IBJDE  N X,AVGS  S AVGS=$$INPAVG(IBTIMON)  S IB(2)=$J(IB(1)\*$P(AVGS,"^"),0,2)  S IB(4)=$J(IB(3)\*$P(AVGS,"^",2),0,2)  S IB(6)=$J(IB(2)+IB(4),0,2)  S IB(13)=IB(9)+IB(11),IB(15)=IB(7)+IB(14)  F X=8,10,12,18 S IB(X)=$J(IB(X),0,2)  S IB(16)=$J(IB(8)+IB(10)+IB(12),0,2)  S IB(19)=$J(IB(6)+IB(16)+IB(18),0,2)  D E^IBJDE(37,0)  Q  ;  INPAVG(IBYRMO) ; - Calculate the Average Inpatient INST. & PROF. Billed Amounts  ; Input: IBYRMO - YEAR/MONTH (YYYMM00) being calculated/updated  ; Output: Avg.Inpt.Inst.Bill Amount ^ Avg.Inpt.Prof. Bill Amount  ;  N AVGI,AVGP,ND I '$G(IBYRMO) Q ""  F Q:$P($G(^IBE(356.19,IBYRMO,1)),"^",14)'=""!'IBYRMO D  . S IBYRMO=$O(^IBE(356.19,IBYRMO),-1)  S (AVGI,AVGP)=0 I 'IBYRMO Q ""  S ND=$G(^IBE(356.19,IBYRMO,1))  I $P(ND,"^",9) S AVGI=$J($P(ND,"^",8)/$P(ND,"^",9),0,2)  I $P(ND,"^",12) S AVGP=$J($P(ND,"^",11)/$P(ND,"^",12),0,2)  Q (AVGI\_"^"\_AVGP)  ;  NOTRX(BILL) ; - Determine if bill contains outpatient visit (use this check  ; to make sure not just rx bill returns one if contains a revenue  ; code for outpatient visit or a zero if no outpatient visit code  ; on bill).  N IBRX,RC,X  S (IBRX,RC)=0 G:'$O(^DGCR(399,BILL,"OP",0)) NOTRXQ  F S RC=$O(^DGCR(399,BILL,"RC",RC)) Q:'RC I $P($G(^DGCR(399.1,+$P($G(^DGCR(399,BILL,"RC",RC,0)),U,5),0)),U)'="PRESCRIPTION" S IBRX=1 Q  ;  NOTRXQ Q IBRX  ;  MCCFCKX(FILE,IEN,FLD,ND) ;JRA;IB\*2.0\*608 Check if Eligibility of Encounter, Appointment Type, and Rate Type meet MCCF/non-MCCF criteria  ;Input: FILE=  Q:('$G(FILE)!('$G(IEN)!('$G(FLD)!($G(ND)="")))) -1  N VAL  S VAL=$$GET1^DIQ(FILE,IEN\_",",FLD,"I") Q:'VAL -1  I ((IBMCCF="N")&('$D(IBMCCF(ND,VAL))))!((IBMCCF="M")&($D(IBMCCF(ND,VAL)))) Q 0  Q 1  ;  MCCFCKP(RX) ;JRA;IB\*2.0\*608 Check if Billing Eligibility of the Prescription meets MCCF/non-MCCF criteria  Q:'$G(RX) -1  N RXELIG  S RXELIG=$$GET1^DIQ(52,RX\_",",85,"I") Q:RXELIG="" -1  I ((IBMCCF="N")&(RXELIG="V"))!((IBMCCF="M")&(RXELIG'="V")) Q 0  Q 1  ; | | | | | | | | | |

**IBTUBO3** – Modifications to Unbilled Report Headers on Detail report

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | **IBTUBO3** | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** |  | | | | | | | | |
| **Related Options** | None | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  |  | | | | |  | | | |
| **Data Dictionary (DD) References** |  | | | | | | | | |
| **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** | | | | | | | | | |
| IBTUBO3 ;ALB/RB - UNBILLED AMOUNTS - GENERATE UNBILLED REPORTS ;03 Aug 2004 9:12 AM  ;;2.0;INTEGRATED BILLING;\*\*123,159,192,155,277,516,547\*\*;21-MAR-94;Build 119  ;;Per VA Directive 6402, this routine should not be modified.  ;  REPORT ; - Prepare report if requested, send summary bulletin.  N IBDIV,IBN,IBPAG,IBQ,IBRUN,DFN,DTE,FL,PT,X0,X1  S IBRUN=$$HTE^XLFDT($H,1)  D BULL^IBTUBUL G:'IBDET REPRTQ  ;  REPRT1 ;  S (IBPAG,IBQ)=0  ;I '$D(^TMP($J)) S X0="" D HDR,NIM D:'IBQ PAUSE G REPRTQ  I '$O(^TMP($J,"IBTUB",0)) S X0="",IBDIV=999999 D HDR,NIM D:'IBQ PAUSE G REPRTQ  I $G(IBSBD) D SUMPG  S IBDIV=0  I $D(^TMP($J,"IBTUB-DIV")) D G REPRT1Q  . F S IBDIV=$O(^TMP($J,"IBTUB-DIV",IBDIV)) Q:'IBDIV D REPRT2  F S IBDIV=$O(^TMP($J,"IBTUB",IBDIV)) Q:'IBDIV D REPRT2  ;  REPRT1Q ;  D:'IBQ PAUSE  ;  REPRTQ Q  ;  SUMPG ;IB\*2.0\*547/TAZ - Summary page to show which Division has blank pages for selected reports.  N IBND  S IBDIV=0  F S IBDIV=$O(^DG(40.8,IBDIV)) Q:'IBDIV D  . I $D(^TMP($J,"IBTUB-DIV")),'$D(^TMP($J,"IBTUB-DIV",IBDIV)) Q ;Not a selected division  . F X0=1,2,3 I IBSEL[X0 D Q:IBQ  .. S X1=$S(X0=2:"OPT",X0=3:"RX",1:"INPT")  .. I '$D(^TMP($J,"IBTUB",IBDIV,X1)) S IBND(X0,IBDIV)=""  I $D(IBND) D  . S IBPAG=1 W !  . W !,"Unbilled Amounts Report"  . W ?60,"Run Date: ",IBRUN,?124,"Page ",$J(IBPAG,3)  . W !,"No data for the following Divisions for the selected reports:"  . F X0=1,2,3 I IBSEL[X0 D Q:IBQ  .. W !,$S(X0=2:"Outpatient:",X0=3:"Prescriptions:",1:"Inpatient:")  .. S IBDIV=0 W !  .. F S IBDIV=$O(IBND(X0,IBDIV)) Q:'IBDIV D Q:IBQ  ... I $Y>(IOSL-6) D HDR Q:IBQ W !,$S(X0=2:"Outpatient:",X0=3:"Prescriptions:",1:"Inpatient:")," Cont'd",!  ... W $$GET1^DIQ(40.8,IBDIV\_",",.01),!  .. W !  Q  ;  REPRT2 ;Print Detail lines  F X0=1,2,3 I IBSEL[X0 D Q:IBQ  . S X1=$S(X0=2:"OPT",X0=3:"RX",1:"INPT")  . I IBSBD,'$D(^TMP($J,"IBTUB",IBDIV,X1)) Q ;IB\*2.0\*547/TAZ Suppress blank pages for Sort by Division  . D HDR Q:IBQ I '$D(^TMP($J,"IBTUB",IBDIV,X1)) D NIM Q  . S PT="" F S PT=$O(^TMP($J,"IBTUB",IBDIV,X1,PT)) Q:PT="" D Q:IBQ  .. S DFN=+$P(PT,"@@",2) Q:'DFN  .. S (DTE,FL)="" F S DTE=$O(^TMP($J,"IBTUB",IBDIV,X1,PT,DTE)) Q:DTE="" D Q:IBQ  ... S IBX="" F S IBX=$O(^TMP($J,"IBTUB",IBDIV,X1,PT,DTE,IBX)) Q:IBX="" D Q:IBQ  .... S IBN=^TMP($J,"IBTUB",IBDIV,X1,PT,DTE,IBX) D LINE Q:IBQ I X1["OPT" D CPTS Q:IBQ  Q  ;  HDR ; - Output header.  N I,X,XTP,IBDIVHDR  I $E(IOST,1,2)="C-",IBPAG D PAUSE G HDRQ:IBQ  I '$G(IBPAG) W !  I $E(IOST,1,2)="C-"!$G(IBPAG) W @IOF,\*13  S IBDIVHDR=""  I IBDIV=999999 S IBDIVHDR=$S('IBSBD&$D(^TMP($J,"IBTUB-DIV")):"SELECTED",'$G(IBSBD):"ALL",1:"UNKNOWN")  E S IBDIVHDR=$$GET1^DIQ(40.8,IBDIV\_",",.01)\_" ("\_$$GET1^DIQ(40.8,IBDIV\_",",1)\_")"  S IBPAG=$G(IBPAG)+1  W !,"Unbilled Amounts Report"  W ?60,"Run Date: ",IBRUN,?124,"Page ",$J(IBPAG,3)  S XTP=$S(X0=1:"INPATIENT",X0=2:"OUTPATIENT",X0=3:"PRESCRIPTIONS",1:"")  I X0'=3 S XTP=XTP\_" EPISODES"  S X="ALL "\_XTP\_" FROM "  S X=X\_$$DTE(IBBDT)\_" TO "\_$$DTE(IBEDT\1)\_" FOR DIVISION: "\_IBDIVHDR  I $G(IBCOMP) S X=X\_" / DATA RECOMPILED/STORED FOR "\_$$DAT2^IBOUTL(IBTIMON)  S X=X\_" / '\*' AFTER THE PATIENT NAME = USUALLY BILLED MEANS TEST COPAYMENT"  I X0=1 S X=X\_" / 'H' AFTER THE ADMISSION DATE = PATIENT CURRENTLY HOSPITALIZED"  I X0=3 S X=X\_" / '$' AFTER THE ORIGINAL FILL DATE = ORIGINAL FILL DATE HAS BEEN BILLED"  S X=X\_" / 'CF' COLUMN = NUMBER OF CLAIMS ON FILE FOR THE EPISODE"  I X0'=3 D  . S X=X\_" / 'I/P' COLUMN = 'I' - INSTUTIONAL CLAIM MISSING,"  . S X=X\_" 'P' - PROFESSIONAL CLAIM MISSING"  . Q  F I=1:1 W !,$E(X,1,132) S X=$E(X,133,999) Q:X=""  ;  I 'X0 W !,$TR($J(" ",IOM)," ","-"),! G HDRQ  W !!?29,"Last Prim. Claims" W:X0=3 ?52,"Fill",?123,"Original"  W !,"Name",?29,"4SSN Elig. Track.ID#"  I X0=1 W ?52,"Admission CF Insurance Carrier(s)",?98,"I/P",?102,"MRA"  I X0=2 W ?52,"Care Dt. CF Insurance Carrier(s)",?98,"I/P",?102,"MRA",?106,"CPT I. Rate P. Rate"  I X0=3 W ?52,"Date CF Ins. Carrier(s) MRA Drug Name Physician",?123,"Fill Dt."  W !,$TR($J(" ",IOM)," ","-"),!  I $D(ZTQUEUED),$$S^%ZTLOAD D  . W !!,"...Task stoped at user request"  . S (IBQ,ZTSTOP)=1  . Q  ;  HDRQ Q  ;  CPTS ; - Outpatient Only (CPTs and Rates)  N CPT,IBN1  I $O(^TMP($J,"IBTUB",IBDIV,X1,PT,DTE,IBX,""))="" W ?98,"I",?103,$S('$G(IBINMRA):"",$G(^TMP($J,X1\_"\_MRA",PT,DTE,IBX)):"M",1:"") W ! Q  S CPT="" F S CPT=$O(^TMP($J,"IBTUB",IBDIV,X1,PT,DTE,IBX,CPT)) Q:CPT="" D Q:IBQ  . S IBN1=^TMP($J,"IBTUB",IBDIV,X1,PT,DTE,IBX,CPT)  . I $Y>(IOSL-5) D HDR Q:IBQ S FL=0 D LINE  . W ?98,$P(IBN1,U,3),?103,$S('$G(IBINMRA):"",$G(^TMP($J,"IBTUB",IBDIV,X1\_"\_MRA",PT,DTE,IBX)):"M",1:""),?106,CPT,?113,$J(+IBN1,8,2)  . W ?124,$J($P(IBN1,U,2),8,2),!  Q  ;  LINE ; - Print detail line.  I $Y>(IOSL-6) D HDR G:IBQ LINQ S FL=0  I 'FL D  . W $E($P(PT,"@@"),1,26) I $$BIL^DGMTUB(DFN,+DTE) W " \*"  . W ?29,$$SSN(DFN),?34,$E($$ELIG(DFN),1,5) S FL=1  ;  W ?39,$J(IBX,11)  ; - Inpatient and Outpatient Only  I X1'["RX" D  . W ?52,$$DTE(+DTE) W:X1["INPT" $S($P(IBN,U,5):"H",1:"")  . W ?62,$J($P(IBN,U),2),?65,$$INS(DFN,+DTE,34)  . I X1["INPT" D  .. I $P(IBN,U,2)'="" W ?98,$E($P(IBN,U,2),1,3),!  .. I '$G(^TMP($J,"IBTUB",IBDIV,X1\_"\_MRA",PT,DTE,IBX))!'$G(IBINMRA) W:$P(IBN,U,2)="" ! Q  .. W ?98,$E($P(^TMP($J,"IBTUB",IBDIV,X1\_"\_MRA",PT,DTE,IBX),U,2),1,3),?103,"M",!  ;  ; - Pharmacy Only  I X1["RX" D G LINQ  . W ?52,$$DTE(+DTE),?61,$J($P(IBN,U),2),?64,$$INS(DFN,+DTE,19),?85,$S('$G(IBINMRA):"",$G(^TMP($J,X1\_"\_MRA",PT,DTE,IBX)):"M",1:"")  . W ?88,$E($P(IBN,U,6),1,15),?105,$E($P(IBN,U,2),1,14)  . W ?123,$$DTE($P(IBN,U,3)) W:$P(IBN,"^",5) "$" W !  ;  LINQ Q  ;  SSN(DFN) ; - Return last 4 of patient's SSN.  N SSN,VADM  D DEM^VADPT S SSN=$P(VADM(2),"^"),SSN=$E(SSN,6,9) D KVA^VADPT  Q SSN  ;  ELIG(DFN) ; - Return patient's primary eligibility (1st 10 characters).  N ELIG,VAEL  D ELIG^VADPT S ELIG=$E($P(VAEL(1),"^",2),1,10) D KVAR^VADPT  Q ELIG  ;  DTE(D) ; - Format date (MM/DD/YY or MM/YY).  Q $S('$G(D):"",1:$E(D,4,5)\_"/"\_$S($E(D,6,7)'="00":$E(D,6,7)\_"/",1:"")\_$E(D,2,3))  ;  INS(P,D,C) ; - Return patient's insurance carrier(s).  ; Input: P=patient IEN, D=event date, C=Size of the Ins.Carrier column  ; Output: List of Providers  ;  I '$G(P)!('$G(D)) Q ""  ;  N INSC,INSL,INSN,LST,TMP,X  ;  S INSL="" D ALL^IBCNS1(P,"LST",1,D)  S X=0 F S X=$O(LST(X)) Q:'X D  . S INSC=+$G(LST(X,0)) Q:$D(TMP(INSC))!'INSC  . S INSN=$P($G(^DIC(36,INSC,0)),U)  . I $G(LST(0))>1 S INSN=$E(INSN,1,C\2)  . S INSL=INSL\_","\_INSN  . S TMP(INSC)=""  ;  S $E(INSL)=""  I $L(INSL,",")>1,$L(INSL)>C D  . S INSL=$E(INSL,1,C-3),$P(INSL,",",$L(INSL,","))="..."  S INSL=$E(INSL,1,C)  ;  Q INSL  ;  NIM ; - Print 'no info' message.  W !?3,"No information available for the period specified."  Q  ;  PAUSE ; - Page break.  I $E(IOST,1,2)'="C-" Q  I IOSL>24 Q ;User is creating a continuous document to a log file.  N IBI,DIR,DIRUT,DUOUT,DTOUT,DIROUT,X,Y  F IBI=$Y:1:(IOSL-3) W !  S DIR(0)="E" D ^DIR S:$D(DIRUT)!($D(DUOUT)) IBQ=1  Q | | | | | | | | | |
| **Modified Logic (Changes are highlighted in yellow)** | | | | | | | | | |
| IBTUBO3 ;ALB/RB - UNBILLED AMOUNTS - GENERATE UNBILLED REPORTS ;03 Aug 2004 9:12 AM  ;;2.0;INTEGRATED BILLING;\*\*123,159,192,155,277,516,547,608\*\*;21-MAR-94;Build 119  ;;Per VA Directive 6402, this routine should not be modified.  ;  REPORT ; - Prepare report if requested, send summary bulletin.  N IBDIV,IBN,IBPAG,IBQ,IBRUN,DFN,DTE,FL,PT,X0,X1  S IBRUN=$$HTE^XLFDT($H,1)  D BULL^IBTUBUL G:'IBDET REPRTQ  ;  REPRT1 ;  S (IBPAG,IBQ)=0  ;I '$D(^TMP($J)) S X0="" D HDR,NIM D:'IBQ PAUSE G REPRTQ  I '$O(^TMP($J,"IBTUB",0)) S X0="",IBDIV=999999 D HDR,NIM D:'IBQ PAUSE G REPRTQ  I $G(IBSBD) D SUMPG  S IBDIV=0  I $D(^TMP($J,"IBTUB-DIV")) D G REPRT1Q  . F S IBDIV=$O(^TMP($J,"IBTUB-DIV",IBDIV)) Q:'IBDIV D REPRT2  F S IBDIV=$O(^TMP($J,"IBTUB",IBDIV)) Q:'IBDIV D REPRT2  ;  REPRT1Q ;  D:'IBQ PAUSE  ;  REPRTQ Q  ;  SUMPG ;IB\*2.0\*547/TAZ - Summary page to show which Division has blank pages for selected reports.  N IBND  S IBDIV=0  F S IBDIV=$O(^DG(40.8,IBDIV)) Q:'IBDIV D  . I $D(^TMP($J,"IBTUB-DIV")),'$D(^TMP($J,"IBTUB-DIV",IBDIV)) Q ;Not a selected division  . F X0=1,2,3 I IBSEL[X0 D Q:IBQ  .. S X1=$S(X0=2:"OPT",X0=3:"RX",1:"INPT")  .. I '$D(^TMP($J,"IBTUB",IBDIV,X1)) S IBND(X0,IBDIV)=""  I $D(IBND) D  . S IBPAG=1 W !  . W !,"Unbilled Amounts Report"  . W ?60,"Run Date: ",IBRUN,?124,"Page ",$J(IBPAG,3)  . W !,"No data for the following Divisions for the selected reports:"  . F X0=1,2,3 I IBSEL[X0 D Q:IBQ  .. W !,$S(X0=2:"Outpatient:",X0=3:"Prescriptions:",1:"Inpatient:")  .. S IBDIV=0 W !  .. F S IBDIV=$O(IBND(X0,IBDIV)) Q:'IBDIV D Q:IBQ  ... I $Y>(IOSL-6) D HDR Q:IBQ W !,$S(X0=2:"Outpatient:",X0=3:"Prescriptions:",1:"Inpatient:")," Cont'd",!  ... W $$GET1^DIQ(40.8,IBDIV\_",",.01),!  .. W !  Q  ;  REPRT2 ;Print Detail lines  F X0=1,2,3 I IBSEL[X0 D Q:IBQ  . S X1=$S(X0=2:"OPT",X0=3:"RX",1:"INPT")  . I IBSBD,'$D(^TMP($J,"IBTUB",IBDIV,X1)) Q ;IB\*2.0\*547/TAZ Suppress blank pages for Sort by Division  . D HDR Q:IBQ I '$D(^TMP($J,"IBTUB",IBDIV,X1)) D NIM Q  . S PT="" F S PT=$O(^TMP($J,"IBTUB",IBDIV,X1,PT)) Q:PT="" D Q:IBQ  .. S DFN=+$P(PT,"@@",2) Q:'DFN  .. S (DTE,FL)="" F S DTE=$O(^TMP($J,"IBTUB",IBDIV,X1,PT,DTE)) Q:DTE="" D Q:IBQ  ... S IBX="" F S IBX=$O(^TMP($J,"IBTUB",IBDIV,X1,PT,DTE,IBX)) Q:IBX="" D Q:IBQ  .... S IBN=^TMP($J,"IBTUB",IBDIV,X1,PT,DTE,IBX) D LINE Q:IBQ I X1["OPT" D CPTS Q:IBQ  Q  ;  HDR ; - Output header.  N I,X,XTP,IBDIVHDR  I $E(IOST,1,2)="C-",IBPAG D PAUSE G HDRQ:IBQ  I '$G(IBPAG) W !  I $E(IOST,1,2)="C-"!$G(IBPAG) W @IOF,\*13  S IBDIVHDR=""  I IBDIV=999999 S IBDIVHDR=$S('IBSBD&$D(^TMP($J,"IBTUB-DIV")):"SELECTED",'$G(IBSBD):"ALL",1:"UNKNOWN")  E S IBDIVHDR=$$GET1^DIQ(40.8,IBDIV\_",",.01)\_" ("\_$$GET1^DIQ(40.8,IBDIV\_",",1)\_")"  S IBPAG=$G(IBPAG)+1  W !,"Unbilled Amounts Report"  W ?60,"Run Date: ",IBRUN,?124,"Page ",$J(IBPAG,3)  S XTP=$S(X0=1:"INPATIENT",X0=2:"OUTPATIENT",X0=3:"PRESCRIPTIONS",1:"")  I X0'=3 S XTP=XTP\_" EPISODES"  ;S X="ALL "\_XTP\_" FROM " ;JRA;IB\*2.0\*608 ';'  S X=$S(($G(IBMCCF)="M"&(X0=2)):"MCCF CLAIMS - ",($G(IBMCCF)="N"&(X0=2)):"NON-MCCF CLAIMS - ",($G(IBMCCF)="B"&(X0=2)):"MCCF & NON-MCCF CLAIMS - ",1:"") ;JRA;IB\*2.0\*608  S X=X\_"ALL "\_XTP\_" FROM " ;JRA;IB\*2.0\*608  S X=X\_$$DTE(IBBDT)\_" TO "\_$$DTE(IBEDT\1)\_" FOR DIVISION: "\_IBDIVHDR  I $G(IBCOMP) S X=X\_" / DATA RECOMPILED/STORED FOR "\_$$DAT2^IBOUTL(IBTIMON)  S X=X\_" / '\*' AFTER THE PATIENT NAME = USUALLY BILLED MEANS TEST COPAYMENT"  I X0=1 S X=X\_" / 'H' AFTER THE ADMISSION DATE = PATIENT CURRENTLY HOSPITALIZED"  I X0=3 S X=X\_" / '$' AFTER THE ORIGINAL FILL DATE = ORIGINAL FILL DATE HAS BEEN BILLED"  S X=X\_" / 'CF' COLUMN = NUMBER OF CLAIMS ON FILE FOR THE EPISODE"  I X0'=3 D  . S X=X\_" / 'I/P' COLUMN = 'I' - INSTITUTIONAL CLAIM MISSING," ;JRA IB\*2.0\*608 Fix misspelling 'INSTUTIONAL' => 'INSTITUTIONAL'  . S X=X\_" 'P' - PROFESSIONAL CLAIM MISSING"  . Q  F I=1:1 W !,$E(X,1,132) S X=$E(X,133,999) Q:X=""  ;  I 'X0 W !,$TR($J(" ",IOM)," ","-"),! G HDRQ  W !!?29,"Last Prim. Claims" W:X0=3 ?52,"Fill",?123,"Original"  W !,"Name",?29,"4SSN Elig. Track.ID#"  I X0=1 W ?52,"Admission CF Insurance Carrier(s)",?98,"I/P",?102,"MRA"  I X0=2 W ?52,"Care Dt. CF Insurance Carrier(s)",?98,"I/P",?102,"MRA",?106,"CPT I. Rate P. Rate"  I X0=3 W ?52,"Date CF Ins. Carrier(s) MRA Drug Name Physician",?123,"Fill Dt."  W !,$TR($J(" ",IOM)," ","-"),!  I $D(ZTQUEUED),$$S^%ZTLOAD D  . W !!,"...Task stoped at user request"  . S (IBQ,ZTSTOP)=1  . Q  ;  HDRQ Q  ;  CPTS ; - Outpatient Only (CPTs and Rates)  N CPT,IBN1  I $O(^TMP($J,"IBTUB",IBDIV,X1,PT,DTE,IBX,""))="" W ?98,"I",?103,$S('$G(IBINMRA):"",$G(^TMP($J,X1\_"\_MRA",PT,DTE,IBX)):"M",1:"") W ! Q  S CPT="" F S CPT=$O(^TMP($J,"IBTUB",IBDIV,X1,PT,DTE,IBX,CPT)) Q:CPT="" D Q:IBQ  . S IBN1=^TMP($J,"IBTUB",IBDIV,X1,PT,DTE,IBX,CPT)  . I $Y>(IOSL-5) D HDR Q:IBQ S FL=0 D LINE  . W ?98,$P(IBN1,U,3),?103,$S('$G(IBINMRA):"",$G(^TMP($J,"IBTUB",IBDIV,X1\_"\_MRA",PT,DTE,IBX)):"M",1:""),?106,CPT,?113,$J(+IBN1,8,2)  . W ?124,$J($P(IBN1,U,2),8,2),!  Q  ;  LINE ; - Print detail line.  I $Y>(IOSL-6) D HDR G:IBQ LINQ S FL=0  I 'FL D  . W $E($P(PT,"@@"),1,26) I $$BIL^DGMTUB(DFN,+DTE) W " \*"  . W ?29,$$SSN(DFN),?34,$E($$ELIG(DFN),1,5) S FL=1  ;  W ?39,$J(IBX,11)  ; - Inpatient and Outpatient Only  I X1'["RX" D  . W ?52,$$DTE(+DTE) W:X1["INPT" $S($P(IBN,U,5):"H",1:"")  . W ?62,$J($P(IBN,U),2),?65,$$INS(DFN,+DTE,34)  . I X1["INPT" D  .. I $P(IBN,U,2)'="" W ?98,$E($P(IBN,U,2),1,3),!  .. I '$G(^TMP($J,"IBTUB",IBDIV,X1\_"\_MRA",PT,DTE,IBX))!'$G(IBINMRA) W:$P(IBN,U,2)="" ! Q  .. W ?98,$E($P(^TMP($J,"IBTUB",IBDIV,X1\_"\_MRA",PT,DTE,IBX),U,2),1,3),?103,"M",!  ;  ; - Pharmacy Only  I X1["RX" D G LINQ  . W ?52,$$DTE(+DTE),?61,$J($P(IBN,U),2),?64,$$INS(DFN,+DTE,19),?85,$S('$G(IBINMRA):"",$G(^TMP($J,X1\_"\_MRA",PT,DTE,IBX)):"M",1:"")  . W ?88,$E($P(IBN,U,6),1,15),?105,$E($P(IBN,U,2),1,14)  . W ?123,$$DTE($P(IBN,U,3)) W:$P(IBN,"^",5) "$" W !  ;  LINQ Q  ;  SSN(DFN) ; - Return last 4 of patient's SSN.  N SSN,VADM  D DEM^VADPT S SSN=$P(VADM(2),"^"),SSN=$E(SSN,6,9) D KVA^VADPT  Q SSN  ;  ELIG(DFN) ; - Return patient's primary eligibility (1st 10 characters).  N ELIG,VAEL  D ELIG^VADPT S ELIG=$E($P(VAEL(1),"^",2),1,10) D KVAR^VADPT  Q ELIG  ;  DTE(D) ; - Format date (MM/DD/YY or MM/YY).  Q $S('$G(D):"",1:$E(D,4,5)\_"/"\_$S($E(D,6,7)'="00":$E(D,6,7)\_"/",1:"")\_$E(D,2,3))  ;  INS(P,D,C) ; - Return patient's insurance carrier(s).  ; Input: P=patient IEN, D=event date, C=Size of the Ins.Carrier column  ; Output: List of Providers  ;  I '$G(P)!('$G(D)) Q ""  ;  N INSC,INSL,INSN,LST,TMP,X  ;  S INSL="" D ALL^IBCNS1(P,"LST",1,D)  S X=0 F S X=$O(LST(X)) Q:'X D  . S INSC=+$G(LST(X,0)) Q:$D(TMP(INSC))!'INSC  . S INSN=$P($G(^DIC(36,INSC,0)),U)  . I $G(LST(0))>1 S INSN=$E(INSN,1,C\2)  . S INSL=INSL\_","\_INSN  . S TMP(INSC)=""  ;  S $E(INSL)=""  I $L(INSL,",")>1,$L(INSL)>C D  . S INSL=$E(INSL,1,C-3),$P(INSL,",",$L(INSL,","))="..."  S INSL=$E(INSL,1,C)  ;  Q INSL  ;  NIM ; - Print 'no info' message.  W !?3,"No information available for the period specified."  Q  ;  PAUSE ; - Page break.  I $E(IOST,1,2)'="C-" Q  I IOSL>24 Q ;User is creating a continuous document to a log file.  N IBI,DIR,DIRUT,DUOUT,DTOUT,DIROUT,X,Y  F IBI=$Y:1:(IOSL-3) W !  S DIR(0)="E" D ^DIR S:$D(DIRUT)!($D(DUOUT)) IBQ=1  Q | | | | | | | | | |

**IBTUBUL –** Modifications to Unbilled Report Headers on Summary report

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | **IBTUBUL** | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** |  | | | | | | | | |
| **Related Options** | None | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  |  | | | | |  | | | |
| **Data Dictionary (DD) References** |  | | | | | | | | |
| **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** | | | | | | | | | |
| IBTUBUL ;ALB/AAS - UNBILLED AMOUNTS ;29-SEP-94  ;;2.0;INTEGRATED BILLING;\*\*19,123,159,217,155,356,516,547\*\*;21-MAR-94;Build 119  ;;Per VA Directive 6402, this routine should not be modified.  ;  ; IB\*2.0\*516 - Added sort by Division. Because some of the totals  ; can be done by Division and some cannot, portions of the report  ; were reorganized.  ;  TEST ; - Create and send test bulletin.  N IBBDT,IBEDT,IBSEL,IBTEST  S IBBDT=DT,IBEDT=DT,IBSEL="1,2,3",IBTEST=1  D TESTV  ;  BULL ; - Create and send bulletin.  ;  I '$O(IBUNB(0)) Q ; Quit out if no data.  ;  N I,IBDIV,IBGRP,IBT,IBTOTAL,IBX,IDX,X,XMDUZ,XMN,XMSUB,XMTEXT,XMY,XMZ  S XMSUB="UNBILLED AMOUNTS SUMMARY REPORT"\_$S($G(IBTEST):" (TEST)",1:"")  ;  D BULL1,SUMMARY  ;  I $G(IBSBD) S IBDIV=0 F S IBDIV=$O(IBUNB(IBDIV)) Q:'IBDIV D BULL2  ;  D BULL3,SEND  ;  Q  ;  SUMMARY ; Print Grand Totals.  ;  S IBT(IDX)="",IDX=IDX+1  S IBT(IDX)=" GRAND TOTALS",IDX=IDX+1  S IBT(IDX)="",IDX=IDX+1  ;  I IBSEL[1 D  . S X=$$INPAVG^IBTUBOU(IBTIMON)  . S IBT(IDX+1)=" Inpatient Care:"  . S IBT(IDX+2)=" Number of Unbilled Inpatient Admissions : "\_$J(+$G(IBUNB("EPISM-A")),11)  . S IBT(IDX+3)=" Number of MRA Unbilled Inpt Admissions : "\_$J(+$G(IBUNB("EPISM-A-MRA")),11)  . S IBT(IDX+4)=" Number of Inpt. Institutional Cases : "\_$J(+$G(IBUNB("EPISM-I")),11)  . S IBT(IDX+5)=" Average Inpt. Institutional Bill Amount : "\_$J($P(X,"^"),11,2)  . S IBT(IDX+6)=" Number of Inpt. Professional Cases : "\_$J(+$G(IBUNB("EPISM-P")),11)  . S IBT(IDX+7)=" Average Inpt. Professional Bill Amount : "\_$J($P(X,"^",2),11,2)  . S IBT(IDX+8)=" Total Unbilled Inpatient Care : "\_$J($G(IBUNB("UNBILIP")),11,2)  . S IBT(IDX+9)=" Total MRA Unbilled Inpatient Care : "\_$J($G(IBUNB("UNBILIP-MRA")),11,2)  . S IBT(IDX+10)="",IDX=IDX+10  . Q  ;  I IBSEL[2 D  . S IBT(IDX+1)=" Outpatient Care:"  . S IBT(IDX+2)=" Number of Unbilled Outpatient Cases : "\_$J(+$G(IBUNB("ENCNTRS")),11)  . S IBT(IDX+3)=" Number of Unbilled CPT Codes : "\_$J(+$G(IBUNB("CPTMS")),11)  . S IBT(IDX+4)=" Number of MRA Unbilled CPT Codes : "\_$J(+$G(IBUNB("CPTMS-MRA")),11)  . S IBT(IDX+5)=" Total Unbilled Outpatient Care : "\_$J($G(IBUNB("UNBILOP")),11,2)  . S IBT(IDX+6)=" Total MRA Unbilled Outpatient Care : "\_$J($G(IBUNB("UNBILOP-MRA")),11,2)  . S IBT(IDX+7)="",IDX=IDX+7  . Q  ;  I IBSEL[3 D  . S IBT(IDX+1)=" Prescriptions:"  . S IBT(IDX+2)=" Number of Unbilled Prescriptions : "\_$J(+$G(IBUNB("PRESCRP")),11)  . S IBT(IDX+3)=" Number of MRA Unbilled Prescriptions : "\_$J(+$G(IBUNB("PRESCRP-MRA")),11)  . S IBT(IDX+4)=" Total Unbilled Prescriptions : "\_$J($G(IBUNB("UNBILRX")),11,2)  . S IBT(IDX+5)=" Total MRA Unbilled Prescriptions : "\_$J($G(IBUNB("UNBILRX-MRA")),11,2)  . S IBT(IDX+6)="",IDX=IDX+6  . Q  ;  Q  ;  BULL1 ; Header for entire report.  ;  N IBDIV  S IDX=1  S IBX=$P($$SITE^VASITE,U,2,3)  S IBT(IDX)="SUMMARY UNBILLED AMOUNTS FOR "  I '$D(^TMP($J,"IBTUB-DIV")) S IBT(IDX)=IBT(IDX)\_$P(IBX,U)\_" ("\_$P(IBX,U,2)\_").",IDX=IDX+1  I $D(^TMP($J,"IBTUB-DIV")) D  . S IBT(IDX)=IBT(IDX)\_"SELECTED DIVISIONS:",IDX=IDX+1  . S IBDIV="" F S IBDIV=$O(^TMP($J,"IBTUB-DIV",IBDIV)) Q:IBDIV="" D  .. S IBT(IDX)=" "\_$$GET1^DIQ(40.8,IBDIV\_",",.01)\_" ("\_$$GET1^DIQ(40.8,IBDIV\_",",1)\_")",IDX=IDX+1  S IBT(IDX)="PERIOD: FROM "\_$$DAT1^IBOUTL(IBBDT)\_" TO "\_$$DAT1^IBOUTL(IBEDT),IDX=IDX+1  ;  I $G(IBDET) S IBT(IDX)="DETAILED REPORT PRINTED TO '"\_IO\_"'",IDX=IDX+1  I $G(IBCOMP) S IBT(IDX)="UNBILLED AMOUNTS FIGURES STORED FOR "\_$$DAT2^IBOUTL(IBTIMON),IDX=IDX+1  ;  Q  ;  BULL2 ; Totals for one Division.  ;  I IBDIV=999999 S IBDIVHDR="UNKNOWN"  E S IBDIVHDR=$$GET1^DIQ(40.8,IBDIV\_",",.01)\_" ("\_$$GET1^DIQ(40.8,IBDIV\_",",1)\_")"  S IBT(IDX)="",IDX=IDX+1  S IBT(IDX)=" DIVISION: "\_IBDIVHDR,IDX=IDX+1  S IBT(IDX)="",IDX=IDX+1  ;  I $G(IBTEST) S IBT(IDX)=" \*\*\* TEST DATA, TEST DATA \*\*\*",IDX=IDX+1  ;  I IBSEL[1 D  . S X=$$INPAVG^IBTUBOU(IBTIMON)  . S IBT(IDX+1)=" Inpatient Care:"  . S IBT(IDX+2)=" Number of Unbilled Inpatient Admissions : "\_$J(+$G(IBUNB(IBDIV,"EPISM-A")),11)  . S IBT(IDX+3)=" Number of MRA Unbilled Inpt Admissions : "\_$J(+$G(IBUNB(IBDIV,"EPISM-A-MRA")),11)  . S IBT(IDX+4)=" Number of Inpt. Institutional Cases : "\_$J(+$G(IBUNB(IBDIV,"EPISM-I")),11)  . S IBT(IDX+5)=" Average Inpt. Institutional Bill Amount : "\_$J($P(X,"^"),11,2)  . S IBT(IDX+6)=" Number of Inpt. Professional Cases : "\_$J(+$G(IBUNB(IBDIV,"EPISM-P")),11)  . S IBT(IDX+7)=" Average Inpt. Professional Bill Amount : "\_$J($P(X,"^",2),11,2)  . S IBT(IDX+8)=" Total Unbilled Inpatient Care : "\_$J($G(IBUNB(IBDIV,"UNBILIP")),11,2)  . S IBT(IDX+9)=" Total MRA Unbilled Inpatient Care : "\_$J($G(IBUNB(IBDIV,"UNBILIP-MRA")),11,2)  . S IBT(IDX+10)="",IDX=IDX+10  . Q  ;  I IBSEL[2 D  . S IBT(IDX+1)=" Outpatient Care:"  . S IBT(IDX+2)=" Number of Unbilled Outpatient Cases : "\_$J(+$G(IBUNB(IBDIV,"ENCNTRS")),11)  . S IBT(IDX+3)=" Number of Unbilled CPT Codes : "\_$J(+$G(IBUNB(IBDIV,"CPTMS-I"))+$G(IBUNB(IBDIV,"CPTMS-P")),11)  . S IBT(IDX+4)=" Number of MRA Unbilled CPT Codes : "\_$J(+$G(IBUNB(IBDIV,"CPTMS-I-MRA"))+$G(IBUNB(IBDIV,"CPTMS-P-MRA")),11)  . S IBT(IDX+5)=" Total Unbilled Outpatient Care : "\_$J($G(IBUNB(IBDIV,"UNBILOP")),11,2)  . S IBT(IDX+6)=" Total MRA Unbilled Outpatient Care : "\_$J($G(IBUNB(IBDIV,"UNBILOP-MRA")),11,2)  . S IBT(IDX+7)="",IDX=IDX+7  . Q  ;  I IBSEL[3 D  . S IBT(IDX+1)=" Prescriptions:"  . S IBT(IDX+2)=" Number of Unbilled Prescriptions : "\_$J(+$G(IBUNB(IBDIV,"PRESCRP")),11)  . S IBT(IDX+3)=" Number of MRA Unbilled Prescriptions : "\_$J(+$G(IBUNB(IBDIV,"PRESCRP-MRA")),11)  . S IBT(IDX+4)=" Total Unbilled Prescriptions : "\_$J($G(IBUNB(IBDIV,"UNBILRX")),11,2)  . S IBT(IDX+5)=" Total MRA Unbilled Prescriptions : "\_$J($G(IBUNB(IBDIV,"UNBILRX-MRA")),11,2)  . S IBT(IDX+6)="",IDX=IDX+6  . Q  ;  Q  ;  BULL3 ; concluding notes.  ;  I IBSEL="1,2,3" D  . S IBT(IDX+1)=" Total Unbilled Amount (all care) : "\_$J($G(IBUNB("UNBILTL")),11,2)  . S IBT(IDX+2)=" Total MRA Unbilled Amount (all care) : "\_$J($G(IBUNB("UNBILTL-MRA")),11,2)  . S IDX(IDX+3)="",IDX=IDX+3  . Q  ;  S IBT(IDX+1)="",IDX=IDX+1  ;  I IBSEL[1 D  . S IBT(IDX+1)="Note: Average bill Amount is based on Bills Authorized during the 12"  . S IBT(IDX+2)=" months preceding the month of this report."  . S IDX=IDX+2  . Q  ;  S IBT(IDX+1)="Note: Number of cases is insured cases in Claims Tracking that are"  S IBT(IDX+2)=" not billed (or bill not authorized/req MRA) but appear to be billable."  ;  Q  ;  SEND ; - Send bulletin.  K XMY  S XMDUZ="INTEGRATED BILLING PACKAGE",XMTEXT="IBT("  S XMN=0,IBGRP=$P($G(^XMB(3.8,+$P($G(^IBE(350.9,1,6)),"^",25),0)),"^")  I $G(IBCOMP),IBGRP]"" S XMY("G."\_IBGRP\_"@"\_^XMB("NETNAME"))=""  I '$G(IBCOMP) S XMY(DUZ)=""  D ^XMD  Q  ;  TESTV ; - Set up test variables.  S IBTIMON=9999999  S IBUNB(999999,"CPTMS-I")=11111  S IBUNB(999999,"CPTMS-I-MRA")=22222  S IBUNB(999999,"CPTMS-P")=0  S IBUNB(999999,"CPTMS-P-MRA")=0  S IBUNB(999999,"ENCNTRS")=11111  S IBUNB(999999,"EPISM-A")=11111  S IBUNB(999999,"EPISM-A-MRA")=22222  S IBUNB(999999,"EPISM-I")=11111  S IBUNB(999999,"EPISM-P")=0  S IBUNB(999999,"PRESCRP")=11111  S IBUNB(999999,"PRESCRP-MRA")=22222  S IBUNB(999999,"UNBILIP")=99999.99  S IBUNB(999999,"UNBILIP-MRA")=77777.77  S IBUNB(999999,"UNBILOP")=99999.99  S IBUNB(999999,"UNBILOP-MRA")=77777.77  S IBUNB(999999,"UNBILRX")=11111  S IBUNB(999999,"UNBILRX-MRA")=22222  ;  S IBUNB("UNBILTL")=99999.99  S IBUNB("UNBILTL-MRA")=77777.77  Q | | | | | | | | | |
| **Modified Logic (Changes are highlighted in yellow)** | | | | | | | | | |
| IBTUBUL ;ALB/AAS - UNBILLED AMOUNTS ;29-SEP-94  ;;2.0;INTEGRATED BILLING;\*\*19,123,159,217,155,356,516,547,608\*\*;21-MAR-94;Build 119  ;;Per VA Directive 6402, this routine should not be modified.  ;  ; IB\*2.0\*516 - Added sort by Division. Because some of the totals  ; can be done by Division and some cannot, portions of the report  ; were reorganized.  ;  TEST ; - Create and send test bulletin.  N IBBDT,IBEDT,IBSEL,IBTEST  S IBBDT=DT,IBEDT=DT,IBSEL="1,2,3",IBTEST=1  D TESTV  ;  BULL ; - Create and send bulletin.  ;  I '$O(IBUNB(0)) Q ; Quit out if no data.  ;  N I,IBDIV,IBGRP,IBT,IBTOTAL,IBX,IDX,X,XMDUZ,XMN,XMSUB,XMTEXT,XMY,XMZ  S XMSUB="UNBILLED AMOUNTS SUMMARY REPORT"\_$S($G(IBTEST):" (TEST)",1:"")  ;  D BULL1,SUMMARY  ;  I $G(IBSBD) S IBDIV=0 F S IBDIV=$O(IBUNB(IBDIV)) Q:'IBDIV D BULL2  ;  D BULL3,SEND  ;  Q  ;  SUMMARY ; Print Grand Totals.  ;  S IBT(IDX)="",IDX=IDX+1  ;S IBT(IDX)=" GRAND TOTALS",IDX=IDX+1 ;JRA;IB\*2.0\*608 ';'  S IBT(IDX)=" GRAND TOTALS"\_$S($G(IBMCCF)="N":" FOR NON-MCCF CLAIMS",1:""),IDX=IDX+1 ;JRA;IB\*2.0\*608  S IBT(IDX)="",IDX=IDX+1  ;  I IBSEL[1 D  . S X=$$INPAVG^IBTUBOU(IBTIMON)  . S IBT(IDX+1)=" Inpatient Care:"  . S IBT(IDX+2)=" Number of Unbilled Inpatient Admissions : "\_$J(+$G(IBUNB("EPISM-A")),11)  . S IBT(IDX+3)=" Number of MRA Unbilled Inpt Admissions : "\_$J(+$G(IBUNB("EPISM-A-MRA")),11)  . S IBT(IDX+4)=" Number of Inpt. Institutional Cases : "\_$J(+$G(IBUNB("EPISM-I")),11)  . S IBT(IDX+5)=" Average Inpt. Institutional Bill Amount : "\_$J($P(X,"^"),11,2)  . S IBT(IDX+6)=" Number of Inpt. Professional Cases : "\_$J(+$G(IBUNB("EPISM-P")),11)  . S IBT(IDX+7)=" Average Inpt. Professional Bill Amount : "\_$J($P(X,"^",2),11,2)  . S IBT(IDX+8)=" Total Unbilled Inpatient Care : "\_$J($G(IBUNB("UNBILIP")),11,2)  . S IBT(IDX+9)=" Total MRA Unbilled Inpatient Care : "\_$J($G(IBUNB("UNBILIP-MRA")),11,2)  . S IBT(IDX+10)="",IDX=IDX+10  . Q  ;  I IBSEL[2 D  . ;S IBT(IDX+1)=" Outpatient Care:" ;JRA;IB\*2.0\*608 ';'  . S IBT(IDX+1)=" "\_$S($G(IBMCCF)="M":"MCCF Claims - ",$G(IBMCCF)="N":"Non-MCCF Claims - ",1:"MCCF & Non-MCCF Claims - ")\_"Outpatient Care:" ;JRA;IB\*2.0\*608  . S IBT(IDX+2)=" Number of Unbilled Outpatient Cases : "\_$J(+$G(IBUNB("ENCNTRS")),11)  . S IBT(IDX+3)=" Number of Unbilled CPT Codes : "\_$J(+$G(IBUNB("CPTMS")),11)  . S IBT(IDX+4)=" Number of MRA Unbilled CPT Codes : "\_$J(+$G(IBUNB("CPTMS-MRA")),11)  . S IBT(IDX+5)=" Total Unbilled Outpatient Care : "\_$J($G(IBUNB("UNBILOP")),11,2)  . S IBT(IDX+6)=" Total MRA Unbilled Outpatient Care : "\_$J($G(IBUNB("UNBILOP-MRA")),11,2)  . S IBT(IDX+7)="",IDX=IDX+7  . Q  ;  I IBSEL[3 D  . S IBT(IDX+1)=" Prescriptions:"  . S IBT(IDX+2)=" Number of Unbilled Prescriptions : "\_$J(+$G(IBUNB("PRESCRP")),11)  . S IBT(IDX+3)=" Number of MRA Unbilled Prescriptions : "\_$J(+$G(IBUNB("PRESCRP-MRA")),11)  . S IBT(IDX+4)=" Total Unbilled Prescriptions : "\_$J($G(IBUNB("UNBILRX")),11,2)  . S IBT(IDX+5)=" Total MRA Unbilled Prescriptions : "\_$J($G(IBUNB("UNBILRX-MRA")),11,2)  . S IBT(IDX+6)="",IDX=IDX+6  . Q  ;  Q  ;  BULL1 ; Header for entire report.  ;  N IBDIV  S IDX=1  S IBX=$P($$SITE^VASITE,U,2,3)  S IBT(IDX)="SUMMARY UNBILLED AMOUNTS FOR "  I '$D(^TMP($J,"IBTUB-DIV")) S IBT(IDX)=IBT(IDX)\_$P(IBX,U)\_" ("\_$P(IBX,U,2)\_").",IDX=IDX+1  I $D(^TMP($J,"IBTUB-DIV")) D  . S IBT(IDX)=IBT(IDX)\_"SELECTED DIVISIONS:",IDX=IDX+1  . S IBDIV="" F S IBDIV=$O(^TMP($J,"IBTUB-DIV",IBDIV)) Q:IBDIV="" D  .. S IBT(IDX)=" "\_$$GET1^DIQ(40.8,IBDIV\_",",.01)\_" ("\_$$GET1^DIQ(40.8,IBDIV\_",",1)\_")",IDX=IDX+1  S IBT(IDX)="PERIOD: FROM "\_$$DAT1^IBOUTL(IBBDT)\_" TO "\_$$DAT1^IBOUTL(IBEDT),IDX=IDX+1  ;  I $G(IBDET) S IBT(IDX)="DETAILED REPORT PRINTED TO '"\_IO\_"'",IDX=IDX+1  I $G(IBCOMP) S IBT(IDX)="UNBILLED AMOUNTS FIGURES STORED FOR "\_$$DAT2^IBOUTL(IBTIMON),IDX=IDX+1  ;  Q  ;  BULL2 ; Totals for one Division.  ;  I IBDIV=999999 S IBDIVHDR="UNKNOWN"  E S IBDIVHDR=$$GET1^DIQ(40.8,IBDIV\_",",.01)\_" ("\_$$GET1^DIQ(40.8,IBDIV\_",",1)\_")"  S IBT(IDX)="",IDX=IDX+1  S IBT(IDX)=" DIVISION: "\_IBDIVHDR,IDX=IDX+1  S IBT(IDX)="",IDX=IDX+1  ;  I $G(IBTEST) S IBT(IDX)=" \*\*\* TEST DATA, TEST DATA \*\*\*",IDX=IDX+1  ;  I IBSEL[1 D  . S X=$$INPAVG^IBTUBOU(IBTIMON)  . S IBT(IDX+1)=" Inpatient Care:"  . S IBT(IDX+2)=" Number of Unbilled Inpatient Admissions : "\_$J(+$G(IBUNB(IBDIV,"EPISM-A")),11)  . S IBT(IDX+3)=" Number of MRA Unbilled Inpt Admissions : "\_$J(+$G(IBUNB(IBDIV,"EPISM-A-MRA")),11)  . S IBT(IDX+4)=" Number of Inpt. Institutional Cases : "\_$J(+$G(IBUNB(IBDIV,"EPISM-I")),11)  . S IBT(IDX+5)=" Average Inpt. Institutional Bill Amount : "\_$J($P(X,"^"),11,2)  . S IBT(IDX+6)=" Number of Inpt. Professional Cases : "\_$J(+$G(IBUNB(IBDIV,"EPISM-P")),11)  . S IBT(IDX+7)=" Average Inpt. Professional Bill Amount : "\_$J($P(X,"^",2),11,2)  . S IBT(IDX+8)=" Total Unbilled Inpatient Care : "\_$J($G(IBUNB(IBDIV,"UNBILIP")),11,2)  . S IBT(IDX+9)=" Total MRA Unbilled Inpatient Care : "\_$J($G(IBUNB(IBDIV,"UNBILIP-MRA")),11,2)  . S IBT(IDX+10)="",IDX=IDX+10  . Q  ;  I IBSEL[2 D  . S IBT(IDX+1)=" Outpatient Care:"  . S IBT(IDX+2)=" Number of Unbilled Outpatient Cases : "\_$J(+$G(IBUNB(IBDIV,"ENCNTRS")),11)  . S IBT(IDX+3)=" Number of Unbilled CPT Codes : "\_$J(+$G(IBUNB(IBDIV,"CPTMS-I"))+$G(IBUNB(IBDIV,"CPTMS-P")),11)  . S IBT(IDX+4)=" Number of MRA Unbilled CPT Codes : "\_$J(+$G(IBUNB(IBDIV,"CPTMS-I-MRA"))+$G(IBUNB(IBDIV,"CPTMS-P-MRA")),11)  . S IBT(IDX+5)=" Total Unbilled Outpatient Care : "\_$J($G(IBUNB(IBDIV,"UNBILOP")),11,2)  . S IBT(IDX+6)=" Total MRA Unbilled Outpatient Care : "\_$J($G(IBUNB(IBDIV,"UNBILOP-MRA")),11,2)  . S IBT(IDX+7)="",IDX=IDX+7  . Q  ;  I IBSEL[3 D  . S IBT(IDX+1)=" Prescriptions:"  . S IBT(IDX+2)=" Number of Unbilled Prescriptions : "\_$J(+$G(IBUNB(IBDIV,"PRESCRP")),11)  . S IBT(IDX+3)=" Number of MRA Unbilled Prescriptions : "\_$J(+$G(IBUNB(IBDIV,"PRESCRP-MRA")),11)  . S IBT(IDX+4)=" Total Unbilled Prescriptions : "\_$J($G(IBUNB(IBDIV,"UNBILRX")),11,2)  . S IBT(IDX+5)=" Total MRA Unbilled Prescriptions : "\_$J($G(IBUNB(IBDIV,"UNBILRX-MRA")),11,2)  . S IBT(IDX+6)="",IDX=IDX+6  . Q  ;  Q  ;  BULL3 ; concluding notes.  ;  I IBSEL="1,2,3" D  . S IBT(IDX+1)=" Total Unbilled Amount (all care) : "\_$J($G(IBUNB("UNBILTL")),11,2)  . S IBT(IDX+2)=" Total MRA Unbilled Amount (all care) : "\_$J($G(IBUNB("UNBILTL-MRA")),11,2)  . S IDX(IDX+3)="",IDX=IDX+3  . Q  ;  S IBT(IDX+1)="",IDX=IDX+1  ;  I IBSEL[1 D  . S IBT(IDX+1)="Note: Average bill Amount is based on Bills Authorized during the 12"  . S IBT(IDX+2)=" months preceding the month of this report."  . S IDX=IDX+2  . Q  ;  S IBT(IDX+1)="Note: Number of cases is insured cases in Claims Tracking that are"  S IBT(IDX+2)=" not billed (or bill not authorized/req MRA) but appear to be billable."  ;  Q  ;  SEND ; - Send bulletin.  K XMY  S XMDUZ="INTEGRATED BILLING PACKAGE",XMTEXT="IBT("  S XMN=0,IBGRP=$P($G(^XMB(3.8,+$P($G(^IBE(350.9,1,6)),"^",25),0)),"^")  I $G(IBCOMP),IBGRP]"" S XMY("G."\_IBGRP\_"@"\_^XMB("NETNAME"))=""  I '$G(IBCOMP) S XMY(DUZ)=""  D ^XMD  Q  ;  TESTV ; - Set up test variables.  S IBTIMON=9999999  S IBUNB(999999,"CPTMS-I")=11111  S IBUNB(999999,"CPTMS-I-MRA")=22222  S IBUNB(999999,"CPTMS-P")=0  S IBUNB(999999,"CPTMS-P-MRA")=0  S IBUNB(999999,"ENCNTRS")=11111  S IBUNB(999999,"EPISM-A")=11111  S IBUNB(999999,"EPISM-A-MRA")=22222  S IBUNB(999999,"EPISM-I")=11111  S IBUNB(999999,"EPISM-P")=0  S IBUNB(999999,"PRESCRP")=11111  S IBUNB(999999,"PRESCRP-MRA")=22222  S IBUNB(999999,"UNBILIP")=99999.99  S IBUNB(999999,"UNBILIP-MRA")=77777.77  S IBUNB(999999,"UNBILOP")=99999.99  S IBUNB(999999,"UNBILOP-MRA")=77777.77  S IBUNB(999999,"UNBILRX")=11111  S IBUNB(999999,"UNBILRX-MRA")=22222  ;  S IBUNB("UNBILTL")=99999.99  S IBUNB("UNBILTL-MRA")=77777.77  Q | | | | | | | | | |