**TAS eBill SDD US3214**

System Design Document

IB\*2.0\*608



Department of Veterans Affairs

**February 2018**

Version 2.0

**User Story Number:** US-3214

**User Story Name:** Remove Fatal Error - Rendering Provider CMS 1500

**Product Backlog ID:** n/a

**Rally ID:** US-3214

# Design/Resolution

This SDD describes the modification(s) to the Integrated Billing software so that the system will no longer require a Rendering Provider on professional claims. Instead of the message “Claim Level Rend Prov REQUIRED unless all Line Level Rend Provs present.” displaying as a Fatal Error Message that prevents a biller from submitting a CMS-1500 claim, it will now simply display a non-fatal Warning Message.

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBCBB12 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** |  | | | | | | | | |
| **Related Options** | None | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  |  | | | | |  | | | |
| **Data Dictionary (DD) References** |  | | | | | | | | |
| **Related Protocols** |  | | | | | | | | |
| **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** | | | | | | | | | |
| IBCBB12 ;ALB/DEM - PROCEDURE AND LINE LEVEL PROVIDER EDITS ;17-OCT-2010  ;;2.0;INTEGRATED BILLING;\*\*432,592\*\*;21-MAR-94;Build 25  ;;Per VA Directive 6402, this routine should not be modified.  Q  ; LNPROV(IBIFN) ; DEM;432 - Edits for line level providers.  ;  ; Input:  ; IBIFN - Claim number IEN.  ;  ; Output:  ; OK - '1' Edits  ; '0' No Edits.  ; \*Note: OK returned if called as function.  ; Can be called as routine as well.  ; IBER - Edit error string. Only updated if errors.  ;  ; Patch 432 EDITS:  ;  ; (1) Not all procedures have a Line Level Rendering Provider,  ; and no Claim Level Rendering Provider.  ; Error Message in Billing for Prof Rendering.  ; \*Note: Only applies to Rendering Provider Type.  ;  ; (2) All procedures have a Line Level Rendering Provider,  ; and a Claim Level Rendering Provider who is different  ; from any of the Line Level Rendering Providers.  ; Error in Billing.  ; \*Note: Apply to all provider types (Rendering, Referring, Supervising, Attending, Operating, and Other Operating).  ;  N OK  S OK=0 ; Initialize OK=0 for FALSE.  Q:'$G(IBIFN) OK  ; Need claim number IEN to continue.  N IBPRVFUN,IBCLPRV,IBLNPRV,PRVFUN  S:'$G(IBFT) IBFT=$$FT^IBCEF(IBIFN) ; Form Type for claim.  ; JWS;IB\*2.0\*592 US1108 - Dental form check  I IBFT'=2,IBFT'=3,IBFT'=7 Q OK  ; Must be CMS-1500 (2) or UB-04 (3) or (7) Dental J430D Form Type.  S:IBFT=2 PRVFUN(2)="RENDERING,REFERRING,SUPERVISING"  ; Allowable line provider functions for CMS-1500.  S:IBFT=3 PRVFUN(3)="RENDERING,REFERRING,OPERATING,OTHER OPERATING"  ; Allowable line provider functions for UB-04.  S:IBFT=7 PRVFUN(7)="RENDERING,REFERRING,SUPERVISING,ASSISTANT SURGEON"  ; Allowable line provider functions for Dental form J430D.  ; JWS;IB\*2.0\*592 US1108 - end  F PRVFUN("CNT")=1:1:$L(PRVFUN(IBFT),",") S IBPRVFUN=$P(PRVFUN(IBFT),",",PRVFUN("CNT")) D  . I IBFT=2,IBPRVFUN="RENDERING",'$$LNPRV2(IBPRVFUN),'$D(^DGCR(399,IBIFN,"PRV","C",IBPRVFUN)) D  Q  ; Edit Check (1).  .. S OK=1 ; OK=1 indicates we have at least one error.  .. S IBER=IBER\_"IB333;"  .. Q  . Q:'$$LNPRV2(IBPRVFUN,.IBLNPRV) ; Quit if not all the procedures have a line level provider of the same provider type.  . Q:'$D(^DGCR(399,IBIFN,"PRV","C",IBPRVFUN)) ; No claim level provider for this provider type.  . ;  . Q:'$$CLPRV2(IBPRVFUN,.IBCLPRV) ; Must have provider for provider type IBPRVFUN to continue (Edit (2)).  . ;  . S IBCLPRV=0 F  S IBCLPRV=$O(IBCLPRV(IBPRVFUN,IBCLPRV)) Q:'IBCLPRV  D  ; Edit Check (2).  .. Q:$D(IBLNPRV(IBPRVFUN,IBCLPRV)) ; Check against line provider array IBLNPRV.  .. S OK=1  .. S IBER=IBER\_$S(IBPRVFUN="ASSISTANT SURGEON":"IB335;",1:"IB334;")  .. Q  . Q  ;  Q OK  ; | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| IBCBB12 ;ALB/DEM - PROCEDURE AND LINE LEVEL PROVIDER EDITS ;17-OCT-2010  ;;2.0;INTEGRATED BILLING;\*\*432,592,608\*\*;21-MAR-94;Build 25  ;;Per VA Directive 6402, this routine should not be modified.  Q  ; LNPROV(IBIFN) ; DEM;432 - Edits for line level providers.  ;  ; Input:  ; IBIFN - Claim number IEN.  ;  ; Output:  ; OK - '1' Edits  ; '0' No Edits.  ; \*Note: OK returned if called as function.  ; Can be called as routine as well.  ; IBER - Edit error string. Only updated if errors.  ;  ; Patch 432 EDITS:  ;  ; (1) Not all procedures have a Line Level Rendering Provider,  ; and no Claim Level Rendering Provider.  ; Error Message in Billing for Prof Rendering.  ; \*Note: Only applies to Rendering Provider Type.  ;  ; (2) All procedures have a Line Level Rendering Provider,  ; and a Claim Level Rendering Provider who is different  ; from any of the Line Level Rendering Providers.  ; Error in Billing.  ; \*Note: Apply to all provider types (Rendering, Referring, Supervising, Attending, Operating, and Other Operating).  ;  N OK  S OK=0 ; Initialize OK=0 for FALSE.  Q:'$G(IBIFN) OK  ; Need claim number IEN to continue.  N IBPRVFUN,IBCLPRV,IBLNPRV,PRVFUN  S:'$G(IBFT) IBFT=$$FT^IBCEF(IBIFN) ; Form Type for claim.  ; JWS;IB\*2.0\*592 US1108 - Dental form check  I IBFT'=2,IBFT'=3,IBFT'=7 Q OK  ; Must be CMS-1500 (2) or UB-04 (3) or (7) Dental J430D Form Type.  S:IBFT=2 PRVFUN(2)="RENDERING,REFERRING,SUPERVISING"  ; Allowable line provider functions for CMS-1500.  S:IBFT=3 PRVFUN(3)="RENDERING,REFERRING,OPERATING,OTHER OPERATING"  ; Allowable line provider functions for UB-04.  S:IBFT=7 PRVFUN(7)="RENDERING,REFERRING,SUPERVISING,ASSISTANT SURGEON"  ; Allowable line provider functions for Dental form J430D.  ; JWS;IB\*2.0\*592 US1108 - end  F PRVFUN("CNT")=1:1:$L(PRVFUN(IBFT),",") S IBPRVFUN=$P(PRVFUN(IBFT),",",PRVFUN("CNT")) D   . I IBFT=2,IBPRVFUN="RENDERING",'$$LNPRV2(IBPRVFUN),'$D(^DGCR(399,IBIFN,"PRV","C",IBPRVFUN)) D  ;Q ; "Q" removed as part of IB\*2.0\*608 (vd) ; Edit Check (1).   .. ;  .. ;/Beginning of IB\*2.0\*608 - vd (US3214)  .. ; Changed the following from and error to a warning.  .. ;S OK=1 ; OK=1 indicates we have at least one error.  .. ;S IBER=IBER\_"IB333;"  .. D WARN^IBCBB11("Claim has no Rendering Providers present.")  .. ;/Ending of IB\*2.0\*608 - vd (US3214)  .. Q   . Q:'$$LNPRV2(IBPRVFUN,.IBLNPRV) ; Quit if not all the procedures have a line level provider of the same provider type.  . Q:'$D(^DGCR(399,IBIFN,"PRV","C",IBPRVFUN)) ; No claim level provider for this provider type.  . ;  . Q:'$$CLPRV2(IBPRVFUN,.IBCLPRV) ; Must have provider for provider type IBPRVFUN to continue (Edit (2)).  . ;  . S IBCLPRV=0 F  S IBCLPRV=$O(IBCLPRV(IBPRVFUN,IBCLPRV)) Q:'IBCLPRV  D  ; Edit Check (2).  .. Q:$D(IBLNPRV(IBPRVFUN,IBCLPRV)) ; Check against line provider array IBLNPRV.  .. S OK=1  .. S IBER=IBER\_$S(IBPRVFUN="ASSISTANT SURGEON":"IB335;",1:"IB334;")  .. Q  . Q  ;  Q OK   ; | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBCEU | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** |  | | | | | | | | |
| **Related Options** | None | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  |  | | | | |  | | | |
| **Data Dictionary (DD) References** |  | | | | | | | | |
| **Related Protocols** |  | | | | | | | | |
| **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** | | | | | | | | | |
| IBCEU ;ALB/TMP - EDI UTILITIES ;02-OCT-96  ;;2.0;INTEGRATED BILLING;\*\*51,137,207,232,349,432,592\*\*;21-MAR-94;Build 25  ;;Per VA Directive 6402, this routine should not be modified.  ; DBIA SUPPORTED REF: GET^XUA4A72 = 1625  ; DBIA SUPPORTED REF: $$ESBLOCK^XUSESIG1 = 1557  Q  ; TESTPT(DFN) ; Determine if pt is test pt  ; Returns 1 if a test pt, 0 if not  Q $E($P($G(^DPT(+DFN,0)),U,9),1,5)="00000"  ;   ; NEEDPRV(IBIFN,IBTYP,IBPRV) ; Check for needed prov  ; If needed, not entered, insert defaults for MCR only  N IB0,IBINP,IBFT,IBMRAND,IBTOB  S IB0=$G(^DGCR(399,+IBIFN,0))  S IBFT=($$FT^IBCEF(IBIFN)=3),IBINP=$$INPAT^IBCEF(IBIFN,1),IBTOB=$$TOB^IBCBB(IB0)  ; Only allow defaults for MCR  S IBMRAND=$$WNRBILL^IBEFUNC(IBIFN) ;$$MCRONBIL^IBEFUNC(IBIFN)  ;  I IBTYP="ALL"!((IBTYP\_",")["1,") D  . ; DEM;432 - UB-04 or CMS-1500 SITUATIONAL  . S IBPRV(1,"SITUATIONAL")=1  . Q  ;  I IBTYP="ALL"!((IBTYP\_",")["2,") D:IBFT  . ; only for bill type inpt - 11X, outpt - 83X  . S IBPRV(2,"SITUATIONAL")=1 ; DEM;432 - Default to "SITUATIONAL". If conditions below are met, then IBPRV(2,"SITUATIONAL") is KILLED and IBRPV is SET according to conditions.  . Q:$S(IBINP:$E(IBTOB,1,2)'="11",1:$E(IBTOB,1,2)'="83")  . ; UB-04 bill includes HCPCS procs - operating phys situational  . N Z  . S Z=0 F  S Z=$O(^DGCR(399,IBIFN,"CP",Z)) Q:'Z  I $P($G(^(Z,0)),U)["ICP" D  Q  .. K IBPRV(2,"SITUATIONAL") ; DEM;432 - We have met one of the condtions, so KILL IBPRV(2,"SITUATIONAL").   .. I IBINP S IBPRV(2,"SITUATIONAL")=1 Q  ; DEM;432 - If UB-04 (inpatient), then operating provider situational.  .. I 'IBINP S IBPRV(2,"NOTOPT")=1 ; DEM;432 - If UB-04 (outpatient), then operating provider required.  .. Q:'IBMRAND  .. I '$O(IBPRV(2,0)) S IBPRV(2,"REQ")=1,IBPRV(2,1)=$G(IBPRV(2))  ;  I IBTYP="ALL"!((IBTYP\_",")["3,") D  . ; if a CMS-1500 bill, rendering is required  . ; JWS;IB\*2.0\*592 US1108 - exclude dental form  . I 'IBFT,$$FT^IBCEF(IBIFN)'=7 S IBPRV(3,"NOTOPT")=1  . ; DEM;432 - if UB-04, rendering is situational.  . ; JWS;IB\*2.0\*592 US1108 - dental form check  . I IBFT!($$FT^IBCEF(IBIFN)=7) S IBPRV(3,"SITUATIONAL")=1 Q  . Q:'IBMRAND  . I '$O(IBPRV(3,0)) S IBPRV(3,1)=$G(IBPRV(3)),IBPRV(3,"REQ")=1  ;   I IBTYP="ALL"!((IBTYP\_",")["4,") D:IBFT  . ; if a UB-04, attending required  . S IBPRV(4,"NOTOPT")=1  . Q:'IBMRAND  . I '$O(IBPRV(4,0)) S IBPRV(4,1)=$G(IBPRV(4)),IBPRV(4,"REQ")=1  Q  ; | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| IBCEU ;ALB/TMP - EDI UTILITIES ;02-OCT-96  ;;2.0;INTEGRATED BILLING;\*\*51,137,207,232,349,432,592,608\*\*;21-MAR-94;Build 25  ;;Per VA Directive 6402, this routine should not be modified.  ; DBIA SUPPORTED REF: GET^XUA4A72 = 1625  ; DBIA SUPPORTED REF: $$ESBLOCK^XUSESIG1 = 1557  Q  ; TESTPT(DFN) ; Determine if pt is test pt  ; Returns 1 if a test pt, 0 if not  Q $E($P($G(^DPT(+DFN,0)),U,9),1,5)="00000"  ;   ; NEEDPRV(IBIFN,IBTYP,IBPRV) ; Check for needed prov  ; If needed, not entered, insert defaults for MCR only  N IB0,IBINP,IBFT,IBMRAND,IBTOB  S IB0=$G(^DGCR(399,+IBIFN,0))  S IBFT=($$FT^IBCEF(IBIFN)=3),IBINP=$$INPAT^IBCEF(IBIFN,1),IBTOB=$$TOB^IBCBB(IB0)  ; Only allow defaults for MCR  S IBMRAND=$$WNRBILL^IBEFUNC(IBIFN) ;$$MCRONBIL^IBEFUNC(IBIFN)  ;  I IBTYP="ALL"!((IBTYP\_",")["1,") D  . ; DEM;432 - UB-04 or CMS-1500 SITUATIONAL  . S IBPRV(1,"SITUATIONAL")=1  . Q  ;  I IBTYP="ALL"!((IBTYP\_",")["2,") D:IBFT  . ; only for bill type inpt - 11X, outpt - 83X  . S IBPRV(2,"SITUATIONAL")=1 ; DEM;432 - Default to "SITUATIONAL". If conditions below are met, then IBPRV(2,"SITUATIONAL") is KILLED and IBRPV is SET according to conditions.  . Q:$S(IBINP:$E(IBTOB,1,2)'="11",1:$E(IBTOB,1,2)'="83")  . ; UB-04 bill includes HCPCS procs - operating phys situational  . N Z  . S Z=0 F  S Z=$O(^DGCR(399,IBIFN,"CP",Z)) Q:'Z  I $P($G(^(Z,0)),U)["ICP" D  Q  .. K IBPRV(2,"SITUATIONAL") ; DEM;432 - We have met one of the condtions, so KILL IBPRV(2,"SITUATIONAL").   .. I IBINP S IBPRV(2,"SITUATIONAL")=1 Q  ; DEM;432 - If UB-04 (inpatient), then operating provider situational.  .. I 'IBINP S IBPRV(2,"NOTOPT")=1 ; DEM;432 - If UB-04 (outpatient), then operating provider required.  .. Q:'IBMRAND  .. I '$O(IBPRV(2,0)) S IBPRV(2,"REQ")=1,IBPRV(2,1)=$G(IBPRV(2))  ;  I IBTYP="ALL"!((IBTYP\_",")["3,") D  . ; if a CMS-1500 bill, rendering is required  . ; JWS;IB\*2.0\*592 US1108 - exclude dental form  . ;I 'IBFT,$$FT^IBCEF(IBIFN)'=7 S IBPRV(3,"NOTOPT")=1 ;CHANGED THIS LINE TO THE FOLLOWING IN IB\*2.0\*608 - vd (US3214)  . I 'IBFT,$$FT^IBCEF(IBIFN)'=7 S IBPRV(3,"SITUATIONAL")=1 ;FOR CMS-1500 RENDERING IS NO LONGER REQUIRED  . ; DEM;432 - if UB-04, rendering is situational.  . ; JWS;IB\*2.0\*592 US1108 - dental form check  . I IBFT!($$FT^IBCEF(IBIFN)=7) S IBPRV(3,"SITUATIONAL")=1 Q  . Q:'IBMRAND  . I '$O(IBPRV(3,0)) S IBPRV(3,1)=$G(IBPRV(3)),IBPRV(3,"REQ")=1  ;  I IBTYP="ALL"!((IBTYP\_",")["4,") D:IBFT  . ; if a UB-04, attending required  . S IBPRV(4,"NOTOPT")=1  . Q:'IBMRAND  . I '$O(IBPRV(4,0)) S IBPRV(4,1)=$G(IBPRV(4)),IBPRV(4,"REQ")=1  Q  ; | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBCEU3 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** |  | | | | | | | | |
| **Related Options** | None | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  |  | | | | |  | | | |
| **Data Dictionary (DD) References** |  | | | | | | | | |
| **Related Protocols** |  | | | | | | | | |
| **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** | | | | | | | | | |
| IBCEU3 ;ALB/TMP - EDI UTILITIES FOR 1500 CLAIM FORM ;12/29/05 9:58am  ;;2.0;INTEGRATED BILLING;\*\*51,137,155,323,348,371,400,432,488,519,592\*\*;21-MAR-94;Build 25  ;;Per VA Directive 6402, this routine should not be modified.  ; BOX19(IBIFN) ; New Box 19 added for patch 488. This is for workman's comp?  ; This returns the Paperwork Attachment   ; Information in the following format:  ; PWKNNFX12348907CHEY<3 Spaces>Next set if more than one on claim  ; PWK is the qualifier for data, followed by the appropriate Report Type   ;Code, the appropriate Transmission Type Code, then the Attachment Control   ;Number. Do not enter spaces between qualifiers and data.  ;  ; This information can be at either the Line Level or the Claim Level.  ; Check all Lines first and print as many as possible - 71 characters   ; maximum. Then check the Claim Level  N IBRTP,LN,U8,IBBX19,IB19,DATA,I,DEL  ;JWS;IB\*2.0\*592;add Dental Claim Note field to EDI 837D trans, rec UB1, field 19  ;IA# 2056  I $$FT^IBCEF(IBIFN)=7 Q $$GET1^DIQ(399,IBIFN\_",",97)  S IB19="",DEL=" ",LN=0  ; Get rate type  S IBRTP=$P($G(^DGCR(399,IBIFN,0)),U,7)  ; Get data entered for box 19  S IBBX19=$P($G(^DGCR(399,IBIFN,"UF31")),U,3)  ; check the line Level first  I IBRTP=11 D  .F  S LN=$O(^DGCR(399,IBIFN,"CP",LN)) Q:LN=""  Q:LN'?.N  D  ..S DATA=$G(^DGCR(399,IBIFN,"CP",LN,1))  ..I $P(DATA,U,2)'="" S IB19=IB19\_$S(IB19="":"",1:DEL)\_$$FORMAT(DATA)  .; check the Claim Level next  .S DATA=""  .S DATA=$G(^DGCR(399,IBIFN,"U8"))  .I DATA'="" S IB19=IB19\_$S(IB19="":"",1:DEL)\_$$FORMAT(DATA)  ; If any room left add user entered box 19 info  I IBBX19'="",IB19'="",$L(IB19)<84 D  .F I=1:1:$L(IBBX19,DEL) S DATA=$P(IBBX19,DEL,I) I DATA'="" D  ..I $L(IB19\_DEL\_DATA)<84 S IB19=IB19\_$S(IB19="":"",1:DEL)\_DATA  I IB19="",IBBX19'="" S IB19=IBBX19  ;  Q IB19  ;   ;  Q  ; LINSPEC(IBIFN) ; Checks the specialities of line and claim level providers  ; called from IBCBB2 to check for Chiro codes & IBCBB9 to check for 99's on Medicare  ; Default = 99 if no valid SPEC code found for line and claim level provider  ; Get rendering for professional, attending for institutional  ; If multiple lines w/ rendering or attending, returns a string of spec codes  N Z,IBSPEC,IBINS,IBDT,IBCP,IBSPC  S IBSPC=""  S IBDT=$P($G(^DGCR(399,+IBIFN,"U")),U,1) ; use statement from date  S IBINS=($$FT^IBCEF(IBIFN)=3)  D GETPRV^IBCEU(IBIFN,"ALL",.IBPRV)  S Z=$S('IBINS:3,1:4)  ; check claim level  I $G(IBPRV(Z,1))'="" D  . I $P(IBPRV(Z,1),U,3) S IBSPEC=$$SPEC^IBCEU($P($G(IBPRV(Z,1)),U,3),IBDT) I IBSPEC'="" S IBSPC=IBSPC\_U\_IBSPEC Q  . S Z0=+$O(^DGCR(399,IBIFN,"PRV","B",Z,0))  . I Z0 S IBSPEC=$P($G(^DGCR(399,IBIFN,"PRV",Z0,0)),U,8) S:IBSPEC="" IBSPEC=99 S IBSPC=IBSPC\_U\_IBSPEC  ; Check line level  S IBCP=0 F  S IBCP=$O(^DGCR(399,IBIFN,"CP",IBCP)) Q:'IBCP  D  .S Z0=+$O(^DGCR(399,IBIFN,"CP",IBCP,"LNPRV","B",Z,0))  .I Z0 S IBSPEC=$P($G(^DGCR(399,IBIFN,"CP",IBCP,"LNPRV",Z0,0)),U,8) S:IBSPEC="" IBSPEC="99" S IBSPC=IBSPC\_U\_IBSPEC   S:IBSPC="" IBSPC=99   Q IBSPC  ; BILLSPEC(IBIFN,IBPRV) ; Returns the specialty of the provider on bill IBIFN  ; If IBPRV is supplied, returns the data for that provider, otherwise,  ; returns the specialty of the 'main/required' provider on the bill.  ; Default = 99 if no valid code found  ; IBPRV = vp of provider (file 200 or 355.93)  N Z,IBSPEC,IBINS,IBDT  S IBSPEC="",IBPRV=$G(IBPRV)  S IBDT=$P($G(^DGCR(399,+IBIFN,"U")),U,1) ; use statement from date  ;  I $G(IBPRV) D  G SPECQ  . S IBSPEC=$$SPEC^IBCEU(IBPRV,IBDT)  ;  ;Get rendering for professional, attending for institutional,  S IBINS=($$FT^IBCEF(IBIFN)=3)  D GETPRV^IBCEU(IBIFN,"ALL",.IBPRV)  S Z=$S('IBINS:3,1:4)  I $G(IBPRV(Z,1))'="" D  . I $P(IBPRV(Z,1),U,3) S IBSPEC=$$SPEC^IBCEU($P($G(IBPRV(Z,1)),U,3),IBDT) Q:IBSPEC'=""  . S Z0=+$O(^DGCR(399,IBIFN,"PRV","B",Z,0))  . I Z0,$P($G(^DGCR(399,IBIFN,"PRV",Z0,0)),U,8)'="" S IBSPEC=$P(^(0),U,8)  ; SPECQ I IBSPEC="" S IBSPEC="99"  Q IBSPEC  ; CHAMPVA(IBIFN) ; Returns 1 if the bill IBIFN has a CHAMPVA rate type  Q $E($P($G(^DGCR(399.3,+$P($G(^DGCR(399,IBIFN,0)),U,7),0)),U),1,7)="CHAMPVA"  ; FAC(IBIFN) ; Obsolete function. Used by old output formatter field and data element N-RENDERING INSTITUTION  Q ""  ; MCR24K(IBIFN,IBPRV) ;Function returns MEDICARE id# for professional (CMS-1500) box 24k for bill IBIFN if appropriate  ;\*432/TAZ - Added IBPRV to allow circumvent the call to F^IBCEF("N-SPECIALTY CODE","IBZ",,IBIFN) in MCRSPEC^IBCEU4  ;JWS;IB\*2.0\*592:Added dental form to check for compatibility  ;Q $S($$FT^IBCEF(IBIFN)=2&$$MCRONBIL^IBEFUNC(IBIFN):"V"\_$$MCRSPEC^IBCEU4(IBIFN,1,$G(IBPRV))\_$P($$SITE^VASITE,U,3),1:"")  Q $S(($$FT^IBCEF(IBIFN)=2)!($$FT^IBCEF(IBIFN)=7)&$$MCRONBIL^IBEFUNC(IBIFN):"V"\_$$MCRSPEC^IBCEU4(IBIFN,1,$G(IBPRV))\_$P($$SITE^VASITE,U,3),1:"")  ; | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| IBCEU3 ;ALB/TMP - EDI UTILITIES FOR 1500 CLAIM FORM ;12/29/05 9:58am  ;;2.0;INTEGRATED BILLING;\*\*51,137,155,323,348,371,400,432,488,519,592,608\*\*;21-MAR-94;Build 25  ;;Per VA Directive 6402, this routine should not be modified.  ; BOX19(IBIFN) ; New Box 19 added for patch 488. This is for workman's comp?  ; This returns the Paperwork Attachment   ; Information in the following format:  ; PWKNNFX12348907CHEY<3 Spaces>Next set if more than one on claim  ; PWK is the qualifier for data, followed by the appropriate Report Type   ;Code, the appropriate Transmission Type Code, then the Attachment Control   ;Number. Do not enter spaces between qualifiers and data.  ;  ; This information can be at either the Line Level or the Claim Level.  ; Check all Lines first and print as many as possible - 71 characters   ; maximum. Then check the Claim Level  N IBRTP,LN,U8,IBBX19,IB19,DATA,I,DEL  ;JWS;IB\*2.0\*592;add Dental Claim Note field to EDI 837D trans, rec UB1, field 19  ;IA# 2056  I $$FT^IBCEF(IBIFN)=7 Q $$GET1^DIQ(399,IBIFN\_",",97)  S IB19="",DEL=" ",LN=0  ; Get rate type  S IBRTP=$P($G(^DGCR(399,IBIFN,0)),U,7)  ; Get data entered for box 19  S IBBX19=$P($G(^DGCR(399,IBIFN,"UF31")),U,3)  ; check the line Level first  I IBRTP=11 D  .F  S LN=$O(^DGCR(399,IBIFN,"CP",LN)) Q:LN=""  Q:LN'?.N  D  ..S DATA=$G(^DGCR(399,IBIFN,"CP",LN,1))  ..I $P(DATA,U,2)'="" S IB19=IB19\_$S(IB19="":"",1:DEL)\_$$FORMAT(DATA)  .; check the Claim Level next  .S DATA=""  .S DATA=$G(^DGCR(399,IBIFN,"U8"))  .I DATA'="" S IB19=IB19\_$S(IB19="":"",1:DEL)\_$$FORMAT(DATA)  ; If any room left add user entered box 19 info  I IBBX19'="",IB19'="",$L(IB19)<84 D  .F I=1:1:$L(IBBX19,DEL) S DATA=$P(IBBX19,DEL,I) I DATA'="" D  ..I $L(IB19\_DEL\_DATA)<84 S IB19=IB19\_$S(IB19="":"",1:DEL)\_DATA  I IB19="",IBBX19'="" S IB19=IBBX19  ;  Q IB19  ;   ; LINSPEC(IBIFN) ; Checks the specialities of line and claim level providers  ; called from IBCBB2 to check for Chiro codes & IBCBB9 to check for 99's on Medicare  ; Default = 99 if no valid SPEC code found for line and claim level provider  ; Get rendering for professional, attending for institutional  ; If multiple lines w/ rendering or attending, returns a string of spec codes  N Z,IBSPEC,IBINS,IBDT,IBCP,IBSPC  S IBSPC=""  S IBDT=$P($G(^DGCR(399,+IBIFN,"U")),U,1) ; use statement from date  S IBINS=($$FT^IBCEF(IBIFN)=3)  D GETPRV^IBCEU(IBIFN,"ALL",.IBPRV)  S Z=$S('IBINS:3,1:4)  ; check claim level  I $G(IBPRV(Z,1))'="" D  . I $P(IBPRV(Z,1),U,3) S IBSPEC=$$SPEC^IBCEU($P($G(IBPRV(Z,1)),U,3),IBDT) I IBSPEC'="" S IBSPC=IBSPC\_U\_IBSPEC Q  . S Z0=+$O(^DGCR(399,IBIFN,"PRV","B",Z,0))  . I Z0 S IBSPEC=$P($G(^DGCR(399,IBIFN,"PRV",Z0,0)),U,8) S:IBSPEC="" IBSPEC=99 S IBSPC=IBSPC\_U\_IBSPEC  ; Check line level  S IBCP=0 F  S IBCP=$O(^DGCR(399,IBIFN,"CP",IBCP)) Q:'IBCP  D  .S Z0=+$O(^DGCR(399,IBIFN,"CP",IBCP,"LNPRV","B",Z,0))  .I Z0 S IBSPEC=$P($G(^DGCR(399,IBIFN,"CP",IBCP,"LNPRV",Z0,0)),U,8) S:IBSPEC="" IBSPEC="99" S IBSPC=IBSPC\_U\_IBSPEC  ;/IB\*2\*608 - vd (US3214) - modified the following line to allow for No Rendering Provider.  ;S:IBSPC="" IBSPC=99  I $$FT^IBCEF(IBIFN)'=2 S:IBSPC="" IBSPC=99  Q IBSPC  ; BILLSPEC(IBIFN,IBPRV) ; Returns the specialty of the provider on bill IBIFN  ; If IBPRV is supplied, returns the data for that provider, otherwise,  ; returns the specialty of the 'main/required' provider on the bill.  ; Default = 99 if no valid code found  ; IBPRV = vp of provider (file 200 or 355.93)  N Z,IBSPEC,IBINS,IBDT  S IBSPEC="",IBPRV=$G(IBPRV)  S IBDT=$P($G(^DGCR(399,+IBIFN,"U")),U,1) ; use statement from date  ;  I $G(IBPRV) D  G SPECQ  . S IBSPEC=$$SPEC^IBCEU(IBPRV,IBDT)  ;  ;Get rendering for professional, attending for institutional,  S IBINS=($$FT^IBCEF(IBIFN)=3)  D GETPRV^IBCEU(IBIFN,"ALL",.IBPRV)  S Z=$S('IBINS:3,1:4)  I $G(IBPRV(Z,1))'="" D  . I $P(IBPRV(Z,1),U,3) S IBSPEC=$$SPEC^IBCEU($P($G(IBPRV(Z,1)),U,3),IBDT) Q:IBSPEC'=""  . S Z0=+$O(^DGCR(399,IBIFN,"PRV","B",Z,0))  . I Z0,$P($G(^DGCR(399,IBIFN,"PRV",Z0,0)),U,8)'="" S IBSPEC=$P(^(0),U,8)  ; SPECQ I IBSPEC="" S IBSPEC="99"  Q IBSPEC  ; CHAMPVA(IBIFN) ; Returns 1 if the bill IBIFN has a CHAMPVA rate type  Q $E($P($G(^DGCR(399.3,+$P($G(^DGCR(399,IBIFN,0)),U,7),0)),U),1,7)="CHAMPVA"  ; FAC(IBIFN) ; Obsolete function. Used by old output formatter field and data element N-RENDERING INSTITUTION  Q ""  ; MCR24K(IBIFN,IBPRV) ;Function returns MEDICARE id# for professional (CMS-1500) box 24k for bill IBIFN if appropriate  ;\*432/TAZ - Added IBPRV to allow circumvent the call to F^IBCEF("N-SPECIALTY CODE","IBZ",,IBIFN) in MCRSPEC^IBCEU4  ;JWS;IB\*2.0\*592:Added dental form to check for compatibility  ;Q $S($$FT^IBCEF(IBIFN)=2&$$MCRONBIL^IBEFUNC(IBIFN):"V"\_$$MCRSPEC^IBCEU4(IBIFN,1,$G(IBPRV))\_$P($$SITE^VASITE,U,3),1:"")  Q $S(($$FT^IBCEF(IBIFN)=2)!($$FT^IBCEF(IBIFN)=7)&$$MCRONBIL^IBEFUNC(IBIFN):"V"\_$$MCRSPEC^IBCEU4(IBIFN,1,$G(IBPRV))\_$P($$SITE^VASITE,U,3),1:"")  ; | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBCEU5 | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** |  | | | | | | | | |
| **Related Options** | None | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  |  | | | | |  | | | |
| **Data Dictionary (DD) References** |  | | | | | | | | |
| **Related Protocols** |  | | | | | | | | |
| **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** | | | | | | | | | |
| IBCEU5 ;ALB/TMP - EDI UTILITIES (continued) FOR CMS-1500 ;13-DEC-99  ;;2.0;INTEGRATED BILLING;\*\*51,137,232,348,349,432,592\*\*;21-MAR-94;Build 25  ;;Per VA Directive 6402, this routine should not be modified.  Q  ; EXTCR(IBPRV) ; Called by trigger on field .02 of file 399.0222  ; Also called by trigger on field .02 of file 399.0404 (DEM;432).  ; Function returns the first 3 digits of the provider's degree if  ; a VA provider or the credentials in file 355.9 if non-VA provider  ; IBPRV = vp to file 200 or 355.93  Q $E($$CRED^IBCEU(IBPRV),1,3)  ;   ; HLPTXT ; Helptext for provider function  ;;   ;;PROVIDER FUNCTION requirements:  ;;   ;;RENDERING: UB-04 Situational, CMS-1500 REQUIRED (CMS-1500), or J430D Situational  ;; This is the provider who performed a service.  ;;   ;;ATTENDING: UB-04 REQUIRED  ;; The physician who has primary responsibility  ;; for the patient's medical care and treatment.   ;;   ;;OPERATING: UB-04 SITUATIONAL   ;; The provider who performed the principal procedure(s)  ;; being billed.  ;; UB-04 (inpatient): Situational IF type of bill has first 2  ;; digits of 11, and there is a principal  ;; procedure that will print in Form  ;; Locator 74 of the claim, there must be  ;; an Operating or Rendering Provider.  ;; UB-04 (outpatient):REQUIRED IF type of bill has first 2  ;; digits of 83, and there is a principal  ;; procedure that will print in Form  ;; Locator 74 of the claim.  ;;   ;;REFERRING: UB-04, CMS-1500, or J430D SITUATIONAL  ;; The provider who referred the patient for the services being billed.   ;;   ;;SUPERVISING: CMS-1500 OPTIONAL or J430D SITUATIONAL  ;; Required when the rendering provider is supervised  ;; by another provider. Data will not be printed.  ;;   ;;OTHER OPERATING: UB-04 SITUATIONAL  ;; Used to report another Operating Physician. There must  ;; also be an Operating Physician on the claim.  ;;   ;;ASSISTANT SURGEON: J430D SITUATIONAL  ;; Use when the Rendering Provider provided these services in the role  ;; of the Assisting Surgeon.  ;;   ;; There are providers who performed specific functions for  ;; the services on this bill. These providers are needed to  ;; enable the V.A. to collect reimbursement when more than  ;; one provider function is involved in the billable episode  ;; (like an operating physician or referring provider).   ;;   ;; This data identifies the type of function that was performed  ;; by a provider.  ;;  ;   ; | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| IBCEU5 ;ALB/TMP - EDI UTILITIES (continued) FOR CMS-1500 ;13-DEC-99  ;;2.0;INTEGRATED BILLING;\*\*51,137,232,348,349,432,592,608\*\*;21-MAR-94;Build 25  ;;Per VA Directive 6402, this routine should not be modified.  Q  ; EXTCR(IBPRV) ; Called by trigger on field .02 of file 399.0222  ; Also called by trigger on field .02 of file 399.0404 (DEM;432).  ; Function returns the first 3 digits of the provider's degree if  ; a VA provider or the credentials in file 355.9 if non-VA provider  ; IBPRV = vp to file 200 or 355.93  Q $E($$CRED^IBCEU(IBPRV),1,3)  ;   ; HLPTXT ; Helptext for provider function  ;;   ;;PROVIDER FUNCTION requirements:  ;;   ;;RENDERING: UB-04 Situational, CMS-15OO Situational, or J430D Situational  ;; This is the provider who performed a service.  ;;   ;;ATTENDING: UB-04 REQUIRED  ;; The physician who has primary responsibility  ;; for the patient's medical care and treatment.   ;;   ;;OPERATING: UB-04 SITUATIONAL   ;; The provider who performed the principal procedure(s)  ;; being billed.  ;; UB-04 (inpatient): Situational IF type of bill has first 2  ;; digits of 11, and there is a principal  ;; procedure that will print in Form  ;; Locator 74 of the claim, there must be  ;; an Operating or Rendering Provider.  ;; UB-04 (outpatient):REQUIRED IF type of bill has first 2  ;; digits of 83, and there is a principal  ;; procedure that will print in Form  ;; Locator 74 of the claim.  ;;   ;;REFERRING: UB-04, CMS-1500, or J430D SITUATIONAL  ;; The provider who referred the patient for the services being billed.   ;;   ;;SUPERVISING: CMS-1500 OPTIONAL or J430D SITUATIONAL  ;; Required when the rendering provider is supervised  ;; by another provider. Data will not be printed.  ;;   ;;OTHER OPERATING: UB-04 SITUATIONAL  ;; Used to report another Operating Physician. There must  ;; also be an Operating Physician on the claim.  ;;   ;;ASSISTANT SURGEON: J430D SITUATIONAL  ;; Use when the Rendering Provider provided these services in the role  ;; of the Assisting Surgeon.  ;;   ;; There are providers who performed specific functions for  ;; the services on this bill. These providers are needed to  ;; enable the V.A. to collect reimbursement when more than  ;; one provider function is involved in the billable episode  ;; (like an operating physician or referring provider).   ;;   ;; This data identifies the type of function that was performed  ;; by a provider.  ;;  ;   ; | | | | | | | | | |