**User Story Number:** USEB-11

**User Story Name:** eBilling Set Onset Date Appropriately

**Priority:** Pilot

**Rally ID:** US1

**Rational ID:**

**Author:** Lisa Duncan

# Background

Every claim processed in eBilling automatically lists an onset date or the date which symptoms first appeared. We, at eBilling, only want an onset date listed if there is a true one, and it can be derived as evidenced by existence of certain Occurrence codes (see conversation below).

At a VA Medical Center (VAMC) or Consolidated Patient Account Center (CPAC), a billing clerk needs the ability to manually enter the true onset date that the current illness or symptom occurred, if it is known. He/she needs to be sure the software will stop automatically defaulting the date of service as the onset date versus the actual date that the current illness or symptom first appeared.

While reviewing the code to correct the Box 14 printing logic, it was discovered that there was a fatal error message which also requires correction.

Also, it was noted that the logic for what dates are transmitted in record CL1, piece 18 and CL1, piece 38 also requires correction.

# Story

As a staff member at a VA Medical Center (VAMC) or Consolidated Patient Account Center (CPAC), I want to stop claims from automatically defaulting the date of service in the onset of current illness or symptom date so that claims will be correct when submitted to the clearinghouse.

I also want to make sure that an Accident date (Occurrence code 1, 2, 3, 4, or 5) is no longer transmitted in the proprietary 837 message to the Financial Services Center for professional claims in record CL1, piece 18 – Onset of Current Illness/Symptom DT (2300 DTP03). I want the system to continue to send the Accident date when present on a claim, in record CL1, piece 38 – Accident DT (2300 DTP03) and to print it in Box 15 if the CMS 1500 is printed.

**Conversation**

When completing professional health care claims, the eBilling system automatically defaults the date of service as the onset date when there is no Occurrence code with the correct date the current illness or symptom first appeared. There cannot be a one-size-fits-all Occurrence code for onset of illness or last date of menstrual period present (LMP), as this varies from patient to patient; therefore, the software needs to leave the onset date field blank.

There should only be a date if there is an Occurrence code for onset of illness or LMP. The system should not automatically default to the date of service. Information must no longer auto populate FL 14 of the printed CMS 1500 form or CL1, piece 18 (2300 DTP03) of the 837 transmission.

The process required to accomplish this functionality is outlined below:

* User creates a professional bill
* User does not enter an Occurrence code onset of illness (11) or last date of menstrual period (LMP) (10)
* User does enter an Occurrence code Accident/No Medical or Liability Coverage (5)
* System does not automatically populate the date of service as the onset date in Box 14 or 2300 DTP03
* User authorizes the bill
* The flat file no longer contains the onset date as the date of service for professional claims and transmits a blank record CL1, piece 18 (2300 DTP03) to FSC.
* The flat file does contain the accident date and transmits it in record CL1, piece 38 (2300 DTP03) to FSC

We want to report what the Biller enters – Occurrence code 10 or 11. First, the software seeks an Occurrence code of 11. If there is no Occurrence code 11, the software looks for an Occurrence code 10. If neither is found, the software does not populate the date.

In support of this logic, the following fatal error message will be changed:

\*\*Errors\*\*:

Occ. codes for accident, LMP, illness not allowed on same bill

The new fatal error message will no longer include accident. Accident Occurrence codes are now printed in Box 15. The new message will be the following:

\*\*Errors\*\*

Occ. codes Onset of Illness (11) and LMP (10) not allowed on same bill.

## **Detailed Listing of Acceptance Criteria**

| ID | Criteria |
| --- | --- |
| USEB-11.01 | System checks user permissions and displays the appropriate billing screens when user is developing a professional bill |
| USEB-11.02 | System displays all the data available for the bill on the various billing screens – includes entry of Occurrence code,   * screen 5 in section 7 Occurrence code * screen 4 section 6 Occurrence code |
| USEB-11.03 | System asks the user to authorize the bill. |
| USEB-11.04 | System does not automatically populate the onset date with the service date for professional claims. |
| USEB-11.05 | System does populate onset date with Occurrence code 11 when entered or Occurrence code 10 if entered and if 11 does not exist. |
| USEB-11.06 | System does populate FL14 on the CMS1500 with onset date with Occurrence code 11 when entered or Occurrence code 10 if entered and if 11 does not exist. |
| USEB-11.07 | System does populate FL15 on the CMS1500 with accident date with Occurrence code (1, 2, 3, 4, or 5) when entered . |
| USEB-11.08 | System does populate 2300DTP03 on the 837-P with onset date of Occurrence code 11 when entered or Occurrence code 10 if entered and if 11 does not exist. |
| USEB-11.09 | System does populate 2300DTP03 on the 837-P with accident date of Occurrence code 1, 2, 3, 4, or 5 when entered. |

# Tester Notes:

* Claim with no Occurrence code 10 or 11 - Expected Outcome: Onset date is blank
* Claim with Occurrence code 10 only - Expected Outcome: Onset date = Occurrence code 10 date (date of LMP)
* Claim with Occurrence code 11 only - Expected Outcome: Onset date = Occurrence code 11 date (date of onset of illness)
* Claim with Occurrence codes 10 and 11 - Expected Outcome: Onset date = Occurrence code 11 date (date of onset of illness) and error message is triggered because only one Occurrence code is allowed on the professional claim
* Claim with Occurrence code 1, 2, 3, 4, or 5 – Accident – Expected Outcome: Onset date is blank and Other date is populated

# Constraints

n/a

# Assumptions

* Any published documentation related to these changes will be updated.
* As part of this update, the corresponding portions of the flat file documentation, *Interface Control Document (ICD) Patch XXX, Healthcare Claims (837)* must be updated.

# Risks

The risk associated with not completing these changes is that a claim will be rejected by a payer for having an incorrect Onset date.

# Approval Signatures

|  |
| --- |
|  |

**Revision History**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Version | Description | Author |
| 08/23/2016 | v0.01 | Original | J. Mann, Leidos |
| 09/20/2016 | v0.02 | Updated following elaboration | J. Mann, Leidos |
| 10/25/2016 | v1.0 | Final version for submission and approval | Leidos |
| 11/10/2016 | v2.0 | Resubmitted following changes after design | Leidos |
| 11/16/2016 | v3.0 | Resubmitted after accepting eBusiness changes | Leidos |