**MCCF EDI TAS US1109 SDD**

System Design Document

IB\*2.0\*592



Department of Veterans Affairs

**April 2017**

Version 1.0

**User Story Number:** US1109

**User Story Name:** Create Dental Form / Update Autobiller

**Product Backlog ID:** n/a

**Rally ID:** US-1109

# Design/Assumptions:

The design for this user story is going on the following assumptions:

1. There is a way to identify the events in Claims Tracking as being appropriate for dental services.
2. The Autobiller will follow the same rules for creating dental claims as it does for other appointment claims. Example: the patient must have active insurance on the date of service.

# Resolution Summary:

To resolve this request, the following bullet items will need to be worked on:

1. Form Type J430D will need to be added to file 353 BILL FORM TYPE. This is also a requirement for User Story US1108 Enter/Edit Dental Claims.
2. There is a Design Assumption that there is a way to identify a dental services entry in Claims Tracking. The Autobiller, initial routine IBCD, searches through a cross reference in the 356 file, ‘ATOBIL’, which contains an index to all active billable events that have not already been billed. The format of the cross reference is ^IBT(356,”ATOBIL”,Patient IEN, Event Type (pointer to file 356.6), Earliest Auto Bill Date, Claims Tracking IEN). Once the Claims Tracking IEN (DA) is obtained, the fourth (4) data field of the Claims Tracking Entry can be obtained, which is the pointer to the Out Patient Encounter, File 409.68. Field .1 APPOINTMENT TYPE is a pointer to file 409.1 APPOINTMENT TYPE FILE. Entry #2 in this file is for CLASS II DENTAL appointments.
3. In routine IBCD2 at label OUTPT, execution of this code is for Outpatient claims. The setting of a DENTAL variable flag would be done here using the logic from resolution 2 above. Once execution gets to this section of routine IBCD2, assumption #2 has been confirmed, in that routine IBCD checks for valid active insurance on the date of service. In addition, for identified Dental Claims, the auto-biller will be modified to look at the plan coverage level limitations (file 355.32 PLAN COVERAGE LIMITATIONS) and create claims for Dental if the coverage level is anything but ‘NO’.
4. Routine IBCU82 at line EVNTCHK+37 needs to be modified to allow for the processing of a Dental Claim with a Clinic Stop Code indicating it contains a Dental stop code.
5. IBCD3 routine will be modified accordingly to file any Dental claim specific fields that are necessary. These fields will be identified in User Story 1108.

# Design Constraints:

1. This SDD is dependent upon the following User Stories:

* US131 (Create 837D Transaction)
* US1108 (Enter/Edit Dental Claims)

1. IOC Sites must provide Dental Services to their billable Veterans.

# Detailed Design:

1. Create a new Form Type “J430D” in Bill Form Type file #353 BILL FORM TYPE.

NUMBER: 7 NAME: J430D

FORMAT TYPE: TRANSMITTED FORM SHORT DESCRIPTION: Dental Form

1. Method to determine that a Claims Tracking Entry is for Dental.

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBCD | | | | | | | | |
| **Enhancement Category** | New | | Modify | Delete | | | No Change | | |
| **RTM** |  | | | | | | | | |
| **Related Options** | None | | | | | | | | |
| **Related Routines** | **Routines “Called By”** | | | | | **Routines “Called”** | | | |
|  |  | | | | |  | | | |
| **Data Dictionary (DD) References** | CLAIMS TRACKING File [#356] | | | | | | | | |
| **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** | | | | | | | | | |
| IBCD ;ALB/ARH - AUTOMATED BILLER ;8/6/93  ;;2.0;INTEGRATED BILLING;\*\*312\*\*;21-MAR-94  ;;Per VHA Directive 10-93-142, this routine should not be modified.  ;  ;This routine is the beginning of the auto biller. No variables are required on entry. It is be called by the  ;IB nightly job routine IBAMTC. It first checks to see if it should run based on the auto biller frequency  ;site parameter. It then gathers the Claims Tracking events with an EABD into a temporary file by patient,  ;event type, and episode date. This temporary file ("IBACAB") is then used to sort the events into groups  ;that should be added to individual bills based on the individual event type billing cycle parameters. This  ;second temporary file is then used to create the actual bills in IBCD1-2.  ; EN ;begin process of finding and creating bills  ;determine if auto biller should run, check site parameters (350.9,7.01-7.02)  N IBSWINFO,IBPFSS S IBSWINFO=$$SWSTAT^IBBAPI() ;IB\*2.0\*312  S IBPAR7=$G(^IBE(350.9,1,7)) G:'$P(IBPAR7,U,1) EXIT  I +IBPAR7,+$P(IBPAR7,U,2),$$FMADD^XLFDT(+$P(IBPAR7,U,2),+IBPAR7)>DT G EXIT  S IBAUTO=1  ;  ;begin search for events to bill, create array of events by patient  ;^TMP("IBCAB",$J, PATIENT, EVENT TYPE, EPISODE DATE, EVENT IFN)=""  ;adds all events in Claims Tracking that have an EABD not after today  S IBDFN=0 F  S IBDFN=$O(^IBT(356,"ATOBIL",IBDFN)) Q:'IBDFN  D  . S IBTYP=0 F  S IBTYP=$O(^IBT(356,"ATOBIL",IBDFN,IBTYP)) Q:'IBTYP  D  .. S IBEABD=0 F  S IBEABD=$O(^IBT(356,"ATOBIL",IBDFN,IBTYP,IBEABD)) Q:'IBEABD!(IBEABD>DT) D  ... S IBTRN=0 F  S IBTRN=$O(^IBT(356,"ATOBIL",IBDFN,IBTYP,IBEABD,IBTRN)) Q:'IBTRN  D  .... S IBX=$$EVBILL^IBCU81(IBTRN) I 'IBX!(IBX>DT) D TEABD(IBTRN,+IBX) D:$P(IBX,U,2)'="" TERR(IBTRN,0,$P(IBX,U,2)) Q  .... S IBX=$$EVNTCHK^IBCU82(IBTRN) I +IBX D TEABD(IBTRN,0) D TERR(IBTRN,0,$P(IBX,U,2)) Q  .... S IBTRND=$G(^IBT(356,IBTRN,0))  .... I +IBSWINFO D  Q:IBPFSS                               ;IB\*2.0\*312    ..... S IBPFSS=1 ;IB\*2.0\*312    ..... ; Do NOT PROCESS on VistA if DT>=Switch Eff Date ;CCR-930    ..... I ($P(IBTRND,"^",6)+1)>$P(IBSWINFO,"^",2) Q        ;IB\*2.0\*312    ..... I $P($G(^DPT(IBDFN,.1)),"^")'="" Q                 ;IB\*2.0\*312    ..... Q:$$CHKDIS() ;CCR-1081    ..... S IBPFSS=0 ;Before EffDt & Discharged ;IB\*2.0\*312  .... ;  .... S ^TMP("IBCAB",$J,IBDFN,IBTYP,+$P(IBTRND,U,6),IBTRN)=""  K IBDFN,IBTYP,IBEABD,IBTRN,IBTRND,IBX  ;  I $D(^TMP("IBCAB",$J)) D ^IBCD1 ; consolidate events into bills, create bills  D ^IBCDC ; set comments into file  S DIE="^IBE(350.9,",DA=1,DR="7.02////"\_DT D ^DIE ;reset last date auto biller run  K ^TMP("IBCAB",$J),^TMP("IBEABD",$J),^TMP("IBCE",$J),^TMP("IBILL",$J)  F IBX=1:1:10 K ^TMP(("IBC"\_IBX),$J) EXIT K IBX,IBPAR7,DIE,DA,DR,IBAUTO,IBBS,IBSC,IBT  Q CHKDIS() ; Returns 1 if discharge was on or after effective date ;CCR-1081  N IBADMLNK,IBDISLNK  S IBADMLNK=$P(IBTRND,"^",5) G:'IBADMLNK CHKDISQ  S IBDISLNK=$P($G(^DGPM(IBADMLNK,0)),"^",17) G:'IBDISLNK CHKDISQ  ;  I (^DGPM(IBDISLNK,0)+1)>$P(IBSWINFO,"^",2) Q 1 CHKDISQ Q 0  ; TEABD(TRN,IBDT) ;array contains the list of claims tracking events that need EABD updated, and the new date  S IBDT=+$G(IBDT),^TMP("IBEABD",$J,TRN,+IBDT)=""  Q TERR(TRN,IFN,ER) ;array contains events or bills that need entries created in the comments file, and the comment  N X S TRN=+$G(TRN),IFN=+$G(IFN),X=+$G(^TMP("IBCE",$J,DT,TRN,IFN))+1  S ^TMP("IBCE",$J,DT,TRN,IFN,X)=$G(ER),^TMP("IBCE",$J,DT,TRN,IFN)=X  Q TBILL(TRN,IFN) ;array contains list of events and bills to be inserted into 356.399  I '$D(^IBT(356,+$G(TRN),0))!('$D(^DGCR(399,+$G(IFN),0))) Q  S ^TMP("IBILL",$J,TRN,IFN)=""  Q | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| No changes should be required. Noted here to show index ‘ATOBIL’ used to search for active billable events that have not been previously billed. | | | | | | | | | |

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBCD2 | | | | | | | | |
| **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** | | | | | | | | | |
| IBCD2 ;ALB/ARH - AUTOMATED BILLER (CREATE - SETUP/GATHER DATA FIELDS) ; 8/6/93  ;;2.0;INTEGRATED BILLING;\*\*4,55,91,106,384,458\*\*;21-MAR-94;Build 4  ;;Per VHA Directive 2004-038, this routine should not be modified.  ; FIND ;  S IBX=$$CHKSYS^IBCD4 I 'IBX D TERR(0,0,$P(IBX,U,2)) G EXIT  S IBS="IBC0" F  S IBS=$O(^TMP(IBS)) Q:IBS=""  S IBX=$E(IBS,4,99) Q:$E(IBS,1,3)'="IBC"!'+IBX  D  . N IBQUERY  . S IBDFN=0 F  S IBDFN=$O(^TMP(IBS,$J,IBDFN)) Q:'IBDFN  D  .. S IBSTDT="" F  S IBSTDT=$O(^TMP(IBS,$J,IBDFN,IBSTDT)) Q:IBSTDT=""  D  I $D(IBCT)>9 D CREATE(.IBQUERY)  ... K IBCT S IBTRN=0 F  S IBTRN=$O(^TMP(IBS,$J,IBDFN,IBSTDT,IBTRN)) Q:'IBTRN  S IBCT(IBTRN)="",IBTF=^TMP(IBS,$J,IBDFN,IBSTDT,IBTRN)  .I $G(IBQUERY) D CLOSE^IBSDU(IBQUERY) EXIT K IBS,IBDFN,IBSTDT,IBCT,IBTRN,IBTF,IBX,X,DFN  Q  ; CREATE(IBQUERY) ;set up a bill, required: IBCT(IBTRN),IBDFN,IBSTDT  ; IBQUERY, if defined, will be used to activate the outpt visit QUERY  Q:$D(IBCT)<9 K IB  S IBSP=$G(^IBE(350.9,1,1)),IBDIV=$P(IBSP,U,25),IBTRN=+$O(IBCT(0))  S IBTRND=$G(^IBT(356,IBTRN,0)) I 'IBTRND D TERR(+IBTRN,0,"Claims Tracking Record not found or not complete.") G QUIT  S IBTYPE=$P(IBTRND,U,18) S IBX=$$CHK I 'IBX D TERR(+IBTRN,0,$P(IBX,U,2)) G QUIT  ;  S IBX=$$ARSET I 'IBX D TERR(IBTRN,0,$P(IBX,U,2)) G QUIT  S IBIFN=+IBX,IB(.01)=$P(IBX,U,2),IB(.17)=$P(IBX,U,3),IB(.2)=1,IB(.22)=IBDIV  S (IB(.02),DFN)=IBDFN,IB(.06)=IBTF  S IB(.07)=$O(^DGCR(399.3,"B","REIMBURSABLE INS.",0)) I 'IB(.07) S IB(.07)=8  S IBX=$O(^IBT(356.2,"ATRTP",IBTRN,1,"")) I +IBX S IB(163)=$E($P($G(^IBT(356.2,IBX,2)),U,2),1,18) ;pre-cert #  ;  S IBX=$P($G(^IBE(356.6,+IBTYPE,0)),U,1)  I IBX="INPATIENT ADMISSION" D INPT^IBCD5 G CONT  I IBX="PRESCRIPTION REFILL" D RXRF G CONT  I IBX="OUTPATIENT VISIT" D OUTPT G CONT  G QUIT  ; CONT S IBX=$$BDT^IBCU3(IBDFN,IB(.03)) S IB(.17)=$S(+IBX:IBX,1:IBIFN) ; continuing episode of care  ;Note if a primary bill is found for an outpatient bill then it allows them to choose the bill during bill creation, .17 is not editable on the screens  S IB(.18)=$$SC^IBCU3(IBDFN) ; SC at time of care  ;  ; Note: variable IBQUERY used in this call to ^IBCD3  D EN^IBCD3(.IBQUERY) ; create bill  ;  S IBTRN=0 F  S IBTRN=$O(IBCT(IBTRN)) Q:'IBTRN  D  . D TERR(IBTRN,IBIFN,"") ; bill created  . I ",2,3,"'[+$G(IB(.06)) D TEABD(IBTRN,0) ; remove eabd for final bills  . D TBILL(IBTRN,IBIFN) ; set index for bill and event (356.399)  . I $O(IB(43,0)),$$NABSCT^IBCU81(IBTRN) D TERR(IBTRN,IBIFN,"Stop/Clinic flagged to be ignored by auto biller but another visit is billed on same date.")  . I $O(IB(43,0)),$$NBOE^IBCU81(+$P($G(^IBT(356,+IBTRN,0)),U,4)) D TERR(IBTRN,IBIFN,"Visit flagged as SC in source file but has no RNB.")  ;  S IBTRN=$O(IBCT(IBTRN)) Q:'IBTRN  D  . I $G(IB(.05))>2,$G(IB(.27))=1,+$G(^DGCR(399,IBIFN,"MP")),'$O(^DGCR(399,IBIFN,"RC",0)) D TERR(IBTRN,IBIFN,"This RC Opt bill appears to have no institutional charges but may have professional charges.")  ;  S X=$$PRCDIV^IBCU71(IBIFN) ; reset bill division from site default to first procedures division  ; QUIT K X,Y,IBX,IBY,IBSP,IBDIV,IBTRN,IBTRND,IBTYPE,IB  Q  ; OUTPT S IB(.04)=$S(+$P($G(^DG(40.8,+IBDIV,0)),U,3):7,1:1) ;division outpatient only or hospital  S IB(.05)=3,IB(.06)=1,IB(.09)=4  ;event dt is date of first visit, stmt from is first visit dt, stmt to is last visit dt on bill  S (IB(.03),IB(151))=9999999,IB(152)=""  S IBTRNX=0 F  S IBTRNX=$O(IBCT(IBTRNX)) Q:'IBTRNX  S IBX=$P($G(^IBT(356,IBTRNX,0)),U,6)\1 D  . S IB(43,+IBX)="" S:IB(152)<IBX IB(152)=IBX F IBI=.03,151 I IB(IBI)>IBX S IB(IBI)=IBX  I +$$BILLRATE^IBCRU3(+$G(IB(.07)),IB(.05),IB(.03),"RC") S IB(.27)=1 ; reasonable charges institutional bill  K IBI,IBX,IBTRNX  Q RXRF S IB(.04)=$S(+$P($G(^DG(40.8,+IBDIV,0)),U,3):7,1:1) ;division outpatient only or hospital  S IB(.05)=3,IB(.06)=1  ;event dt is date of first visit, stmt from is first visit dt, stmt to is last visit dt on bill  S (IB(.03),IB(151))=9999999,IB(152)=""  S IBTRNX=0 F  S IBTRNX=$O(IBCT(IBTRNX)) Q:'IBTRNX  S IBRX=$G(^IBT(356,IBTRNX,0)) D  . S IBX=$$RXRF^IBCD4(+$P(IBRX,U,8),+$P(IBRX,U,10)),IB(362.4,+$P(IBRX,U,8),+$P(IBRX,U,10))=IBX,IBX=$P(IBX,U,4)  . S:IB(152)<IBX IB(152)=IBX F IBI=.03,151 I IB(IBI)>IBX S IB(IBI)=IBX  . I $P(IBRX,U,31)>1 D  ;special consent roi  .. S IB(155)=1,IB(157)=0 ; is dx sensitive  .. I $P(IBRX,U,31)=2 S IB(157)=1 ; ROI obtained  K IBI,IBX,IBTRNX,IBRX  Q  ; ARSET() ; set up entry for new bill in AR returns IFN, bill number  ;otherwise "0^error meaasge"  N X S X="0^Can not set up bill in AR."  S PRCASV("SER")=$P($G(^IBE(350.9,1,1)),U,14),PRCASV("SITE")=+$P($$SITE^VASITE,U,3)  D SETUP^PRCASVC3  I $P(PRCASV("ARBIL"),U)=-1 S X="0^"\_$P(PRCASV("ARBIL"),U,2)\_" - "\_$$ETXT^IBEFUNC($P(PRCASV("ARBIL"),U,2)) G ARSETQ  I $P(PRCASV("ARREC"),U)=-1 S X="0^"\_$P(PRCASV("ARREC"),U,2)\_" - "\_$$ETXT^IBEFUNC($P(PRCASV("ARREC"),U,2)) G ARSETQ  S X=PRCASV("ARREC")\_U\_$P(PRCASV("ARBIL"),"-",2) ARSETQ K PRCASV  Q X  ; CHK() ;other checks  N X S X=1 I $G(^DPT(+$G(IBDFN),0))="" S X="0^Patient information lacking."  Q X  ; TEABD(TRN,IBDT) ;  S IBDT=+$G(IBDT),^TMP("IBEABD",$J,+TRN,+IBDT)=""  Q TERR(TRN,IFN,ER) ;  N X S TRN=+$G(TRN),IFN=+$G(IFN),X=+$G(^TMP("IBCE",$J,DT,TRN,IFN))+1  S ^TMP("IBCE",$J,DT,TRN,IFN,X)=$G(ER),^TMP("IBCE",$J,DT,TRN,IFN)=X  Q TBILL(TRN,IFN) ;  I '$D(^IBT(356,+$G(TRN),0))!('$D(^DGCR(399,+$G(IFN),0))) Q  S ^TMP("IBILL",$J,TRN,IFN)=""  Q | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| OUTPT S IB(.04)=$S(+$P($G(^DG(40.8,+IBDIV,0)),U,3):7,1:1) ;division outpatient only or hospital  S IB(.05)=3,IB(.06)=1,IB(.09)=4  ;event dt is date of first visit, stmt from is first visit dt, stmt to is last visit dt on bill  S (IB(.03),IB(151))=9999999,IB(152)=""  S IBTRNX=0 F  S IBTRNX=$O(IBCT(IBTRNX)) Q:'IBTRNX  S IBX=$P($G(^IBT(356,IBTRNX,0)),U,6)\1 D  . S IB(43,+IBX)="" S:IB(152)<IBX IB(152)=IBX F IBI=.03,151 I IB(IBI)>IBX S IB(IBI)=IBX  I +$$BILLRATE^IBCRU3(+$G(IB(.07)),IB(.05),IB(.03),"RC") S IB(.27)=1 ; reasonable charges institutional bill **S IBDENT=$F($$GET1^DIQ(409.68,$P(IBTRND,"^",4)\_",",.10),"DENTAL")**  K IBI,IBX,IBTRNX  Q  CONT S IBX=$$BDT^IBCU3(IBDFN,IB(.03)) S IB(.17)=$S(+IBX:IBX,1:IBIFN) ; continuing episode of care  ;Note if a primary bill is found for an outpatient bill then it allows them to choose the bill during bill creation, .17 is not editable on the screens  S IB(.18)=$$SC^IBCU3(IBDFN) ; SC at time of care  ;  ; Note: variable IBQUERY used in this call to ^IBCD3  D EN^IBCD3(.IBQUERY) ; create bill  ;  S IBTRN=0 F  S IBTRN=$O(IBCT(IBTRN)) Q:'IBTRN  D  . D TERR(IBTRN,IBIFN,"") ; bill created  . I ",2,3,"'[+$G(IB(.06)) D TEABD(IBTRN,0) ; remove eabd for final bills  . D TBILL(IBTRN,IBIFN) ; set index for bill and event (356.399)  . I $O(IB(43,0)),$$NABSCT^IBCU81(IBTRN) D TERR(IBTRN,IBIFN,"Stop/Clinic flagged to be ignored by auto biller but another visit is billed on same date.")  . I $O(IB(43,0)),$$NBOE^IBCU81(+$P($G(^IBT(356,+IBTRN,0)),U,4)) D TERR(IBTRN,IBIFN,"Visit flagged as SC in source file but has no RNB.")  ;  S IBTRN=$O(IBCT(IBTRN)) Q:'IBTRN  D  . I $G(IB(.05))>2,$G(IB(.27))=1,+$G(^DGCR(399,IBIFN,"MP")),'$O(^DGCR(399,IBIFN,"RC",0)) D TERR(IBTRN,IBIFN,"This RC Opt bill appears to have no institutional charges but may have professional charges.")  ;  S X=$$PRCDIV^IBCU71(IBIFN) ; reset bill division from site default to first procedures division  ; QUIT K X,Y,IBX,IBY,IBSP,IBDIV,IBTRN,IBTRND,IBTYPE,IB,**IBDENT**  Q | | | | | | | | | |

1. Change code in routine IBCU82 to allow for the processing of a Dental Claim.

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBCU82 | | | | | | | | |
| **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** | | | | | | | | | |
| IBCU82 ;ALB/ARH - THIRD PARTY BILLING UTILITIES (AUTOMATED BILLER) ;02 JUL 93  ;;2.0;INTEGRATED BILLING;\*\*43,55,91,124,160,304,347,432\*\*;21-MAR-94;Build 192  ;;Per VHA Directive 2004-038, this routine should not be modified.  ;  ; EVNTCHK(IBTRN) ;special checks to determine if event should be auto billed  ;checks for INS, non-veteran patient, possible workers comp and tort feasor, admitted for sc cond., outp dental stop, optv while inpt, category covered by ins, non-billable stop or clinic  ;(assumes that Claims Tracking does the SC check for Outpatients)  ;input: IBTRN - claims tracking event  ; DISP - if true then any error message will be displayed on exit.  ;output: returns "1^error message" if one of the checks failed, 0 otherwise  ;  N X,IBX,IBY,IBZ,IBTRND,IBCAT,IBCOV,DFN,IBEVDT,VAEL,VADMVT,VAINDT S X=0,IBTRND=$G(^IBT(356,+$G(IBTRN),0)) G:IBTRND="" EVNTCQ  I +$P(IBTRND,U,18)=1,'+$P(IBTRND,U,5) S X="1^Claims Tracking event does not have an associated Inpatient Admission." G EVNTCQ  I +$P(IBTRND,U,18)=2,'+$P(IBTRND,U,4) S X="1^Claims Tracking event does not have an associated Outpatient Visit." G EVNTCQ  I +$P(IBTRND,U,18)=4,'+$P(IBTRND,U,8) S X="1^Claims Tracking event does not have an associated prescription in Pharmacy." G EVNTCQ  I +$P(IBTRND,U,18)=4,$P(IBTRND,U,10)="" S X="1^Claims Tracking event does not have an associated prescription refill in Pharmacy." G EVNTCQ  ;  S DFN=+$P(IBTRND,U,2),IBEVDT=$P(IBTRND,U,6) I '$$INSURED^IBCNS1(DFN,IBEVDT) S X="1^Patient not insured for event date." G EVNTCQ  ; Check filing timeframe  I '$$PTFTF^IBCNSU31(DFN,IBEVDT) S X="1^Filing timeframe not met" G EVNTCQ  S IBCAT=$S($P(IBTRND,U,18)=1!($P(IBTRND,U,18)=5):"INPATIENT",$P(IBTRND,U,18)=2:"OUTPATIENT",$P(IBTRND,U,18)=4:"PHARMACY",1:"")  I IBCAT'="",'$$PTCOV^IBCNSU3(DFN,IBEVDT,IBCAT) S X="1^Patient insurance does not cover "\_IBCAT\_"." G EVNTCQ  D ELIG^VADPT S X=0 I 'VAEL(4) S X="1^Patient is not a veteran." G EVNTCQ  ;  ;check the last disposition before the episode to see if maybe workers comp or tort feasor  S IBX=9999999-(IBEVDT\1+1),IBX=$O(^DPT(+DFN,"DIS",IBX)) I +IBX S IBY=$$DT(IBX),IBX=$G(^DPT(DFN,"DIS",IBX,2)) D  G:+X EVNTCQ  . I $P(IBX,U,1)="Y" S X="1^Need may be related to occupation, check "\_IBY\_" disposition." Q  . I $P(IBX,U,4)="Y" S X="1^Need may be related to an accident, check "\_IBY\_" disposition." Q  ;  I +$P(IBTRND,U,5) S IBX=$G(^DGPM(+$P(IBTRND,U,5),0)) D  G EVNTCQ ; inpatient specific  . I IBX="" S X="1^Inpatient admission movement not found." Q  . I +$P(IBX,U,11) S X="1^Admitted for an SC condition." Q  ;  I +$P(IBTRND,U,4) S IBX=$$SCE^IBSDU(+$P(IBTRND,U,4)) D  G EVNTCQ ; outpatient specific  . I IBX="" S X="1^Outpatient Encounter not found." Q  . S IBY=$$NBOE^IBCU81(+$P(IBTRND,U,4),IBX) I +IBY D  Q:+X  .. ;I +IBY=1 S X="1^Service Connected visit." Q  .. I +IBY=2 S X="1^Non-billable Stop Code." Q  .. I +IBY=3 S X="1^Non-billable Clinic." Q  .. I +IBY=4 S X="1^Non-billable Status: "\_$P(IBY,U,2) Q  . ; dental is generally billed differently  . I $P($G(^DIC(40.7,+$P(IBX,U,3),0)),U,1)["DENTAL" S X="1^Outpatient visit contains a dental stop code." Q  . ;outpatient visit was a disposition: application without exam is not billable  . I $P(IBX,U,8)=3 D  Q:X  .. S IBY=$$DISND^IBSDU(+$P(IBTRND,U,4),IBX) ; 0-node of "DIS"  .. I $P(IBY,U,2)=2 S X="1^Disposition was Application Without Exam." Q  .. I $P($G(^DIC(37,+$P(IBY,U,7),0)),U,1)="CANCEL WITHOUT EXAM" S X="1^Disposition was Cancel Without Exam." Q  . ;can not bill twice for same day so ignore outpatient visits if patient was an inpatient at end of day (this means that outpatient visits on the date of discharge will be billed)  . I $$ADM^IBCU64(DFN,IBEVDT) S X="1^Not Billable: Patient was an inpatient on this visit date."  ;  I +$P(IBTRND,U,8) S IBX=$$RXZERO^IBRXUTL(+$P(IBTRND,U,2),+$P(IBTRND,U,8)) D  G EVNTCQ ; rx refills  . I IBX="" S X="1^Prescription not found in Pharmacy." Q  . I +$P(IBTRND,U,10)>0 S IBY=$$ZEROSUB^IBRXUTL(+$P(IBTRND,U,2),+$P(IBTRND,U,8),+$P(IBTRND,U,10)) I IBY="" S X="1^Prescription refill not found in Pharmacy." Q  . S IBZ=$$DBLCHK^IBTRKR31(IBTRN) I 'IBZ S X="1^Can not auto bill this refill, check Claims Tracking." Q EVNTCQ Q X  ; DT(X) ;convert disposition type date/time to external format (9999999-date)  N Y S Y=0 I +X S Y=9999999-X X ^DD("DD")  Q Y | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| . ; dental is generally billed differently  . **;; Comment out to allow for the processing of a Dental Service** I $P($G(^DIC(40.7,+$P(IBX,U,3),0)),U,1)["DENTAL" S X="1^Outpatient visit contains a dental stop code." Q | | | | | | | | | |

1. Routine IBCD3 at label EN will be modified to add the data for the new Dental related fields in file 399 BILL/CLAIMS file.

| **Routines** | **Activities** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routine Name** | IBCD3 | | | | | | | | |
| **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** | | | | | | | | | |
| IBCD3 ;ALB/ARH - AUTOMATED BILLER (ADD NEW BILL - CREATE BILL ENTRY) ;9/5/93  ;;2.0;INTEGRATED BILLING;\*\*14,55,52,91,106,125,51,148,160,137,210,245,260,405,384,516,522\*\*;21-MAR-94;Build 11  ;;Per VA Directive 6402, this routine should not be modified.  ;  ;Called by IBCD2,IBACUS2  ; EN(IBQUERY) ;  N IBI,IBX,IBY,I,X,X1,X2,IBAC,IBCPY K IBDR,IBDR222 S IBAC=1  S X=$P($T(WHERE),";;",2),X2=$P($T(WHERE+1),";;",2) F I=0:0 S I=$O(IB(I)) Q:'I  S X1=$P($E(X,$F(X,I)+1,999),";",1) S:X1="" X1=$P($E(X2,$F(X2,I)+1,999),";",1) I $D(IB(I))=1 S $P(IBDR($P(X1,"^",1)),"^",$P(X1,"^",2))=IB(I)  F I=0,"C","M","M1","S","U","U1","U2" I $D(IBDR(I)) S ^DGCR(399,IBIFN,I)=IBDR(I)  S $P(^DGCR(399,0),"^",3)=IBIFN,$P(^(0),"^",4)=$P(^(0),"^",4)+1  S DIK="^DGCR(399,",DA=IBIFN D IX1^DIK K DA,DIK ; set cross-references  ;  ; Set the attending/rendering provider into provider multiple  I $G(IB("PRV",.01))'="" D  . S DIC("DR")="",I=.01  . N IBV  . ; Only file if the provider has an NPI. otherwise it's not billable and would have to be removed from the claim later  . I $$GETNPI^IBCEF73A($G(IB("PRV",.02)))]"" F  S I=$O(IB("PRV",I)) Q:'I  D  .. I IB("PRV",I)="" Q  .. S IBV(I)=IB("PRV",I),DIC("DR")=DIC("DR")\_$S(DIC("DR")="":"",1:";")\_I\_"////^S X=IBV("\_I\_")"  . S DIC="^DGCR(399,"\_IBIFN\_",""PRV"",",DIC(0)="L",DLAYGO=399,DA(1)=IBIFN,X=IB("PRV",.01)  . K DO,DD D FILE^DICN K DO,DD,DLAYGO,DA,DIC  ;  ; Set the occurrence span codes for leave/pass days  I $O(IB("OC",0)) D  . N I,I1  . S I1=0 F  S I1=$O(IB("OC",I1)) Q:'I1  D  .. S I=0,DIC("DR")=""  .. F  S I=$O(IB("OC",I1,I)) Q:'I  S DIC("DR")=DIC("DR")\_$S(DIC("DR")="":"",1:";")\_I\_"////"\_IB("OC",I1,I)  .. S DIC="^DGCR(399,"\_IBIFN\_",""OC"",",DIC(0)="L",DLAYGO=399,DA(1)=IBIFN,DIC("P")=$$GETSPEC^IBEFUNC(399,41),X=IB("OC")  .. K DO,DD D FILE^DICN K DO,DD,DLAYGO,DA,DIC  ;  ; file rx refills, default CPT and Dx if defined  I $D(IB(362.4))>2 D  G END  . N IBZ  . S IBRX=0 F  S IBRX=$O(IB(362.4,IBRX)) Q:'IBRX  S IBY="" F  S IBY=$O(IB(362.4,IBRX,IBY)) Q:IBY=""  D  .. S IBX=IB(362.4,IBRX,IBY) Q:IBX=""  .. S IBZ=$$ADD^IBCSC5A($P(IBX,U),IBIFN,$P(IBX,U,4),$P(IBX,U,2),+IBRX,$P(IBX,U,3)\_U\_$P(IBX,U,5)\_U\_$P(IBX,U,6),IBY)  ;  ;file outpatient visit dates and find/store outpatient procedures and dx  ;NOTE: If IBQUERY is defined at this point, it will be used to perform  ; the scan for outpatient procedures  I '$$INPAT^IBCEF(IBIFN) D  G END  . I $D(IB(43))>2 D  .. S ^DGCR(399,IBIFN,"OP",0)="^399.043DA^" S IBX=0 F  S IBX=$O(IB(43,IBX)) Q:'IBX  D  ... S DIC="^DGCR(399,"\_IBIFN\_",""OP"",",DIC(0)="L",DA(1)=IBIFN,(DINUM,X)=IBX,DLAYGO=399.043 K DD,DO D FILE^DICN K DIC,DA,DINUM,DO,DD,DLAYGO  . ;  . D VST^IBCCPT(.IBQUERY) I $D(^UTILITY($J,"CPT-CNT")) D  .. N IBPRX  .. S DIC("P")=$$GETSPEC^IBEFUNC(399,304)  .. S IBY=0 F  S IBY=$O(^UTILITY($J,"CPT-CNT",IBY)) Q:'IBY  S IBX=^(IBY) I '$P(IBX,U,6) D  ... S IBPRX(+$P(IBX,U,8))=""  ... S DIC="^DGCR(399,"\_IBIFN\_",""CP"",",DIC(0)="L",DA(1)=IBIFN,X=+IBX\_";ICPT(",DLAYGO=399 K DD,DO D FILE^DICN K DO,DD,DLAYGO Q:Y'>0  ... ;  ... S IBCPY=+Y  ... ;  ... ; add dx to 362.3 for associations if they exist  ... I $G(^UTILITY($J,"CPT-CNT",IBY,"DX")) D ADDDX^IBCCPT1(IBIFN,IBCPY,^("DX"),.IBDR) I $L($G(IBDR)) S IBDR=IBDR\_";"  ... ;  ... ;  ... S DR=$G(IBDR)\_"1////"\_$P(IBX,U,2)\_$S(+$P(IBX,U,8):";18////"\_+$P(IBX,U,8),1:"") K IBDR  ... S DR=DR\_$S(+$P(IBX,U,9):";6////"\_+$P(IBX,U,9),1:"")\_$S(+$P(IBX,U,5):";5////"\_+$P(IBX,U,5),1:"")  ... S DR=DR\_$S(+$P(IBX,U,11):";20////"\_+$P(IBX,U,11),1:"")  ... S DIE=DIC,DA=+IBCPY D ^DIE K DIE,DIC,DA,DINUM,DO,DD  ... I $P(IBX,U,10) D ADDMOD^IBCCPT(IBIFN,IBCPY,$P(IBX,U,10)) ;Modifiers  .. I $O(IBPRX(""))=$O(IBPRX(""),-1),$O(IBPRX(0)) D  ... ;If only 1 provider - make it the rendering  ... S IB("PRV",.02)=+$O(IBPRX(0))\_";VA(200,",IB("PRV",.01)=3  . K DGCNT,V,IBOPV1,IBOPV2,I,DGDIV,I1,DGNOD,DGCPTS,I7,I2,DGCPT,^UTILITY($J,"CPT-CNT")  . ;  . D OPTDX^IBCSC4D(DFN,IB(151),IB(152),.IBDX) I +IBDX D  K IBDX  .. S IBY=0 F  S IBY=$O(IBDX(IBY)) Q:IBY=""  S IBX=IBDX(IBY) I '$P(IBX,U,5) D  ... I '$D(^DGCR(399,"AOPV",DFN,(+$P(IBX,U,4)\1),IBIFN)) Q  ... S DIC("DR")=".02////"\_IBIFN,DIC="^IBA(362.3,",DIC(0)="L",X=+IBX,DLAYGO=362.3 K DD,DO D FILE^DICN  ... K DIE,DIC,DA,DLAYGO,DO,DD  ;  ;store inpatient diagnosis and procedures, default admit dx to first dx found  I $$INPAT^IBCEF(IBIFN) D  G END  . I $G(^TMP("IBDX",$J))=IB(.08) D  K ^TMP("IBDX",$J)  .. N IBXDEF S IBXDEF=0  .. S (IBI,IBX)="" F  S IBX=$O(^TMP("IBDX",$J,IBX)) Q:'IBX  S IBY=0 F  S IBY=$O(^TMP("IBDX",$J,IBX,IBY)) Q:'IBY  D  ... S IBZ=^TMP("IBDX",$J,IBX,IBY) Q:($$ICD9^IBACSV(+IBZ)="") S IBI=IBI+1  ... S DIC("DR")=".02////"\_IBIFN\_";.03////"\_IBI I $P(IBZ,U,3)'="" S DIC("DR")=DIC("DR")\_";.04///"\_$P(IBZ,U,3)  ... S DIC="^IBA(362.3,",DIC(0)="L",X=+IBZ,DLAYGO=362.3 K DD,DO D FILE^DICN K DIE,DIC,DA,DLAYGO,DO,DD  ... I Y>0,'IBXDEF S IBXDEF=1,DR="215////"\_+IBZ,DIE="^DGCR(399,",DA=IBIFN D ^DIE  . ;  . D PTFPRDT^IBCSC4A(+IB(.08),IB(151),IB(152),9) I $D(^UTILITY($J,"IB")) D  K ^UTILITY($J,"IB")  .. S ^DGCR(399,IBIFN,"CP",0)="^399.0304AVI^"  .. S IBX=0 F  S IBX=$O(^UTILITY($J,"IB",IBX)) Q:'IBX  S IBY=0 F  S IBY=$O(^UTILITY($J,"IB",IBX,IBY)) Q:'IBY  D  ... S IBZ=^UTILITY($J,"IB",IBX,IBY) Q:($$ICD0^IBACSV(+IBZ)="") S IBI=$P(^UTILITY($J,"IB",IBX,1),U,2)  ... S DIC="^DGCR(399,"\_IBIFN\_",""CP"",",DIC(0)="L",DA(1)=IBIFN,X=+IBZ\_";ICD0(",DLAYGO=399.0304 K DD,DO D FILE^DICN  ... I Y>0 S DIE=DIC,DA=+Y,DR="1////"\_(IBI\1) D ^DIE K DIE,DIC,DA,DLAYGO,DO,DD  ; END S IBX="1^Billing Record #"\_$P(^DGCR(399,+IBIFN,0),"^",1)\_" established for "\_$P($G(^DPT(IBDFN,0)),U,1)  ;  S IBAUTO=1,DGPTUPDT="" I '$G(IBCHTRN) D PROC^IBCU7A(IBIFN) D ^IBCU6 ; auto calculate/store revenue codes  ; Q K %,%DT,IBDR,X1,X2,X3,X4,Y,DGDIRA,DGDIRB,DGDIR0,DIR,DGRVRCAL,DIC,DA,DR,DINUM,DGPTUPDT,DGXRF1,IBCHK,IBINDT,IBIDS,DLAYGO  Q  ; WHERE ;;.01^0^1;.02^0^2;.03^0^3;.04^0^4;.05^0^5;.06^0^6;.07^0^7;.08^0^8;.09^0^9;.11^0^11;.17^0^17;.16^0^16;.18^0^18;.19^0^19;.2^0^20;.22^0^22;.27^0^27;112^M^12;151^U^1;152^U^2;155^U^5;157^U^7;101^M^1;158^U^8;159^U^9;160^U^10;161^U^11;162^U^12;  ;;217^U2^3;221^U2^7; | | | | | | | | | |
| **Modified Logic (Changes are in bold)** | | | | | | | | | |
| New code will be added to this routine to file the necessary data values for the new Dental Claim related fields in file 399 BILL/CLAIMS file, that will be added as part of user story 1108. | | | | | | | | | |