# PROSTHETICS ADMINISTRATIVE HOME OXYGEN MODULE

# **User Manual**



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# **Revision History**

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	Added note for Home Oxygen Patient		
	Warning Message (p. <u>3-1</u> )		

# **Table of Contents**

1. Introduction	
Overview	1-1
New Administrative Home Oxygen Options	1-1
List Manager Functions	
2. SETTING UP THE SITE PARAMETERS	2-1
Information Needed for the Site Parameters	
Correspondence	
Home Oxygen Vendors	
Fund Control Points	
Sequence Numbering of Prescriptions	
Site Parameters Enter/Edit Option	
3. ENTERING PATIENT AND PRESCRIPTION INFORMATION	
Add a New Patient	
Add a New Patient  Edit the Patient's Eligibility	
Activate the Patient	
Add a New Prescription	
Add a New Prescription	
Inactivate/Activate Oxygen Patient	
Inactivate Activate Oxygen Patient	
Activate a Home Oxygen Patient	
Generate Letters	
4. Billing	
Pre-Billing Discrepancy Report	
Find Discrepancies that Affect Accurate Billing	
Correct Discrepancies that Affect Accurate Billing	
Billing Transactions	
Create the Billing List	
Correct Data on a Patient Record	
Correct Billing Data and/or Suspend Dollar Amts	
Zero Out an Item	
Edit an Item	
Add an Item	
Delete an Item	
Add a Patient to the Billing List	
Delete a Patient from the Billing List	
Change the Quantity of an Item	
Accept the Billing	
View Only Accepted or Unaccepted Records	
Unaccept the Billing	
Post the Billing.	
Sign Off on the Purchase Card	4-16

View the 2319	4-17
Purchase Card Sign Off	4-19
Verify Posted Billing Transactions	
5. Reports	5-1
Alphabetical List Home Oxygen Patients (by site)	5-2
Active Home Oxygen Patients (Alpha by Zip Code)	
Prescription Expiration Dates	
Inactive Home Oxygen Patients (by Inactive date)	
Primary Item Report	
Monthly Home Oxygen Billing	
New Patients	
Prescription Report	5-9
Pre-Billing Discrepancy Report	
5. Glossary	6-1
7. Index	7-1

# 1. Introduction

#### Overview

The Administrative Home Oxygen Module is exclusively an administrative system. It provides for the recording of patient information for reporting and invoice billing which can be used as a check against bills received from the contractor for each patient. The module facilitates the coordination of services when contractors change at the end of a contract cycle. It also provides correspondence support to remind patients when they need to renew their Home Oxygen prescriptions.

The Administrative Home Oxygen module is mainly used to manage billing from the vendor, providing several benefits, including saving money by suspending erroneous charges and time by eliminating a manual review of the records. The module also provides information about the current prescription of the patient, and flags patients with special problems quickly.

Correspondence may be required by local VAMC Home Oxygen program policy. With this release, letters may be sent to patients when prescriptions are due to expire or when service is discontinued.

# **New Administrative Home Oxygen Options**

**Add/Edit Home Oxygen Patient**: This option allows you to add patients to the Prosthetics Patient file and document home oxygen prescription data and the equipment that is to be used by the patient.

**Inactivate/Activate Oxygen Patient**: If the patient is no longer receiving home oxygen or treatment has been interrupted for an extended length of time, inactivate the patient using this option. The option allows you to record a date of inactivation and a coded reason for the inactivation. This option is also used to re-activate a patient. Reactivating the patient changes the Home Oxygen Activation Date for the patient.

**Generate Letters**: This option generates a list of patients that meet the criteria (number of days prior to prescription expiry) for receiving a letter.

**Billing Transactions**: This option allows you to edit bills for a specific month, accept those transactions, post and sign-off on them.

#### **Reports**:

**Alphabetical List Home Oxygen Patients (by site)**: This is a listing of active home oxygen patients for a selected site. The report also shows the date the current prescription expires.

Active Home Oxygen Patients (Alpha by Zip Code): This is a listing of active patients with their address information.

**Prescription Expiration Dates**: This is a listing of active patients sorted by the expiration dates for their current prescriptions.

**Inactive Home Oxygen Patients (by Inactive date)**: This is a listing of inactive patients and the reason they were inactivated.

**Primary Item Report**: This is a report of active patients listing the primary item, quantity of the item, and cost.

**Monthly Home Oxygen Billing**: This report lists billings for all active home oxygen patients.

**New Patients**: This is a report of all new patients for a selected date range.

**Prescription Report**: This report includes HCPCS/items, quantity, cost, extended cost, and the fund control point.

**Pre-Billing Discrepancy Report**: This report should be run and any discrepancies corrected prior to creating a billing list for a month. If there are any discrepancies for a patient, then that patient will not appear on the billing list.

**Site Parameters Enter/Edit**: This option is used to enter site specific information regarding default days to expiration for prescription, letters, vendors, and Fund Control Points.

**Verify Posted Billing Transactions**: This option posts all Home Oxygen billing transactions for a selected month for bills posted in IFCAP that were not also posted in Patient 2319 records. It will loop through all the records for the month and vendor entered.

**Purchase Card Sign Off**: Once a billing is accepted and posted, this option can be used to sign off on the billing.

# **List Manager Functions**

List Manager is used in the Billing Transactions and Generate Letters options. Its functions provide the ability to move around between screens, search for selected pieces of information, and print the information on the screen(s). A list of the functions for each option can be obtained at the "Select ACTION" prompt by entering two question marks (??). The List Manager functions are shown in bold below.

Bil	ling Transactio	ons			Mar 04, 1999 14:19:	56	Page:	1 o	f 29
Bill	ling Transactio	ons fo	r PF	ROS	VENDOR, ONE				
for	FEB 1999								
	NAME	SSN	EL	PR.	IMARY ITEM	910	OTHER	SUSP	TOTAL
1.	PATIENT, ONE	0001	4	02	TANK H SYSTEM	40.00	0.00	0.00	40.00
2.	PATIENT, TWO	0002	1	02	CONCENTRATOR	325.00	300.00	0.00	625.00
3.	PATIENT, THREE	0003	4	02	NEBULIZER/BUNN SYS	150.00	0.00	0.00	150.00
4.	PATIENT, FOUR	0004	4	02	CONCENTRATOR	182.50	0.00	0.00	182.50
5.	PATIENT, FIVE	0005	4	02	CONCENTRATOR	162.50	45.00	0.00	207.50
6.	PATIENT, SIX	0006	4	02	CONCENTRATOR	162.50	90.00	0.00	252.50
7.	PATIENT, SEVEM	0007	4	02	CONCENTRATOR	162.50	90.00	0.00	252.50
8.	PATIENT, EIGHT	8000	4	02	CONCENTRATOR	182.50	330.00	0.00	512.50
9.	PATIENT, NINE	0009	4	02	CONCENTRATOR	162.50	90.00	0.00	252.50
10.	PATIENT, TEN	0010	4	02	CONCENTRATOR	182.50	228.00	0.00	410.50
	Enter ??	for m	ore	ac	tions				

Select ACTION: Next Screen// ??

```
ET Edit Patient AP Add Billing Patient UB Unaccept Billing
EB Edit Billing CV Change View XB Post Billing
AB Accept Billing QE Quick Edit
23 Display 2319 SO Sign Off Purchase Card
                                              SO Sign Off Purchase Card
23
        Display 2319
```

The following actions are also available:

me	tollowing actions are	aiso	avallable.		
+	Next Screen	FS	First Screen	SL	Search List
-	Previous Screen	LS	Last Screen	ADPL	Auto Display(On/Off)
UP	Up a Line	GO	Go to Page	QU	Quit
DN	Down a Line	RD	Re Display Screen		
>	Shift View to Right	PS	Print Screen		
<	Shift View to Left	PL	Print List		

**Next Screen**: Enter + to move to the next screen.

**Previous Screen**: Enter - to go back to the previous screen.

**Up a Line**: (Not used in this version)

**Down a Line**: (Not used in this version)

**Shift View to Right**: (Not used in this version)

**Shift View to Left**: (Not used in this version)

**First Screen**: Enter FS to return to the first screen.

**Last Screen**: Enter LS to go forward to the final screen.

Go to Page: Enter GO to select the screen number you want to see.

**Re Display Screen**: Enter RD to re-display the screen.

**Print Screen**: Enter PS to get a device to print what you see on the screen.

**Print List**: Enter PL to get a device to print the data on the screen.

## **Search List**: Enter SL to find a specific piece of information:

Select ACTION:Quit// sl Search for: OXYGEN Billing Transactions Jul 12, 1999 11:02:32 Page: 1 of Billing Transactions for PROSVENDOR, TWO for JUN 1999 910 OTHER NAME SSN EL PRIMARY ITEM SUSP TOTAL 1. PATIENT1,ONE 0001 4 PROSVENDOR, FOUR 1755.00 0.00 0.00 1755.00 2. PATIENT1,two 0002 4 **OXYGEN** HOSE UNION 518.75 0.00 0.00 518.75 3. PATIENT1, THREE 0003 4 PROSVENDOR, FOUR 320.00 0.00 0.00 320.00 4. PATIENT1, FOUR 0004 4 OXYGEN 5. PATIENT1, FIVE 0005 1 OXYGEN 0.00 1000.00 0.00 1000.00 90.00 0.00 0.00 90.00 0006 1 OXYGEN HOSE UNION 80.00 6. PATIENT1,SIX 0.00 0.00 80.00

Your search criteria is highlighted on the screen.

# **Auto Display (On/Off)**: Enter ADPL to either display or hide the Letter or Billing actions you can take.

Bil	ling Transactio	ons			Mar 04, 1999	14:19	:56	Page:	: 1	of 29
Bil	ling Transactio	ons fo	or :	PROS	SVENDOR, ONE					
for	FEB 1999									
	NAME	SSN	E	L PI	RIMARY ITEM		910	OTHER	SUSP	TOTAL
1.	PATIENT, ONE	0001	4	02	TANK H SYSTEM		40.00	0.00	0.00	40.00
2.	PATIENT, TWO	0002	1	02	CONCENTRATOR		325.00	300.00	0.00	625.00
3.	PATIENT, THREE	0003	4	02	NEBULIZER/BUNN	SYS	150.00	0.00	0.00	150.00
4.	PATIENT, FOUR	0004	4	02	CONCENTRATOR		182.50	0.00	0.00	182.50
5.	PATIENT, FIVE	0005	4	02	CONCENTRATOR		162.50	45.00	0.00	207.50
6.	PATIENT, SIX	0006	4	02	CONCENTRATOR		162.50	90.00	0.00	252.50
7.	PATIENT, SEVEN	0007	4	02	CONCENTRATOR		162.50	90.00	0.00	252.50
8.	PATIENT, EIGHT	8000	4	02	CONCENTRATOR		182.50	330.00	0.00	512.50
9.	PATIENT, NINE	0009	4	02	CONCENTRATOR		162.50	90.00	0.00	252.50
10.	PATIENT, TEN	0010	4	02	CONCENTRATOR		182.50	228.00	0.00	410.50
	Enter ?? for more actions									

Select ACTION:Next Screen// ADPL ADPL

Do you wish to turn auto-display 'ON' for this menu? NO//  ${\bf YES}$ 

Billing Transacti	ons		Mar 04, 1999	14:19	:56	Page	: 1 0	of 29
Billing Transacti	ons for	PROS	SVENDOR, ONE					
for FEB 1999								
NAME	SSN E	L PI	RIMARY ITEM		910	OTHER	SUSP	TOTAL
1. PATIENT, ONE	0001 4	02	TANK H SYSTEM		40.00	0.00	0.00	40.00
2. PATIENT, TWO	0002 1	02	CONCENTRATOR		325.00	300.00	0.00	625.00
3. PATIENT, THREE	0003 4	02	NEBULIZER/BUNN	SYS	150.00	0.00	0.00	150.00
4. PATIENT, FOUR	0004 4	02	CONCENTRATOR		182.50	0.00	0.00	182.50
5. PATIENT, FIVE	0005 4	02	CONCENTRATOR		162.50	45.00	0.00	207.50
6. PATIENT, SIX	0006 4	02	CONCENTRATOR		162.50	90.00	0.00	252.50
7. PATIENT, SEVEN	0007 4	02	CONCENTRATOR		162.50	90.00	0.00	252.50
8. PATIENT, EIGHT	0008 4	02	CONCENTRATOR		182.50	330.00	0.00	512.50
9. PATIENT, NINE	0009 4	02	CONCENTRATOR		162.50	90.00	0.00	252.50
10. PATIENT, TEN	0010 4	02	CONCENTRATOR		182.50	228.00	0.00	410.50
Enter ?? for more actions								
ET Edit Pat:	ient.		AP Add Billi	ing Pa	tient U	B Unacc	ept Bil	ling

ET	Edit Patient	AP	Add Billing Patient	UB	Unaccept Billing
EB	Edit Billing	CV	Change View	XB	Post Billing
AB	Accept Billing	QE	Quick Edit		
23	Display 2319	SO	Sign Off Purchase Ca	ırd	
Sel	ect ACTION:Ouit//				

**Quit**: Enter QU to return to exit the option.

# 2. Setting Up the Site Parameters

Before setting up the site parameters, you need to make decisions concerning correspondence and sequence numbering of prescriptions. You also need to gather information on Fund Control Points and vendors.

## **Information Needed for the Site Parameters**

## Correspondence

Your medical center policy may require that letters be sent under certain circumstances to patients receiving home oxygen and/or to the contractor: e.g., when a patient is added to the program, when a prescription is about to expire, and/or when the service is discontinued. If you want to automate this process, the Home Oxygen Module provides the means. Add the letters to the Prosthetic software using the option Add/Edit Correspondence Skeleton Letter found under the Correspondence menu of the Prosthetic Official's Menu. This should be done prior to editing the site parameters in the option Site Parameters Enter/Edit under the Home Oxygen Main Menu. Here's an example of how use the Add/Edit Correspondence Skeleton Letter option:

```
Select Correspondence Option: Add/Edit Correspondence Skeleton Letter
Select PROS LETTER NAME: PRESCRIPTION EXPIRATION
 Are you adding 'PRESCRIPTION EXPIRATION' as a new PROS LETTER (the 7TH)? No//
NAME: PRESCRIPTION EXPIRATION// <RET>
LETTER TEXT:
 No existing text
 Edit? NO// YES
==[ WRAP ]==[ INSERT ]========< LETTER TEXT >======[ <PF1>H=Help ]====
Enter the content of the body of your letter here.
Is this a Denial type of letter? No// <RET>
                                      (No)
```

Once you have created your letters, determine the following about each letter for the Home Oxygen Site Parameters:

- 1. Give the letter one of the following letter codes:
  - Α LETTER 1
  - В LETTER 2
  - $\mathbf{C}$ LETTER 3
- 2. Determine the number of days prior to the expiration (Days to Expiry) of the prescription that the letter should be created. Examples: A letter to remind a patient to renew a prescription might be sent 30 days prior to the expiration of the prescription. In the case of a welcome letter, enter 0 days to create the letter on the day the prescription is entered.

- 3. Should the letter be auto-generated or would you rather manage the creation of letters? Auto-generating means that whenever you run the Generate Letters option, a list of patients is created who meet the criteria for the number of days prior the prescription expiration. Letters can be automatically generated from that list.
- 4. Do you want a header printed on the letter? If you use pre-printed paper that has a letterhead, then you would answer No to this question. If you want a header to print along with the letter content, then you would answer Yes to this question.

Worksheet for defining letter management

Long Name	Letter Code	Days to Expiry	Auto- Gen Y/N	Print Header Y/N

# **Home Oxygen Vendors**

Create a list of the vendors your site uses for providing home oxygen equipment.

#### **Fund Control Points**

Create a list of the Fund Control Points (FCP) used for Home Oxygen. There should be **at least one** FCP for 910. Many sites will also have a local number for the liquid gas.

To obtain the FCPs, you can use the Prosthetics package option, Create a No-Form Daily Record, under the Enter New Request menu in Purchasing. At the "Select CONTROL POINT" prompt, enter two question marks to obtain a list of the FCPs used by the Prosthetics and Sensory Aids Service at your site.

### **Sequence Numbering of Prescriptions**

Those sites with local policy that defines the length of time the first, second, third, etc. prescriptions are good, may want to take advantage of a default prescription expiry date. Sequence numbering starts with 1 and increases by one for each new prescription. If the first prescription (sequence number 1) at your site cannot exceed 3 months, then its Default Days to Expiration would be 90 (days). If the second and all further prescriptions cannot exceed 6 months, then sequence number 2 and all the following sequence numbers would be given 180 for Default Days to Expiration. If you choose to use this functionality, adding 5-6 sequence numbers should be sufficient. If you choose not to use default dates, the prescription's "Expiration Date" field can be entered by hand.

# **Site Parameters Enter/Edit Option**

Once you have all the above defined for each site, use the Site Parameters Enter/Edit option and enter the information. The following shows the order of the prompts and a brief description of what you should enter:

**Site**: Select the site for the parameters you are defining.

- **Prescription Sequence Number**: Start with 1 and increment by 1 for each sequence number you enter. The first prescription when a patient is activated is sequence number 1, the second sequence number 2, etc. You are not required to use this functionality and may bypass the prompt by pressing the <ret> key.
  - **Default Days to Expiration**: If you enter a Sequence number, then you will be asked to enter the Default Days to Expiration. The program will look at the date entered for a prescription, check the sequence number of the prescription, add the Default Days to Expiration to the prescription date, and come up with a default response to the Expiration Date prompt for the prescription. This default response may be accepted or changed.
- **Fund Control Point**: Enter each Fund Control Point used by your home oxygen program. These Fund Control Points will be displayed on reports that show statistics by Fund Control Point.
  - **PSAS?**: Is this Fund Control Point a Prosthetics Sensory and Aids Service FCP? Enter Yes if the FCP is 910.
    Enter No for all local FCPs.
- **Home Oxygen Vendors**: Enter each vendor that provides home oxygen services for your patients.
- **Home Oxygen Letter**: Enter the name of each letter you created using the Add/Edit Correspondence Skeleton Letter option.

**Letter Code**: Select one of the following codes:

- A LETTER 1
- B LETTER 2
- C LETTER 3
- **Days to Prescription Expiry**: Enter the number of days prior to the expiration of the prescription that you want to print the letter to send to the patient. Examples: A letter to remind a patient to renew a prescription might be sent **30** days prior to the expiration of the prescription. In the case of a welcome letter, enter **0** days to create the letter on the day the first prescription is entered.

**Autogenerate Letter**: If you want to be able to obtain a list of patients who meet the criteria for receiving this letter you just defined, enter YES at this prompt.

**Print Letter Header**: For those sites that print letters on paper already containing a letterhead, enter No at this prompt. For those sites that want to use the on-line letterhead, enter Yes at this prompt.

# 3. Entering Patient and Prescription Information

In order to bill patients, the program must have information concerning the patient, the patient's prescriptions, and the items being billed to the patient. It needs to know when a patient starts on the program and when the patient is no longer active.

This chapter shows you how to do the following:

- Add patients to the program (Add/Edit Home Oxygen Patient option)
- Enter or change prescription information (Add/Edit Home Oxygen Patient option)
- Create or change the billing equipment list for a patient (Add/Edit Home Oxygen Patient option)
- Inactivate patients from the program (Inactivate/Activate Oxygen Patient option)
- **Generate letters** (Generate Letters option)

Note: Upon the ICD-10 activation date, on the *Add/Edit Home Oxygen Patient* option, if you select an existing Item and that Item contains an ICD code that is inactive based on the Start Date of the currently selected prescription, the software then issues a warning and prompts you how you should proceed.

You have three options:

- 1. Select a different item with no ICD code or with an active ICD code.
- 2. Enter a new item.
- 3. Proceed with this item. If the user proceeds with this item, the existing ICD Diagnosis code will be DELETED. The user may then enter an active ICD Diagnosis code or they may leave the ICD Diagnosis field blank.

Example: Warning for Add/Edit Home Oxygen Patient Option

```
The following items are already in the patient's template:
     Item Description
                                  Vendor
                                                              TCD
                                                                      CS+
  1 HEAD GEAR-CPAP-SOFT PROSVENDOR ONE
2 NECK COOLER, STEELE PROSVENDOR ONE
                                                              784.0
                                                                      9
                                                              847.0
   3 NECKLOOP POWERED AMPLIFIED PROSVENDOR ONE
* = Primary Item
CS = Code Set for ICD Diagnosis code
+ = Item with active ICD code on start date of prescription
Select ACTION: (A/D/E): Edit
Select an ITEM: (1-3): 1 * 1 HEAD GEAR-CPAP-SOFT
This item contains the ICD Diagnosis Code: 784.0 which was inactive based
on the start date of the currently selected prescription.
You may 1) select a different item with no ICD code or with an active ICD code,
        2)enter a new item or
        3)proceed with this item. If you proceed with this item, the existing
          ICD Diagnosis code 784.0 will be DELETED.
You may then enter an active ICD-10 Diagnosis code or you may leave
the ICD Diagnosis field blank.
Do you wish to continue?
```

# Add/Edit Home Oxygen Patient

Use this option to:

Add a new patient Edit the patient's eligibility Activate the patient Add a new prescription Add or edit a billing item

There are three basic sets of data covered in this option.

The first set is demographic in nature and includes the prosthetics site, the date the patient was activated/reactivated to the Home Oxygen program, and the patient's eligibility.

A second set of data is for each prescription and includes the first and subsequent prescription dates, a description what was ordered for the patient, and the prescription expiration date.

The third set of data is called a "billing equipment list". The billing equipment list is used to record the items that are provided on a monthly basis to the patient. Information that will allow costs to flow through to the correct obligation such as the fund control point (FCP) number will be included as well.

The following shows the order of the prompts and a brief description of what you should enter:

**Site**: This prompt only appears if your Prosthetics Service covers multiple stations. Enter a site.

**Prosthetics Patient Name**: Enter the patient name in the usual manner: LAST,FIRST or first initial last name plus last 4 digits of the SSN, etc.

Note: This prompt also accepts an item name. If you enter a single letter or the item name, the program searches through a list of items that have been given to patients.

#### Add a New Patient

The Home Oxygen Module will first search the Prosthetics Patient file for the patient. If the patient isn't there, it will search the VISTA Patient file and ask if you want to add the patient as a new Prosthetics Patient. Enter Yes to add the patient as a new Prosthetics Patient.

**Prosthetics Patient Station**: If this patient is a new Prosthetics Patient, you must also enter a site for the patient.

### **Edit the Patient's Eligibility**

**Home Oxygen Eligibility**: Enter the patient's eligibility for home oxygen services.

Note: When selecting NSC/OP you may see additional prompts.

- 1 SC/OP
- 2 SC/IP
- 3 NSC/IP
- 4 NSC/OP

**Home Oxygen Contract Location**: Enter the site that will be administering the contract for the home oxygen.

#### **Activate the Patient**

Home Oxygen Activation Date: Enter the latest date the patient was activated as a home oxygen patient. This may be the first date on the program or the most recent activation date following an extended time off the program. An exact date is not required. You may enter a month, day and year or just a month and year. (E.g., 2/2/99, 2/99) Each Activation Date begins a sequence of prescriptions. If you are using this functionality, the earliest prescription date is sequence number 1.

## **Add a New Prescription**

**Home Oxygen Prescription Date**: Enter the prescription date here.

Note: It is strongly suggested that you do not delete prescription dates.

If this is a new prescription, you will be asked if you are adding a new one. Answer Yes.

**Expiration Date**: Enter the expiration date of the prescription. If in the site parameters for the Home Oxygen Module, prescription sequence numbers and default days to expiration were defined, then you may see a default answer here. You may accept the default date or edit it.

**Description**: Enter a description of how often to use, flow rate, how administered, etc. according to the prescription.

Example: 2 LPM O2 by N/C 24hr/d w/conc 6E, 2D, H

Note: If no equipment has been entered for this patient, you will receive a message stating:

No items found, please enter PRIMARY ITEM

Otherwise, a list of the patient's oxygen equipment appears next with the primary equipment item starred (\*). You have a choice of adding a new item, deleting an item or editing an item.

The following items are already in this patient's template:

1 PROSVENDOR, FOUR

PROSVENDOR, THREE PROSVENDOR, THREE

2 OXYGEN

\* = Primary Item

Select ACTION: (A/D/E):

## Add or Edit a Billing Item

**Pros Item Master Name**: Select an item from the Prosthetics Master Item list. If this is the first item added, it should be the Primary item (primary component or system) that the patient will be receiving. The primary item is sometimes used on reports in lieu of listing all items.

**Primary Item**: For each additional item entered, you will be asked if it is the primary item. If you have already entered a primary item, then answer NO at this prompt.

**HCPCS Code**: Enter the HCPCS code for the item selected.

**Vendor**: Enter the vendor that will be supplying the equipment and services.

**Quantity**: Enter the number authorized to be issued to the patient during the month. Example: For liquid oxygen, enter the number of pounds of liquid.

**Unit Cost**: Enter the cost for each unit issued. Type a dollar amount with 2 decimal digits.

Note: The program will use the Quantity and Unit Cost to calculate the total amount for billing.

Unit of Issue: Select a unit of issue.

**ICD9 or ICD10 Code**: Enter the diagnosis that is most closely related to the reason this patient is receiving oxygen.

**Remarks**: Enter any further information about this patient, up to 30 characters. This information is displayed on the patient's 2319 record on screen 8.

Example: Equip used in conj with CPAP

**Item Type**: Is this an initial issue (I), replacement (R), or repair (X)? If this is a 910 issue, enter X. If this is out of a local FCP, enter either I or R.

**Fund Control Point**: Through which FCP will this purchase be handled? Enter the FCP here.

3-4

At this point you may edit the data you entered, add a new item for this prescription, or delete an item.

#### Example:

```
Select Home Oxygen Main Menu Option: Add/Edit Home Oxygen Patient
Select PROSTHETICS PATIENT NAME: PROSPATIENT, ONE 5001AC 1-12-42
                                                                    0001
               SC VETERAN
12233
       YES
HOME OXYGEN ELIGIBILITY: SC/OP//
HOME OXYGEN CONTRACT LOCATION: ALBANY//
HOME OXYGEN ACTIVATION DATE: MAR 1,2000//
Select HOME OXYGEN PRESCRIPTION DATE: Jan 01, 2014// 3/1/2000 MAR 01, 2000
DATE: MAR 1,2000//
EXPIRATION DATE: MAR 1,2000//
DESCRIPTION:
Adding new ICD9 code.
 Edit? NO//
The following items are already in this patient's template:
* 1 ACETAMINOPHEN W/CODEINE 30MG TAB PROSVENDOR ONE
 2 WHEELCHAIR LIGHTWEIGHT
                                     PROSVENDOR TWO
 3 COLOSTOMY BAGS
                                    PROSVENDOR ONE
 4 ACETAMINOPHEN W/CODEINE 30MG TAB PROSVENDOR ONE
 5 NECK BRACE
                                    PROSVENDOR TWO
* = Primary Item
Select ACTION: (A/D/E): Edit
Select an ITEM: (1-5): 2 2 WHEELCHAIR LIGHTWEIGHT
PRIMARY ITEM: NO//
ITEM: COOKIE//
HCPCS CODE: A4365//
VENDOR: VENDOR TWO //
QUANTITY: 1//
UNIT COST: 1.25//
UNIT OF ISSUE: EA//
ICD10 Diagnosis code: F14.19// 100.0
No data found
ICD10 Diagnosis code: F14.19// F14
 20 matches found
   1. F14.10
                Cocaine Abuse, Uncomplicated
   2. F14.12- Cocaine abuse with intoxication
   3. F14.14 Cocaine Abuse with Cocaine-Induced Mood Disorder
    4. F14.15- Cocaine abuse with cocaine-induced psychotic
                 disorder
   5. F14.18- Cocaine abuse with other cocaine-induced disorder
                 Cocaine Abuse with unspecified Cocaine-Induced
   6. F14.19
                 Disorder
   7. F14.20
                Cocaine Dependence, Uncomplicated
    8. F14.21
                 Cocaine Dependence, in Remission
Press <RETURN> for more, "^" to exit, or Select 1-8: 2
 4 matches found
   1. F14.120 Cocaine Abuse with Intoxication, Uncomplicated
                 (ICD-10-CM F14.120)
```

- 2. F14.121 Cocaine Abuse with Intoxication with Delirium (ICD-10-CM F14.121)
- 3. F14.122 Cocaine Abuse with Intoxication with Perceptual Disturbance (ICD-10-CM F14.122)
- 4. F14.129 Cocaine Abuse with Intoxication, unspecified (ICD-10-CM F14.129)

Select 1-4: 2

ICD10 Diagnosis code: F14.121

ICD10 Diagnosis description: Cocaine Abuse with Intoxication with Delirium (ICD-10-CM F14.121)

REMARKS: ICD10 Edit & change// ITEM TYPE: Initial Issue// Select FUND CONTROL POINT: ^

# **Inactivate/Activate Oxygen Patient**

Use this option to:

**Inactivate a Home Oxygen Patient Activate a Home Oxygen Patient** 

Inactivate patients for any of the following reasons:

Discontinued by Patient

Rx Expired

MD Discontinued

Patient Deceased

Inpatient Status

Entered in Error

Note on Inpatient Status: For those patients who are often admitted as an inpatient to manage their condition but whose stay is generally not lengthy, they do not need to be inactivated. Use the Inpatient Status only when it is apparent that their stay will be lengthy and that they may not return to the Home Oxygen Program.

When an Inactivation Date and Inactivation Reason are recorded for a patient, the patient is inactivated causing the last prescription in the patient's file to be canceled.

When a patient is reactivated, the Inactivation date is deleted. When the inactivation date is deleted, the reason for inactivation is automatically deleted by the system. The prescription will remain unchanged unless it is directly edited in the Add/Edit Home Oxygen Patient option.

**Site**: This prompt only appears if your Prosthetics Service covers multiple stations. Enter a site.

**Prosthetics Patient Name**: Enter the patient name in the usual manner: LAST,FIRST or first initial last name plus last 4 digits of the SSN, etc. Note: If you enter a single letter, the program searches through a list of items given to patients.

**Home Oxygen Inactivation (or Activation) Date**: Enter the date the patient is either inactivated or activated.

**Home Oxygen Inactivat. Reason**: If the patient is being inactivated, this prompt will appear. Select the reason the patient is being inactivated.

- D Discontinued by Patient
- R Rx Expired
- M MD Discontinued
- P Patient Deceased
- I Inpatient Status
- E Entered in Error

#### Example:

SITE: HINES ISC VAMC// <ret> 499

Select PROSTHETICS PATIENT NAME: PATIENT1, SEVEN SUPPORT ISC 01-05-32

000000017 NO EMPLOYEE

Are you sure you want to inactivate PROSPATIENT1, ONE ?? NO// y YES

HOME OXYGEN INACTIVATION DATE: TODAY// <ret> (JUL 01, 1999)

HOME OXYGEN INACTIVAT. REASON: ??

Enter a code (P, R, M, D, I, or E) for the reason for discontinuance of home oxygen therapy.

#### Choose from:

DISCONTINUED BY PALLEN	D	DISCONTINUED	BY	PATIENT
------------------------	---	--------------	----	---------

R Rx EXPIRED

M MD DISCONTINUED

P PATIENT DECEASED

I INPATIENT STATUS

E ENTERED IN ERROR

HOME OXYGEN INACTIVAT. REASON:  ${f p}$  PATIENT DECEASED

Select PROSTHETICS PATIENT NAME: <ret>

#### **Generate Letters**

If you set up your site parameters to auto-generate your letters, this option will build of list of patients who meet the criteria for receiving each type of letter (e.g., recently activated, within so many days of the expiration of their prescription, about to be discontinued from the home oxygen program).

Note: Once you print a letter for a patient, the patient will no longer appear on the list for that type of letter. So if you print a welcome letter for a patient, that patient will no longer appear as needing a welcome letter. Use the option Print/Display Patient Correspondence Letter under the Correspondence menu within the Prosthetic Official's Menu if you need to reprint the letter.

**Site**: This prompt only appears if your Prosthetics Service covers multiple stations. Enter a site.

If your current list is not so current, then generate a new list as shown here. This will place any patients on the list that have met the criteria since the last list was generated:

```
Do you wish to manage the current list? No// <ret> (No) Do you wish to generate a new list which will discard any edits? No// \mathbf{Y} (Yes)
```

RM	IPO LETTER TYPE	Mar 09, 1999 08:57:06	Page: 1 of 1
		HINES ISC VAMC	
		HOME OXYGEN PATIENT LETTER TYPE L	IST
	Description	Number of P	atients on List
1	LETTER 1	3	
2	LETTER 2	5	
3	LETTER 3	1	
	Enter ??	for more actions	

ML Manage Letter List LT Print Letters Select Action: Quit// LT Print Letters Select letter type line #: (1-3): 1

ML Manage Letter List: This functionality generates a new list, adding any patients that meet the criteria.

```
Select Action: Quit// ml Generate Letter List Select letter type line #: (1-3): 2
Generating a new list... .
DONE GENERATING A NEW LIST...
```

# LT Print Letters: This functionality lets you add patients, print the letters for all or selected patients, and delete entries.

Select Action: Quit// LT Print Letters Select letter type line #: (1-3): 1
Processing....

RMI	PO LETTER	Ма	ar 09, 1999 08:57	: 24	Page:	1 of	1				
	WELCOME TO HOME OXYGEN										
		HOME OXY	YGEN PATIENT LETTE	ER LIST							
	Patient	SSN	Primary Item	Activat:	ion Date R	x Exp	iry				
1	PATIENT1, EIGHT	000-00-0008	O2 CONCENTRATOR	MAR 06,	1999 JU	N 04,	1999				
2	PATIENT1, NINE	000-00-0009	O2 CONCENTRATOR	MAR 08,	1999 JU	N 06,	1999				
3	PATIENT1, TEN	000-00-0110	O2 CONCENTRATOR	MAR 08,	1999 JU	N 06,	1999				
	Enter ?? for more actions										

AP Add Patient to the list PP Print a letter for one patient DE Delete List Entry X Exit to Letter AL Print all letters

# **AP Add Patient to the list**: Use this action if you want to add a patient to the list to receive a letter.

Select Action: Quit// ap Add Patient to the list Select PROSTHETICS PATIENT NAME: NAME, PATIENT

# **DE Delete List Entry**: This allows you to delete selected entries.

Select Action: Quit// **DE** Delete List Entry Enter lines to delete: (1-2): **1** 

#### **AL Print All Letters**: This sends all the letters in the list to a selected Device.

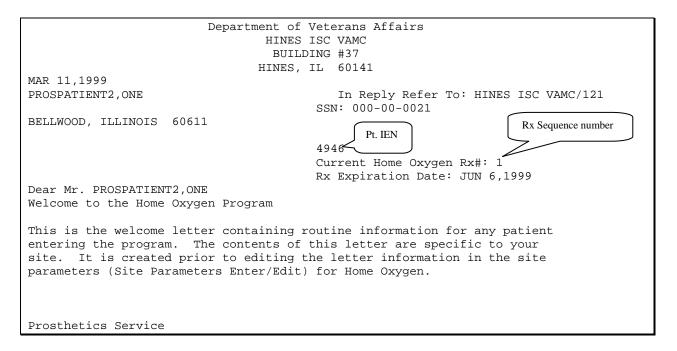
Select Action: Quit// AL Print all letters
DEVICE: HOME//

# **PP Print a letter for one patient**: You may send a letter for one or more selected patients to a selected Device. Enter your selections singly or in a range (e.g., 3,6,7,8 or 3,6-8, etc.)

Select Action: Quit// PP Print a letter for one patient
Enter a list or range of numbers (1-2): 1
DEVICE: HOME//

**Device**: Enter a printer name. This will **not** allow you to print to the screen or to a slave printer.

In the following example letter, the header VAMC address information is taken from the Prosthetics Site Parameters file.



To help you move around through your letter list on any of the Generate Letters screens, there are a number of options available to you. Enter two question marks at the "Select Action" prompt to see them. This functionality is discussed in the Introduction under List Manager Functions.

# 4. Billing

There are a number of activities associated with billing. This chapter explains how to do the following:

- Find discrepancies that will affect accurate billing (Pre-Billing Discrepancy Report option)
- Correct the discrepancies that affect accurate billing (See Pre-Billing Discrepancy Report)
- Create a billing list (Billing Transactions option)
- Add patients to the billing list (Billing Transactions option)
- Edit patient data after the billing list is created (Billing Transactions option)
- Suspend dollar amounts for an item (Billing Transactions option)
- **Complete/accept the billing** (Billing Transactions option)
- **Sign off the purchase card** (Billing Transactions or Purchase Card Sign Off options)
- Verify that everything went okay with the posted billing (Verify Posted Billing Transactions option)

# **Pre-Billing Discrepancy Report**

Always run this report and correct any discrepancies found prior to using the option Billing Transactions. If discrepancies remain unfixed, the patient will not be added to the billing list which can only be created once a month for each vendor.

## Find Discrepancies that Affect Accurate Billing

**Site**: This prompt only appears if your Prosthetics Service covers multiple stations. Entering "?" will bring up a list of sites. Select a site.

**Billing Month**: Enter the month and year you want shown in the report. Examples: February 1999, Feb 99, 2/99, 0299, 2-99.

**Device**: Hit the <ret> key to bring the report to your screen or enter the name of a printer to obtain a hard copy report.

HOME OXYGEN PRE-BILLING Name	REPORT SSN	MAR Reason	3,1999	10:20	PAGE 1
PROSPATIENT2, TWO	0022	No RX on file			

# **Correct Discrepancies that Affect Accurate Billing**

The following describes the discrepancy and tells you how to correct it.

- **Different Home Oxygen Contract Location**: The Site you enter at the first prompt in this option, is not the same as the Contract Location for the patient shown in the report. If the contract location should be the same, change the location using the Add/Edit Home Oxygen Patient option.
- **No Home Oxygen Information**: There is no eligibility entered for the patient. Enter the patient's eligibility and any other missing home oxygen information using the Add/Edit Home Oxygen Patient option.
- **Deactivated**: The patient was inactivated prior to the billing period. If the patient needs to be reactivated, use the Inactivate/Activate Oxygen Patient option.
- **No RX on file**: The patient has no prescription on file. Enter prescription information using the Add/Edit Home Oxygen Patient option. If the patient is not participating in the program, you may want to inactivate the patient using the Inactivate/Activate Oxygen Patient option.
- **RX expires prior to billing period**: The prescription expired before the selected billing period. If the patient has a new prescription for the period, use the Add/Edit Home Oxygen Patient option to enter the prescription. If not, you may want to inactivate the patient using the Inactivate/Activate Oxygen Patient option.
- **No items on file**: The patient's record shows no items to be billed. Use the Add/Edit Home Oxygen Patient option to add items for the patient.

<b>No items for vendor</b> : There is a vendor attached to the patient record but no item. Add/Edit Home Oxygen Patient option to edit the item for the patient.	Use the

# **Billing Transactions**

Note: Run the Pre-Billing Discrepancy Report under the Reports menu to find any records that lack complete or up-to-date information. Correct those discrepancies prior to using this Billing Transactions option. Any incomplete records will not appear on the billing list. The billing list can only be generated once a month for each vendor.

The main purpose of the Home Oxygen Module is to help you manage the billing. This option produces a list of patients that received oxygen therapy over a selected month from a specified vendor. You can use this option to do a number of things, including edit the patient or billing record, accept or unaccept the billing, display the 2319, post the billing, and sign off using a purchase card or 1358.

# **Create the Billing List**

**Site**: This prompt only appears if your Prosthetics Service covers multiple stations. Enter a site.

**Billing Month**: Enter the month you want the bill to cover, e.g., 2-1999, 2-99, Feb 99 for February 1999.

**Vendor**: Select the vendor for which you want the list generated.

A screen similar to the following will appear:

Billing Transactions Mar 04, 1999 14:19:56 Page: 1 of 29								29		
Billing Transactions for PROSVENDOR, THREE										
for	FEB 1999									
	NAME	SSN	EL	L PRIMARY ITEM	910	OTHER	SUSP	TOTAL		
1.	PATIENT, ONE	0001	4	O2 TANK H SYSTEM	40.00	0.00	0.00	40.00		
2.	PATIENT, TWO	0002	1	O2 CONCENTRATOR	325.00	300.00	0.00	625.00		
3.	PATIENT, THREE	0003	4	O2 NEBULIZER/BUNN SYS	150.00	0.00	0.00	150.00		
4.	PATIENT, FOUR	0004	4	O2 CONCENTRATOR	182.50	0.00	0.00	182.50		
5.	PATIENT, FIVE	0005	4	O2 CONCENTRATOR	162.50	45.00	0.00	207.50		
6.	PATIENT, SIX	0006	4	O2 CONCENTRATOR	162.50	90.00	0.00	252.50		
7.	PATIENT, SEVEN	0007	4	O2 CONCENTRATOR	162.50	90.00	0.00	252.50		
8.	PATIENT, EIGHT	8000	4	O2 CONCENTRATOR	182.50	330.00	0.00	512.50		
9.	PATIENT, NINE	0009	4	O2 CONCENTRATOR	162.50	90.00	0.00	252.50		
10.	PATIENT, TEN	0010	4	O2 CONCENTRATOR	182.50	228.00	0.00	410.50		
	Enter ?? for more actions									

Select ACTION:Next Screen// ??

**Note**: Entering ?? displays the other options available including the List Manager options for moving about and printing the screens. For information about the List Manager options (+, -, UP, DN, etc.), see List Manager Functions in the Introduction.

### **Billing Actions**

There are a number of actions that you can take while in billing. The following information describes each of the actions.

```
ET Edit Patient AP Add Billing Patient DP Delete Patient Billing
EB Edit Billing CV Change View UB Unaccept Billing
AB Accept Billing QE Quick Edit XB Post Billing
23 Display 2319 SO Sign Off Purchase Card
```

#### **Correct Data on a Patient Record**

**ET Edit Patient**: If you create the billing list and then discover that some items are not covered in the bill for a patient, you can use this function to edit the information in the patient's record. This option only lets you correct information for patients already on the billing list.

Note: If the patient does not appear on the billing list, run the Pre-Billing Discrepancy report to find out what is missing and correct the record. Then use the Add Billing Patient action described below to add the patient to the list.

Example: In the following list, the user notices that the amount for an item is not showing due to the vendor not being defined for that item. This was determined by using the Pre-Billing Discrepancy report. We can use Edit Patient to add the vendor and correct any other information that is not complete.

torrow and street missing that is not complete.									
Billing Transactions Jul 04, 1999 14:19:56 Page: 1 of 29									
Billing Transactions for PROSVENDOR, THREE									
for JUN 19	99								
NAME	SSN	EL	PRI	MARY ITEM	910	OTHER	SUSP	TOTAL	
1. PATIEN	T,ONE 000	1 4	02	TANK H SYSTEM	40.00	0.00	0.00	40.00	
2. PATIEN	T,TWO 000	2 1	02	CONCENTRATOR	325.00	300.00	0.00	625.00	
<ol><li>PATIEN</li></ol>	T,THREE 000	3 4	02	NEBULIZER/BUNN SYS	150.00	0.00	0.00	150.00	
4. PATIEN	T, FOUR 000	4 4	02	CONCENTRATOR	182.50	0.00	0.00	182.50	
5. PATIEN	T,FIVE 000	5 4	02	CONCENTRATOR	162.50	45.00	0.00	207.50	
6. PATIEN	T,SIX 000	б 4	02	CONCENTRATOR	162.50	90.00	0.00	252.50	
7. PATIEN	T, SEVEN 000	7 4	02	CONCENTRATOR	162.50	90.00	0.00	252.50	
8. PATIEN	T,EIGHT 000	8 4	02	CONCENTRATOR	182.50	330.00	0.00	512.50	
9. PATIEN	T,NINE 000	9 4	02	CONCENTRATOR	162.50	90.00	0.00	252.50	
10. PATIEN	T,TEN 001	0 4	02	CONCENTRATOR	182.50	228.00	0.00	410.50	
Enter ?? for more actions									

```
Select ACTION: Next Screen// E
          1 Edit Billing
           2 Edit Patient
       CHOOSE 1-2: 2 Edit Patient
       Enter a list or range of numbers (1-6): 4
       EDITING PROSPATIENT2, THREE...
      HOME OXYGEN ELIGIBILITY: NSC/OP// <ret>
       HOME OXYGEN CONTRACT LOCATION: HINES ISC VAMC// <ret>
      HOME OXYGEN ACTIVATION DATE: JAN 29,1999// <ret>
       Select HOME OXYGEN PRESCRIPTION DATE: 5-1-1999// <ret>
       DATE: MAY 1,1999// <ret>
       EXPIRATION DATE: OCT 28,1999// <ret>
       DESCRIPTION:
        No existing text
        Edit? NO// <ret>
       The following items are already in this patient's template:
```

User Manual

PROSVENDOR, THREE

\* 1 O2 CONCENTRATOR

```
2 OXYGEN CONTENTS LIQ PER/UNIT
                                         << VENDOR NOT DEFINED >>
 * = Primary Item
Select ACTION: (A/D/E): e Edit
Select an ITEM: (1-2): 2 OXYGEN CONTENTS LIQ PER/UNIT
PRIMARY ITEM: NO// <ret>
ITEM: OXYGEN CONTENTS LIQ PER/UNIT // <ret>
                        OXYGEN CONTENTS LIQ PER/UNIT
              E0442
HCPCS CODE:
VENDOR: PROSVENDOR, THREE
                                                     PH:555-555-5555 NO: 71608
ORD ADD:200 VENDOR DRIVE
                                       FMS:
       VENDOR, IL 60048
                                     CODE:
                                                      FAX:
        ...OK? Yes// <ret> (Yes)
QUANTITY: (nn)
UNIT COST: ($$)
UNIT OF ISSUE: LB POUND
ICD9 CODE: 416.8
                         CHR PULMON HEART DIS NEC
REMARKS: <ret>
ITEM TYPE: X Repair
Select FUND CONTROL POINT: 913 PROSTHETIC SUPPLIES
The following items are already in this patient's template:
    1 CONCENTRATOR
                                          PROSVENDOR, THREE
    2 OXYGEN CONTENTS, GASEOUS, PE
                                          PROSVENDOR, THREE
 * = Primary Item
```

Bil	ling Transactio	ns		Jul 04, 1999 14:19:	56	Page:	1 0	f 29
Billing Transactions for PROSVENDOR, THREE								
for	JUN 1999							
	NAME	SSN E	L P	RIMARY ITEM	910	OTHER	SUSP	TOTAL
1.	PATIENT, ONE	0001 4	02	TANK H SYSTEM	40.00	0.00	0.00	40.00
2.	PATIENT, TWO	0002 1	02	CONCENTRATOR	325.00	300.00	0.00	625.00
3.	PATIENT, THREE	0003 4	02	NEBULIZER/BUNN SYS	150.00	0.00	0.00	150.00
4.	PATIENT, FOUR	0004 4	02	CONCENTRATOR	182.50	360.00	0.00	542.50
5.	PATIENT, FIVE	0005 4	02	CONCENTRATOR	162.50	45.00	0.00	207.50
6.	PATIENT, SIX	0006 4	02	CONCENTRATOR	162.50	90.00	0.00	252.50
7.	PATIENT, SEVEN	0007 4	02	CONCENTRATOR	162.50	90.00	0.00	252.50
8.	PATIENT, EIGHT	0008 4	02	CONCENTRATOR	182.50	330.00	0.00	512.50
9.	PATIENT, NINE	0009 4	02	CONCENTRATOR	162.50	90.00	0.00	252.50
10.	PATIENT, TEN	0010 4	02	CONCENTRATOR	182.50	228.00	0.00	410.50
Enter ?? for more actions								

Select ACTION:Next Screen//

Select ACTION: (A/D/E): <ret>

The action corrected the billing list as shown in bold above.

## **Correct Billing Data and/or Suspend Dollar Amts**

**EB Edit Billing**: You can edit the billing information for a patient using this action. It allows you to add, delete, edit, or zero out an item. This option can also be used to suspend dollar amounts for an item. The patient must be on the billing list.

# Example:

Bil	ling Transactio	ns			Jul 04, 1999 14:19:	56	Page:	1 o	f 29
Billing Transactions for PROSVENDOR, THREE									
for	JUN 1999								
	NAME	SSN	EL	PR:	IMARY ITEM	910	OTHER	SUSP	TOTAL
1.	PATIENT, ONE	0001	4	02	TANK H SYSTEM	40.00	0.00	0.00	40.00
2.	PATIENT, TWO	0002	1	02	CONCENTRATOR	325.00	300.00	0.00	625.00
3.	PATIENT, THREE	0003	4	02	NEBULIZER/BUNN SYS	150.00	0.00	0.00	150.00
4.	PATIENT, FOUR	0004	4	02	CONCENTRATOR	182.50	360.00	0.00	542.50
5.	PATIENT, FIVE	0005	4	02	CONCENTRATOR	162.50	45.00	0.00	207.50
6.	PATIENT, SIX	0006	4	02	CONCENTRATOR	162.50	90.00	0.00	252.50
7.	PATIENT, SEVEN	0007	4	02	CONCENTRATOR	162.50	90.00	0.00	252.50
8.	PATIENT, EIGHT	8000	4	02	CONCENTRATOR	182.50	330.00	0.00	512.50
9.	PATIENT, NINE	0009	4	02	CONCENTRATOR	162.50	90.00	0.00	252.50
10.	PATIENT, TEN	0010	4	02	CONCENTRATOR	182.50	228.00	0.00	410.50
Enter ?? for more actions									

Select ACTION:Next Screen// **eb** Edit Billing Enter a list or range of numbers (1-6): **1** PROSPATIENT2,FOUR 000-00-0024 Current Prescription (#1)

Active Date: FEB 28,1999 Expiration Date: JUL 1,1999 2 liters per minute by nasal cannula, as needed with an "H" tank.

HCPCS Description 1. Ennnn TANKS H	FCP 910	Qty 1	Cost 40.00	Susp. 0.00	Total 40.00
		_			
TOTAL COST					40.00
Total 910 Charges:					40.00
Total Station FCP Charges:					0.00

Select ACTION: (A/D/E/Z): ??

A Add D Delete E Edit

z zero (This will zero out the cost of the item without going through edit.)

#### Zero Out an Item

```
Select ACTION: (A/D/E/Z): z Zero
PROSPATIENT2, FOUR 000-00-0024
Current Prescription (#1)
     Current Prescription (#1)
     Active Date: FEB 28,1999
                                 Expiration Date: JUL 1,1999
     2 liters per minute by nasal cannula, as needed with an "H" tank.
    HCPCS Description
                                           FCP
                                                                       Total
                                                  Oty
                                                         Cost
                                                                Susp.
1. Ennnn TANKS H
                                           910
                                                   1
                                                         0.00
                                                                 0.00
                                                                        0.00
                                                                         0.00
TOTAL COST
```

```
Total 910 Charges: 0.00

Total Station FCP Charges: 0.00
```

#### **Edit an Item**

```
Select ACTION: (A/D/E/Z): e Edit
PRIMARY ITEM: YES// <ret>
QUANTITY: 1// <ret>
UNIT COST: 0// 60
REMARKS: <ret>
SUSPENDED AMOUNT: 0// <ret>
Select FUND CONTROL POINT: 910 PROSTHETIC SERVICES// <ret>
ITEM TYPE: x Repair
UNIT OF ISSUE: EA// <ret>
PROSPATIENT2, FOUR
                      000-00-0024
Current Prescription (#1)
      Current Prescription (#1)
     Active Date: FEB 28,1999
                                 Expiration Date: JUL 1,1999
      2 liters per minute by nasal cannula, as needed with an "H" tank.
     HCPCS Description
                                           FCP
                                                  Qty
                                                         Cost
                                                                Susp.
                                                                        Total
 1. Ennnn TANKS H
                                                    1 60.00
                                           910
                                                                 0.00
                                                                        60.00
TOTAL COST
                                                                        60.00
Total 910 Charges:
                                                                        60.00
Total Station FCP Charges:
                                                                         0.00
```

#### Add an Item

```
Select ACTION: (A/D/E): Add
Select PROS ITEM MASTER NAME: ??
  Choose from:
               COLOSTOMY BAGS
               ACETAMINOPHEN W/CODEINE 30MG TAB
  26
  47
               PARAFFIN
Select PROS ITEM MASTER NAME: 47
                                      PARAFFIN
        ...OK? Yes// (Yes)
PRIMARY ITEM: N NO
ITEM: COOKIE//
HCPCS CODE: ??
       Enter the HCPCS code for this item. This number is taken from the CPT
        file (81) and consists of 1 letter and 4 numbers. The HCPCS shares
       the CPT file 81.
  Choose from:
             SHIPPING CHARGES ** inactive HCPCS **
   #SHIP
             SHIPPING CHARGES ** inactive HCPCS **
   #SHIP
  A4254
             BATTERY FOR GLUCOSE MONITOR
  A4255
             GLUCOSE MONITOR PLATFORMS
  A4258
             LANCET DEVICE
  A4259
             LANCETS PER BOX
  A4265
             PARAFFIN
             ADHESIVE SKIN SUPPORT
  A4280
  A4300
             IMPLANTABLE ACCESS CATHETER
  A4301
             IMPLANTABLE ACCESS TOTAL SYSTE
  A4324
             MALE EXTERNAL CATHETER
             MALE EXTERNAL CATHETER STRIP
  A4325
             EXTENSION DRAINAGE TUBING
  A4331
             LUBRICANT, INDIVIDUAL PACKET
  A4332
  A4333
             URINARY CATHETER ANCHORING
  A4334
             URINARY CATHETER ANCHOR LEG
```

```
A4348
             MALE EXTERNAL CATHETER
              ADULT INCONTINENCE GARMENT ** inactive HCPCS **
   A4360
   A4361
              OSTOMY FACE PLATE
HCPCS CODE: A4265
                      PARAFFIN
VENDOR: VENDOR ONE
                                      NO:
                         PH:
                                              1
ORD ADD:
                                              FMS:
                                               CODE:
                                                                 FAX:
*** BUSINESS TYPE UNDEFINED ***
         ...OK? Yes// (Yes)
QUANTITY: 1
UNIT COST: 1.50
UNIT OF ISSUE: EA
                        EACH
ICD10 Diagnosis code: F14
20 matches found
   1. F14.10
                  Cocaine Abuse, Uncomplicated
   2. F14.12- Cocaine abuse with intoxication
   3. F14.14
4. F14.15-
                  Cocaine Abuse with Cocaine-Induced Mood Disorder
                  Cocaine abuse with cocaine-induced psychotic
                  disorder
   5. F14.18-
                  Cocaine abuse with other cocaine-induced disorder
   6. F14.19
                  Cocaine Abuse with unspecified Cocaine-Induced
                  Disorder
   7. F14.20
                  Cocaine Dependence, Uncomplicated
   8. F14.21
                 Cocaine Dependence, in Remission
Press <RETURN> for more, "^" to exit, or Select 1-8: 2
4 matches found
   1. F14.120
                 Cocaine Abuse with Intoxication, Uncomplicated
                  (ICD-10-CM F14.120)
   2. F14.121
                  Cocaine Abuse with Intoxication with Delirium
                  (ICD-10-CM F14.121)
   3. F14.122
                  Cocaine Abuse with Intoxication with Perceptual
                  Disturbance (ICD-10-CM F14.122)
    4. F14.129
                  Cocaine Abuse with Intoxication, unspecified
                  (ICD-10-CM F14.129)
Select 1-4: 2
ICD10 Diagnosis code: F14.121
ICD10 Diagnosis description: Cocaine Abuse with Intoxication with Delirium
  (ICD-10-CM F14.121)
REMARKS: TEST #2
ITEM TYPE: I Initial Issue
Select FUND CONTROL POINT: ^
Select ACTION: (A/D/E/Z): Delete Select an ITEM: (1-2): 2
Are you SURE you want to delete this item? NO// YES ...deleted!
PROSPATIENT2, FOUR
                       000-00-0024
Current Prescription (#1)
```

#### **Delete an Item**

```
Current Prescription (#1)
     Active Date: FEB 28,1999
                                 Expiration Date: JUL 1,1999
     2 liters per minute by nasal cannula, as needed with an "H" tank.
    HCPCS Description
                                           FCP
                                                  Qty
                                                        Cost
                                                               Susp.
                                                                       Total
1. Ennnn TANKS H
                                                        60.00
                                                                       60.00
                                           910
                                                              0.00
TOTAL COST
                                                                        60.00
```

Total 910 Charges: 60.00

Total Station FCP Charges: 0.00

#### Add a Patient to the Billing List

**AP Add Billing Patient**: If a patient does not appear on the billing list, use the Pre-Billing Discrepancy Report to find out what is missing or incorrect in the patients record. Correct the discrepancy and then use this function to add the patient to the list.

#### Example:

```
Select ACTION:Quit// ADD Add Billing Patient

Select PROSTHETICS PATIENT NAME: PROSPATIENT2, FIVE HINES, IL 03-03-6 0000000025 NO NSC VETERAN

Item 19 was added to Billing Transaction....
```

#### **Delete a Patient from the Billing List**

**DP Delete Patient Billing**: This action removes a patient from the selected month's billing list.

## Change the Quantity of an Item

#### **QE Quick Edit**: Use this action to quickly edit the quantity of an item.

Select ACTION:Quit// qe Quick Edit Enter a list or range of numbers (1-5): 1 PROSPATIENT, ONE 000-19-7641 Current Prescription (#1)

Active Date: FEB 24,1999 Expiration Date: JUL 1,1999

1.	HCPCS E0430 A4616	OXYGEN	FCP 910 910	Qty 1 25	Cost 500.00 0.75	0.00	Total 500.00 18.75
TOTA	L COST						518.75
Tota	1 910 C	harges:					518.75
Tota	l Stati	on FCP Charges:					0.00
1.	E0430	OXYGEN // <ret></ret>	910	1	500.00	0.00	500.00
2.	A4616	OXYGEN HOSE UNION 5// <ret></ret>	910	25	0.75	0.00	18.75
1. 2.	HCPCS E0430 A4616	Description OXYGEN OXYGEN HOSE UNION	FCP 910 910	Qty 1 25	Cost 500.00 0.75		Total 500.00 18.75
TOTA	L COST						518.75
Tota	1 910 C	harges:					518.75
Tota	l Stati	on FCP Charges:					0.00

Enter RETURN to continue or '^' to exit:

#### **Accept the Billing**

**AB** Accept Billing: Once you are sure the bill is correct, use this action to Accept the billing. You may accept selected records or a range of records. This places a small "a" before those records that have been accepted.

```
Select ACTION:Quit// AB Accept Billing Enter a list or range of numbers (1-6): 1
```

#### **View Only Accepted or Unaccepted Records**

**CV Change View**: Use this action when you want to limit your list to just those records that are Accepted or Unaccepted. The default view is Both.

```
Select ACTION:Quit// cv Change View Select one of the following:
```

A Accepted
U Unaccepted
B Both

Which Transactions would you like displayed?: Both// u Unaccepted

#### **Unaccept the Billing**

**UB** Unaccept Billing: If you accepted a billing record in error, you can unaccept it using this action. It removes the small "a".

```
Select ACTION:Quit// ub         Unaccept Billing
Enter a list or range of numbers (1-6): 1
```

#### Post the Billing

**XB Post Billing**: After accepting a billing, you can post it using this action. Also, anytime you have records that are Accepted, when you exit, you will be asked if you would like to post the bills.

Note: If a purchase card is being used, accepting can be done by multiple people, but posting should only be done by one person. When using a purchase card payment type, <u>do not</u> Post Billing within List Manager. Select Quit and you will see the example below for Purchase Card. A small "p" next to the patient name and a "\*" next to an amount indicates that the record is only partially posted.

Hint: If you have not loaded all your home oxygen patients into the program, you can still post those not in the program using the Create a No-Form Daily Record option under Purchasing.

Warning: The purchase card holder must have a monthly purchase limit greater than the total purchase order amount.

```
Example: (1358 Payment Type)
Select ACTION:Quit// ?
ET Edit Patient AP Add Billing Patient UB Unaccept Billing
EB Edit Billing CV Change View XB Post Billing
AB Accept Billing QE Quick Edit
23 Display 2319 SO Sign Off Purchase Card
Select ACTION:Quit// xb Post Billing
Enter a list or range of numbers (1-10): 1-10
Are you Sure you Want to Post Transactions? NO// y YES
Fund Control Point: 910 PROSTHETIC SERVICES
Select Fund Control Point: 910 PROSTHETIC SERVICES 499-C35010 8509.75
PAYMENT TYPE: ?
Enter 1 for 1358 or P for Purchase Card.
Choose from:
     1358
        PURCHASE CARD
PAYMENT TYPE: 1358
Select Obligation Number: C35010 499-C35010 09-08-93 1358 Obligated - 1358
            FCP: 910 $ 10000.00
Are you sure? NO// YES
910 PROSTHETIC SERVICES ...Posted
Fund Control Point: 913 PROSTHETIC SUPPLIES
Select Fund Control Point: 913 PROSTHETIC SUPPLIES 499-C35009 7900.00
PAYMENT TYPE: 1358
Select Obligation Number: C35010 499-C35010 09-08-93 1358 Obligated - 1358
            FCP: 913 $ 10000.00
Are you sure? NO// YES
913 PROSTHETIC SUPPLIES ...Posted
All Fund Control Points posted successfully
Press any Key to Continue: <ret>
```

```
Example: (Purchase Card Type)
Select ACTION:Quit// ?
    Edit Patient
                         ΑP
                              Add Billing Patient UB Unaccept Billing
    Edit Billing
                        CV
EB
                              Change View XB Post Billing
AB Accept Billing QE Quick Edit
23 Display 2319 SO Sign Off Purchase Card
Select ACTION:Quit// <ret> QUIT
There are patients whose billing transactions have been accepted
and not yet posted
Would you like to post them now? NO// YES
Are you Sure you Want to Post Transactions? NO// YES
Fund Control Point: 910 PROSTHETIC SERVICES
Select Fund Control Point: <ret>
PAYMENT TYPE: ?
Enter 1 for 1358 or P for Purchase Card.
Choose from:
1
        1358
        PURCHASE CARD
Р
PAYMENT TYPE: PURCHASE CARD
ENTER A NEW PURCHASE ORDER NUMBER OR A COMMON NUMBERING SERIES
  PURCHASE ORDER: 499-P7 PC AUTHORIZED BUYER
  Are you adding '499-P70151' as a new Purchase Order number ? Y (YES)
PURCHASE CARD NAME: VISA VISA-CARD
COST CENTER: 827300// PROSVENDOR, FIVE
Are you sure? NO// YES
910 PROSTHETIC SERVICES ...Posted
Fund Control Point: 913 PROSTHETIC SUPPLIES
Select Fund Control Point: <ret>
PAYMENT TYPE: PURCHASE CARD
ENTER A NEW PURCHASE ORDER NUMBER OR A COMMON NUMBERING SERIES
                                   PC AUTHORIZED BUYER
  PURCHASE ORDER:
                     499-P7
  Are you adding '499-P70152' as a new Purchase Order number ? Y (YES)
PURCHASE CARD NAME: VISA VISA-CARD
COST CENTER: 827300// PROSVENDOR, FIVE
Are you sure? NO// YES
913 PROSTHETIC SUPPLIES ...Posted
All Fund Control Points posted successfully
Press any Key to Continue: <ret>
```

#### **Sign Off on the Purchase Card**

**SO Sign Off Purchase Card**: Use this action to sign off on purchase card transactions.

If you have posted more than one

Select ACTION:Quit// SO Sign Off Purchase Card
PAYMENT TYPE: PURCHASE CARD
Select FUND CONTROL POINT: 910 PROSTHETIC SERVICES P70148

Verifying all items posted for FCP. Please be patient.
Sure you want to Continue? YES
Enter ELECTRONIC SIGNATURE CODE: (Enter your electronic signature code)
Thank you.
Cost of this request: \$\$\$.00
Current Control Point Balance: \$\$\$\$.00

#### View the 2319

**23 Display 2319**: Use this action to view the 2319. Screen #8 of the 2319 contains the home oxygen information.

Select ACTION:Quit// 23 Display 2319

Enter a number (1-5): 2

\*Comments on file

Current Disability Codes are:

COS/B SC VIETNAM S/C

AMP/LSD SC VIETNAM S/C Deleted...

AMP/LPH OTHERS ELIG NSC PL-96-151

Enter 10-2319 screen to VIEW (1-8),'^' to EXIT, or 'return' to continue: 8

HOME OXYGEN ITEMS

PROSPATIENT2, SIX 000-00-0026

Current Prescription (#1)

Active Date: FEB 28,1999 Expiration Date: JUL 1,1999

2 liters per minute by nasal cannula, 24 hours a day, with an oxygen concentrator, 6 "E" tanks, 2 "D" tanks, and an "H" tank as the emergency back up system.

Enter RETURN to continue or '^' to exit: <ret>

PROSPATIENT2,SIX SSN: 000-00-0026 DOB: JAN 1,1918 CLAIM#

Date Qty Item Type Vendor Sta Serial Delivery Date Tot Cost
1. 05/12/99 1 TANKS E PO VENDOR 499 05/26/99 50.00
2. 05/12/99 1 TANKS E PO VENDOR 499 05/26/99 50.00

End of Home Oxygen records for this veteran!
+=Turned-In \*=Historical Data I=Initial X=Repair S=Spare R=Replacement
Enter 1-2 to show full entry, '^' to exit or `return` to continue. 1

PROSPATIENT2,SIX SSN: 000-00-0026 SUPPORT ISC DOB: 01-01-1918 APPLIANCE/REPAIR LINE ITEM DETAIL <4-1>

TYPE OF FORM: OTHER INITIATOR: PROSPROVIDER.ONE DATE: MAY 12.

1999@08:48:34 DELIVER TO:

TYPE TRANS: QTY: 1 SOURCE: COMMERCIAL

VENDOR: PROSVENDOR, THREE VENDOR PHONE: 555-555-555

200 VENDOR DRIVE

LIBERTYVILLE, ILLINOIS 60048

DELIVERY DATE: MAY 26, 1999@06:12:05

TOTAL COST: \$50.00 OBL: 499-C35010-0070

REMARKS:

DISABILITY SERVED: NSC/OP APPLIANCE: TANKS E PORTABLES

PSAS HCPCS: E0420 OXYGEN CYLINDER, DEMURRAGE O

DESCRIPTION:

EXTENDED DESCRIPTION:

Enter RETURN to continue or '^' to exit:

1. 05/12/99 1 TANKS E PO HOLLISTER 499 05/26/99 50.00 2. 05/12/99 1 TANKS E PO HOLLISTER 499 05/26/99 50.00

End of Home Oxygen records for this veteran! +=Turned-In \*=Historical Data I=Initial X=Repair S=Span

+=Turned-In \*=Historical Data I=Initial X=Repair S=Spare R=Replacement Enter 1-2 to show full entry, '^' to exit or `return` to continue.

#### \*Comments on file

#### Current Disability Codes are:

COS/B	SC VIETNAM	S/C		
AMP/LSD	SC VIETNAM	S/C		Deleted
AMP/LPH	OTHERS ELIG	NSC	PL-96-151	

#### Select one of the following:

1	PATIENT DEMOGRAPHICS
2	CLINIC ENROLLMENTS/CORRESPONDENCE
3	ENTITLEMENT INFORMATION
4	APPLIANCE TRANSACTIONS
5	AUTO ADAPTIVE INFORMATION
6	CRITICAL COMMENTS
7	ADD/EDIT DISABILITY CODE
8	HOME OXYGEN TTEMS

Enter 10-2319 screen to VIEW (1-8),'^' to EXIT, or 'return' to continue :

## **Purchase Card Sign Off**

Use this action to sign off on a purchase card transaction. This action can also be taken using the option Billing Transactions.

**Site**: This prompt only appears if your Prosthetics Service covers multiple stations. Entering "?" will bring up a list of sites. Select a site.

**Billing Month**: Enter the month you want to review, e.g., 2/99, 0299, Feb 99 for February 1999.

**Payment Type**: Enter the method of payment for the fund control point. Payments for home oxygen are done by purchase cards or 1358 service orders. Select one of the following:

- 1 1358
- P PURCHASE CARD

**Fund Control Point**: Through which FCP will this purchase be handled? Enter the FCP here.

#### Example:

```
SITE: HINES ISC VAMC// <ret>
                                                       499
Select BILLING MONTH: 2-1998
PAYMENT TYPE: ??
Enter 1 for 1358 or P for Purchase Card.
Choose from:
1
        1358
Ρ
        PURCHASE CARD
PAYMENT TYPE: P PURCHASE CARD
Select FUND CONTROL POINT: 910 PROSTHETIC SERVICES
                                                      P70134
Verifying all items posted for FCP. Please be patient.
Sure you want to Continue? Y YES
Enter ELECTRONIC SIGNATURE CODE: (Enter your signature code)
                                                                          Thank you.
Cost of this request: $$$.50
Current Control Point Balance: $$$.50
```

## **Verify Posted Billing Transactions**

After posting billing transactions, a bill might be posted in IFCAP but fail to be posted to the patient's 2319. Use this option as often as needed to make sure that all records get posted to the 2319.

**Site**: This prompt only appears if your Prosthetics Service covers multiple stations. Enter a site.

**Billing Month**: Enter the month you want to review, e.g., 2-1999, 2-99, Feb 99 for February 1999. This field only accepts months that have been posted.

**Vendor**: Select the vendor.

If nothing fails, you get the following notification.

Processing...
Everything posted okay!!

# 5. Reports

There are a number of reports to help you manage your home oxygen program.

**Alphabetical List Home Oxygen Patients (by site)**: This is a listing of active home oxygen patients for a selected site. The report also shows the date the current prescription expires.

**Active Home Oxygen Patients (Alpha by Zip Code)**: This is a listing of active patients with their address information.

**Prescription Expiration Dates**: This is a listing of active patients sorted by the expiration dates for their current prescriptions.

**Inactive Home Oxygen Patients (by Inactive date)**: This is a listing of inactive patients and the reason they were inactivated.

**Primary Item Report**: This is a report of active patients listing the primary item, quantity of the item, and cost.

**Monthly Home Oxygen Billing**: This report lists billings for all active home oxygen patients.

**New Patients**: This is a report of all new patients for a selected date range.

**Prescription Report**: This report includes HCPCS/items, quantity, cost, extended cost, and the fund control point.

**Pre-Billing Discrepancy Report**: This report should be run and any discrepancies corrected prior to creating a billing list for a month. If there are any discrepancies for a patient, then that patient will not appear on the billing list.

#### **Alphabetical List Home Oxygen Patients (by site)**

This is an alphabetical listing of active home oxygen patients for a selected site. The report also displays the primary item, the date the patient was last activated, and the date the current prescription expires.

**Site**: This prompt only appears if your Prosthetics Service covers multiple stations. Entering "?" will bring up a list of sites. Select a site.

MAR 3,1999 08:09	HINES ISC VAMC Home Oxygen Patients	Page: 1
		Date Current
		Prescription
Patient	SSN Primary Item	Active Expires
_ =====================================	:=== ==== =============================	
PROSPATIENT2, SEVEN	0001 CONCENTRATOR	02/22/99 05/23/1999
PROSPATIENT2, EIGHT	0002 CONCENTRATOR	02/24/99 05/25/1999
PROSPATIENT2, NINE	0003 CONCENTRATOR	02/19/99 05/20/1999
• • •		
		Total Patients: 8

## **Active Home Oxygen Patients (Alpha by Zip Code)**

This is a list of addresses, sorted by the zip code, for active home oxygen patients.

**Site**: This prompt only appears if your Prosthetics Service covers multiple stations. Entering "?" will bring up a list of sites. Select a site.

MAR 3,1999	08:25 HINES ISC V Active Home Oxyge	Page: 1 ients by Zip Code	
Zip Code	Name/Phone Number S	SSN ====	Address
60067	PROSPATIENT2, TEN C	0009	123 Any RD Anytown ,IL
60141	PROSPATIENT3, ONE C	8000	3455 WEST Any ST. Anyville ,IL
60148	PROSPATIENT3,TW0 C	0007	123 E Amystreet Anywhere ,IL
			Total Patients: 9

#### **Prescription Expiration Dates**

This list is sorted by the prescription expiration date and displays the patient, SSN, primary item, and the date the patient was last activated.

**Site**: This prompt only appears if your Prosthetics Service covers multiple stations. Entering "?" will bring up a list of sites. Select a site.

	ISC VAM		Page: 1							
Prescription Expiration Date										
Date Current										
Prescription										
Expires Name	SSN	Primary Item	Active							
=======================================		=======================================	=======================================							
02/23/1999 PROSPATIENT3, THREE	0033	CONCENTRATOR	02/19/99							
05/02/1999 PROSPATIENT3, FOUR	0034	CONCENTRATOR	01/01/99							
05/20/1999 PROSPATIENT2, TEN	0210	CONCENTRATOR	02/19/99							
•••										
	nts: 8									
		TOTAL FACIC								

#### **Inactive Home Oxygen Patients (by Inactive date)**

This is a list of inactive patients sorted by the dates the patients were inactivated.

**Site**: This prompt only appears if your Prosthetics Service covers multiple stations. Entering "?" will bring up a list of sites. Select a site.

**Start at INACTIVATION DATE**: This is the beginning date of the date range for the report.

**Ending INACTIVATION DATE**: This is the ending date of the date range for the report.

MAR 3,1999 09:19 In		HINES ISC VA Home Oxygen	Page: 1						
Date Range: SEP 04, 1998 to MAR 03, 1999									
Patient	SSN	Active	Inactive	Inactive Reason					
=======================================	====	=======	=======	==========	====				
PROSPATIENT3,SIX	0036	02/24/1999	02/24/1999	INPATIENT STATUS					
PROSPATIENT3, SEVEN	0037	02/17/1999	03/02/1999	Rx EXPIRED					
	2								

## **Primary Item Report**

This report is sorted by the primary item and displays the patient name, SSN, primary item, quantity of the item, unit cost and total cost.

**Site**: This prompt only appears if your Prosthetics Service covers multiple stations. Entering "?" will bring up a list of sites. Select a site.

MAR 3,1999 09:39 HINES ISC VAMC Primary Item Report					Page: 1				
Patient	CON	Dadman Thom	_		05	Unit	Total		
Patient   =========	SSN ====	Primary Iter	n =======	=======	Qt: ==	y Cost = =====	Cost = =====		
Primary Item: CONCENT	RATOR								
PROSPATIENT2, SEVEN	0027 (	CONCENTRATOR			1	450.00	450.00		
PROSPATIENT1, TWO	0012 (	CONCENTRATOR			1	500.00	500.00		
PROSPATIENT3, EIGHT	0196 (	CONCENTRATOR			1	450.00	450.00		
PROSPATIENT3, NINE	0039	CONCENTRATOR			1	500.00	500.00		
PROSPATIENT3, TWO	0032	CONCENTRATOR			1	500.00	500.00		
Primary Item: TANKS E	PORTA	BLES							
PROSPATIENT3, TEN	0310	PROSVENDOR,	FOUR		1	50.00	50.00		
PROSPATIENT2, TWO	0022	PROSVENDOR,	FOUR		1	50.00	50.00		
PROSPATIENT1, FIVE	0015	PROSVENDOR,	FOUR		1	50.00	50.00		
				Total Pat	ient	s: 8			

#### **Monthly Home Oxygen Billing**

This prints a list of active patients with their home oxygen costs displayed by FCP and any suspended dollars .

**Site**: This prompt only appears if your Prosthetics Service covers multiple stations. Entering "?" will bring up a list of sites. Select a site.

**Billing Month**: Enter the month and year you want shown in the report. Examples: February 1999, Feb 99, 2/99, 0299, 2-99.

**Device**: Hit the <ret> key to bring the report to your screen or enter the name of a printer to obtain a hard copy report.

MAR	3,1999	09:46		HINES	ISC VAMC			Pag	e: 1		
		FEB	1999	Monthly	Home Oxy	gen Bill:	ing				
							Statio	on			
							Fund (	Control			
ACC	Name			SSN	Vendor		910	Point	Other	Susp	Total
	PROSPAT	'IENT3,SE	EVEN	0037	PROSVENDO	R, THREE		200	.75	_	200.75
	PROSPAT	'IENT3,TE	EN	0310	PROSVENDO	R, THREE		518	.75	-	518.75
	PROSPAT	IENT4,ON	1E	0041	PROSVENDO	R, THREE		50	.00	_	50.00
a#	PROSPAT	'IENT4,TW	VO	0042	PROSVENDO	R, THREE		272	.00	_	272.00
	PROSPAT	'IENT4,TH	IREE	0043	PROSVENDO	R, THREE		80	.00	-	80.00
				Tota	ls:	920.75	200.75	_		_	1121.50
				T	otal Patio	ents:	5				

Note:  $\mathbf{a} = \text{accepted}$ .

# = posted completely

**p** = partially posted (one FCP, but not both)

#### **New Patients**

This is a list of new patients, not necessarily new to the program but their last activation date falls within the date range selected for the report.

**Site**: This prompt only appears if your Prosthetics Service covers multiple stations. Entering "?" will bring up a list of sites. Select a site.

**Start date**: The default start date is the first day of the month you are in. This date may be changed to another. It is assumed the end date is "today".

MAR 3,1999 09:55		ES ISC VAMC Patient Report	Page: 1
Patient	SSN	Primary Item	Activation Date
PROSPATIENT3, EIGHT PROSPATIENT1, FIVE PROSPATIENT3, TWO	0038 0015 0032	CONCENTRATOR CONCENTRATOR CONCENTRATOR	MAR 2,1999 MAR 3,1999 MAR 2,1999
		TOTAL PATIENT	rs: 3

## **Prescription Report**

This report includes HCPCS/items, quantity, cost, extended cost, and the fund control point for a selected patient or all patients.

**Site**: This prompt only appears if your Prosthetics Service covers multiple stations. Entering "?" will bring up a list of sites. Select a site.

**Select All Patients?** You may select all patients (YES) or a single patient (NO).

**Prosthetics Patient**: If you choose to select a single patient, enter the patient name at this prompt. Enter the patient's name as LAST,FIRST or first initial last name plus last 4 digits of the SSN.

MAR 9,1999 12:39 HINES ISC VAMC Page: 1						Page: 1			
	Prescription Report								
					Date C				
Name		SSN	Activati	ion Date	Prescr	iption Exp	ires		
	:=======	====		======		========	====		
	TIENT4, FOUR					,			
	a full descrip						gen		
snould	be delivered to	tne pati	lent accor	raing to	tne pre	scription.			
VENDOR	INC								
VENDOR	INC.								
							Fund		
						Extended	Control		
HCPCS	Item		Qty	Unit Co	st	Cost	Point		
E1401	OXYGEN		1	140.00					
E0424	PROSVENDOR, FO	UR	1	22.50		22.50			
E0443	PROSVENDOR, FO	UR	3	15.00		45.00	910		
				Total C	ost	207.50			
	ration Date:								
	ration Reason:								
*****	******	********	*****	*****	*****	*****	*****		
					Totol	Patients:	1		
					iotai	Patients.	1		

# Reports ... **Pre-Billing Discrepancy Report**

See Pre-Billing Discrepancy Report under Billing.

# 6. Glossary

1358 The computerized record of obligations during a set time

frame. This form allows a financial obligation to be set up in

the system.

2319 The computerized form on which a patient's Prosthetics data is

accepted.

Accept The act of marking a patient's monthly home oxygen bill as

having been checked and correct.

**Activation Date** Date the patient began home oxygen treatment. If patient

becomes inactivated (see Inactivation Reason) this may also be

the date the patient is reactivated.

**AMA** American Medical Association.

Concentrator A device that extracts the nitrogen from the air we breathe and

outputs 88 to 93% pure oxygen for patients to breathe.

Contract Location The site that administers the contract.

Cost Charge per unit in dollars and cents.

**CPT** Current Procedural Terminology codes published by the AMA.

Default Days to Expiration The expiration date of the prescription will default to the

> contents of this field by adding this number of days to the Prescription Date when the user initially enters a new

prescription.

Eligibility Home Oxygen eligibility is one of the following:

> 1 = SC/OP2 = SC/IP3 = NSC/IP4 = NSC/OP

Eligibility, Special Category A subcategories of the NSC/OP:

1 = Special Legislation

2 = A & A3 = PHC

4 = Eligibility Reform

Fund Control Point. **FCP** 

HCPCS Healthcare Financing Administration Common Procedure

Code System. A code that represents and item or service. Can also be PSAS HCPCS code created by the Data Validation

Committee.

H.O. Home Oxygen (From Section 3.1.3).

ICD9 and ICD10 Code International Classification of Diseases code. A code that

represents the primary diagnosis for which oxygen treatment is

prescribed for the patient.

IEN Internal Entry Number (From Section 3.5.2.1 – Purchase Order

field).

IFCAP The financial system in VISTA that records information about

obligations, purchase cards, etc.

Inactivation Date The date the patient's home oxygen treatment is discontinued.

Inactivation Reason Why the treatment is cancelled or not started:

D = Discontinued by Patient

R = Rx Expired

M = MD Discontinued
 P = Patient Deceased
 I = Inpatient Status
 E = Entered in Error

Item Something that can be issued to a patient. Multiple items may

be associated with one HCPCS.

Item, Primary The item that is most important to the patient's care; denotes

what kind of treatment the patient is getting. The main

component of the equipment.

Item Type A first time issue of the item, replacement of the item, or repair

of the item:

I = Initial issue R = ReplaceX = Repair

JCAHO Joint Committee on the Accreditation of Healthcare

Organizations

Liquid system A tank of oxygen gas in liquid form.

PCO Purchase Card Order.

PHC Sub-category of NSC/OP Eligibility.

PO Purchase Order.

Post This process creates and updates a 2319. It also sends home

oxygen patient billing transactions to the IFCAP system so that

they will be officially recorded and paid, reducing the

obligated amount available to be spent.

Prescription A physician order for treatment/service/medication for the

patient.

Prescription Date Date that the prescription is written.

Prescription Expiration Date Date that the prescription is no longer valid.

Prescription Sequence

Number

This is the internal identification number of a prescription. Each prescription in sequence will have a different life-time. The 1<sup>st</sup> prescription may expire in 6 months, the 2<sup>nd</sup> in another 6 months, the 3<sup>rd</sup> in 12 months, the 4<sup>th</sup> in 24 months. As users enter prescriptions for patients, the system will try to calculate the correct expiration date for it based on the "Default Days to

Expiration" field value.

Prosthesis A man-made device that replaces functionality that was

originally a natural capability of the body.

Quantity The number of units issued.

SRS Software Requirements Specification.

Suspensed When a Home Oxygen provider bills the VAMC for services

or supplies and the VAMC does not recognize the charges as liquidated and does not pay them, such charges are said to be

suspensed.

Unit of Issue How the item is issued, e.g., box, each, bottle, liter, etc.

VA Department of Veterans Affairs.

VAMC VA Medical Center.

Vendor The company from which the item is purchased.

VISN Veterans Integrated Services Network.

Veterans Integrated Services Technical Architecture

VistA

## 7. Index

```
Accept Billing, 4-12
Active Home Oxygen Patients (Alpha by Zip Code), 1-2, 5-3
Add/Edit Correspondence Skeleton Letter, 2-1
Add/Edit Home Oxygen Patient, 1-1, 3-2
  activating the patient, 3-3
  adding a new prescription, 3-3
  adding or editing a billing item, 3-4
  adding patients to module, 3-2
  editing the patient's eligibility, 3-3
Alphabetical List Home Oxygen Patients (by site), 1-1, 5-2
Auto-generating letters, 2-2
Billing, 4-1
Billing List
  add an item, 4-8
  add patient, 4-10
  change quantity of an item, 4-11
  correct billing data and suspend dollar amts, 4-7
  creating, 4-4
  delete a patient, 4-10
  delete an item, 4-8
  edit an item, 4-8
  edit patient information, 4-5
  view accepted/unaccepted records, 4-12
  zero out an item, 4-7
Billing Transactions, 1-1, 4-2, 4-4
  actions available, 4-5
  Pre-Billing Discrepancy Report, 4-4
Contract Location, 3-3
Correcting discrepancies that affect accurate billing, 4-2
Correspondence, 2-1
Correspondence menu, 2-1
Correspondence/Letters
  setup/implementation, 2-1
Default Days to Expiration, 2-2
  site parameters, 2-3
Discrepancies that affect accurate billing, 4-2
Display 2319, 4-16
Edit Billing, 4-7
Edit Patient information, 4-5
Eligibility, 3-3
Failure to post to 2319, 4-19
Finding discrepancies that affect accurate billing, 4-2
```

```
Fund control point
  site parameters, 2-3
Fund control points, 2-2
Generate Letters, 1-1, 2-2, 3-8
Home Oxygen Activation Date, 3-3
Home Oxygen Letter
  site parameters, 2-3
Home Oxygen Main Menu, 2-1
Home Oxygen Vendors, 2-2
  site parameters, 2-3
Inactivate/Activate Oxygen Patient, 1-1, 3-6
Inactivation, 3-6
  reasons to inactivate, 3-6
Inactive Home Oxygen Patients (by Inactive date), 1-2, 5-5
  auto-generating, 2-2
  effect of printing, 3-8
  setup, 2-1
  worksheet for setup, 2-2
List Manager
  displaying functions, 1-4
  how it works, 1-3
  searching for information, 1-4
  use in billing transactions/generating letters, 1-3
Manage Letter List, 3-8
Monthly Home Oxygen Billing, 1-2, 5-7
New Patients, 1-2, 5-8
Package Implementation
  setting up the site parameters, 2-1
Post Billing, 4-13
Pre-billing discrepancies
  correcting, 4-2
  finding, 4-2
Pre-Billing Discrepancy Report, 1-2, 4-2, 5-10
Prescription Expiration Dates, 1-2, 5-4
Prescription Report, 1-2, 5-9
Prescription Sequence Number
  site parameters, 2-3
Prescriptions
  sequence numbering, 2-2
Primary Item Report, 1-2, 5-6
Print Letter Header
  site parameters, 2-4
Print Letters, 3-9
  adding patient to the list, 3-9
  deleting list entry, 3-9
```

Print/Display Patient Correspondence Letter, 3-8
Prosthetics Patient file, 1-1
PSAS
fund control point setup, 2-3
Purchase Card Sign Off, 1-2, 4-18
Sequence numbering
prescriptions, 2-2
Sign Off Purchase Card, 4-15
Site Parameters Enter/Edit, 1-2, 2-1, 2-3
Station, 3-2
Unaccept Billing, 4-12
Verify Posted Billing Transactions, 1-2, 4-19