

VA



U.S. Department of Veterans Affairs

Office of Information and Technology
Product Development

**Electronic Data Interchange (EDI)
New Standards and Operating Rules –
VHA Provider-side Technical Compliance Requirements
VA118-1001-1018**

eBilling Build 1

Integrated Billing (IB)

RELEASE NOTES/ Installation Guide/ Rollback Plan

IB*2*488

September 2014

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1 Introduction

This Integrated Billing (IB) patch introduces changes to VistA's IB module.

APPLICATION/VERSION	PATCH
INTEGRATED BILLING (IB) V. 2.0	IB*2*488

This patch (IB*2*488) is being released in the Kernel Installation and Distribution System (KIDS) distribution.

1.1 Documentation and Distribution

Updated documentation describing the new functionality introduced by this patch is available.

The preferred method is to FTP the files from <ftp://download.vista.med.va.gov/>. This transmits the files from the first available FTP server. Sites may also elect to retrieve software directly from a specific server as follows:

Albany	ftp.fo-albany.med.va.gov	<ftp://ftp.fo-albany.med.va.gov>
Hines	ftp.fo-hines.med.va.gov	<ftp://ftp.fo-hines.med.va.gov>
Salt Lake City	ftp.fo-slc.med.va.gov	<ftp://ftp.fo-slc.med.va.gov>

The documentation will be in the form of Adobe Acrobat files.

Documentation can also be found on the VA Software Documentation Library at: <http://www4.va.gov/vdl/>

File Description	File Name	FTP Mode
EDI User Manual	edi_user_guide_R0814.pdf	Binary
IB Release Notes/Installation Guide	IB_2_0_P488_rn.pdf	Binary

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2 Patch Description and Installation Instructions

2.1 Patch Description

```
=====
Run Date: SEP 10, 2014                      Designation: IB*2*488
Package : INTEGRATED BILLING                 Priority   : MANDATORY
Version : 2                                  Status    : RELEASED
=====
```

```
Associated patches: (v)IB*2*133    <=< must be installed BEFORE `IB*2*488'
                   (v)IB*2*451    <=< must be installed BEFORE `IB*2*488'
                   (v)IB*2*458    <=< must be installed BEFORE `IB*2*488'
                   (v)IB*2*473    <=< must be installed BEFORE `IB*2*488'
                   (v)IB*2*476    <=< must be installed BEFORE `IB*2*488'
                   (v)IB*2*489    <=< must be installed BEFORE `IB*2*488'
```

Subject: HIPAA 5010 D.0 LEVEL II PHASE 2

Category: ROUTINE
 INPUT TEMPLATE
 DATA DICTIONARY
 ENHANCEMENT

Description:
=====

This patch enables local printing of the new CMS-1500 claim form.

```
*****
***** I M P O R T A N T   N O T E *****
*****
***                                     ***
***      ONCE THIS PATCH IS INSTALLED, IT CANNOT BE BACKED OUT!      ***
***                                     ***
*** Before installing this patch, you must make sure that your site   ***
*** has a sufficient supply of the new, pre-printed CMS-1500 claim     ***
*** forms. New forms should be loaded into the default printer(s)     ***
*** for these claim forms at your site.                                 ***
***                                     ***
*** Refer to the Pre/Post Installation Overview Instructions for       ***
*** further mandatory instructions for this patch. Sites are          ***
*** STRONGLY encouraged to test the printer set up with the new form   ***
*** in a mirror/test account before installing the software in        ***
*** production.                                                         ***
***                                     ***
*** Sites that are using Class III software to interface with         ***
*** Billing/Collection vendor software are responsible for             ***
*** contacting their vendors to ensure compatibility with VA          ***
*** software changes. The vendor(s) may be required to make          ***
*** software changes to ensure a smooth transition to the new        ***
*** CMS-1500 forms.                                                    ***
***                                     ***
```

***** I M P O R T A N T N O T E *****

This patch is associated with Accounts Receivable PRCA*4.5*300 and each patch should be installed one after the other. There is no install order preference.

This Integrated Billing (IB) patch introduces changes to VistA's Integrated Billing Module.

Complete list of patch items:

1. Made the following modifications to Enter/Edit Billing Information [IB EDIT BILLING INFO] option:
 - a) Removed the ability to force a claim to be printed at the Health Care Clearing House (HCCH) for institutional claims.
 - b) Removed the ability to force a claim to be printed at the Health Care Clearing House (HCCH) for professional claims.
 - c) Provided a Fatal Warning message to the user when EDI - Inst Payer Primary ID on an institutional claim equals HPRNT/SPRNT.
 - d) Provided a Fatal Warning message to the user when EDI - Inst Payer Primary ID on a professional claim equals SPRNT/HPRNT.
 - e) Provided the ability to prevent the authorization of a professional claim with no procedures.
 - f) Provided the ability to prevent the authorization of an outpatient institutional claim with no procedures.
 - g) Modified Billing Screen 3 so the payer sequence will display in the picklist of available payers that is displayed when a user enters an ambiguous partial entry at one of the following prompts:
 - Primary Insurance Policy
 - Secondary Insurance Policy
 - Tertiary Insurance Policy
2. Enhanced Provider ID Maintenance [IBCE PROVIDER MAINT] option with the following modifications:
 - a) Provided the ability for users to enter ONLY a 9 digit ZIP Code for a non-VA facility address.
 - b) Provided the ability to enter only a physical location in Address Line 1 for a non-VA facility.
3. Enhanced Insurance Company Entry/Edit [IBCN INSURANCE CO EDIT] option with the following modifications:
 - a) Removed the ability to set the EDI - Inst Payer Primary ID equal to HPRNT, SPRNT, IPRNT or PPRNT.
 - b) Removed the ability to set the EDI - Prof Payer Primary ID equal

to SPRNT, HPRNT, IPRNT or PPRNT.

- c) Provided the functionality to set the value for EDI - Transmit?:
to YES-LIVE when a new Insurance Company is created.
- 4. Provided the ability to view Message Storage Errors for inbound Medicare-equivalent MRAs in the MRA Management Worklist (MRW) [IBCE MRA MANAGEMENT] option.
- 5. Modified the Third Party Joint Inquiry (TPJI) [IBJ THIRD PARTY JOINT INQUIRY] option to display the message storage error messages which are generated when Vista is unable to upload inbound X12N 5010 Health Care Claim Payment/Advice (835) messages in a manner an end-user can understand.
- 6. Enhanced the Health Care Claim Transactions (837) with the following modifications:
 - a) Provided the ability to transmit 1 - 12 diagnostic codes (DC1 - DC12) on a professional X12N 5010 Health Care Claim (837) transaction to FSC.
 - b) Prevented the transmission of the following Property and Casualty data in the Service Facility loop of an institutional/professional 837 claim transaction:
 - P & C Contact Name
 - P & C Contact Telephone Number
 - P & C Contact Telephone Number Extension
 - c) Provided the ability to transmit a Service Line Charge Amt (INS, Piece 9) with a maximum length equal to 18 numeric in an institutional X12N 5010 Health Care Claim (837) transaction to FSC.
 - d) Provided the ability to transmit a Service Line Non-Covered Charge Amt (INS, Piece 12) with a maximum length equal to 18 numeric in an institutional X12N 5010 Health Care Claim (837) transaction to FSC.
 - e) Provided the ability to transmit a professional claim with a Rate Type equal to Workers' Comp to FSC in an X12N 5010 Health Care Claim (837) transactions.
 - f) Provided the ability to transmit an Assignment Code with the value of A in all professional/institutional X12N 5010 Health Care Claim (837) transactions to FSC.
 - g) Provided the ability to transmit institutional/professional claims with Line Item Charge Amounts equal to \$0.00.
 - h) Provided the ability to transmit 2 A/N diagnoses pointers with diagnoses on a professional claim to FSC in an X12N 5010 Health Care Claim (837) transaction.
- 7. Enhanced the CMS - 1500 Printed Claim Form in the following ways:
 - a) The IB System no longer prints the following information on a

locally printed CMS - 1500 claim form:

- Box 8
 - o Patient Marital Status
 - o Patient Employment
 - o Patient Student Status

- Box 9
 - o 9b - Other Insured's DOB
 - o 9b - Other Insured's Gender
 - o 9c - Employer's Name
 - o 9c - School Name

- Box 11
 - o 11b - Employer's Name
 - o 11b - School Name

- Box 19
 - o EPSDT Flag
 - o Attending Not Hospice Employee
 - o Homebound Indicator
 - o Special Program Indicator
 - o Date Last Seen

- Box 30 - Balance Due

b) The IB System now prints the following data on a locally printed CMS - 1500 form when available on a professional claim:

- Box 10
 - o 10d - NUCC designated Claim Condition Codes

- Box 11
 - o 11b - Other Claim ID = Qualifier Y4 and Property and Casualty Number

- Box 14 - Date Qualifier
 - o 484 Last Menstrual Period (LMP, or
 - o 431 Onset of Current Symptoms or Illness if no date for LMP

- Box 15 - Date Qualifier
 - o 439 Accident (Occurrence Codes)
 - o 455 Last X-ray (Chiropractic Claim)
 - o 453 Acute Manifestation of Chronic Condition (Chiropractic Claims)
 - o 471 Prescription (RX Claims)
 - o Initial Treatment (Occurrence Code - PT/OT/ Speech/Home IV/Cardiac Rehab)
 - o Latest Visit or Consultation

- Box 17 - Provider Qualifier
 - o DN - Referring Provider
 - o DQ - Supervising Provider

- Box 19 - Rate Type = Worker's Comp.
 - o PWK
 - o Report Type Code
 - o Transmission Type Code

- o Attachment Control Number
- Box 19 - Rate Type not equal to Worker's Comp.
 - o Free Text - Maximum 71 characters.
- Box 21
 - o 21A-L - Up to 12 Diagnoses Codes
 - o ICD Version Indicator
- Box 24E
 - o Diagnoses Pointers will be A-L values

8) Made the following modifications to requirements that previously existed:

- a) Functional Requirement FEAT765: Transmit Revenue/Procedure Codes With Zero Charge Amount - Provided the ability to transmit Revenue/Procedure codes which generate zero charge amounts in 837 Health Care Claim Transmissions (PRF, Piece 5 and INS, Piece 9).
- b) Functional Requirement FEAT602: Transmit Service Facility Contact Data - Deleted the ability to transmit the following data with a Professional 837 claim transmission when a Service Facility Communication Number is present on a claim (2310C PER01, PER03):
 - Contact Function Code: IC Information Contact
 - Communication Number Qualifier: TE Telephone
 - Communication Number: Telephone
 - Communication Number Qualifier: EX Telephone Extension
 - Communication Number: Extension Number

NOTE The Property and Casualty data entered on Billing Screen 8 will continue to transmit. The above fields will be relabeled as Property and Casualty data but will not be transmitted in the Service Facility loop.

Patch Components
=====

Files & Fields Associated:

File Name (#)	Field Name (#)	New/Modified/Deleted
INSURANCE COMPANY (#36)		Modified
	EDI ID NUMBER - PROF (#3.02)	Modified
	EDI ID NUMBER - INST (#3.04)	Modified
IB ERROR (#350.8)		New/Modified Entries
IB NON/OTHER VA BILLING PROVIDER (#355.93)		Modified
	STREET ADDRESS (#.05)	Modified
	ZIP CODE (#.08)	Modified
	P&C CONTACT NAME (#1.01)	Modified
	P&C CONTACT PHONE NUMBER (#1.02)	Modified
	P&C CONTACT PHONE EXTENSION (#1.03)	Modified
IB DATA ELEMENT DEFINITION (#364.5)		New/Modified Entries
Screen: I \$\$INCLUDE^IB488PRE(5,Y)		
IB FORM SKELETON DEFINITION (#364.6)		New/Modified Entries

Screen: I \$\$INCLUDE^IB488PRE(6,Y)
 IB FORM FIELD CONTENT (#364.7) New/Modified Entries
 Screen: I \$\$INCLUDE^IB488PRE(7,Y)
 BILL/CLAIMS(#399) Modified
 FORCE CLAIM TO PRINT (#27) Modified
 HOMEBOUND (#236) Modified
 DATE LAST SEEN (#237) Modified
 SPECIAL PROGRAM INDICATOR (#238) Modified
 PROPERTY/CASUALTY CLAIM NUMBER (#261) Modified
 FORM LOC 19-UNSPECIFIED DATA (#459) Modified
 PROCEDURES sub-file (#399.0304) Modified
 PURCHASED COST (#19) Modified
 ATTENDING NOT HOSPICE
 EMPLOYEE (#50.03) Modified
 EPSDT FLAG (#50.07) Modified
 SERVICE LINE COMMENT (#50.08) Modified
 SERVICE LINE COMMENT
 QUALIFIER (#50.09) Modified
 REVENUE CODE sub-file (#399.042) Modified
 UNITS OF SERVICE (#.03) Modified
 RATE TYPE file (#399.3) Modified Entry
 ELECTRONIC TRANSMIT (#.1)

Templates Associated:

Template Name	Type	File Name (#)	New/Modified/ Deleted
IB SCREEN102	Input	BILL/CLAIMS(#399)	Modified
IB SCREEN10H	Input	BILL/CLAIMS(#399)	Modified
IB SCREEN8	Input	BILL/CLAIMS (#399)	Modified

New Service Requests (NSRs):

 20110503 - Electronic Data Interchange (EDI) New Standards and Operating
 Rules (Veterans Health Administration) VHA Provider-Side TCRs

Remedy Ticket(s) & Overviews:

 Remedy Ticket # 618231 - Claims Without CPT
 The claims are being transmitted without CPT codes. The biller is not
 inputting CPT codes and the system is not generating an error message.

Resolution:

 Added two fatal edits when authorizing a bill without CPT codes, one for
 professional claims and one for institutional claims.

TEST Sites:

=====
 Tennessee Valley HCS
 Mountain Home, TN
 Richmond, VA
 Asheville, NC
 Hampton, VA

2.2 Pre/Post Installation Overview

Pre/Post Installation Overview

****Important Note: There is one **MANDATORY** pre-installation activity associated with this install.

The IB Staff MUST empty the 837 extract/transmission queue PRIOR to the installation of this patch. ***

The site IRM would coordinate with the Billing Department to insure that the 837 extract/transmission queue is empty. The instructions to empty the queue is as follows:

Select the option: TRANSMIT EDI BILLS - MANUAL [IBCE 837 MANUAL TRANSMIT]

What is the purpose of this option?

This option is used to by-pass the normal daily/nightly transmission queues if the need arises to get the claim to the payer quickly.

When is this option used?

There are occasions when there is a need to transmit a claim(s) immediately instead of waiting for the batching frequency as scheduled in the MCCR Site Parameter. This option will allow sending individual claim(s) or all claims in a ready for extract status.

Upon selecting this option you will be prompted with the following:

Select one of the following:

- A Transmit (A)LL bills in READY FOR EXTRACT status
- S Transmit only (S)ELECTED bills

You should select 'A' for ALL

Once the Billing Department has completed the instruction, the Billing department is to inform IRM that the patch installation could proceed.

The pre-installation routine, IB488PRE, defines several new error messages that are used by the Billing Screens. These new error messages are stored as new entries in the IB ERROR file (#350.8). The pre-installation routine also updates the Rate Type File (#399.3) with the Electronic Billable Flag for Worker's Compensation. Lastly, the pre-installation routine will delete unused 4010 Output Formatter entries.

The post installation routine will recompile the Input Templates for the Billing Screens.

2.3 Installation Instructions

Installation Instructions

```
*****  
* You should install this patch during non-peak hours, when no *  
* Integrated Billing or Accounts Receivable users are on the *  
* system. *  
*****
```

The installation will take less than 2 minutes. This patch is associated with Accounts Receivable PRCA*4.5*300.

1. Use the INSTALL/CHECK MESSAGE option on the PackMan menu.
2. From the Kernel Installation & Distribution System (KIDS) menu, select the Installation menu.
3. From this menu, you may select to use the following options (when prompted for INSTALL NAME, enter IB*2.0*488).
 - a. Backup a Transport Global - This option will create a backup message of any routines exported with the patch. It will NOT back up any other changes such as DDs or templates.
 - b. Compare Transport Global to Current System - This option will allow you to view all changes that will be made when the patch is installed. It compares all components of the patch (routines, DDs, templates, etc.).
 - c. Verify Checksums in Transport Global - This option will ensure the integrity of the routines that are in the transport global.
 - d. Print Transport Global - This option will allow you to view the components of the KIDS build.
4. Use the Install Package(s) option and select the package IB*2.0*488.
5. When prompted "Want KIDS to INHIBIT LOGONs during the install? NO//" respond NO.
6. When prompted "Want to DISABLE Scheduled Options, Menu Options, and Protocols? YES//" respond YES.
7. When prompted "Enter options you wish to mark as 'Out Of Order':" Enter the following options:

```
ENTER/EDIT BILLING INFORMATION [IB EDIT BILLING INFO]  
PROVIDER ID MAINTENANCE [IBCE PROVIDER MAINT]
```
8. When prompted "Enter protocols you wish to mark as 'Out Of Order':" , press the ENTER key by pass the prompt.
9. When prompted "Delay Install (Minutes): (0-60): 0//", you may press the ENTER key to accept the default.
10. When prompted "DEVICE: HOME//", enter the device you want to print the Install messages.

Post-Installation Instructions

Pre install routine IB488PRE and post install routine IBY488PO can be deleted from system upon successful completion of install.

Routine Information:

=====

The second line of each of these routines now looks like:

```
;;2.0;INTEGRATED BILLING; **[Patch List]**;21-MAR-94;Build 184
```

The checksums below are new checksums, and can be checked with CHECK1^XTSUMBLD.

Routine Name: IB488PRE	Before: n/a	After: B27990371	**488**
Routine Name: IBCBB1	Before: B98716914	After: B116504133	**27,52,80,93,106,51,151,148, 153,137,232,280,155,320,343, 349,363,371,395,384,432,447, 488**
Routine Name: IBCBB2	Before: B51205466	After: B54197066	**51,137,210,245,232,296,320, 349,371,403,432,447,473,488**
Routine Name: IBCBB7	Before: B27582918	After: B28157499	**51,137,240,447,488**
Routine Name: IBCECOB	Before: B17473873	After: B17969465	**137,155,288,432,488**
Routine Name: IBCECOB1	Before: B102535687	After: B112283735	**137,155,288,348,377,417,432, 447,488**
Routine Name: IBCECOB2	Before: B167373990	After: B183092638	**137,155,433,432,447,488**
Routine Name: IBCECOB5	Before: B13879653	After: B17731543	**137,155,349,417,488**
Routine Name: IBCECSA5	Before: B62841003	After: B69687266	**137,135,263,280,155,349,489,488**
Routine Name: IBCECSA6	Before: B167601727	After: B168448681	**137,135,155,417,431,451,488**
Routine Name: IBCEF2	Before: B64226101	After: B64374819	**52,85,51,137,232,155,296,349, 403,400,432,488**
Routine Name: IBCEF22	Before: B61306963	After: B79219296	**51,137,135,155,309,349,389, 432,488**
Routine Name: IBCEF3	Before: B45972715	After: B47162871	**52,84,121,51,152,210,155,348, 349,389,488**
Routine Name: IBCEF31	Before: B12054415	After: B11345418	**155,296,349,400,432,488**
Routine Name: IBCEF83	Before: B56319703	After: B64584926	**432,488**
Routine Name: IBCEOB	Before: B95746536	After: B100427168	**137,135,265,155,377,407,431,

432,488**

Routine Name: IBCEOB0
 Before: B83008311 After: B90917821 **135,280,155,431,488**

Routine Name: IBCEOB00
 Before: B76540225 After: B89820593 **155,349,377,431,488**

Routine Name: IBCEOB1
 Before: B69809131 After: B103312053 **137,135,155,296,356,349,431,488**

Routine Name: IBCEP8B
 Before: B20063767 After: B34200270 **391,432,476,488**

Routine Name: IBCEU3
 Before: B75406373 After: B105297417 **51,137,155,323,348,371,400,
 432,488**

Routine Name: IBCF2
 Before: B18859512 After: B20654334 **17,52,88,122,51,137,488**

Routine Name: IBCF21
 Before: B13370698 After: B15664460 **8,80,51,488**

Routine Name: IBCF22
 Before: B10161856 After: B23925078 **52,80,122,51,210,488**

Routine Name: IBCF23
 Before: B40963193 After: B46459420 **52,80,106,122,51,152,137,402,
 432,488**

Routine Name: IBCF2P
 Before: B10880923 After: B12251451 **8,52,133,488**

Routine Name: IBCF2TP
 Before: B9069243 After: B8889377 **488**

Routine Name: IBCNS2
 Before: B14096238 After: B24154529 **28,43,80,51,137,155,488**

Routine Name: IBCNSC
 Before: B24159861 After: B26150929 **46,137,184,276,320,371,400,488**

Routine Name: IBCSC10H
 Before: B48673264 After: B44927826 **432,488**

Routine Name: IBCSC8
 Before: B7203948 After: B9775351 **432,447,488**

Routine Name: IBCSCH
 Before: B49539365 After: B50914116 **52,80,106,124,138,51,148,137,
 161,245,232,287,348,349,374,
 371,395,400,432,447,458,488**

Routine Name: IBCU7
 Before: B81426431 After: B76838380 **62,52,106,125,51,137,210,245,
 228,260,348,371,432,447,488**

Routine Name: IBJTBA1
 Before: B50433175 After: B55203137 **135,265,155,349,417,451,488**

Routine Name: IBY488PO
 Before: n/a After: B892589 **488**

Routine list of preceding patches: 133, 451, 458, 473, 476, 489

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3 Backout and Rollback Procedures

3.1 Overview of Backout and Rollback Procedures

The rollback plan for VistA applications is complex and not able to be a “one size fits all.” The general strategy for VistA rollback is to repair the code with a follow-on patch. The development team recommends that sites log a Remedy ticket if it is a nationally released patch; otherwise, the site should contact the product development team directly for specific solutions to their unique problems.

3.2 Backout Procedure

During the VistA Installation Procedure of the KIDS build, the installer hopefully backed up the modified routines by the use of the ‘Backup a Transport Global’ action. The installer can restore the routines using the MailMan message that were saved prior to installing the patch. The backout procedure for global, data dictionary and other VistA components is more complex and will require issuance of a follow-on patch to ensure all components are properly removed. All software components (routines and other items) must be restored to their previous state at the same time and in conjunction with restoration of the data. This backout may need to include a database cleanup process.

Please contact the product development team for assistance if the installed patch that needs to be backed out contains anything at all besides routines before trying to backout the patch. If the installed patch that needs to be backed out includes a pre or post install routine please contact the product development team before attempting the backout.

From the Kernel Installation and Distribution System Menu, select the Installation Menu. From this menu, you may elect to use the following option. When prompted for the INSTALL enter the patch #.

- a. Backup a Transport Global - This option will create a backup message of any routines exported with this patch. It will not backup any other changes such as DD's or templates.

3.3 Rollback Procedure

The rollback procedure for VistA patches is complicated and may require a follow-on patch to fully roll back to the pre-patch state. This is due to the possibility of Data Dictionary updates, Data updates, cross references, and transmissions from VistA to offsite data stores.

Please contact the product development team for assistance if needed.

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4 Enhancements

The following features in VistA, Integrated Billing are affected by this effort:

4.1 System Feature: Enter/Edit Billing Information

4.1.1 Enter/Edit Billing Information - Remove Force Print at HCCH – Institutional

The IB System no longer provides the ability for users to add the value equal to Force Clearing House Print to an institutional electronic claim that forces the claim to be printed at the HCCH.

4.1.2 Enter/Edit Billing Information - Remove Force Print at HCCH – Professional

The IB System no longer provides the ability for users to add the value equal to Force Clearing House Print to a professional electronic claim that forces the claim to be printed at the HCCH.

4.1.3 Enter/Edit Billing Information - Fatal Error for PRNT Values – Institutional

The IB System prevents users from Authorizing an Institutional claim with a Primary Payer ID equal to one of the following:

- HPRNT
- SPRNT
- IPRNT
- PPRNT

4.1.4 Enter/Edit Billing Information - Fatal Error for PRNT Values – Professional

The IB System prevents users from Authorizing a professional claim with a Primary Payer ID equal to one of the following:

- SPRNT
- HPRNT
- IPRNT
- PPRNT

4.1.5 Enter/Edit Billing Information - Fatal Error for No Procedures – Professional

The IB System prevents users from Authorizing a professional claim that contains no Procedure Codes.

4.1.6 Enter/Edit Billing Information - Fatal Error for No Procedures – Institutional

The IB System prevents users from Authorizing an outpatient, institutional claim that contains no Procedure Codes.

4.2 System Feature: Provider Maintenance

4.2.1 Provider Maintenance - Outside Facility ZIP Code

The IB System provides the ability for users to enter ONLY a 9 - 10 character value for the ZIP Code in Non-VA Facility → Lab/Facility Info → Zip Code (999999999/99999-9999).

4.2.2 Provider Maintenance - Outside Facility Address Line 1

The IB System provides the ability for users to enter ONLY a physical street address value (no Post Office Box) for the first line of the street address in Non-VA Facility→Lab/Facility Info→Street Address.

4.3 System Feature: Insurance Company Entry/Edit

4.3.1 Insurance Company Entry/Edit - Payer Primary ID – Institutional

The IB System prevents users from defining the Inst Payer Primary ID as one of the following:

- HPRNT
- SPRNT
- IPRNT
- PPRNT

4.3.2 Insurance Company Entry/Edit - Payer Primary ID – Professional

The IB System prevents users from defining the Prof Payer Primary ID as one of the following:

- SPRNT
- HPRNT
- IPRNT
- PPRNT

4.3.3 Insurance Company Entry/Edit - Value for EDI – Transmit? – New Ins. Co.

The IB System sets the value for the Transmit Electronically field (File 36, field 3.01) equal to YES – LIVE when users create a new Insurance Company in File 36.

4.4 System Feature: MRA Management Worklist (MRW)

4.4.1 MRA Management Worklist (MRW) - Display Message Storage Errors in MRW

The IB System displays Medicare-equivalent Remittance Advice (MRA) message storage errors for Medicare claims in the MRA Management Worklist in a human readable format.

4.5 System Feature: Third Party Joint Inquiry (TPJI)

4.5.1 Third Party Joint Inquiry (TPJI) - Display Message Storage Errors in TPJI

The IB System displays X12N 5010 Health Care Claim Payment/Advice (835) message storage errors for non-Medicare and Medicare claims in TPJI in a human readable format.

4.6 System Feature: CMS – 1500 Printed Claim Form

4.6.1 CMS – 1500 Printed Claim Form - Obsolete CMS – 1500 Data Elements

The IB System no longer prints the following information on a locally printed CMS – 1500 claim form:

- Box 8
 - o Patient Marital Status
 - o Patient Employment
 - o Patient Student Status

- Box 9
 - o 9b – Other Insured’s DOB
 - o 9b – Other Insured’s Gender
 - o 9c – Employer’s Name
 - o 9c – School Name
- Box 11
 - o 11b – Employer’s Name
 - o 11b – School Name
- Box 19
 - o EPSDT Flag
 - o Attending Not Hospice Employee
 - o Homebound Indicator
 - o Special Program Indicator
 - o Date Last Seen
- Box 30 – Balance Due

4.6.2 CMS – 1500 Printed Claim Form - New/Changed CMS – 1500 Data Elements

The IB System prints the following data on a locally printed CMS – 1500 claim form when available on a professional claim:

- Box 10
 - o 10d – NUCC designated Claim Condition Codes
- Box 11
 - o 11b – Other Claim ID = Qualifier Y4 and Property and Casualty Number
- Box 14 – Date Qualifier
 - o 484 Last Menstrual Period (LMP), or
 - o 431 Onset of Current Symptoms or Illness if no date for LMP
- Box 15 – Date Qualifier
 - o 439 Accident (Occurrence Codes)
 - o 455 Last X-ray (Chiropractic Claim)
 - o 453 Acute Manifestation of Chronic Condition (Chiropractic Claims)
 - o 471 Prescription (RX Claims)
 - o Initial Treatment (Occurrence Code – PT/OT/Speech/Home IV/Cardiac Rehab)
 - o Latest Visit or Consultation
- Box 17 – Provider Qualifier
 - o DN – Referring Provider
 - o DQ – Supervising Provider
- Box 19 – Rate Type = Worker’s Comp.:
 - o PWK
 - o Report Type Code
 - o Transmission Type Code
 - o Attachment Control Number

- Box 19 – Rate Type not equal to Worker’s Comp.
 - Free Text – Maximum 71 characters
- Box 21
 - 21A-L – Up to 12 Diagnoses Codes
 - ICD Version Indicator
- Box 24E
 - Diagnoses Pointers will be A-L values

4.7 System Feature: Health Care Claim Transactions (837)

4.7.1 Health Care Claim Transactions (837) - 12 Diagnoses (DXs) – Professional Claim

The IB System provides the ability to transmit 1-12 diagnostic codes (DC1 – DC12) on a professional X12N 5010 Health Care Claim (837) transaction to FSC.

4.7.2 Health Care Claim Transactions (837) - Service Line Charge Amount

The IB System provides the ability to transmit a Service Line Charge Amt (INS, Piece 9) with a maximum length equal to 18 numeric in an institutional X12N 5010 Health Care Claim (837) transaction to FSC.

4.7.3 Health Care Claim Transactions (837) - Service Line Non-Covered Charge Amount

The IB System provides the ability to transmit a Service Line Non-Covered Charge Amt (INS, Piece 12) with a maximum length equal to 18 numeric in an institutional X12N 5010 Health Care Claim (837) transaction to FSC.

4.7.4 Health Care Claim Transactions (837) - Transmit Workman’s Compensation Claims – Institutional

The IB System provides the ability to transmit an institutional claim with a Rate Type equal to Worker’s Comp. to FSC in an X12N 5010 Health Care Claim (837) transaction.

4.7.5 Health Care Claim Transactions (837) - Transmit Workman’s Compensation Claims – Professional

The IB System provides the ability to transmit a professional claim with a Rate Type equal to Worker’s Comp. to FSC in an X12N 5010 Health Care Claim (837) transaction.

4.7.6 Health Care Claim Transactions (837) - Assignment Code – Institutional

The IB System transmits an Assignment Code with the value of A in all institutional X12N 5010 Health Care Claim (837) transactions to FSC.

4.7.7 Health Care Claim Transactions (837) - Assignment Code – Professional

The IB System transmits an Assignment Code with the value of A in all professional X12N 5010 Health Care Claim (837) transactions to FSC.

4.7.8 Health Care Claim Transactions (837) - Diagnoses Pointers – Professional

The IB System provides the ability to transmit 2 A/N diagnoses pointers with diagnoses on a professional claim to FSC in an X12N 5010 Health Care Claim (837) transaction.

4.8 System Features: Miscellaneous Existing Requirements

4.8.1 Miscellaneous Existing Requirements – *Correct* - FEAT765 Functional Requirement: Transmit Revenue/Procedure Codes with Zero Charge Amount

The IB System transmits Revenue/Procedure codes which generate zero charge amounts in 837 Health Care Claim Transmissions (PRF, Piece 5 and INS, Piece 9).

4.8.2 Miscellaneous Existing Requirements – *Delete* – FEAT 602 Functional Requirement: Transmit Service Facility Contact Data

The IB system transmits the following data with a Professional 837 claim transmission when an Service Facility Communication Number is present on a claim (2310C PER01, PER03):

- Contact Function Code: IC Information Contact
- Communication Number Qualifier: TE Telephone
- Communication Number: Telephone
- Communication Number Qualifier: EX Telephone Extension
- Communication Number: Extension Number

NOTE We will continue to transmit the Property and Casualty data entered on Billing Screen 8. The above fields will be relabeled as Property and Casualty data but will not be transmitted in the Service Facility loop.