

# **Integrated Billing**

## **Reasonable Charges Enhancements 2013 Patch**

**IB\*2.0\*458**

### **Release Notes**



**July 2013**

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# 1. Functional Description

This patch contains several updates to Integrated Billing for billable event processing and reports. Enhancements to Claims Tracking are the primary changes, including expanded Release of Information consents. Also included are New Reasons Not Billable, significant changes to the Days Denied Report and an additional option for installing Reasonable Charges. No charges are updated or exported with this patch.

## 1.1. CLAIMS TRACKING DENIAL REASONS

An Insurance Review that results in a Denial is assigned a reason for that denial from a standard set of reasons. New entries are being added to this standard set of Insurance Review Denial Reasons.

New CLAIMS TRACKING DENIAL REASONS (#356.21):	
DELAY IN TREATMENT/SERVICE	DELAY TX
OBSERVATION IS MORE APPROPRIATE	OBS
ALTERNATE LEVEL OF CARE IS MORE APPROPRIATE	ALT LOC

## 1.2. CLAIMS TRACKING REVIEW TYPES

Each Insurance Review is assigned a Type identifying both the type of care and the type of review. New entries are being added to the standard set of Insurance Review Types.

New CLAIMS TRACKING REVIEW TYPE (#356.11):		
SNF/NHCU REVIEW	25	SNF/NHCU
INPT RETROSPECTIVE REVIEW	35	RETRO INPT
OPT RETROSPECTIVE REVIEW	55	RETRO OPT

### Display and Edit with New Review Types:

The Insurance Review Types are used as controls when processing the fields of an Insurance Review to determine the data related to that review. For example the fields displayed and editable for a URGENT/EMERGENT ADMIT REVIEW are different than the fields displayed and editable for an OUTPATIENT TREATMENT review. The new Review Types will manage review data in the same way as existing similar Review Types:

SNF/NHCU REVIEW	processed same as a URGENT/EMERGENT ADMIT REVIEW
INPT RETROSPECTIVE REVIEW	processed same as a URGENT/EMERGENT ADMIT REVIEW
OPT RETROSPECTIVE REVIEW	processed same as a OUTPATIENT TREATMENT Review

### 1.3. CLAIMS TRACKING REASONS NOT BILLABLE

Each event in Claims Tracking may be assigned a Reason Not Billable to indicate the event is not billable and why. The standard list of Reasons Not Billable is being updated, one entry is changed and several added.

#### Update CLAIMS TRACKING NON-BILLABLE REASONS (#356.8):

The name of one Reason Not Billable is being changed.

NPI/TAXONOMY ISSUES changed to NPI/TAXONOMY/PPN ISSUES

#### New CLAIMS TRACKING NON-BILLABLE REASONS (#356.8):

New CLAIMS TRACKING NON-BILLABLE REASONS (#356.8):			
NAME	CODE	ECME FLAG	ECME PAPER FLAG
APPT CANCELLED/PT NOT SEEN	MC20		
SEEN BY PROVIDER ON SAME DAY	MC21		
NON-BILLABLE DME/PROSTHETIC	MC22		
NON-BILLABLE PROCEDURE	MC23		
EMPLOYEE HEALTH	MC24	Yes	No
ENCOUNTER DURING INPT STAY	MC25		
NO PROSTHETIC COVERAGE	CV22		
NON-COVERED DIAGNOSIS	CV23		
NON-COVERED ROUTINE CARE	CV24		
HDHP PLAN NOT BILLED	CV25	Yes	No
NOT RELATED TO WC/TORT/NF	CV26		
TRICARE PT SEEN AS VETERAN	CV27	Yes	No
COMBINED CHARGES	BL08		
UNBUNDLED SERVICE	BL09		

#### **1.4. CLAIMS TRACKING INSURANCE REVIEW CALL REFERENCE AND AUTHORIZATION NUMBER**

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The INSURANCE REVIEW file CALL REFERENCE NUMBER (#356.2, .09) and AUTHORIZATION NUMBER (#356.2, .28) fields are both being expanded to 35 characters.

##### Fields Moved:

Due to the additional length required these fields have been moved in the INSURANCE REVIEW file (#356.2). Two new fields are being added as replacements and the two existing fields inactivated:

INSURANCE REVIEW (#356.2) file:

- #.09 CALL REFERENCE NUMBER (15chr) moved to #2.01 CALL REFERENCE NUMBER (35chr)
- #.28 AUTHORIZATION NUMBER (18chr) moved to #2.02 AUTHORIZATION NUMBER (35chr)

##### Data Copied:

The data in the inactivated fields will be moved to the new fields so there should be no change from the user perspective except the expanded number of characters available.

##### Data Display:

These two fields are displayed on several Claims Tracking screens and reports. If the number of characters available is too short to display the full extended length then the data will be truncated. A '\*' will be appended to the end of the data to indicate the full data is not displayed. See Example Screens Section.

##### Call Reference Number as Default:

When a new Insurance Review is created and a Call Reference Number is entered then it is used as the default value for the Authorization Number. This default has been removed. Now when the Authorization Number is presented the Authorization Number of a previous Insurance Review for the event will be used as the default. If there was no previous Insurance Review Authorization Number then no default will be presented.

## **1.5. CLAIMS TRACKING RELEASE OF INFORMATION SPECIAL CONSENT**

The Release of Information (ROI) function within Claims Tracking has been enhanced to include records of the ROI consents received and the sensitive condition they cover.

Currently each event in Claims Tracking may be assigned a Special Consent ROI: Not Required, Obtained, Required, and Refused. This indicates if that specific event may be related to a sensitive condition requiring a Release of Information consent form from the patient. The new option will now allow entry of a record indicating a consent form has been received for a specific sensitive condition.

### New CLAIMS TRACKING ROI CONSENT (#356.26) file:

A new file has been created for records of Release of Information obtained from a patient with the following. Note that each sensitive condition will have its own record.

- PATIENT the consent was received from.
- SENSITIVE CONDITION the consent for release covers. Includes the four standard sensitive conditions requiring ROI:
  - DRUG ABUSE
  - ALCOHOLISM/ALCOHOL ABUSE
  - TESTING FOR OR INFECTION WITH HIV
  - SICKLE CELL ANEMIA
- The EFFECTIVE DATE when the consent for release begins.
- The EXPIRATION DATE when the consent for release ends.
- A REVOKED flag indicating the patient revoked the consent. In this case the Expiration date is updated to the date the revocation becomes effective. A consent may be revoked but will be active for the date range assigned.
- COMMENTS associated with ROI, this is intended primarily for entry of the Insurance the release consent covers.

### View Patient ROI Special Consent Records:

A new screen has been added to display and manage the ROI consent records. This screen has been added as an action on the main Claims Tracking Editor screen: ROI Consent (RO). See Example Screens Section.

The ROI Special Consent screen will display all ROI consents entered for the Patient. The display order is currently active ROIs first then in reverse effective date order. Most recent active ROIs will be at the top. The Patient, effective date, expiration date and sensitive condition are all displayed. In addition, a flag will indicate which consents are currently active, inactive or inactive/revoked. The comments are displayed; however due to space limitations these are truncated. Use the '>' to shift the view to the right to see the entire comment field, '<' shift the view back to the left.

Option: Claims Tracking Edit [IBT EDIT TRACKING ENTRY], ROI Consent (RO)

### Add/Edit ROI Special Consent Records for a Patient:

Actions associated with the new Claims Tracking Editor screen for ROI Special Consent:

- Add ROI Consent (AR) will allow new entries to be added.
- Edit ROI (ER) will allow edit of existing entries.
- Revoke ROI (RV) will allow an ROI consent to be flagged as revoked by the patient. The Expiration date must be updated to the date the revocation takes effect.
- Delete ROI (DR) will allow a ROI record to be deleted. This should only be used if the record was entered in error. Old records that expired should remain.

Users must be assigned the new IB ROI EDIT Security Key to perform any of these actions or to modify the ROI records.

Security Key: IB ROI EDIT (new)

### Updates to Claims Tracking Displays for ROI:

Several Claims Tracking screens and reports have been updated to show indicators of the patients active ROI consent, if any.

The main Claims Tracking Editor screen is the list of a patient's events within a timeframe. This screen has been modified in two ways:

- Header of this screen will show indicators of the patient's sensitive conditions that have currently active consents, if any: ROI: AHS
- Each event in the list displays the Special Consent ROI field associated with that event (Not Required, Obtained, Required, Refused). If the Special Consent ROI is Obtained then indicators of the sensitive conditions that have active consents on the date of the event will be appended to the field: OBTAIN(AS)

Several other screens will have the following change to the header depending on the type of screen display:

- Headers of screens that display lists of a patient's events will show indicators of the patient's sensitive conditions that have currently active consents, if any: ROI: AHS.
- Headers of screens that display the extended data of a particular event and have Special Consent ROI set to Obtained will have indicators of the sensitive conditions that have consents active on the date of the event appended: ROI: OBTAINED (AS).

### ROI Expired Consent Report:

A new report will list the ROI Special Consents that will expire within a user specified date range. This report has been added to the Management Reports (Billing) Menu.

Option: ROI Expired Consent [IB OUTPUT ROI EXPIRED] (new)

Menu: Management Reports (Billing) Menu [IB OUTPUT MANAGEMENT REPORTS]

## **1.6. DAYS DENIED REPORT**

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The Days Denied report lists Inpatient stays that have a Denial Insurance Review. Significant updates have been made to the Days Denied Report:

- The charges displayed as the Amount Denied has been update to the current active charges, Reasonable Charges.
- Social Security Number has been removed and replaced with the last 4.
- The Inpatient Admission's Service is added to each denied stay in the detail section. This is the Service the patient was in at either the admission, if that date is included in the report, or the Service the patient was in on the begin date of the report. This Service is used to provide the summary.
- The Amount Denied has been added to each denied stay in the detail section. This amount is either:
  - if entire admission was denied and the entire stay is within the date range of the report then the Amount Denied is the full charge of the Admission
  - if only a partial denial then the Amount Denied is an average charge based on the full charge and the number of denied days on the report
- Inpatient stays of one day will now be included on the report.
  
- Events in Claims Tracking not linked to an actual clinical event will now be included on the report. Entries are sometimes manually created so Insurance Reviews can be completed before the event is automatically entered into Claims Tracking. The data on these types of entries will be limited as there is no source clinical event, for example there will be no service or amount displayed.
  
- Detail and Summary sections are added for other types of care than Inpatient. Any Outpatient, Prescriptions or Prosthetics assigned a denial will be included on the report.

Option: Days Denied Report [IBT OUTPUT DENIED DAYS REPORT]

## **1.7. REASONS NOT BILLABLE REPORT**

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An estimated charge for an Inpatient admission is included on the Reasons Not Billable report. Errors were identified in the Reasonable Charges Inpatient Facility charge calculation and have been corrected:

- Every Inpatient stay was assumed to have been a DRG charge. This is updated so Nursing Home Care Treating Specialties will be properly charged the Skilled Nursing per diem.
- Observation care will not be identified with and charged a DRG charge.
- The Inpatient DRG calculation did not recognize the difference between ICU and Non-ICU care and added both DRG charges to the final amount. This is updated so each type will be identified and charged only the corresponding DRG amount.

Option: Reasons Not Billable Report [IBJD REASONS NOT BILLABLE]



## **1.8. BILL/CLAIMS ENTRY OF REASON NOT BILLABLE (?RNB)**

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There are cases where an event may only be partially billed and therefore will require both a bill and a Reason Not Billable. To assist processing these types of events a new Help action has been added to Enter/Edit a Bill option. The '?RNB' action will present the Claims Tracking entries related to the bill and allow a Reason Not Billable to be entered. The Reason Not Billable should only be entered if the event is not fully billed.

Option: Enter/Edit Billing Information [IB EDIT BILLING INFO]

## **1.9. UPDATE FIELD**

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The INSURANCE REVIEW (#356.2) FINAL OUTCOME OF APPEAL (#.29) field contained a misspelling. This has been corrected (PARITIAL corrected to PARTIAL) and Help Text was added to the field.

## **1.10. CHARGE MASTER UPLOAD EXPAND DIVISION CHARACTERS**

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A list of sites is included with each version of Reasonable Charges released. This site number was limited to 5 characters. Actual division numbers are allowed 7 characters. Therefore the Charge Master Upload has been modified to allow 7 character site numbers.

Option: Load Host File into Charge Master [IBCR HOST FILE LOAD]

## **1.11. CHARGE MASTER REASONABLE CHARGES FACILITY TYPE DESIGNATION**

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Each VA division is identified as a particular Facility Type for Reasonable Charges, either Provider Based or Non-Provider Based. This designation determines the charges loaded and available for use for that division.

Non-Provider Based Freestanding Charges include Professional charges only.

Provider Base Charges include Institutional and Professional charges for Inpatient, SNF and Outpatient care.

There is the potential that a particular division's Facility Type may change which would require a complete new set of Reasonable Charges to be loaded for the new type. Previously this was only possible when a new version was released.

A new option is added to allow a site's Facility Type to be changed at any time so it is no longer dependent on a version release. The current versions Reasonable Charges are inactivated and a new set loaded for the new Facility Type effective on a specified date.

>>> CBO must approve any Facility Type change.

Option: RC Change Facility Type [IBCR RC FACILITY TYPE] (new)

Menu: Charge Master IRM Menu [IBCR CHARGE MASTER IRM MENU] (link)

## 2. Technical Description

### INSURANCE REVIEW (#356.2) file changes:

The length of two free text fields in the INSURANCE REVIEW (#356.2) file were to be extended to 35 characters: CALL REFERENCE NUMBER (#.09) and AUTHORIZATION NUMBER (#.28). These two fields are stored on the zero node of the file and extending the length of these fields would have violated the File Manager standard on node length. Therefore, the fields are replaced rather than modified. All references to the old replaced fields have been updated to reference the new fields. The data is copied to the new fields in the post-init.

The existing two fields are '\*'ed for deletion and no longer used:

- \*CALL REFERENCE NUMBER (#.09) [0;9] INSURANCE REVIEW (#356.2) file - inactivated
- \*AUTHORIZATION NUMBER (#.28) [0;28] INSURANCE REVIEW (#356.2) file - inactivated

Two new fields are created on a new node (2) as replacements:

- CALL REFERENCE NUMBER (#2.01) [2,1] INSURANCE REVIEW (#356.2) file - new
- AUTHORIZATION NUMBER (#2.02) [2,2] INSURANCE REVIEW (#356.2) file - new

The INSURANCE REVIEW (#356.2) field TRACKING ID (#.02) is being released to update its cross reference #4 APRE. The cross reference access to AUTHORIZATION NUMBER has been changed from the inactivated field (#.28) to the replacement (#2.02).

The Pre-Init will delete the INSURANCE REVIEW (#356.2) field AUTHORIZATION NUMBER (#.28) cross reference #1 APRE1. This field is being inactivated so the cross reference is being moved to the replacement AUTHORIZATION NUMBER field (#2.02).

The Post-Init will copy the INSURANCE REVIEW (#356.2) data from the two inactivated fields to the two replacement fields:

- CALL REFERENCE NUMBER (#.09) data copied to CALL REFERENCE NUMBER (#2.01)
- AUTHORIZATION NUMBER (#.28) data copied to AUTHORIZATION NUMBER (#2.02)

### Integration Control Reference Update (ICR #5340):

The integration agreement ICR #5340 between IB and the Insurance Capture Buffer (ICB) was updated. The agreement allows ICB access to the INSURANCE REVIEW (#356.2) fields CALL REFERENCE NUMBER (#.09) and AUTHORIZATION NUMBER (#.28). The ICR has been updated to remove those two fields and the two new replacement fields were added.

OPTIONS UPDATED:

Claims Tracking Edit	[IBT EDIT TRACKING ENTRY]	
Insurance Review Edit	[IBT EDIT COMMUNICATIONS]	
Appeal/Denial Edit	[IBT EDIT APPEALS/DENIALS]	
Pending Reviews	[IBT EDIT REVIEWS TO DO]	
Hospital Reviews	[IBT EDIT REVIEWS]	
Inquire to Claims Tracking	[IBT OUTPUT CLAIM INQUIRY]	
Print CT Summary for Billing	[IBT OUTPUT BILLING SHEET]	
Patient Insurance Info View/Edit	[IBCN PATIENT INSURANCE]	
Third Party Joint Inquiry	[IBJ THIRD PARTY JOINT INQUIRY]	
ROI Expired Consent	[IB OUTPUT ROI EXPIRED]	(new)
Management Reports (Billing) Menu	[IB OUTPUT MANAGEMENT REPORTS]	(link)
Days Denied Report	[IBT OUTPUT DENIED DAYS REPORT]	
Reasons Not Billable Report	[IBJD REASONS NOT BILLABLE]	
Enter/Edit Billing Information	[IB EDIT BILLING INFO]	
Load Host File into Charge Master	[IBCR HOST FILE LOAD]	
RC Change Facility Type	[IBCR RC FACILITY TYPE]	(new)
Charge Master IRM Menu	[IBCR CHARGE MASTER IRM MENU]	(link)

SECURITY KEY:

A new Security Key IB ROI EDIT is added with this patch. Only users assigned this Security Key will be allowed to Add or Edit ROI Consent Records in the new CLAIMS TRACKING ROI CONSENT (#356.26) file via the new ROI Consent (RO) screen in the Claims Tracking Edit [IBT EDIT TRACKING ENTRY] option. Users that should be allowed this access need to be identified and the key assigned.

Companion patch DSIV\*2.2\*8:

The Insurance Capture Buffer (ICB) patch DSIV\*2.2\*8 is being released as a companion patch to IB\*2\*458. The Insurance Capture Buffer accesses the two INSURANCE REVIEW fields (#356.2, .09 and .28) being replaced in this patch. The ICB patch will update their access to use the two new replacement INSURANCE REVIEW fields (#356.2, 2.01 and 2.02).

New Service Requests (NSRs)

NSR #20080211 - FY 2009 Reasonable Charges Billing Enhancements

NSR #20090110 - FY 2010 Reasonable Charges Billing Enhancement

## Pre/Post Installation Overview

The Pre-Init of this patch will complete the following:

1. Deletes the cross reference #1 APRE1 of the INSURANCE REVIEW (#356.2) field AUTHORIZATION NUMBER (#.28) . This cross reference is moved to the replacement field (#2.02).

The Post-Init of this patch will complete the following:

1. Adds 3 new CLAIMS TRACKING DENIAL REASONS (#356.21) entries
2. Adds 3 new CLAIMS TRACKING REVIEW TYPE (#356.11) entries
3. Adds 14 new CLAIMS TRACKING NON-BILLABLE REASONS (#356.8) entries
4. Modifies 1 CLAIMS TRACKING NON-BILLABLE REASONS (#356.8) file entry
5. Copies data from two INSURANCE REVIEW (#356.2) fields being inactivated to two replacement fields:
  - #.09 CALL REFERENCE NUMBER copied to #2.01 CALL REFERENCE NUMBER
  - #.28 AUTHORIZATION NUMBER copied to #2.02 AUTHORIZATION NUMBER

## PATCH COMPONENTS

The following is the list of components exported by this patch.

<u>File Name (Number)</u>	<u>Field Name (Number)</u>	<u>New/Modified</u>
CLAIMS TRACKING ROI CONSENT (#356.26)		New File
CLAIMS TRACKING ROI CONSENT (#356.26)	ROI ENTRY (#.01)	New
CLAIMS TRACKING ROI CONSENT (#356.26)	PATIENT (#.02)	New
CLAIMS TRACKING ROI CONSENT (#356.26)	SENSITIVE CONDITION (#.03)	New
CLAIMS TRACKING ROI CONSENT (#356.26)	EFFECTIVE DATE (#.04)	New
CLAIMS TRACKING ROI CONSENT (#356.26)	EXPIRATION DATE (#.05)	New
CLAIMS TRACKING ROI CONSENT (#356.26)	REVOKED (#.06)	New
CLAIMS TRACKING ROI CONSENT (#356.26)	DATE ENTERED (#1.01)	New
CLAIMS TRACKING ROI CONSENT (#356.26)	ENTERED BY (#1.02)	New
CLAIMS TRACKING ROI CONSENT (#356.26)	DATE LAST EDITED (#1.03)	New
CLAIMS TRACKING ROI CONSENT (#356.26)	LAST EDITED BY (#1.04)	New
CLAIMS TRACKING ROI CONSENT (#356.26)	COMMENT (#2.01)	New
INSURANCE REVIEW (#356.2)	TRACKING ID (#.02)	Modified
INSURANCE REVIEW (#356.2)	*CALL REFERENCE NUMBER (#.09)	Modified
INSURANCE REVIEW (#356.2)	*AUTHORIZATION NUMBER (#.28)	Modified
INSURANCE REVIEW (#356.2)	FINAL OUTCOME OF APPEAL (#.29)	Modified
INSURANCE REVIEW (#356.2)	CALL REFERENCE NUMBER (#2.01)	New
INSURANCE REVIEW (#356.2)	AUTHORIZATION NUMBER (#2.02)	New

<u>Input Templates</u>	<u>File (Number)</u>	<u>New/Modified</u>
IBT ACTION INFO	INSURANCE REVIEW (#356.2)	Modified
IBT ADD APPEAL	INSURANCE REVIEW (#356.2)	Modified
IBT CONTACT INFO	INSURANCE REVIEW (#356.2)	Modified
IBT FINAL OUTCOME	INSURANCE REVIEW (#356.2)	Modified
IBT INS VERIFICATION	INSURANCE REVIEW (#356.2)	Modified
IBT QUICK EDIT	INSURANCE REVIEW (#356.2)	Modified

<u>Options</u>	<u>Type</u>	<u>New/Modified</u>
IB OUTPUT MANAGEMENT REPORTS	Menu	Use as Link
IB OUTPUT ROI EXPIRED	Run Routine	New
IBCR CHARGE MASTER IRM MENU	Menu	Use as Link
IBCR RC FACILITY TYPE	Run Routine	New

<u>Protocols</u>	<u>Type</u>	<u>New/Modified</u>
IBCNS EXIT	Action	Attach to Menu
IBTRE MENU	Menu	Use as Link
IBTRE ROI CONSENT	Action	New
IBTRR MENU	Menu	New
IBTRR ROI ADD	Action	New
IBTRR ROI DELETE	Action	New
IBTRR ROI EDIT	Action	New
IBTRR ROI REVOKE	Action	New

<u>List Templates</u>	<u>New/Modified</u>
IBT ROI SPECIAL CONSENT	New

<u>Security Key</u>	<u>New/Modified</u>
IB ROI EDIT	New

### 3. Example Screens

#### Claims Tracking Edit [IBT EDIT TRACKING ENTRY]

Claims Tracking Editor		Apr 09, 2013@10:24:28		Page: 1 of 1				
Claims Tracking Entries for: IBPATIENT, ONE X0000				ROI: D				
for Visits beginning on: 05/01/11 to 04/09/13								
Type	Urgent	Date	Ins.	UR	ROI	Bill	Ward	
1	*INPT.	NO	03/25/13	8:21 am	YES	OBTAIN(D)	YES	13W MED
2	OPT.	NO	03/03/13	8:00 am	YES		YES	
3	INPT.	NO	10/14/12	11:35 am	YES	OBTAIN(DA)	YES	
4	OPT.	NO	07/14/12	10:00 am	YES	REFUSED	NO	
5	OPT.	NO	07/09/12	9:00 am	YES		NO	
6	OPT.	NO	07/08/12	8:00 am	YES		NO	
7	OPT.	NO	06/02/12	8:00 am	YES	OBTAIN(DA)	NO	
5	OPT.	NO	11/22/11	9:00 am	YES	OBTAIN(DA)	NO	
6	OPT.	NO	11/21/11	8:00 am	YES		NO	
7	OPT.	NO	10/02/11	8:30 am	YES	OBTAIN(DAH)	NO	
6	OPT.	NO	10/08/11	8:00 am	YES		NO	
Service Connected: 10%    *=Current Admission						>>>		
AT	Add Tracking Entry	HR	Hospital Reviews	DU	Diagnosis Update			
DT	Delete Tracking Entry	IR	Insurance Reviews	PU	Procedure Update			
QE	Quick Edit	SC	SC Conditions	PV	Provider Update			
AC	Assign Case	AE	Appeals Edit	VP	View Pat. Ins.			
BI	Billing Info Edit	CP	Change Patient	RO	ROI Consent			
VE	View/Edit Episode	CD	Change Date Range	EX	Exit			
Select Action: Quit//								

ROI Special Consent		Apr 09, 2013@10:25:29		Page: 1 of 1	
ROI Special Consent Entries for: IBPATIENT, ONE					
Effective	Expires	Special Condition	Status	Comments	
1	01/01/13	12/31/13	DRUG ABUSE	ACTIVE	AETNA, RAILR
2	01/01/12	12/31/12	DRUG ABUSE	INACTIVE	AETNA, RAILR
3	01/01/12	12/31/12	ALCOHOLISM/ALCOHOL ABUSE	INACTIVE	AETNA, RAILR
4	01/01/11	12/31/11	DRUG ABUSE	INACTIVE	RAILROAD US
5	01/01/11	12/31/11	ALCOHOLISM/ALCOHOL ABUSE	INACTIVE	RAILROAD US
6	01/01/11	11/12/11	TESTING FOR OR INFECTION WITH HIV	REVOKED	
Enter ?? for more actions >>>					
AR	Add ROI Consent	ER	Edit ROI	RV	Revoke ROI
DR	Delete ROI	EX	Exit		
Select Action: Quit//					

Visit Information	Treatment Authorization Info
Visit Type: INPATIENT ADMISSION	Authorization #: 999X01234-55518-A*
Admission Date: OCT 14,2012@11:35:58	No. Days Approved: 3
Ward: ICU-M	Second Opinion Required:
Specialty: MEDICAL ICU	Second Opinion Obtained:

Clinical Information	Review Information
Provider: IBPROVIDER,TWO	Insurance Claim: YES
Admitting Diag: JAUNDICE	Follow-up Type:
Primary Diag:	Random Sample: NO
1st Procedure:	Special Condition: NONE
2nd Procedure:	Local Addition: NO
	Ins. Reviewer:
	Hospital Reviewer:

Billing Information	Total Charges: \$ 19508.2
Episode Billable: YES	Estimated Recv (Pri): \$
Non-Billable Reason:	Estimated Recv (Sec): \$
Next Bill Date:	Estimated Recv (ter): \$
Work. Comp/OWCP/Tort:	Means Test Charges: \$
Initial Bill: K502XXX	Amount Paid: \$ 19508.2
Bill Status: PRNT/TX	

Hospital Reviews Entered

Insurance Reviews Entered

1. INPT RETROSPECTIVE REVIEW Contact APPROVED on 11/12/12
2. INITIAL APPEAL Contact on 10/18/12
3. CONTINUED STAY REVIEW Contact DENIAL on 10/16/12
4. URGENT/EMERGENT ADMIT REVIEW Contact APPROVED on 10/14/12

Service Connected Conditions:  
 Service Connected: NO

+ Enter ?? for more actions					
BI	Billing Info Edit	IR	Insurance Reviews	SE	Submit Claim to ECME
RI	Review Info	DU	Diagnosis Update	EX	Exit
TA	Treatment Auth.	PU	Procedure Update		
HR	Hospital Reviews	PV	Provider Update		
Select Action: Next Screen//					

**Insurance Review Edit [IBT EDIT COMMUNICATIONS]**

Insurance Reviews/Contacts		Apr 09, 2013@11:13:16		Page: 1 of 1		
Insurance Review Entries for: IBPATIENT, ONE X0000			ROI: OBTAINED (DA)			
for: INPATIENT ADMISSION on 10/14/12 11:35 am						
Date	Ins. Co.	Type Contact	Action	Auth. No.	Days	
1	11/12/12	INSCO US HEALTHCAR	RETRO INPT	APPROVED	Retro Aut*	ALL
2	10/18/12	INSCO US HEALTHCAR	1st Appeal-Clin	APPROVED	Appeal Au*	2
3	10/16/12	INSCO US HEALTHCAR	CONT. STAY	DENIAL		1
4	10/14/12	INSCO US HEALTHCAR	URG ADM	APPROVED	999X01234*	3
Service Connected: NO >>>						
AI	Add Ins. Review	SC	SC Conditions	PV	Provider Update	
DR	Delete Ins. Review	AE	Appeals Edit	RW	Review Wksheet Print	
CS	Change Status	AC	Add Comment	CP	Change Patient	
QE	Quick Edit	DU	Diagnosis Update	EX	Exit	
VE	View/Edit Ins. Review	PU	Procedure Update			
Select Action: Quit//						

Expanded Insurance Reviews		Apr 09, 2013@11:13:33		Page: 1 of 2	
Expanded Insurance Reviews for: IBPATIENT, ONE X0000			ROI: OBTAINED (DA)		
for: INPATIENT ADMISSION on 10/14/12 11:35 am					
Contact Information			Action Information		
Contact Date: 11/12/12			Type Contact: INPT RETROSPECTIVE		
Person Contacted: Tony			Action: APPROVED		
Contact Method: PHONE			Authorized From: ENTIRE VISIT		
Call Ref. Number: Retro Ref 999X012*			Authorized To: ENTIRE VISIT		
Review Date: 12/09/12			Authorized Diag:		
			Auth. Number: Retro Auth 999X01*		
Insurance Policy Information					
Ins. Co. Name: INSCO US HEALTHCARE			Subscriber Name: IBPATIENT, ONE		
Group Number: GRP NUM Z991			Subscriber ID: Id X999999		
Whose Insurance: VETERAN			Effective Date: 09/01/02		
Pre-Cert Phone: 555-555-0000			Expiration Date: 07/27/15		
...					
+ Enter ?? for more actions					
AA	Appeal Address	AI	Action Info	PU	Procedure Update
CI	Contact Info	AC	Add Comments	PV	Provider Update
CS	Change Status	VP	View Pat. Ins.	RW	Review Wksheet Print
IU	Ins. Co. Update	DU	Diagnosis Update	EX	Exit
Select Action: Next Screen//					



**Appeal/Denial Edit [IBT EDIT APPEALS/DENIALS]**

Appeal and Denial Tracking							Apr 09, 2013@11:14:25		Page: 1 of 1		
Denials and Appeals for: IBPATIENT, ONE X0000							ROI: D				
Ins. Co.	Group	Date	Action	Visit	Visit Date						
1	INSCO US HEALTH	GRP NUM Z9	10/16/12	DENIAL	INPT.	10/14/12 11:35					
2	INSCO US HEALTH	GRP NUM Z9	10/18/12	1st Appeal	INPT.	10/14/12 11:35					
Service Connected: NO							>>>				
VE	View Edit Entry	DA	Delete Appeal/Denial	IC	Ins. Co. Edit						
QE	Quick Edit	SC	SC Conditions	EX	Exit						
AA	Add Appeal	PI	Patient Ins. Edit.								
Select Action: Quit//											

Expanded Appeals/Denials							Apr 09, 2013@11:15:06		Page: 1 of 3	
Expanded Appeal/Denial for: IBPATIENT, ONE X0000							ROI: OBTAINED (DA)			
							for: INPATIENT ADMISSION on 10/14/12 11:35 am			
Visit Information					Action Information					
Visit Type: INPATIENT ADMISSION					Type Contact: INITIAL APPEAL					
Admission Date: OCT 14,2012@11:35:58					Appeal Type: CLINICAL					
Ward: ICU-M					Case Status: CLOSED					
Specialty: MEDICAL ICU					No Days Pending:					
Attending: IBPROVIDER,TWO					Final Outcome: APPROVED					
...										
User Information					Contact Information					
Entered By: IBUSER,THREE					Contact Date: 10/18/12					
Entered On: 04/09/13 10:57 am					Person Contacted: Annie					
Last Edited By: IBUSER,THREE					Contact Method: PHONE					
Last Edited On: 04/09/13 11:02 am					Call Ref. Number: Appeal Ref 999X01*					
					Review Date:					
Comments										
Service Connected Conditions:										
Service Connected: NO										
+ Enter ?? for more actions										
AA	Appeal Address	AI	Action Info	EX	Exit					
CI	Contact Info	AC	Add Comment							
IU	Ins. Co. Update	EP	Edit Pt. Ins.							
Select Action: Next Screen//										

**Hospital Reviews [IBT EDIT REVIEWS]**

<b>Hospital Reviews</b>		Apr 09, 2013@11:20:14		Page: 1 of 1	
Hospital Review Entries for: IBPATIENT, ONE X0000		ROI: OBTAINED (DA)			
		for: INPATIENT ADMISSION on 10/14/12 11:35 am			
Review Date	Type	Ward	Status	Specialty	Day Next Review
1 10/14/12	Admission	ICU-M	COMPLETE	MEDICAL ICU	1
Enter ?? for more actions					>>>
AN	Add Next Hosp. Review	VE	View/Edit Review	CP	Change Patient
DR	Delete Review	DU	Diagnosis Update	EX	Exit
QE	Quick Edit	PU	Procedure Update		
CS	Change Status	PV	Provider Update		
Select Action: Quit//					

<b>Expanded Hospital Reviews</b>		Apr 09, 2013@11:21:10		Page: 1 of 2	
Expanded Review for: IBPATIENT, ONE X0000		ROI: OBTAINED (DA)			
		for: ADMISSION REVIEW on 10/14/12			
Visit Information			Review Information		
Visit Type: INPATIENT ADMISSION			Review Type: ADMISSION REVIEW		
Admission Date: OCT 14,2012@11:35:58			Review Date: 10/14/12		
Ward:			Specialty: MEDICAL ICU		
Specialty:			Methodology: INTERQUAL		
			Ins. Action:		
Criteria Information					
Severity of Ill: 09 - MUSCULOSKELETAL/S					
Intensity of Svc: 10 - PERIPHERAL VASCUL					
Criteria Met: YES					
Prov. Intervwed:					
Dec. Influenced:					
Non-Acute Reason: 4.01 - ALTERNATIVE BEDS UNAVAILABLE					
+ Enter ?? for more actions					
RI	Review Information	CU	Criteria Update	PV	Provider Update
CS	Change Status	DU	Diagnosis Update	EX	Exit
AC	Add Comments	PU	Procedure Update		
Select Action: Next Screen//					

**Third Party Joint Inquiry [IBJ THIRD PARTY JOINT INQUIRY]**

Third Party Joint Inquiry

**Insurance Reviews/Contacts** Apr 09, 2013@11:24:57 Page: 1 of 1

Insurance Review Entries for: K502XXX IBPATIENT, ONE X0000

Date	Ins. Co.	Type Contact	Action	Auth. No.	Days
INPATIENT ADMISSION on 10/14/12 11:35 am					
1	11/12/12	INSCO US HEALTHCAR	RETRO INPT	APPROVED	Retro Aut* ALL
2	10/18/12	INSCO US HEALTHCAR	1st Appeal-Clin	APPROVED	Appeal Au* 2
3	10/16/12	INSCO US HEALTHCAR	CONT. STAY	DENIAL	1
4	10/14/12	INSCO US HEALTHCAR	URG ADM	APPROVED	999X01234* 3

Service Connected: NO

>>>

BC	Bill Charges	AR	Account Profile	VI	Insurance Company
DX	Bill Diagnosis	CM	Comment History	VP	Policy
PR	Bill Procedures	VR	Reviews/Appeals	AB	Annual Benefits
CI	Go to Claim Screen	HS	Health Summary	EL	Patient Eligibility
		AL	Go to Active List	EX	Exit

Select Action: Quit//

**Print CT Summary for Billing [IBT OUTPUT BILLING SHEET]**

Bill Preparation Report	Page 1	Apr 09, 2013@11:21:56
IBPATIENT, ONE	000-000-0001	DOB: Jul 20, 1949
INPATIENT ADMISSION on OCT 14,2012@11:35:58		
-----		
Visit Information		
Visit Type: INPATIENT ADMISSION	Visit Billable: YES	
Admission Date: OCT 14,2012@11:35:58	Second Opinion: NOT REQUIRED	
Ward: ICU-M	Auto Bill Date:	
Specialty: MEDICAL ICU	Special Consent: ROI OBTAINED (DA)	
Discharge Date: OCT 28,2012@16:45	Special Billing:	
-----		
Insurance Information		
Ins. Co 1: INSCO US HEALTHCARE	Pre-Cert Phone: 555-555-0000	
Subsc.: IBPATIENT, ONE	Type: PREFERRED PROVIDER	
Subsc. ID: Id X999999	Group: GRP NUM Z991	
Coord Ben: PRIMARY	Billing Phone: 999/555-0012	
Filing Time Fr: VARIES	Claims Phone:	
Policy Comment:		
Group Plan Comments:		
THIS PLAN WAS FORMERLY UNDER THE NAME "LY ENTERGY" WHICH WAS THE EMPLOYERS NAME, BUT THEY HAVE NOW UPDATED THEIR NAME TO "CHILD MORGAN LIGHTS"		
-----		
Billing Information		
Initial Bill: K502XXX	Estimated Recv (Pri): \$	
Bill Status: PRNT/TX	Estimated Recv (Sec): \$	
Total Charges: \$ 19508.2	Estimated Recv (ter): \$	
Amount Paid: \$ 19508.2	Means Test Charges: \$	
-----		
Eligibility Information		
Primary Eligibility: NSC		
Means Test Status: MT COPAY EXEMPT		
Service Connected Percent: Patient Not Service Connected		
-----		
Diagnosis Information		
Nothing on File		
Associated Interim DRG Information		
Nothing on File		
-----		
Procedure Information		
Nothing on File		
-----		
Provider Information		
Nothing on File		
-----		

Insurance Review Information  
Type Review: INPT RETROSPECTIVE REV      Review Date: 11/12/12  
Action: APPROVED      Insurance Co.: INSCO US HEALTHCARE  
Authorized From: ENTIRE VISIT      Person Contacted: Tony  
Authorized To: ENTIRE VISIT      Contact Method: PHONE  
Authorized Diag:      Call Ref. Number: Retro Ref 999X012345  
Auth. Number: Retro Auth 999X0123\*      Status: PENDING  
Last Edited By: IBUSER,THREE

Comment:

-----  
Type Review: INITIAL APPEAL      Review Date: 10/18/12  
Appeal Type: CLINICAL      Insurance Co.: INSCO US HEALTHCARE  
Case Status: CLOSED      Person Contacted: Annie  
No Days Pending:      Contact Method: PHONE  
Final Outcome: APPROVED      Call Ref. Number: Appeal Ref 999X0123\*  
Status: ENTERED  
Last Edited By: IBUSER,THREE

Comment:

-----  
Type Review: CONTINUED STAY REVIEW      Review Date: 10/16/12  
Action: DENIAL      Insurance Co.: INSCO US HEALTHCARE  
Denied From: 10/17/12      Person Contacted: Annie  
Denied To: 10/16/12      Contact Method: PHONE  
Denial Reasons: ALTERNATE LEVEL OF CAR      Call Ref. Number: Ref Second 999X0123\*  
Status: PENDING  
Last Edited By: IBUSER,THREE

Comment:

-----  
Type Review: URGENT/EMERGENT ADMIT      Review Date: 10/14/12  
Action: APPROVED      Insurance Co.: INSCO US HEALTHCARE  
Authorized From: 10/15/12      Person Contacted: Annie  
Authorized To: 10/14/12      Contact Method: PHONE  
Authorized Diag:      Call Ref. Number: 999X012345  
Auth. Number: 999X01234-55518-APR      Status: COMPLETE  
Last Edited By: IBUSER,THREE

Comment:

-----  
Hospital Review Information  
Review Date: 10/14/12      Severity of Ill: 09 - MUSCULOSKELETAL/  
Review Type: ADMISSION REVIEW      Intensity of Svc: 10 - PERIPHERAL VASCU  
Specialty: MEDICAL ICU      Criteria Met: YES  
Methodology: INTERQUAL      Prov. Intervwed:  
Status: COMPLETE      Dec. Influenced:  
Last Edited By: IBUSER,THREE      Non-Acute Reason: 4.01 - ALTERNATIVE  
Next Review Date:      Special Unit SI:  
Special Unit IS:

Comment:

# Inquire to Claims Tracking [IBT OUTPUT CLAIM INQUIRY]

Claims Tracking Inquiry	
Claim Tracking Inquiry	Page 1 Apr 09, 2013@11:22:31
IBPATIENT, ONE 000-000-0001	DOB: Jul 25, 1949
INPATIENT ADMISSION on OCT 14,2012@11:35:58	
-----	
Visit Information	
Visit Type: INPATIENT ADMISSION	Visit Billable: YES
Admission Date: OCT 14,2012@11:35:58	Second Opinion: NOT REQUIRED
Ward: ICU-M	Auto Bill Date:
Specialty: MEDICAL ICU	Special Consent: ROI OBTAINED (DA)
Discharge Date: OCT 28,1012@16:45	Special Billing:
-----	
Billing Information	
Initial Bill: K502XXX	Estimated Recv (Pri): \$
Bill Status: PRNT/TX	Estimated Recv (Sec): \$
Total Charges: \$ 19508.2	Estimated Recv (ter): \$
Amount Paid: \$ 19508.2	Means Test Charges: \$
-----	
Diagnosis Information	
Nothing on File	
Associated Interim DRG Information	
Nothing on File	
-----	
Procedure Information	
Nothing on File	
-----	
Provider Information	
Nothing on File	
-----	
Insurance Review Information	
Type Review: INPT RETROSPECTIVE REV	Review Date: 11/12/12
Action: APPROVED	Insurance Co.: INSCO US HEALTHCARE
Authorized From: ENTIRE VISIT	Person Contacted: Tony
Authorized To: ENTIRE VISIT	Contact Method: PHONE
Authorized Diag:	Call Ref. Number: Retro Ref 999X012345
Auth. Number: Retro Auth 999X0123*	Status: PENDING
	Last Edited By: IBUSER,THREE
Type Review: INITIAL APPEAL	Review Date: 10/18/12
Appeal Type: CLINICAL	Insurance Co.: INSCO US HEALTHCARE
Case Status: CLOSED	Person Contacted: Annie
No Days Pending:	Contact Method: PHONE
Final Outcome: APPROVED	Call Ref. Number: Appeal Ref 999X0123*
	Status: ENTERED
	Last Edited By: IBUSER,THREE
Type Review: CONTINUED STAY REVIEW	Review Date: 10/16/12
Action: DENIAL	Insurance Co.: INSCO US HEALTHCARE
Denied From: 10/17/12	Person Contacted: Annie
Denied To: 10/16/12	Contact Method: PHONE
Denial Reasons: ALTERNATE LEVEL OF CAR	Call Ref. Number: Ref Second 999X0123*
	Status: PENDING
	Last Edited By: IBUSER,THREE

Type Review: URGENT/EMERGENT ADMIT	Review Date: 10/14/12
Action: APPROVED	Insurance Co.: INSCO US HEALTHCARE
Authorized From: 10/15/12	Person Contacted: Annie
Authorized To: 10/14/12	Contact Method: PHONE
Authorized Diag:	Call Ref. Number: 999X012345
Auth. Number: 999X01234-55518-APR	Status: COMPLETE
	Last Edited By: IBUSER,THREE
Hospital Review Information	
Review Date: 10/14/12	Severity of Ill: 09 - MUSCULOSKELETAL/
Review Type: ADMISSION REVIEW	Intensity of Svc: 10 - PERIPHERAL VASCU
Specialty: MEDICAL ICU	Criteria Met: YES
Methodology: INTERQUAL	Prov. Intervwed:
Status: COMPLETE	Dec. Influenced:
Last Edited By: IBUSER,THREE	Non-Acute Reason: 4.01 - ALTERNATIVE
Next Review Date:	Special Unit SI:
	Special Unit IS:

ROI Special Consent Apr 09, 2013@14:38:15 Page: 1 of 1

ROI Special Consent Entries for: IBPATIENT,TWENTYFIVE

	Effective	Expires	Special Condition	Status	Comments
1	03/12/13	03/12/13	TESTING FOR OR INFECTION WITH HIV	INACTIVE	
2	01/01/12	12/31/12	DRUG ABUSE	INACTIVE	AETNA
3	11/01/11	10/31/12	SICKLE CELL ANEMIA	INACTIVE	RAILROAD US,

Enter ?? for more actions >>>

AR Add ROI Consent ER Edit ROI RV Revoke ROI  
 DR Delete ROI EX Exit

Select Action: Quit//

---

Select Action: Quit// AR Add ROI Consent

Add a New ROI Special Consent? NO// YES

A New ROI Special Consent has been added for: IBPATIENT,TWENTYFIVE

SENSITIVE CONDITION: S SICKLE CELL ANEMIA  
 EFFECTIVE DATE: 11 1 12 (NOV 01, 2012)  
 EXPIRATION DATE: 10 31 13 (OCT 31, 2013)  
 COMMENT: AETNA

---

Select Action: Quit// ER Edit ROI

Select ROI Entry(s): (1-4): 1

---

ROI Special Consent for IBPATIENT,TWENTYFIVE:

SICKLE CELL ANEMIA 11/01/12 - 10/31/13 ACTIVE

Comment: AETNA

Entered by: IBUSER,THREE Last Edited By: IBUSER,THREE  
 Date Entered: Apr 09, 2013@14:38 Date Last Edited: Apr 09, 2013@14:38

---

SENSITIVE CONDITION: SICKLE CELL ANEMIA//  
 EFFECTIVE DATE: NOV 1,2012//  
 EXPIRATION DATE: OCT 31,2013//  
 COMMENT: AETNA// RAILROAD US, AETNA

---

Select Action: Quit// RV Revoke ROI

Select ROI Entry(s): (1-4): 3

---

ROI Special Consent for IBPATIENT,TWENTYFIVE:

DRUG ABUSE 01/01/12 - 12/31/12 INACTIVE

Comment: AETNA



```

Entered by:  IBUSER,THREE      Last Edited By:  IBUSER,THREE
Date Entered: Apr 09, 2013@14:34  Date Last Edited: Apr 09, 2013@14:35
-----

REVOKED: Y  YES

Update the Expiration Date with the Date the revocation becomes effective.

EXPIRATION DATE: DEC 31,2012// 3 1 12  (MAR 01, 2012)

-----

Select Action: Quit// DR  Delete ROI
Select ROI Entry(s):  (1-4): 2

-----

ROI Special Consent for IBPATIENT,TWENTYFIVE:

TESTING FOR OR INFECTION WITH HIV      03/12/13 - 03/12/13      INACTIVE

Comment:

Entered by:  IBUSER,THREE      Last Edited By:  IBUSER,THREE
Date Entered: Apr 09, 2013@14:35  Date Last Edited: Apr 09, 2013@14:35
-----

Delete this ROI Special Consent? NO// YES  Entry Deleted!

```

```

ROI Special Consent                Apr 09, 2013@14:39:41                Page:    1 of    1
ROI Special Consent Entries for: IBPATIENT,TWENTYFIVE

Effective Expires  Special Condition      Status  Comments
-----
1  11/01/12  10/31/13  SICKLE CELL ANEMIA      ACTIVE  RAILROAD US,
2  01/01/12  03/01/12  DRUG ABUSE              REVOKED AETNA
3  11/01/11  10/31/12  SICKLE CELL ANEMIA      INACTIVE RAILROAD US,

Enter ?? for more actions                                >>>
AR Add ROI Consent      ER Edit ROI          RV Revoke ROI
DR Delete ROI          EX Exit
Select Action: Quit//

```

```

Select Action: Quit// >

ROI Special Consent                Apr 09, 2013@15:49:32                Page:    1 of    1
ROI Special Consent Entries for: IBPATIENT,TWENTYFIVE

Effective Expires  s
-----
1  11/01/12  10/31/13  D US, AETNA
2  01/01/12  03/01/12
3  11/01/11  10/31/12  D US, AETNA

<<< Enter ?? for more actions
AR Add ROI Consent      ER Edit ROI          RV Revoke ROI
DR Delete ROI          EX Exit
Select Action: Quit//

```

**ROI Expired Consent [IB OUTPUT ROI EXPIRED]**

**New**

ROI Special Consent Report - Find ROIs about to expire

Start with DATE: T-10 (MAR 30, 2013)

Go to DATE: T+10 (APR 19, 2013)

ROI's that expire between 3/30/13 and 4/19/13 will be included on the report.

Do you want to capture report data for an Excel document? NO//

OUTPUT DEVICE: HOME//

ROI Special Consent To Expire Mar 30, 2013 - Apr 19, 2013 4/9/13 11:26 PAGE 1

Patient	Effective	Expires
IBPATIENT,FIVE	Feb 18, 2013	Mar 30, 2013
IBPATIENT,ONE	Jan 01, 2009	Apr 09, 2013
IBPATIENT,TWO	Jan 12, 2005	Apr 04, 2013
IBPATIENT,TEN	Jan 01, 2013	Apr 03, 2013

**Enter/Edit Billing Information [IB EDIT BILLING INFO] ?RNB**

IBPATIENT,TWENTYTWO 000-00-0000 BILL#: K70Z999 - Outpat/UB04 SCREEN <5>

=====

**EVENT - OUTPATIENT INFORMATION**

<1> Event Date : MAR 28, 2013  
[2] Prin. Diag.: HYPOXEMIA - 799.02  
Other Diag.: JOINT PAIN-UP/ARM - 719.42  
[3] OP Visits : MAR 28, 2013,  
Type : ELECTIVE  
[4] Cod. Method: CPT-4  
CPT Code : OFFICE/OUTPATIENT VISIT, EST 99212 MAR 28, 2013  
CPT Code : CHEST X-RAY 71020 MAR 28, 2013  
CPT Code : X-RAY EXAM OF ELBOW 73070 MAR 28, 2013  
[5] Rx. Refills: UNSPECIFIED [NOT REQUIRED]  
[6] Pros. Items: UNSPECIFIED [NOT REQUIRED]  
[7] Occ. Code : UNSPECIFIED [NOT REQUIRED]  
[8] Cond. Code : UNSPECIFIED [NOT REQUIRED]  
[9] Value Code : UNSPECIFIED [NOT REQUIRED]

<RET> to CONTINUE, 1-9 to EDIT, '^N' for screen N, or '^' to QUIT: **?RNB**

Reason Not Billable for Claims Tracking Entries associated with this Bill:

-----

Episodes not fully billed may have a Reason Not Billable entered on the Claims Tracking entry. Only enter an RNB if the episode is not fully billed.

Note: There are 3 associated Claims Tracking entries.

Claims Tracking Entry [1 of 3]

Entry ID#: 44212ZZ701  
Type: OUTPATIENT VISIT  
Visit Date: MAR 28, 2013 3:11 pm  
Clinic: RADIOLOGY OOSID

REASON NOT BILLABLE:

ADDITIONAL COMMENT:

Claims Tracking Entry [2 of 3]

Entry ID#: 44212ZZ705  
Type: OUTPATIENT VISIT  
Visit Date: MAR 28, 2013 3:41 pm  
Clinic: LAB DIV OOSID

REASON NOT BILLABLE: NON-BILLABLE CLINIC

ADDITIONAL COMMENT:

Claims Tracking Entry [3 of 3]

Entry ID#: 44212ZZ658  
Type: OUTPATIENT VISIT  
Visit Date: MAR 28, 2013 2:00 pm  
Clinic: CPL-RT/PFT

REASON NOT BILLABLE:

ADDITIONAL COMMENT:

## Load Host File into Charge Master [IBCR HOST FILE LOAD]

Select Site to calculate Reasonable Charges v3.12 for load into Charge Master

-----

Select Division: 523

1)	523	BOSTON, MA	021	1
2)	5234PA	BOSTON, MA (PRRTP)	021	1
3)	5239AA	BOSTON, MA (NHCU)	021	1
4)	523A4	WEST ROXBURY, MA	021	1
5)	523A5	BROCKTON, MA	024	1
6)	523BY	LOWELL, MA	018	2
7)	523BZ	BOSTON, MA (CBOC)	021	2
8)	523GA	FRAMINGHAM, MA	017	2
9)	523GC	QUINCY, MA	021	2
10)	523GD	PLYMOUTH, MA	023	3
11)	523GE	DORCHESTER, MA	021	2
12)	523MA	BOSTON, MA (DES)	021	2

Press return to continue or select a site: (1-12):

## Days Denied Report [IBT OUTPUT DENIED DAYS REPORT]

MCCR/UR DENIED DAYS INPATIENT Denials Dated Jan 01, 2005 to Apr 09, 2013										
Patient	PtID	Dates of Care	Attending	Dates Denied	Denial Reason	Appealed	Days Approved on Appeal	SRVS	Amount	
IBPATIENT,TWENTY	0020	01/24/05 to 01/27/05	5206	ALL (3)	OBSERVATION IS MORE APPRO	NO	0	SURG	\$19,224	
IBPATIENT,FIFTEEN	0015	02/24/05 to 02/28/05	1404	ALL (4)	NOT MEDICALLY NECESSARY	YES	2	NHCU	\$2,777	
IBPATIENT,FIFTEEN	0015	12/27/04 to 01/02/05	52062	ALL (1)	NOT MEDICALLY NECESSARY	NO	0	NHCU	\$629	
IBPATIENT,EIGHT	0008	10/15/06 to 10/16/06	4029	ALL (1)	VA A NON PROVIDER (OUT OF	NO	0	MEDI	\$3,984	
IBPATIENT,TEN	0010	10/26/06 to 10/27/06	9761	ALL (1)	VA A NON PROVIDER (OUT OF	NO	0	MEDI	\$0	
IBPATIENT,TEN	0010	04/04/06 to 04/26/06	4029	ALL (22)	TREATMENT PROVIDED NOT CO	NO	0	MEDI	\$85,807	
				-----						
				32						
MCCR/UR DENIED DAYS OUTPATIENT Denials Dated Jan 01, 2005 to Apr 09, 2013										
Patient	PtID	Episode Date	Outpatient Treatment	Appealed	Approved	Amount				
IBPATIENT,TWENTY	0020	2/25/05@13:20	OBSERVAION	NO	NO	\$0				
IBPATIENT,SIX	0006	8/9/05@08:30	OPT OPHTHALMOLOGY ST	YES	YES	\$126				
IBPATIENT,EIGHT	0008	6/6/06@10:40	Physical Therapy	NO	NO	\$122				
IBPATIENT,TWELVE	0012	1/9/12@11:00	Opt Ttrmt 2	NO	NO	\$0				
IBPATIENT,NINE	0009	8/7/06@10:00	debridement of wound	NO	NO	\$0				
IBPATIENT,SIXTEEN	0016	1/2/12@09:00	remove splinter	NO	NO	\$0				
				-----						
				6						
MCCR/UR DENIED DAYS PROSTHETIC Denials Dated Jan 01, 2005 to Apr 09, 2013										
Patient	PtID	Episode Date	Outpatient Treatment	Appealed	Approved	Amount				
IBPATIENT,TWENTY	0020	1/27/05	Av Prosth Auto Blood	NO	NO	\$25				
IBPATIENT,EIGHT	0008	10/17/05	Delivery/Labor	NO	NO	\$150				
				-----						
				2						
MCCR/UR DENIED DAYS PRESCRIPTION Denials Dated Jan 01, 2005 to Apr 09, 2013										
Patient	PtID	Episode Date	Outpatient Treatment	Appealed	Approved	Amount				
IBPATIENT,TWENTY	0020	1/27/05	Av RxFill #: 731201	NO	NO	\$0				
IBPATIENT,ELEVEN	0011	7/27/06		NO	NO	\$0				
IBPATIENT,EIGHT	0008	10/7/05	Rx #:766415	NO	NO	\$45				
				-----						
				3						
MCCR/UR DENIED DAYS Summary Report for Reviews Dated Jan 01, 2005 to Apr 09, 2013										
Service	Number Denials	Days Denied	Amount Denied	Days won on Appeal						
MEDICINE	3	24	\$89,791	0						
NHCU	2	5	\$3,406	2						
SURGERY	1	3	\$19,224	0						
		-----								
		32								
Service	Number Denials	Amount Denied	Appealed	Appeals Approved						
OUTPATIENT	6	\$248	2	1						
PRESCRIPTION	3	\$45	0	0						
PROSTHETICS	2	\$175	0	0						