

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 3

Integrated Billing (IB)

RELEASE NOTES/ Installation Guide/ Rollback Plan

IB*2*516

April 2015

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1 Introduction

This Integrated Billing (IB) patch is comprised of numerous enhancements and correction of existing issues in the Integrated Billing application. These enhancements are designed to improve revenue through the creation of HIPAA compliant claims. This patch will also remove some of the features that were introduced to support the transition from ASC X12N 4010 to ASC X12N 5010 as they are no longer needed. This patch will provide the ability to transmit the new national payer identification numbers (HPID/OEID) in claim transactions and view the Health Plan Identifier/Other Entity Identifier (HPID/OEID) in the Insurance Company Editor and on The EDI Parameter report.

Some of the more significant things this patch will provide are the ability for billing personnel to do the following:

- Add National Drug Codes and Units to a claim
- Add Procedure Code descriptions to Not Otherwise Classified procedures on a claim
- Define a Pay-to Provider to be used on TRICARE claims
- View linked first-party claim information via TPJI
- Sort the COB Management Worklist and Re-generate Unbilled Amounts Report by Division
- Define non-VA facilities as sole-proprietorships
- View the data associated with cancelled claims

APPLICATION/VERSION	PATCH
INTEGRATED BILLING (IB) V. 2.0	IB*2*516

This patch (IB*2*516) 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	<code>ftp.fo-albany.med.va.gov</code>	<code><ftp://ftp.fo-albany.med.va.gov></code>
Hines	<code>ftp.fo-hines.med.va.gov</code>	<code><ftp://ftp.fo-hines.med.va.gov></code>
Salt Lake City	<code>ftp.fo-slc.med.va.gov</code>	<code><ftp://ftp.fo-slc.med.va.gov></code>

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

File Description	File Name	FTP Mode
IB Release Notes/Installation Guide	ib_2_0_p516_rn.pdf	Binary
EDI User Guide	edi_user_guide_r0415.pdf	Binary
Integrated Billing (IB) V. 2.0 Technical Manual	ib_2_0_tm_r0415.pdf	Binary

(This page included for two-sided copying.)

2 Patch Description and Installation Instructions

2.1 Patch Description

```
=====
Run Date: APR 23, 2015                               Designation: IB*2*516
Package : INTEGRATED BILLING                          Priority   : MANDATORY
Version : 2                                           Status    : RELEASED
=====
```

```
Associated patches: (v)IB*2*66    <<= must be installed BEFORE `IB*2*516'
                   (v)IB*2*68    <<= must be installed BEFORE `IB*2*516'
                   (v)IB*2*93    <<= must be installed BEFORE `IB*2*516'
                   (v)IB*2*139   <<= must be installed BEFORE `IB*2*516'
                   (v)IB*2*370   <<= must be installed BEFORE `IB*2*516'
                   (v)IB*2*404   <<= must be installed BEFORE `IB*2*516'
                   (v)IB*2*431   <<= must be installed BEFORE `IB*2*516'
                   (v)IB*2*437   <<= must be installed BEFORE `IB*2*516'
                   (v)IB*2*448   <<= must be installed BEFORE `IB*2*516'
                   (v)IB*2*451   <<= must be installed BEFORE `IB*2*516'
                   (v)IB*2*458   <<= must be installed BEFORE `IB*2*516'
                   (v)IB*2*476   <<= must be installed BEFORE `IB*2*516'
                   (v)IB*2*488   <<= must be installed BEFORE `IB*2*516'
                   (v)IB*2*494   <<= must be installed BEFORE `IB*2*516'
                   (v)IB*2*497   <<= must be installed BEFORE `IB*2*516'
                   (v)IB*2*506   <<= must be installed BEFORE `IB*2*516'
                   (v)IB*2*515   <<= must be installed BEFORE `IB*2*516'
                   (v)IB*2*519   <<= must be installed BEFORE `IB*2*516'
                   (v)IB*2*521   <<= must be installed BEFORE `IB*2*516'
                   (v)IB*2*526   <<= must be installed BEFORE `IB*2*516'
                   (v)IB*2*533   <<= must be installed BEFORE `IB*2*516'
```

Subject: EBILLING - CLAIMS COMPLIANCE

Category: ROUTINE
 OTHER
 DATA DICTIONARY
 INPUT TEMPLATE

Description:

=====

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.

Please reference instructions from the Pre/Post Installation Overview for further details.

Additionally, the patch installation instructions include a menu rebuild to remove a deleted option. It is ****STRONGLY SUGGESTED**** that the rebuild of primary menu trees occurs during non-peak hours. The patch should either be installed during non-peak hours, or you may enter NO to the Rebuild Menus prompt if your system does this in a nightly TaskMan process.

Important Note: After Initial Operating Capabilities (IOC) was completed, the ICD10 development team discovered a Severity Level 3 defect:

The attending provider's name is not being automatically added to Billing screen 10, Section 3 when a bill is created by the AutoBillor and the provider has a valid National Provider Identifier (NPI). Note that the attending provider's name transmits when the biller manually adds it to the bill.

This has been logged as Remedy ticket INC000001243424 and will be addressed in a future release.

This Integrated Billing (IB) patch introduces changes to Vista's Electronic Claims processing in order to meet the Committee on Operating Rules for Information Exchange (CORE) Operating Rules.

Complete List of patch items:

1. Enter/Edit Billing Information [IB EDIT BILLING INFO]

- a) Provide the ability for users to authorize a claim for Skilled Nursing Facility (SNF) with a revenue code(s) less than 100 (remove existing fatal error for codes outside the 100-999 range).
- b) Provide the ability for users to add National Drug Codes to non-prescription claims.
- c) Provide the ability for users to add a description to a claim with a procedure code that ends in 99 or contains the following in the code description:
 - Not Otherwise Classified
 - Not Otherwise
 - Unlisted
 - Not listed
 - Unspecified
 - Unclassified
 - Not otherwise specified
 - Non-specified
 - Not elsewhere specified
 - Not elsewhere
 - Nos (Note: Include "nos ", "nos;", "nos,")
 - Noc (Note: Include "noc ", "noc;", "noc,")
- d) Prevent the ability to authorize claims with non-billable providers [provider has no National Provider Identification Number (NPI)] on the claim.
- e) Prevent the ability to authorize a Fee Basis claim with a non-VA Lab or Facility that has no NPI.

- f) Provide the ability to authorize a claim with Service Facility data that does not have a Lab or Facility Taxonomy Code without displaying a Warning (remove existing warning).
- g) Provide the ability to print a TRICARE claim with a TRICARE-specific Pay-to Provider.
- h) Provide the ability for users to re-sequence Diagnoses Codes (DX) after Procedures have been associated with the DX (Pointers) without breaking the association.
- i) Provide the ability for users to view a list of the following Code sets by Code number when they enter ?? for Help on Billing Screen 4 and 5:
 - Occurrence Codes
 - Condition Codes
 - Value Codes
- j) Provide the ability for users to lookup a Code from one of the following Code sets using the code number:
 - Occurrence Codes
 - Condition Codes
 - Value Codes

2. Insurance Company Editor

- a) Remove functionality that provides the ability for a site to set a parameter that forces all claims to a particular payer, to use the VAMC as the Billing Provider instead of the lowest enumerated Billing Provider.
- b) Change the Plan Type description for the Plan Type = FI- FEP (Federal Employee Plan) to Do Not Use for BC/BS when users enter ?? for Help at a Plan Type field.

3. Reports

- a) Add the display of the new Health Plan Identifier (HPID) and the Other Entity Identifier (OEID) to the Insurance Company EDI Parameter Report [IBCN INSURANCE EDI REPORT].
- b) Remove the display of the Billing Provider override parameter from the Insurance Company EDI Parameter Report [IBCN INSURANCE EDI REPORT].
- c) Provide the ability to display partial or complete new HIPAA compliant electronic 270/271 Health Care Eligibility Benefit Inquiry and Response fields on IB reports.
- d) Provide the ability for users to sort and display the Re-Generate Unbilled Amounts Report [IBT RE-GEN UNBILLED REPORT] by Division.
- e) Deleted Insurance Company Billing Provider Flag Rpt/Msg [IBCN INS BILL PROV FLAG RPT] which is no longer needed.

4. Third Party Joint Inquiry (TPJI) [IBJ THIRD PARTY JOINT INQUIRY]

- a) Provide the ability for users to see that a claim in TPJI, Active and Inactive claim lists, is an Institutional or a Professional claim.

- b) Provide the ability for users to view the Co-payment amount associated with a claim in TPJI
5. COB Management Worklist (CBW) [IBCE COB MANAGEMENT]
- a) Provide the ability for users to sort and display the CBW by Division Transactions.
6. Transactions
- a) Provide the ability to transmit the HPID in the Institutional/ Professional 837 claim transaction (Loops 2010BB and 2330B) - continue to transmit legacy primary and secondary IDs in the Institutional/Professional 837 claim transaction.
 - b) Provide the ability to transmit the same NPI (organizational) for a Service Facility and a Rendering Provider (individual) on an Institutional/Professional 837 claim transaction.
 - c) Remove monthly Mailman messages that notify CBO of how sites have the EDI Parameter for Billing Provider set.
 - d) Prevent an Institutional/Professional 837 claim transaction with a Y4 Property and Casualty Number Qualifier with no corresponding Property and Casualty Number.
 - e) Provide the ability to transmit the TRICARE Pay-to Provider on all claims with Rate Type equal to TRICARE and TRICARE REIMB. INS (Loop 2010AB).
 - f) Provide the ability to transmit a NDC code and units on a non-prescription 837 claim transaction.
7. Correct Rejected/Denied Bill (CRD) [IB CORRECT REJECTED/DENIED] and Copy and Cancel (CLON) [IB COPY AND CANCEL]
- a) Remove the Security Key, IB CLON, from the OPTION (#19) File that locked the CLON option.
 - b) Remove the ability for users to CRD secondary/tertiary claims.
 - c) Provide the ability for as many fields as possible to be copied from an original claim to a copy.
8. View Cancelled Claim [IB VIEW CANCEL BILL]
- a) A new option to provide the ability to see all the data that was in a cancelled claim.
9. Provider ID Maintenance [IBCE PROVIDER MAINT]
- a) Provide the ability for users to define an Outside Facility that is a sole-proprietorship with an NPI number that is also used by the provider who is the sole-proprietor.
10. MCCR Site Parameter Display/Edit [IBJ MCCR SITE PARAMETERS]

- a) Provide the ability for users to define a Pay-to Provider to be used only on claims with a Rate Type equal to TRICARE or TRICARE REIMB. INS.
- b) Lock the new Tricare Pay-to Provider functionality Printed CMS - 1500 and UB - 04 Forms with new security key, IB EDIT PAY-TO TC.
- c) Lock the existing Pay-to Provider functionality Printed CMS - 1500 and UB - 04 Forms with new security key, IB EDIT PAY-TO.

11. Printed CMS - 1500 and UB-04 Forms

- a) Provide the ability to print an NDC code on a non-prescription claim.

Patch Components

=====

The following is a list of field modifications included in this patch:

Files & Fields Associated:

File Name (#)	Sub-file Name (#)	Field Name (Number)	New/Modified/ Deleted

PATIENT (#2)			
	INSURANCE TYPE sub-file (#2.312)		
		NEW GROUP NAME (#20)	Modified
		NEW GROUP NUMBER (#21)	Modified
INSURANCE COMPANY (#36)			
		SEND LAB OR FAC IDS FOR VAMC (#4.07)	Modified
		USE VAMC AS BILL PROV ON 1500 (#4.11)	Modified
		USE VAMC AS BILL PROV ON UB04 (#4.12)	Modified
		USE BILL PROV VAMC ADDRESS (#4.13)	Modified
IB SITE PARAMETERS (#350.9)			
		DEFAULT TRICARE PAY-TO PROV (#11.04)	New
TRICARE PAY-TO PROVIDERS sub-file (#350.929)			
		TC FACILITY (#.01)	New
		TC NAME (#.02)	New
		TC FEDERAL TAX NUMBER (#.03)	New
		TC TELEPHONE NUMBER (#.04)	New
		TC PARENT PAY-TO PROVIDER (#.05)	New
		TC STREET ADDRESS 1 (#1.01)	New
		TC STREET ADDRESS 2 (#1.02)	New
		TC CITY (#1.03)	New
		TC STATE (#1.04)	New
		TC ZIP (#1.05)	New
GROUP INSURANCE PLAN (#355.3)			
		ELECTRONIC PLAN TYPE (#.15)	Modified
IB NON/OTHER VA BILLING PROVIDER (#355.93)			
		SOLE PROPRIETORSHIP (#.17)	New

NON-VA PROVIDER (#.18)	New
IB DATA ELEMENT DEFINITION (#364.5)	Modified
Screen: I \$\$INCLUDE^IBY516PR(5,Y)	
IB FORM SKELETON DEFINITION (#364.6)	Modified
Screen: I \$\$INCLUDE^IBY516PR(6,Y)	
IB FORM FIELD CONTENT (#364.7)	Modified
Screen: I \$\$INCLUDE^IBY516PR(7,Y)	
BILL/CLAIMS (#399)	Modified
PRIMARY NODE 7 (#371)	New
SECONDARY NODE 7 (#372)	New
TERTIARY NODE 7 (#373)	New
PRIMARY INSURANCE HPID (#471)	New
SECONDARY INSURANCE HPID (#472)	New
TERTIARY INSURANCE HPID (#473)	New
PROPERTY/CASUALTY CLAIM NUMBER (#261)	Modified
CONDITION CODE sub-file (#399.040)	
CONDITION CODE (#.01)	Modified
OCCURRENCE CODE sub-file (#399.041)	
OCCURRENCE CODE (#.01)	Modified
VALUE CODE sub-file (#399.047)	
VALUE CODE (#.01)	Modified
PROCEDURES sub-file (#399.0304)	Modified
PROCEDURE DESCRIPTION (#51)	New
NDC (#53)	New
UNITS (#54)	New

Bulletins Associated:

Bulletin Name	New/Modified/Deleted
-----	-----
N/A	

Dialogs Associated:

Dialog Name	New/Modified/Deleted
-----	-----
N/A	

Forms Associated:

Form Name	File Name (Number)	New/Modified/Deleted
-----	-----	-----
N/A		

Functions Associated:

Function Name	New/Modified/ Deleted
----- N/A	-----

Help Frames Associated:

Help Frame Name	New/Modified/ Deleted
----- N/A	-----

Mail Groups Associated:

Mail Group Name	New/Modified/ Deleted
----- N/A	-----

Options Associated:

Option Name	Type	New/Modified/ Deleted
-----	----	-----
IB COPY AND CANCEL	run routine	Modified
IB VIEW CANCEL BILL	run routine	New
IBCN INS BILL PROV FLAG RPT	run routine	Delete

Parameter Definitions:

Parameter Name	New/Modified/ Deleted
----- N/A	-----

Parameter Template:

Template Name	New/Modified/ Deleted
----- N/A	-----

Protocols Associated:

Protocol Name	New/Modified/ Deleted
----- IBCEM CSA CANCEL/CLONE BILL	----- New

IBCEM CSA MSG MENU	Modified
IBJP IB PAY-TO DIVISION ADD	Modified
IBJP IB PAY-TO PROVIDER ADD	Modified
IBJP IB PAY-TO PROVIDER DEL	Modified
IBJP IB PAY-TO PROVIDER EDIT	Modified
IBJP IB PAY-TO PROVIDERS MENU	Modified
IBJP IB TRICARE PAY-TO ASSOCIATIONS MENU	New
IBJP IB TRICARE PAY-TO DIVISION ADD	New
IBJP IB TRICARE PAY-TO PROVIDER ADD	New
IBJP IB TRICARE PAY-TO PROVIDER DEL	New
IBJP IB TRICARE PAY-TO PROVIDER DIVISIONS	New
IBJP IB TRICARE PAY-TO PROVIDER EDIT	New
IBJP IB TRICARE PAY-TO PROVIDERS MENU	New

Security Keys Associated:

Security Key Name	New/Modified/ Deleted
-----	-----
IB EDIT PAY-TO	New
IB EDIT PAY-TO TC	New

Templates, Input Associated:

Template Name	Type	File Name (Number)	New/Modified/ Deleted
-----	----	-----	-----
IB SCREEN3	Input	BILL/CLAIMS (#399)	Modified
IBEDIT INS C01	Input	INSURANCE COMPANY (#36)	Modified

Templates, List Associated:

Template Name	Type	New/Modified/ Deleted
-----	----	-----
IBJP IB PAY-TO ASSOCIATIONS	List	Modified
IBJP IB PAY-TO PROVIDERS	List	Modified
IBJP IB TRICARE PAY-TO ASSOCS	List	New
IBJP IB TRICARE PAY-TO PROVS	List	New

Templates, Print Associated:

Template Name	Type	File Name (Number)	New/Modified/ Deleted
-----	----	-----	-----
IBNOTVER	Print	PATIENT (#2)	Modified

Templates, Sort Associated:

Template Name	Type	File Name (Number)	New/Modified/ Deleted
-----	----	-----	-----
N/A			

Additional Information:

N/A

New Service Requests (NSRs)

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

Patient Safety Issues (PSIs)

N/A

Remedy Ticket(s) & Overview

N/A

Test Sites:

Baltimore, MD
Richmond, VA
Minneapolis, MN
Omaha, NE
Sioux Falls, SD

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 Information Resource Management (IRM) would coordinate with the Billing Department to insure that the 837 extract/transmission queue is empty. The Billing Department should be aware of the set of instructions to be executed. If not billing supervisor can be contacted. Once the Billing Department has completed the instruction, the Billing department is to inform IRM that the patch installation could proceed.

The instructions to empty the queue are 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.

There are no other mandatory pre-installation activities associated with this package.

****Important Note: After IOC was completed, the ICD10 development team discovered a Severity Level 3 defect:

The attending provider's name is not being automatically added to Billing screen 10, Section 3 when a bill is created by the AutoBiller and the provider has a valid NPI. Note that the attending provider's name transmits when the biller manually adds it to the bill.

This has been logged as Remedy ticket INC000001243424 and will be addressed in a future release.

The pre-installation routine will delete unused Output Formatter entries.

The pre and post installation routines 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. *
*****
```

****There are no options to disable.

Install Time: Less than 10 minutes.

1. Choose the PackMan message containing this patch.
2. Choose the INSTALL/CHECK MESSAGE PackMan option.
3. 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 #IB*2.0*516.
 - 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.
 - b) Compare Transport Global to Current System - This option will allow you to view all changes that will be made when this patch is installed. It compares all components of this patch (routines, DD's, templates, etc.).
 - c) Verify Checksums in Transport Global - This option will allow you to 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. From the Installation Menu, select the Install Package(s) option and choose the patch to install.
5. When prompted 'Want KIDS to Rebuild Menu Trees Upon Completion of Install? YES//' You may answer NO if your system does this in a nightly TaskMan process.
6. When prompted 'Want KIDS to INHIBIT LOGONs during the install? NO//' Answer NO
7. When prompted 'Want to DISABLE Scheduled Options, Menu Options, and Protocols? NO// Answer NO
8. If prompted "Delay Install (Minutes): (0 - 60): 0// respond 0.

Post-Installation Instructions

Routines IBY516PO and IBY516PR can be manually deleted by IT/IRM upon completion of the installation.

New Security Keys IB EDIT PAY-TO and IB EDIT PAY-TO TC should be assigned to the Billing Supervisor.

Routine Information:

=====

The second line of each of these routines now looks like:
 ;;2.0;INTEGRATED BILLING;*[Patch List]**;21-MAR-94;Build 123

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

Routine Name: IBATLM3A	Before: B22313695	After: B24217228	**115,516**
Routine Name: IBBFAPI	Before: B43623282	After: B43892084	**267,297,249,317,361,384,404,516**
Routine Name: IBCAPP2	Before: B43298709	After: B49339546	**432,447,516**
Routine Name: IBCBB11	Before: B97720533	After: B95727608	**51,343,363,371,395,392,401, 384,400,436,432,516**
Routine Name: IBCBB7	Before: B28157499	After: B28514446	**51,137,240,447,488,516**
Routine Name: IBCC	Before: B57603103	After: B65165308	**2,19,77,80,51,142,137,161, 199,241,155,276,320,358,433, 432,447,516**
Routine Name: IBCCC	Before: B20967189	After: B22970985	**80,109,106,51,320,433,432,447,516**
Routine Name: IBCCC2	Before: B108841715	After: B113680571	**80,106,124,138,51,151,137, 161,182,211,245,155,296,320, 348,349,371,400,433,432,447, 516**
Routine Name: IBCD3	Before: B31598371	After: B32514703	**14,55,52,91,106,125,51,148, 160,137,210,245,260,405,384, 516**
Routine Name: IBCECOB	Before: B17969465	After: B27628888	**137,155,288,432,488,516**
Routine Name: IBCECOB1	Before: B112283735	After: B141608790	**137,155,288,348,377,417,432, 447,488,516**
Routine Name: IBCECOB2	Before: B183092638	After: B183699434	**137,155,433,432,447,488,516**
Routine Name: IBCECSA4	Before: B60720503	After: B61845851	**137,155,320,371,433,516**
Routine Name: IBCEF	Before: B58449164	After: B64641917	**52,80,51,137,288,296,361,371, 447,516**
Routine Name: IBCEF11	Before: B67207596	After: B80990662	**51,137,155,309,335,348,349, 371,432,447,473,516**
Routine Name: IBCEF21	Before: B23776552	After: B23973664	**51,296,371,389,448,516**
Routine Name: IBCEF22	Before: B79219296	After: B90984490	**51,137,135,155,309,349,389, 432,488,516**
Routine Name: IBCEF3	Before: B47162871	After: B47786755	**52,84,121,51,152,210,155,348, 349,389,488,516**
Routine Name: IBCEF31	Before: B11345418	After: B14588723	**155,296,349,400,432,488,516**
Routine Name: IBCEF72	Before: B54190068	After: B57296289	**232,320,349,432,516**
Routine Name: IBCEF73A	Before: B55865498	After: B43076924	**343,374,395,391,400,432,516**
Routine Name: IBCEF74A			

Before: B39969650	After: B39038241	**320, 343, 349, 395, 400, 432, 516**
Routine Name: IBCEF76		
Before: B45722940	After: B48153213	**320, 349, 400, 432, 516**
Routine Name: IBCEF77		
Before: B24927059	After: B27920356	**232, 280, 155, 290, 291, 320, 348, 349, 516**
Routine Name: IBCEF78		
Before: B4445010	After: B7140538	**371, 516**
Routine Name: IBCEF79		
Before: B170462166	After: B118916763	**400, 419, 432, 516**
Routine Name: IBCEFP		
Before: B115077680	After: B115631357	**432, 447, 473, 516**
Routine Name: IBCEOB0		
Before: B90917821	After: B91995821	**135, 280, 155, 431, 488, 516**
Routine Name: IBCEOB01		
Before: B24417822	After: B25712240	**377, 516**
Routine Name: IBCEP8		
Before: B129710257	After: B134052747	**51, 137, 232, 288, 320, 343, 374, 377, 391, 400, 436, 432, 476, 516**
Routine Name: IBCEP81		
Before: B65647537	After: B67515820	**343, 391, 400, 476, 516**
Routine Name: IBCEP82		
Before: B73798180	After: B72564022	**343, 374, 377, 391, 516**
Routine Name: IBCEP8B		
Before: B34200270	After: B35610752	**391, 432, 476, 488, 516**
Routine Name: IBCEPB		
Before: B10650639	After: B7598816	**320, 348, 349, 400, 516**
Routine Name: IBCEQ1A		
Before: B62926268	After: B67430449	**232, 348, 349, 516**
Routine Name: IBCF21		
Before: B15664460	After: B16291620	**8, 80, 51, 488, 516**
Routine Name: IBCF23A		
Before: B19444201	After: B20324273	**51, 432, 516**
Routine Name: IBCF31		
Before: B19588940	After: B19880263	**17, 52, 80, 51, 516**
Routine Name: IBCNBLE		
Before: B108261556	After: B108261560	**82, 231, 184, 251, 371, 416, 435, 452, 497, 519, 516**
Routine Name: IBCNBLE1		
Before: B32174406	After: B32419797	**184, 271, 416, 435, 467, 516**
Routine Name: IBCNBLP		
Before: B25507553	After: B28291070	**82, 497, 516**
Routine Name: IBCNBLP1		
Before: B31255881	After: B34470080	**82, 133, 516**
Routine Name: IBCNEHLQ		
Before: B46752354	After: B49920378	**184, 271, 300, 361, 416, 438, 467, 497, 533, 516**
Routine Name: IBCNRP		
Before: B21440357	After: B23991821	**251, 516**
Routine Name: IBCNRP5		
Before: B56002389	After: B56117515	**276, 516**
Routine Name: IBCNRPM1		
Before: B6996620	After: B7640127	**251, 516**
Routine Name: IBCNRPMT		
Before: B4118434	After: B4159618	**251, 516**
Routine Name: IBCNRPS2		
Before: B22515799	After: B24644732	**276, 516**

Routine Name: IBCNRRP3	Before: B55033574	After: B58110020	**251,276,516**
Routine Name: IBCNS	Before: B27665348	After: B28265165	**28,43,80,82,133,399,516**
Routine Name: IBCNS1	Before: B35071030	After: B42707809	**28,60,52,85,107,51,137,240, 371,516**
Routine Name: IBCNS2	Before: B24154529	After: B29335309	**28,43,80,51,137,155,488,516**
Routine Name: IBCNS3	Before: B62573337	After: B60729122	**287,399,416,516**
Routine Name: IBCNSBL1	Before: B33740946	After: B37090504	**6,28,82,249,276,516**
Routine Name: IBCNSC1	Before: B90495985	After: B80307925	**62,137,232,291,320,348,349, 371,400,519,516**
Routine Name: IBCNSC3	Before: B18009103	After: B18386728	**28,46,68,516**
Routine Name: IBCNSC4	Before: B18086570	After: B18719019	**43,85,103,251,416,497,516**
Routine Name: IBCNSGE	Before: B103633903	After: B98010090	**296,400,521,516**
Routine Name: IBCNSGM	Before: B42642306	After: B42739860	**400,516**
Routine Name: IBCNSJ14	Before: B9289898	After: B9400113	**28,516**
Routine Name: IBCNSJ2	Before: B21486680	After: B22855491	**28,516**
Routine Name: IBCNSJ4	Before: B28671454	After: B30114071	**28,62,516**
Routine Name: IBCNSJ5	Before: B19164548	After: B19961411	**43,516**
Routine Name: IBCNSM2	Before: B21029266	After: B21200856	**28,103,139,516**
Routine Name: IBCNSM3	Before: B14271242	After: B15749953	**6,28,85,211,251,399,506,516**
Routine Name: IBCNSM31	Before: B21224087	After: B21467883	**6,28,68,413,497,516**
Routine Name: IBCNSM5	Before: B21379064	After: B22650774	**28,497,516**
Routine Name: IBCNSMM	Before: B20650555	After: B21594622	**103,133,184,516**
Routine Name: IBCNSP	Before: B48468493	After: B49297563	**6,28,43,52,85,251,363,371, 416,497,516**
Routine Name: IBCNSP0	Before: B37737467	After: B38008161	**28,43,52,85,93,103,137,229, 251,363,371,399,438,458,497, 516**
Routine Name: IBCNSP11	Before: B11695386	After: B11721673	**28,43,85,103,137,251,399,516**
Routine Name: IBCNSUR	Before: B24160231	After: B24287477	**103,276,506,516**
Routine Name: IBCNSUR1	Before: B56652391	After: B57694333	**103,225,276,516**
Routine Name: IBCNSUX	Before: B16195424	After: B16407219	**103,516**

Routine Name: IBCNSUX1	Before: B20036863	After: B20451867	**103,133,516**
Routine Name: IBCOMA1	Before: B29547296	After: B34536686	**103,516**
Routine Name: IBCOMC2	Before: B12700505	After: B12669229	**103,153,516**
Routine Name: IBCONS1	Before: B75219188	After: B79511698	**66,80,137,516**
Routine Name: IBCOPP2	Before: B19008544	After: B20749250	**28,62,93,516**
Routine Name: IBCOPP3	Before: B9597460	After: B10453963	**28,516**
Routine Name: IBCRBC	Before: B11588633	After: B13081185	**52,80,106,51,137,245,370,516**
Routine Name: IBCSC3	Before: B37249647	After: B37464352	**8,43,52,80,82,51,137,232,320,377,516**
Routine Name: IBCSC4D	Before: B61931126	After: B75384760	**55,62,91,106,124,51,210,403,400,461,516**
Routine Name: IBCSCE1	Before: B7420897	After: B7430380	**516**
Routine Name: IBCU7	Before: B77808645	After: B111564056	**62,52,106,125,51,137,210,245,228,260,348,371,432,447,488,461,516**
Routine Name: IBCU74	Before: B35879024	After: B36449231	**228,260,339,432,516**
Routine Name: IBCVA0	Before: B10445232	After: B10440495	**52,361,371,516**
Routine Name: IBJDF51	Before: B57886181	After: B58912743	**123,185,240,356,452,516**
Routine Name: IBJPS	Before: B3981041	After: B4384435	**39,52,70,115,143,51,137,161,155,320,348,349,377,384,400,432,494,461,516**
Routine Name: IBJPS2	Before: B41765087	After: B45274108	**39,52,115,143,51,137,161,155,320,348,349,377,384,400,432,494,461,516**
Routine Name: IBJPS3	Before: B89166752	After: B111722417	**400,432,516**
Routine Name: IBJPS4	Before: B28407182	After: B36439628	**400,516**
Routine Name: IBJTCA1	Before: B54215341	After: B59453492	**39,80,106,137,223,276,363,384,432,452,473,497,521,516**
Routine Name: IBJTCA2	Before: B23068552	After: B40902439	**39,80,155,320,516**
Routine Name: IBJTAL1	Before: B10714466	After: B11361045	**39,80,61,51,153,137,183,276,451,516**
Routine Name: IBJTBL1	Before: B11067077	After: B11794378	**39,80,61,137,276,451,516**
Routine Name: IBJTU1	Before: B7894877	After: B7959085	**39,80,276,451,516**
Routine Name: IBJTU31			

Before: B7603119	After: B8926798	**39, 61, 516**
Routine Name: IBNCPDP3		
Before: B84831779	After: B84489638	**223, 276, 342, 363, 383, 384, 411, 435, 452, 516**
Routine Name: IBNCPDP5		
Before: B80347970	After: B80792303	**411, 452, 526, 516**
Routine Name: IBNCPDS1		
Before: B10933965	After: B11865744	**411, 452, 516**
Routine Name: IBNCPEV		
Before: B97561964	After: B102192248	**342, 363, 383, 384, 411, 435, 452, 521, 516**
Routine Name: IBNCPEV1		
Before: B65821785	After: B67774383	**342, 339, 363, 411, 435, 452, 516**
Routine Name: IBOTR3		
Before: B29774240	After: B31663645	**42, 80, 100, 118, 128, 133, 447, 516**
Routine Name: IBRBUL		
Before: B36492961	After: B39836566	**70, 95, 121, 153, 195, 347, 452, 516**
Routine Name: IBRFN3		
Before: B29612898	After: B30451954	**61, 133, 210, 309, 389, 516**
Routine Name: IBRFN4		
Before: B25630558	After: B27444633	**301, 305, 389, 516**
Routine Name: IBTOBI1		
Before: B18898112	After: B19861632	**276, 377, 516**
Routine Name: IBTRCD0		
Before: B16113018	After: B16868309	**458, 516**
Routine Name: IBTUBO		
Before: B25696439	After: B35610159	**19, 31, 32, 91, 123, 159, 192, 235, 248, 155, 516**
Routine Name: IBTUBO1		
Before: B47180115	After: B62446159	**19, 31, 32, 91, 123, 159, 247, 155, 277, 339, 399, 516**
Routine Name: IBTUBO2		
Before: B33667876	After: B49823798	**19, 31, 32, 91, 123, 159, 192, 155, 309, 347, 437, 516**
Routine Name: IBTUBO3		
Before: B23289291	After: B28228475	**123, 159, 192, 155, 277, 516**
Routine Name: IBTUBOA		
Before: B30890238	After: B37900623	**19, 31, 32, 91, 123, 159, 192, 155, 276, 516**
Routine Name: IBTUBUL		
Before: B21781134	After: B72452562	**19, 123, 159, 217, 155, 356, 516**
Routine Name: IBVCB		
Before: n/a	After: B123320263	**516**
Routine Name: IBVCB1		
Before: n/a	After: B135425175	**516**
Routine Name: IBVCB2		
Before: n/a	After: B110047132	**516**
Routine Name: IBY516PO		
Before: n/a	After: B4162987	**516**
Routine Name: IBY516PR		
Before: n/a	After: B10110091	**516**

Routine list of preceding patches: 139, 370, 404, 437, 448, 451, 461, 506
519, 521, 526, 533

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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 Support 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 Support 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 support 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 Support 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- Revenue Codes <100

The IB System provides the ability for users to authorize a claim with one or more revenue codes outside the 100-999 range.

4.1.2 Enter/Edit Billing Information - Line Level NDC Codes to Non-Prescription Claims - Professional

The IB System provides the ability for users to add a line level 5-4-2 format National Drug Code to a non-prescription procedure when creating a professional claim.

4.1.3 Enter/Edit Billing Information- Line Level NDC Codes to Non-Prescription Claims – Institutional

The IB System provides the ability for users to add a line level 5-4-2 format National Drug Code to a non-prescription procedure when creating an institutional claim.

4.1.4 Enter/Edit Billing Information- Line Level Description – 99 Procedure Codes – Professional

The IB System provides the ability for users to add a line level, 1-80 character free text description to a procedure code that ends in 99 on a professional claim.

4.1.5 Enter/Edit Billing Information - Line Level Description - 99 Procedure Codes – Institutional

The IB System provides the ability for users to add a line level, 1-80 character free text description to a procedure code that ends in 99 on an institutional claim.

4.1.6 Enter/Edit Billing Information - Line Level Description - NOC Procedure Codes – Professional

The IB System provides the ability for users to add a line level, 1-80 character free text description to a procedure code (CPT/HCPCS) on a professional claim that contains the following text in the procedure's description (file 81, field 81.01,01):

- Not Otherwise Classified
- Not Otherwise
- Unlisted
- Not listed
- Unspecified
- Unclassified
- Not otherwise specified
- Non-specified
- Not elsewhere specified
- Not elsewhere

- Nos (Note: Include "nos ", "nos;", "nos,")
- Noc (Note: Include "noc ", "noc;", "noc,")

4.1.7 Enter/Edit Billing Information - Line Level Description - NOC Procedure Codes – Institutional

The IB System provides the ability for users to add a line level, 1-80 character free text description to a procedure code (CPT/HCPCS) on an institutional claim that contains the following text in the procedure's description (file 81, field 81.01,01):

- Not Otherwise Classified
- Not Otherwise
- Unlisted
- Not listed
- Unspecified
- Unclassified
- Not otherwise specified
- Non-specified
- Not elsewhere specified
- Not elsewhere
- Nos (Note: Include "nos ", "nos;", "nos,")
- Noc (Note: Include "noc ", "noc;", "noc,")

4.1.8 Enter/Edit Billing Information - Fatal Error - Non-billable Providers – Professional

The IB System prevents users from authorizing a professional claim that contains an individual provider who has no NPI number:

- Rendering
- Supervising
- Referring

4.1.9 Enter/Edit Billing Information - Fatal Error - Non-billable Providers – Institutional

The IB System prevents users from authorizing an institutional claim that contains an individual provider who has no NPI number:

- Attending
- Operating
- Other Operating

4.1.10 Enter/Edit Billing Information - Screen – Non-billable Provider – Institutional

The IB System automatically removes all individual providers who have no NPI number from an institutional claim.

4.1.11 Enter/Edit Billing Information - Screen – Non-billable Provider – Professional

The IB System automatically removes all individual providers who have no NPI number from a professional claim.

4.1.12 Enter/Edit Billing Information - Fatal Error – Missing non-VA Lab or Facility NPI – Professional

The IB System prevents users from authorizing a professional Fee Basis claim with a non-VA Facility that does not have an NPI.

4.1.13 Enter/Edit Billing Information - Fatal Error – Missing non-VA Lab or Facility NPI – Institutional

The IB System prevents users from authorizing an institutional Fee Basis claim with a non-VA Facility that does not have an NPI.

4.1.14 Enter/Edit Billing Information - Warning – Missing Lab or Facility Taxonomy Code – Institutional

The IB System no longer provides a non-fatal warning message to users when an institutional claim contains a Lab or Facility which has no active taxonomy code.

4.1.15 Enter/Edit Billing Information - Warning – Missing Lab or Facility Taxonomy Code – Professional

The IB System no longer provides a non-fatal warning message to users when a professional claim contains a Lab or Facility which has no active taxonomy code.

4.1.16 Enter/Edit Billing Information - Print – TRICARE-specific Pay-to Provider – UB04 – TRICARE REIMB.

The IB System provides the ability for users to print the TRICARE-specific Pay-to Provider data on a UB04 when the rate type of the claim is TRICARE REIMB.

4.1.17 Enter/Edit Billing Information - Print – TRICARE-specific Pay-to Provider – UB04 – UB04 – TRICARE

The IB System provides the ability for users to print the TRICARE-specific Pay-to Provider data on a UB04 when the rate type of the claim is TRICARE.

4.1.18 Enter/Edit Billing Information - Print – TRICARE-specific Pay-to Provider – CMS 1500 – TRICARE REIMB.

The IB System provides the ability for users to print the TRICARE-specific Pay-to Provider data on a CMS - 1500 when the rate type of the claim is TRICARE REIMB.

4.1.19 Enter/Edit Billing Information - Print – TRICARE-specific Pay-to Provider – CMS 1500 – TRICARE

The IB System provides the ability for users to print the TRICARE-specific Pay-to Provider data on a CMS - 1500 when the rate type of the claim is TRICARE.

4.1.20 Enter/Edit Billing Information - Re-sequence Diagnoses/Maintain Pointers

The IB System provides the ability for users to re-sequence a diagnosis code which has been associated with a procedure code(s) while maintaining the association (diagnoses pointers).

4.1.21 Enter/Edit Billing Information - Value Code Help

The IB System provides the ability for users to view the list of available Value Codes by NUBC code number when users enter ?? for Help.

4.1.22 Enter/Edit Billing Information - Value Code – External Code Lookup

The IB System provides the ability for users to lookup a Value Code by NUBC code number.

4.1.23 Enter/Edit Billing Information - Occurrence Code Help

The IB System provides the ability for users to view the list of available Occurrence Codes by NUBC code number when users enter ?? for Help.

4.1.24 Enter/Edit Billing Information - Occurrence Code – External Code Lookup

The IB System provides the ability for users to lookup a Occurrence Code by NUBC code number.

4.1.25 Enter/Edit Billing Information - Condition Code Help

The IB System provides the ability for users to view the list of available Condition Codes by NUBC code number when users enter ?? for Help.

4.1.26 Enter/Edit Billing Information - Condition Code – External Code Lookup

The IB System provides the ability for users to lookup a Condition Code by NUBC code number.

4.1.27 Enter/Edit Billing Information - One-Time HPID – Professional

The IB System provides the ability for users to enter a one-time (the ID will not be stored in the Insurance Company file) Health Plan Identifier for the following payers when present on a professional claim:

- Primary
- Secondary
- Tertiary

4.1.28 Enter/Edit Billing Information - One-Time HPID – Institutional

The IB System provides the ability for users to enter a one-time (the ID will not be stored in the Insurance Company file) Health Plan Identifier for the following payer(s) when present on an institutional claim:

- Primary
- Secondary
- Tertiary

4.1.29 Enter/Edit Billing Information - Line Level NDC Code Units to Non-Prescription Claims – Professional

The IB System provides the ability for users to add a line level number of units for each National Drug Code on a non-prescription procedure when creating a professional claim.

4.1.30 Enter/Edit Billing Information - Line Level NDC Code Units to Non-Prescription Claims – Institutional

The IB System provides the ability for users to add a line level number of units for each National Drug Code on a non-prescription procedure when creating an institutional claim.

4.2 System Feature: Insurance Company Editor

4.2.1 Insurance Company Editor - Federal Employee Plan – Help Description

The IB System displays the following description for the Plan Type of FEP when users enter ?? for Help at the Electronic Plan Type field in Change Plan Info under View/Edit Plan:

- Do Not Use for BC/BS

4.3 System Feature: Billing Reports

4.3.1 Billing Reports - Sort - Re-generate Unbilled Amounts Report – Division

The IB System provides the ability for users to sort the Re-generate Unbilled Amounts Report by Division.

4.3.2 Billing Reports - Display - Re-generate Unbilled Amounts Report – Division

The IB System provides the ability for users to display the Re-generate Unbilled Amounts Report by Division.

4.3.3 Billing Reports - Print - Re-generate Unbilled Amounts Report – Division

The IB System provides the ability for users to print the Re-generate Unbilled Amounts Report by Division.

4.3.4 Billing Reports - Display new HIPAA Compliant Fields on IB Reports

The IB System retrieves the data for existing report fields on existing reports from the following new HIPAA length compliant fields:

- Sub-file 2.312
 - SUBSCRIBER ID – Maximum 80 A/N – 2.312, 7.02
 - NAME OF INSURED – Maximum 130 A/N – 2.312, 7.01
- Sub-file 2.3226
 - COMMUNICATION NUMBER – Maximum 245 A/N – 2.3226, 1
- Sub-file 355.3
 - GROUP NAME – Maximum 80 A/N – 355.3, 2.01
 - GROUP NUMBER – Maximum 55 A/N – 355, 2.02
- Sub-file 355.33
 - GROUP NAME – Maximum 80 A/N – 355.33, 90.01
 - GROUP NUMBER – Maximum 55 A/N – 355.33, 90.02
 - SUBSCRIBER ID – Maximum 80 A/N – 355.33, 90.03
 - NAME OF INSURED – Maximum 130 A/N – 355.33, 91.01
- Sub-file 365
 - NAME OF INSURED – Maximum 130 A/N – 365, 13.01
 - SUBSCRIBER ID – Maximum 80 A/N – 365, 13.02
 - GROUP NAME – Maximum 80 A/N – 365, 14.01
 - GROUP NUMBER – Maximum 55 A/N – 365, 14.02
- Sub-file 365.03
 - COMMUNICATION NUMBER 1 – Maximum 245 A/N – 365.03, 1
 - COMMUNICATION NUMBER 2 – Maximum 245 A/N – 365.03, 2
 - COMMUNICATION NUMBER 3 – Maximum 245 A/N – 365.03, 3

- Sub-file 365.26
 - COMMUNICATION NUMBER – Maximum 245 A/N – 365.26, 1.01

4.4 System Feature: Third Party Joint Inquiry

4.4.1 Third Party Joint Inquiry - TPJI Visual Indicator – Institutional

The IB System displays a visual indicator for each institutional claim on a claim list identifying the claim as institutional, when users access one of the following list in TPJI:

- Inactive Bills
- Third Party Active Bills

Note: Maintains the current Inpatient/Outpatient indicator

4.4.2 Third Party Joint Inquiry - TPJI Visual Indicator – Professional

The IB System displays a visual indicator for each professional claim on a claim list identifying the claim as professional, when users access one of the following lists in TPJI:

- Inactive Bills
- Third Party Active Bills

Note: Maintains the current Inpatient/Outpatient indicator

4.4.3 Third Party Joint Inquiry - Co-Payment Amount – TPJI

The IB System provides the ability for users to view the co-payment amount when one is associated with a claim in TPJI.

4.5 System Feature: COB Management Worklist

4.5.1 COB Management Worklist - Sort – COB Management Worklist – Division

The IB System provides the ability for users to sort the COB Management Worklist by Division.

4.5.2 COB Management Worklist - Display – COB Management Worklist – Division

The IB System provides the ability for users to display the COB Management Worklist by Division.

4.5.3 COB Management Worklist - Print – COB Management Worklist – Division

The IB System provides the ability for users to print the COB Management Worklist by Division.

4.6 System Feature: Health Care Claim Transactions (837)

4.6.1 Health Care Claim Transactions (837) - Transmit HPID – Destination Payer – Institutional

The IB System provides the ability to transmit the Health Plan Identifier for the destination payer in an institutional X12N 5010 Health Care Claim (837) transaction to FSC..

4.6.2 Health Care Claim Transactions (837) - Transmit HPID – Destination Payer – Professional

The IB System provides the ability to transmit the Health Plan Identifier for the destination payer in a professional X12N 5010 Health Care Claim (837) transaction to FSC.

4.6.3 Health Care Claim Transactions (837) - Transmit HPID – Other Payer(s) – Institutional

The IB System provides the ability to transmit the Health Plan Identifier for the other payer(s) in an institutional X12N 5010 Health Care Claim (837) transaction to FSC.

4.6.4 Health Care Claim Transactions (837) - Transmit HPID – Other Payer(s) – Professional

The IB System provides the ability to transmit the Health Plan Identifier for the other payer(s) in a professional X12N 5010 Health Care Claim (837) transaction to FSC.

4.6.5 Health Care Claim Transactions (837) - Transmit Sole-Proprietorship NPI – Institutional

The IB System provides the ability to transmit the same NPI for an individual provider and a non-VA lab or Facility in an institutional X12N 5010 Health Care Claim (837) transaction to FSC.

4.6.6 Health Care Claim Transactions (837) - Transmit Sole-Proprietorship NPI – Professional

The IB System provides the ability to transmit the same NPI for an individual provider and a non-VA lab or Facility in a professional X12N 5010 Health Care Claim (837) transaction to FSC.

4.6.7 Health Care Claim Transactions (837) - Transmit TRICARE-specific Pay-to Provider – Institutional – TRICARE REIMB.

The IB System provides the ability to transmit the following TRICARE-specific Pay-to-Provider data in an institutional X12N 5010 Health Care Claim (837) transaction to FSC when the claim has a rate type of TRICARE REIMB.:

- NM101 – 87 - Required
- NM102 – Non-Person Entity - Required
- N301 – Pay-To Address Line - Required
- N302 – Pay-To Address Line - Situational
- N401 – Pay-To Address City – Required
- N402 – Pay-To Address State Code – Required in USA
- N403 – Pay-To Address Postal Zone or ZIP Code – Required in USA

4.6.8 Health Care Claim Transactions (837) - Transmit TRICARE-specific Pay-to Provider – Institutional – TRICARE

The IB System provides the ability to transmit the following TRICARE-specific Pay-to-Provider data for an institutional X12N 5010 Health Care Claim (837) transaction to FSC when the claim has a rate type of TRICARE:

- NM101 – 87 - Required
- NM102 – Non-Person Entity - Required
- N301 – Pay-To Address Line - Required
- N302 – Pay-To Address Line - Situational
- N401 – Pay-To Address City – Required
- N402 – Pay-To Address State Code – Required in USA

- N403 – Pay-To Address Postal Zone or ZIP Code – Required in USA

4.6.9 Health Care Claim Transactions (837) - Transmit TRICARE-specific Pay-to Provider – Professional – TRICARE REIMB.

The IB System provides the ability to transmit the following TRICARE-specific Pay-to-Provider data in a professional X12N 5010 Health Care Claim (837) transaction to FSC when the claim has a rate type of TRICARE REIMB.:

- NM101 – 87 - Required
- NM102 – Non-Person Entity - Required
- N301 – Pay-To Address Line - Required
- N302 – Pay-To Address Line - Situational
- N401 – Pay-To Address City – Required
- N402 – Pay-To Address State Code – Required in USA
- N403 – Pay-To Address Postal Zone or ZIP Code – Required in USA

4.6.10 Health Care Claim Transactions (837) - Transmit TRICARE-specific Pay-to Provider – Professional – TRICARE

The IB System provides the ability to transmit the following TRICARE-specific Pay-to-Provider data in a professional X12N 5010 Health Care Claim (837) transaction to FSC when the claim has a rate type of TRICARE:

- NM101 – 87 - Required
- NM102 – Non-Person Entity - Required
- N301 – Pay-To Address Line - Required
- N302 – Pay-To Address Line - Situational
- N401 – Pay-To Address City – Required
- N402 – Pay-To Address State Code – Required in USA
- N403 – Pay-To Address Postal Zone or ZIP Code – Required in USA

4.6.11 Health Care Claim Transactions (837) - Transmit NDC Code – non-RX – Institutional

The IB System provides the ability to transmit the following line level 5-4-2 format NDC in an institutional X12N 5010 Health Care Claim (837) transaction to FSC (Loop 2410):

- LIN02 – N4 – Required
- LIN03 – National Drug Code – Required

4.6.12 Health Care Claim Transactions (837) - Transmit NDC Code – non-RX – Professional

The IB System provides the ability to transmit the following line level 5-4-2 format NDC in a professional X12N 5010 Health Care Claim (837) transaction to FSC (Loop 2410):

- LIN02 – N4 – Required
- LIN03 – National Drug Code – Required

4.6.13 Health Care Claim Transactions (837) - Transmit NOC Procedures - Free Text Description – Institutional

The IB System provides the ability to transmit a line level 1-80 A/N procedure description in an institutional X12N 5010 Health Care Claim (837) transaction to FSC (Loop 2400):

- SV202-7 – Description - Situational

4.6.14 Health Care Claim Transactions (837) - Transmit NOC Procedures – Free Text Description – Professional

The IB System provides the ability to transmit a line level 1-80 A/N procedure description in a professional X12N 5010 Health Care Claim (837) transaction to FSC (Loop 2400):

- SV101-7 – Description – Situational

4.6.15 Health Care Claim Transactions (837) - Transmit NDC Code Units– non-RX – Institutional

The IB System provides the ability to transmit the following line level NDC unit count in an institutional X12N 5010 Health Care Claim (837) transaction to FSC (Loop 2410):

- CTP04 – National Drug Unit Count – Required
- CTP05 - 1 - Code Qualifier – UN (Units) – Required

4.6.16 Health Care Claim Transactions (837) - Transmit NDC Code Units – non-RX – Professional

The IB System provides the ability to transmit the following line level NDC unit count in a professional X12N 5010 Health Care Claim (837) transaction to FSC (Loop 2410):

- CTP04 – National Drug Unit Count – Required
- CTP05 - 1 - Code Qualifier – UN (Units) – Required

4.6.17 Health Care Claim Transactions (837) - Transmit Maximum 12 Procedures – Inpatient/Institutional

The IB System provides the ability to transmit a maximum of 12 procedure codes in an inpatient, institutional X12N 5010 Health Care Claim (837) transaction to FSC (Loop 2300 – HI01-2).

4.7 System Feature: Copy and Cancel a Bill (CLON)/Correct Rejected/Denied Bill (CRD)

4.7.1 Copy and Cancel a Bill (CLON)/Correct Rejected/Denied Bill (CRD) - CRD - Prevent Correction of Secondary Claim

The IB System prevents users from copying rejected/denied secondary claims using the Correct Rejected/Denied Bill option (CRD).

4.7.2 Copy and Cancel a Bill (CLON)/Correct Rejected/Denied Bill (CRD) - CRD - Prevent Correction of Tertiary Claim

The IB System prevents users from copying rejected/denied tertiary claims using the Correct Rejected/Denied Bill option (CRD).

4.7.3 Copy and Cancel a Bill (CLON)/Correct Rejected/Denied Bill (CRD) - CLON – Copy Secondary/Tertiary Claim Data to New Secondary/Tertiary Claim

The IB System provides the ability for users to copy data from an original secondary/tertiary claim, including COB data from the electronic EOB(s) to a new claim using the Copy and Cancel a Bill (CLON) option.

4.7.4 Copy and Cancel a Bill (CLON)/Correct Rejected/Denied Bill (CRD) - CRD – Copy Primary Claim Data to New Primary Claim

The IB System provides the ability for users to copy data from an original primary claim to a new claim using the Correct Rejected/Denied Bill (CRD) option.

4.7.5 Copy and Cancel a Bill (CLON)/Correct Rejected/Denied Bill (CRD) - CRD – Prevent Correction of Claim in MRA Request Status

The IB System prevents users from copying an MRA claim in an MRA Request status using the Correct Rejected/Denied Bill option (CRD).

4.8 System Feature: Provider ID Maintenance

4.8.1 Provider ID Maintenance - Sole-Proprietorship Designation - non-VA Facility

The IB System provides the ability for users to designate a non-VA Facility as a sole-proprietorship.

4.8.2 Provider ID Maintenance - Link non-VA Facility to Sole-Proprietor

The IB System provides the ability for users to link a non-VA Facility that is a sole-proprietorship to an individual provider.

4.8.3 Provider ID Maintenance - Sole-Proprietorship non-VA Facility – NPI

The IB System provides the ability for users to enter an NPI number for a non-VA Facility that is defined as a sole-proprietorship that has previously been entered for an individual provider.

4.9 System Feature: MCCR Site Parameter Display/Edit

4.9.1 MCCR Site Parameter Display/Edit - Default TRICARE Pay-to Provider

The IB System provides the ability for users to define a default Pay-to Provider for TRICARE claims with the following data:

- Pay-to Provider from the Institution file
- Pay-to Provider Name – default from Institution file
- Pay-to Provider Address Line 1 – default from Institution file
- Pay-to Provider Address Line 2 – default from Institution file
- Pay-to Provider City – default from Institution file
- Pay-to Provider State – default from Institution file
- Pay-to Provider Zip Code – default from Institution file
- Pay-to Provider Phone Number:
- Pay-to Provider Federal Tax ID Number
- Default Flag

4.9.2 MCCR Site Parameter Display/Edit - Default TRICARE Pay-to Provider Associations

The IB System automatically associates all divisions of the VAMC with the default TRICARE Pay-to Provider.

4.9.3 MCCR Site Parameter Display/Edit - Additional TRICARE Pay-to Providers

The IB System provides the ability for users to define additional non-default Pay-to Providers for TRICARE claims with the following data:

- Pay-to Provider from the Institution file
- Pay-to Provider Name – default from Institution file
- Pay-to Provider Address Line 1 – default from Institution file
- Pay-to Provider Address Line 2 – default from Institution file
- Pay-to Provider City – default from Institution file
- Pay-to Provider State – default from Institution file
- Pay-to Provider Zip Code – default from Institution file
- Pay-to Provider Phone Number:
- Pay-to Provider Federal Tax ID Number
- Default Flag

4.9.4 MCCR Site Parameter Display/Edit - Associate Division(s) with TRICARE Pay-to Provider

The IB System provides the ability for users to re-associate one or more divisions of the medical center with additional non-default Pay-to Providers for TRICARE claims.

4.9.5 MCCR Site Parameter Display/Edit - Edit a TRICARE Pay-to Provider

The IB System provides the ability for users to edit a TRICARE Pay-to Provider.

4.9.6 MCCR Site Parameter Display/Edit - Delete a TRICARE Pay-to Provider

The IB System provides the ability for users to delete a TRICARE Pay-to Provider.

4.9.7 MCCR Site Parameter Display/Edit - Re-associate Divisions - Delete TRICARE Pay-to Provider

The IB System automatically re-associates all divisions associated with a deleted TRICARE Pay-to Provider with the default provider.

4.9.8 MCCR Site Parameter Display/Edit - Re-associate Divisions - TRICARE Pay-to Provider Security Key

The IB System provides a Security Key to allow users to access the capability to define TRICARE Pay-to Provider(s).

4.9.9 MCCR Site Parameter Display/Edit - Re-associate Divisions - Pay-to Provider Security Key

The IB System provides a Security Key to allow users to access the capability to define Pay-to Provider(s).

4.10 System Feature: View Cancelled Claim

4.10.1 View Cancelled Claim - View Cancelled Claim

The IB System provides the ability for users to view the non-computed data stored in the Bill/Claim file (file 399) for a Cancelled claim.

4.11 System Feature: Miscellaneous Existing Requirements

4.11.1 Miscellaneous Existing Requirements - *Correct* - FEAT604 Transmit Property and Casualty Claim Number

The IB system transmits the following data with a Professional 837 claim transmission only when a Property/Casualty Claim Number is present on a claim (2010CA REF01, REF02):

- Y4 - Agency Claim Number Qualifier
- Property Casualty Claim Number

4.11.2 Miscellaneous Existing Requirements - *Delete* – FEAT435 VAMC as Billing Provider

The VistA IB system provides the ability for authorized users to designate by insurance company and form type, that the Billing Provider will always be the main facility (VAMC) on claims to the payer.

4.11.3 Miscellaneous Existing Requirements - *Change* – FEAT102 EDI Parameter Report

The Vista system provides the ability for users to view a report which includes the contents of the following fields in the Insurance Company file for all active entries:

- Insurance Company Name; and
- Insurance Company Address (Line 1, City and State); and
- Electronic Type; and
- Type of Coverage; and
- Electronic Transmit?; and
- Inst Electronic Bill ID; and
- Prof Electronic Bill ID; and
- Inst Use VAMC as Billing Provider - **Delete**
- Prof Use VAMC as Billing Provider – **Delete**
- HPID(s) - **Add**
- OEID(s) – **Add**

4.11.4 Miscellaneous Existing Requirements - *Delete* – FEAT443 Schedule Mailman Message/Payer Settings for Billing Provider/Service Facility

The Vista system provides the ability for users to schedule the task to generate the mailman message that reports a site's settings in the Insurance Company Editor for the Billing Provider/Service Facility parameters.

4.11.5 Miscellaneous Existing Requirements - *Delete* – FEAT444 Default Schedule Mailman Message/Payer Settings for Billing Provider/Service Facility

The Vista system automatically sets the default frequency for the task to generate the mailman message that reports a site's settings in the Insurance Company Editor for the Billing Provider/Service Facility parameters, upon installation of the patch, to one time per month.

4.11.6 Miscellaneous Existing Requirements - *Delete* – FEAT445 Mailman Message with Payer Settings/Billing Provider/Service Facility

The Vista IB system generates a mailman message that reports a site's settings in the Insurance Company Editor for the Billing Provider/Service Facility parameters, when at least one of the

Always use main VAMC as Billing Provider parameters is set to 'Yes', which includes the following data:

- Insurance Company Name; and
- Insurance Company Address; and
- Date of Report; and
- Station ID; and
- Electronic Transmit; and
- Inst Electronic Bill ID; and
- Prof Electronic Bill ID; and
- Inst Use VAMC as Billing Provider; and
- Prof Use VAMC as Billing Provider.

4.11.7 Miscellaneous Existing Requirements - *Delete* – FEAT446 Mailman Message with Payer Settings/Billing Provider/Service Facility

The Vista IB system generates a mailman message that reports a site's settings in the Insurance Company Editor for the Billing Provider/Service Facility parameters, when both of the Always use main VAMC as Billing Provider parameters is set to 'No', which includes the following data:

- Date of Report; and
- Station ID

4.11.8 Miscellaneous Existing Requirements - *Delete* – FEAT573 Security Key for Copy_Cancel a Claim

The IB system provides the ability for authorized users to assign a security key to a user which will allow them to use the existing Clon – Copy/Cancel a Claim option [IB COPY AND CANCEL].