

Fee Basis Version 3.5

Technical Manual



January 1995

Revised October 2016

Department of Veterans Affairs

Office of Information and Technology (OI&T)

Revision History

Initiated on 12/29/04

Date	Description (Patch # if applic.)	Project Manager	Technical Writer
Oct 2016	<p>VistA Fee Separation of Duties, Patch FB*3.5*154:</p> <ul style="list-style-type: none"> • Three new security keys are implemented. • Locks on existing functionality and menu options are revised and software is modified to enforce separation of duties. • An existing problem with the identification of the associated authorization for outpatient payments and inpatient ancillary payments is resolved. • The software is modified to prevent an undefined error when a prescription is deleted. • The software is modified to prevent an undefined error when rejected payments are re-initiated. 	VistA Fee Separation of Duties Project Team	VistA Fee Separation of Duties Project Team
May 2016	<p>Fee Basis, Patch FB*3.5*165</p> <p>This patch deletes inappropriate reject flags from old payments, removes old payments with payment confirmation or cancellation data from in-process batches, and enhances the Print Rejected Payment Items report.</p> <p>Three (3) Post-Installs/install routines were added to the Routines chapter in this document:</p> <ul style="list-style-type: none"> • FBXIP165 • FBXI165A • FBXI165C <p>Existing routine updated (along with the description):</p> <ul style="list-style-type: none"> • FBAARJP 	VistA Fee Separation of Duties Project Team	
11/2014	<p>Patch FB*3.5*123 – VA-DoD VistA Fee IPAC Interface Enhancements.</p> <p>This patch includes changes to VistA Fee to allow payments from the VA to the DoD to flow through the Dept. of Treasury Intra-Governmental Payment and Collections (IPAC) System.</p>	Jim Bly/Howard Bromwell	E. Gustafson, S. Vetzal
10/2014	<p>Patch FB*3.5*151, Fee Basis Separation of Duties – Retain historical information enhancement. Documentation updates:</p> <ul style="list-style-type: none"> • Reformatted title page and updated footers. • Added storage requirements to Introduction chapter under Resource Requirements. • Added four new routines (FBAAAUD, FBAAAUDR, 	VistA Fee Separation of Duties Project Team	VistA Fee Separation of Duties Project Team

Date	Description (Patch # if applic.)	Project Manager	Technical Writer
	<p>FBUCAUD, and FBXIP151) to Routines chapter.</p> <ul style="list-style-type: none"> • Exported Options chapter: <ul style="list-style-type: none"> ○ Added option Historical Authorization Data Report [FBAA AUTH DATA AUDIT RPT] under Outputs Main Menu (FBAA OUTPUTS MENU). ○ Added Historical Authorization Data Report to Menu Diagram under Outputs Main Menu (FBAA OUTPUTS MENU). • Added VA FileMan to Subscriber Integration Agreements to External Relations chapter. • Added new monitored fields to Security chapter under Audit Trails section. 		
9/2014	<p>Fee Basis FB*3.5*139</p> <p>Updated Title page</p> <p>Updated Revision History, p i-ii</p> <p>Updated Table of Contents, p iii-iv</p> <p>This patch introduces ICD-10 Advanced Search Functionality and other updates for ICD-10 Remediation. Changes in this manual include:</p> <ul style="list-style-type: none"> • Five new routines (FBASF, FBASFL, FBASFU, FBICD9 and FBICDP) • Two new ICD-10 fields, 	<p>VA PM: Kristen Templet</p> <p>HP PM: Mike Klein</p>	E. Phelps
1/2013	<p>Fee Basis FB*3.5*132</p> <p>This patch enhances the interface between VistA Fee Basis and Central Fee to improve the consistency of payment line item data between the systems. This will prevent duplicate ICN payments by ensuring that a payment line cannot be reprocessed in VistA Fee Basis unless it has been removed from Central Fee.</p> <p>Changes to VistA Fee Basis documented in this manual are:</p> <ul style="list-style-type: none"> • New mail group: FEE FINANCE • New bulletin: FBAA SERVER • New routines. • Addition of new and modified options. • New Security Keys: FBAAFINANCE and FBAAREJECT • New file: FEE BASIS PAYMENT REJECT CODE (#161.99) 	Ricky Stephens	Susan Strack

Date	Description (Patch # if applic.)	Project Manager	Technical Writer
9/2012	<p>Updated from Patch Review feedback. Removed references print and sort template that is not used.</p> <p>Updated for FB*3.5*135 Fee 5010, added UCID field data to files 161.4, 162, and 162.5. Added UCID Menu and testing options. For Future Use: Added file 161.9 to hold FB provider data which is transferred to IB file 335.93 via a new scheduled Option FEE BASIS PAID TO IB (Not turned on). Added field #40 ALLOW FB PAID TO IB to site parameter file 161.4.</p>	Kelly Coleman	Larry Faraci
9/2012	Patch FB*3.5*124 miscellaneous changes; NO CHANGES affecting Fee Basis Security or Technical components.	L'Tanya Lawrence	John Merritt / Berry Anderson / Tammy Womack
5/2012	Patch FB*3.5*108 Pages. 5, 7, 79-94	L'Tanya Lawrence	Berry Anderson
4/2012	<p>Documentation updates for Patch FB*3.5*131:</p> <ul style="list-style-type: none"> • Three new server options (not attached to any menu). • Three new routines (called by the new options) that delete a message from the Postmaster mailbox and then quit. 	Ricky Stephens	Susan Strack
11/2011	Updated for FB*3.5*122 and FB*3.5*133, Fee 5010 EDI, Sections: General Information, Routines, Files, Exported Options, Glossary.	Kelley Coleman	Karen Clark
6/2011	Project ARCH, FB*3.5*119 Sections: Introduction, Routines, Files, External Relations.	D Reed	JoAnn Green
5/2011	1358 Segregation of Duties FB*3.5*117 Sections: Routines, Exported Options.	M Anthony	C Arceneaux
5/2011	Updated for FB*3.5*121 Fee 5010, updated menu diagrams, added Appendix B. Sections: Implementation and Maintenance, Files, Exported Options, Appendix B.	Kelley Coleman	Karen Clark
2/2010	Updated for the Fee Data HERO Project FB*3.5*107 and FB*3.5*108	Timothy Holmes	Michelle Clark
2/2007	Updated for the NPI Project, FB*3.5*98 (Appendix A added)	Melissa Livingston	Chris Thayer
12/29/04	Updated to comply with SOP192-352 Displaying Sensitive Data.		Mary Ellen Gray

Date	Description (Patch # if applic.)	Project Manager	Technical Writer
12/29/04	Pdf file checked for accessibility to readers with disabilities.		Mary Ellen Gray

(This page included for two-sided copying.)

Table of Contents

Revision History	ii
INTRODUCTION.....	1
Namespace Conventions	2
Integrity Checker	2
Obsolete Options	2
Resource Requirements	2
IMPLEMENTATION AND MAINTENANCE.....	5
Site Configurable Parameters	6
Site Parameters Not Edited by Users (Edited by Routines).....	8
Mail Groups.....	8
Bulletins	9
ROUTINES.....	11
Routine List with Descriptions	11
Callable Routines	24
FILES	25
Main Globals and Files.....	25
Globals to Journal.....	25
File List	25
File Flow Chart.....	27
Templates	33
Input Templates.....	33
Print Templates	34
Sort Templates.....	35
EXPORTED OPTIONS	37
Fee Basis Menus and Options	37
ARCHIVING AND PURGING.....	49
EXTERNAL RELATIONS	51
INTERNAL RELATIONS	55
PACKAGE-WIDE VARIABLES.....	55
HOW TO GENERATE ON-LINE DOCUMENTATION	55
SECURITY	57
General Security	57
Audit Trails	57
Security Keys	59
Legal Requirements.....	60
File Protection	60
GLOSSARY.....	63
APPENDIX A – TRANSMISSION MAPPINGS	65
A-1 MRA Mapping C1.....	65
A-2 MRA Mapping C4.....	66
A-3 MRA Mapping C8.....	67
A-4 Batch Header.....	68

Table of Contents

A-5 B3 (Outpatient/Ancillary) Batch	69
A-6 B3 (Outpatient/Ancillary) Batch (Line 2)	71
A-7 B5 Batch.....	72
A-8 B9 Inpatient Batch.....	75
A-9 B9 Inpatient Batch (Line 2).....	77
A-10 B9 Inpatient Batch (Line 3).....	78
A-11 B9 Inpatient Batch (Line 4).....	79
APPENDIX B – TRANSMISSION MAPPINGS FROM CENTRAL FEE.....	81

Preface

The Fee Basis Technical Manual details various technical characteristics of the Veterans Health Information Systems and Technology Architecture (VistA) Fee Basis software product. This manual was originally produced by the Albany Information Systems Center to provide necessary information for use in the technical operation of the Fee Basis software package, Version 3.5. It should be noted that this manual is intended for use by technical computer personnel and is not designed for use by the typical end user.

(This page included for two-sided copying.)

Introduction

The VistA Fee Basis package provides a range of software supporting the Department of Veterans Affairs fee for service (Fee Basis) program. A veteran is authorized Fee Basis care if s/he is legally eligible for such care and VA facilities are not feasibly available to meet the patient's medical needs. The authorization may be for short-term care, ID card status for ongoing outpatient care, home nursing services which authorize home nursing visits, community nursing home, or contract hospital. Veterans authorized Fee Basis care may receive reimbursement for their travel expenses from their home to the fee provider and/or prescription services in emergent situations.

The Fee Basis package interfaces with the Admission Discharge Transfer (ADT)VistA module of the Patient Information Management System (PIMS) package to provide users access to registration data entered through ADT options. It integrates with VA FileMan to give non-programmer personnel the ability to extract reports with ease. It interacts with the Integrated Funds Distribution, Control Point Activity, Accounting and Procurement (IFCAP) package in the passing of data for posting to 1358s. It integrates with the Integrated Billing (IB) package for patient insurance data and provider data for potentially cost recoverable claims (added for FB*3.5*135). It allows users to enter and track unauthorized claims for all Fee Basis programs. Use of the Fee Basis software provides for more efficient and accurate operation of the Fee Basis programs with reduction of paperwork, savings in man-hours, and minimization of error.

Fee Basis also integrates with the Clinical Reminders package to Clinical Reminders (IA #5619) to provide Clinical Reminders with two functions to list the patient's ARCH (Access Received Closer to Home) eligibility of a certain date range and a list of all patients and their ARCH Eligibility. Added for FB*3.5*119.

Related manuals include the Fee Basis User Manual, which describes the functionality and use of the software; the Fee Basis Installation Guide, which provides step-by-step instructions for installing the software, the Fee Basis Guidebook supplied by Central Office.

The Fee Basis software provides menus for the four fee for service programs: Medical Fee, Pharmacy Fee, Community Nursing Home, and Civil Hospital. There are also menus for processing unauthorized claims and answering telephone inquiries regarding payments.

Some of the options in the Medical Fee Main Menu are utilized to:

- Authorize Fee Basis treatment
- Enter vendors or payments
- Create, close out, and release batches of invoices
- Record travel payments
- Establish site parameters
- Queue Fee Basis batch data for transmission to Austin, TX

The Pharmacy Fee section of the Fee Basis package provides the means to administer the Hometown Pharmacy program, which provides payment for medications furnished to eligible veterans on an emergency basis.

Introduction

The Community Nursing Home section provides the means to pay for nursing home care provided to VA in-patients who are placed in nursing homes in the community for an authorized period of time at VA expense.

The Civil Hospital section provides the ability to pay for care provided to veterans who are determined to be legally and medically eligible for care and who are admitted to a private hospital in emergency situations where VA facilities are not feasibly available.

The Unauthorized Claims section provides the means to process unauthorized claims, which are expenses for inpatient medical services obtained by eligible veterans without prior authorization from the VA.

The Telephone Inquiry Menu contains the options that are used to answer inquiries from vendors and/or veterans regarding payments or checks.

NOTE: Per enforcement of Separation of Duties, the software prevents users from entering payment or pricing for a service if that user previously entered or edited the associated authorization for the service. Entry or edit of a civil hospital notification, community nursing home contract rate for a patient, community nursing home movement, or unauthorized claim will be considered as a change to the associated authorization.

General Information

Namespace Conventions

The namespace assigned to the Fee Basis package is FB.

Integrity Checker

The Fee Basis package has its own integrity checker. The routine is FBNTEG and should be used after the installation of a patch to verify that the patch was installed correctly. Integrity values will be supplied in the patch module.

Obsolete Options

The following options may be deleted.

FBAA VENDOR CLEANUP
FBAA MRA VENDOR ADD FO

Resource Requirements

Formula for TUs: (# of FEE patients/160,000) + .04 = TUs needed

Storage requirements:

Initial: .004 Mbytes/FEE patient
Additional: (# of inpatient invoices X 435)/1,000,000
(# of inpatient authorizations X 700)/1,000,000 (#
of unauthorized claims X 630)/1,000,000

Equipment requirements: Increase from Fee Basis version 3.0 for inpatient invoices for Fee 5010 EDI provider data; # of inpatient invoices X 335 is now X 435 for FB*3.5*133.

Additional storage is required for records entered or modified after the installation of patch FB*3.5*151:

- 480 additional bytes per authorization in the FEE BASIS PATIENT (#161) file to support the new data audit on selected fields.
- 3000 additional bytes per claim in the FEE BASIS UNAUTHORIZED CLAIMS (#162.7) file to support the new data audit on selected fields.

Additional storage is required for records entered or modified after the installation of patch FB*3.5*154:

- 240 additional bytes per authorization in the FEE BASIS PATIENT (#161) file to support the new user audit.
- 400 additional bytes per notification in the FEE NOTIFICATION/REQUEST (#162.2) file to support the new user audit.
- 240 additional bytes per authorization in the VA FORM 10-7078 (#162.4) file to support the new user audit.
- 400 additional bytes per claim in the FEE BASIS UNAUTHORIZED CLAIMS (#162.7) file to support the new user audit.

(This page included for two-sided copying.)

Implementation and Maintenance

There are several parameters associated with the Fee Basis package that are site configurable. Each of these parameters may be set through the Supervisor Main Menu using the Site Parameter Enter/Edit option. The following is an example of what might appear on the screen while using the Site Parameter Enter/Edit option. User responses are shown in boldface type. Descriptions of the site configurable parameters begin on the following page.

Select Supervisor Main Menu Option: **SITE** Parameter Enter/Edit

```
Select Site: VAMC ALBANY NY
STATION OF JURISDICTION NAME: VAMC ALBANY NY// <RET>
STATION ADDRESS LINE 1: 128 HOLLAND AVE// <RET>
STATION ADDRESS LINE 2: <RET>
STATION ADDRESS LINE 3: <RET>
CITY: ALBANY// <RET>
STATE: NEW YORK// <RET>
ZIP: 12208// <RET>
MAIL CODE: <RET>
STATION TELEPHONE NUMBER: 563-7788 OR 456-7766
      Replace <RET>
APPROVING OFFICIAL FOR 7079: HOWARD// <RET>
TITLE OF APPROVING OFFICIAL: CENTER DIRECTOR// MEDICAL CENTER <RET>
MEDICAID DISPENSING FEE: 2.95// <RET>
MEDICAL PAYMENT VENDOR DISPLAY: YES// <RET>
PHARMACY PAYMNT VENDOR DISPLAY: YES//<RET>
DEFAULT AUTH. TIME RANGE: 1095// <RET>
ASK VENDOR DURING AUTH.: YES// <RET>
MAX # PAYMENT LINE ITEMS: 85// <RET>
MAX # CH PAYMENT LINES: 42// <RET>
MAX # CNH PAYMENT LINES: 61// <RET>
*ASK PROGRAM SPECIFIC AUTH.: YES// <RET>
APPROVING OFFICIAL FOR 7078: Dr. Samuel// <RET>
TITLE 7078 APPROVING OFFICIAL: Assoc. Chief of Staff
      Replace <RET>
COPIES OF 7078 TO BE PRINTED: 1// <RET>
PSA DEFAULT INSTITUTION: ALBANY MEDICAL CENTER// <RET>
7078 DEFAULT AUTH SERVICE TEXT:
  1>NOTIFICATION OF HOSPITALIZATION RECEIVED WITHIN 72 HOURS OF ADMISSION.
  2>HOSPITALIZATION UNTIL STABLE OR UNLESS FURTHER APPROVED BY FEE BASIS
  3>CLINIC DIRECTOR -
  4>
  5>MED/SURG PAYMENTS AT DRG RATES IN ACCORDANCE WITH PPS. PSY
  6>PAYMENTS AT 72% OF BILLED CHARGES FOR AUTHORIZED DATES OF
  CARE
EDIT Option: <RET>
TRACK INCOMPLETE UNAUTHORIZED CLAIMS?: YES// <RET>
'INITIAL ENTRY' STATUS FOR U/C: <RET>
UNAUTHORIZED CLAIM PRINTER: <RET>
UNAUTHORIZED CLAIM LETTER: AUTOMATIC PRINT// <RET>
  NUMBER OF COPIES: 1// <RET>
PRINT U/C ON LETTERHEAD?: <RET>
STATION NAME (EDITABLE): VAMC ALBANY NY// <RET>
UC LETTER LINES AFTER CC:
ALLOW FB PAID TO IB: YES//
```

Select Site:

Site Configurable Parameters

Name	Description
STATION OF JURISDICTION NAME	The name of the Clinic of Jurisdiction for which these site parameters are defined. There can be only one entry in this file.
STATION ADDRESS LINE 1	Street address line 1 of this COJ. This data will be printed on the authorization, VA Form 10-7079.
STATION ADDRESS LINE 2	Street address line 2 of this COJ. This address line will also print on the authorization, VA Form 10-7079.
STATION ADDRESS LINE 3	Line 3 of the COJ's street address.
CITY	The city in the COJ's mailing address.
STATE	The state in the COJ's mailing address.
ZIP	Zip code for the COJ.
MAIL CODE	The Mail Code will appear in the upper right corner of Unauthorized Claim letters immediately after the medical center division.
STATION TELEPHONE NUMBER	The telephone number to which Fee Basis inquiries should be directed.
APPROVING OFFICIAL FOR 7079	The name of the approving official authorizing Fee Basis services. This name will be printed on the authorization, VA Form 10-7079.
TITLE OF APPROVING OFFICIAL	The title of the approving official. This title will be printed on the authorization, VA Form 10-7079.
MEDICAID DISPENSING FEE	The dollar amount of the Medicaid dispensing fee for this COJ. Dispensing fees, which are approved by Medicaid, vary from COJ to COJ.
MEDICAL PAYMENT VENDOR DISPLAY	This parameter is used to indicate whether the vendor's demographic data will be displayed and made editable during the entering of a medical payment.
PHARMACY PAYMNT VENDOR DISPLAY	If there is a "Y" in this field, the vendor demographics will be displayed during the Enter Pharmacy Invoice option.
DEFAULT AUTH. TIME RANGE	The number of days of the usual long-term authorization. The data entered here will be added to the Authorization From Date and that date will become the default To Date for the authorization. For example, if the normal long-term authorization is one year, 364 would be entered in this parameter.
ASK VENDOR DURING AUTH	A "YES" response results in asking for a vendor when using the Enter Authorization option.
MAX # PAYMENT	The maximum number of payment line items that will be allowed in a batch for

Name	Description
LINE ITEMS	outpatient and ancillary. Any number between 1 and 85 is acceptable. This value is checked during the Enter Payment options and will warn the clerks when they are within 20 of the maximum. It will prevent the clerks from exceeding this number.
MAX # CH PAYMENT LINES	The maximum number of payment line items that will be allowed in a batch for Civil Hospital. Any number between 1 and 42 is acceptable. This value is checked during the Enter Payment options and will warn the clerks when they are within 20 of the maximum. It will prevent the clerks from exceeding this number.
MAX # CNH PAYMENT LINES	The maximum number of payment line items that will be allowed in a batch for Contract Nursing Home. Any number between 1 and 61 is acceptable. This value is checked during the Enter Payment options and will warn the clerks when they are within 20 of the maximum. It will prevent the clerks from exceeding this number.
*ASK PROGRAM SPECIFIC AUTH.	A "YES" answer to this site parameter will show only those authorizations that are program-specific. An example would be the display for selection of only Community Nursing Home authorizations when entering CNH payments.
APPROVING OFFICIAL FOR 7078	The default approving official for VA Form 10-7078s.
TITLE 7078 APPROVING OFFICIAL	The title of the default approving official for VA Form 10-7078s.
COPIES OF 7078 TO BE PRINTED	Indicates the default number of copies to be printed for each VA Form 10-7078 generated.
PSA DEFAULT INSTITUTION	The station number for the transmission of data to Austin is determined using this field. In almost all cases, your facility should be entered.
7078 DEFAULT AUTH SERVICE TEXT	A free text entry for special remarks, instructions, etc. pertaining to the authorization, which will appear in Section 6 of VA Form 10-7078.
TRACK INCOMPLETE UNAUTHORIZED CLAIMS?	This field indicates whether or not incomplete unauthorized claims should be tracked. Enter "YES" to track incomplete claims; otherwise only complete claims can be tracked. The response is a numeric character, with 1 equal to "YES" and 0 equal to "NO".
'INITIAL ENTRY' STATUS FOR U/C	If this field is filled in, then minimum data is required for entering an unauthorized claim. This is designed for sites who have streamlined their workload, where only one user enters the unauthorized claims received, and another reviews the claim for completeness and makes the necessary requests, etc. The response is the numeric character 1 to activate; otherwise, leave this field blank.
UNAUTHORIZED CLAIM PRINTER	Select a printer device name. NOTE: This is not a POINTER field. The exact name must be entered.
UNAUTHORIZED CLAIM LETTER	Indicate how you wish your unauthorized claim letters to print. Enter an "A" if the Unauthorized Claim Printer is dedicated, and you always wish a letter to print when it has been changed to the appropriate status. Enter a "B" if the

Name	Description
	Unauthorized Claim Printer is not dedicated, or you wish to batch print letters of claims, which have changed to the appropriate status. Do not enter anything if you will be manually generating your own form letter.
NUMBER OF COPIES	This field indicates the number of copies of a letter to be printed. The maximum number of copies allowed is five.
PRINT U/C ON LETTERHEAD?	No entry is necessary if you will not be printing letters. Enter the numeric character 1 if your site will be printing unauthorized claims letters on letterhead.
STATION NAME (EDITABLE)	This is the first line of the return address. The data is pulled from Field #.01 and can be edited at this prompt.
ALLOW FB PAID TO IB: YES//	Setting this parameter to 'YES' allows provider information from Fee Basis claims that are potentially cost recoverable to be saved to the FEE BASIS PAID TO IB file (161.9) during batch processing and passed to the Integrated Billing file IB NON/OTHER VA BILLING PROVIDER (#335.93) by the scheduled option FB PAID TO IB.

*Will be deleted in future version

Site Parameters Not Edited by Users (Edited by Routines)

Name	Description
FPPS TRANSMIT START	This is the start date and time for the beginning of the FB FPPS TRANSMIT menu option. This value will be auto-populated by the menu option to help track when the last time a batch was started. FB*3.5*121.
FPPS TRANSMIT END	This is the finish date and time for the FB FPPS TRANSMIT menu option. This value will be auto-populated by the menu option to help track when the last time a batch finished. FB*3.5*121.
(#39) UNIQUE CLAIM IDENTIFIER SEQ [3F]	This field contains a sequence number, which is incremented programmatically during Fee Basis Payment entry.
(#80) LAST IPAC NUMBER	This is the last number used to create the ID# field in the IPAC VENDOR AGREEMENT file (#161.95). This number is automatically incremented for each new IPAC vendor agreement that is created. Field created with FB*3.5*123.

Mail Groups

Name	Suggested Members	Description
FEE	Individuals who should receive confirmation messages from Austin and notifications from	This mail group is used to receive confirmation and daily reports from Austin DPC. The Vista Fee Basis software also sends

Name	Suggested Members	Description
	the VistA Fee Basis software.	notification of events to this mail group.
FEE FINANCE	This mail group was created for finance staff. The messages sent to this mail group are also sent to another mail group (FEE). Since the FEE mail group also receives messages that may not be of interest to finance staff, the separate FEE FINANCE mail group was created.	<p>This mail group receives messages from the Fee Basis software when exceptions occur during processing of messages sent by Central Fee that are related to payment batches previously transmitted to Central Fee.</p> <p>The FBAA BATCH SERVER, FBAA VOUCHER SERVER, and FBAA REJECT SERVER options may send a message to this mail group.</p>

Bulletins

Name	Cause	Description
FBAA SERVER	This bulletin is used by the FBAA BATCH SERVER, FBAA VOUCHER SERVER, and FBAA REJECT SERVER options to notify users of a problem while processing applicable transactions from Central Fee.	<p>Contains the following information:</p> <ul style="list-style-type: none"> • Date and time. • Name of the sender of the server request. • Name of the option which was requested by Mailman. • Subject of the message which requested a server. • The internal number of the message requesting a server. • Comments appended to the bulletin. These may include errors trapped by the server software and/or the operating system, as well as general purpose messages. • Text to be appended to the message subject.

(This page included for two-sided copying.)

Routines

Routine List with Descriptions

The following is a listing of routines contained in the Fee Basis package with a brief description of each.

Name	Description
FB1358	IFCAP 1358 obligation utilities.
FB35P50	Post init routine to identify corrupt vendor file.
FBAA79, FBAA79A	Prints VA Form 7079 in response to a request for outpatient medical services.
FBAAAUD	Called by data dictionary of the FEE BASIS PATIENT (#161) file.
FBAAAUD	Called by data dictionary of the FEE BASIS PATIENT (#161) file.
FBAAAUDR	Historical Authorization Data Report.
FBAAAUDR	Historical Authorization Data Report.
FBAAAUT	Runs the Enter/Edit Authorization option and is used to enter or edit an authorization for Fee Basis services.
FBAAAV	Flags a vendor for addition to the Central Fee file in Austin, Texas.
FBAABDL	Allows the user to delete batches that meet necessary criteria.
FBAABET	Allows the user to edit a batch type and obligation number.
FBAABPG	Allows the purging of the FEE BASIS BATCH file (#161.7).
FBAABS	Displays available information for a selected batch based on the status of the batch.
FBAABT	Prints out the statuses of all active batches.
FBAACCB, FBAACCB0, FBAACCB1, FBAACCB2	Runs the Close-out Batch option.
FBAACFE	Contract file enter/edit.
FBAACH	Displays the ID card history for a patient.
FBAACIE	Allows the user to complete a pharmacy invoice.

Routines

Name	Description
FBAACLU	Shows the user who last entered or changed an authorization.
FBAACO, FBAACO1, FBAACO3, FBAACO4, FBAACO5	Allows users to enter a medical payment.
FBAACO0	Displays the FEE BASIS PATIENT file (#161) address information for a patient. The information may also be edited via this routine.
FBAACO2	Processes duplicate payments and, if requested, stores them as a MEDICAL denial.
FBAACR	Prints out the cost report for Outpatient Medical.
FBAADCB	Displays batches that have been closed but not yet certified by the supervisor.
FBAADD	Causes an entire batch to be rejected.
FBAADD1	Reprocess overdue batch.
FBAADEM, FBAADEM1	Displays veteran demographics.
FBAADOB	Displays any available information about open batches.
FBAADV	Places a vendor in DELETE status on the local system only.
FBAAEAR	Allows a user to enter any necessary authorization remarks.
FBAAELE	Enter or edit suspension letters.
FBAAEPI, FBAAEPI1	Allows the user to edit a pharmacy invoice that was previously entered.
FBAAES	Allows the Fee Basis supervisor to enter or edit site parameters.
FBAAEETA	If there is a travel payment, it is entered via this routine.
FBAEFA	File adjustments for medical/ancillary payments.
FBAEFED	FPPS data edit outpatient/ancillary invoice.
FBAEFR	File remittance remarks for medical/ancillary payments.
FBAEFS	Outpatient fee schedule.
FBAEFSF	Outpatient 75 th percentile fee schedule.
FBAEFRS	RBRVS fee schedule.
FBAEAIAD, FBAEAIAE,	Add, edit, delete, display IPAC agreement information.

Name	Description
FBAAIIV	
FBAAIQ, FBAAIU	Manage IPAC agreement MRA status and transmission.
FBAAIAR, FBAAIARA	IPAC Vendor DoD Invoice Report (Summary Report)
FBAAIAR1, FBAAIAR2	DoD Invoice Number Inquiry
FBAAIARB, FBAAIARC, FBAAIARD	IPAC Vendor Payment Report (Detail Report)
FBAALB	Provides a record of payments in any batch.
FBAALPI	Lists invoices that are ready for PIMS (MAS) completion. If a user wishes to complete an invoice after viewing all those ready for completion, then control is transferred to routine FBAACIE.
FBAALU	References the CPT file for CPT Code lookups.
FBAAMP, FBAAMP1	Allows multiple payments to be entered for a vendor.
FBAAMPG1	Allows the user to automatically purge transmitted Delete type and Reinstated type MRAs.
FBAAMPRG	Purges transmitted MRAs.
FBAAMST	MST report.
FBAAOB	Allows a user to create and open a batch.
FBAAODP, FBAAODP0	Allows a payment to be deleted.
FBAAPAA	Allows adding to, or editing of, the Fee schedule.
FBAAPAR	Payment Aging Report.
FBAAPAY	Compiles the Fee schedule.
FBAAPCC	Prints a list of all currently issued Fee Basis ID cards.
FBAAPCS	Report Cost/Savings from RBRVS fee schedule.
FBAAPDM	Creates a Patient MRA Delete type transaction.
FBAAPET, FBAAPET1	Allows a user to edit medical payments.
FBAAPGL	Post payments to COREFLS.
FBAAPH	Provides a payment history listing for a veteran.
FBAAPHV	Allows the user to void a pharmacy payment.

Name	Description
FBAAPI	Displays patient demographics and Fee Basis authorizations.
FBAAPIE, FBAAPIE1	Allows a user to enter a Fee Basis pharmacy invoice.
FBAAPII	Displays a selected pharmacy invoice.
FBAAPIN, FBAAPIN1	Displays detail line items associated with a selected invoice.
FBAAPIP	Used to assign a batch number to a completed pharmacy invoice prior to payment being sent to Austin.
FBAAPIS	Displays the status of a selected pharmacy invoice.
FBAAPLU	Allows the user to look up a pharmacy vendor payment.
FBAAPM	Creates a Patient MRA transaction.
FBAAPOC	Prints all obsolete Fee Basis ID cards.
FBAAPP, FBAAPP0	Allows a pharmacist to review a Fee Basis prescription.
FBAAPPH	Provides a Fee Basis pharmacy prescriptions history list for a patient.
FBAAPRC	Prints a report of contact.
FBAAPRGS	Prints out the status of the Fee Basis Purge.
FBAAPV	Lists all vendors that are awaiting Austin approval.
FBAARB	Allows a previously closed batch to be reopened.
FBAARD, FBAARD0	Allows all rejects that were entered in error to be deleted.
FBAARD1, FBAARD2, FBAARD3	Allows reject codes to be deleted for a particular item.
FBAARJP	Called by the Print Rejected Payment Items option to generate a report of payments that are currently flagged as rejected.
FBAARMRA	Retransmits MRAs for a specified date.
FBAAROC	Allows a user to enter a report of contact.
FBAARP	Runs the reimbursement payment option.
FBAARR, FBAARR0, FBAARR2, FBAARR3	Allows any rejected line items to be reinitiated and assigned to a new batch.
FBAARR1	Reinitiates an entire batch.
FBAARV	Reactivates a previously deleted vendor in the CENTRAL FEE VENDOR

Name	Description
	file.
FBAAS79	Allows a single VA Form 10-7079 to be printed.
FBAASAP	Displays all authorization information.
FBAASCB, FBAASCB0	Allows a Fee Basis supervisor to release a batch.
FBAASDR	Generates the Fee Basis 1358 Segregation of Duty Report. FB*3.5*117
FBAASKR	Generates a report for the supervisors of users that hold Fee Basis security keys.
FBAASL, FBAASL1, FBAASL1B, FBAASLP, FBCHSL1, FBCHSLP	Allows the user to print suspension letters.
FBAASOUT	Generates the output for the Fee schedule.
FBAASTA	Responsible for displaying a user's sign-on status. It displays a list of all open batches for the current user, including the type of batch, the batch number, the obligation number, and the date that the batch was opened.
FBAATIC	Allows the user to terminate an existing ID card.
FBAAUTL	Utility routine for the Fee Basis package. It performs various tasks such as setting the FBSITE(0) and FBSITE(1) variables to Fee Basis site parameters, getting the next available batch number or invoice number, and determining the length of time that a vendor has been in DELETE status.
FBAAUTL1, FBAAUTL2	Utility routines. They contain various functions such as posting increases/decreases to 1358s and selecting veterans and authorizations.
FBAAUTL3	Supported call to be used by IFCAP to determine the System Identifier for the 994 code sheets.
FBAAUTL4, FBAAUTL5	Used to build the "AE" cross-reference in File #162 and retrieve the CPT and modifier from the cross-reference.
FBAAUTL6	Utility routine. Used to validate/correct socioeconomic groups extrinsic functions.
FBAAUTL7	Utility routine. Used to set the "AE" cross-reference when SERVICE PROVIDED field is added or modified.
FBAAUTL8	Utility routine. Used to convert first five digits of SSN to "X" and only display the last four digits of the SSN.
FBAAUVC	Updates vendor codes.
FBAAV0, FBAAV01	Responsible for sending Fee Basis data to Austin.

Routines

Name	Description
FBAAV1	Transmits Vendor MRA data.
FBAAV2	Transmits Pharmacy payments.
FBAAV3	Transmits Travel payments.
FBAAV4	Transmits patient MRAs.
FBAAV5	Creates transactions for CH/CNH payments.
FBAAV6	Creates transactions to send to the Pricer System.
FBAAV8	Transmits IPAC Agreement MRAs.
FBAAVD, FBAAVD2	Displays vendor demographics and allows the user to edit the data displayed.
FBAAVD1	Displays CNH vendor specifics.
FBAAVD3	Edit vendor FPDS data.
FBAAVD4	Special routine for entering/inactivating/deleting NPI in file 161.2.
FBAAVLU	Looks up payments to a vendor for a specified time frame.
FBAAVP, FBAAVP0	Allows the user to either void or cancel the void on a medical payment.
FBAAVR, FBAAVR0, FBAAVR1, FBAAVR2, FBAAVR3, FBAAVR4,	Allows the user to specify local rejects and finalize a batch.
FBAAVR5	Generate voucher batch msg.
FBAAVR6	Resend voucher batch msg.
FBAAVS	Displays payment data for a selected patient and vendor.
FBARCH0	Stores the eligibility status for Project ARCH. FB*3.5*119
FBASF	Advanced Search Functionality – asks for full or partial ICD-10 Diagnosis code and calls the Lexicon ICD-10 diagnosis search function to display the results.
FBASFL	Advanced Search Functionality – displays a listing of ICD-10 diagnosis codes based on search entry.
FBASFU	Advanced Search Functionality utilities.
FBAUTHP	Displays an authorization on screen for a specific authorization number.
FBCH78, FBCH780,	Sets up a VA Form 10-7078 authorization for CH.

Name	Description
FBCH78A	
FBCHACT, FBCHACT0, FBCHACT1	Calculates non-VA hospital activity and non-VA unauthorized days of activity.
FBCHC78	Allows a user to cancel a VA Form 10-7078.
FBCHCD	Completes disposition of an authorization.
FBCHCO	Allows entry of CH ancillary payments.
FBCHCR, FBCHCR1	Prints out the cost report for Civil Hospital or Contract Nursing Home. The output may be for authorized or unauthorized care.
FBCHDEL	Deletes a notification/request.
FBCHDI	Displays an inpatient invoice.
FBCHDI2	Displays an invoice for Civil Hospital.
FBCHDIN	Deletes an inpatient invoice.
FBCHDUC	Displays unauthorized claims.
FBCHEAP	Allows the completion of a payment by adding the amount paid passed back from the Austin Pricer.
FBCHEP, FBCHEP1	Allows entry/edit of a CH payment.
FBCHEUC, FBCHEUC1, FBCHEUC2	Allows entry/edit of an unauthorized claim.
FBCHFSA	File adjustments for CH/CNH payment.
FBCHFED	FPPS data edit for inpatient invoice.
FBCHFR	File remittance remarks for CH/CNH payments.
FBCHP78	Generates a VA Form 10-7078.
FBCHPET	Allows the user to edit an ancillary payment.
FBCHPH, FBCHPH0	Displays a patient payment history.
FBCHPRC, FBCHPRC1	Prints a report of contact for CH.
FBCHPSA, FBCHPSA0, FBCHPSA1	Used to calculate dollar amounts by primary service area.
FBCHREQ, FBCHREQ1	Used for the notification/request process of Civil Hospital.

Name	Description
FBCHREQ2	Allows the user to reconsider a denied Civil Hospital notification.
FBCHRJP	Used to print rejected payment items from the Austin Pricer.
FBCHROC	Used to input a report of contact for the Civil Hospital program.
FBCHRR	Used to reinitiate rejects from the pricer.
FBCHSCB	Used by the Fee Basis supervisor to release batches to the pricer.
FBCHSL1, FBCHSLP	Print suspension letters.
FBCHSTA	Displays pending inpatient dispositions.
FBCHSTAT	Generates the request statistics report.
FBCHVH	Used to produce the inpatient vendor payment history.
FBCHVP	Allows the user to either void or cancel the void on an inpatient invoice.
FBCKDIS, FBCKDIS1	Used to display payment information for a user-specified check number.
FBCNHCEN	Prints a report of census data for a user-specified date in Civil Hospital or Community Nursing Home.
FBCSV1	Utilities for code set versioning.
FBCTAU, FBCTAU1, FBCTAU10,FBCTAU11, FBCTAU2, FBCTAU3, FBCTAU4, FBCTAU5, FBCTAU6, FBCTAU7, FBCTAU8, FBCTAU9	Generated from FBAA AUTHORIZATION input template file 161.
FBCTV, FBCTV1,FBCTV2, FBCTV3	Generated from FB VENDOR UPDATE input template file 161.2.
FBDOC	Contains documentation for other Fee Basis routines.
FBFHFT1	FPPS HL7 FT1 segment.
FBFHLD3	Get data for outpatient/ancillary invoice.
FBFHLD5	Get data for pharmacy invoice.
FBFHLD9	Get data for inpatient invoice.
FBFHLL	FPPS queued invoice file.
FBFHLP	FPPS message purge.

Name	Description
FBFHLS, FBFHLS1	Build HL7 message segments.
FBFHLU	FPPS HL utilities.
FBFHXL, FBFHXL1,FBFHXL2	Transmit HL7 messages to FPPS. **FBFHXL2 was added in FB*3.5*122
FBFHORC	FPPS HL7 ORC segment.
FBFPAR, FBFPCI	FPPS audit report.
FBFPDS	Report of vendors without FPDS data.
FBFPTR	FPPS transmit report.
FBGMT2	Fee Basis portion of GMT2.
FBHLZFE	Create HL7 ZFE segments.
FBICD9	ICD-9 Diagnosis Code Utilities
FBICDP	ICD-9 & 10 Procedure Code Utilities
FBIDCARD	Add an entry in Fee Basis ID card.
FBLTCAR, FBLTCAR2	LTC authorization reports.
FBMON	Monitor the FB FPPS TRANSMIT option. FB*3.5*122
FBMRASVR, FBMRASV1, FBMRASV2	Updates the DHCP database automatically upon receipt of add or FBMRASV2 change confirmation from Austin.
FBNHACT	Used to output the Community Nursing Home Activity Report.
FBNHAMI1	Calculates/validates the AMIS 349 Report.
FBNHAMI2	Provides a report of all CNH stays in excess of 90 days.
FBNHAMIE	Outputs all CNH admissions and discharges within a user specified time frame.
FBNHAMIS	Calculates the 349 AMIS report.
FBNHDEC, FBNHDIEP	Displays an episode of care for CNH.
FBNHDLAD, FBNHDLDI,	Deletes admissions, discharges, and transfers for CNH.
FBNHDLTR	Deletes transfer movements for CNH.
FBNHEA, FBNHED	Enters admissions/discharges for CNH.

Routines

Name	Description
FBNHEAU2	Asks rates for a CNH Authorization.
FBNHEDA1, FBNHEDAT, FBNHEAU1, FBNHEAUT	Enter/edit CNH authorizations.
FBNHEDAD	Edits the admission type for CNH.
FBNHEDDI	Edits the discharge type for CNH.
FBNHEDPA	Edits a payment for CNH.
FBNHEDTR	Edits the transfer type for CNH.
FBNHEP, FBNHEP1, FBNHEP2	Used to enter a CNH payment.
FBNHET	Used to enter a transfer for CNH.
FBNHEXP	Produces a list of CNHs with contracts expiring within 90 days.
FBNHPAMS	Used to print AMIS reports.
FBNHPC, FBNHPC1	Posts commitments to 1358s.
FBNHPLT	Prints CNH payments and totals for a specified month.
FBNHRAT, FBNHRAT1	Posts new rates for a veteran.
FBNHRC	Allows the user to change a rate for a veteran within the authorization.
FBNHRCS, FBNHRCS1, FBNHRCS2, FBNHRCS3, FBNHRCS4	Used for reporting Nursing Homes that have active contracts with the VA.
FBNHRDEL	Allows the deletion of a rate if the rate has not been used yet.
FBNHROS	Prints nursing home rosters.
FBNPILK	NPI lookup routine.
FBNTEG, FBNTEG0	Calculates a checksum which might be used to check the integrity of a routine against values entered for Fee Basis patches in the NATIONAL PATCH file on FORUM.
FBPAID, FBPAID1, FBPAID2	Executed by the PAID server to process check information from FMS as it is confirmed by the treasury.
FBPAID3,FBPAID3A	FOR FUTURE USE: Executed during PAID server processing to populate, FEE BASIS PAID TO IB FILE (161.9). Contains entry point for scheduled option FEE BASIS PAID TO IB which transfers information from 161.9 to the IB NON/OTHER VA BILLING PROVIDER file (#335.93) (Added for

Name	Description
	patch FB*3.5*135)
FBPAID3B	FOR FUTURE USE: Provides reporting options to test data in FEE BASIS PAID TO IB file (161.9) FB*3.5*135
FBPATDAT	Notification about patient data change.
FBPAY, FBPAY2, FBPAY21, FBPAY3, FBPAY67, FBPAY671	Provides output for vendor or veteran payment histories.
FBPCR, FBPCR2, FBPCR3, FBPCR67, FBPCR671	Output potential cost recovery cases for selected Primary Service Areas and user specified date ranges.
FBPCR4	LTC phase 3 utilities.
FBPHON, FBPHON1, FBPHON2	Called by VA List Manager, performs the building of the payment list for display, as well as process all actions that are selectable for the list.
FBPMRG, FBPMRG1	Fee Basis patient merge routine. Called during patient (file #2) merge due to AFFECTS RECORD MERGE in PACKAGE file (#9.4).
FBPRE35	Pre-init to check versions of packages.
FBPRICE, FBPRICE1	Builds a transaction to send to the Austin Pricer System.
FBPST35, FBPST35A, FBPST35B, FBPST35C, FBP35D	Post-init routines.
FBRVU	RVU utilities.
FBRXFA	File adjustments for pharmacy payments.
FBRXFED	FPPS data edit pharmacy invoice.
FBRXFR	File remittance remarks for pharmacy payments.
FBRXUTL	Fee Basis pharmacy utility.
FBSHAUT	Enter/edit state home authorization.
FBSHRAD	Report active authorizations for date.
FBSHUTL	State home utilities.
FBSVBR	Called by FBAA BATCH SERVER option to process Payment Batch Result messages from Central Fee. (Patch FB*3.5*131 and FB*3.5*132)
FBSVPR	Called by FBAA REJECT SERVER option to process Post Voucher Reject

Name	Description
	messages from Central Fee. (Patch FB*3.5*131 and FB*3.5*132)
FBSVVA	Called by FBAA VOUCHER SERVER option to process Voucher Batch Acknowledgement messages from Central Fee. (Patch FB*3.5*131 and FB*3.5*132)
FBUCAUD	Called by data dictionary of the FEE BASIS UNAUTHORIZED CLAIMS (#162.7) file.
FBUCCDD, FBUCCDD1	Called by the data dictionaries of the FEE BASIS UNAUTHORIZED CLAIMS file (#162.7) and FEE BASIS SITE PARAMETERS file (#161.4).
FBUCCDE	Unauthorized EDI claims that were not approved.
FBUCCDIS	Displays unauthorized claims.
FBUCCDUP	Provides a check for duplicate unauthorized claims.
FBUCCED, FBUCCED0, FBUCCED1	Allows a user to perform various edits to the FEE BASIS UNAUTHORIZED CLAIMS file (#162.7), FEE BASIS UNAUTHORIZED CLAIMS PENDING INFO file (#162.8), or FEE BASIS UNAUTHORIZED REQUESTED INFORMATION file (#162.93).
FBUCCEN, FBUCCEN1	Allows the user to enter a new unauthorized claim.
FBUCC EVT	Called prior to and after an event to an unauthorized claim, it captures the claim information needed to update the status, expiration date, and other data.
FBUCC EX	Provides a listing of those claims due to expire for a given date range selected by a user. It also removes the expiration date and updates the disposition to ABANDONED for those claims which have expired. A listing of abandoned claims is also provided.
FBUCCLET, FBUCCLET0, FBUCCLET1, FBUCCLET2	Prints out the unauthorized claims associated with a primary claim.
FBUCCLINK, FBUCCLNK1	Associates unauthorized claims with a primary.
FBUCCMBS	Millennium act emergency care summit.
FBUCCMEA	Unauthorized main menu entry action.
FBUCCOUT, FBUCCOUT1	Output routines for unauthorized claims. FBUCCOUT prints unauthorized claims by status. FBUCCOUT1 prints all unauthorized claims for either a vendor, veteran, or other party.
FBUCCPAY	Payment driver for unauthorized claims.

Name	Description
FBUCPEND	Provides information on unauthorized claims pending information.
FBUCSTAT	Provides unauthorized claims disposition and status statistics.
FBUCUPD, FBUCUPD1	Determines the following: if a letter needs to be printed, the current status of a claim, expiration date, disposition date, date valid claim received, and date of original disposition. The appropriate fields are updated in the FEE BASIS UNAUTHORIZED CLAIMS file (#162.7), and the appropriate letter may be printed. Depending upon the disposition, the authorization may be updated in the FEE BASIS PATIENT file (#161).
FBUCUTL, FBUCUTL1, FBUCUTL2, FBUCUTL3, FBUCUTL4, FBUCUTL5, FBUCUTL6, FBUCUTL7, FBUCUTL8, FBUCUTL9	Utility routines for the unauthorized claims options.
FBUINS	Allows users to add insurance information for a veteran.
FBUTL, FBUTL1, FBUTL2, FBUTL3, FBUTL4, FBUTL5, FBUTL6	Utility routines for the Fee Basis package.
FBUTL135, FBUTL136	Utility routines for Unique Claim Identifier (UCID) FB*3.5*135
FBUTL7	Utility routine for Fee Basis Contracts.
FBUTL8	Utility routine for HIPAA 5010 providers. FB*3.5*122
FBUTL9	Utility routine for Fee Basis user audit
FBVDISP	Contains the vendor identifiers that are output on any vendor lookup.
FBVISTBR	List of authorizations for blind rehab.
FBXBIPS, FBXCIPS, FBXDIPS, FBXEIPS, FBXIP110	Post install routines.
FBXI165A	This routine during the patch installation performs a one-time (Remove Payment from Batch) task that removes old payments with payment confirmation/cancellation data from in-process batches.
FBXI165C	<p>When invoked from the programmer prompt, this routine produces a report for evaluating the conversion by FBXI165A. It can be deleted when no longer needed.</p> <p>Based on the ^XTMP file entry created during the post-install conversion, this routine reports characteristics of payment lines removed from pre-transmitted batches and batch number, batch status and batch type of the batches from which they were removed.</p>

Name	Description
FBXIP100, FBXIP102, FBXIP104, FBXIP105, FBXIP108, FBXIP109, FBXIP111, FBXIP112, FBXIP121, FBXIP132, FBXIP133, FBXIP151, FBXIP154, FBXIP19, FBXIP19A, FBXIP20, FBXIP22, FBXIP23,FBXIP24, FBXIP27, FBXIP29, FBXIP30, FBXIP32, FBXIP32A, FBXIP34, FBXIP35, FBXIP36, FBXIP37, FBXIP38, FBXIP39, FBXIP4, FBXIP44, FBXIP45, FBXIP48, FBXIP49, FBXIP53, FBXIP54,FBXIP61, FBXIP91,	Patch install routines.
FBXIP165	This is the main post-init routine. During patch installation it performs a one-time (Delete Reject Flag) task that deletes the inappropriate reject flag from old payment line items which have payment confirmation or payment cancellation data.
FBXIP33	Import GPCI/Zip code data.
FBXIP33A	Import DOL MOD LVL tab.
FBXIP33B	Import DOL CPT data.
FBXIP69E, FBXIP76E, FBXIP77E, FBENV65, FBXAIEN, FBXIP84E	Environment check.
FBXIP92, FBXIP99, FBXIPJNE	Patch install routines, cont.

Callable Routines

For IFCAP:

Routine Function Call: \$\$HDR^FBAAUTL3()

This call returns the header necessary for the 994 code sheets in IFCAP (FEE for IFCAP V. 4.0 or FEN for IFCAP V. 5.0).

Files

Main Globals and Files

The globals used in the Fee Basis Package are ^FB, ^FBAA, ^FBAAA, ^FB583, ^FB7078, ^FBAACNH, ^FBAAI, ^FBAAC, and ^FBAAV. The main files are FEE BASIS VENDOR (#161.2), FEE BASIS PATIENT (#161), FEE BASIS PAYMENT (#162), and FEE BASIS INVOICE (#162.5).

Globals to Journal

It is recommended that the following globals be journaled.

^FB, ^FBAA, ^FBAAA, ^FBAAC, ^FBAAV, ^FB583, ^FB7078, ^FBAACNH, ^FBAAI

File List

FILE #	FILE NAME	GLOBAL
161	FEE BASIS PATIENT	^FBAAA(
161.2	FEE BASIS VENDOR	^FBAAV(
161.21	FEE BASIS CNH CONTRACT	^FBAA(161.21,
161.22	FEE BASIS CNH RATE	^FBAA(161.22,
161.23	FEE BASIS CNH AUTHORIZATION RATE	^FBAA(161.23,
161.25	FEE BASIS VENDOR CORRECTION	^FBAA(161.25,
161.26	FEE BASIS PATIENT MRA	^FBAA(161.26,
161.27**	FEE BASIS SUSPENSION	^FBAA(161.27,
161.3*	FEE BASIS LETTER	^FBAA(161.3,
161.35	FEE BASIS PROJECT ARCH JUSTIFICATION	^FBAA(161.35
161.4	FEE BASIS SITE PARAMETERS	^FBAA(161.4,
161.43	FEE BASIS CONTRACT	^FBAA(161.43,
161.45	FEE BASIS PAYMENT MOVES	^FBAA(161.45,
161.5	FEE CH REPORT OF CONTACT	^FBAA(161.5,
161.6**	FEE BASIS SPECIALTY CODE	^FBAA(161.6,
161.7	FEE BASIS BATCH	^FBAA(161.7,
161.8**	FEE BASIS PROGRAM	^FBAA(161.8,
161.81**	FEE BASIS PARTICIPATION CODE	^FBAA(161.81,
161.82	FEE BASIS PURPOSE OF VISIT	^FBAA(161.82,
161.83	FEE BASIS ID CARD AUDIT	^FBAA(161.83,

FILE #	FILE NAME	GLOBAL
161.9	FEE BASIS PAID TO IB	^FB(161.9,
161.95	IPAC VENDOR AGREEMENT FILE	^FBAA(161.95,
161.96	IPAC VENDOR AGREEMENT MRA	^FBAA(161.96,
161.99*	FEE BASIS PAYMENT REJECT CODE	^FBAA(161.99,
162	FEE BASIS PAYMENT	^FBAAC(
162.1	FEE BASIS PHARMACY INVOICE	^FBAA(162.1,
162.2	FEE NOTIFICATION/REQUEST	^FBAA(162.2,
162.3	FEE CNH ACTIVITY	^FBAACNH(
162.4	VA FORM 10-7078	^FB7078(
162.5	FEE BASIS INVOICE	^FBAAI(
162.6**	FEE BASIS DISPOSITION CODE	^FBAA(162.6,
162.7	FEE BASIS UNAUTHORIZED CLAIMS	^FB583(
162.8	FEE BASIS UNAUTHORIZED CLAIMS PENDING INFO	^FBAA(162.8,
162.91**	FEE BASIS UNAUTHORIZED CLAIMS DISPOSITIONS	^FB(162.91,
162.92**	FEE BASIS UNAUTHORIZED CLAIMS STATUS	^FB(162.92,
162.93*	FEE BASIS UNAUTHORIZED REQUESTED INFORMATION	^FB(162.93,
162.94**	FEE BASIS UNAUTHORIZED DISAPPROVAL REASONS	^FB(162.94,
162.95**	FEE BASIS CHECK CANCELLATION REASON	^FB(162.95,
163.85**	FEE BASIS VA TYPE OF SERVICE	^FBAA(163.85,
163.99*	FEE BASIS FEE SCHEDULE	^FBAA(163.99,

*File comes with data

**File comes with data which will overwrite existing data, if specified.

File Flow Chart

<u>FILE # and NAME</u>	<u>POINTS TO</u>	<u>POINTED TO BY</u>
161	2 PATIENT	161.23 FEE BASIS CNH AUTHORIZATION RATE
FEE BASIS PATIENT	4 INSTITUTION	162.1 FEE BASIS PHARMACY INVOICE
	161.2 FEE BASIS VENDOR	162.3 FEE CNH ACTIVITY
	161.8 FEE BASIS PROGRAM	162.5 FEE BASIS INVOICE
	161.82 FEE BASIS PURPOSE OF VISIT	
	162.4 VA FORM 10-7078	
	162.7 FEE BASIS UNAUTHORIZED CLAIMS	
	200 NEW PERSON	
	80 ICD DIAGNOSIS	
161.2		161 FEE BASIS PATIENT
FEE BASIS VENDOR	5 STATE	161.21 FEE BASIS CNH CONTRACT
	161.6 FEE BASIS SPECIALTY CODE	161.25 FEE BASIS VENDOR CORRECTION
	161.81 FEE BASIS PARTICIPATION CODE	161.5 FEE CH REPORT OF CONTACT
		162 FEE BASIS PAYMENT
		162.1 FEE BASIS PHARMACY INVOICE
		162.2 FEE NOTIFICATION/REQUEST
		162.3 FEE CNH ACTIVITY
		162.4 VA FORM 10-7078
		162.5 FEE BASIS INVOICE
		162.7 FEE BASIS UNAUTHORIZED CLAIMS
161.21		161.22 FEE BASIS CNH RATE
FEE BASIS CNH CONTRACT	161.2 FEE BASIS VENDOR	
161.22		
FEE BASIS CNH RATE	161.21 FEE BASIS CNH CONTRACT	
161.23		
FEE BASIS CNH AUTHORIZATION RATE	161 FEE BASIS PATIENT	
	162.4 VA FORM 10-7078	
161.25		
FEE BASIS VENDOR CORRECTION	161.2 FEE BASIS VENDOR	

Files

File Flow Chart, cont.

<u>FILE # and NAME</u>	<u>POINTS TO</u>	<u>POINTED TO BY</u>
161.26 FEE BASIS PATIENT MRA	2 PATIENT	
161.27 FEE BASIS SUSPENSION		162 FEE BASIS PAYMENT 162.1 FEE BASIS PHARMACY INVOICE 162.2 FEE NOTIFICATION/ REQUEST 162.5 FEE BASIS INVOICE
161.3 FEE BASIS LETTER		162.92 FEE BASIS UNAUTHO- RIZED CLAIMS STATUS
161.4 FEE BASIS SITE PARAMETERS	4 INSTITUTION 5 STATE	
161.43 FEE BASIS CONTRACT	161.2 FEE BASIS VENDOR	161 FEE BASIS PATIENT
161.5 FEE CH REPORT OF CONTACT	2 PATIENT 5 STATE 161.2 FEE BASIS VENDOR 162.2 FEE NOTIFICATION/REQUEST 200 NEW PERSON 392.4 BENEFICIARY TRAVEL MODE OF TRANSPORTATION	
161.6 FEE BASIS SPECIALTY CODE		161.2 FEE BASIS VENDOR
161.7 FEE BASIS BATCH	200 NEW PERSON	162 FEE BASIS PAYMENT 162.1 FEE BASIS PHARMACY INVOICE 162.5 FEE BASIS INVOICE
161.8 FEE BASIS PROGRAM		161 FEE BASIS PATIENT 161.82 FEE BASIS PURPOSE OF VISIT 162 FEE BASIS PAYMENT 162.4 VA FORM 10-7078 162.5 FEE BASIS INVOICE 162.7 FEE BASIS UNAU- THORIZED CLAIMS

File Flow Chart, cont.

<u>FILE # and NAME</u>	<u>POINTS TO</u>	<u>POINTED TO BY</u>
161.9 FEE BASIS PAID TO IB	2 PATIENT 355.93 IB NON/OTHER VA BILLING PROVIDER	
161.81 FEE BASIS PARTICIPATION CODE		161.2 FEE BASIS VENDOR
161.82 FEE BASIS PURPOSE OF VISIT	161.8 FEE BASIS PROGRAM	161 FEE BASIS PATIENT 162 FEE BASIS PAYMENT 162.5 FEE BASIS INVOICE
161.83 FEE BASIS ID CARD AUDIT	2 PATIENT 200 NEW PERSON	
161.95 IPAC VENDOR AGREEMENT FILE	161.2 FEE BASIS VENDOR	161.96 IPAC VENDOR AGREEMENT MRA 162 FEE BASIS PAYMENT FEE BASIS 162.1 PHARMACY INVOICE 162.5 FEE BASIS INVOICE
161.96	161.95 IPAC VENDOR AGREEMENT FILE	
162 FEE BASIS PAYMENT	2 PATIENT 4 INSTITUTION 5 STATE 80 ICD DIAGNOSIS 81 CPT 81.3 CPT MODIFIER 161.2 FEE BASIS VENDOR 161.27 FEE BASIS SUSPENSION 161.7 FEE BASIS BATCH 161.8 FEE BASIS PROGRAM 161.82 FEE BASIS PURPOSE OF VISIT 161.91 ADJUSTMENT REASON 161.92 ADJUSTMENT GROUP 161.95 IPAC VENDOR AGREEMENT FILE 162.4 VA FORM 10-7078 162.7 FEE BASIS UNAUTHORIZED CLAIMS 162.95 FEE BASIS CHECK CANCELLATION REASON 163.85 FEE BASIS VA TYPE OF SERVICE 200 NEW PERSON 353.1 PLACE OF SERVICE 353.2 TYPE OF SERVICE	

File Flow Chart, cont.

<u>FILE # and NAME</u>	<u>POINTS TO</u>	<u>POINTED TO BY</u>
162.1 FEE BASIS PHARMACY INVOICE	4 INSTITUTION 50 DRUG 161 FEE BASIS PATIENT 161.2 FEE BASIS VENDOR 161.27 FEE BASIS SUSPENSION 161.7 FEE BASIS BATCH 161.95 IPAC VENDOR AGREEMENT FILE 162.4 VA FORM 10-7078 162.7 FEE BASIS UNAUTHORIZED CLAIMS 162.95 FEE BASIS CHECK CANCELLATION REASON 200 NEW PERSON	
162.2 FEE NOTIFICATION/ REQUEST	2 PATIENT 161.2 FEE BASIS VENDOR 161.27 FEE BASIS SUSPENSION 162.4 VA FORM 10-7078 200 NEW PERSON	161.5 FEE CH REPORT OF CONTACT
162.3 FEE CNH ACTIVITY	161 FEE BASIS PATIENT 161.2 FEE BASIS VENDOR 162.3 FEE CNH ACTIVITY	162.3 FEE CNH ACTIVITY
162.4 VA FORM 10-7078	2 PATIENT 43.4 VA ADMITTING REGULATION 161.2 FEE BASIS VENDOR 161.8 FEE BASIS PROGRAM 200 NEW PERSON	161 FEE BASIS PATIENT 161.23 FEE BASIS CNH AUTHO- RIZATION RATE 162 FEE BASIS PAYMENT 162.1 FEE BASIS PHARMACY INVOICE 162.2 FEE NOTIFICATION/ REQUEST 162.5 FEE BASIS INVOICE
162.5 FEE BASIS INVOICE	4 INSTITUTION 5 STATE 80 ICD DIAGNOSIS 80.1 ICD OPERATION/PROCEDURE 80.2 DRG 161 FEE BASIS PATIENT 161.2 FEE BASIS VENDOR 161.27 FEE BASIS SUSPENSION 161.7 FEE BASIS BATCH 161.8 FEE BASIS PROGRAM 161.82 FEE BASIS PURPOSE OF VISIT 161.91 ADJUSTMENT REASON 161.92 ADJUSTMENT GROUP 161.93 REMITTANCE REMARK	

File Flow Chart, cont.

FILE # and NAMEPOINTS TOPOINTED TO BY

	161.95	IPAC VENDOR AGREEMENT FILE	
	162.4	VA FORM 10-7078	
	162.6	FEE BASIS DISPOSITION CODE	
	162.7	FEE BASIS UNAUTHORIZED CLAIMS	
	162.95	FEE BASIS CHECK CANCELLATION REASON	
	200	NEW PERSON	
162.6 FEE BASIS DISPOSITION CODE			162.5 FEE BASIS INVOICE
162.7 FEE BASIS UNAUTHORIZED CLAIMS	2	PATIENT	161 FEE BASIS PATIENT
	4	INSTITUTION	162 FEE BASIS PAYMENT
	161.2	FEE BASIS VENDOR	162.1 FEE BASIS PHARMACY INVOICE
	161.8	FEE BASIS PROGRAM	162.5 FEE BASIS INVOICE
	162.7	FEE BASIS UNAUTHORIZED CLAIMS	162.7 FEE BASIS UNAUTHORIZED CLAIMS
	162.91	FEE BASIS UNAUTHORIZED CLAIMS DISPOSITIONS	162.8 FEE BASIS UNAUTHORIZED CLAIMS PENDING INFO
	162.92	FEE BASIS UNAUTHORIZED CLAIMS STATUS	
	162.94	FEE BASIS UNAUTHORIZED DISAPPROVAL REASONS	
	200	NEW PERSON	
	80	ICD DIAGNOSIS	
162.8 FEE BASIS UNAUTHORIZED CLAIMS PENDING INFO	162.7	FEE BASIS UNAUTHORIZED CLAIMS	
	162.93	FEE BASIS UNAUTHORIZED REQUESTED INFORMATION	
	200	NEW PERSON	
162.91 FEE BASIS UNAUTHORIZED CLAIMS DISPOSITIONS			162.7 FEE BASIS UNAUTHO- RIZED CLAIMS
162.92 FEE BASIS UNAUTHO- RIZED CLAIMS STATUS	161.3	FEE BASIS LETTER	162.7 FEE BASIS UNAUTHO- RIZED CLAIMS
162.93 FEE BASIS UNAUTHORIZED REQUESTED INFORMATION			162.8 FEE BASIS UNAUTHORIZED CLAIMS PENDING INFO
162.94 FEE BASIS UNAUTHORIZED DISAPPROVAL REASONS			162.7 FEE BASIS UNAUTHO- RIZED CLAIMS

Files

File Flow Chart, cont.

FILE # and NAME

POINTS TO

POINTED TO BY

162.95
FEE BASIS CHECK
CANCELLATION REASON

162 FEE BASIS PAYMENT
162.1 FEE BASIS PHARMACY
INVOICE
162.5 FEE BASIS INVOICE

163.85
FEE BASIS VA TYPE
OF SERVICE

162 FEE BASIS PAYMENT

Templates

Input Templates

FILE #	TEMPLATE	DESCRIPTION
161	FBAA AUTHORIZATION FBAA REPORT OF CONTACT FBNH EDIT AUTHORIZATION	Enter medical authorization. Enter outpatient report of contact. Edit CNH authorization.
	FBNH ENTER AUTHORIZATION	Enter CNH authorization.
	FB UNAUTHORIZED UPDATE	Enter authorization based on discharge type of unauthorized claim.
	FB UNAUTHORIZED EDIT	If dispositioned claim has been reopened, this template is used to keep the authorization information in synch with the unauthorized claim.
161.2	FBAA EDIT VENDOR FBAA NEW VENDOR FB VENDOR UPDATE	Edit Fee Basis vendor. Enter new vendor.
161.21	FBNH ENTER CONTRACT	Update Austin vendor information. Enter Contract Nursing Home contract information.
161.25	FBAA VENDOR MRA	Create a vendor MRA to send to Austin.
161.3	FBAA LETTERS	Enter suspension letters.
161.4	FBAA SITE PARAMETERS	Enter/Edit site parameters.
161.5	FBCH ADD ROC	Add CH report of contact.
	FBCH EDIT ROC	Edit CH report of contact.
	FBCH ENTER ROC	Enter CH report of contact.
161.7	FBAA BATCH EDIT	Edit a batch.
	FBAA MED IFCAP	Open a medical batch.
	FBAA PHARM IFCAP	Open a pharmacy batch.
	FBAA TRAV IFCAP	Open a travel batch.
	FB CH OPEN BATCH	Open a CH batch.
	FB CHNH OPEN BATCH	Open a CNH batch.
162.1	FB ADD RX	Add a pharmacy prescription.
162.2	FBCH ENTER REQUEST	Enter a CH request/notification.
	FBCH REOPEN REQUEST	Reopen a CH request/notification.
162.4	FBCH EDIT 7078	Edit a CH 7078.
	FBCH ENTER 7078	Enter a CH 7078.
	FBNH ENTER 7078	Enter a CNH 7078.

FILE #	TEMPLATE	DESCRIPTION
162.5	FBCH EDIT PAYMENT	Edit a CH invoice.
	FBCH ENTER PAYMENT	Enter a CH invoice.
	FBNH EDIT PAYMENT	Edit a CNH invoice.
162.7	FBCH UNAUTHORIZED CLAIM	Enter a CH unauthorized claim.
	FB UNAUTHORIZED ENTER	Enter an unauthorized claim.
	FB UNAUTHORIZED UPDATE	Update certain unauthorized claims fields upon completion of enter/edit.
	FB UNAUTHORIZED EDIT	Modify/reopen an unauthorized claim.
	FB UNAUTHORIZED APPEAL	Initiate appeal of unauthorized claim.
	FB UNAUTHORIZED APPEAL EDIT	Edit unauthorized claim.
	FB UNAUTHORIZED COVA APPEAL	COVA appeal enter/edit.
	FB UNAUTHORIZED DISPOSITION	Disposition an unauthorized claim.
	FB UNAUTHORIZED PREVIOUS	Return previous values due to incomplete transaction.
	FB UNAUTHORIZED LETTER UPDATE	Update unauthorized claim with information regarding letter (used if not sending letters with software).
162.8	FB UNAUTHORIZED PENDING	Enter the appropriate information on pending
163.99	FBAА EDIT SCHEDULE	Edit Fee schedule.

Print Templates

FILE #	TEMPLATE	DESCRIPTION
161.7	FB BATCH LIST	List batch.
162	FB UCID PAYMENT	List Unique Claim ID info for a FB Outpatient
162.1	FBAА RX PENDING	Prescriptions pending pharmacy review.
162.2	FBCH PENDING REQUEST	Fee notifications/requests pending
162.4	FBCH 7078 CANCEL	Listing of cancelled 7078s.
162.7	FBUC STATUS BY PATIENT	Status listing of unauthorized claims by patient.
	FBUC STATUS BY VENDOR	Status listing of unauthorized claims by vendor.

Sort Templates

FILE #	TEMPLATE	DESCRIPTION
161.7	FB BATCH LIST	List batch.
162.1	FBAA RX PENDING	Prescriptions pending pharmacy review.
162.2	FBCH PENDING REQUEST	Fee notifications/requests pending entitlement.
162.4	FBCH 7078 CANCEL	Listing of cancelled 7078s.
162.7	FBUC STATUS BY PATIENT	Status listing of unauthorized claims by patient.
	FBUC STATUS BY VENDOR	Status listing of unauthorized claims by vendor.

(This page included for two-sided copying.)

Exported Options

Fee Basis Menus and Options

Fee Basis Main Menu [FBAA MAIN MENU]

Civil Hospital Main Menu ... [FBCH MAIN MENU]

```
Notification/Request Menu ... [FBCH NOTIFICATION MENU]
  Enter a Request/Notification [FBCH ENTER REQUEST]
  Notification/Request Edit [FBCH EDIT REQUEST]
  Legal Entitlement [FBCH LEGAL ENTITLEMENT]
    **> Locked with FBAA LEVEL 1 AUTH
  Medical Entitlement [FBCH MEDICAL ENTITLEMENT]
    **> Locked with FBAA LEVEL 1 AUTH
  Display a Request/Notification [FBCH DISPLAY REQUEST]
  Clerk Lookup for Notification/Request [FBCH REQUEST CLERK LOOKUP]
    **> Locked with FBAASUPERVISOR
  Delete Notification/Request [FBCH DELETE REQUEST]
    **> Locked with FBAA LEVEL 1 AUTH
  Edit Report of Contact - CH [FBCH EDIT REPORT OF CONTACT]
  Print Entitlement Audit [FBCH PRINT REQUEST AUDIT]
    **> Locked with FBAASUPERVISOR
  Print Report of Contact - CH [FBCH PRINT REPORT OF CONTACT]
  Reconsider a Denied Request [FBCH REOPEN REQUEST]
    **> Locked with FBAA LEVEL 2
  Requests Pending Entitlement [FBCH PENDING REQUEST]
  Update Report of Contact - CH [FBCH UPDATE REPORT OF CONTACT]
Disposition Menu ... [FBCH DISPOSITION MENU]
  Complete 7078/Authorization [FBCH COMPLETE 7078]
    **> Locked with FBAA LEVEL 1 AUTH
  Edit Completed 7078 [FBCH EDIT 7078]
    **> Locked with FBAA LEVEL 1 AUTH
  Display 7078/Authorization [FBCH DISPLAY 7078]
  Cancel 7078 Entered in Error [FBCH CANCEL 7078]
    **> Locked with FBAA LEVEL 2
  Print List of Cancelled 7078 [FBCH PRINT CANCELLED 7078]
    **> Locked with FBAA LEVEL 2
  Set-up a 7078 [FBCH 7078 SETUP]
    **> Locked with FBAA LEVEL 1 AUTH
Payment Process Menu ... [FBCH PAYMENT MENU]
  Ancillary Contract Hosp/CNH Payment [FBCH ANCILLARY PAYMENT]
    **> Locked with FBAA LEVEL 1 PMT
  Complete a Payment [FBCH COMPLETE PAYMENT]
    **> Locked with FBAA LEVEL 1 PMT
  Delete Inpatient Invoice [FBCH DELETE INVOICE]
    **> Locked with FBAA LEVEL 1 PMT
  Edit Ancillary Payment [FBCH EDIT ANCILLARY PAYMENT]
    **> Locked with FBAA LEVEL 1 PMT
  Enter Invoice/Payment [FBCH ENTER PAYMENT]
    **> Locked with FBAA LEVEL 1 PMT
  Invoice Edit [FBCH EDIT PAYMENT]
    **> Locked with FBAA LEVEL 1 PMT
  Multiple Ancillary Payments [FBCH MULTIPLE PAYMENTS]
    **> Locked with FBAA LEVEL 1 PMT
  Patient Reimbursement for Ancillary Services [FBCH ANCILLARY REIMBURSEMENT]
    **> Locked with FBAA LEVEL 1 PMT
  Reimbursement for Inpatient Hospital Invoice [FBCH REIMBURSEMENT INVOICE]
    **> Locked with FBAA LEVEL 1 PMT
Batch Main Menu - CH ... [FBCH BATCH OPTIONS]
  Open a Batch [FBCH OPEN BATCH]
```

Exported Options

```
**> Locked with FBAA LEVEL 1 PMT
Edit Batch data [FBAA BATCH EDIT]
**> Locked with FBAA LEVEL 1 PMT
Close-out Batch [FBAA CLOSE BATCH]
**> Locked with FBAA LEVEL 1 PMT
Re-open Batch [FBAA REOPEN BATCH]
**> Locked with FBAA LEVEL 1 PMT
Pricer Batch Release [FBCH PRICER RELEASE]
**> Locked with FBAA LEVEL 1 PMT
Re-initiate Pricer Rejected Items [FBCH REINITIATE PRICER REJECTS]
**> Locked with FBAA LEVEL 1 PMT
Release a Batch [FBAA SUPERVISOR RELEASE]
**> Locked with FBAA LEVEL 2
Finalize a Batch [FBAA FINALIZE BATCH]
Re-initiate Rejected Payment Items [FBAA REINITIATE REJECTS]
**> Locked with FBAA LEVEL 1 PMT
Delete reject flag [FBAA VOUCHER DELETE REJECT]
**> Locked with FBAAREJECT
Status of Batch [FBAA BATCH STATUS]
List Items in Batch [FBAA LIST BATCH]
Batch Delete [FBAA BATCH DELETE]
**> Locked with FBAA LEVEL 1 PMT
List Batches Pending Release [FBAA LIST CLOSED BATCHES]
Open Ancillary Payment Batch [FBCH OPEN ANCILLARY BATCH]
**> Locked with FBAA LEVEL 1 PMT
Output Menu ... [FBCH OUTPUT MENU]
7078 Print [FBCH PRINT 7078]
Check Display [FB CHECK DISPLAY]
Civil Hospital Census Report [FBCH CENSUS REPORT]
Clerk Lookup for 7078 Authorization [FBCH CLERK LOOKUP]
**> Locked with FBAASUPERVISOR
Cost Report for Civil Hospital [FBCH COST REPORT]
Display Open Batches [FBAA DISPLAY OPEN BATCHES]
FPPS Claim Inquiry [FB FPPS CLAIM INQ]
Invoice Display [FBCH INVOICE DISPLAY]
IPAC Vendor Reports ... [FBAA IPAC VENDOR REPORT MENU]
    DoD Invoice Number Inquiry [FBAA IPAC DoD INVOICE INQUIRY]
    IPAC Vendor DoD Invoice Report (Summary) [FBAA IPAC DoD INVOICE RPT]
    IPAC Vendor Payment Report (Detail) [FBAA IPAC VENDOR PAYMENT RPT]
List Batches Pending Release [FBAA LIST CLOSED BATCHES]
Non-VA Hospital Activity Report [FBCH HOSPITAL ACTIVITY]
Payment Aging Report [FB PAYMENT AGING RPT]
Pending Pricer Rejects [FBCH PRICER REJECTS]
Potential Cost Recovery Report [FB PCR]
Print Rejected Payment Items [FBAA REJECT PRINT]
Request Statistics [FBCH REQUEST STATS]
Unauthorized Claims Cost Report for Civil Hospital [FBCH UC COST REPORT]
Vendor Payments Output [FB PAY VENDOR]
Veteran Payments Output [FB PAY VETERAN]
Generic Pricer Interface [FBCH GENERIC PRICER]
Queue Data for Transmission [FBAA QUEUE DATA FOR TRANS.]
**> Locked with FBAA LEVEL 2
```

Community Nursing Home Main Menu ... [FBCNH MAIN MENU]

```
Authorization Main Menu - CNH ... [FBCNH AUTHORIZATION MAIN MENU]
Enter CNH Authorization [FBCNH ENTER AUTHORIZATION]
**> Locked with FBAA LEVEL 1 AUTH
Edit CNH Authorization [FBCNH EDIT AUTHORIZATION]
**> Locked with FBAA LEVEL 1 AUTH
Cancel Authorization Entered in Error [FBCNH CANCEL 7078]
**> Locked with FBAA LEVEL 2
Change Existing Contract Rate for a Patient [FBCNH RATE CHANGE]
**> Locked with FBAA LEVEL 1 AUTH
```



```

Delete CNH Rate [FBCNH DELETE RATE]
  **> Locked with FBAA LEVEL 2
Display 7078/Authorization - CNH [FBCNH DISPLAY 7078]
Enter Veteran Rates under new Vendor Contract [FBCNH ENTER VETERAN RATES]
  **> Locked with FBAA LEVEL 1 AUTH
Print List of Cancelled 7078 [FBCH PRINT CANCELLED 7078]
  **> Locked with FBAA LEVEL 2
Batch Main Menu - CNH ... [FBCNH BATCH MAIN MENU]
Batch Delete [FBAA BATCH DELETE]
  **> Locked with FBAA LEVEL 1 PMT
Close-out Batch [FBAA CLOSE BATCH]
  **> Locked with FBAA LEVEL 1 PMT
Delete reject flag [FBAA VOUCHER DELETE REJECT]
  **> Locked with FBAAREJECT
Display Open Batches [FBAA DISPLAY OPEN BATCHES]
Edit Batch data [FBAA BATCH EDIT]
  **> Locked with FBAA LEVEL 1 PMT
Finalize a Batch [FBAA FINALIZE BATCH]
List Batches Pending Release [FBAA LIST CLOSED BATCHES]
List Items in Batch [FBAA LIST BATCH]
Open CNH Batch [FBCNH OPEN BATCH]
  **> Locked with FBAA LEVEL 1 PMT
Re-initiate Rejected Payment Items [FBAA REINITIATE REJECTS]
  **> Locked with FBAA LEVEL 1 PMT
Re-open Batch [FBAA REOPEN BATCH]
  **> Locked with FBAA LEVEL 1 PMT
Release a Batch [FBAA SUPERVISOR RELEASE]
  **> Locked with FBAA LEVEL 2
Status of Batch [FBAA BATCH STATUS]
Fee Fund Control Main Menu - CNH ... [FBCNH FUND CONTROL MAIN MENU]
Estimate Funds for Obligation [FBCNH ESTIMATE FUNDS]
  **> Locked with FBAA LEVEL 1 AUTH
Post Commitments for Obligation [FBCNH POST COMMITMENTS]
  **> Locked with FBAA LEVEL 1 AUTH
LTC CNH Active Authorizations Report [FBCNH LTC ACTIVE AUTHORIZ]
LTC CNH Ending Authorizations Report [FBCNH LTC ENDING AUTHORIZ]
Movement Main Menu - CNH ... [FBCNH MOVEMENT MAIN MENU]
Admit To CNH [FBCNH ADMIT]
  **> Locked with FBAA LEVEL 1 AUTH
Delete Movement Menu ... [FBCNH DELETE MOVEMENT MENU]
  **> Locked with FBAA LEVEL 1 AUTH
Admission Delete [FBCNH DELETE ADMISSION]
  **> Locked with FBAA LEVEL 1 AUTH
Discharge Delete [FBCNH DELETE DISCHARGE]
  **> Locked with FBAA LEVEL 1 AUTH
Transfer Delete [FBCNH DELETE TRANSFER]
  **> Locked with FBAA LEVEL 1 AUTH
Discharge From CNH [FBCNH DISCHARGE]
  **> Locked with FBAA LEVEL 1 AUTH
Display Episode Of Care [FBCNH DISPLAY EPISODE OF CARE]
Edit Movement Menu ... [FBCNH EDIT MOVEMENT]
  **> Locked with FBAA LEVEL 1 AUTH
Admission Edit [FBCNH EDIT ADMISSION]
  **> Locked with FBAA LEVEL 1 AUTH
Discharge Edit [FBCNH EDIT DISCHARGE]
  **> Locked with FBAA LEVEL 1 AUTH
Transfer Edit [FBCNH EDIT TRANSFER]
  **> Locked with FBAA LEVEL 1 AUTH
Transfer Movement [FBCNH TRANSFER]
  **> Locked with FBAA LEVEL 1 AUTH
Output Main Menu - CNH ... [FBCNH OUTPUTS MAIN MENU]
7078 Print [FBCH PRINT 7078]

```

Exported Options

Activity Report for CNH [FBCNH ACTIVITY REPORT]
AMIS 349 Print [FBCNH AMIS]
Check Display [FB CHECK DISPLAY]
Clerk Lookup for 7078 Authorization [FBCH CLERK LOOKUP]
**> Locked with FBAASUPERVISOR
CNH Census Report [FBCNH CENSUS REPORT]
CNH Stays in Excess of 90 Days [FBCNH ADMISSIONS > 90 DAYS]
Contract Expiration List [FBCNH EXPIRATION REPORT]
Cost Report for Contract Nursing Home [FBCNH COST REPORT]
Display Episode Of Care [FBCNH DISPLAY EPISODE OF CARE]
FPPS Claim Inquiry [FB FPPS CLAIM INQ]
Invoice Display [FBCH INVOICE DISPLAY]
Nursing Home 10-0168 Report [FBCNH RCS 10-0168 REPORT]
Payment & Totals Report - CNH [FBCNH LIST PAYMENT & TOTALS]
Potential Cost Recovery Report [FB PCR]
Print Rejected Payment Items [FBAA REJECT PRINT]
Report of Admissions/Discharges for CNH [FBCNH AMIE]
Roster Print [FBCNH PRINT ROSTER]
Vendor Payments Output [FB PAY VENDOR]
Veteran Payments Output [FB PAY VETERAN]
Payment Main Menu - CNH ... [FBCNH PAYMENT MAIN MENU]
Delete Inpatient Invoice [FBCH DELETE INVOICE]
**> Locked with FBAA LEVEL 1 PMT
Edit CNH Payment [FBCNH EDIT PAYMENT]
**> Locked with FBAA LEVEL 1 PMT
Enter CNH Payment [FBCNH ENTER PAYMENT]
**> Locked with FBAA LEVEL 1 PMT
Queue Data for Transmission [FBAA QUEUE DATA FOR TRANS.]
**> Locked with FBAA LEVEL 2
Update Vendor Contract/Rates - CNH [FBCNH UPDATE VENDOR CONTRACT]
**> Locked with FBAA LEVEL 2
Vendor Enter/Edit [FBCNH VENDOR ENTER/EDIT]

Medical Fee Main Menu ... [FBAA MEDICAL MAIN MENU]

Batch Main Menu ... [FBAA BATCH MENU]
Active Batch Listing by Status [FBAA ACTIVE BATCH LISTING]
Batch Delete [FBAA BATCH DELETE]
**> Locked with FBAA LEVEL 1 PMT
Batch status for a Range of Batches [FBAA BATCH RANGE]
Close-out Batch [FBAA CLOSE BATCH]
**> Locked with FBAA LEVEL 1 PMT
Delete reject flag [FBAA VOUCHER DELETE REJECT]
**> Locked with FBAAREJECT
Display Open Batches [FBAA DISPLAY OPEN BATCHES]
Edit Batch data [FBAA BATCH EDIT]
**> Locked with FBAA LEVEL 1 PMT
Finalize a Batch [FBAA FINALIZE BATCH]
List Batches Pending Release [FBAA LIST CLOSED BATCHES]
List Items in Batch [FBAA LIST BATCH]
Open a Batch [FBAA OPEN BATCH]
**> Locked with FBAA LEVEL 1 PMT
Re-open Batch [FBAA REOPEN BATCH]
**> Locked with FBAA LEVEL 1 PMT
Release a Batch [FBAA SUPERVISOR RELEASE]
**> Locked with FBAA LEVEL 2
Status of Batch [FBAA BATCH STATUS]
Enter Authorization [FBAA ENTER AUTHORIZATION]
**> Locked with FBAA LEVEL 1 AUTH
LTC Outpatient Active Authorizations Report [FBAA LTC ACTIVE AUTHORIZ]
LTC Outpatient Ending Authorization Report [FBAA LTC ENDING AUTHORIZ]
Outputs Main Menu ... [FBAA OUTPUTS MENU]
Suspension Letter Print [FBAA SUSPENSION LETTER PRINT]
Individual Suspension Letter Print [FBAA SUSPENSION LETTER INDIV]

```

7079 Print for Selected Patient [FBAA PRINT 7079 SINGLE]
Check Display [FB CHECK DISPLAY]
Display ID Card History for Patient [FBAA DISPLAY ID CARD HISTORY]
FPFS Claim Inquiry [FB FPFS CLAIM INQ]
Group 7079 Print [FBAA PRINT 7079 GROUP]
  **> Locked with FBAA LEVEL 2
Historical Authorization Data Report [FBAA AUTH DATA AUDIT RPT]
Invoice Display [FBAA INVOICE DISPLAY]
IPAC Vendor Reports ... [FBAA IPAC VENDOR REPORT MENU]
  DoD Invoice Number Inquiry [FBAA IPAC DoD INVOICE INQUIRY]
  IPAC Vendor DoD Invoice Report (Summary) [FBAA IPAC DoD INVOICE RPT]
  IPAC Vendor Payment Report (Detail) [FBAA IPAC VENDOR PAYMENT RPT]
MST Report [FBAA MST REPORT]
Obsolete ID Cards List [FBAA OBSOLETE ID CARDS]
Outpatient Cost Report [FBAA COST REPORT]
Payment Aging Report [FB PAYMENT AGING RPT]
Payment History Display [FBAA PAYMENT HISTORY DISPLAY]
Potential Cost Recovery Report [FB PCR]
Print Rejected Payment Items [FBAA REJECT PRINT]
PSA Output Report [FBCH PSA OUTPUT]
RBRVS Fee Schedule Cost Comparison [FBAA COST COMPARISON]
Valid ID Cards List [FBAA ID CARDS CURRENT LIST]
Vendor Payments Output [FB PAY VENDOR]
Veteran Payments Output [FB PAY VETERAN]
Payment menu ... [FBAA PAYMENT MENU]
  Calculate Payment Amount [FBAA FEE SCHEDULE RATE]
  Delete Payment Entry [FBAA DELETE PAYMENT]
    **> Locked with FBAA LEVEL 1 PMT
  Edit Payment [FBAA EDIT PAYMENT]
    **> Locked with FBAA LEVEL 1 PMT
  Enter Payment [FBAA ENTER PAYMENT]
    **> Locked with FBAA LEVEL 1 PMT
  Invoice Display [FBAA INVOICE DISPLAY]
  Multiple Payment Entry [FBAA MULTIPLE PAYMENT ENTRY]
    **> Locked with FBAA LEVEL 1 PMT
  Re-initiate Rejected Payment Items [FBAA REINITIATE REJECTS]
    **> Locked with FBAA LEVEL 1 PMT
  Reimbursement Payment Entry [FBAA MEDICAL REIMBURSEMENT]
    **> Locked with FBAA LEVEL 1 PMT
  Travel Payment Only [FBAA TRAVEL ENTRY]
    **> Locked with FBAA LEVEL 1 PMT
Registration Menu ... [FBAA REGISTRATION MAIN MENU]
  Authorization Display [FBAA AUTHORIZATION DISPLAY]
  Fee Patient Inquiry [FBAA PATIENT INQUIRY]
  Print Report of Contact [FBAA PRINT REPORT OF CONTACT]
  Report of Contact [FBAA REPORT OF CONTACT]
Supervisor Main Menu ... [FBAA SUPERVISOR OPTIONS]
  **> Locked with FBAA LEVEL 2
  Clerk Look-Up For An Authorization [FBAA CLERK LOOK-UP]
    **> Locked with FBAASUPERVISOR
  Contract File Enter/Edit [FBAA CONTRACT FILE]
    **> Locked with FBAASUPERVISOR
  Delete reject flag [FBAA VOUCHER DELETE REJECT]
    **> Locked with FBAAREJECT
  Edit Pharmacy Invoice Status [FBAA EDIT INVOICE STATUS]
    **> Locked with FBAA LEVEL 2
  Enter/Edit Suspension Letters [FBAA ENTER/EDIT LETTERS]
    **> Locked with FBAASUPERVISOR
  Fee Basis 1358 Segregation of Duty Report [FB SEG DUTY RPT]
    **> Locked with FBAASUPERVISOR
  Fee Schedule Main Menu ... [FBAA FEE SCHEDULE]
    **> Locked with FBAASUPERVISOR
  Add/Edit Fee Schedule [FBAA EDIT SCHEDULE]

```

Exported Options

```
    **> Locked with FBAASUPERVISOR
Compile Fee Schedule [FBAA CALCULATE SCHEDULE]
    **> Locked with FBAASUPERVISOR
Print Fee Schedule [FBAA PRINT SCHEDULE]
Finalize a Batch [FBAA FINALIZE BATCH]
FPPS Update & Transmit Menu ... [FB FPPS UPDATE MENU]
Outpatient/Ancillary Invoice Edit [FBAA FPPS EDIT INVOICE]
    **> Locked with FBAA LEVEL 2
Pharmacy Invoice Edit [FBRX FPPS EDIT INVOICE]
    **> Locked with FBAA LEVEL 2
Inpatient Invoice Edit [FBCH FPPS EDIT INVOICE]
    **> Locked with FBAA LEVEL 2
Audit Report for FPPS Data [FB FPPS AUDIT REPORT]
Transmit Invoices to FPPS [FB FPPS TRANSMIT]
Report of Transmissions to FPPS [FB FPPS TRANSMIT REPORT]
Purge Message Text [FB FPPS PURGE]
    **> Locked with FBAA LEVEL 2
List Batches Pending Release [FBAA LIST CLOSED BATCHES]
MRA Main Menu ... [FB MRA MAIN MENU]
Vendor MRA Main Menu ... [FBAA VENDOR MRA MAIN MENU]
    **> Locked with FBAA LEVEL 2
Update FMS Vendor File in Austin [FBAA FMS UPDATE]
    **> Locked with FBAA LEVEL 2
Delete Vendor MRA [FBAA MRA DELETE VENDOR]
    **> Locked with FBAA LEVEL 2
Reinstate Vendor MRA [FBAA MRA VENDOR REINSTATE]
    **> Locked with FBAA LEVEL 2
MRA'S Awaiting Austin Approval [FBAA MRA'S AWAITING APPROVAL]
    **> Locked with FBAA LEVEL 2
Veteran MRA Main Menu ... [FBAA VETERAN MRA MAIN MENU]
    **> Locked with FBAA LEVEL 2
Add type Veteran MRA [FBAA MRA VETERAN ADD TYPE]
    **> Locked with FBAA LEVEL 2
Change type Veteran MRA [FBAA MRA VETERAN CHANGE TYPE]
    **> Locked with FBAA LEVEL 2
Delete type Veteran MRA [FBAA MRA VETERAN DELETE TYPE]
    **> Locked with FBAA LEVEL 2
Reinstate type Veteran MRA [FBAA MRA VETERAN REINSTATE]
    **> Locked with FBAA LEVEL 2
Re-Transmit MRA's [FBAA REQUEUE MRA]
    **> Locked with FBAASUPERVISOR
Purge Transmitted MRAs [FBAA MRA PURGE]
    **> Locked with FBAASUPERVISOR
IPAC Agreement MRA Main Menu ... [FBAA IPAC AGREEMENT MRA MENU]
    Add Type IPAC Agreement MRA [FBAA MRA IPAC ADD TYPE]
    Change Type IPAC Agreement MRA [FBAA MRA IPAC CHANGE TYPE]
    Delete Type IPAC Agreement MRA [FBAA MRA IPAC DELETE TYPE]
Pricer Batch Release [FBCH PRICER RELEASE]
    **> Locked with FBAA LEVEL 1 PMT
Print Rejected Payment Items [FBAA REJECT PRINT]
Queue Data for Transmission [FBAA QUEUE DATA FOR TRANS.]
    **> Locked with FBAA LEVEL 2
Re-initiate Rejected Payment Items [FBAA REINITIATE REJECTS]
    **> Locked with FBAA LEVEL 1 PMT
Release a Batch [FBAA SUPERVISOR RELEASE]
    **> Locked with FBAA LEVEL 2
Reprocess Overdue Batch [FBAA REPROCESS BATCH]
    **> Locked with FBAASUPERVISOR
Resend Completed Batch [FBAA RESEND VOUCHER MSG]
    **> Locked with FBAASUPERVISOR
Security Key Report for Fee Basis [FB SEC KEY RPT]
    **> Locked with FBAASUPERVISOR
Site Parameter Enter/Edit [FBAA ENTER SITE PARAMETERS]
```

```

**> Locked with FBAASUPERVISOR
Unauthorized Claims File Menu ... [FBUC FILE MENU]
  Add New Person for Unauthorized Claim [FBUC ADD NEW PERSON]
    **> Locked with FBAA LEVEL 1 AUTH
  Disapproval Reasons File Enter/Edit [FBUC DISAPPROVAL REASONS FILE]
    **> Locked with FBAASUPERVISOR
  Dispositions File Edit [FBUC DISPOSITIONS FILE]
    **> Locked with FBAASUPERVISOR
  Request Info File Enter/Edit [FBUC REQUEST INFO FILE]
    **> Locked with FBAASUPERVISOR
Void Payment Main Menu ... [FBAA VOID PAYMENT MENU]
  **> Locked with FBAA LEVEL 2
  CH Delete Void Payment [FBCH DELETE VOID]
    **> Locked with FBAA LEVEL 2
  CH Void Payment [FBCH VOID PAYMENT]
    **> Locked with FBAA LEVEL 2
  CNH Delete Void Payment [FBCNH DELETE VOID]
    **> Locked with FBAA LEVEL 2
  CNH Void Payment [FBCNH VOID PAYMENT]
    **> Locked with FBAA LEVEL 2
  Medical Delete Void Payment [FBAA CANCEL MEDICAL VOID]
    **> Locked with FBAA LEVEL 2
  Medical Void Payment [FBAA MEDICAL VOID PAYMENT]
    **> Locked with FBAA LEVEL 2
  Pharmacy Delete Void Payment [FBAA CANCEL PHARMACY VOID]
    **> Locked with FBAA LEVEL 2
  Pharmacy Void Payment [FBAA PHARMACY VOID PAYMENT]
    **> Locked with FBAA LEVEL 2
Terminate ID Card [FBAA TERMINATE ID CARD]
  **> Locked with FBAA LEVEL 1 AUTH
Vendor Menu ... [FBAA VENDOR OPTIONS]
  IPAC Vendor Agreement Menu ... [FBAA IPAC AGREEMENT MENU]
    Enter/Edit a new IPAC Agreement [FBAA IPAC AGREEMENT ENTER/EDIT]
      **> Locked with FB IPAC VENDOR
    Delete an IPAC agreement [FBAA IPAC AGREEMENT DELETE]
      **> Locked with FB IPAC VENDOR
    View IPAC Vendor Agreement [FBAA IPAC AGREEMENT VIEW]
  Display,Enter,Edit Demographics [FBAA VENDOR DEMOGRAPHICS]FPDS-Only Vendor
  Edit [FBAA VENDOR FPDS-ONLY]
  List Vendors Without FPDS Data [FB VEN FPDS BLANK]
  Payment Display for Patient [FBAA VENDOR PAYMENT DISPLAY]
  Payment Look-up for Medical Vendor [FBAA VENDOR LOOKUP]
  Pharmacy Vendor Payment Look-Up [FBAA PHARMACY LOOKUP]

```

Pharmacy Fee Main Menu ... [FBAA PHARMACY MAIN MENU]

```

Batch Menu - Pharmacy ... [FBAA PHARMACY BATCH OPTIONS]
  Batch Delete [FBAA BATCH DELETE]
    **> Locked with FBAA LEVEL 1 PMT
  Close-out Batch [FBAA CLOSE BATCH]
    **> Locked with FBAA LEVEL 1 PMT
  Delete reject flag [FBAA VOUCHER DELETE REJECT]
    **> Locked with FBAAREJECT
  Display Open Batches [FBAA DISPLAY OPEN BATCHES]
  Edit Batch data [FBAA BATCH EDIT]
    **> Locked with FBAA LEVEL 1 PMT
  Finalize a Batch [FBAA FINALIZE BATCH]
  List Batches Pending Release [FBAA LIST CLOSED BATCHES]
  List Items in Batch [FBAA LIST BATCH]
  Open a Pharmacy Batch [FBAA OPEN PHARMACY BATCH]
    **> Locked with FBAA LEVEL 1 PMT
  Re-open Batch [FBAA REOPEN BATCH]
    **> Locked with FBAA LEVEL 1 PMT

```

Exported Options

Release a Batch [FBAA SUPERVISOR RELEASE]
**> Locked with FBAA LEVEL 2
Status of Batch [FBAA BATCH STATUS]
Check Display [FB CHECK DISPLAY]
Closeout Pharmacy Invoice [FBAA CLOSE OUT INVOICE]
**> Locked with FBAA LEVEL 1 PMT
Complete Pharmacy Invoice [FBAA COMPLETE PHARMACY INVOICE]
**> Locked with FBAA LEVEL 1 PMT
Display Pharmacy Invoice [FBAA PHARMACY INVOICE DISPLAY]
Edit Pharmacy Invoice [FBAA EDIT PHARMACY INVOICE]
**> Locked with FBAA LEVEL 1 PMT
Enter Pharmacy Invoice [FBAA ENTER PHARMACY INVOICE]
**> Locked with FBAA LEVEL 1 PMT
FPPS Claim Inquiry [FB FPPS CLAIM INQ]
List Invoices Pending MAS Completion [FBAA PENDING MAS COMPLETION]
List Pharmacy History [FBAA PHARMACY HISTORY]
Patient Re-imbusement [FBAA REIMBURSEMENT PHARMACY]
**> Locked with FBAA LEVEL 1 PMT
Pharmacy Invoice Status [FBAA PHARMACY INVOICE STATUS]
Potential Cost Recovery Report [FB PCR]
Prescriptions Pending Pharmacy Review [FBAA LIST PENDING RX]
Review Fee Prescription [FBAA PHARMACY REVIEW]
Vendor Payments Output [FB PAY VENDOR]
Veteran Payments Output [FB PAY VETERAN]

Project ARCH Menu ... [FB PROJECT ARCH MENU]

**> Locked with FB ARCH
AD Add/Edit Project ARCH Eligibility [FB ADD ARCH ELIGIBILITY]
**> Locked with FB ARCH
VW View Project ARCH Eligibility [FB VIEW ARCH ELIGIBILITY]
**> Locked with FB ARCH
UP ARCH Eligibility Data Upload [FB ARCH DATA UPLOAD]
**> Locked with FB ARCH
RE ARCH Clinical Reminder Due Delay [FB ARCH REMINDER DELAY]
**> Locked with FB ARCH

State Home Main Menu ... [FBSH MAIN MENU]

Enter New State Home Authorization [FBSH ENTER AUTH]
**> Locked with FBAA LEVEL 1 AUTH
Change a State Home Authorization [FBSH CHANGE AUTH]
**> Locked with FBAA LEVEL 1 AUTH
Delete a State Home Authorization [FBSH DELETE AUTH]
**> Locked with FBAA LEVEL 1 AUTH
Reinstate State Home Authorization [FBSH REINSTATE AUTH]
**> Locked with FBAA LEVEL 1 AUTH
Active Authorization Report [FBSH ACTIVE AUTH. REPORT]

Telephone Inquiry Menu ... [FB PHONE MENU]

Check Display [FB CHECK DISPLAY]
IPAC Vendor Reports ... [FBAA IPAC VENDOR REPORT MENU]
DoD Invoice Number Inquiry [FBAA IPAC DoD INVOICE INQUIRY]
IPAC Vendor DoD Invoice Report (Summary) [FBAA IPAC DoD INVOICE RPT]
IPAC Vendor Payment Report (Detail) [FBAA IPAC VENDOR PAYMENT RPT]
Payment Listing for Vendor/Veteran [FB VENDOR/VETERAN PAYMENTS]
Vendor Payments Output [FB PAY VENDOR]
Veteran Payments Output [FB PAY VETERAN]

Unauthorized Claim Main Menu ... [FBUC MAIN]

Enter/Edit Unauthorized Claim Menu ... [FBUC ENTER/EDIT]
Enter Unauthorized Claim [FBUC ENTER]
**> Locked with FBAA LEVEL 1 AUTH

```

Modify Unauthorized Claim [FBUC MODIFY UNAUTHORIZED CLAIM]
  **> Locked with FBAA LEVEL 1 AUTH
Disposition Unauthorized Claim [FBUC DISPOSITION UNAUTH CLAIM]
  **> Locked with FBAA LEVEL 1 AUTH
Re-open Unauthorized Claim [FBUC REOPEN]
  **> Locked with FBAA LEVEL 1 AUTH
Initiate Appeal for Unauthorized Claim [FBUC INITIATE APPEAL]
  **> Locked with FBAA LEVEL 1 AUTH
Appeal Edit for Unauthorized Claim [FBUC APPEAL EDIT]
  **> Locked with FBAA LEVEL 2
COVA Appeal Enter/Edit [FBUC COVA APPEAL]
  **> Locked with FBAA LEVEL 2
Request Information on Unauthorized Claim [FBUC REQUEST INFORMATION]
  **> Locked with FBAA LEVEL 1 AUTH
Receive Requested Information [FBUC RECEIVE INFORMATION]
  **> Locked with FBAA LEVEL 1 AUTH
Letters for Unauthorized Claim ... [FBUC LETTERS]
  **> Locked with FBAA LEVEL 1 AUTH
  Update Date Letter Sent [FBUC UPDATE DATE LETTER SENT]
    **> Locked with FBAA LEVEL 1 AUTH
  Batch Print Letters [FBUC BATCH PRINT LETTERS]
    **> Locked with FBAA LEVEL 1 AUTH
  Reprint Letter(s) [FBUC REPRINT LETTER(S)]
    **> Locked with FBAA LEVEL 1 AUTH
Payments for Unauthorized Claims [FBUC PAYMENTS]
  **> Locked with FBAA LEVEL 1 PMT
Outputs for Unauthorized Claims ... [FBUC OUTPUTS]
  All Claims by Vendor/Veteran/Other [FBUC ALL CLAIMS OUTPUT]
  Check Display [FB CHECK DISPLAY]
  Clerk Lookup for Unauthorized Claim [FBUC CLERK LOOKUP]
    **> Locked with FBAASUPERVISOR
  Disapproved EDI Claim Report [FBUC DISAPPROVED EDI]
  Display Unauthorized Claim [FBUC DISPLAY UNAUTHORIZED]
  Disposition/Status Statistics Display/Print [FBUC STATS OUTPUT]
  Expiration Display/Print [FBUC EXPIRE OUTPUT]
  FPPS Claim Inquiry [FB FPPS CLAIM INQ]
  Millennium Act Emergency Care Summary Report [FBUC MILL ACT SUMMARY]
  Status Display/Print of Unauthorized Claims [FBUC STATUS OUTPUT]
  Unauthorized Claims Cost Report for Civil Hospital [FBCH UC COST REPORT]
  Vendor Payments Output [FB PAY VENDOR]
  Veteran Payments Output [FB PAY VETERAN]
Display Unauthorized Claim [FBUC DISPLAY UNAUTHORIZED]
Utilities for Unauthorized Claims ... [FBUC UTILITIES]
  Vendor Enter/Edit [FBCNH VENDOR ENTER/EDIT]
  Add New Person for Unauthorized Claim [FBUC ADD NEW PERSON]
    **> Locked with FBAA LEVEL 1 AUTH
  Associate an Unauthorized Claim to a Primary [FBUC ASSOCIATE]
    **> Locked with FBAA LEVEL 1 AUTH
  Disassociate an Unauthorized Claim [FBUC DISASSOCIATE]
    **> Locked with FBAA LEVEL 1 AUTH
  Delete Unauthorized Claim [FBUC DELETE UNAUTHORIZED CLAIM]
  Return Address Display/Edit [FBUC RETURN ADDRESS DIS/ED]
    **> Locked with FBAA LEVEL 2
  Extension for Incomplete Mill Bill (1725) Claim [FBUC EXTENSION]
    **> Locked with FBAASUPERVISOR

```

Non-Menu Diagram Exported Options

The following options do not appear on the menu but are exported with the package.

- **FBAA BATCH SERVER (FB*3.5*131)**
This server processes incoming Payment Batch Result messages from Central Fee. The Payment Batch Result message is a response to a Payment Batch message. The result message provides a count of accepted line items and identifies any line items that were rejected by Central Fee edit checks.
- **FBAA MRA PURGE AUTO**
This option is taskable and will purge transmitted MRAs. It should be used only when you are sure Austin has received your MRA transmissions, since use of this option will prevent retransmission of MRAs. Upon successful completion of the purge, a mail message will be sent to a mail group confirming the purge specifics. Remember to add a mail group to the FBAA PURGE TRANSMITTED MRA'S bulletin.
- **FBAA MRA SERVER**
This server processes all incoming MRA messages received from Austin through MailMan.
- **FBAA PAID SERVER**
This server processes incoming payment information sent from FMS. The job will run in the background and will send a bulletin to the FEE mail group upon completion. The bulletin will detail the number of vendors found for each action type taken. FB*3.5*121 the message length from Central Fee is changing to 138 characters. The FBPAID and FBPAID1 routines were modified to accept either length (existing 82 or new 138 character) messages. See Appendix B for the 138 character message format.
- **FBAA REJECT SERVER (FB*3.5*131)**
This server processes incoming Post Voucher Reject messages from Central Fee. The Post Voucher Reject message identifies payment line items that have been dropped from Central Fee after receipt of the Voucher Batch message for that line item.
- **FBAA VOUCHER SERVER (FB*3.5*131)**
This server processes incoming Voucher Batch Acknowledgement messages from Central Fee. The Voucher Batch Acknowledgement message contains the Central Fee application acknowledgement for a Voucher Batch message.
- **FBUC QUEUE BATCH PRINT**
If your letters are not automatically printed, and you choose not to use the Batch Print Letters option in the Letters for Unauthorized Claim submenu, this option should be run at least once a day.
- **FBUC ABANDONED**
This option must be queued to run nightly. A device needs to be specified. It searches the FEE BASIS UNAUTHORIZED CLAIMS file (#162.7) for claims that have the status of INCOMPLETE UNAUTHORIZED CLAIM or APPEAL/ISSUED STATEMENT OF CASE.

If the expiration date for these claims is met, the claim will be dispositioned to ABANDONED. A printout of those claims which were updated will print to the specified device.
- **FB FPPS MONITOR (FB*3.5*122)**
This option should be queued to run nightly after the FP FPPS TRANSMIT option has

completed its nightly run. It checks two new parameters in the FEE BASIS SITE PARAMETERS (#161.4) file to verify that the transmit option is being run in a timely manner (e.g. daily) and sends messages to G.FEE (local Vista users) and Fee.EDI_Issues@va.gov (Purchased Care Business office) to alert users that payment data has not been sent. This option may also be run interactively to check the status of the transmit option and can be added as a Fee user's (e.g. Fee Administrator) secondary menu option. Running the option interactively does not send messages to any mail group.

Example message to G.FEE mail group:

Subj: FEE BASIS FPPS Transmit Issue Mar 24, 2011 [#300421] 03/24/11@06:01 5 lines From: FEE BASIS In 'IN' basket. Page 1

 Current date: Mar 24, 2011@06:00
 The FB FPPS TRANSMIT option has not run.
 The last completed transmission was on Mar 21, 2011@03:45

Please check the FB FPPS TRANSMIT option for scheduling issues or errors. Enter message action (in IN basket): Ignore//

Example message to Fee.EDI_Issues mail group:



- FB PAID TO IB (FB*3.5*135)**
 FOR FUTURE USE: This run routine option is expected to be scheduled to run regularly after the FBAA PAID SERVER process has completed. This option populates the IB NON/OTHER VA BILLING PROVIDER file (335.93) with information from the FBAA PAID SERVER process that was saved to the FEE BASIS PAID TO IB file(161.9).
- FB PROVIDER TO IB REPORT (FB*3.5*135)**
 FOR FUTURE USE: This run routine option displays information in the FEE BASIS PAID TO IB file (161.9). This option is for testing purposes to view data and could be added if needed as a secondary menu option.

- **FB UCID UTILITY MENU (FB*3.5*135)**
This menu option is provided to validate Unique Claim Identifier during testing of entry and edit functions. This menu option is not available on any existing FB menus, but could be added to a secondary menu. This contains two options: the FB UCID DISPLAY - Fee Basis Unique Claim Identifier Display option, and the FB UCID PAYMENT RPT - FB OUTPATIENT UCID REPORT option.
- **FB UCID DISPLAY (FB*3.5*135)**
This option is provided to validate Unique Claim Identifier during testing of entry and edit functions. This option is available on the FB UCID UTILITY MENU. This option has three selections used to display the Unique Claim Identifier. Inpatient invoices and Outpatient claims within a date range, Inpatients by Invoice number, or Outpatient by Vendor, Date of Service, and Procedure.
- **FB UCID PAYMENT RPT (FB*3.5*135)**
This option is provided to validate the Unique Claim Identifier during testing of entry and edit functions. This option is available on the FB UCID UTILITY MENU. This option is used to display all UCID's for a single Outpatient by Vendor, Date of Service, and Procedure.

Archiving and Purging

Archiving

There are currently no archiving capabilities within the Fee Basis package.

Purging

The Fee Basis package allows the user to purge transmitted delete type and reinstate type MRAs through the Purge Transmitted MRAs option under the Supervisor Main Menu of the Medical Fee Main Menu. A site may elect to run this purge manually through use of this option, or have the purge automatically run through a background task by setting up the FB MRA Purge Auto option through TaskMan. It will effectively purge the delete type and reinstate type MRAs automatically and forward a bulletin to the FEE mail group upon completion.

It should be noted that change type and add type MRAs will no longer be purged through use of these options. They will be cleaned up automatically upon confirmation from Austin on each respective transaction.

Contained in Version 3.0 of Fee Basis is a purge routine called FBAABPG. This routine should only be used when batch numbers exceed 99000 and prior to the site reaching number 99999 as the next available batch number. This information is found in the FEE BASIS SITE PARAMETERS file (#161.4), Field #10.

A system backup should be completed prior to the execution of the purge routine. To initiate the purge, you will be prompted for a cutoff date. This date has to be in the past. All batches FINALIZED prior to this date and having no rejects pending will be purged from the FEE BASIS BATCH file (#161.7). All pointed to fields will be deleted as well as any cross-references which use the batch number. Below is a list of files which contain fields which could be affected by the purge.

FILE NUMBER	FILE NAME
162	FEE BASIS PAYMENT
162.1	FEE BASIS PHARMACY INVOICE
162.5	FEE BASIS INVOICE
163	FEE BASIS MEDICAL DENIALS
163.1	FEE BASIS PHARMACY DENIALS

After the purge is complete, the number of batches purged and the To Date will be displayed. Also shown is the FBAA BATCH PURGE bulletin triggered to any mail group entered in the BULLETIN file for this message.

Since there will be a number of sets and kills made to global nodes during this purge, it is important to consider JOURNAL media requirements.

This purge may take a considerable amount of time; therefore, it is recommended the routine be run during off-hours.

The FBAABPG routine will not free up a large amount of disk space.

Archiving and Purging

With DUZ and DT set as well as DUZ(0)="@" in programmer mode, do the following:

```
>  
>D ^FBAABPG
```

The following is an example of the prompts and steps involved in executing the FBAABPG routine. User responses appear in boldface type.

This option is used to purge Fee Basis batch numbers for a time frame in the past. Do you want to continue? No// **YES**

```
Purge batch #'s PRIOR to date : 1/1/93 (JAN 01, 1993)  
DEVICE: HOME// QUEUE TO PRINT ON
```

```
DEVICE: HOME// A137 RIGHT MARGIN: 80// <RET>
```

```
*** BEGIN FEE BASIS BATCH NUMBER PURGE ***
```

```
.....
```

```
                This option has purged 21 batch numbers  
                finalized prior to 01/01/93 .
```

```
*** FEE BASIS BATCH NUMBER PURGE FINISHED ***
```

The following is an example of an FBAA BATCH PURGE bulletin.

```
MailMan message for FEEUSER,SARA          FEE SUPERVISOR  
Printed at   BROCKTON.VA.GOV   11 Aug 93 14:41  
Subj:   Fee Batch Numbers Purged   [#23124] 11 Aug 93 14:41 1 Line  
From:   POSTMASTER (Sender: FEEUSER,SARA) in 'IN' basket.   Page 1  
-----
```

```
FEEUSER,SARA has run the Fee Batch Number purge routine. The batches were purged on  
08/11/93. All batches that were finalized prior to 01/01/93 were purged. The total  
number of batches purged was 21.
```

External Relations

The Fee Basis package requires a standard VistA operating environment in order to function correctly.

DISCLAIMER: *The following overview of the “Fee Basis Software Interaction with other VistA Packages” was written in 1995 intended for the initial version release of Fee Basis 3.5. This information is not specific to updates subsequent to the release of Fee Basis V. 3.5. Please refer to the Fee Basis Installation Guides, Release Notes, and/or related patch descriptions for current VistA package requirements for Fee Basis V. 3.5.*

Fee Basis Software Interaction with other Vista Packages

The VistA Fee Basis software product is fully integrated with Version 20.0 of VA FileMan and Version 7.1 of the Kernel. Version 3.5 is also integrated with the 1358 module of IFCAP. When outpatient batches are released for payment, there will be a posting to the appropriate 1358. For inpatient batches, the estimated amount from the VA Form 10-7078, as well as the actual amount, will be posted to the 1358 when batches are released for payment. The Fee Basis package interfaces with the ADT (Admission-Discharge-Transfer) VISTA module of the PIMS (MAS) package to provide users access to registration data entered through ADT options. Integration with the PTF (Patient Treatment File) module of PIMS allows for the creation of non-VA PTF records. Integration with CPT V. 5.0 allows for entry of modifiers for CPT codes. The package also integrates with the Integrated Billing (IB) package for patient insurance data.

In order to make an entry in the NEW PERSON file (#200), the user must hold the XUSPF200 security key.

Fee Basis V. 3.5 Custodial Integration Agreements

IFCAP (IA #287)

Fee Basis provides IFCAP with a way to determine Fee code sheet headers.

Clinical Reminders (IA #5619)

Fee Basis provides Clinical Reminders with two functions to list the patient’s ARCH (Access Received Closer to Home) Eligibility of a certain date range and a list of all patients and their ARCH Eligibility. FB*3.5*119.

```
5619      NAME: PROJECT ARCH
CUSTODIAL PACKAGE: FEE BASIS
SUBSCRIBING PACKAGE: CLINICAL REMINDERS
```

```
          Clinical Reminders needs two functions to list the
          patient's ARCH (Access Received Closer to Home)
          Eligibility of a certain date range and a list of all
          patients and their ARCH Eligibility.
```

```
          USAGE: Private          ENTERED: MAR 24,2011
          STATUS: Active          EXPIRES:
```

```
          DURATION:              VERSION:
          FILE:                  ROOT:
          DESCRIPTION:          TYPE: Routine
```

This Integration agreement provides two functions. The output data comes

External Relations

from the ARCH ELIGIBILITY multiple from Fee Basis Patient file #161.

\$\$ELIG^FBARCH0 - lists the ARCH (Access Received Closer to Home) eligibility for a patient on a specific date range.

\$\$LIST^FBARCH0 - provides a list of ARCH eligible patients on a specific date range.

ROUTINE: FBARCH0

COMPONENT: ELIG

VARIABLES: DFN Type: Input

Patient IEN which is DINUM to the internal entry of file #161.

FBBDT Type: Input

Starting/beginning date range of the listing.

FBEDT Type: Input

Ending date of the listing.

FBDATA Type: Output

An array of patient ARCH eligibility.

This function returns the patient's ARCH eligibility. See example below:

```
> S A=$$ELIG^FBARCH0 (DFN,3100930,3110305,.FBDATA) ZW FBDATA
A=1 FBDATA(1)="1^3101130" FBDATA(2)="0^3101030"
FBDATA(3)="1^3100930"
```

COMPONENT: LIST

VARIABLES: FBBDT Type: Input

Starting/beginning date of the listing.

FBEDT Type: Input

Ending date of the listing. Output

of this function will be in ^TMP(\$J,"ARCHFEE" global. Below is the example:

```
>S A=$$LIST^FBARCH0 (3100930,3110305)
```

```
Global ^TMP($J -- NOTE: translation in effect
^TMP(540785357,"ARCHFEE",1)="12^0^3100930"
2)="12^1^3100925"
3)="12^0^3100920"
4)="12^1^3100910"
```

Piece 1 = is the DFN

Piece 2 = is the ARCH Eligibility 1 = YES; 0 = NO

Piece 3 = date of ARCH Eligibility

Fee Basis V. 3.5 Subscriber Integration Agreements

IFCAP (IA #s: 43, 315-A, 315-B, 315-C, 5573, 5574)

IFCAP provides Fee Basis with the following:

- Gets the IFCAP station number and uses it to determine whether an obligation number entered by the user exists in IFCAP.
- Returns all accounting numbers and symbols.
- Posts transactions to 1358.
- Determines whether a 1358 is open and available for posting.
- Verifies that a user can certify without violating 1358 segregation of duty. FB*3.5*117
- Returns the events and actors for a 1358 obligation. FB*3.5*117

Registration (IA #s: 64, 186-C, 226-A, 226-B, 226-C, 226-D, 226-E, 226-F, 1011, 4398) Registration provides Fee Basis with the following:

Look-up to the BENEFICIARY TRAVEL MODE OF TRANSPORTATION file (#392.4).

- Look-up to the PERIOD OF SERVICE file (#21).
- A call into the routine to create a PTF record.
- Calls to determine Category C status.
- A call into the registration routine.
- A call to display rated disabilities.
- A call to determine last Means Test for a patient.
- Ability to add insurance company information to the PATIENT file (#2).
- A routine to transmit records to a remote location.
- IA #4398: Routine VAUTOMA is used as follows:
 - To select entries from the INSTITUTION file (#4) and FEE BASIS PROGRAM file (#161.8).
 - In Security Key Report for Fee Basis [FB SEC KEY RPT] with the New Person file (#200) and Security Key file (#19.1) lookups so that a single, multiple or “ALL” entries can be selected.

Integrated Billing (IA #s: 228-A, 228-B, 396)

Integrated Billing provides Fee Basis with the following:

- Look-up to the PLACE OF SERVICE file (#353.1).
- Look-up to the TYPE OF SERVICE file (#353.2).
- Ability to add insurance information.
- FOR FUTURE USE: Call IB API to move claim providers to IB NON/OTHER VA BILLING PROVIDER (#355.93) file.

Kernel (IA #s: 290-A, 290-B, 5614)

Kernel provides Fee Basis with the following:

- Ability to reference the DEVICE (%ZIS(1)) and TERMINAL TYPE (%ZIS(2)) files.
- Ability to read and write to the LOCK field of the OPTION (#19) file.

DRG Grouper (IA #s: 993-A, 993-B, 1010)

DRG Grouper provides Fee Basis with the following:

- Look-up on the "AFEE" cross-reference in the PTF file (#45).
- Look-up to the PTF CLOSE OUT file (#45.84).
- Look-up to the PTF RELEASE file (#45.83).

VA FileMan (IA #: 3352)

VA FileMan provides Fee Basis with the following:

- Ability to re-compile input templates that contain specific fields within a file.

(This page included for two-sided copying.)

Internal Relations

Any Fee Basis option in File #19 should be able to run independently provided the user has the appropriate keys.

FOR FUTURE USE: Patch FB*3.5*135 introduced File #161.9 which is populated and self-purged if field #40 ALLOW FEE BASIS PAID TO IB of file #161.4 is set to 'yes'. Entries in this file are processed by a scheduled option FB PAID TO IB which populates the IB NON/OTHER VA BILLING PROVIDER file #335.93.

Package-wide Variables

All variables associated with the Fee Basis package are of equal importance. There are no package-wide variables associated with this package.

How to Generate On-Line Documentation

This section describes some of the various methods by which users may secure Fee Basis technical documentation. On-line technical documentation pertaining to the Fee Basis software, in addition to that which is located in the help prompts and on the help screens which are found throughout the Fee Basis package, may be generated through utilization of several Kernel options. These include but are not limited to %INDEX; Menu Management, Inquire option and Print Option File; VA FileMan, Data Dictionary Utilities, List File Attributes.

Entering question marks at the "Select ... Option:" prompt may also provide users with valuable technical information. For example, a single question mark (?) lists all options which can be accessed from the current option. Entering two question marks (??) lists all options accessible from the current one, showing the formal name and lock for each. Three question marks (???) displays a brief description for each option in a menu while an option name preceded by a question mark (?OPTION) shows extended help for that option, if available.

For a more exhaustive option listing and further information about other utilities which supply on-line technical information, please consult the VistA Kernel Reference Manual.

%INDEX

This option analyzes the structure of a routine(s) to determine in part if the routine(s) adhere(s) to VistA Programming Standards. The %INDEX output may include the following components: compiled list of Errors and Warnings, Routine Listing, Local Variables, Global Variables, Naked Globals, Label References, and External References. By running %INDEX for a specified set of routines, the user is afforded the opportunity to discover any deviations from VistA Programming Standards which exist in the selected routine(s) and to see how routines interact with one another, that is, which routines call or are called by other routines.

To run %INDEX for the Fee Basis package, specify the following namespaces at the "routine(s) ?>" prompt: FB*.

Fee Basis initialization routines which reside in the UCI in which %INDEX is being run, as well as local routines found within the Fee Basis namespace, should be omitted at the "routine(s) ?>" prompt. To omit routines from selection, preface the namespace with a minus sign (-).

DIAGRAM MENUS

This Menu Management option provides a diagram of a menu. Enter O. followed by either the external or internal name of the menu to generate a diagram of a Fee Basis menu. For example, enter O.MEDICAL FEE MAIN MENU or O.FBAA MEDICAL MAIN MENU to generate a diagram of the Medical Fee Main Menu.

OPTION FUNCTION INQUIRY

This Menu Management option provides the following information about a specified option(s): option name, menu text, option description, type of option and lock, if any. In addition, all items on the menu are listed for each menu option.

To secure information about Fee Basis options, the user must specify the name or namespace of the option(s) desired. The namespace associated with the Fee Basis package is FB.

PRINT OPTION FILE

This utility generates a listing of options from the OPTION file. The user may choose to print all of the entries in this file or may elect to specify a single option or range of options. To obtain a list of Fee Basis options, the following option namespace should be specified: FB.

LIST FILE ATTRIBUTES

This VA FileMan option allows the user to generate documentation pertaining to files and file structure. Utilization of this option via the "Standard" format will yield the following data dictionary information for a specified file(s): file name and description, identifiers, cross-references, files pointed to by the file specified, files which point to the file specified, input templates, print templates, and sort templates. In addition, the following applicable data is supplied for each field in the file: field name, number, title, global location, description, help prompt, cross-reference(s), input transform, date last edited, and notes.

Using the "Global Map" format of this option generates an output which lists all cross-references for the file selected, global location of each field in the file, input templates, print templates, and sort templates. For a comprehensive listing of Fee Basis files, please refer to the File Section of this manual.

Security

General Security

NOTICE

Per VA Directive 6402 regarding security of software that affects financial systems, none of the Fee Basis routines or data dictionaries may be modified.

The Fee Basis package deals with activities and data related to the Fiscal and Fee Basis payment processes of your facility. The obvious need for package security has been addressed throughout this software, making every effort to restrict the mishandling of Fee Basis functionality. A significant amount of testing, as well as VA Central Office review, has been conducted on the entire Fee Basis package. Medical Administration Service and the Office of Budget and Finance have requested that each facility utilizing the Fee Basis package appreciate the sensitivity of these issues. It is for these reasons that each facility is reminded that **local modification of the program code is expressly prohibited**.

The modification of DHCP National Package software and Data Dictionaries is restricted to the adding of new data elements and to the creation of input/output templates necessary to meet the specific needs of the local facility.

The concern for package security extends to the menus assigned to the Fee Basis users. **No Fee Basis user should have access to all of the options available.** While a Fee Medical Clerk should be able to open, close, edit, or reopen a Fee Basis batch by utilizing multiple batch options, the Fiscal Voucher Clerk should **only** be able to finalize a Fee Basis batch. The standard menus that accompany this package were specifically designed to account for those functions that are performed in Fiscal and MAS. You do have the ability to customize menus for users, but be aware that a conflict of interest might arise.

Audit Trails

In the FEE NOTIFICATION/REQUEST file (#162.2), the following two fields are sent out with audit turned on if they are changed.

- LEGAL ENTITLEMENT (162.2,8)
- MEDICAL ENTITLEMENT (162.2,11)

Patch FB*3.5*151 enhances the software to maintain a history of changes to the value of thirteen fields in the FEE BASIS UNAUTHORIZED CLAIMS (#162.7) file and five fields in the AUTHORIZATION multiple of the FEE BASIS PATIENT (#161) file. The system will retain the date and time of the change, the old value, the new value, and the person that made the change in a new DATA AUDIT multiple within the respective file. Once the patch is installed, the system will retain this information for the fields listed below.

Monitored fields in FEE BASIS UNAUTHORIZED CLAIMS (#162.7) file:

- STATUS (#24)
- DISPOSITION (#10)
- DATE CLAIM RECEIVED (#.01)
- DATE REQ INFO SENT (#19.6)

Security

- DATE VALID CLAIM RECEIVED (#7)
- DATE OF DISPOSITION (#11)
- REOPEN CLAIM DATE (#21)
- NOTICE OF DISAGREEMENT RECV'D (#50)
- STATEMENT OF THE CASE ISSUED (#51)
- DATE SUBSTANTIVE APPEAL RECV'D (#52)
- DATE APPEAL DISPOSITIONED (#53)
- DATE APPEALED TO COVA (#54)
- DATE COVA APPEAL DISPOSITIONED (#55)

Monitored fields in AUTHORIZATION multiple of FEE BASIS PATIENT (#161) file:

- FROM DATE (#.01)
- TO DATE (#.02)
- DISCHARGE TYPE (#.06)
- PURPOSE OF VISIT CODE (#.07)
- TREATMENT TYPE CODE (#.095)

Patch FB*3.5*154 introduced fields recording who entered or edited authorizations to enable the Separation of Duties restrictions. The Clerk Lookup for a 7078 authorization reports who touched the authorizations, when it was done, and the type of edit.

Example:

```
Clerk Lookup for a 7078 authorization                JUN 08, 2015@16:55:05  page 1
-----
10-7078 Authorization
Veteran: FEEPATIENT,ONE                               Vendor: ALBANY MED CENTER
Reference Number: C95001.0083                         Fee Program: CIVIL HOSPITAL
Authorized From Date: JAN 06, 2015                   Authorized To Date: JAN 08, 2015

    Date/Time Edited      Edited By
    -----
    Jan 30, 2015@15:07:48  FEEUSER,THREE
    Comments: Set-up 7078 authorization.

CH Notification
Date/Time: JAN 06, 2015@07:30
Veteran: FEEPATIENT,ONE                               Vendor: ALBANY MED CENTER

    Date/Time Edited      Edited By
    -----
    Jan 30, 2015@14:53:40  FEEUSER,THREE
    Comments: Enter CH notification.
    Jan 30, 2015@14:57:03  FEEUSER,THREE
    Comments: Legal entitlement.
    Jan 30, 2015@14:58:10  FEEUSER,THREE
    Comments: Reconsider denied CH notification.
    Jan 30, 2015@14:58:15  FEEUSER,THREE
    Comments: Legal entitlement.
    Jan 30, 2015@15:00:38  FEEUSER,THREE
    Comments: Medical entitlement.
```

Security Keys

Name	Description
FB ARCH	<p>This security key allows authorized users to identify patients that were not included in the original Project ARCH Increment 1 eligibility dataset and allows them to be marked as being Project ARCH Eligible in the local VistA system. The system now allows locally added patients to be marked Not Project ARCH Eligible by users that hold the FB ARCH Security Key.</p> <p>NOTE: The "View Project ARCH Eligibility" option allows authorized users to view nationally and locally identified Project ARCH patients.</p>
FB IPAC VENDOR	<p>This security key permits the holder to enter, edit, and delete IPAC Agreement records through the options on the IPAC Vendor Agreement Menu.</p>
FBAA ESTABLISH VENDOR	<p>This security key permits the holder to add vendors to the FEE BASIS VENDOR file (#161.2).</p>
FBAA LEVEL 1 AUTH	<p>This security key permits the holder to enter and edit 7079 authorizations, 7078 authorizations, civil hospital notifications, nursing home movements, and unauthorized claims.</p>
FBAA LEVEL 1 PMT	<p>This security key permits the holder to enter and edit invoices, batches, and payments.</p>
FBAA LEVEL 2	<p>This security key permits the holder to certify a batch for payment, queue data for transmission to Central FEE, void payments, and update contract and rate data for nursing home vendors. The holder of this key can also bypass some user and status restrictions during selection of a payment or batch. This key is normally assigned to a lead clerk or supervisor.</p>
FBAAFINANCE	<p>This security key permits the holder to finalize (complete) a payment batch. That action generates the Voucher Batch message, which instructs Central Fee (Austin) to release the payments to a downstream payment system such as FMS. This security key would normally be assigned to finance staff responsible for completing the batch.</p>
FBAAREJECT	<p>This security key permits the holder to flag payment line items as locally rejected and to delete local reject flags that were entered in error.</p>
FBAASUPERVISOR	<p>This security key permits the holder to edit site parameters, maintain the VA fee schedule, edit the contract file, reprocess an overdue batch, resend a completed batch, re-transmit MRAs, and purge MRAs. This key is normally assigned to a supervisor.</p>
XUSPF200	<p>This security key is used when adding a person to the NEW PERSON file (#200). Its holders are not required to enter a Social Security Number (SSN) upon input of the person.</p>

Legal Requirements

The Fee Basis software package makes use of Current Procedural Terminology (CPT) codes which is an AMA copyrighted product. Its use is governed by the terms of the agreement between the Department of Veterans Affairs and the American Medical Association.

File Protection

The Electronic Data Interface contains files that are standardized. They carry a higher level of file protection with regard to Delete, Read, Write, and LAYGO access, and should not be edited locally unless otherwise directed. The data dictionaries for all files should NOT be altered.

The following is a list of recommended VA FileMan access codes associated with each file contained in the KIDS build for the EDI interface.

FILE NUMBER	FILE NAME	DD ACCESS	RD ACCESS	WR ACCESS	DEL ACCESS	LAYGO ACCESS	AUDIT ACCESS
161	FEE BASIS PATIENT	@	#	#	#	#	
161.2	FEE BASIS VENDOR	@	#	#	#	#	
161.21	FEE BASIS CNH CONTRACT	@	#	#	#	#	#
161.22	FEE BASIS CNH RATE	@	#	#	#	#	#
161.23	FEE BASIS CNH AUTHORIZATION RATE	@	#	#	#	#	#
161.25	FEE BASIS VENDOR CORRECTION	@	#	#	#	#	#
161.26	FEE BASIS PATIENT MRA	@	#	#	#	#	
161.27	FEE BASIS SUSPENSION	@	#	@	@	@	
161.3	FEE BASIS LETTER	@	#	#	#	#	
161.4	FEE BASIS SITE PARAMETERS	@	#	#	#	#	
161.5	FEE CH REPORT OF CONTACT	@	#	#	#	#	#
161.6	FEE BASIS SPECIALTY CODE	@	#	@	@	@	
161.7	FEE BASIS BATCH	@	#	#	#	#	
161.8	FEE BASIS PROGRAM	@	#	@	@	@	
161.81	FEE BASIS PARTICIPATION CODE	@	#	@	@	@	
161.82	FEE BASIS PURPOSE OF VISIT	@	#	@	@	@	
161.83	FEE BASIS ID CARD	@	#	#	@	#	

FILE NUMBER	FILE NAME	DD ACCESS	RD ACCESS	WR ACCESS	DEL ACCESS	LAYGO ACCESS	AUDIT ACCESS
	AUDIT						
161.84	FEE BASIS CATEGORY OF CARE	@	@	@	@	@	
161.95	IPAC VENDOR AGREEMENT FILE	@	#	#	#	#	
161.96	IPAC VENDOR AGREEMENT MRA	@	#	#	#	#	
161.99	FEE BASIS PAYMENT REJECT CODE	@		@	@	@	@
162	FEE BASIS PAYMENT	@	#	#	#	#	
162.1	FEE BASIS PHARMACY INVOICE	@	#	#	#	#	
162.2	FEE NOTIFICATION/REQUEST	@	#	#	#	#	
162.3	FEE CNH ACTIVITY	@	#	#	#	#	
162.4	VA FORM 10-7078	@	#	#	#	#	
162.5	FEE BASIS INVOICE	@	#	#	#	#	
162.6	FEE BASIS DISPOSITION CODE	@	#	@	@	@	
162.7	FEE BASIS UNAUTHORIZED CLAIMS	@	#	#	#	#	
162.8	FEE BASIS UNAUTHORIZED CLAIMS PENDING INFO	@	#	#	#	#	
162.91	FEE BASIS UNAUTHORIZED CLAIMS DISPOSITIONS	@	#	@	@	@	@
162.92	FEE BASIS UNAUTHORIZED CLAIMS STATUS	@	#	@	@	@	@
162.93	FEE BASIS UNAUTHORIZED REQUESTED INFORMATION	@	#	#	#	#	#
162.94	FEE BASIS UNAUTHORIZED DISAPPROVAL REASONS	@	#	@	@	@	@
162.95	FEE BASIS CHECK CANCELLATION REASON	@	#	@	@	@	
163.85	FEE BASIS VA TYPE OF SERVICE	@	#	@	@	@	@

Security

FILE NUMBER	FILE NAME	DD ACCESS	RD ACCESS	WR ACCESS	DEL ACCESS	LAYGO ACCESS	AUDIT ACCESS
163.99	FEE BASIS FEE SCHEDULE	@	#	#	#	#	

Glossary

Ancillary Cost	Charges associated with a 7078/Authorization for Civil Hospital not paid directly to the contract hospital (e.g., physicians, lab services, etc.).
Batch	Grouping by which fee basis bills are paid.
BVA	Board of Veterans Appeals
C&P	Compensation and Pension
COJ	Clinic of Jurisdiction
COVA	Court of Veterans Appeals
DHCP	Decentralized Hospital Computer Program
DRG	Diagnostic Related Group
EDI	Electronic Data Interchange
HIPAA	Health Insurance Portability and Accountability Act
IFCAP	Integrated Funds Distribution, Control Point Activity, Accounting, and Procurement.
Invoice	Statement of charges received from a vendor for Community Nursing Home, Civil Hospital, medical, or pharmacy services rendered to a Veteran.
IPAC	Intragovernmental Payment and Collection. A system in the Department Treasury, which is used when the VA is making payment to the DoD for Veteran episodes of care in Military Treatment Facilities.
JCAHO	Joint Commission on Accreditation of Health Care Organizations.
Legal Entitlement	Determination by the fee clerk, based on the veteran's entitlement to VA benefits, of legal eligibility for Civil Hospital.
Medical Entitlement	Determination by a VA physician, based on whether an emergency existed at the time of admission, of medical eligibility for Civil Hospital.
Military time	The method of recording time that is the standard of the United States military.
MRA	Master record adjustment
NPI	National Provider Identifier – A unique ten digit, numerics only,

Glossary

	Number issued by the Center for Medicaid and Medicare Services (CMS) to providers, both individual and organizational.
NVHS	Non-VA Hospital System
NVP	Non-VA Pricer System
Non-formulary Drug	A drug not on the routine pharmacy list for which the prescribing physician or the receiving patient must have prior approval/authorization.
Obligation Numbers	Numbers assigned by Fiscal Service representing fee monies (long term, short term, travel, etc.) against which fee basis batches are paid.
Pricer	A software package used by Austin to determine the medical reimbursement amount for a specific DRG.
PSA	Primary Service Area
<RETURN> or <RET>	The key that is pressed after each response in order to move the cursor to the next line and to enter your response into the system.
Security Code	A code assigned to the user that identifies the user to the system and allows access to different areas within the system. This includes access and verify codes as well as security keys.
Special Key	A key that instructs the system to perform a function. For instance, the <RET> key not only moves you to the next prompt, it also enters the information you have just keyed into the system.
Suspension Letter	Letter sent to vendors informing them of the difference between amount charged, amount paid, and the reason why.
UCID	Unique Claim IDentifier - a unique 28 character identifier for Inpatient invoices, and Outpatient claims.
Unauthorized Claim	Payment for expenses of inpatient medical services obtained by eligible veterans without prior authorization from the VA.
Up-arrow <^>	The upper case character on the number "six" key. It is used as a special function key.
Vendor	Any provider of care (e.g., doctors, hospitals, pharmacies, etc.)

Appendix A – Transmission Mappings¹

A-1 MRA Mapping C1

LOCATED IN FILE 161.2		NOT IN FILE 161.2	
		1	RECORD TYPE CODE
		2	ACTION CODE
		3 - 8	STATION NUMBER
9 - 21	ID NUMBER (1)		
		22	FEE ONLY INDICATOR
23 - 24	SPECIALTY CODE (.05)		
25 - 26	PARTICIPANT CODE (7)		
27 - 56	NAME (.01)		
57 - 86	STREET ADDRESS (2)		
87 - 116	STREET ADDRESS 2 (2.5)		
117 - 135	CITY (3)		
136 - 137	STATE (4)		
138 - 146	ZIP CODE (5)		
147 - 148	MAIL ROUTE CODE (5.18)		
149 - 151	COUNTY CODE (5.5)		
152	PROVIDER CODE (30.05)		
156	TAX ID/SSN FLAG (30.06)		
157	1099 VENDOR (30.03)		
158	FMS VENDOR TYPE (30.04)		
		156-170	DHCP INTERNAL CONTROL NUM
171 - 182	FPDS (24 & 25)		
183 - 192	NPI (41.01)		
		193	'\$'

¹ Note: This specification was provided by Reddy Madipadga to Proxicom in 2006.

A-2 MRA Mapping C4

LOCATED IN FILE 161.2		NOT IN FILE 161.2	
		1	RECORD TYPE CODE
		2	ACTION CODE
		3-8	STATION NUMBER
9 - 17	ID NUMBER (1)		
18 - 21	CHAIN (C4, 8)		
		22	FEE ONLY INDICATOR
23 - 52	PHARMACY NAME (.01)		
53 - 82	STREET ADDRESS (2)		
83 - 112	STREET ADDRESS 2 (2.5)		
113 - 131	CITY (3)		
132 - 133	STATE (4)		
134 - 142	ZIP CODE (5)		
143 - 144	MAIL ROUTE CODE (5.18)		
145 - 147	COUNTY CODE (5.5)		
148	PROVIDER CODE (30.05)		
149	TAX ID/SSN FLAG (30.06)		
150	1099 VENDOR (30.03)		
151	FMS VENDOR TYPE (30.04)		
		152 - 166	DHCP INTERNAL CONTROL NUM
		167 - 178	FILLER
179 - 188	NPI (41.01)		
		189	'\$'

A-3 MRA Mapping C8

IPAC Agreement MRA record

Pos	Description	161.95 Field#	Notes
1-1	Record Type Code	n/a	"8"
2-2	Action Code	n/a	A for Add C for Change D for Delete
3-8	Station Number		
9-18	IPAC Agreement ID	.01	
19-31	Vendor ID	1	
32-35	Fiscal Year	2	
36-95	Short Description	4	
96-108	Sharing Agreement Number	5	
109-109	Status	3	
110-110	Delimiter (Block)	n/a	"~"
1-8	Customer ALC	6	
9-35	Receiver TAS	7	
36-62	Sender TAS	7.5	
63-70	Agency Field Station Number	8	
71-87	Obligating Document Number	9	
88-88	Delimiter (Block)	n/a	"~"
1-60	Station Contact Name	10	
61-77	Station Contact Phone	11	
78-177	Station Contact E-mail	12	
178-178	Delimiter (Block)	n/a	"~"
1-60	Complete Line of Accounting	13	
61-61	Delimiter (Block)	n/a	"~"
1-200	Description of Goods and Services	14	
201-201	Delimiter (Block)	n/a	"~"
1-220	Miscellaneous Information (1)	15	
221-221	Delimiter (Block)	n/a	"~"
1-100	Miscellaneous Information (2)	16	
101-101	Delimiter (Block)	n/a	"~"
102-102	Delimiter (Record)	n/a	"\$"

A-4 Batch Header

POSITION	VARIABLE NAME	FIELD #	FILE #	FIELD NAME
1 - 3	value of FEE or FEN			
4 - 5	value of 'B3' FOR MEDICAL PAYMENTS;			
	" " 'B5' FOR HOMETOWN PHARMACY PAYMENTS;			
	" " 'C1' FOR VENDOR FILE ACTIVITIES;			
	" " 'C2' FOR VETERAN MRA ACTIVITIES;			
	" " 'C4' FOR PHARMACY FILE ACTIVITIES;			
	" " 'C8' FOR IPAC AGREEMENT MRA ACTIVITIES;			
	" " 'B2' FOR TRAVEL PAYMENTS;			
	" " 'B9' FOR CH/CNH;			
	" " 'BT'			
6 - 12	Date formatted MMDDYYYY			
13 - 22	Station number + "-" + substation number			
23 - 27	Facility Name FBAABN	.01	161.4	STATION OF JURISDICTION NAME
28	SPACE	9	161.7	TOTAL DOLLARS
29- 36	FBAAP amount with no decimal and a space at the end indication positive			
37 - 38	FBAACP Obligation number	1	161.7	OBLIGATION NUMBER
39	SPACE			
40	\$			

A-5 B3 (Outpatient/Ancillary) Batch

POSITION	VARIABLE NAME	FIELD #	FILE #	FIELD NAME
1	Value of '3'			
2 - 7	FBAASN	16	161.7	STATION NUMBER
8 - 17	FBSSN	9	2	SSN
18	FBPAYT	18	162	PAYMENT TYPE CODE
	'R' FOR REIMBURSEMENT;			
	'S' FOR STATISTICAL;			
	'V' FOR VENDOR;			
19 - 53	FBPNAMX	.01	2	PATIENT NAME
54 - 66	FBVID	1	161.2	VENDOR ID NUMBER
67 - 74	FBAP	6;1;2;2	162	AMOUNT PAYED
75 - 78	FBAAON	3	161.7	TYPE
	'B3' FOR MEDICAL PAYMENTS			
	'B5' FOR HOMETOWN PHARMACY PAYMENTS			
	'C1' FOR VENDOR FILE ACTIVITIES			
	'C2' FOR VETERAN MRA ACTIVITIES			
	'C4' FOR PHARMACY FILE ACTIVITIES			
	'B2' FOR TRAVEL PAYMENTS;			
	'B9' FOR CH/CNH			
79	FBSUSP	6;1;2;4	162	SUSPEND CODE
80 - 81	FBPOV	6;1;2;16	162	PURPOSE OF VISIT
82 - 83	FBPATT	6;1;2;15	162	TREATMENT TYPE CODE
84 - 91	FBTD converts to FBTDSR1	6;1;.01	162	INITIAL TREATMENT DATE
92	FBTT	UNKNOWN =>		
93 - 100	FBDIN	6;1;2;13	162	DATE CURRENT INVOICE RECEIVED
101 - 109	FBINVN	6;1;2;15	162	INVOICE NUMBER
110 - 142	RESERVE FOR FUTURE USE			
143 - 144	FBST	1	5	STATE
145 - 147	FBCTY	5;.01;3	5	VA COUNTY CODE
148 - 156	FBZIP		2	ZIP CODE

A-5 B3 (Outpatient/Ancillary) Batch

POSITION	VARIABLE NAME	FIELD #	FILE #	FIELD NAME
157 - 159	FBPSA	6;1;2;12	162	PRIMARY SERVICE
160 - 164	FBCPT	.01	81	CPT CODE
165 - 166	FBPOS	6;1;2;30	162	PLACE OF SERVICE
167 - 168	FBHCFA	6;1;2;31	162	HCFA TYPE OF SERVICE
169 - 170	FBVTOS	6;1;2;29	162	VA TYPE OF SERVICE
171 - 177	FBPD	6;1;2;28	162	PRIMARY DIAGNOSIS
178	COMPUTED	6;1;2;33	162	PROMPT PAY TYPE
179 -186	SPACES	NO FIELD ASSOCIATE D		
187 - 216	FBPICN	VISTA INTERNAL CONTROL NUMBER		
217 - 214		COMPUTE VENDOR INVOICE DATE		
225 - 232	FBADMIT	3.5	162.4	DATE OF ADMISSION
233 - 240	FBDOB		2	DATE OF BIRTH
241	"~"	BLOCK DELIMITER		

A-6 B3 (Outpatient/Ancillary) Batch (Line 2)

POSITION	VARIABLE NAME	FIELD #	FILE #	FIELD NAME
1 - 5	FBUNITS	6;1;2;47	162	UNITS PAID
6	FBAUTHF	„A“ or „U“		
7 - 11	FBMOD1	6;1;2;46;.01	162	CPT MODIFIER
12 - 16	FBMOD2	6;1;2;46;.01	162	CPT MODIFIER
17 - 21	FBMOD3	6;1;2;46;.01	162	CPT MODIFIER
22 - 26	FBMOD4	6;1;2;46;.01	162	CPT MODIFIER
27 - 31	FBADJR1	6;1;2;52;.01	162	ADJUSTMENT REASON
32 - 36	FBADJR2	6;1;2;52;.01	162	ADJUSTMENT REASON
37 - 45	AFADJA1	6;1;2;52;2	162	ADJUSTMENT AMOUNT
46 - 54	ABADJA2	6;1;2;52;2	162	ADJUSTMENT AMOUNT
55 - 64	NPI	41.01	162	NPI
65 - 84	FBSCID	6;1;2;49	162	PATIENT ACCOUNT NUMBER
85	FBEDIF		162	EDI FLAG
86 - 105	FBCNTRN	6;1;2;54	162	CONTRACT NUMBER
106 - 115	FBIA	6;1;2;.05	162	IPAC AGREEMENT (POINTER to file 161.95)
116 - 137	FBODDINV	6;1;2;.055	162	DoD INVOICE NUMBER
138 - 139	“~\$			

A-7 B5 Batch

POSITION	VARIABLE NAME	FIELD #	FILE #	FIELD NAME
1	Value of "5"			
2 - 7	FBAASN	16	161.7	STATION NUMBER
8 - 17	FBSSN	9	2	SSN
18	FBPAYT 162.11 'R' FOR REIMBURSEMENT; 'S' FOR STATISTICAL; 'V' FOR VENDOR;	16		PAYMENT TYPE CODE
19 - 53	FBPNAMX	.01	2	PATIENT NAME
54 - 62	FBVID	1	161.2	ID NUMBER
63 - 66	FBCSN	8	161.2	CHAIN NUMBER
67 - 74	FBAC	3	162.11	AMOUNT CLAIMED
75 - 82	FBAP	6.5	162.11	AMOUNT PAYED
83 - 86	FBAAON	\$E (161.7: 1,3,6)	161.7	OBLIGATION NUMBER
87	FBSUSP	.01	161.27	SUSPENSE CODE
88 - 95	FTD converts to FTDSTR1	2	162.11	DATE PRESCRIPTION FILLED
96 - 103	FBRX	.01	162.11	
104 -111	FBDIN	1	162.1	DATE CURRENT INVOICE RECEIVED
112 - 120	FBINVN	.01	162.1	INVOICE NUMBER
121 - 153	SPACES	FUTURE USE		FUTURE USE (FOREIGN ADDRESS)
154 - 155	FBST	1	5	STATE
156 -158	FBCTY	2	5.01	VA COUNTY CODE
159 - 167	FBZIP	4	162.11	ZIP CODE
168 - 170	FBPSA	25	162.11	PRIMARY SERVICE FACILITY
171	FBY	29	162.11	INTEREST INDICATOR
172 - 179	FBCLM			DATE TO CALM
180 - 209	FBPICN	NO FIELD ASSOCIATE		INTERNAL VISTA CONTROL NUMBER

A-7 B5 Batch

POSITION	VARIABLE NAME	FIELD #	FILE #	FIELD NAME
210 - 217	FBVIN	D 12	162.1	
218	"~"			BLOCK DELIMITER

B5 Batch (Line 2)

POSITION	VARIABLE NAME	FIELD #	FILE #	FIELD NAME
1 - 5	FBADJR1		162.14	ADJUSTMENT REASON
6 - 10	FBADJR2		162.14	ADJUSTMENT REASON
11 - 19	FBADJA1		162.14	ADJUSTMENT AMOUNT
20 - 28	FBADJA2		162.14	ADJUSTMENT AMOUNT
29 - 38	FBNPI	41.01	161.2	NATIONAL PROVIDER IDENTIFIER
39	FBEDIC	13	162.1	EDI CLAIM FLAG
40 - 49	FBIA	14	162.1	IPAC VENDOR AGREEMENT
50 - 71	FBODDINV	39	162.11	DoD INVOICE NUMBER
72 -73	"~\$			

A-8 B9 Inpatient Batch

POSITION	VARIABLE NAME	FIELD #	FILE #	FIELD NAME
1	Value of "9"			
2 - 7	FBAASN	16	161.7	STATION NUMBER
8 - 17	FBSSN	9	2	SSN
18	FBPAYT	18	162	PAYMENT TYPE CODE
	'R' FOR REIMBURSEMENT; 'S' FOR STATISTICAL; 'V' FOR VENDOR;			
19 - 53	FBPNAMX	.01	2	PATIENT NAME
54 - 66	FBVID	1	161.2	MEDICAL VENDOR ID NUMBER
67 - 75	FBAP	8	162.5	AMOUNT PAYED
76 - 79	FBAAON	\$E(161.7 :1,3,6)		OBLIGATION NUMBER
80	FBSUSP	10	162.5	SUSPEND CODE
81 - 82	FBPOV	21	162.5	PURPOSE OF VISIT
83 - 84	FBPATT	22	162.5	PATIENT TYPE CODE
85 - 92	FBFTD	5	162.5	FROM DATE
93 - 100	FBTTD	6	162.5	TO DATE
101 - 108	FBDIN	1	162.5	DATE CURRENT INVOICE RECEIVED
109 - 117	FBINVN	.01	162.5	INVOICE NUMBER
118 - 123	FBVMID	2	162.5	MEDICARE ID NUMBER
124 - 156	SPACES			RESERVED FOR FOREIGN ADDRESS
157 - 158	FBST	1	5	STATE
159 -161	FBCTY	2	5.01	VA COUNTY CODE
162 - 170	FBZIP	3	162.5	ZIP CODE
171 - 173	FBPSA	23	162.5	PRIMARY SERVICE FACILITY
174	FBPPT	47	162.5	PROMPT PAY TYPE
175 - 182	SPACES			DATE TO CALM
183	SPACE			
184 - 188	SPACES			CPT FILLER
189 - 195	FBDX(1)	30	162.5	ICD1
196	FBPOA1	30.02	162.5	PRESENT ON ADMISSION 1
197 - 203	FBDX(2)	31	162.5	ICD2

A-8 B9 Inpatient Batch

POSITION	VARIABLE NAME	FIELD #	FILE #	FIELD NAME
204	FBPOA2	31.02	162.5	PRESENT ON ADMISSION 1
205 - 211	FBDX (3)	32	161.5	ICD3
212	FBPOA3	32.02	161.5	PRESENT ON ADMISSION 3
213 - 219	FBDX (4)	33	161.5	ICD4
220	FBPOA4	33.02	161.5	PRESENT ON ADMISSION 4
221 - 227	FBDX (5)	34	161.5	ICD5
228	FBPOA5	34.02	161.5	PRESENT ON ADMISSION 5
229	“~”			BLOCK DELIMETER

A-9 B9 Inpatient Batch (Line 2)

POSITION	VARIABLE NAME	FIELD #	FILE #	FIELD NAME
1 - 23	FBPICN			VISTA INTERNAL CONTROL NUMBER
24 - 31	\$\$AUSDT^FBAAV3 (+FBY)	46	162.5	VENDOR INVOICE DATE
32 - 38	FBPRC (1)	40	162.5	PRC1
39 - 45	FBPRC (2)	41	162.5	PRC2
46 - 52	FBPRC (3)	42	161.5	PRC3
53 - 59	FBPRC (4)	43	161.5	PRC4
60 - 66	FBPRC (5)	44	161.5	PRC5
67 - 75	FBAC	7	162.5	AMOUNT CLAIMED
76 - 84	FBPA	26	162.5	PRICER AMOUNT
85 - 88	FBDRG	24	162.5	DISCHARGE DRG
89	SPACE			
90 - 97	FBADMIT	3.5	162.4	DATE OF ADMISSION
98 - 105	FBDISDT	4.5	162.4	DATE OF DISCHARGE
106 - 113	FBDOB		2	DATE OF BIRTH
114 - 116	FBDIST	1;.06	161	DISCHARGE TYPE
117 - 121	FBCDAYS	54	162.5	COVERED DAYS
122	FBAUTHF	"A" or "U"		AUTHORIZED/UNAUTHORIZED
123 - 127	FBADJR	8;.01	162.5	ADJUSTMENT REASON
128 - 137	FBADJA	8;2	162.5	ADJUSTMENT AMOUNT
138 - 147	FBNPI	41.01	161.2	NPI
148 - 154	FBDX (0)	39	162.5	ADMITTING DIAGNOSIS
155 - 174	FBCSID	55	162.5	PATIENT ACCOUNT NUMBER
175	FBEDIF	"Y" or " "		EDI CLAIM IDENTIFIER
176 - 195	FBCNTRN	60	162.5	CONTRACT NUMBER
196 - 205	FBIA	87	162.5	IPAC VENDOR AGREEMENT
206 - 227	FBDODINV	86	162.5	DoD INVOICE NUMBER
228	"~"			BLOCK DELIMETER

A-10 B9 Inpatient Batch (Line 3)

POSITION	VARIABLE NAME	FIELD #	FILE #	FIELD NAME
1 - 7	FBICD(6)	35	162.5	ICD CODE 6
8	FBPOA6	35.02	162.5	PRESENT ON ADMISSION 6
9 - 15	FBICD(7)	35.1	162.5	ICD COE 7
16	FBPOA7	36.12	162.5	PRESENT ON ADMISSION 7
17 - 23	FBICD(8)	35.2	162.5	ICD CODE 8
24	FBPOA8	35.22	162.5	PRESENT ON ADMISSION 8
25 - 31	FBICD(9)	35.3	162.5	ICD CODE 9
32	FBPOA9	35.32	162.5	PRESENT ON ADMISSION 9
33 - 39	FBICD(10)	35.4	162.5	ICD COE 10
40	FBPOA10	35.42	162.5	PRESENT ON ADMISSION 10
41 - 47	FBPROC(6)	44.06	162.5	PROCEDURE 6
48 - 54	FBPROC(7)	44.07	162.5	PROCEDURE 7
55 - 61	FBPROC(8)	44.08	162.5	PROCEDURE 8
62 - 68	FBPROC(9)	44.09	162.5	PROCEDURE 9
69 - 75	FBPROC(10)	44.1	162.5	PROCEDURE 10
76	"~"			
77	"\$"			IF NO LINE 4 IS NEEDED

A-11 B9 Inpatient Batch (Line 4)

POSITION	VARIABLE NAME	FIELD #	FILE #	FIELD NAME
1 - 7	FBICD(11)	35.5	162.5	ICD CODE 11
8	FBPOA(11)	35.52	162.5	PRESENT ON ADMISSION 11
9 - 15	FBICD(12)	35.6	162.5	ICD CODE 12
16	FBPOA(12)	35.62	162.5	PRESENT ON ADMISSION 12
17 - 23	FBICD(13)	35.7	162.5	ICD CODE 13
24	FBPOA(13)	35.72	162.5	PRESENT ON ADMISSION 13
25 - 31	FBICD(14)	35.8	162.5	ICD CODE 14
32	FBPOA(14)	35.82	162.5	PRESENT ON ADMISSION 14
33 - 39	FBICD(15)	35.9	162.5	ICD CODE 15
40	FBPOA(15)	35.92	162.5	PRESENT ON ADMISSION 15
41 - 47	FBICD(16)	36	162.5	ICD CODE 16
48	FBPOA(16)	36.02	162.5	PRESENT ON ADMISSION 16
49 - 55	FBICD(17)	36.1	162.5	ICD CODE 17
56	FBPOA(17)	36.12	162.5	PRESENT ON ADMISSION 17
57 - 63	FBICD(18)	36.2	162.5	ICD CODE 18
64	FBPOA(18)	36.22	162.5	PRESENT ON ADMISSION 18
65 - 71	FBICD(19)	36.3	162.5	ICD CODE 19
72	FBPOA(19)	36.32	162.5	PRESENT ON ADMISSION 19
73 - 79	FBICD(20)	36.4	162.5	ICD CODE 20
80	FBPOA(20)	36.42	162.5	PRESENT ON ADMISSION 20
81 - 87	FBICD(21)	36.5	162.5	ICD CODE 21
88	FBPOA(21)	36.52	162.5	PRESENT ON ADMISSION 21
89 - 95	FBICD(22)	36.6	162.5	ICD CODE 22
96	FBPOA(22)	36.62	162.5	PRESENT ON ADMISSION 22
97 - 103	FBICD(23)	36.7	162.5	ICD CODE 23
104	FBPOA(23)	36.72	162.5	PRESENT ON ADMISSION 23
105 - 111	FBICD(24)	36.8	162.5	ICD CODE 24
112	FBPOA(24)	36.82	162.5	PRESENT ON ADMISSION 24
113 - 119	FBICD(25)	36.9	162.5	ICD CODE 25
120	FBPOA(25)	36.92	162.5	PRESENT ON ADMISSION 25
121 - 127	FBPROC(11)	44.11	162.5	PROCEDURE 11
128 - 134	FBPROC(12)	44.12	162.5	PROCEDURE 12
135 - 141	FBPROC(13)	44.13	162.5	PROCEDURE 13

A-11 B9 Inpatient Batch (Line 4)

POSITION	VARIABLE NAME	FIELD #	FILE #	FIELD NAME
142 - 148	FBPROC (14)	44.14	162.5	PROCEDURE 14
149 - 155	FBPROC (15)	44.15	162.5	PROCEDURE 15
156 - 162	FBPROC (16)	44.16	162.5	PROCEDURE 16
163 - 169	FBPROC (17)	44.17	162.5	PROCEDURE 17
170 - 176	FBPROC (18)	44.18	162.5	PROCEDURE 18
177 - 183	FBPROC (19)	44.19	162.5	PROCEDURE 19
184 - 190	FBPROC (20)	44.2	162.5	PROCEDURE 20
191 - 197	FBPROC (21)	44.21	162.5	PROCEDURE 21
198 - 204	FBPROC (22)	44.22	162.5	PROCEDURE 22
205 - 211	FBPROC (23)	44.23	162.5	PROCEDURE 23
212 - 218	FBPROC (24)	44.24	162.5	PROCEDURE 24
219 - 225	FBPROC (25)	44.25	162.5	PROCEDURE 25
226 - 227	``~\$			ICD CODE 11

Appendix B – Transmission Mappings from Central Fee

Definition of the interface between Central Fee and VistA Fee Basis. Central Fee sends a nightly Payment Confirmation file to VistA Fee Basis using MailMan. The following table defines the field/element Description in the fixed length message. Note: Fields from the mail message are filed to three different Fee Basis files in VistA depending on the Fee Program (FEE-PGM) fields in the message.

Central Fee Desc.	VistA FB File,Field	Col.	Length	Data Type	Example Data
FEE-STATION	n/a	1	6	AlphaNum	402
FEE-PGM	n/a	7	1	AlphaNum	3=Outpt file 162 5=Invoice file 162.5 9=Rx file 162.1 T=Travel file 162
FEE-ACTY-CODE	n/a	8	1	AlphaNum	B=backout C=confirmed X=cancelled
FEE-INTNL-CTL- NUM-30	n/a	9	n/a	Group	Represents the record to edit in the appropriate FB file
FEE-INTNL-CTL-1- 7	Various fields representing the record to edit	9	7	AlphaNum	0000000
FEE-INTNL-CTL- NUM-23	Various fields representing the record to edit	16	23	AlphaNum	0000000000015609-51-2-1
FEE-CHK-NUM	Check Number 162,35 162.5,48 162.1, 30 162,9	39	8	AlphaNum	17041297
FEE-CHK-DATE	Date Paid 162,12 162.5, 45 162.1,28 162,8	47	8	AlphaNum	20110314
FEE-INT-AMT	Interest Amount 162,41 162.5,53 162.1,35 162,14	55	8	Numeric ¹	00000000
FEE-CNC-DTE	Cancellation Date 162,36 162.5,49	63	8	AlphaNum	20110311 (if cancelled)

Appendix B – Transmission Mappings from Central Fee

Central Fee Desc.	VistA FB File,Field	Col.	Length	Data Type	Example Data
	162.1,31 162,10				
FEE-RSN-CODE	Reason Code 162,37 162.5,50 162.1,32 162,11	71	1	AlphaNum	U (if cancelled)
FEE-CNC-CODE	Cancellation Activity 162,38 162.5,51 162.1,33 162,12	72	1	AlphaNum	X (if cancelled)
FEE-DBRS-AMT	Dispersed Amount 162,40 162.5,52 162.1,34 162,13	73	9	Numeric ¹	000027741
FEE-RTG-NUM ²	Routing Number 162,54 162.5,60	82	9	AlphaNum	256012974
FEE-ACCT-NUM ²	Account Number 162,55 162.5,61	91	17	AlphaNum	12345678911111
FEE-BANK ²	Financial Institution 162,56 162.5,62	108	30	AlphaNum	WELLS FARGO
FEE-REC-END-IND	n/a	138	1	AlphaNum	\$

¹ Numeric fields contain an implied two digit decimal, so 12345678 = \$123456.78

² New fields processed by FB*3.5*121.