Integrated Billing (IB)

Technical Manual

Software Version 2.0

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Department of Veterans Affairs

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Product Development

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Revision History

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April 2015	Updated for patch IB*2.0*516: • Added IBVCB, IBVCB1, and IBVCB2 to Routine List for View Cancelled Bill Report (p.54). • Updated List Templates (p.95). • Added IB VIEW CANCEL BILL to Exported Options (p.142). • Deleted IBCN INS BILL PROV FLAG RPT from Exported Options (p.148).	M.H. FirstView Team

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September 2014	Patch IB*2.0*461, ICD-10 Class 1 Remediation updates: • Updated for ICD-10: p. 179 • Added ICD-10 text to Glossary: p. 213	VA PMs: K.T. HP PM: M.K. C.H./B.T./L.R.
5/22/2014	Updated for patch IB*2.0*506: Pages 64, 94, 111, 112, 121-124, and 181	M.H. FirstView Team
1/29/14	Updated for patch IB*2.0*497: • Formatting changes (pages 3, 18, 66,107) • Updated footer • Routines added to Routine Section (pages 31-33, 46) • Files added to Files section (pages 79-82) • Added Templates Section (page 94) • Files added to File Flow Chart section (pages 121-124) • Options added to Exported Options section (pages 149-150) • DBIA added to External relations section (page 169)	M.H. FirstView Team

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3/26/2013	Updated for patch IB*2.0*457: • New routines added to p. 32 • New files added to pp. 64 and 110 • New input template added to p. 92 • New options added to pp. 125 and 146	K.N. K.V.
July 2012	Updated for patch IB*2.0*476	M.R. S.R.
March 2012	Updated to include ePharmacy Phase 6 (IB*2*452)	S.S. E.G./B.A.
March 2012	Updated up to and including eClaims 5010 changes added (IB*2.0*447)	S.S. B.I.
Dec 2011	ePayments 5010 module changes added (IB*2*431 and IB*2*451)	S.S. P.H./B.A.
Nov 2011	Updated for Patch IB*2*432	S.S. B.A.
8/19/2011	Updated for patch IB*2*449, replaced Menu Diagram with statement. Technical writer review—formatting and convert to Section 508 compliant PDF.	C.M. E.Z./S.S
June 2009	Updated for patch IB*2.0*399	A.S./T.H. M.E.G.
June 2008	Updated for patch IB*2.0*389	A.S./T.H. M.E.G.
12/29/04	Updated to comply with SOP 192-352 Displaying Sensitive Data.	M.E.G.
12/29/04	Pdf file checked for accessibility to readers with disabilities.	M.E.G

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Preface

This is the technical manual for the Integrated Billing (IB) software package. It is designed to assist IRM personnel in operation and maintenance of the package.

For information regarding use of this software, please refer to the Integrated Billing User Manual. For further information on installation and maintenance of this package, Release Notes and an Installation Guide are provided. A Package Security Guide is also provided which addresses security requirements for the package.

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Introduction

This release of Integrated Billing version 2.0 will introduce fundamental changes to the way MCCR-related tasks are performed. This software introduces three new modules.

- Claims Tracking
- Encounter Form Utilities
- Insurance Data Capture

There are also significant enhancements to the two previous modules, Patient Billing and Third Party Billing. IB has moved from a package with the sole purpose of identifying billable episodes of care and creating bills to a package which is responsible for the whole billing process through the passing of charges to Accounts Receivable (AR). IB v2.0 has added functionality to assist in

- Capturing patient data
- Tracking potentially billable episodes of care
- Completing utilization review (UR) tasks
- Capturing more complete insurance information.

IB v2.0 has been targeted for a much wider audience than previous versions.

- The Encounter Form Utilities module is used by MAS ADPACs or clinic supervisors to create and print clinic-specific forms. Physicians use the forms and consequently provide input into their creation.

- The Claims Tracking module will be used by UR personnel within MCCR and Quality Management (QM) to track episodes of care, do pre-certifications, do continued stay reviews, and complete other UR tasks.

- Insurance verifiers use the Insurance Data Capture module to collect and store patient and insurance carrier-specific data.

- The billing clerks see substantial changes to their jobs with the enhancements provided in the Patient Billing and Third Party Billing modules.

IB version 2.0 is highly integrated with other DHCP packages.

- PIMS is a feeder of patient demographic and eligibility data to IB. PIMS also provides information to Claims Tracking, Third Party Billing and Patient Billing on each billable episode of care, both inpatient and outpatient.

- IB passes bills and/or charges to Accounts Receivable for the purpose of follow-up and collection.

- Prescription information is passed from Outpatient Pharmacy to Patient Billing for the purpose of billing Pharmacy co-payments.

- Prescription refills are passed through Claims Tracking to Third Party Billing to be billed using the Automated Biller.

- The Encounter Form Utilities print data on the forms from the Allergy, PIMS, and Problem List packages. The Print Manager, included with the Encounter Form Utilities, will also print out Health Summaries as well as documents from the Outpatient Pharmacy and PIMS packages.

- Means Test billing data may be transmitted between facilities using the PDX v1.5 package. This may assist sites with the preparation of bills for inpatients who transfer between facilities.

- Prosthetics information is passed to Claims Tracking and Third Party Billing.

The new functionality seen in this software is the direct result of input and feedback received from field users. Task groups made up of representatives from the field were created under the auspices of the MCCR Systems Committee and MCCR EP. These groups had meetings and/or conference calls with the developers and VACO Program Office (MCCR, MAS, and MIRMO) officials on a regular basis to develop the initial specifications and answer questions that arose during the development cycle. The field representatives in these groups included physicians, UR nurses, MAS ADPACs, MCCR coordinators, and billing clerks. An additional group of users was assembled prior to alpha testing to conduct full usability and functional testing of the software. The input from each of the individuals on these groups was invaluable to the software developers.

IB version 2.0 includes electronic exchange (EDI) of claim information with third party payers and Medicare via Financial Services Center (FSC)

- Claims are transmitted electronically from VistA to insurance providers
- Remittance advice information for claims transmitted is received as mail messages

Orientation

The Integrated Billing Technical Manual is divided into major sections for general clarity and simplification of the material being presented. This manual is intended for use as a reference document by technical computer personnel.

The Implementation and Maintenance Section provides information on any aspect of the package that is site configurable. The file flow chart found in the Files Section shows the relationships between the IB files and files external to the IB package. This section also contains a listing of each IB input, print, and sort template with descriptions. There are also sections on archiving and purging, how to generate on-line documentation, and package-wide variables.

Information concerning package security may be found in the Integrated Billing v2.0 Package Security Guide.

Note to Users with Qume Terminals

It is very important that you set up your Qume terminal properly for this release of Integrated Billing. After entering your access and verify codes, you will see

Select TERMINAL TYPE NAME: {type}//

Please make sure that <C-QUME> is entered here. This entry will become the default. You can then press <RET> at this prompt for all subsequent log-ins. If any other terminal type configuration is set, options using the List Manager utility (such as the Insurance Company Entry/Edit option under the Patient Insurance Menu or the Clinic Setup/Edit Forms option under the Edit Encounter Forms Menu) will neither display nor function properly on your terminal.

Symbols

The following are explanations of the symbols used throughout this manual.

<RET> Press the RETURN or ENTER key.

<SP>	Press the SPACEBAR.
<^>	Up-arrow, which you enter by pressing the SHIFT key and the numeric 6 key simultaneously.
<?> <??>	Enter single, double, or triple question marks to activate on-line help,
<???>	Depending on the level of help you need.

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General Information

Namespace Conventions

The namespaces and file ranges assigned to the Integrated Billing package are DIC, File #36; IB, Files # 350 - 389; DGCR, Files # 399 - 399.5. Files #409.95 and 409.96, under namespace SD, are exported with version 2.0 of IB.

Integrity Checker

The IBNTEG routine checks integrity for other IB and DGCR routines. This was built using the KERNEL utility routine, XTSUMBLD.

SACC Exemptions/Non-Standard Code

One SACC exemption was granted for one time killing of the following DD nodes for IB v2.0.

^DD(399,.01,21)
^DD(399,2,21)
^DD(399,205,21)
^DD(399,213,23)
^DD(399,303,21)

Resource Requirements

Resource requirements for Integrated Billing version 1.0 were measured in great detail, and VA Medical Centers were distributed equipment for this package. The resource consumption of existing modules of Integrated Billing version 2.0 has not changed significantly. The three new modules in Integrated Billing have some additional resource requirements.

The installation of IB version 2.0 may require approximately 5-15 megabytes of additional disk capacity. This includes up to 2.5 megabytes in the global DPT, up to 2.5 megabytes in the global DGCR, up to 5 megabytes in the global IBA, and up to 5 megabytes in the new global IBT.

The Encounter Form Utilities require a small amount of additional capacity to edit and store the format of the encounter forms. Please note that the standard partition size has been increased to 40K. You will need to increase your partition size to the new standard in order to run the utilities. The printing of encounter forms will require at least one dedicated printer that most sites have already received. The printing will require additional CPU capacity; however, this job may be scheduled during non-peak workload hours.

The Insurance Data Capture module has been highly used during testing. This module will increase the disk utilization in the DPT global by approximately 1k per every 10 insurance policies and in the IBA global by 1k per every 3 insurance policies.

Based on the experience of our test sites, the Claims Tracking module will use approximately 5k of disk space for every pre-admission entry (one for every insurance case plus 5 per week for UR). In addition, approximately 1k of disk space for every 3 outpatient visits or prescription refills will be used.

Implementation and Maintenance

The Integrated Billing package may be tailored specifically to meet the needs of the various sites. Instructions may be found in the Integrated Billing User Manual under the MCCR System Definition Menu, which includes the MCCR Site Parameter Enter/Edit option and others that may be used by each site to define their own configuration. The Ambulatory Surgery Maintenance Menu contains all of the options necessary to transfer BASC procedures into the BILLABLE AMBULATORY SURGICAL CODE file (#350.4) annually, when new BASC procedures are provided. It also contains options to build and manage the use of CPT Check-off Sheets and an option to enter or edit locality modifiers. This functionality is currently obsolete but has been left in IB 2.0 pending possible future requirements. There are other options in the MCCR System Definition Menu to enter or edit billing rates, update rate types, activate revenue codes, enter/edit automated billing parameters, and edit insurance company information. The Enter/Edit IB Site Parameters option in the System Manager's Integrated Billing Menu is used to modify the parameters controlling the Integrated Billing background filer. All configurations may be modified at any time as the site's needs change.

Implementing Claims Tracking

Prior to installing IB v2.0, sites should review the Claims Tracking site parameters and determine how they plan to use this module. The recommended settings are shown in the User Manual. The Claims Tracking module has the ability to use a great deal of disk space and capacity if turned on to track all episodes.

Because this part of the package contains the data entry portion of the QM national roll up of data, and will determine the random sample cases for review, most sites will be compelled to run this part of the inpatient tracking. If you plan to use the Automated Biller to do bill preparation for outpatient and prescription refill billing, you will also want to turn on tracking of these portions of the Claims Tracking module. There are ways to automatically back load cases into Claims Tracking, so that if you don't currently have the capacity, or want to delay implementation, you can still take advantage of this module at a later date.

The option Claims Tracking Parameter Edit has a number of features that affect the operation of the software. There are parameters that may greatly affect the kind and frequency of records that are added to Claims Tracking and the amount of disk space utilized. Claims Tracking also contains a random sample generator for UR to randomly select which admissions are to be reviewed. Setting the parameters concerning the number of weekly admissions by service affects which cases, if any, are selected as the random case. If the numbers in these fields are set lower than the number of admissions per week, the random sample case will be selected early in the week. If the numbers in these fields are set higher than the number of admissions per week, depending on the random number selected for that week, there is a risk that no random sample will be selected.

Implementing Encounter Forms

There are steps that the local site should take before encounter forms can be used.

First, forms must be designed and assigned to the clinics. Forms can be shared between clinics, but it is important to control who has responsibility for editing the shared forms. One important aspect of designing encounter forms is determining what codes should go on the form. Many encounter forms will have lists of CPT codes, diagnosis codes, or problems. Because space on an encounter form is at a premium, careful analysis is required to determine the codes most commonly used by the clinic before entering codes on the form. For CPT codes, the option Most Commonly Used Outpatient CPT Codes can be used to determine a clinic's most commonly used codes.

Procedures for printing the encounter forms must be determined. The following are some of the questions that must be answered.

- What printers to use?
- Can the printers be loaded with enough paper?
- How many days in advance should the forms be printed?
- What time of day to run the print job?
- Should the printers be watched?
- What to do if there are printer problems?

It is expected that most printing of forms will be done in batch at night for entire divisions, and that forms will be printed several days in advance with only the additions printed the night before.

Then there are questions concerning what to do with the encounter forms.

- How will the completed encounter forms be routed?
- Who will input the data?

It is expected that much of the collected data will be input through checkout which is part of PIMS 5.3.

The Print Manager that comes with the Encounter Form Utilities is expected to be very useful to the local sites. Sites must decide which reports should be printed. The Print Manager allows these reports to be specified along with the encounter forms. The fastest way to define the reports is at the division level, rather than at the clinic level. Individual clinics can override reports defined to print at the division level.

Implementing Insurance Data Capture

There are a number of tools in the Insurance module to identify duplicate INSURANCE COMPANY file (#36) entries and to resolve these problems. It may also be helpful to review the process of how insurance information is collected at your facility. This module was designed so that as little information as possible would be collected during registration and that more complete information would be collected by a separate employee who would contact the insurance company.

Prior to installation

You may want to review how the GROUP NUMBER and GROUP NAME fields in the INSURANCE TYPE multiple of the PATIENT file (#2) are entered. These will be used to create the new GROUP INSURANCE PLAN file (#355.3). A new group plan will be created for every unique group plan entry for each insurance company. If possible, you may want to consolidate similar but unique names.

You may want to print a list of all active and inactive insurance companies along with their addresses. There are a number of new insurance company address fields. Determine which insurance company entries can be inactivated and merged into another (active) insurance company entry. (**Note:** Do not delete the old entries. They must be inactivated at this time.)

Determine which users should have access to the new Insurance options. There are options that allow for view-only access to both the insurance company information and patient insurance information as well as options for data entry. Limiting the ability of certain individuals to add/edit/delete information may improve the quality of your insurance information. Having accurate and detailed insurance information can improve your collections by focusing your efforts on cases that are potentially reimbursable.

Many sites enter Medicare and Medicaid policy information as an insurance policy. If the entry in the INSURANCE COMPANY file (#36) for Medicare and Medicaid exist, we recommend that the field WILL REIMBURSE? be answered "NO". This will prevent the software from treating this as a billable insurance company entry. If this is answered other than "NO", this could have a significant impact on the Claims Tracking module.

After Installation

First, run the option List Inactive Ins. Co. Covering Patients. This option will list companies that are currently covering patients who are non-billable due to the insurance company being inactive. In the Insurance Company Entry/Edit option, there is an action to activate and inactivate an insurance company. Use this action for the inactive insurance companies and it will allow you to print a list of the patients covered under these companies. If you wish to merge the patients to another company, you may do so at this or a later time.

If you found in your list of insurance companies that you have many similar entries to handle different inpatient, outpatient, or prescription address information, you may want to combine these entries into one. Choose the entry you wish to update and enter the complete information. Then go back and inactivate the companies you no longer wish to use and use the feature that lets you merge (re-point) the patients to the updated company entry. If you found many similar entries with the same name but entered slightly differently, you may want to consider entering those names as synonyms for the updated company.

The option List New not Verified Policies can be run periodically to list new policies that have been added since a specific date and have not been verified by your insurance staff. Updating this information can help you maintain the patient insurance information and allow your MCCR staff to concentrate on billing for covered care. This may foster good communication with your insurance carriers and ultimately improve your rates of collection.

Implementing Patient Billing

There is no preparation required by the facility to use the Patient Billing module of Integrated Billing version 2.0. However, the following guidelines are suggested.

Make a list of all stop codes, dispositions, and clinics where the billing of the Means Test outpatient co-payment is not desired. These values may easily be entered into the system (utilizing the option Flag Stop Codes/Dispositions/Clinics) from the list.

Decide whether you would like to suppress the generation of mail messages for insured patients who have been billed Means Test co-payments. If you wish to suppress these mail messages, update the parameter Suppress MT Ins Bulletin using the MCCR Site Parameter Enter/Edit option.

Implementing Third Party Billing

If your site wishes to use the Automated Biller, enter the values appropriate to your site to control the execution of the Automated Biller. Use the Enter/Edit Automated Billing Parameters [IB AUTO BILLER PARAMS] option.

AUTO BILLER FREQUENCY	Enter the number of days between each execution of the Automated Biller. (For example, enter "7" if you want bills created only once a week.)
INPATIENT	Enter the status in which the PTF record should be before

STATUS (AB)	the Auto Biller can create a bill. No auto bill will be created unless the PTF status is at least CLOSED, regardless of how this parameter is set.

The following parameters may be entered for inpatient admissions, outpatient visits, and prescription refills.

AUTOMATE BILLING	Enter "YES" if bills should be automatically created for possible billable events with no user interaction. Leave this blank if your site prefers each event to be manually checked before a bill is created by the Auto Biller.
BILLING CYCLE	For each type of event, enter the maximum date range of a bill. If this is left blank, the date range will default to the event date through the end of the month in which the event took place. For inpatient interim bills, this will be the next month after the last interim bill.
DAYS DELAY	Enter the number of days after the end of the BILLING CYCLE that the bill should be created.

The following parameters may be used by sites to control prescription refill billing data and charge calculation. If your site plans to implement prescription refill billing, enter the appropriate values using the MCCR Site Parameter Enter/Edit option [IB MCCR PARAMETER EDIT].

DEFAULT RX REFILL REV CODE	Enter the revenue code that should be used for most prescription refill bills. If this revenue code is defined, charges for every prescription refill will automatically be added to the bill with this Revenue Code. This site parameter may be overridden by the INSURANCE COMPANY file (#36) parameter PRESCRIPTION REFILL REV. CODE if left blank.
DEFAULT RX REFILL DX	If applicable, enter a diagnosis code that should be added to every prescription refill bill.
DEFAULT RX REFILL CPT	If applicable, enter a CPT code that should be added to every prescription refill bill.

The following are other new site parameters that may need to be set using the MCCR Site Parameter Enter/Edit option [IB MCCR PARAMETER EDIT].

HCFA-1500 ADDRESS COLUMN	For the HCFA-1500, enter the column number in which the mailing address should begin printing for it to show in the envelope window (if it does not already print in the appropriate place).
UB-92 ADDRESS COLUMN	For the UB-92, enter the column number in which the mailing address should begin printing for it to show in the envelope window (if it does not already print in the appropriate place).

If the Bill Addendum Sheet should automatically print for every HCFA-1500 with prescription refills or prosthetic items, set the DEFAULT PRINTER (BILLING) field for the BILL ADDENDUM form type to the appropriate device. (Use the Select Default Device for Forms option [IB SITE DEVICE SETUP].)

If certain insurance companies require a specific Revenue Code to be used for Rx refills that is different than the DEFAULT RX REFILL REV CODE field, use the option Insurance Company Entry/Edit [IBCN INSURANCE CO EDIT] to enter the required Revenue Code in the PRESCRIPTION REFILL REV. CODE field.

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Routines

Per VHA Directive 10-93-142 regarding security of software that affects financial systems, most of the IB routines may not be modified. The third line of routines that may not be modified will be so noted. The following routines are exempt from this requirement.

IBD* - Encounter Form Utilities
IBO*, IBCO*, IBTO* - Non-critical Reports

Routines to Map

It is recommended that the following routines be mapped: IBA*, IBCNS, IBCNS1, IBCNSC*, IBCNSM*, IBCNSP*, IBCNSU*, IBEF*, IBR*, IBTRKR*, IBUTL*, IBX*, and IBCNH*.

Obsolete Routines

The following routines are obsolete for IB in version 2.0 and may be deleted.

IBACKIN	IBEHCF1
IBOHCP	IBEHCFA
IBOHCTP	IBEP

Please note that the only routines in the DGCR namespace that are exported with IB 2.0 are DGCRAMS, DGCRNS, and DGCRP3. All other routines in the DGCR namespace may be deleted.

Callable Routine

Callable Routines	
Tag^Routine	**Description**
$$INSURED^IBCNS1(DFN, DATE)	This extrinsic function will return a "1" if the patient is insured for the specified date or a "0" if the patient is not insured. Input of the date is optional. The default is "today". No other data is returned. For billing purposes, a patient is only considered insured if he has an entry in the INSURANCE TYPE sub-file that meets the following four conditions. 1. The insurance company is active. 2. The insurance company will reimburse the government. (If your site tracks Medicare coverage of patients, the entry in the INSURANCE COMPANY file (#36) should be set to not reimburse.) 3. The effective date is before the date of care. 4. The expiration date is after the date of care. (Treat no entry in the EFFECTIVE DATE and EXPIRATION DATE fields as from the beginning of time to the end of time.) You might find a reference something like the following. I $$INSURED^IBCNS1(DFN,+$G(^DGPM(+DGPMCA,0))) D BILL...

Callable Routines	
Tag^Routine	**Description**
ALL^IBCNS1(dfn, variable, active, date)	This function will return all insurance data in the array of your choice. Input the patient internal entry number and the variable in which you want the data returned. Optionally, you can ask for active insurance information by putting a "1" or "2" in the third parameter and a date for the insurance to be active on in the fourth parameter (the default is "today"). If the value of the third parameter is "2", then insurance companies that do not reimburse VA will be included. This is primarily to retrieve Medicare policies when it is desirable to include them in active policies, e.g., when printing insurance information on encounter forms. It will return the 0, 1, and 2 nodes for each entry in the INSURANCE TYPE sub-file and the 0 node from the GROUP INSURANCE PLAN file (#355.3) in a 2 dimensional array, Array(x, node). The array element Array(0) will be defined to the count of entries. In Array (x, node) x will be the internal entry in the INSURANCE TYPE sub-file and node will be 0, 1, 2 or 355.3. The GROUP NAME and NUMBER fields have been moved to the GROUP INSURANCE PLAN file (#355.3), but since many programmers are used to looking for this data on the 0th node from the INSURANCE TYPE sub-file, the current value from 355.3 is put back into the respective pieces of the 0th node. The code for this call looks something like the following. K IBINS D ALL^IBCNS1(DFN,"IBINS",1,IBDT) I $G(IBINS(0)) D LIST
DGCRAMS	Supported call for AR to determine AMIS segments for insurance bills.
DGCRNS	IB v1.5 insurance retrieval call, to be replaced by ALL^IBCNS1.
DGCRP3	This call, available to Accounts Receivable, will print second and third notice UB-82s, UB-92s, and HCFA-1500s.
DISP^IBAPDX1(in, sptr, out, off)	This extrinsic function is also used by the PDX package. This call will transform the data in the array generated by the EXTR^IBAPDX call into an array which is in a display-ready format.
DISP^IBCNS	This tag can be called to do the standard insurance display. This display is used extensively in registration and billing. The variable DFN must be defined to the current patient. Using this tag will keep your displays current when the package developers update them or make other data dictionary changes.

Callable Routines	
Tag^Routine	**Description**
DISP^IBARXEU(dfn, date, number of lines, unknown action)	This is a supported call for all developers. It will print the standard display of exemption status for the patient's current exemption on or before the specified date. If no date is specified, "today" is the default. It will print a maximum of three lines of text; the current exemption status, the exemption reason, and the date of the last exemption. All parameters are optional except for DFN. The display can be limited to a specified number of lines. In addition, if a medication co-payment exemption status has never been determined for a patient, the display can be set to not display or display the unknown information.
EPFBAPI^ IBCEP8C(SrcArray, RetArray)	Integration agreement 5806. This private agreement between FB and IB will allow Fee Basis to file Fee Vendor and 5010 Providers to the IB NON/OTHER VA BILLING PROVIDER (#355.93) file for paid Fee claims that are potentially billable by IB (For Future Use). The call is made during a nightly process (option FB PAID TO IB) within FB.
EXTR^IBAPDX(tran, dfn, arr)	This extrinsic function is used by the Patient Data Exchange (PDX) version 1.5 package to transport Means Test billing data between facilities. For a given patient, this routine will build a global array containing Continuous Patient, Active Billing Clock, and Means Test Charge information from the transmitting facility.
IB^IBRUTL	This call, available to Accounts Receivable, will determine if there are Means Test charges on hold associated with a given bill number. An optional parameter will return the held charges in an array.
IBAMTD	This routine is invoked by the MAS Movement Event Driver. It processes final Means Test charges for Category C veterans who are discharged.
IBAMTED	This routine is invoked by the MAS Means Test Event Driver. It sends a mail message to the IB CAT C mail group if a patient's Means Test "billable" status changes (i.e., from Category C to Category A or vice versa).
IBAMTS	This routine is invoked by the Scheduling Check-In Event Driver. It bills the Means Test outpatient co-payment charge to Category C veterans who are checked in for a clinic visit.
IBARX	This routine has 4 calls supported for Outpatient Pharmacy only: XTYPE^IBARX (eligibility determination), NEW^IBARX (file new RX co-payments), CANCEL^IBARX (cancel), and UPDATE^IBARX (update).
IBOLK	This routine has two supported entry points for the Accounts Receivable package to print a profile of an AR Transaction. The entry point ENF is used to print a full profile. The entry point ENB is used to print a brief profile.
IBRFN	This routine has supported calls to return the text of an error message.

Callable Routines	
Tag^Routine	**Description**
IBRREL	This routine has one supported call, AR^IBRREL, for the Accounts Receivable package. If there are Means Test charges on hold that are associated with the input bill number, these charges will be displayed and available for selection to be "released" to AR.
IBCAPP	CLAIMS AUTO PROCESSING MAIN PROCESSER. This routine is called by IBCNSBL2 (IB*2.0*432)
IBCAPP1	CLAIMS AUTO PROCESSING UTILITIES. This routine is called by IBCAPP (IB*2.0*432)
IBCAPP2	CLAIMS AUTO PROCESSING. This routine is called by IBCECOB1 (IB*2.0*432)
IBCAPR	PRINT EOB/MRA. This routine is called by IBCAPR1 and IBCAPR2 (IB*2.0*432)
IBCAPR1	CAPR PRINT FUNCTIONS. This routine is called by IBCAPP (IB*2.0*432)
IBCAPR2	PRINT EOB/MRA (IB*2.0*432)
IBCAPU	CLAIMS AUTO PROCESSING UTILITIES (IB*2.0*432)
LNNDCCK^IBCBB11	Validate Line Level for NDC – The Units and Units/Basis of Measurement fields are required if the NDC field is populated (IB*2.0*577)
IBCBB12	PROCEDURE AND LINE LEVEL PROVIDER EDITS. This routine is called by IBCBB1 (IB*2.0*432)
IBCEF80	PROVIDER ID FUNCTIONS. This routine is called by IBCEF7 and IBCEFPL (IB*2.0*432)
IBCEF81	PROVIDER ADJUSTMENTS. This routine is called by IBCEF80, IBCEFP, and IBCEFPL (IB*2.0*432)
IBCEF82	PROVIDER ADJUSTMENTS. This routine is called by IBCEF81 (IB*2.0*432)
IBCEF83	GET PROVIDER FUNCTIONS. CALLED BY OUTPUT FORMATTER (IB*2.0*432)
IBCEF84	GET PROVIDER FUNCTIONS. CALLED FROM DICT 399, FIELDS .21 & 101 TRIGGERS FOR FIELD 27. (IB*2.0*432)
IBCEFP	PROVIDER ID FUNCTIONS. This routine is called by IBCEF11, IBCEF74, IBCEF76, IBCEF79, and IBCEF83 IB*2.0*432)
IBCEFP1	OUTPUT FORMATTER PROVIDER UTILITIES. This routine is called by IBCEF76 and IBCEFP (IB*2.0*432)
IBCEU7	EDI UTILITIES. This routine is called by IBXS3, IBXS6, IBXS7, IBXSC3, IBXSC6, IBXSC7, and IBXX17 (IB*2.0*432)
FTF^IBCNEUT7	Returns an Insurance Company's formatted Filing Time Frame
FTFGP^IBCNEUT7	Returns a Group Plan's formatted Filing Time Frame
IBCSC10	MCCR SCREEN 10 (UB-82 BILL SPECIFIC INFO). This routine is called by BILLING SCREEN 10 (IB*2.0*432)
IBCSC102	MCCR SCREEN 10 (UB-04 BILL SPECIFIC INFO). This routine is called by BILLING SCREEN 10 (IB*2.0*432)
IBCSC10A	ADD/ENTER CHIROPRACTIC DATA. This routine is called by BILLING SCREEN 10 (IB*2.0*432)
IBCSC10B	ADD/ENTER PATIENT REASON FOR VISIT DATA. This routine is called by BILLING SCREEN 10 (IB*2.0*432)

Callable Routines	
Tag^Routine	**Description**
IBCSC10H	MCCR SCREEN 10 (BILL SPECIFIC INFO) CMS-1500 . This routine is called by BILLING SCREEN 10 IB*2.0*432)
IBCU7B	LINE LEVEL PROVIDER USER INPUT. This routine is called by IBCCPT (IB*2.0*432)
IBY432PO	POST-INSTALLATION FOR IB PATCH 432. This routine is called by INSTALL PROCESS IB*2.0*432)
IBY432PR	PRE-INSTALLATION FOR IB PATCH 432. This routine is called by INSTALL PROCESS (IB*2.0*432)
MENU^IBECK	This routine may be used on menu entry actions to display warnings.
RXST^IBARXEU(dfn, date)	This is a supported extrinsic variable for all developers that returns the current exemption on or before the specified date. If no date is specified, "today" is the default. This variable returns the following data in the respective piece position: exemption status, exemption status text, the exemption reason code, the exemption reason text, and the date of prior test.
STMT^IBRFN1(tran)	This routine call is used by the Accounts Receivable package during the printing of the patient statements. The input to this routine is the AR transaction number. The output is a global array which contains the pharmacy, inpatient, or outpatient clinical data which is incorporated into the patient statement.
THRES^IBARXEU1(date, type, dependents)	This supported call will return the threshold amount that a patient's income must not exceed to be exempt from the medication co-payment requirement. Inputs are date of test, type of threshold (currently on type=2 is supported), and the number of dependents. The data is retrieved from the BILLING THRESHOLDS file (#354.3).
ADD3611^IBCEOB	Create EOB stub. Used by Accounts Receivable package, EDI Lockbox module – Integration Agreement 4042.
DUP^IBCEOB	Check for duplicate EOB. Used by Accounts Receivable package, EDI Lockbox module – Integration Agreement 4042.
ERRUPD^IBCEOB	Update EOB for error. Used by Accounts Receivable package, EDI Lockbox module – Integration Agreement 4042.
UPD3611^IBCEOB	Update EOB detail. Used by Accounts Receivable package, EDI Lockbox module – Integration Agreement 4042.
SPL1^IBCEOBAR	Allows AR AMOUNTS multiple on an EOB to be changed. Used by Accounts Receivable package, EDI Lockbox module when an ERA line is split. Integration Agreement 4050
COPY^IBCEOB4	Allows an EOB to be copied. Used by Accounts Receivable package, EDI Lockbox module – Integration Agreement 5671.
UNLOCK^IBCEOB4	Allows an EOB to be LOCKED. User by Accounts Receivable package, EDI Lockbox module – Integration Agreement 5671.
MOVE^IBCEOB4	Allows claim number on an EOB to be changed. Used by Accounts Receivable package, EDI Lockbox module – Integration Agreement 5671.
UNLOCK^IBCEOB4	Allows an EOB to be UNLOCKED. Used by Accounts Receivable package, EDI Lockbox module – Integration Agreement 5671.

Callable Routines	
Tag^Routine	**Description**
IBDSP^IBJTU6	Build IB List Manager display array scratch globals. Used by Accounts Receivable and by Electronic Claims Management Engine (ECME) – Integration Agreement 5713.
RX^IBNCPDP	IB Billing Determination. Used by ECME to determine billing information for ePharmacy. Integration Agreement 4299.
STORESP^IBNCPDP	Create ePharmacy bills. Used by ECME to send the results of the ePharmacy response from the payers into billing to create bills. Integration Agreement 4299.
PRINT^IBNCPEV	Print the IB NCPDP Billing Events Report. Used by ECME. Integration Agreement 5712.
COLLECT^IPNCPEV3	Entry point to extract report data from the IB NCPDP EVENT LOG based on the incoming criteria. Used by the BPS RPT NON-BILLABLE REPORT in the ECME application. Integration Agreement 6131.
RT^IBNCPDPU	Used internally by the billing system to determine the proper rate type for ePharmacy billing situations.
RXINS^IBNCPDPU	Return an array of pharmacy insurance policies in Coordination of Benefits order. Used by ECME. IA 5714.
HPD^IBCNHUT1(INS,V)	This function returns the HPID/OEID for an insurance company. The user must pass in the Insurance Company ien in file 36 (INS). If the user passes the second variable as V=1, validation checks will also be run on the HPID. If the HPID does not pass the validation checks (10 numeric characters, 1st character is a 6 or 7 and the 10th character is the Luhn check-digit), the function will append a '*' to the end of the HPID to indicate it is not valid. You might find a reference to something like the following. W !,"HPID/OEID: ",$$HPD^IBCNHUT1(INS,1)
IBRFIHLU	RFAI HL7 Utilities – Utilities used for the handling of Request For Additional Information (RFAI) HL7 messages.

Routine List with Descriptions

Routine List	
Routine	**Description**
DGCRAMS	Bridge routine to IBCAMS routine which determines Accounts Receivable AMIS category for insurance bills.
DGCRNS	Utility routine to determine if patient has active insurance and to do standard displays.
DGCRP3	Bridge routine to IBCF13 routine which is the call for Accounts Receivable to print bills.
IB20428P, IB20P*, IB20R244, IB2P167C	IB Individual Patch POST-INIT Routines
IB20E253, IB20E295, IB20E362, IB20E379, IB20E410, IB20E425, IB20E441	IB Individual Patch Environment Check Routines
IB20IN	IB version 2.0 initialization routine.

Routine List	
Routine	**Description**
IB20PRE	IB version 2.0 pre-initialization routine.
IB20PT*	IB version 2.0 post initialization routines.
IB3PSOU	Outpatient Pharmacy Administrative Fee Change Update
IBACSV	CODE SET VERSIONING IB UTILITIES
IBACUS	TRICARE BILLING UTILITIES
IBACUS1	TRICARE PATIENT RX CO-PAY CHARGES
IBACUS2	TRICARE FISCAL INTERMEDIARY RX CLAIMS
IBACV	COMBAT VET UTILITIES
IBACVA, IBACVA1, IBACVA2	Routines for the mail message generation and automatic charge creation for the CHAMPVA subsistence charge.
IBAECB	LTC BILLING CLOCK INQUIRY
IBAECB1	LTC BILLING CLOCK INQUIRY
IBAECC	LONG TERM CARE CLOCK MAINTANCE
IBAECI	LONG TERM CARE INPATIENT TRACKER
IBAECM1	LTC PHASE 2 MONTHLY JOB
IBAECM2	LTC PHASE 2 MONTHLY JOB
IBAECM3	LTC PHASE 2 MONTHLY JOB PART 3
IBAECN1	LTC PHASE 2 NIGHTLY JOB
IBAECO	LONG TERM CARE OUTPATIENT TRACKER
IBAECP	LTC SINGLE PATIENT PROFILE
IBAECP1	LTC SINGLE PATIENT PROFILE
IBAECU	LTC UTILITIES DETERMINE LTC ELIG
IBAECU1	LONG TERM IDENTIFICATION UTILITIES
IBAECU2	LTC PHASE 2 UTILITIES
IBAECU3	LTC PHASE 2 UTILITIES
IBAECU4	LTC PHASE 2 UTILITIES
IBAECU5	LTC PHASE 2 UTILITIES
IBAERR	Converts pharmacy co-pay error codes to text and sends a mail message if error occurs in a tasked job.
IBAERR1	Creates mail messages when errors occur during the compilation of Means Test charges.
IBAERR2	Processes error messages and sends mail messages for the Medication Co-payment Exemption process.
IBAERR3	Sends and processes alerts for the Medication Co-payment Exemption process if the site chooses to use alerts rather than mail messages for electronic notification.
IBAFIL	Posts tasks to the background filer. Starts filer if it is not running.
IBAGMM	GMT MONTHLY TOTALS REPORT
IBAGMM1	GMT MONTHLY TOTALS REPORT
IBAGMR	GMT SINGLE PATIENT REPORT
IBAGMR1	GMT SINGLE PATIENT REPORT
IBAGMT	GEOGRAPHIC MEANS TEST UTILITIES
IBAHVE3	CV EXPIRATION REPORT
IBAKAT	CANCEL CO-PAY CHARGES FOR KATRINA VETS
IBAMTBU	Creates mail messages when Category C patient movements change, and when continuous patients are discharged.

Routine List	
Routine	**Description**
IBAMTBU1	Creates a mail message when charges are created in error for patients admitted for observation and examination.
IBAMTBU2	Generates a mail message if a change in the Means Test affects the patient's Means Test charges.
IBAMTC	Means Test Billing Nightly Compilation Job. Creates charges and updates billing clocks for all Category C inpatients.
IBAMTC1	Sends mail message when the Nightly Compilation Job has completed.
IBAMTC2, IBAMTC3	Ensures inpatient events are closed on discharge and Category C charges are passed. Sends mail message if not accomplished.
IBAMTD	Means Test Billing Discharge Compilation Job. Calculates final Means Test charges when a Category C patient is discharged. Invoked by the MAS Movement Event Driver. The bundling and unbundling of Means Test billing data which is transmitted, received, and displayed by the PDX package.
IBAMTD1	Computes Means Test charges for single day admissions.
IBAMTD2	Determines whether a change in patient movements will affect a patient's Means Test charges.
IBAMTED	Invoked by the MAS Means Test Event Driver. Determines whether a change in the Means Test should result in the generation of a mail message.
IBAMTED1	Creates new or updated exemptions whenever a change occurs in a patient's demographic data, eligibility, Means Test, or Co-pay Test that would affect his/her exemption status.
IBAMTED2	RX CO-PAY TEST EVENT DRIVER, Z06 EXEMPTION PROCESSING
IBAMTEDU	Determines whether a change in the Means Test will affect patient’s Means Test charges. Creates a list of charges or patient care episodes which would be included in the mail message.
IBAMTEL	Contains the various locations where an error may occur in the processing of Means Test charges for inpatients.
IBAMTI, IBAMTI1, IBAMTI2	These routines handle all mail message generation, processing, and outputs for special inpatient billing cases.
IBAMTS, IBAMTS1, IBAMTS2	Bills/Credits Category C outpatient co-payments via Scheduling Event Driver.
IBAMTV	BACK-BILLING SUPPORT FOR IVM
IBAMTV1	BUILD ARRAY OF BILLABLE EPISODES
IBAMTV2	CREATE CHARGES FOR BILLABLE EPISODES
IBAMTV3	RELEASE CHARGES PENDING REVIEW
IBAMTV31	LIST CHARGES PENDING REVIEW
IBAMTV32	RELEASE PENDING CHARGES ACTIONS
IBAMTV4	FIND CHARGES FOR IVM PATIENTS
IBAPDX, IBAPDX0, IBAPDX1	These routines are invoked by the PDX package and handle the bundling and unbundling of Means Test billing data which is transmitted, received, and displayed by the PDX package.
IBAREP	Routine to repost IB Actions to Accounts Receivable.
IBARX, IBARX1	Routine has supported calls for Pharmacy Co-pay for eligibility, new charges, cancelled charges, and updated charges.

Routine List	
Routine	**Description**
IBARXDOC	Documentation of variable passing for IBARX.
IBARXEB	Sends electronic notification of changes in the patient's exemption status that require notification. Specifically, each time a patient either receives or loses a hardship exemption, a mail message or alert is generated.
IBARXEC, IBARXEC0, IBARXEC2, IBARXEC3	These routines are the main components of the Medication Co-payment Exemption Conversion routines.
IBARXEC1, IBARXEC4, IBARXEC5	Print the report from the Medication Co-payment Exemption Conversion and the related option.
IBARXECA	Contains the logic to cancel charges during the Medication Co-payment Exemption process.
IBARXEI	Produces the full and brief inquiry options for the Medication Co-payment Exemption process.
IBARXEL	RX CO-PAY EXEMPTION INCOME TEST REMINDERS
IBARXEL1	RX CO-PAY EXEMPTION REMINDER REPRINT
IBARXEP	Produces reports from the BILLING PATIENT file (#354) on the number and kinds of exemptions currently held by patients.
IBARXEPE	Edit pharmacy co-pay exemption letter.
IBARXEPL	Print pharmacy co-pay exemption letters.
IBARXEPS	ALB/RM/PHH,EG - RX CO-PAY EXEMPTION UPDATE STATUS
IBARXEPV	Has the ability to test the accuracy of patient exemptions for a date range and to update the exemptions of incorrect entries.
IBARXET	Allows adding and editing of Billing Thresholds.
IBARXEU	Contains two supported calls to retrieve a patient's Medication Co-payment Exemption status.
IBARXEU0	Routine used to retrieve and/or update a patient's Medication Co-payment Exemption status. This routine should not be used by applications outside of IB.
IBARXEU1	Contains the logic to actually calculate a patient's Medication Co-payment Exemption status.
IBARXEU3, IBARXEU4	Contain the logic to cancel past Medication Co-payment charges in both IB and AR.
IBARXEU5	Contains the logic for dealing with net worth as part of income.
IBARXEVT	Medication Co-payment Exemption event driver. Invoked each time a Medication Co-payment Exemption is created.
IBARXEX, IBARXEX1	Contain the logic for adding hardship exemptions for patients.
IBARXMA	PHARMCAY CO-PAY BACKGROUND PROCESSES
IBARXMB	PHARMCAY CO-PAY CAP BILLING FUNCTIONS
IBARXMC	PHARMACY CO-PAY CAP FUNCTIONS
IBARXMI	HL7 RECEIVER FOR PFSS WORKING ROUTINE
IBARXMN	PHARMCAY CO-PAY CAP RX PROCESSING
IBARXMO	PHARMACY CO-PAY CAP REPORTS
IBARXMO1	PHARMACY CO-PAY CAP
IBARXMP	PHARMCAY CO-PAY CAP PUSH TRANSACTION
IBARXMQ	RX CO-PAY RPC QUERY ROUTINE (MILL BILL)
IBARXMR	PHARMCAY CO-PAY CAP RPC STUFF

Routine List	
Routine	**Description**
IBARXMU	PHARMACY CO-PAY CAP UTILITIES
IBARXPFS	PFSS ROUTINE FOR INTER-FACILITY RX CO-PAY
IBATCM	TRANSFER PRICING TRANSACTION CHARGES
IBATEI	TRANSFER PRICING INPATIENT TRACKER
IBATEI1	TRANSFER PRICING BACKGROUND JOB
IBATEO	TRANSFER PRICING OUTPATIENT TRACKER
IBATEP	TRANSFER PRICING RX TRACKER
IBATER	Background job routine that searches for Transfer Pricing transactions in the Prosthetics file (#660).
IBATFILE	Utility calls for filing Transfer Pricing transactions.
IBATLM0	TRANSFER PRICING PT LIST LIST MANAGER
IBATLM0A	TRANSFER PRICING PT LIST LIST MANAGER
IBATLM1, IBATLM1A, IBATLM1B	Routines used to create a listing of Transfer Pricing transactions.
IBATLM2, IBATLM2A, IBATLM2B	Routines used to display Transfer Pricing patient transactions.
IBATLM3	TRANSFER PRICING PATIENT INFO SCREEN
IBATLM3A	TRANSFER PRICING PT INFO SCREEN BUILD
IBATO, IBATO1	Routines used to produce various Transfer Pricing reports.
IBATOP	TRANSFER PRICING PATIENT LISTING
IBATRX	TRANSFER PRICING RX ROUTINE
IBATUTL	Utility calls for various Transfer Pricing functions.
IBAUTL	Utility calls for IB application interface routines.
IBAUTL1	Utility routine to determine BASC billing rates.
IBAUTL2	Means Test billing utilities - retrieve billing rates; add/edit charges for a patient.
IBAUTL3	Means Test billing utilities - retrieve/update billing event and billing clock data.
IBAUTL4	Means Test billing utilities - calculate inpatient charges.
IBAUTL5	Means Test billing utilities - pass charges to Accounts Receivable; miscellaneous functions.
IBAUTL6, IBAUTL7	Contain the logic used to add entries to the BILLING PATIENT file (#354) and the BILLING EXEMPTIONS file (#354.1).
IBAXDR	ROUTINE TO MERGE ENTRIES IN IB FILE FOR PATIENT MERGE
IBBAACCT	PFSS ACCOUNT API
IBBAADD	PFSS FILE INDEXING
IBBAADTI	PFSS INBOUND FILER
IBBACDM	PFSS SERVICE MASTER API
IBBACHRG	PFSS CHARGE API
IBBADFTO	PFSS DFT BATCH MESSAGING
IBBAPI	APIS FOR OTHER PACKAGES FOR PFSS
IBBASCI	CIDC SWITCH UTILITIES
IBBASWCH	PFSS MASTER SWITCH FUNCTIONS
IBBDOC	APIS FOR OTHER PACKAGES FOR PFSS - DOCUMENT
IBBFAPI	FOR OTHER PACKAGES TO QUERY INSURANCE INFO
IBBSHDWN	IB Sunset for PFSS

Routine List	
Routine	**Description**
IBCA, IBCA0, IBCA1, IBCA2	MCCR add new billing record. (Routines formerly named DGCRA, DGCRA0, DGCRA1, DGCRA2.)
IBCA3	Displays all bills for episode of care. (Formerly named DGCRA3.)
IBCAMS	Determines Accounts Receivable AMIS category for insurance bills. (Routine formerly named DGCRAMS.)
IBCAPP	CLAIMS AUTO PROCESSING MAIN PROCESSER
IBCAPP1	CLAIMS AUTO PROCESSING UTILITIES
IBCAPP2	CLAIMS AUTO PROCESSING
IBCAPR	PRINT EOB/MRA
IBCAPR1	CAPR PRINT FUNCTIONS
IBCAPR2	PRINT EOB/MRA
IBCAPU	CLAIMS AUTO PROCESSING UTILITIES
IBCB, IBCB1, IBCB2	MCCR bill processing. (Routines formerly named DGCRB, DGCRB1, and DGCRB2.)
IBCB11	Process bill after enter/edited
IBCBB, IBCBB1, IBCBB2	Checks bills for completeness. (Routines formerly named DGCRBB, DGCRBB1, and DGCRBB2.)
IBCBB0	IB edit check routine continuation
IBCBB11	CONTINUATION OF EDIT CHECK ROUTINE
IBCBB12	PROCEDURE AND LINE LEVEL PROVIDER EDITS
IBCBB13	PROCEDURE AND LINE LEVEL PROVIDER EDITS
IBCBB21	CONTINUATION OF EDIT CHECK ROUTINE FOR UB
IBCBB3	CONTINUATION OF EDIT CHECKS ROUTINE (MEDICARE)
IBCBB4	CONT OF MEDICARE EDIT CHECKS
IBCBB5	CONT OF MEDICARE EDIT CHECKS
IBCBB6	CONT. OF MEDICARE EDIT CHECKS
IBCBB7	CONT. OF MEDICARE EDIT CHECKS
IBCBB7A	CON'T MEDICARE EDIT CHECKS
IBCBB8	CON'T MEDICARE EDIT CHECKS
IBCBB9	MEDICARE PART B EDIT CHECKS
IBCBR	Enter/Edit Billing Rates. (Routine formerly named DGCRBR.)
IBCBULL	MCCR mail messages. (Routine formerly named DGCRBULL.)
IBCC, IBCC1	Cancel a Third Party Bill. (Routine formerly named DGCRC.)
IBCCC, IBCCC1, IBCCC2	Cancel and copy bill. (Routines formerly named DGCRCC, DGCRCC1, and DGCRCC2.)
IBCCC3	Continuation of Copy and Cancel.
IBCCCB	COPY BILL FOR COB
IBCCCB0	COPY BILL FOR COB (OVERFLOW)
IBCCPT	Display CPT codes from Ambulatory Surgeries screen. (Routine formerly named DGCRCPT)
IBCCPT1	MCCR OUTPATIENT VISITS LISTING CONT.(2)
IBCCR	CLAIM CANCEL AND RESUBMIT INFORMATION
IBCD, IBCD1, IBCD2, IBCD3, IBCD4, IBCD5	Automated Biller background job.
IBCDC	Automated Biller utility routine.
IBCDE	Automated Biller comments file management.

Routine List	
Routine	**Description**
IBCDP	AUTOMATED BILLER PRINT
IBCE	837 EDI TRANSMISSION UTILITIES/NIGHTLY JOB
IBCE277	277 EDI CLAIM STATUS MESSAGE PROCESSING
IBCE835	835 EDI EXPLANATION OF BENEFITS MSG PROCESSING
IBCE835A	835 EDI EOB PROCESSING CONTINUED
IBCE837	OUTPUT FOR 837 TRANSMISSION
IBCE837A	OUTPUT FOR 837 TRANSMISSION - CONTINUED
IBCE837B	OUTPUT FOR 837 TRANSMISSION (cont)
IBCEBUL	837 EDI SPECIAL BULLETINS PROCESSING
IBCECOB	IB COB MANAGEMENT SCREEN
IBCECOB1	IB COB MANAGEMENT SCREEN/REPORT
IBCECOB2	IB COB MANAGEMENT SCREEN
IBCECOB3	COB MANAGEMENT REPORT
IBCECOB4	IB EM MANAGEMENT - REVIEW STATUS SCREEN
IBCECOB5	IB COB MANAGEMENT SCREEN
IBCECOB6	IB COB MANAGEMENT SCREEN
IBCECSA	IB CLAIMS STATUS AWAITING RESOLUTION SCREEN
IBCECSA1	IB STATUS AWAITING RESOLUTION SCREEN
IBCECSA2	IB CLAIMS STATUS AWAITING RESOLUTION SCREEN
IBCECSA3	CLAIMS STATUS AWAITING RESOLUTION REPORT
IBCECSA4	IB CLAIMS STATUS AWAITING RESOLUTION SCREEN
IBCECSA5	VIEW EOB SCREEN
IBCECSA6	VIEW EOB SCREEN
IBCECSA6	VIEW EOB SCREEN
IBCECSA7	VIEW EOB SCREEN CONTINUED
IBCEDC	EDI CLAIM STATUS REPORT COMPILE
IBCEDP	EDI CLAIM STATUS REPORT PRINT
IBCEDS	EDI CLAIM STATUS REPORT - SELECTION
IBCEDS1	EDI CLAIM STATUS REPORT - SELECTION CONT
IBCEF, IBCEF1, IBCEF11, IBCEF2, IBCEF21, IBCEF22, IBCEF3, IBCEF31	Routines used for formatting UB-92/HCFA 1500 forms.
IBCEF4	MRA/EDI ACTIVATED UTILITIES
IBCEF5	MRA/EDI ACTIVATED UTILITIES
IBCEF51	MRA/EDI ACTIVATED UTILITIES CONTINUED
IBCEF6	EDI TRANSMISSION RULES DISPLAY
IBCEF61	EDI TRANSMISSION RULES DEFINITION
IBCEF62	EDI TRANSMISSION RULES BT RESTRICTIONS DISPLAY
IBCEF7	FORMATTER AND EXTRACTOR SPECIFIC BILL FUNCTIONS
IBCEF71	FORMATTER AND EXTRACTOR SPECIFIC BILL FUNCTIONS
IBCEF72	FORMATTER AND EXTRACTOR SPECIFIC BILL FUNCTIONS
IBCEF73	FORMATTER AND EXTRACTOR SPECIFIC BILL FUNCTIONS

Routine List	
Routine	**Description**
IBCEF73A	FORMATTER AND EXTRACTOR SPECIFIC (NPI) BILL FUNCTIONS
IBCEF74	FORMATTER/EXTRACT BILL FUNCTIONS
IBCEF74A	PROVIDER ID MAINT ?ID CONTINUATION
IBCEF75	PROVIDER ID FUNCTIONS
IBCEF76	PROVIDER ID FUNCTIONS
IBCEF77	FORMATTER/EXTRACT BILL FUNCTIONS
IBCEF78	Provider ID functions
IBCEF79	BILLING PROVIDER FUNCTIONS
IBCEF80	PROVIDER ID FUNCTIONS
IBCEF81	PROVIDER ADJUSTMENTS
IBCEF82	PROVIDER ADJUSTMENTS
IBCEF83	GET PROVIDER FUNCTIONS
IBCEF84	GET PROVIDER FUNCTIONS
IBCEFG	OUTPUT FORMATTER EXTRACT
IBCEFG0	FORMS GENERATOR EXTRACT (CONT)
IBCEFG1	OUTPUT FORMATTER DATA DEFINITION UTILITIES
IBCEFG3	OUTPUT FORMATTER MAINT - SCREEN BLD UTILITIES
IBCEFG4	OUTPUT FORMATTER MAINTENANCE - FORM ACTION PROCESSING
IBCEFG41	OUTPUT FORMATTER MAINT - ACT PROC (CONT)
IBCEFG5	OUTPUT FORMATTER MAINT -FLD SCREEN BLD UTILITIES
IBCEFG6	OUTPUT FORMATTER MAINT-FORM FLD ACTION PROCESSING
IBCEFG60	OUTPUT FORMATTER-FORM FLD ACTION PROCESSING (CONT)
IBCEFG61	OUTPUT FORMATTER MAINT-FORM FLD ACTION PROCESSING (CONT)
IBCEFG7	OUTPUT FORMATTER GENERIC FORM PROCESSING
IBCEFG70	OUTPUT FORMATTER GENERIC SCREEN PROCESSING
IBCEFG8	OUTPUT FORMATTER GENERIC FORM TEST PROCESSING
IBCEFP	PROVIDER ID FUNCTIONS
IBCEFP1	OUTPUT FORMATTER PROVIDER UTILITIES
IBCEM	837 EDI RETURN MESSAGE PROCESSING
IBCEM01	BATCH BILLS LIST TEMPLATE
IBCEM02	837 EDI RESUBMIT BATCH PROCESSING
IBCEM03	837 EDI RESUBMIT INDIVIDUAL BILL PROCESSING
IBCEM1	837 EDI RETURN MESSAGE MAIN LIST TEMPLATE
IBCEM2	837 EDI RETURN MSG EXTRACT MAIN LIST TEMPLATE
IBCEM3	IB ELECTRONIC MESSAGE MGMNT ACTIONS
IBCEM4	IB ELECTRONIC MESSAGE SCREEN TEXT MAINT
IBCEMCA	Multiple CSA Message Management
IBCEMCA1	Multiple CSA Message Management - Actions
IBCEMCA2	Multiple CSA Message Management - Actions
IBCEMCA3	Multiple CSA Message Management - Actions

Routine List	
Routine	**Description**
IBCEMCL	Multiple CSA Message Management
IBCEMMR	IB MRA Report of Patients w/o Medicare WNR
IBCEMPRG	Purge Status Messages
IBCEMQA	MRA QUIET BILL AUTHORIZATION
IBCEMQC	MRA EOB CRITERIA FOR AUTO-AUTHORIZE
IBCEMRA	837 MEDICARE MRA UTILITIES
IBCEMRAA	MEDICARE REMITTANCE ADVICE DETAIL-PART A
IBCEMRAB	MEDICARE REMITTANCE ADVICE DETAIL-PART B
IBCEMRAX	MEDICARE REMITTANCE ADVICE DETAIL-PART A Cont'd
IBCEMSG	EDI PURGE STATUS MESSAGES
IBCEMSG1	EDI PURGE STATUS MESSAGES CONT.
IBCEMSG2	EDI PURGE STATUS MESSAGES CONT.
IBCEMSR	MRA STATISTICS REPORT
IBCEMSR1	MRA STATISTICS REPORT CONT.
IBCEMSR2	non-MRA PRODUCTIVITY REPORT
IBCEMSR3	non-MRA PRODUCTIVITY REPORT
IBCEMSR6	IB PRINTED CLAIMS REPORT - Sort
IBCEMSR7	IB PRINTED CLAIMS REPORT - Print
IBCEMSRP	IB PRINTED CLAIMS REPORT
IBCEMU1	IB MRA UTILITY
IBCEMU2	IB MRA Utility
IBCEMU3	MRA UTILITY - INS CO CHECKER
IBCEMU4	MRA UTILITIES
IBCEMVU	STAND-ALONE VIEW MRA EOB
IBCEOB	835 EDI EOB MESSAGE PROCESSING (record types 5,6,10, 12, 13 and 17)
IBCEOB	835 EDI EOB MESSAGE PROCESSING
IBCEOB0	835 EDI EOB MESSAGE PROCESSING (record types 30, 40, 41, 42, 45 and 46)
IBCEOB00	835 EDI EOB MESSAGE PROCESSING (record types 15, 20, 35, 37)
IBCEOB01	835 EDI EOB MESSAGE PROCESSING (patient and insurance information)
IBCEOB1	835 EDI EOB MESSAGE PROCESSING (record type HDR)
IBCEOB2	EOB LIST FOR MANUAL MAINTENANCE
IBCEOB21	EOB MAINTENANCE ACTIONS
IBCEOB3	835 EDI EOB BULLETINS
IBCEOB4	EPAYMENTS MOVE/COPY EEOB TO NEW CLAIM
IBCEOBAR	EOB FUNCTIONS FOR A/R
IBCEP	Functions for PROVIDER ID MAINT - INS CO PARAMS
IBCEP0	Functions for PROVIDER ID MAINTENANCE
IBCEP0A	EDI UTILITIES for insurance assigned provider ID
IBCEP0B	Functions for PROVIDER ID MAINTENANCE
IBCEP1	EDI UTILITIES for provider ID
IBCEP2	EDI UTILITIES FOR PROVIDER ID
IBCEP2A	EDI UTILITIES for provider ID

Routine List	
Routine	**Description**
IBCEP2B	EDI UTILITIES FOR PROVIDER ID
IBCEP3	EDI UTILITIES for provider ID
IBCEP4	EDI UTILITIES for provider ID
IBCEP4A	EDI UTILITIES for provider ID
IBCEP5	EDI UTILITIES for provider ID
IBCEP5A	EDI UTILITIES for provider ID
IBCEP5B	EDI UTILITIES for provider ID
IBCEP5C	EDI UTILITIES for provider ID
IBCEP5D	EDI UTILITIES - for State License
IBCEP6	PROVIDER ID MAINT menu and INS CO EDIT hook
IBCEP7	Functions for facility level PROVIDER ID MAINT
IBCEP7A	Functions for facility level PROVIDER ID MAINT
IBCEP7B	Functions for PROVIDER ID
IBCEP7C	Functions for facility level PROVIDER ID MAINT
IBCEP8	FUNCTIONS FOR NON-VA PROVIDER
IBCEP81	NPI and Taxonomy Functions
IBCEP82	Special cross references and data entry for fields in file 355.93
IBCEP8A	Functions for provider ID maintenance
IBCEP8B	FUNCTIONS FOR NON-VA PROVIDER cont'd
IBCEP8C	Functions for IB SILENT INTERFACE FROM FB
IBCEP8C1	Functions for IB SILENT INTERFACE FROM FB
IBCEP9	MASS UPDATE OF PROVIDER ID FROM FILE OR MANUAL
IBCEP9A	PROVIDER EXTRACT
IBCEP9B	UPDATE OF PROVIDER ID FROM FILE UTILITIES
IBCEPA	Provider ID functions - Care Units
IBCEPB	Insurance company ID parameters
IBCEPC	Insurance company plan type list
IBCEPCID	Provider ID functions
IBCEPTC	EDI PREVIOUSLY TRANSMITTED CLAIMS
IBCEPTC0	EDI PREVIOUSLY TRANSMITTED CLAIMS CONT
IBCEPTC1	EDI PREV TRANSMITTED CLAIMS REPORT OUTPUT
IBCEPTC2	EDI PREVIOUSLY TRANSMITTED CLAIMS LIST MGR
IBCEPTC3	EDI PREVIOUSLY TRANSMITTED CLAIMS ACTIONS
IBCEPTM	FILE EDI CLAIMS TEST MESSAGES
IBCEPTR	Test Claim Messages Report
IBCEPTU	TEST TRANSMIT CLAIMS UTILITIES
IBCEPU	Functions for PROVIDER ID MAINTENANCE
IBCEQ1	BSL,PROVIDER ID QUERY
IBCEQ1A	PROVIDER ID QUERY REPORT
IBCEQ2	PROVIDER/BILLING ID WORKSHEET
IBCEQ2A	PROVIDER/BILLING ID WORKSHEET SOLUTIONS
IBCEQBS	837 EDI QUERY BATCH STATUS REPORTS
IBCERP1	BILL AWAITING RESUBMISSION REPORT
IBCERP2	ELECTRONIC ERROR REPORT
IBCERP3	EDI BATCHES WAITING MORE THAN 1 DAY REPORT
IBCERP4	EDI RECEIPT/REJECTION MSGS STILL PENDING/UPDATNG

Routine List	
Routine	**Description**
IBCERP5	BATCH LIST
IBCERP6	MRA/EDI CLAIMS READY FOR EXTRACT
IBCERP6A	READY FOR EXTRACT LIST MANAGER REPORT
IBCERP7	HCCH PAYER ID REPORT (IB*2.0*577)
IBCERPT	277 EDI ENVOY REPORT MESSAGE PROCESSING
IBCERPT1	ELECTRONIC REPORT DISPOSITION
IBCESRV	Server interface to IB from Austin
IBCESRV1	Server interface to IB from Austin
IBCESRV2	Server based Auto-update utilities - IB EDI
IBCESRV3	Server based Auto-update utilities - IB EDI
IBCEST	837 EDI STATUS MESSAGE PROCESSING
IBCEST1	IB 837 EDI Status Message Processing Cont
IBCEU	EDI UTILITIES
IBCEU0	EDI UTILITIES
IBCEU1	EDI UTILITIES FOR EOB PROCESSING
IBCEU2	EDI UTILITIES FOR AUTO ADD OF CODES ON BILL
IBCEU3	EDI UTILITIES FOR 1500 CLAIM FORM
IBCEU4	EDI UTILITIES
IBCEU5	EDI UTILITIES (CONTINUED) FOR CMS-1500
IBCEU6	EDI UTILITIES FOR EOB PROCESSING
IBCEU7	EDI UTILITIES
IBCEXTR	CLAIMS READY FOR EXTRACT MANAGEMENT SCREEN
IBCEXTR1	IB READY FOR EXTRACT STATUS SCREEN
IBCEXTR2	IB EXTRACT STATUS MANAGEMENT
IBCEXTRP	VIEW/PRINT EDI EXTRACT DATA
IBCF	Dispatch to print claim forms.
IBCF1, IBCF10, IBCF11, IBCF12, IBCF14	Print UB-82. (Routines formerly named DGCRP, DGCRP0, DGCRP1, DGCRP2, and DGCRP4.)
IBCF13	Call for Accounts Receivable to print bills. (Routine formerly named DGCRP3.)
IBCF1TP	UB-82 Test Pattern Print. (Routine formerly named DGCRTP.)
IBCF2, IBCF21, IBCF22, IBCF23, IBCF2P	Print HCFA 1500.
IBCF23A	HCFA 1500 19-90 DATA - SPLIT FROM IBCF23
IBCF2TP	Print HCFA 1500 Test Pattern Print.
IBCF3, IBCF31, IBCF32, IBCF33, IBCF331, IBCF34, IBCF3P	Print UB-92.
IBCF3TP	UB-92 Test Pattern Print.
IBCF4	Print Bill Addendum.
IBCFP	Print all authorized bills in order.
IBCFP1	PRINT AUTHORIZED BILLS IN ORDER
IBCIADD1	ADD ENTRY TO FILE 351.9
IBCIASN	STANDALONE OPTION TO RE-ASSIGN CLAIMS
IBCIBW	IBCI CLAIMS MANAGER MGR WORKSHEET
IBCICL	IBCI CLAIMS MANAGER CLERK WORKSHEET
IBCICME	IBCI CLAIMSMANAGER ERROR REPORT
IBCICME1	IBCI CLAIMSMANAGER ERROR REPORT

Routine List	
Routine	**Description**
IBCICMEP	ClaimsManager ERROR REPORT
IBCICMS	IBCI CLAIMSMANAGER STATUS REPORT
IBCICMSP	ClaimsManager STATUS REPORT
IBCICMW	CLAIMSMANAGER WORKSHEET REPORT
IBCIL0	CLAIMSMANAGER SKIP LIST
IBCIMG	IBCI CLAIMS MANAGER MGR WORKSHEET
IBCIMSG	BUILD MESSAGE FOR CLAIMSMANAGER
IBCIMSG1	BUILD MESSAGE FOR CLAIMSMANAGER CONT'D
IBCINPT	Extract data and create NPT file
IBCIPAY	Extract data and create Ingenix Payer File
IBCIPOST	CLAIMSMANAGER POST INSTALL
IBCISC	IB EDIT SCREENS ?CLA FUNCTIONALITY
IBCIST	ENTRY POINTS FOR CLAIMSMANAGER INTERFACE
IBCIUDF	CLAIMSMANAGER USER DEFINED FIELDS
IBCIUT1	MISC UTILITIES FOR CLAIMSMANAGER INTERFACE
IBCIUT2	CLAIMSMANAGER MESSAGE UTILITIES
IBCIUT3	TCP/IP UTILITIES FOR CLAIMSMANAGER INTERFACE
IBCIUT4	MISC UTILITIES
IBCIUT5	UTILITIES FOR CLAIMSMANAGER INTERFACE
IBCIUT6	MAILMAN UTILITIES
IBCIUT7	COMMENTS FIELD UTILITIES
IBCIWK	WORKSHEET UTILITY
IBCMENU	Main menu driver. (Routine formerly named DGCRMENU.)
IBCMDT	IBCN INS PLANS MISSING DATA Insurance Missing Data Report (Driver)
IBCMDT1	IBCN INS PLANS MISSING DATA Insurance Missing Data Report (Driver 1)
IBCMDT2	IBCN INS PLANS MISSING DATA Insurance Missing Data Report (Compile)
IBCMDT3	IBCN INS PLANS MISSING DATA Insurance Missing Data Report (Print)
IBCN118	Data Dictionary trigger logic for comments
IBCNADD	Address Retrieval Engine for BILL/CLAIMS file (#399).
IBCNAU	User Edit Report
IBCNAU1	User Edit Report
IBCNAU2	User Edit Report
IBCNAU3	User Edit Report
IBCNBAA	This program displays subscriber registration information from the Insurance Buffer, IIV Response Report file, and Annual Benefits file (#355.4).
IBCNBAC	Ins Buffer: Individually Accept Insurance Buffer Fields
IBCNBAR	Ins Buffer: process Accept and Reject
IBCNBCD	Ins Buffer: display/compare buffer and existing ins
IBCNBCD1	This program edits subscriber information in the Patient Insurance subfile (File #2.312).
IBCNBCD2	This program sets up the Insurance Buffer to process Accepts.

Routine List	
Routine	**Description**
IBCNBCD3	This program displays IB Annual Benefits/Coverage Limitations Display Screens.
IBCNBCD4	This program is part of Subscriber Display Screens.
IBCNBCD5	This program is part of Subscriber Display Screens.
IBCNBCD6	This program is part of Subscriber Display Screens.
IBCNBCD7	This program is part of Subscriber Display Screens.
IBCNBCD8	This program is part of Subscriber Display Screen Fields.
IBCNBED	Ins Buffer: delete existing entries in buffer
IBCNBEE	Ins Buffer: add/edit existing entries in buffer
IBCNBES	Ins Buffer: stuff new entries/data into buffer
IBCNBES1	Ins Buffer: stuff new entries/data into buffer
IBCNBLA	Ins Buffer: LM action calls
IBCNBLA1	Ins Buffer: LM action calls (cont)
IBCNBLA2	Ins Buffer, Multiple Selection
IBCNBLB	Ins Buffer: Eligibility/Benefit screen
IBCNBLE	Ins Buffer: LM buffer entry screen
IBCNBLE1	Ins Buffer, Expand Entry, continued
IBCNBLL	Ins Buffer: LM main screen, list buffer entries
IBCNBLP	Ins Buffer: LM buffer process screen
IBCNBLP1	Ins Buffer: LM buffer process build
IBCNBME	Ins Buffer: external entry points, add/edit buffer
IBCNBMI	Ins Buffer: move buffer data to insurance files
IBCNBMN	Ins Buffer: add new insurance file entries
IBCNBOA	Ins Buffer: Activity Report
IBCNBOE	Ins Buffer: Employee Report
IBCNBOF	Ins Buffer: Employee Report (Entered)
IBCNBPG	Ins Buffer: Option Purge stub entries
IBCNBU1	Ins Buffer: Utilities
IBCNBUH	Ins Buffer: Help Text
IBCNCH	Patient Policy Subscriber Comments (Driver)
IBCNCH2	Patient Policy Subscriber Comments (Driver 1, Comment Search)
IBCNCH3	Patient Policy Subscriber Comments (Comment Search)
IBCNEAMC	IIV AUTO MATCH BUFFER LISTING
IBCNEAME	IIV AUTO MATCH ENTRY/EDIT
IBCNEAMI	IIV AUTO MATCH INPUT TRANSFORM
IBCNEBF	Create an Entry in the Buffer File
IBCNEDE	eIV DATA EXTRACTS
IBCNEDE1	eIV INSURANCE BUFFER EXTRACT
IBCNEDE2	eIV PRE REG EXTRACT (APPTS)
IBCNEDE3	DAOU/DJW - NONVERINS DATA EXTRACT
IBCNEDE4	NO INSURANCE DATA EXTRACT
IBCNEDE5	eIV DATA EXTRACTS
IBCNEDE6	eIV DATA EXTRACTS
IBCNEDE7	eIV DATA EXTRACTS
IBCNEDEP	Process Transaction Records
IBCNEDEQ	Process eIV Transactions continued
IBCNEDST	HL7 Registration Message Statistics

Routine List	
Routine	**Description**
IBCNEHL1	HL7 Process Incoming RPI Messages
IBCNEHL2	HL7 Process Incoming RPI Messages (cont.)
IBCNEHL3	HL7 Process Incoming RPI Continued
IBCNEHL4	HL7 Process Incoming RPI Messages (cont.)
IBCNEHL5	HL7 Process Incoming RPI Messages
IBCNEHLD	IIV Deactivate MFN Message
IBCNEHLI	Incoming HL7 messages
IBCNEHLK	HL7 Acknowledgement Messages
IBCNEHLM	HL7 Registration MFN Message
IBCNEHLO	Outgoing HL7 messages
IBCNEHLQ	HL7 RQI Message
IBCNEHLT	HL7 Process Incoming MFN Messages
IBCNEHLU	HL7 Utilities
IBCNEKI2	PURGE eIV DATA FILES CONT'D
IBCNEKIT	PURGE eIV DATA FILES
IBCNEML	MAILMAN NOTIFICATION TO LINK PAYERS
IBCNEPM	PAYER MAINTENANCE PAYER LIST SCREEN
IBCNEPM1	PAYER MAINT/INS COMPANY LIST FOR PAYER
IBCNEPM2	PAYER MAINTENANCE ENTRY POINT
IBCNEPY	eIV PAYER EDIT OPTION
IBCNEQU	eIV REQUEST ELECTRONIC INSURANCE INQUIRY
IBCNERP0	IBCNE eIV STATISTICAL REPORT (cont'd)
IBCNERP1	IBCNE USER IF eIV RESPONSE REPORT
IBCNERP2	IBCNE eIV RESPONSE REPORT COMPILE
IBCNERP3	IBCNE eIV RESPONSE REPORT PRINT
IBCNERP4	IBCNE USER INTERFACE eIV PAYER REPORT
IBCNERP5	IBCNE eIV PAYER REPORT COMPILE
IBCNERP6	eIV PAYER REPORT PRINT
IBCNERP7	eIV STATISTICAL REPORT
IBCNERP8	IBCNE eIV STATISTICAL REPORT COMPILE
IBCNERP9	eIV STATISTICAL REPORT PRINT
IBCNERPA	IBCNE eIV RESPONSE REPORT (cont'd)
IBCNERPB	eIV PAYER LINK REPORT
IBCNERPC	eIV PAYER LINK REPORT COMPILE
IBCNERPD	eIV PAYER LINK REPORT PRINT
IBCNERPE	IBCNE eIV RESPONSE REPORT (cont'd)
IBCNERPF	IBCNE USER INTERFACE EIV INSURANCE UPDATE REPORT
IBCNERPG	IBCNE EIV INSURANCE UPDATE REPORT COMPILE
IBCNERPH	IBCNE EIV INSURANCE UPDATE REPORT PRINT
IBCNERPI	IBCNE eIV Secondary Insurance Report Print
IBCNERPJ	HL7 Response Report
IBCNERPK	HL7 Response Report
IBCNERPL	HL7 Response Report
IBCNERTQ	Real-time Insurance Verification
IBCNES	eIV eligibility/Benefit screen
IBCNES1	eIV eligibility/benefit utilities

Routine List	
Routine	**Description**
IBCNES2	eIV eligibility/Benefit action protocols
IBCNES3	Eligibility/Benefits screen action protocols, con't
IBCNESI	Potential Medicare COB Prompts
IBCNESI1	MEDICARE POTENTIAL COB Patient Selection
IBCNESI2	MEDICARE PATIENTS WITH SUBSEQUENT INSURANCE
IBCNEUT1	IIV MISC. UTILITIES
IBCNEUT2	eIV MISC. UTILITIES
IBCNEUT3	eIV MISC. UTILITIES
IBCNEUT4	eIV MISC. UTILITIES
IBCNEUT5	eIV MISC. UTILITIES
IBCNEUT6	IIV MISC. UTILITIES
IBCNEUT7	IIV MISC. UTILITIES
IBCNEUT8	eIV MISC. UTILITIES
IBCNFCON	This routine is called for eII Configuration Edit option to change eII configuration parameters.
IBCNFRD	Gets the Result file messages and Extract file's confirmation messages from AITC DMI Queue, and then it creates the Result file.
IBCNFRD2	Builds the XML file from Result file messages.
IBCNFSND	Sends Extract files as MailMan messages to AITC DMI Queue. Notifies IBCNF EII IRM mail group if confirmation messages are not received from AITC DMI queue for given Extract file messages within given time frame and re-sends those messages to AITC DMI Queue. Checks to make sure the Extract files and Result files are created on time; if not, sends warning message to IBCNF EII IRM mail group. Also purges the Activity logs of HMS EXTRACT FILE STATUS and HMS RESULT FILE STATUS that are older than 180 days.
IBCNGPF	List Group Plans without Annual Benefits Report
IBCNGPF1	List Group Plans without Annual Benefits Report
IBCNGPF2	List Group Plans without Annual Benefits Report
IBCNGPF3	List Group Plans without Annual Benefits Report
IBCNHHLI	Processes incoming HL7 messages from the National Insurance File (NIF).
IBCNHHLO	Generates outgoing HL7 message to the National Insurance File (NIF).
IBCNHSRV	Used by the IBCNH HPID NIF BATCH QUERY menu option (triggered by the NIFQRY mail group) to enable HL7 communication with the National Insurance File (NIF) and send a batch query to catch the system up to the data in the NIF.
IBCNHUT1	Utility functions for working with Health Plan Identifiers (HPID) and Other Entity Identifiers (OEID).
IBCNHUT2	Utility functions for working with Health Plan Identifiers (HPID) and Other Entity Identifiers (OEID).
IBCNHPR	This program is part of the Manually Added HPIDs to Billing Claim Report.
IBCNHPR1	This program is part of the Manually Added HPIDs to Billing Claim Report.

Routine List	
Routine	**Description**
IBCNHPR2	This program is part of the Manually Added HPIDs to Billing Claim Report.
IBCNICB	Update utilities for the ICB interface
IBCNILK	This routine contains the new Insurance Company Look-up Utility which is invoked from many points within the Insurance Data Capture module.
IBCNQ	Patient Billing Inquiry. (Routine formerly named DGCRNQ.)
IBCNQ1	Outpatient Visit Date Inquiry. (Routine formerly named DGCRNQ1.)
IBCNRDV	INSURANCE INFORMATION EXCHANGE VIA RDV
IBCNRE1	Edit PAYER APPLICATION Sub-file
IBCNRE2	Edit NCPDP PROCESSOR APPLICATION Sub-file
IBCNRE3	Edit PHARMACY BENEFITS MANAGER (PBM) APPLICATION Sub-file
IBCNRE4	Edit PLAN APPLICATION Sub-file
IBCNRE5	Edit HIPAA NCPDP ACTIVE FLAG
IBCNRFM1	Perform FileMan API Calls
IBCNRHLT	Receive HL7 e-Pharmacy MFN Message
IBCNRHLU	e-Pharmacy HL7 Utilities
IBCNRMFE	Receive HL7 e-Pharmacy MFE Segment
IBCNRMFK	Send HL7 e-Pharmacy MFK Message
IBCNRP	Plan Match ListMan
IBCNRP5	Group Plan Status Report
IBCNRP5P	Group Plan Status Report
IBCNRPM1	Match Multiple Group Plans to a Pharmacy Plan
IBCNRPM2	Match Multiple Group Plans to a Pharmacy Plan
IBCNRPMT	Match Group Plan to Pharmacy Plan
IBCNRPS	Match Test Payer Sheet to a Pharmacy Plan
IBCNRPS2	Plan Match ListMan
IBCNRPSI	Group Plan Status Inquiry
IBCNRPSM	Match Test Payer Sheet to a Pharmacy Plan
IBCNRRP1	Group Plan Worksheet Report
IBCNRRP2	IBCNR GROUP PLAN WORKSHEET COMPILE
IBCNRRP3	GROUP PLAN WORKSHEET REPORT PRINT
IBCNRRP4	Pharmacy Plan Report
IBCNRSM	Shared Plan Matches Report
IBCNRU1	IB Utilities
IBCNRXI1	Post-Installation procedure
IBCNRXI2	BHAM ISC/DMB - Post-Installation procedure
IBCNRZCM	Receive HL7 e-Pharmacy ZCM Segment
IBCNRZP0	Receive HL7 e-Pharmacy ZP0 Segment
IBCNRZPB	Receive HL7 e-Pharmacy ZPB Segment
IBCNRZPL	Receive HL7 e-Pharmacy ZPL Segment
IBCNRZPT	Receive HL7 e-Pharmacy ZPT Segment
IBCNRZRX	Receive HL7 e-Pharmacy ZRX Segment

Routine List	
Routine	**Description**
IBCNS, IBCNS1	These routines contain the supported calls to determine if a patient has any insurance or active insurance, to retrieve the data, and to do standard displays.
IBCNS2	This routine contains a number of utilities called by data dictionary for the BILL/CLAIMS file (#399).
IBCNS3	DISPLAY EXTENDED INSURANCE
IBCNS4	This routine contains the trigger logic to obtain the authorization number/referral number from the 278 transaction file (#356.22).
IBCNSA, IBCNSA0, IBCNSA1, IBCNSA2	These routines allow for the display and editing of the Annual Benefits available for an insurance plan.
IBCNSBL, IBCNSBL1	This routine creates the new insurance policy mail message. It is called by the event driver whenever a new insurance policy is added.
IBCNSBL2	'BILL NEXT PAYOR' BULLETIN
IBCNSC, IBCNSC0, IBCNSC01, IBCNSC1	These routines allow for the display and editing of insurance company data.
IBCNSC02	Insurance Company parent/child management
IBCNSC2	INACTIVATE AND REPOINT INS STUFF
IBCNSC3	INACTIVATE AND REPOINT INS STUFF1
IBCNSC4	INSURANCE PLAN DETAIL SCREEN UTILITIES
IBCNSC41	INSURANCE PLAN SCREEN UTILITIES (CONT)
IBCNSCD	DELETE INSURANCE COMPANY
IBCNSCD1	DELETE INSURANCE COMPANY (CON'T)
IBCNSCD2	DELETE INSURANCE COMPANY (CON'T)
IBCNSCD3	DELETE INSURANCE COMPANY (CON'T)
IBCNSD, IBCNSD1	These routines allow for the display and editing of the benefits a patient has used for a year for a specific plan.
IBCNSEH	This routine prints the extended help for insurance policy and plan information.
IBCNSEVT	This routine invokes the New Insurance Policy Added Event Driver every time a new insurance policy is added.
IBCNSGE	Insurance Company EDI Parameter Report
IBCNSGM	Insurance Company Billing Provider Flag Report/Message
IBCNSJ	INSURANCE PLAN UTILITIES
IBCNSJ1	INACTIVATE AN INSURANCE PLAN
IBCNSJ11	INACTIVATE AN INSURANCE PLAN (CON'T)
IBCNSJ12	INACTIVATE AN INSURANCE PLAN (CON'T)
IBCNSJ13	INACTIVATE AN INSURANCE PLAN (CON'T)
IBCNSJ14	INACTIVATE AN INSURANCE PLAN (CON'T)
IBCNSJ2	CHANGE POLICY PLAN
IBCNSJ21	CHANGE POLICY PLAN (CON'T)
IBCNSJ3	ADD NEW INSURANCE PLAN
IBCNSJ4	INACTIVATE MULTIPLE INSURANCE PLANS
IBCNSJ5	INSURANCE PLAN MAINTENANCE ACTION PROCESSING
IBCNSJ51	INSURANCE PLAN MAINTENANCE ACTION PROCESSING (continued)

Routine List	
Routine	**Description**
IBCNSJ52	INSURANCE PLAN MAINTENANCE ACTION PROCESSING (continued)
IBCNSM, IBCNSM1, IBCNSM2, IBCNSM31, IBCNSM32, IBCNSM4	These routines display in list format one patient's policies, and allow for editing of these policies.
IBCNSM3	INSURANCE MANAGEMENT - OUTPUTS
IBCNSM5, IBCNSM6, IBCNSM7, IBCNSM8, IBCNSM9	These routines print the insurance plan worksheets and policy coverage reports.
IBCNSMM	MEDICARE INSURANCE INTAKE
IBCNSMM1	MEDICARE INSURANCE INTAKE (CONT)
IBCNSMM2	MEDICARE INSURANCE INTAKE (CONT)
IBCNSMR	MEDICARE BILLS
IBCNSMR0	MEDICARE BILLS
IBCNSMR1	MEDICARE BILLS
IBCNSMR6	MRA EXTRACT
IBCNSMR7	MRA EXTRACT
IBCNSMR8	MRA EXTRACT
IBCNSMRA	MEDICARE BILLS
IBCNSMRE	MRA EXTRACT
IBCNSOK, IBCNSOK1	These routines check, fix, and print reports on integrity of group plans in the PATIENT file [#2].
IBCNSP, IBCNSP0, IBCNSP01, IBCNSP11, IBCNSP3, IBCNSV	These routines display policy data for a patient in expanded format and allow for editing of the data.
IBCNSP02	INSURANCE MANAGEMENT - EXPANDED POLICY
IBCNSP1	INSURANCE MANAGEMENT - policy actions
IBCNSP2	This routine is the supported call to allow for editing of a patient's insurance policy and plan information from registration and billing.
IBCNSU, IBCNSU1	Insurance utility routines to add entries to the GROUP INSURANCE PLAN (#355.3), ANNUAL BENEFITS (#355.4), and INSURANCE CLAIMS YEAR TO DATE (#355.5) files.
IBCNSU2	This routine contains the new Plan Look-up Utility which is invoked from many points within the Insurance Data Capture module.
IBCNSU3	Functions for billing decisions to determine plan coverage limitations.
IBCNSU31	Functions for billing decisions to determine Insurance Filing Timeframe.
IBCNSU4	SPONSOR UTILITIES
IBCNSU41	SPONSOR UTILITIES (CON'T)
IBCNSUR	MOVE SUBSCRIBERS TO DIFFERENT PLAN
IBCNSUR1	MOVE SUBSCRIBERS TO DIFFERENT PLAN (CON'T)
IBCNSUR2	MOVE SUBSCRIBERS TO DIFFERENT PLAN (CON'T)
IBCNSUR3	MOVE SUBSCRIBERS (BULLETIN)
IBCNSUR4	This routine contains the new Subscriber Look-up Utility which is invoked from the IBCN MOVE SUBSCRIBER TO PLAN option within the Integrated Billing Module.

Routine List	
Routine	**Description**
IBCNSUX	SPLIT MEDICARE COMBINATION PLANS
IBCNSUX1	SPLIT COMBINATION PLANS CONT.
IBCNUPD	UPDATE SUBCRIBER INFO FOR SELECTED PATIENTS
IBCNVCC	Patient Insurance Consistency Checker for System Sharing Verified Insurance
IBCNVCC1	Patient Insurance Consistency Checker for System Sharing Verified Insurance
IBCNVPU0	This program is the PIN/HL7 Utility Functions for HL7 System Sharing Verified Insurance
IBCNVRD0	System Sharing Verified Insurance
IBCNVRD1	System Sharing Verified Insurance
IBCNVRP0	Interfacility Ins Update Activity Report
IBCNVRP1	Interfacility Ins Update Activity Report
IBCNVRP2	Interfacility Ins Update Activity Report
IBCNVUT0	System Sharing Verified Insurance
IBCOC	Prints a list of inactive insurance companies still listed as insuring patients.
IBCOC1	Prints a list of new but not verified insurance.
IBCOIVM	IVM BILLING ACTIVITY
IBCOIVM1	IB BILLING ACTIVITY (COMPILE/PRINT)
IBCOIVM2	IB BILLING ACTIVITY (BULLETIN)
IBCOMA	IDENTIFY ACTIVE POLICIES W/NO EFFECTIVE DATE
IBCOMA1	IDENTIFY ACTIVE POLICIES W/NO EFFECTIVE DATE (CON'T)
IBCOMC	IDENTIFY PT BY AGE WITH OR WITHOUT INSURANCE
IBCOMC1	ALB/CMS-IDENTIFY PT BY AGE WITH OR WITHOUT INSURANCE (CON'T)
IBCOMC2	IDENTIFY PT BY AGE WITH OR WITHOUT INSURANCE (CON'T)
IBCOMD	GENERATE INSURANCE COMPANY LISTINGS
IBCOMD1	GENERATE INSURANCE COMPANY LISTINGS
IBCOMN	PATIENTS NO COVERAGE VERIFIED REPORT
IBCOMN1	PATIENTS NO COVERAGE VERIFIED REPORT (CON'T)
IBCONS1, IBCONS2, IBCONSC	Veterans with insurance outputs. (Routines formerly named DGCRONS1, DGCRONS2, DGCRONSC.)
IBCONS3	Veterans with insurance outputs interface with Claims Tracking.
IBCONS4	NSC W/INSURANCE OUTPUT (SETUP)
IBCOPP	LIST INS. PLANS BY CO. (DRIVER)
IBCOPP1	LIST INS. PLANS BY CO. (DRIVER 1)
IBCOPP2	LIST INS. PLANS BY CO. (COMPILE)
IBCOPP3	LIST INS. PLANS BY CO. (PRINT)
IBCOPR	print dollar amts for pre-registration
IBCOPR1	print dollar amts for pre-registration
IBCOPV, IBCOPV1, IBCOPV2	Display outpatient visits screen. (Routines formerly named DGCROPV, DGCROPV1, DGCROPV2.)
IBCORC, IBCORC1, IBCORC2	Rank Insurance Carriers.

Routine List	
Routine	**Description**
IBCORC3	RANK INSURANCE CARRIERS (NEW BULLETIN)
IBCRBC	RATES: BILL CALCULATION OF CHARGES
IBCRBC1	RATES: BILL CALCULATION BILLABLE EVENTS
IBCRBC11	RATES: BILL CALCULATION BILLABLE EVENTS
IBCRBC2	RATES: BILL CALCULATION OF ITEM CHARGE
IBCRBC3	RATES: BILL CALCULATION SORT/STORE
IBCRBE	RATES: BILL ENTER/EDIT (RS/CS) SCREEN
IBCRBEI	RATES: BILL ENTER/EDIT (RS/CS) SCREEN - BI
IBCRBF	RATES: BILL FILE CHARGES
IBCRBG, IBCRBG1, IBCRBG2	Contains utility calls for various inpatient/PTF/outpatient/CPT functions.
IBCRBH1	RATES: BILL HELP DISPLAYS - CHARGES
IBCRBH2	RATES: BILL HELP DISPLAYS - CPT CHARGES
IBCRCC	RATES: CALCULATION OF ITEM CHARGE
IBCRCI	RATES: CALCULATION ITEM/EVENT COST FNCTNS
IBCRCU1	RATES: CALCULATION UTILITIES
IBCREC	RATES: CM INACTIVATE CPT CHARGE OPTION
IBCRED	RATES: CM DELETE CHARGE ITEMS OPTION
IBCREE	RATES: CM ENTER/EDIT
IBCREE1	RATES: CM ENTER/EDIT (CI)
IBCREE2	RATES: CM ENTER/EDIT (SG,RL,PD,DV)
IBCREF	RATES: CM FILE ENTRIES (CI,BI)
IBCREQ	RATES: CM FAST ENTER/EDIT OPTION
IBCRER	RATES: CM RC NATIONAL ENTER/EDIT OPTION
IBCRER1	RATES: CM RC NATIONAL ENTER/EDIT OPTION (CONT)
IBCRETP	RATES: TRANSFER PRICING CM FAST ENTER/EDIT
IBCREU1	RATES: CM ENTER/EDIT UTILITIES
IBCRHBA	RATES: UPLOAD HOST FILES (AWP)
IBCRHBC	RATES: UPLOAD HOST FILES (CMAC DRIVER)
IBCRHBC1	RATES: UPLOAD HOST FILES (CMAC <2000)
IBCRHBC2	RATES: UPLOAD HOST FILES (CMAC 2000+)
IBCRHBC3	RATES: UPLOAD HOST FILES (CMAC 2005+)
IBCRHBR	RATES: UPLOAD HOST FILES (RC) DRIVER
IBCRHBR1	RATES: UPLOAD HOST FILES (RC) SETUP
IBCRHBR2	RATES: UPLOAD HOST FILES (RC) READ
IBCRHBR3	RATES: UPLOAD HOST FILES (RC) PARSE
IBCRHBR4	RATES: UPLOAD (RC) SELECT SITES
IBCRHBR5	RATES: UPLOAD (RC) CALCULATIONS SETUP
IBCRHBR6	RATES: UPLOAD (RC) SITE CALCULATIONS
IBCRHBRA	RATES: UPLOAD RC V1 CPT 2000 CHARGES
IBCRHBRB	RATES: UPLOAD RC V1.4 MOVE LAB CODES
IBCRHBRV	RATES: UPLOAD (RC) VERSION FUNCTIONS
IBCRHBS	RATES: UPLOAD HOST FILES (RC 2+) DRIVER
IBCRHBS1	RATES: UPLOAD HOST FILES (RC 2+) SETUP
IBCRHBS2	RATES: UPLOAD HOST FILES (RC 2+) READ
IBCRHBS3	RATES: UPLOAD HOST FILES (RC 2+) PARSE
IBCRHBS4	RATES: UPLOAD (RC 2+) SELECT SITES

Routine List	
Routine	**Description**
IBCRHBS5	RATES: UPLOAD (RC 2+) CALCULATIONS DRIVER
IBCRHBS6	RATES: UPLOAD (RC 2+) CALCULATIONS SETUP
IBCRHBS7	RATES: UPLOAD (RC 2+) CALCULATIONS SITE
IBCRHBS8	RATES: UPLOAD (RC 2+) CALCULATIONS CHARGE
IBCRHBSZ	RATES: UPLOAD (RC 2+) DIVISION FUNCTIONS
IBCRHBT	RATES: UPLOAD HOST FILES (TP)
IBCRHD	RATES: UPLOAD ASSIGN & DELETE
IBCRHL	RATES: UPLOAD CHECK & ADD TO CM SEARCH
IBCRHO	RATES: UPLOAD CHECK & ADD TO CM REPORT
IBCRHRS	RATES: UPLOAD (RC) CHANGE SITE TYPE OPTION
IBCRHU1	RATES: UPLOAD UTILITIES
IBCRHU2	RATES: UPLOAD UTILITIES (ADD CM ELEMENTS)
IBCRLA1	RATES: DISPLAY ACTION PROTOCOLS
IBCRLC	RATES: DISPLAY CHARGE SETS
IBCRLD	RATES: DISPLAY INTRO
IBCRLG	RATES: DISPLAY BILLING REGIONS
IBCRLI	RATES: DISPLAY CHARGE ITEMS
IBCRLL	RATES: DISPLAY SPECIAL GROUPS
IBCRLM	RATES: DISPLAY REVENUE CODE LINKS
IBCRLN	RATES: DISPLAY PROVIDER DISCOUNT
IBCRLR	RATES: DISPLAY BILLING RATES
IBCRLS	RATES: DISPLAY SCHEDULES
IBCRLT	RATES: DISPLAY RATE TYPES
IBCROE	CHARGE MASTER TO EXCEL OUTPUT
IBCROI	RATES: REPORTS CHARGE ITEM
IBCROI1	RATES: REPORTS CHARGE ITEM (SRCH)
IBCROIP	RATES: REPORTS CHARGE ITEM: PROCEDURES
IBCRON	RATES: REPORTS PROVIDER DISCOUNT
IBCROR	RATES: REPORTS
IBCRTN	Edit bills returned from Accounts Receivable. (Routine formerly named DGCRTN.)
IBCRU1	RATES: UTILITIES
IBCRU2	RATES: UTILITIES (CI DEFINITIONS)
IBCRU3	RATES: UTILITIES (CS/BR)
IBCRU4	RATES: UTILITIES (RG/BILL/CI)
IBCRU5	RATES: UTILITIES (DISPLAYS)
IBCRU6	RATES: UTILITIES (SPECIAL GROUPS)
IBCRU7	TRANSFER PRICING CHARGE MASTER UTILITIES
IBCRU8	RATES: UTILITIES (RC)
IBCSC1	Enter/Edit a Bill Screen 1 (Demographics). (Routine formerly named DGCRSC1.)
IBCSC10	MCCR SCREEN 10 (UB-82 BILL SPECIFIC INFO)
IBCSC102	MCCR SCREEN 10 (UB-04 BILL SPECIFIC INFO)
IBCSC10A	ADD/ENTER CHIROPRACTIC DATA
IBCSC10B	ADD/ENTER PATIENT REASON FOR VISIT DATA
IBCSC10H	MCCR SCREEN 10 (BILL SPECIFIC INFO) CMS-1500
IBCSC11	MCCR SCREEN 11 (LOCAL SCREEN 11 SPECIFIC INFO)

Routine List	
Routine	**Description**
IBCSC2	Enter/Edit a Bill Screen 2 (Employment). (Routine formerly named DGCRSC2.)
IBCSC3	Enter/Edit a Bill Screen 3 (Payer/Mailing Address). (Routine formerly named DGCRSC3.)
IBCSC4	Enter/Edit a Bill Screen 4 (Inpatient EOC). (Routine formerly named DGCRSC4.)
IBCSC4A, IBCSC4B, IBCSC4C	Enter/Edit a Bill PTF Screens. (Routines formerly named DGCRSC4A, DGCRSC4B, and DGCRSC4C.)
IBCSC4D, IBCSC4E	Enter/Edit a bill's diagnoses.
IBCSC4F	GET PTF DIAGNOSIS
IBCSC5	Enter/Edit a Bill Screen 5 (Opt. EOC). (Routine formerly named DGCRSC5.)
IBCSC5A, IBCSC5C	Enter/Edit a bill's prescription refills.
IBCSC5B	Enter/Edit a bill's prosthetic items.
IBCSC6	Enter/Edit a Bill Screen 6 (Inpatient Billing Info). (Routine formerly named DGCRSC6.)
IBCSC61	Enter/Edit a Bill screen utility. (Routine formerly named DGCRSC61.)
IBCSC7	Enter/Edit a Bill Screen 7 (Opt. Billing Info). (Routine formerly named DGCRSC7.)
IBCSC8	Enter/Edit a Bill Screen 8 (Bill Specific Info). (Routine formerly named DGCRSC8.)
IBCSC82	Enter/Edit a Bill Screen 8 for UB-92.
IBCSC8H	Enter/Edit a Bill Screen 8, if HCFA-1500. (Routine formerly named DGCRSC8H.)
IBCSC9	MCCR SCREEN 9 (AMBULANCE INFO)
IBCSCE, IBCSCE1	Enter/Edit a Bill screen edits. (Routines formerly named DGCRSCE, DGCRSCE1.)
IBCSCH, IBCSCH1	Enter/Edit a Bill help screens. (Routines formerly named DGCRSCH, DGCRSCH1.)
IBCSCH2	ALB/DLS - Continuation of routine IBCSCH
IBCSCP	Enter/Edit a Bill screen processor. (Routine formerly named DGCRSCP.)
IBCSCU	Enter/Edit a Bill screen utility. (Routine formerly named DGCRSCU.)
IBCU, IBCU1, IBCU2, IBCU3, IBCU4, IBCU5	Enter/Edit a Bill billing utility. (Routines formerly named DGCRU, DGCRU1, DGCRU2, DGCRU3, DGCRU4, DGCRU5.)
IBCU41, IBCU64	Third Party billing utilities.
IBCU6, IBCU61, IBCU62, IBCU63	Automatic calculation of charges utility routines. (Routines formerly named DGCRU6, DGCRU61, DGCRU62, and DGCRU63.)
IBCU65	BILL CHARGE UTILITY: COMBINE E&M
IBCU7, IBCU7	Procedures enter/edit utility routines. (Routines formerly named DGCRU7, DGCRU71.)
IBCU71	INTERCEPT SCREEN INPUT OF PROCEDURE CODES
IBCU72	ADD/EDIT/DELETE PROCEDURE DIAGNOSES
IBCU73	ADD/DELETE MODIFIER 26 TO SPECIFIED CPTS

Routine List	
Routine	**Description**
IBCU74	INTERCEPT SCREEN INPUT OF PROCEDURE CODES (CONT)
IBCU7A	BILL PROCEDURE MANIPULATIONS
IBCU7A1	BILL PROCEDURE MANIPULATIONS (BUNDLED)
IBCU7B	LINE LEVEL PROVIDER USER INPUT
IBCU7U	BILL PROCEDURE UTILITIES
IBCU8, IBCU81, IBCU82	Third Party Billing Utilities.
IBCU83	THIRD PARTY BILLING UTILITES (BILL-CT)
IBCU9	BILLING UTILITY ROUTINE (CONTINUED)
IBCVA, IBCVA0, IBCVA1	Third Party Billing set variables. (Routines formerly named DGCRVA, DGCRVA0, and DGCRVA1.)
IBCVC	VALUE CODE FUNCTIONALITY
IBD21P4	POST INIT - 6/11/96
IBD3KENV	AICS 3.0 Environment Checker
IBD3KPT	Post Init routine for AICS v 3.0 - 11 NOV 96
IBDE, IBDE1, IBDE1A, IBDE1B, IBDE2, IBDE3, IBDEHELP	The import/export utility for the encounter form.
IBDE4	PUT FORMS AND BLOCKS INTO IMPORT/EXPORT UTILTIY
IBDECLN	Clean up Data Qualifiers and Package interfaces
IBDECLN1	Clean up Data Qualifiers and Package interfaces
IBDECLN2	Clean up Data Qualifiers and Package interfaces
IBDEI*	IB ENCOUNTER FORM IMP/EXP Routines
IBDEPRE	PREINIT FOR USE BY IMP/EXP UTILITY
IBDEPT	ENCOUNTER FORM - installation routine for AICS 2.1
IBDF10, IBDF10A, IBDF10B	Shifting blocks and the contents of blocks.
IBDF10C	ENCOUNTER FORM - (shift block contents - continued)
IBDF11, IBDF11A	Print Manager setup for the encounter form.
IBDF12	Editing Tool Kit forms.
IBDF13	Editing Tool Kit blocks.
IBDF14	Clinic Setups Report.
IBDF14A	AICS LIST CLINIC SETUP
IBDF15	List Clinics Using Forms Report.
IBDF15A	AICS FORM USE BY DIVISION/CLINIC
IBDF16	Edit package interfaces, marking areas.
IBDF17	Copy Check-off Sheets to encounter forms.
IBDF18	Utility for providing the Problem List package with a list of clinic common problems from an encounter form.
IBDF18A	ENCOUNTER FORM - utilities for PCE
IBDF18A1	ENCOUNTER FORM - utilities for PCE
IBDF18A2	WISC/TN - ENCOUNTER FORM - utilities for PCE
IBDF18B	ENCOUNTER FORM - utilities for PCE
IBDF18C	ENCOUNTER FORM - form ID utilities
IBDF18D	ENCOUNTER FORM - form type utilities
IBDF18E	ENCOUNTER FORM - PCE DEVICE INTERFACE utilities
IBDF18E0	ENCOUNTER FORM - PCE DEVICE INTERFACE utilities
IBDF18E1	ENCOUNTER FORM - PCE DEVICE INTERFACE utilities

Routine List	
Routine	**Description**
IBDF18E2	AICS Error Logging Routine
IBDF18E3	ENCOUNTER FORM - PCE DEVICE INTERFACE utilities
IBDF18E4	ENCOUNTER FORM - MISC INTERFACES utilities
IBDF19	Routine for deleting garbage, compiling forms.
IBDF1A	Printing a single encounter form, along with other reports defined via the Print Manager.
IBDF1B, IBDF1B1, IBDF1B1A, IBDF1B1B, IBDF1B2, IBDF1B3, IBDF1B5, IBDF1BA	Printing batches of encounter forms for appointments, along with other reports defined via the Print Manager.
IBDF1C	Print a blank encounter form within the List Manager.
IBDF2A	Prints a form - device must be open, variables defined.
IBDF2A1	ENCOUNTER FORM (IBDF2A continued)
IBDF2A2	ENCOUNTER FORM (IBDF2A continued)
IBDF2B, IBDF2B1	Writes a data field to the form.
IBDF2D, IBDF2D1	Writes a selection list to the form.
IBDF2D2	ENCOUNTER FORM - PRINT SELECTION LIST (cont'd)
IBDF2D3	ENCOUNTER FORM - WRITE SELECTION LIST (cont'd)
IBDF2E	Writes lines and text areas to the form.
IBDF2F	Prints the form - the form image must be in an array.
IBDF2F1	ENCOUNTER FORM - PRINT FORM(sends to printer)
IBDF2F2	PRINT VA LOGO AS ANCHORS ON ENCOUNTER FORMS
IBDF2G	ENCOUNTER FORM - (prints input field)
IBDF2H	ENCOUNTER FORM - (prints hand print field)
IBDF3	Edit selection groups.
IBDF4, IBDF4A	Edit selections.
IBDF4C	CPT MODIFIER SELECTION
IBDF5, IBDF5A, IBDF5B, IBDF5C	Creating an array that contains the form for display via the List Manager; editing the form; creating new blocks on the form; moving and re-sizing blocks.
IBDF5D	ENCOUNTER FORM - (copy page)
IBDF6, IBDF6A, IBDFC	Adding and deleting forms to a clinic setup; creating and deleting forms.
IBDF7	Creating a list of Tool Kit blocks for the List Manager; creating a new Tool Kit block.
IBDF8	Displaying a Tool Kit block.
IBDF9, IBDF9A, IBDF9A1, IBDF9B, IBDF9B1, IBDF9C, IBDF9D, IBDF9E	Displaying a block, resizing it, editing its attributes and contents.
IBDF9A3	ENCOUNTER FORM - (create, edit, delete selection list - continued)
IBDF9B2	ENCOUNTER FORM - (edit, delete, add multiple choice fields)
IBDF9B3	ENCOUNTER FORM - (edit, delete, add data fields)
IBDF9B4	ENCOUNTER FORM - (edit, delete, add Hand Print fields)
IBDFBK1	AICS broker Utilities
IBDFBK2	AICS broker Utilities
IBDFBK3	AICS broker Utilities
IBDFBKR	EF utility, receive and format data for PCE

Routine List	
Routine	**Description**
IBDFBKS	Create form spec file for scanning
IBDFBKS1	ENCOUNTER FORM - create form spec for scanning (Broker Version CONTINUATION)
IBDFBKS2	Create form spec for scanning
IBDFBKS3	ENCOUNTER FORM - create form spec for scanning (Broker Version)
IBDFBKS4	Create form spec file for scanning
IBDFC	ENCOUNTER FORM - CONVERSION UTILTY
IBDFC1	ENCOUNTER FORM - CONVERTED FORMS LIST
IBDFC2	ENCOUNTER FORM - converts a form for scanning
IBDFC2A	ENCOUNTER FORM - converts a form for scanning (cont'd)
IBDFC2B	ENCOUNTER FORM - converts a form for scanning
IBDFC3	ENCOUNTER FORM - replace original form with converted form
IBDFC4	ENCOUNTER FORM - print scanning form definition
IBDFCG	CLINIC GROUP FORMS SCREEN
IBDFCG1	CONT. of Clinic Group Enter Edit Screen - 1 1 95
IBDFCMP	AICS list of components on a form
IBDFCMP1	AICS list of components on a form (cont.)
IBDFCNOF	AICS clinics with no forms
IBDFDBS	Database Server Utilities
IBDFDE	AICS Data Entry, Entry point by form
IBDFDE0	AICS Data Entry, Check out interview
IBDFDE1	AICS Data Entry, Final check
IBDFDE10	AICS Data entry utility
IBDFDE2	AICS Data Entry, process selection lists
IBDFDE21	AICS Data Entry, process selection lists
IBDFDE22	AICS Data Entry, check selection rules
IBDFDE23	Select CPT Modifiers during Manual Data Entry
IBDFDE3	AICS Manual Data Entry, process handprint fields
IBDFDE4	AICS Manual Data Entry, process multiple choice fields
IBDFDE41	AICS Data Entry, process selection lists
IBDFDE42	AICS Data Entry, check selection rules
IBDFDE5	AICS Manual Data Entry, Loader routine for 357.6
IBDFDE6	AICS Manual Data Entry, Entry point by clinic
IBDFDE61	AICS Manual Data Entry, process selection lists
IBDFDE7	AICS Manual Data Entry, Entry point for Group Clinics
IBDFDE8	AICS Manual Data Entry, Entry for no form no appt
IBDFDE9	AICS Manual Data Entry, Report of inputs by form
IBDFDEA	AICS Data Entry API
IBDFDVE	AICS edit printers file
IBDFESP	AICS EDIT SITE PARAMS
IBDFFRFT	AICS Free Forms Tracking Entry
IBDFFSMP	Print a sample of all encounter forms. - Dec 12 1995@800
IBDFFT	FORMS TRACKING
IBDFFT1	FORMS TRACKING CONTINUED - JUL 6 1995
IBDFFT2	FORMS TRACKING

Routine List	
Routine	**Description**
IBDFFT3	ROUTINE TO QUEUE FORMS TRACKING REPORT - 13 NOV 96
IBDFFT4	FORMS TRACKING
IBDFFV	AICS FORM VALIDATION
IBDFFV1	AICS FORM VALIDATION
IBDFFV2	AICS FORM VALIDATION
IBDFFV3	AICS FORM VALIDATION
IBDFGRP	GROUP COPY - 7/25/95
IBDFHLP	HELP CODE FOR SPECIAL INSTRUCTIONS
IBDFLST	Maintenance Utility Invalid Codes List - MAY 17 1995
IBDFLST1	Maintenance Utility Invalid Codes List - MAY 17 1995
IBDFM1	Compiling bubbles and hand print fields
IBDFN, IBDFN1, IBDFN2, IBDFN3, IBDFN4, IBDFN5, IBDFN6	Entry points used by the PACKAGE INTERFACE file #357.6) for interfacing with other packages.
IBDFN10	ENCOUNTER FORM - (selection routines - mostly for PCE files)
IBDFN11	ENCOUNTER FORM - (entry points for reprint of dynamic data)
IBDFN12	ENCOUNTER FORM - SELECTORS
IBDFN13	ENCOUNTER FORM - (input transforms for AICS Data Types)
IBDFN14	ENCOUNTER FORM - OUTPUTS
IBDFN15	ENCOUNTER FORM - OUTPUTS
IBDFN16	ENCOUNTER FORM - (entry points for gaf project)
IBDFN7	ENCOUNTER FORM - validate logic for data
IBDFN8	ENCOUNTER FORM - PCE GDI INPUT TRANSFORMS
IBDFN9	ENCOUNTER FORM - output transforms for data
IBDFOSG	SCANNED EF FOR OUTPATIENTS WITH BILLS GENERATED REPORT
IBDFOSG1	SCANNED ENCOUNTERS WITH BILLING DATA CONT.
IBDFOSG2	ENCOUNTERS WITH BILLING DATA CONT. - SEP 11, 1995
IBDFPCE	AICS UPDATE FROM PCE
IBDFPE	ENCOUNTER FORMS QUEUEING PARAMETERS DISPLAY 1 31 94
IBDFPE1	ENCOUNTER FORMS QUEUEING PARAMETERS DISPLAY CONT.
IBDFPRG	AICS PURGE UTILITY
IBDFPRG1	AICS PURGE UTILITY
IBDFQB	MAIN QUEUE JOB FOR ENCOUNTER FORM PRINTING - FEB 2 1995
IBDFQEA	ENCOUNTER FORM - BUILD FORM(editing action for group's selections list)
IBDFQEA1	ENCOUNTER FORM - BUILD FORM(editing action for group's selections list) cont.
IBDFQS	REQUEUE OF PRINT JOB FOR A SINGLE PARAMETER GROUP - FEB 9 1995
IBDFQSL	ENCOUNTER FORM - Quick selection edit
IBDFQSL1	ENCOUNTER FORM - Quick selection edit (cont.)
IBDFQSL2	ENCOUNTER FORM - Quick selection edit (cont.)

Routine List	
Routine	**Description**
IBDFREG	ENCOUNTER FORM (prints for a single patient)
IBDFRPC	AICS Return list of interfaces
IBDFRPC1	Return list of selections
IBDFRPC2	Return list of selections, broker call
IBDFRPC3	AICS Identify patient form id
IBDFRPC4	AICS Pass data to PCE, Broker Call
IBDFRPC5	AICS Pass data to PCE, Broker Call
IBDFRPC6	AICS Pass data to PCE, Broker Call
IBDFSS	STATUS SELECT ROUTINE (FORMS TRACKING)
IBDFSS1	FORMS TRACKING SELECTED STATUS - JUL 6 1995
IBDFST	FORMS TRACKING STATISTICS - JUL 6 1995
IBDFST1	FORMS TRACKING STATISTICS - JUL 6 1995
IBDFU, IBDFU1, IBDFU10, IBDFU1A, IBDFU1B, IBDFU2, IBDFU2A, IBDFU2B, IBDFU2C, IBDFU3, IBDFU4, IBDFU5, IBDFU5A, IBDFU6, IBDFU7, IBDFU8, IBDFU9, IBDFUA	Utilities used for encounter forms.
IBDFU1C	ENCOUNTER FORM (sets various parameters)
IBDFU91	ENCOUNTER FORM - transforms needed to validate, display and pass data
IBDFUTI	Installation utilities Re-Compile Templates/x-refs
IBDFUTL	Maintenance Utility Routine - APR 20 1995
IBDFUTL1	Maintenance Utility cont. - 4 20 95
IBDFUTL2	MAINTENANCE UTILITY CONT. - 4/24/95
IBDFUTL3	MAINTENANCE UTILITY CONT. - 4/24/95
IBDNTEG	ISC/XTSUMBLD KERNEL - Package checksum checker
IBDNTEG0	ISC/XTSUMBLD KERNEL - Package checksum checker
IBDX*	Generated or Compiled Routines for XREFS, PRINT TEMPLATES, INPUT TEMPLATES
IBDY*	Mixed Post-Init, Pre-Init, and Environment Routines for released patches.
IBEBR	Enter/Edit Billing Rates.
IBEBRH	Help routine for Enter/Edit Billing Rates.
IBECEA, IBECEA0	Cancel/Edit/Add Charges - build charges array for list processor.
IBECEA1	Cancel/Edit/Add Charges - logic for the Pass a Charge action.
IBECEA2, IBECEA21, IBECEA22	Cancel/Edit/Add Charges - logic for the Edit a Charge action.
IBECEA3, IBECEA31, IBECEA32, IBECEA33	Cancel/Edit/Add Charges - logic for the Add a Charge action.
IBECEA34	Cancel/Edit/Add... Fee Support
IBECEA35	Cancel/Edit/Add... TRICARE Support
IBECEA4	Cancel/Edit/Add Charges - logic for the Cancel a Charge action.
IBECEA5, IBECEA51	Cancel/Edit/Add Charges - logic for the Update Events action, and subsequent actions on the Update Events list.
IBECEAU, IBECEAU1, IBECEAU2, IBECEAU3, IBECEAU4	Cancel/Edit/Add Charges - utilities used by all actions.

Routine List	
Routine	**Description**
IBECEAU5	Cancel/Edit/Add CALC Observation CO-PAY
IBECK	Checks status of filer.
IBECPF	Continuous Patient flag/un-flag.
IBECPTE	Enter and/or edit BASC table reference data.
IBECPTT	Transfers BASC rate group and status updates from the UPDATE BILLABLE AMBULATORY SURGICAL CODE file (#350.41) to the BILLABLE AMBULATORY SURGICAL CODE file (#350.4).
IBECPTT	TRANSFERS CPT RATE UPDATES TO 350.4
IBECPTZ	BASC transfer utility.
IBECUS	TRICARE PHARMACY ENGINE OPTIONS
IBECUS1	TRICARE PHARMACY BILLING ENGINES
IBECUS2	TRICARE PHARMACY BILL TRANSACTION
IBECUS21	FILE TRICARE PHARMACY TRANSACTIONS
IBECUS22	TRICARE PHARMACY BILLING UTILITIES
IBECUS3	CANCEL TRICARE PHARMACY TRANSACTION
IBECUSM	TRICARE PHARMACY BILLING OPTIONS
IBECUSMU	PHARMACY BILLING OPTION UTILITIES
IBECUSO	TRICARE PHARMACY BILLING OUTPUTS
IBEF	The Integrated Billing background filer.
IBEFCOP	Background filer, Rx co-payment processor.
IBEFUNC	Set of extrinsic functions.
IBEFUNC1, IBEFUNC2	Set of extrinsic functions used in BASC billing.
IBEFUNC3	EXTRINSIC FUNCTIONS
IBEFUR	UTILITY: FIND RELATED FIRST AND THIRD PARTY BILLS
IBEFURF	UTILITY: FIND RELATED FIRST PARTY BILLS
IBEFURT	UTILITY: FIND RELATED THIRD PARTY BILLS
IBEFUTL	Utility program for filer options.
IBEFUTL1	Recompiles and cross references all IB templates.
IBEMTBC	Category C billing clock maintenance.
IBEMTF, IBEMTF1	Flag Stop Codes/Dispositions/Clinics.
IBEMTF2	List Non-Billable Stop Codes/Dispositions/Clinics.
IBEMTO	Bills all Means Test Outpatient co-payment charges which are on hold awaiting the new co-pay rate.
IBEMTO1	Lists all Means Test Outpatient co-payment charges which are on hold awaiting the new co-pay rate.
IBEMTSCR	print billable types for visit co-pay
IBEMTSCU	print billable types for visit co-pay
IBEPAR, IBEPAR1	IB Site Parameter entry and edit. (Routines formerly named DGCRPAR, DGCRPAR1.)
IBEPTC	TP FLAG STOP CODES AND CLINICS
IBEPTC1	TP FLAG STOP CODES AND CLINICS (CON'T.)
IBEPTC2	TP LIST NON-BILLABLE STOP CODES AND CLINICS
IBEPTC3	TP FLAG ALL CLINICS
IBERS	User interface for the Appointment Check-off Sheet.
IBERS1	Search, sort, and print Appointment Check-off Sheets chosen by the user.

Routine List	
Routine	**Description**
IBERS2	Gather and store individual patient data for a Check-off Sheet.
IBERS3	Gather and store individual patient PTF and billing diagnoses for a Check-off Sheet.
IBERSE	Build and edit the CPT lists for the Check-off Sheets.
IBERSI	List and/or delete procedures on Check-off Sheets that are AMA inactive and/or nationally, locally, and billing inactive.
IBERSP	Prints the formatted CPT list for the Check-off Sheets.
IBERSP1	Creates the formatted CPT list for the Check-off Sheets.
IBESTAT	Status display of IB site parameters and filer status.
IBETIME	Capacity management utility.
IBJD	DIAGNOSTIC MEASURES UTILITIES
IBJD1	DIAGNOSTIC MEASURES UTILITIES
IBJDB1	BILLING LAG TIME REPORT
IBJDB11	BILLING LAG TIME REPORT (COMPILE)
IBJDB12	BILLING LAG TIME REPORT (OPT PRINT/SUMMARIES)
IBJDB13	BILLING LAG TIME REPORT (INPT PRINT)
IBJDB2	REASONS NOT BILLABLE REPORT (INPUT)
IBJDB21	REASONS NOT BILLABLE REPORT (COMPILE)
IBJDB22	REASONS NOT BILLABLE REPORT (PRINT)
IBJDE	DM DATA EXTRACTION (MAIN ROUTINE)
IBJDE1	DM DATA EXTRACTION (MENU OPTIONS/TRANSMIT E-MAIL)
IBJDF1	THIRD PARTY FOLLOW-UP REPORT
IBJDF11	
IBJDF12	THIRD PARTY FOLLOW-UP REPORT (PRINT)
IBJDF1H	THIRD PARTY FOLLOW-UP REPORT (HELP)
IBJDF2	THIRD PARTY FOLLOW-UP SUMMARY REPORT
IBJDF4	FIRST PARTY FOLLOW-UP REPORT
IBJDF41	
IBJDF42	FIRST PARTY FOLLOW-UP REPORT (PRINT)
IBJDF43	FIRST PARTY FOLLOW-UP REPORT (COMPILE/PRINT SUMMARY)
IBJDF4H	FIRST PARTY FOLLOW-UP REPORT (HELP)
IBJDF5	CHAMPVA/TRICARE FOLLOW-UP REPORT
IBJDF51	CHAMPVA/TRICARE FOLLOW-UP REPORT (COMPILE)
IBJDF52	CHAMPVA/TRICARE FOLLOW-UP REPORT (PRINT)
IBJDF53	CHAMPVA/TRICARE FOLLOW-UP REPORT (SUMMARY)
IBJDF5H	CHAMPVA/TRICARE FOLLOW-UP REPORT (HELP)
IBJDF6	MISCELLANEOUS BILLS FOLLOW-UP REPORT
IBJDF61	MISC. BILLS FOLLOW-UP REPORT (COMPILE)
IBJDF62	MISC. BILLS FOLLOW-UP REPORT (PRINT)
IBJDF63	MISC. BILLS FOLLOW-UP REPORT (COMPILE/PRINT SUMMARY)
IBJDF6H	MISCELLANEOUS BILLS FOLLOW-UP REPORT (HELP)
IBJDF7	REPAYMENT PLAN REPORT
IBJDF71	REPAYMENT PLAN REPORT (COMPILE)
IBJDF72	REPAYMENT PLAN REPORT (PRINT)

Routine List	
Routine	**Description**
IBJDF7H	REPAYMENT PLAN REPORT (HELP)
IBJDF8	AR PRODUCTIVITY REPORT
IBJDF81	AR PRODUCTIVITY REPORT (COMPILE)
IBJDF811	AR PRODUCTIVITY REPORT (COMPILE-cont.)
IBJDF82	AR PRODUCTIVITY REPORT (PRINT)
IBJDF8H	AR PRODUCTIVITY REPORT (HELP)
IBJDF8I	ADD/EDIT IB DM WORKLOAD PARAMETERS
IBJDF8I1	ADD/EDIT IB DM WORKLOAD PARAMETERS-(CONT.)
IBJDF8R	AR WORKLOAD ASSIGNMENTS (PRINT)
IBJDI1	PERCENTAGE OF COMPLETED REGISTRATIONS
IBJDI11	PERCENTAGE OF COMPLETED REGISTRATIONS (CONT'D)
IBJDI2	VETERANS WITH UNVERIFIED ELIGIBILITY
IBJDI21	VETERANS WITH UNVERIFIED ELIGIBILITY (CONT'D)
IBJDI3	NO EMPLOYER LISTING
IBJDI4	PATIENTS WITH UNIDENTIFIED INSURANCE
IBJDI41	PATIENTS WITH UNIDENTIFIED INSURANCE (CONT'D)
IBJDI5	INSURANCE POLICIES NOT VERIFIED
IBJDI6	SC VETS W/ NSC EPISODES OF INPT CARE
IBJDI7	OUTPATIENT WORKLOAD REPORT
IBJDIPR	PERCENTAGE OF PATIENTS PREREGISTERED REPORT
IBJDNTEG	ISC/XTSUMBLD KERNEL - Package checksum checker
IBJDU1	UTILIZATION WORKLOAD REPORT
IBJPB	IBSP AUTOMATED BILLING SCREEN
IBJPC	IBSP CLAIMS TRACKING PARAMETER SCREEN
IBJPC1	Routine for Site Parameter HCSR screen (nodes 63-66)
IBJPC2	Routine for HCSR Ward Parameter screen
IBJPC3	Clinic and Ward Inclusion list by payer for Site Parameter HCSR screen
IBJPI	IBJP eIV SITE PARAMETERS SCREEN
IBJPI2	eIV SITE PARAMETERS SCREEN ACTIONS
IBJPI3	IBJP IIV MOST POPULAR PAYER LIST SCREEN
IBJPI4	IBJP IIV MOST POPULAR PAYER LIST SCREEN
IBJPI5	eIV SITE PARAMETERS SCREEN
IBJPM	IBSP MCCR PARAMETERS SCREEN
IBJPS	IBSP IB SITE PARAMETER SCREEN
IBJPS1	IBSP IB SITE PARAMETER BUILD
IBJPS2	IBSP IB SITE PARAMETER BUILD (CONT.)
IBJPS3	IB SITE PARAMETERS, PAY-TO PROVIDER
IBJPS4	IB Site Parameters, Pay-To Provider Associations
IBJPS5	IB Site Parameters, Revenue Codes
IBJPS6	IB Site Parameters, Administrative Contractors
IBJTA1	TPI ACTIONS
IBJTAD	Third Party Joint Inquiry (TPJI) Electronic Remittance Advice (ERA)/835 ADDITIONAL INFORMATION SCREEN
IBJTBA, IBJTBA1	Used to display TPJI bill charge information.
IBJTBB	TPI BILL DIAGNOSIS SCREEN
IBJTBC	TPI BILL PROCEDURES SCREEN

Routine List	
Routine	**Description**
IBJTCA	TPI CLAIMS INFO BUILD
IBJTCA1	TPI CLAIMS INFO BUILD
IBJTCA2	TPI CLAIMS INFO BUILD (CONT)
IBJTEA	TPI PATIENT ELIGIBLITY SCREEN
IBJTED	TPJI EDI STATUS SCREEN
IBJTEP	TPJI ERA/835 INFORMATION SCREEN
IBJTEP1	TPJI utility Routine for the IBJTEP & IBJTPE routines
IBJTLA	TPI ACTIVE BILLS LIST SCREEN
IBJTLA1	TPI ACTIVE BILLS LIST BUILD
IBJTLB	TPI INACTIVE LIST SCREEN
IBJTLB1	TPI INACTIVE LIST BUILD
IBJTNA	TPI INSURANCE SCREENS/ACTIONS
IBJTNB	TPI INSURANCE POLICY/AB SCREENS/ACTIONS
IBJTPE	TPJI ERA/835 PRINT EEOB INFORMATION SCREEN
IBJTNC	TPI INSURANCE PATIENT POLICIES
IBJTRA, IBJTRA1	Used to display Claims Tracking insurance communications.
IBJTRX	TPJI screen for ECME response information.
IBJTTA	TPI AR ACCOUNT/CLAIM PROFILE
IBJTTA1	TPI AR ACCOUNT/CLAIM PROFILE BUILD
IBJTTB	TPI AR TRANSACTION PROFILE
IBJTTB1	TPI AR TRANSACTION PROFILE BUILD
IBJTTB2	TPI AR TRANSACTION PROFILE (CONT)
IBJTTC	TPI AR COMMENT HISTORY
IBJTU1	TPI UTILITIES
IBJTU2	TPI UTILITIES
IBJTU3	TPI UTILITIES - INS ADDRESS
IBJTU31	TPI UTILITIES - INS
IBJTU4	TPI UTILITIES - AR CALLS
IBJTU5	TPI UTILITIES - BILLS/CLAIMS TRACKING
IBJTU6	IB List Manager API. See Integration Agreement 5713.
IBJU1	JBI UTILITIES
IBJVDEQ	CBO Data Extract Queue Trigger
IBJYL	List Template Exporter
IBJYL1	List Template Exporter
IBJYL2	List Template Exporter
IBJYL3	List Template Exporter
IBJYL4	List Template Exporter
IBJYPT	IBJ V2.0 POST-INITIALIZATION ROUTINE
IBMFNHLI	Process incoming MFN Messages for table updates related to X12 278 messages.
IBNCDNC	DRUGS NON COVERED
IBNCDNC1	DRUGS NON COVERED
IBNCP*	IB routines related to ePharmacy/ECME processing and billing of electronic real-time prescriptions.
IBNCPBB	ECME BACKBILLING
IBNCPBB1	CONTINUATION OF ECME BACKBILLING
IBNCPDP	APIS FOR NCPCP/ECME

Routine List	
Routine	**Description**
IBNCPDP1	PROCESSING FOR NEW RX REQUESTS
IBNCPDP2	PROCESSING FOR ECME RESP
IBNCPDP3	STORES NDC/AWP UPDATES
IBNCPDP4	HANDLE ECME EVENTS
IBNCPDP5	PROCESSING FOR ECME RESP FOR SECONDARY
IBNCPDP6	TRICARE NCPDP TOOLS
IBNCPDPC	CLAIMS TRACKING EDITOR for ECME
IBNCPDPE	NCPDP BILLING EVENTS REPORT
IBNCPDPH	ECME REPORT OF ON HOLD CHARGES FOR A PATIENT
IBNCPDPI	ECME SCREEN INSURANCE VIEW AND UTILITIES
IBNCPDPL	for ECME RESEARCH SCREEN ELIGIBILITY VIEW
IBNCPDPR	ECME RELEASE CHARGES ON HOLD
IBNCPDPU	UTILITIES FOR NCPCP
IBNCPDPV	for ECME SCREEN VIEW PATIENT INSURANCE
IBNCPDR	ROI MANAGEMENT, LIST MANAGER
IBNCPDR1	ROI MANAGEMENT
IBNCPDR2	ROI MANAGEMENT, ADD ROI
IBNCPDR4	ROI MANAGEMENT, ROI CHECK
IBNCPDR5	ROI MANAGEMENT, EXPAND ROI
IBNCPDRA	ROI EXPIRATION REPORT USER SELECTION CRITERIA
IBNCPDRB	ROI EXPIRATION REPORT DISPLAY
IBNCPDS1	DISPLAY RX COB DETERMINATION
IBNCPEB	BULLETINS FOR NCPDP
IBNCPEV	NCPDP BILLING EVENTS REPORT
IBNCPEV1	NCPDP BILLING EVENTS REPORT
IBNCPEV3	NCPDP BILLING EVENTS REPORT-APIs for new BPS RPT NON-BILLABLE REPORT in the ECME application.
IBNCPLOG	IB ECME EVNT REPORT
IBNCPNB	UTILITIES FOR NCPCP
IBNCPRR	Prescription Report for 3rd Party Billing cross check
IBNCPRR1	Prescription Report for 3rd Party Billing (Extrinsic Functions)
IBNCPUT1	IB NCPDP UTILITIES
IBNCPUT2	IB NCPDP UTILITIES
IBNCPUT3	ePharmacy secondary billing
IBNTEG*	IB integrity routines.
IBOA31	List All Bills For a Patient Report. (Routine formerly named DGCRA31.)
IBOA32	Continuation of List All Bills For a Patient Report. Retrieves and displays Integrated Billing Actions. (Routine formerly named DGCRA32.)
IBOAMS	Revenue Code Totals by Rate Type Report. (Routine formerly named DGCRAMS1.)
IBOBCC, IBOBCC1	Search, sort, and print the Unbilled BASC for Insured Patient Appointment Report.
IBOBCR6	Continuous Pt. Report - displays a listing of patients who have been continuously hospitalized since July 1, 1986.

Routine List	
Routine	**Description**
IBOBCRT	Billing Cycle Inquiry - displays 90 day billing clocks, primary eligibility code, status, etc.
IBOBL	List bills for an episode of care. (Routine formerly named DGCROBL.)
IBOCDRPT	Lists charges that may need to be cancelled because the patient is identified as Catastrophically Disabled.
IBOCHK	Verifies links from IB to Pharmacy.
IBOCNC	Determine Clinic CPT Usage Report search parameters from user input.
IBOCNC1	Search and sort the Clinic CPT Usage Report.
IBOCNC2	Print the Clinic CPT Usage Report.
IBOCOSI	Search, sort, and print the inactive CPT codes on Check-off Sheets Report.
IBOCPD	Option for printing the full or summary Clerk Productivity Report.
IBOCPDS	Search, sort, and print the Clerk Productivity Summary Report.
IBODISP	Brief and full inquiry to Integrated Billing Actions.
IBODIV	Select division or clinic.
IBOEMP, IBOEMP1, IBOEMP2	List of employed patients with no insurance coverage.
IBOHCK	CHECK FOR IB CHARGES ON HOLD
IBOHCR	RELEASE/UPDATE A PATIENTS CHARGES ON HOLD
IBOHCT	CHECK FOR IB CHARGES ON HOLD
IBOHDT*	REPORT OF CHARGES ON HOLD > 60 DAYS
IBOHDT1	REPORT OF CHARGES ON HOLD > 60 DAYS-CONT
IBOHFIX	CLEAN UP ROUTINE FOR PATCH IB*2*95
IBOHIST	HISTORY OF CHARGES ON HOLD REPORT
IBOHLD1, IBOHLD2	Report of Category C Charges On Hold.
IBOHPT*	Report of Charges On Hold for a Patient.
IBOHPT1	REPORT OF ON HOLD CHARGES FOR A PATIENT
IBOHPT2	ON HOLD CHARGE INFO/PT CONT.
IBOHRAR	RELEASED CHARGES REPORT
IBOHRL	AUTO-RELEASE CHARGES ON HOLD > 90 DAYS
IBOHTOT	COUNT/AMT OF CHARGES ON HOLD REPORT
IBOLK	Patient Billing Inquiry - user interface, prints IB Actions.
IBOLK1	Address Inquiry.
IBOMBL	MCCR MAS Billing Log. (Routine formerly named DGCROMBL.)
IBOMTC	Category C Activity Listing - user interface.
IBOMTC1	Category C Activity Listing - compilation and output.
IBOMTE	Estimate Category C Charges - user interface.
IBOMTE1	Estimate Category C Charges - output.
IBOMTE2	Estimate Category C Charges - compile charges.
IBOMTLTC	MT/LTC CO-PAY REMOTE QUERY
IBOMTP	Single Patient Cat C Profile - user interface.
IBOMTP1	Single Patient Cat C Profile - compilation and output.
IBORAT	Top level routine for Billing Rates Listing.
IBORAT1A	Builds a temp file of data from the IB ACTION CHARGE file (#350.2).

Routine List	
Routine	**Description**
IBORAT1B	Parses the temp file built by IBORAT1A and calculates effective dates for IB ACTION CHARGES.
IBORAT1C	Writes the IB ACTION CHARGES to the selected device.
IBORAT2A	Filters the BILLING RATES file (#399.5) to build a temp file of billing rates.
IBORAT2B	Parses the temp file built by IBORAT2A and calculates effective dates for BILLING RATES.
IBORAT2C	Writes the BILLING RATES to the selected device.
IBORT, IBORT1	MCCR MAS Billing Totals Report. (Routines formerly named DGCRORT, DGCRORT1.)
IBOSCDC	SERVICE CONNECTED DETERMINATION CHANGE REPORT
IBOSCDC1	SERVICE CONNECTED DETERMINATION CHANGE REPORT UTILITIES
IBOSRX	POTENTIAL SECONDARY RX CLAIMS REPORT
IBOST	Statistics report routine.
IBOSTUS, IBOSTUS1	Bill Status Report. (Routines formerly named DGCROST, DGCROST1.)
IBOTR, IBOTR1, IBOTR11	Insurance Payment Trend Report user interface. (Routines IBOTR and IBOTR1 were formerly named DGCROTR, DGCROTR1.)
IBOTR2	Insurance Payment Trend Report data compilation. (Routine formerly named DGCROTR2.)
IBOTR3, IBOTR4	Insurance Payment Trend Report output. (Routines formerly named DGCROTR3, DGCROTR4.)
IBOTRR	ROI Expired Consent Report
IBOUNP1, IBOUNP2, IBOUNP3	Inpatients w/Unknown or Expired Insurance Report.
IBOUNP4, IBOUNP5, IBOUNP6	Outpatients' w/Unknown or Expired Insurance Report.
IBOUTL	Utility program for output reports.
IBOVOP, IBOVOP1, IBOVOP2	Category C Outpatient/Events Report.
IBP	Archive/Purge - option driver.
IBP431	POST INSTALL FOR IB*2.0*431 Reformats data in ^IBM(361.1 for HIPA 5010 changes.
IBPA	Archive/Purge - Archive billing data.
IBPEX	Contains the logic to purge entries from the BILLING EXEMPTIONS file (#354.1). This routine will not purge entries for approximately two years from its release date.
IBPF, IBPF1	Archive/Purge - Find Billing Data to Archive.
IBPFU	Archive/Purge - Find Billing Data to Archive utilities.
IBPO	Archive/Purge - Outputs - List Archive/Purge Log Entries; Archive/Purge Log Inquiry; List Search Template Entries.
IBPP	Archive/Purge - purge billing data.
IBPU, IBPU1, IBPU2	Archive/Purge - general utilities.
IBPUBUL	Archive/Purge - generate mail message after archive/purge operation.
IBPUDEL	Archive/Purge - delete entries from a search template.
IBQL356	UM ROLLUP - IBT DATA EXTRACTS
IBQL356A	UM ROLLUP - IBT DATA EXTRACTS CONT.

Routine List	
Routine	**Description**
IBQL538	IBQ EXTRACT DATA
IBQLCHK	UM ROLLUP - CHECK INFO. IN IB(array)
IBQLD1	ACUTE/NON-ACUTE DOWNLOAD
IBQLD1A	ACUTE/NON-ACUTE DOWNLOAD
IBQLD2	PATIENT DOWNLOAD TO SPREADSHEET
IBQLD2A	PATIENT DOWNLOAD TO SPREADSHEET
IBQLD3	PATIENT/PROVIDER REVIEW DOWNLOAD
IBQLD3A	PROVIDER/PATIENT DOWNLOAD
IBQLD4	ACUTE/NON-ACUTE REPORT
IBQLD4A	ACUTE/NON-ACUTE DOWNLOAD
IBQLLD	LOAD UMR FILE
IBQLLD1	LOAD UMR FILE
IBQLLD2	LOAD UMR FILE/EDIT CHECK ORDER
IBQLPL	PATIENTS QUALIFY/MISSING INFO LIST
IBQLPL1	PATIENTS QUALIFY/MISSING INFO LIST
IBQLPL2	PRINT PATIENTS QUALIFY/MISSING LIST
IBQLPL3	PATIENTS QUALIFY/MISSING LIST
IBQLPOST	CREATE IBQ ROLLUP MAILGROUP POST INT
IBQLPRE	PRE INSTALL INIT
IBQLPRG	PURGE UMR FILE AFTER ROLLUP
IBQLR1	ACUTE/NON-ACUTE REPORT
IBQLR1A	ACUTE/NON-ACUTE REPORT
IBQLR1B	ACUTE/NON-ACUTE REPORT
IBQLR2	PATIENT REPORT
IBQLR2A	PATIENT REPORT
IBQLR3	PATIENT/PROVIDER REVIEW REPORT
IBQLR3A	PROVIDER/PATIENT REPORT
IBQLR4	ACUTE/NON-ACUTE REPORT
IBQLR4A	ACUTE/NON-ACUTE REPORT
IBQLSCR	SCREEN DUMP OF RAW DATA FOR DOWNLOAD SPREADSHEET
IBQLT	TRANSMIT DATA
IBQLT5	TRANSMIT PREVIOUS ROLLUPS
IBQLT5A	TRANSMIT PREVIOUS ROLLUPS
IBQYIN	INITIALIZATION ROUTINE FOR PATCH IBQ*1*1
IBQYPT	POST-INITIALIZATION FOR PATCH IBQ*1*1
IBR	Totals charges, passes to Accounts Receivable, and subsequently updates IB actions.
IBRBUL	Sends a mail message to the IB Category C mail group informing it that Category C charges have been determined for a veteran with insurance.
IBRCON1	Allows the user to do a lookup on a cross-reference of patients with converted charges and then select one for processing.
IBRCON2	Passes all outpatient converted charges prior to a user-selected date to Accounts Receivable by calling routine ^IBR.
IBRCON3	Top level routine for the IBRCON1 and IBRCON2.
IBRFIHL1	HL7 Process Incoming EHC_E12 Messages

Routine List	
Routine	**Description**
IBRFIHL2	HL7 Process Incoming EHC_E12 Messages (cont.)
IBRFIHLI	Incoming HL7 messages
IBRFIHLU	HL7 Utilities
IBRFIN	RFAI Message Detail Worklist
IBRFIWL	LIST OF Request For Additional Information (RFAI) SCREEN
IBRFIWL1	RFAI Message Detail Worklist
IBRFIWLA	LIST OF Request For Additional Information (RFAI) SCREEN
IBRFN, IBRFN1, IBRFN2	Routine contains supported calls for Accounts Receivable.
IBRFN3	Passes bill/claims info to Accounts Receivable.
IBRFN4	Contains utility calls for IB/AR Extract.
IBRREL	Release Means Test charges placed on hold.
IBRSUTL	ASCD INTERFACE UTILITIES
IBRUTL	Utilities for the IB/Accounts Receivable interface.
IBRXUTL	PHARMACY API CALLS
IBRXUTL1	BP/BDM - PHARMACY API CALLS
IBSDU	ACRP API UTILITIES
IBTOAT, IBTOAT1, IBTOAT2	These routines print the Admission Sheet.
IBTOBI, IBTOBI1, IBTOBI2, IBTOBI3, IBTOBI4	These routines print the Claims Tracking summary for billing.
IBTODD, IBTODD1	These routines print the Days Denied Report for Claims Tracking.
IBTODD2	CLAIMS TRACKING DENIED DAYS REPORT
IBTOECT	ENHANCED CLAIMS TRACKING REPORTS
IBTOLR	This routine prints the list of cases in Claims Tracking requiring Random Sample.
IBTONB	This routine prints unbilled care that is billable in Claims Tracking.
IBTOPW	This routine prints the Pending Reviews Report.
IBTOSA	This routine prints the Scheduled Admissions with Insurance Report.
IBTOSUM, IBTOSUM1, IBTOSUM2	These routines print the MCCR/UR Summary Report.
IBTOTR	This routine prints the Claims Tracking Inquiry.
IBTOUA	This routine prints the Unscheduled Admissions with Insurance Report.
IBTOUR, IBTOUR1, IBTOUR2, IBTOUR3, IBTOUR4, IBTOUR5	These routines print the Claims Tracking UR Activity Report.
IBTOVS	This routine prints a list of billable visits from Claims Tracking by visit type.
IBTRC, IBTRC1, IBTRC2, IBTRC3, IBTRC4	These routines display the list of Insurance Reviews for a visit and allow for editing of the data on one or more reviews, as well as adding or deleting reviews.
IBTRCD, IBTRCD0, IBTRCD1	These routines create the expanded display of a single Insurance Review and allow for editing of the review.
IBTRD, IBTRD1	These routines display the list of denials and appeals and allow for adding, editing, and deleting of the data on one or more of the listed items.

Routine List	
Routine	**Description**
IBTRDD, IBTRDD1	These routines create the expanded display of a single denial or appeal and for editing of the entry.
IBTRE, IBTRE0, IBTRE1, IBTRE2, IBTRE20, IBTRE3	These routines display the list of Claims Tracking entries (inpatient visits, outpatient visits, prescription refills) for a patient, and allow for adding, editing, and deleting of visits on the list.
IBTRE4	This routine allows for editing of inpatient procedures in Claims Tracking.
IBTRE5	This routine allows for the editing of inpatient providers in Claims Tracking.
IBTRE6	This routine allows for the editing of inpatient procedures in Claims Tracking.
IBTRED, IBTRED0, IBTRED01, BTRED1, IBTRED2	These routines create the expanded display of a single entry in Claims Tracking and editing on the displayed data.
IBTRH1	Contains the main Entry Points for the HCSR Worklist.
IBTRH1A	Contains Entry Points and Functions used in filtering/displaying the HCSR Worklist.
IBTRH1B	Contains Entry Points and Functions used in filtering/displaying the HCSR Worklist.
IBTRH2	HCSR Worklist Expand Entry
IBTRH2A	HCSR Worklist Expand Entry continued
IBTRH2B	HCSR Worklist Expand Entry - Send
IBTRH3	IBT HCSR Response View
IBTRH3A	IBT HCSR Response View – Display set up
IBTRH3B	IBT HCSR Response View – Display set up
IBTRH5	HCSR Response Worklist
IBTRH5A	HCSR Create 278 Request
IBTRH5B	Contains Entry Points and Functions used in creating a 278 request from a selected entry in the HCSR Response Worklist.
IBTRH5C	Contains Entry Points and Functions used in creating a 278 request from a selected entry in the HCSR Response Worklist.
IBTRH5D	Contains Entry Points and Functions used in creating a 278 request from a selected entry in the HCSR Response Worklist.
IBTRH5E	Contains Entry Points and Functions used in creating a 278 request from a selected entry in the HCSR Response Worklist.
IBTRH5F	Contains Entry Points and Functions used in creating a 278 request from a selected entry in the HCSR Response Worklist.
IBTRH5G	Contains Entry Points and Functions used in creating a 278 request from a selected entry in the HCSR Response Worklist.
IBTRH5H	Contains Entry Points and Functions used in creating a 278 request from a selected entry in the HCSR Response Worklist.
IBTRH5I	Contains Entry Points and Functions used in creating a 278 request from a selected entry in the HCSR Response Worklist.
IBTRH5J	Contains Entry Points and Functions used in creating a 278 request from a selected entry in the HCSR Response Worklist.
IBTRH5K	Contains Entry Points and Functions used in creating a 278 request from a selected entry in the HCSR Response Worklist.
IBTRH6	HCSR Send 278 Short Worklist

Routine List	
Routine	**Description**
IBTRH7	Entry Point for IBT HCSR MANUAL 278 ADD Protocol
IBTRH8	Entry Point to display X12 278 message in X12 format.
IBTRH8A	Additional routine to display X12 278 message in X12 format.
IBTRHDE	HCSR Patient Events Search
IBTRHDE1	HCSR Auto Trigger of 278X215 Inquiry
IBTRHLI	Receive and store 278 Response message.
IBTRHLI1	Receive and store 278 Response message.
IBTRHLI2	Receive and store 278 Response message.
IBTRHLI3	Receive and store 278 Response message.
IBTRHLO	Create and send 278 Inquiry.
IBTRHLO1	Create and send 278 Inquiry cont.
IBTRHLO2	Create and send 278 Inquiry cont.
IBTRHLU	Utilities used to receive and store 278 Response message.
IBTRHRC	CLAIMS TRACKING 278 CERTIFICATION REPORT
IBTRHRD	CLAIMS TRACKING 278 DELETION DISPOSITION REPORT
IBTRHRS	CLAIMS TRACKING 278 STATISTICAL VOLUME REPORT
IBTRKR	Invoked by the inpatient event driver and automatically creates an inpatient Claims Tracking entry for specific admissions.
IBTRKR0	CLAIMS TRACKING - RANDOM SELECTION BULLETIN
IBTRKR1	The random sample generator for determining which admissions will be part of the QM mandated random sample.
IBTRKR2	This routine is invoked by the nightly background job and adds scheduled admissions to Claims Tracking.
IBTRKR3, IBTRKR31	Adds prescription refill information to Claims Tracking.
IBTRKR4, IBTRKR41	Add outpatient encounters to Claims Tracking.
IBTRKR5	This routine adds prosthetics to Claims Tracking.
IBTRKRBA	claims tracking - random selection bulletin
IBTRKRBD	claims tracking - deleted admission bulletin
IBTRKRBR	claims tracking - relinker bulletin
IBTRKRU	claims tracking file utilities
IBTRP	Displays and allows editing of Claims Tracking parameters.
IBTRPR, IBTRPR0, IBTRPR01, IBTRPR1, IBTRPR2	These routines display pending hospital insurance reviews and perform necessary actions on these reviews.
IBTRR	ROI consent records display and editing in Claims Tracking
IBTRR1	ROI consent records display and editing in Claims Tracking
IBTRV, IBTRV1, IBTRV2, IBTRV3, IBTRV31	These routines display the list of hospital reviews for a visit and allow for adding, editing, and deleting of the entries listed.
IBTRVD, IBTRVD0, IBTRVD1	These routines create the expanded display of a single hospital review and allow editing of the displayed data.
IBTUB	UNBILLED AMOUNTS MENU
IBTUBAV	UNBILLED AMOUNTS - AVERAGE BILL AMOUNT LOGIC
IBTUBAV1	UNBILLED AMOUNTS - AVERAGE BILL AMOUNT LOGIC
IBTUBO	UNBILLED AMOUNTS - GENERATE UNBILLED REPORTS
IBTUBO1	UNBILLED AMOUNTS - GENERATE UNBILLED REPORTS
IBTUBO2	UNBILLED AMOUNTS - GENERATE UNBILLED REPORTS
IBTUBO3	UNBILLED AMOUNTS - GENERATE UNBILLED REPORTS
IBTUBOA	UNBILLED AMOUNTS - GENERATE UNBILLED REPORTS

Routine List	
Routine	**Description**
IBTUBOU	UNBILLED AMOUNTS (UTILITIES)
IBTUBUL	UNBILLED AMOUNTS
IBTUBV	UNBILLED AMOUNTS - VIEW UNBILLED DATA
IBTUTL, IBTUTL1, IBTUTL2, IBTUTL3, IBTUTL4, IBTUTL5	These utility routines perform the creation of new entries in Claims Tracking, insurance reviews, and hospital reviews.
IBVCB, IBVCB1, IBVCB2	View Cancelled Bill Report
IBX*	Generated or Compiled Routines for XREFS, PRINT TEMPLATES, INPUT TEMPLATES
IBY528	Pre-Install for IB*2*528
IBY528PO	Post-Install for IB*2*528.
IBY***EN	ENVIRONMENT CHECKS FOR IB PATCH
IBY***PO	POST-INSTALLATION FOR IB PATCH
IBY***PR	PRE- INSTALLATION FOR IB PATCH

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DGCR* to IB* Namespace Map

The following is a list of DGCR routines that changed to the IB namespace in this version.

DGCR Name	IB Name	DGCR Name	IB Name
DGCRA	IBCA	DGCRP0	IBCF10
DGCRA0	IBCA0	DGCRP1	IBCF11
DGCRA1	IBCA1	DGCRP2	IBCF12
DGCRA2	IBCA2	DGCRP4	IBCF14
DGCRA3	IBCA3	DGCRPAR	IBEPAR
DGCRA31	IBOA31	DGCRPAR1	IBEPAR1
DGCRA32	IBOA32	DGCRSC1	IBCSC1
DGCRAMS1	IBOAMS	DGCRSC2	IBCSC2
DGCRAMS2	OBSOLETE	DGCRSC3	IBCSC3
DGCRB	IBCB	DGCRSC4	IBCSC4
DGCRB1	IBCB1	DGCRSC4A	IBCSC4A
DGCRB2	IBCB2	DGCRSC4B	IBCSC4B
DGCRBB	IBCBB	DGCRSC4C	IBCSC4C
DGCRBB1	IBCBB1	DGCRSC5	IBCSC5
DGCRBB2	IBCBB2	DGCRSC6	IBCSC6
DGCRBR	IBCBR	DGCRSC61	IBCSC61
DGCRBULL	IBCBULL	DGCRSC7	IBCSC7
DGCRC	IBCC	DGCRSC8	IBCSC8
DGCRCC	IBCCC	DGCRSC8H	IBCSC8H
DGCRCC1	IBCCC1	DGCRSCE	IBCSCE
DGCRCC2	IBCCC2	DGCRSCE1	IBCSCE1
DGCRCPT	IBCCPT	DGCRSCH	IBCSCH
DGCRMENU	IBCMENU	DGCRSCH1	IBCSCH1
DGCRNQ	IBCNQ	DGCRSCP	IBCSCP
DGCRNQ1	IBCNQ1	DGCRSCU	IBCSCU
DGCROBL	IBOBL	DGCRTN	IBCRTN
DGCROMBL	IBOMBL	DGCRTP	IBCF1TP
DGCRONS1	IBCONS1	DGCRU	IBCU
DGCRONS2	IBCONS2	DGCRU1	IBCU1
DGCRONSC	IBCONSC	DGCRU2	IBCU2
DGCROPV	IBCOPV	DGCRU3	IBCU3
DGCROPV1	IBCOPV1	DGCRU4	IBCU4
DGCROPV2	IBCOPV2	DGCRU5	IBCU5
DGCRORT	IBORT	DGCRU6	IBCU6
DGCRORT1	IBORT1	DGCRU61	IBCU61
DGCROST	IBOSTUS	DGCRU62	IBCU62
DGCROST1	IBOSTUS1	DGCRU63	IBCU63
DGCROTR	IBOTR	DGCRU7	IBCU7
DGCROTR1	IBOTR1	DGCRU71	IBCU71
DGCROTR2	IBOTR2	DGCRVA	IBCVA
DGCROTR3	IBOTR3	DGCRVA0	IBCVA0
DGCROTR4	IBOTR4	DGCRVA1	IBCVA1
DGCRP	IBCF1		

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Files

Per VHA Directive 10-93-142 regarding security of software that affects financial systems, most of the IB Data Dictionaries may not be modified. The file descriptions of these files will be so noted. The files which **may** be modified are Encounter Form files #357 through #358.91.

Globals to Journal

The IB, IBA, IBAM, IBE, and IBT globals must be journaled. In a future release, we intend to move all dynamic files from IBE to IBA so that it will not be necessary to journal IBE. Journaling of the IBAT global is optional.

File List with Descriptions

File # **File Name**	**Global** **File Description**
36 INSURANCE COMPANY	^DIC(36, This file contains the names and addresses of insurance companies as needed by the local facility. **The data in this file is not editable using VA File Manager.**
335.93 IB NON/OTHER VA BILLING PROVIDER FILE	^IBA(355.93, This file contains data for non-VA facilities that provide services for VA patients who have reimbursable insurance for these services. VA pays for the services and in turn submits the charges to the insurance company for reimbursement.
350 INTEGRATED BILLING ACTION	^IB(350, Entries in this file are created by other applications calling approved interface routines.
350.1** IB ACTION TYPE	^IBE(350.1, This file contains the types of actions that a service can use with Integrated Billing and the related logic to tell IB how this entry is to be processed.
350.2** IB ACTION CHARGE	^IBE(350.2, This file contains the charge information for an IB ACTION TYPE by effective date of the charge.
350.21 IB ACTION STATUS	^IBE(350.21, The file holds new statuses which are introduced in v2.0, display and abbreviated names for the statuses, and classification-type fields for each status which are used for processing in the Integrated Billing module.
350.3** IB CHARGE REMOVAL REASONS	^IBE(350.3, Data in this file comes pre-loaded with reasons why a charge may be cancelled or removed. **Sites are asked not to edit or add entries to this file.**

File # File Name	Global File Description
350.4 BILLABLE AMBULATORY SURGICAL CODES	^IBE(350.4, This file contains the CPT procedure and the associated HCFA rate groups for ambulatory surgeries that may be billed.
350.41 UPDATE BILLABLE AMBULATORY SURGICAL CODE	^IBE(350.41, This file contains updates to the ambulatory surgery procedures which can be billed.
350.5 BASC LOCALITY MODIFIER	^IBE(350.5, This file is used in the calculation of the charge for an ambulatory surgery performed on any given date.
350.6 IB ARCHIVE/PURGE LOG	^IBE(350.6, This file is used to track the archiving and purging operations of the following files used in Integrated Billing List Archive/Purge Log entries: INTEGRATED BILLING ACTION file (#350), CATEGORY C BILLING CLOCK file (#351), and BILL/CLAIMS file (#399).
350.7 AMBULATORY CHECK-OFF SHEET	^IBE(350.7, This file defines the Ambulatory Surgery Check-off Sheets used by outpatient clinics. It contains the CPT print format to be used on the Ambulatory Surgeries Check-off List.
350.71 AMBULATORY SURGERY CHECK-OFF SHEET PRINT FIELDS	^IBE(350.71, This file contains the sub-headers and procedures associated with each check-off sheet defined for the CPT clinic list.
350.8* IB ERROR	^IBE(350.8, If a potential error is detected during a billing process, the full text description of the error will be reported from this file.
350.9 IB SITE PARAMETERS	^IBE(350.9, This file contains the necessary site-specific data to run and manage the Integrated Billing package and the IB Background Filer. **Only one entry per facility is allowed.**
351 CATEGORY C BILLING CLOCK	^IBE(351, This file is used to create and maintain billing clocks in which Category C patients may be charged for co-payment and per diem charges for hospital or nursing home care, as well as outpatient visits. It will initially be populated by the Means Test data conversion and subsequently created and updated by Integrated Billing. **Entries in this file should not be deleted or edited through VA FileMan.**

File # File Name	Global File Description
351.1 IB CONTINUOUS PATIENT	^IBE(351.1, This file contains a list of all hospital or nursing home care patients receiving continuous institutional care from prior to 7/1/86 who may be subject to Category C billing.
351.2 SPECIAL INPATIENT BILLING CASES	^IBE(351.2, This file is used to track inpatient episodes for Category C veterans who have claimed exposure to Agent Orange, Ionizing Radiation, and Environmental Contaminants.
351.5 TRICARE PHARMACY TRANSACTIONS	^IBA(351.5, This file is used to store data related to each Pharmacy billing transaction with the Tricare fiscal intermediary. Each transaction is submitted to the RNA/Triad Pharmacy ClaimGuard System, which is a commercial point of sale pharmacy billing software package, where it is forwarded to the intermediary through an electronic switch company. All of the information which is returned from the intermediary is stored in this file.
351.51 TRICARE PHARMACY ERRORS	^IBE(351.51, This table file is used to store the various errors which may occur when TRICARE prescriptions are billed using the commercial point-of-sale pharmacy billing software package.
351.52 TRICARE PHARMACY REJECTS	^IBA(351.52, This file is used to store all of the reasons that were used by the Tricare fiscal intermediary to reject a pharmacy billing transaction. Entries in this file are automatically deleted if a prescription is re-submitted a subsequently accepted. The option Delete Reject Entry [IB TRICARE DEL REJECT] may be used to delete entries from this file.
351.53 PRODUCT SELECTION REASON	^IBA(351.53,
351.6 TRANSFER PRICING PATIENT	^IBAT(351.6, This file is used to store Transfer Pricing patient specific information.
351.61 TRANSFER PRICING TRANSACTIONS	^IBAT(351.61, This file holds all transfer pricing transactions.
351.62 TRANSFER PRICING FIELD DEFINITION	^IBAT(351.62, This file comes populated with national entries. These entries should never be deleted or edited. It is not recommended that facilities add entries to this file. The entries are used to extract and format data for all the transfer pricing reports. **DO NOT delete entries in this file. DO NOT edit data in this file with VA File Manager.**

File # File Name	Global File Description
351.67 TRANSFER PRICING INPT PROSTHETIC ITEMS	^IBAT(351.67, This file stores the prosthetic devices that should be automatically billed for inpatient devices issued. Unless a device is in this file, it will only be billed for outpatient services (automatically).
351.7 IB DM EXTRACT REPORTS	^IBE(351.7, This file contains the necessary DM reports which will have their summary data collected via the Diagnostic Measures Extraction process.
351.701 IB DM EXTRACT DATA ELEMENTS	^IBE(351.701, This file contains various report data elements/line items. One or more of these file entries is related to a corresponding entry in the IB DM EXTRACT REPORTS file (#351.7).
351.71 IB DM EXTRACT DATA	^IBE(351.71, This file contains data collected via the Diagnostic Measures Extraction process. Within each entry is a series of DM reports from which summary data has been collected on a monthly basis.
351.73 IB DM WORKLOAD PARAMETERS	^IBE(351.73, This file contains Input parameters used to produce AR Workload To-Do Lists. It also contains the flag that determines if a clerk is to ONLY be included on productivity reports. The Workload To-Do lists are mailman messages sent to the supervisors and clerks. The Productivity reports are sent to a printer.
351.81 LTC CO-PAY CLOCK	^IBA(351.81, DO NOT delete entries in this file. DO NOT edit data in this file with VA File Manager. Entries in this file will be added and updated my menu options, event triggers, and a nightly background job. Entries in this file will not be deleted. This file stores Long Term Care billing information that is used to make a billing determination for LTC rates.
351.9 CLAIMSMANAGER BILLS	^IBA(351.9, This file contains information on bills that have been sent to the Ingenix ClaimsManager. The entries in this file have matching entries in the BILL/CLAIMS file (399). The internal number in file 399 is the same as the internal number in the CLAIMSMANAGER BILLS file.
351.91 CLAIMSMANAGER STATUS	^IBA(351.91, This file contains the status entries that are utilized by the ClaimsManager interface.

File # File Name	Global File Description
352.1** BILLABLE APPOINTMENT TYPE	^IBE(352.1, This is a time-sensitive file that maintains records for each appointment type with indicators for IGNORE MEANS TEST, PRINT ON INSURANCE REPORT, and DISPLAY ON INPUT SCREEN.
352.2 NON-BILLABLE DISPOSITIONS	^IBE(352.2, This file is used to flag dispositions in the DISPOSITION file (#37) as either billable or non-billable for Means Test billing.
352.3 NON-BILLABLE CLINIC STOP CODES	^IBE(352.3, This file is used to flag clinic stop codes in the CLINIC STOP file (#40.7) as either billable or non-billable for Means Test billing.
352.4 NON-BILLABLE CLINICS	^IBE(352.4, This file is used to flag clinics in the HOSPITAL LOCATION file (#44) as either billable or non-billable for Means Test billing.
352.5 IB CLINIC STOP CODE BILLABLE TYPES	^IBE(352.5, This file is used to store the outpatient clinic stop code and billable type based on an effective date. An internal lookup on the AEFFDT cross reference for a clinic stop code and visit date will provide the billable type. The billable type determines the billable rate for each outpatient visit.
353** BILL FORM TYPE	^IBE(353, This is a reference file containing the types of health insurance claim forms used in billing. **Sites may add local forms to this file; however, the internal entry number for locally added forms should be in the stations number range of station number times 1000.**
353.1* PLACE OF SERVICE	^IBE(353.1, This file contains the Place of Service codes that may be associated with a procedure on the HCFA-1500. **These codes were developed specifically for the HCFA-1500 and should not be changed by the site.**
353.2* TYPE OF SERVICE	^IBE(353.2, This file contains the Type of Service codes that may be associated with a procedure on the HCFA-1500. **These codes were developed specifically for the HCFA-1500 and should not be changed by the site.**
353.3 IB ATTACHMENT REPORT TYPE	^IBE(353.3, This file contains entries that describe the type of supplemental information available to support a claim for reimbursement for health care services. Attachment Report Type Code is at both the claim level and line level.

File # File Name	Global File Description
353.4 TRANSPORT REASON CODE	^IBE(353.4, This file contains Ambulance Transport Reason Codes and Ambulance Transport Reasons used to identify why ambulance transportation was required. This file comes pre-populated and should not be edited.
353.5 AMBULANCE CONDITION INDICATORS	^IBE(353.5, This file contains patient conditions in relation (pickup, during, and drop-off) to ambulance transportation. This file comes pre-populated and should not be edited.
354 BILLING PATIENT	^IBA(354, **Do not edit this file.** Under normal operation, it is not necessary to edit the fields in this file directly. The option Manual Change Co-pay Exemption (Hardships) can be used to update and correct this entry by creating a new exemption. If many patient records have problems, the option Print/Verify Patient Exemption Status can be used to correct the entries. The data in this file is updated each time a new (current) exemption is created for a patient. Exemptions are automatically created when changes in patient information change the exemption status or when an expired (older than one year) exemption is encountered when determining the exemption status for Pharmacy. This file will contain specific information related to billing about individual patients. Current status of the Medication Co-payment Exemption will be kept in this file. Conceptually, this is different than the BILLING EXEMPTIONS file (#354.1), which maintains the audit log and historical data related to billing exemptions.
354.1 BILLING EXEMPTIONS	^IBA(354.1, **Do not edit this file.** Under normal operation, it is not necessary to edit the fields in this file directly. The option Manual Change Co-pay Exemption (Hardships) can be used to update and correct entries by creating a new exemption. If many patient records have problems, the option Print/Verify Patient Exemption Status can be used to correct the entries.
354.2** EXEMPTION REASON	^IBE(354.2, This file contains the set of reasons that exemptions can be given and their associated status and description.
354.3** BILLING THRESHOLDS	^IBE(354.3, This file contains the income threshold amounts used by the Medication Co-payment Exemption process.

File # File Name	Global File Description
354.4 BILLING ALERTS	^IBA(354.4, This file will only be populated if a site chooses to use the "Alert" functionality available in Kernel v7 instead of receiving mail messages. This is determined by the field USE ALERTS (#.14) in the IB SITE PARAMETERS file (#350.9).
354.5** BILLING ALERT DEFINITION	^IBE(354.5, This file contains the necessary information to process electronic notifications sent by the Medication Co-payment Exemption process.
354.6** IB FORM LETTER	^IBE(354.6, This file contains the header and main body of letters that are generated by the IB package. Each site should edit the header of the letter to reflect its own address. Sites may edit the main body of the letter to change the signer of the letter or add contact persons and phone numbers. The text of the letters has been approved by MCCR VACO.
354.7 IB PATIENT CO-PAY ACCOUNT	^IBAM(354.7, This file stores summary information about a patient's co-pay account. The information will be used to determine if a patient has reached his co-pay cap for the month or year.
354.71 IB CO-PAY TRANSACTIONS	^IBAM(354.71, This file stores individual transactions for outpatient medication co-payments. The transactions in this file will be used to store detailed information about a patient's prescription co-payments, including amounts billed and not billed. There should be transactions stored in this file for both this facility and other treating facilities throughout the VA system.
354.75 IB CO-PAY CAPS	^IBAM(354.75, This file comes populated with data. The data in this file should not be edited, added, or deleted locally. The information stored here is the cap amounts for outpatient medication co-payment. Once a patient has reached his cap, billing will stop for the remainder of the period indicated.
355.1* TYPE OF PLAN	^IBE(355.1, This file contains the standard types of plans that an insurance company may provide. The type of plan may be dependent on the type of coverage provided by the insurance company and may affect the type of benefits that are available for the plan. The file is capable of being standardized, via the MASTER TYPE OF PLAN field, to provide industry-wide interoperability.

File # File Name	Global File Description
355.12 SOURCE OF INFORMATION	^IBE(355.12, This file contains a list of valid Source of Information codes. These codes can be used to track where the insurance information originated from.
355.13 INSURANCE FILING TIME FRAME	^IBE(355.13, This file contains the list of valid Standard Insurance Filing Time Frames that may be automatically applied. This file comes populated with the standard entries and should not be modified locally.
355.2* TYPE OF INSURANCE COVERAGE	^IBE(355.2, This file contains the types of coverage with which an insurance company is generally associated. If an insurer is identified with more than one type of coverage, it should be identified as HEALTH INSURANCE as this encompasses all.
355.3 GROUP INSURANCE PLAN	^IBA(355.3, This file contains the relevant data for group insurance plans. The data in this file is specific to the plan itself. This is in contrast to the PATIENT file (#2) which contains data about patients' policies and where the policy may be for a group or health insurance plan.
355.31 PLAN LIMITATION CATEGORY	^IBE(355.31, This table file contains elements that can be checked for an insurance company policy to determine if third party billing is valid. For example, the general categories of coverage the policy may exclude.
355.32 PLAN COVERAGE LIMITATIONS	^IBA(355.32, This file contains the detail by plan and effective date of the categories that may be restricted for insurance coverage.
355.33 INSURANCE VERIFICATION PROCESSOR	^IBA(355.33, This file contains insurance information accumulated by various sources. The data is held in this file until an authorized person processes the information by either rejecting it or moving it to the Insurance files. Once an entry is processed most of the data is deleted leaving a stub entry in this file which can be used for reporting and tracking purposes.
355.34 INSURANCE REMOTE QUERY RESULTS	^IBA(355.34, This is a log file for the insurance queries that were done during a given month/year. There will be one entry for each month/year with summary results only stored in the file.
355.35 HMS EXTRACT FILE STATUS FILE	This file keeps track of the Extract files messages sent to AITC DMI Queue and the confirmation messages that are received from AITC.

File # File Name	Global File Description
355.351 HMS RESULT FILE STATUS FILE	This file keeps track of the Result file messages received from AITC.
355.4 ANNUAL BENEFITS	^IBA(355.4, This file contains the fields to maintain the annual benefits by year for an insurance policy.
355.5 INSURANCE CLAIMS YEAR TO DATE	^IBA(355.5, This file contains the CLAIM TO DATE information about a patient's health insurance claims to a specific carrier for a specific year. This will allow estimate receivables based on whether claims exceed deductibles or other maximum benefits.
355.6** INSURANCE RIDERS	^IBE(355.6, This file contains a listing of insurance riders that can be purchased as add-on coverage to a group plan. The software does nothing special with these riders. The listing may be added to locally and be assigned to patients as policy riders. This information is strictly for display and tracking purposes only.
355.7 PERSONAL POLICY	^IBA(355.7, This file contains the insurance riders that have been purchased as add-on coverage to a group plan. This information is used internally for display purposes only.
355.8 SPONSOR	^IBA(355.8, The SPONSOR file contains a list of people who are the sponsors for patients who have Tricare insurance coverage. These people, who are typically active duty personnel or military retirees, are stored as either patients (in file #2) or non-patients in the SPONSOR PERSON (#355.82) file. A variable pointer is used to point to the person in either of those two files. This file is used as a list of sponsors who may be the sponsor of more than one patient. The SPONSOR RELATIONSHIP (#355.81) file relates a sponsor to a specific patient.
355.81 SPONSOR RELATIONSHIP	^IBA(355.81, The Sponsor Relationship file is used to associate a sponsor in file #355.8 with a patient. The attributes associated with that sponsor/patient relationship are stored in this file.

File # File Name	Global File Description
355.82 SPONSOR PERSON	^IBA(355.82, This file is pointed to by the SPONSOR (#355.8) and contains all sponsors who are not patients. This file contains the non-patient sponsor's name, date of birth, and social security number, all of which are retrieved from the PATIENT (#2) file for sponsors who are patients. Other pertinent sponsor information is stored in the SPONSOR (#355.8) file.
355.9 IB BILLING PRACTITIONER ID	^IBA(355.9, This file contains one record for each unique billing provider id number that an individual provider (practitioner) is assigned by an insurance company or by a licensing or government entity. Entries without an insurance company indicate the number is assigned to the practitioner by a licensing or government entity and will apply to all insurance companies.
355.91 IB INSURANCE CO LEVEL BILLING PROV ID	^IBA(355.91, This file contains one record for each provider id that an insurance company assigns to a facility for ALL billing providers at the facility. Each record can be for an insurance company and any combination of the patient status, form type and care unit. There must be only one record for each combination.
355.92 FACILITY BILLING ID	^IBA(355.92, This file contains one record for each facility id that an insurance company assigns to a facility. Each record can be for an insurance company and any combination of the patient status and form type. There must be only one record for each combination.
355.93 IB NON/OTHER VA BILLING PROVIDER	^IBA(355.93, This file contains data for non-VA facilities that provide services for VA patients who have reimbursable insurance for these services.
355.95 IB PROVIDER ID CARE UNIT	^IBA(355.95, This file contains the data values (referred to as care units) to be used to match a provider on a claim to the correct provider id #. The entries in this file are specific to an insurance company.
355.96 IB INS CO PROVIDER ID CARE UNIT	^IBA(355.96, This file defines the 'list' of care units that an insurance company uses to assign provider ids. Each record must have an insurance company, a provider type and a care unit entry. The sum total of all the records in this file for a given insurance company comprises the complete list of care units the insurance company requires the V.A. to use when determining provider id's for any claims sent to them.

File # File Name	Global File Description
355.97 IB PROVIDER ID # TYPE	^IBE(355.97, There can be many different kinds of provider id numbers that may need to be reported when billing for hospital and professional services. This file contains entries that will be used to classify or identify the valid kinds of provider ids that the V.A. will use. This is needed specifically for the transmission of bills so the proper interpretation of the ID's can be made electronically.
355.98 IB ALTERNATE PRIMARY ID TYPES	^IBA(355.98, This file contains the Alternate Primary Payer ID Types, which are used to identify an Alternate Primary Payer ID for a payer to be sent on the outgoing electronic claim (837).
355.99 MASTER TYPE OF PLAN	^IBEMTOP(355.99, This file contains coding system and code data used for association to the MASTER TYPE OF PLAN field within the TYPE OF PLAN file #355.1 for the purposes of native standardization between the VA and the users of its data.
356 CLAIMS TRACKING	^IBT(356, This file may contain entries of all types of billable events that need to be tracked by MCCR. The information in this file is used for MCCR and/or UR purposes. It is information about the event itself not otherwise stored or pertinent for MCCR purposes.
356.001 X12 278 REQUEST CATEGORY	^IBT(356.001, This file contains all the corresponding X.12 codes for request categories. **Per VHA Directive 10-93-142, this file definition should not be modified.**
356.002 X12 278 CERTIFICATION TYPE CODE	^IBT(356.002, This file contains all the corresponding X.12 codes for certification type codes. **Per VHA Directive 10-93-142, this file definition should not be modified.**
356.003 X12 278 CURRENT HEALTH CONDITION CODE	^IBT(356.003, This file contains all the corresponding X.12 codes for current health condition. **Per VHA Directive 10-93-142, this file definition should not be modified.**
356.004 X12 278 PROGNOSIS CODE	^IBT(356.004, This file contains all the corresponding X.12 codes for prognosis. **Per VHA Directive 10-93-142, this file definition should not be modified.**

File # File Name	Global File Description
356.005 X12 278 DELAY REASON CODE	^IBT(356.005, This file contains all the corresponding X.12 codes for delay reasons. **Per VHA Directive 10-93-142, this file definition should not be modified.**
356.006 X12 278 DIAGNOSIS TYPE	^IBT(356.006, This file contains all the corresponding X.12 codes for diagnosis types. **Per VHA Directive 10-93-142, this file definition should not be modified.**
356.007 X12 278 DELIVERY PATTERN TIME CODE	^IBT(356.007, This file contains all the corresponding X.12 codes for delivery time pattern. **Per VHA Directive 10-93-142, this file definition should not be modified.**
356.008 X12 278 CONDITION CODE	^IBT(356.008, This file contains all the corresponding X.12 codes for condition. **Per VHA Directive 10-93-142, this file definition should not be modified.**
356.009 X12 278 ADMISSION SOURCE	^IBT(356.009, This file contains all the corresponding X.12 codes for admission source. **Per VHA Directive 10-93-142, this file definition should not be modified.**
356.01 X12 278 PATIENT STATUS	^IBT(356.01, This file contains all the corresponding X.12 codes for patient status. **Per VHA Directive 10-93-142, this file definition should not be modified.**
356.011 X12 278 NURSING HOME RESIDENTIAL STATUS	^IBT(356.011, This file contains all the corresponding X.12 codes for nursing home residential status. **Per VHA Directive 10-93-142, this file definition should not be modified.**
356.012 X12 278 SUBLUXATION LEVEL CODE	^IBT(356.012, This file contains all the corresponding X.12 codes for subluxation level. **Per VHA Directive 10-93-142, this file definition should not be modified.**
356.013 X12 278 OXYGEN EQUIPMENT TYPE	^IBT(356.013, This file contains all the corresponding X.12 codes for oxygen equipment types. **Per VHA Directive 10-93-142, this file definition should not be modified.**

File # File Name	Global File Description
356.014 X12 278 OXYGEN TEST CONDITION	^IBT(356.014, This file contains all the corresponding X.12 codes for oxygen test conditions. **Per VHA Directive 10-93-142, this file definition should not be modified.**
356.015 X12 278 OXYGEN TEST FINDINGS	^IBT(356.015, This file contains all the corresponding X.12 codes for oxygen test findings. **Per VHA Directive 10-93-142, this file definition should not be modified.**
356.016 X12 278 OXYGEN DELIVERY SYSTEM CODE	^IBT(356.016, This file contains all the corresponding X.12 codes for oxygen delivery systems. **Per VHA Directive 10-93-142, this file definition should not be modified.**
356.017 X12 278 PATIENT LOCATION	^IBT(356.017, This file contains all the corresponding X.12 codes for patient locations. **Per VHA Directive 10-93-142, this file definition should not be modified.**
356.018 X12 278 REPORT TYPE CODE	^IBT(356.018, This file contains all the corresponding X.12 codes for report types. **Per VHA Directive 10-93-142, this file definition should not be modified.**
356.019 X12 278 NURSING HOME LEVEL OF CARE	^IBT(356.019, This file contains all the corresponding X.12 codes for nursing home level of care. **Per VHA Directive 10-93-142, this file definition should not be modified.**
356.02 X12 278 CERTIFICATION ACTION CODES	^IBT(356.02, This file contains all of the corresponding X.12 codes for the Certification Action Codes. **Per VHA Directive 10-93-142, this file definition should not be modified.**
356.021 X12 278 HCS DECISION REASON CODES	^IBT(356.021, This file contains all of the corresponding X.12 codes for the Health Care Services Decision Reason Codes according to the ASC X12 External Code Source 886. **Per VHA Directive 10-93-142, this file definition should not be modified.**
356.022 UNIVERSAL DENTAL NUMBERING SYSTEM	^IBT(356.022, This file contains all of the corresponding X.12 Tooth codes - External Code Source 135: American Dental Association. **Per VHA Directive 10-93-142, this file definition should not be modified.**

File # File Name	Global File Description
356.023 HCSR WORKLIST DELETE REASON CODE	^IBT(356.023, This file contains all of the Delete Reason Codes that can be added to an HCSR 278 Worklist entry when removing the entry from the worklist.
356.1 HOSPITAL REVIEW	^IBT(356.1, This file contains Utilization Review information about appropriateness of admission and continued stay in an acute medical setting. It uses the Integral criteria for appropriateness. An entry for each day of care for cases being tracked is required by the QM office in VACO. The information in this file will be rolled up into a national database. Only reviews that have a status of COMPLETE should be rolled up. The information in this file is clinical in nature and should be treated with the same confidentiality as required of all clinical data.
356.11** CLAIMS TRACKING REVIEW TYPE	^IBE(356.11, This is the type of review that is being performed by MCCR or UR. This file may contain the logic to determine which questions and/or screens can be presented to the user in the future. **Do not add, edit, or delete entries in this file without instructions from your ISC.**
356.19 CLAIMS TRACKING UNBILLED AMOUNTS DATA	^IBE(356.19, This file contains the data used in the compilation of the average inpatient bill totals and the monthly unbilled amounts bulletin and report.
356.2 INSURANCE REVIEW	^IBT(356.2, This file contains information about the MCCR/UR portion of Utilization Review and the associated contacts with insurance carriers. Appropriateness of care is inferred from the approval and denial of billing days by the insurance carriers UR section. While this information appears to be primarily administrative in nature, it may contain sensitive clinical information and should be treated with the same confidentiality as required of all clinical data.
356.21** CLAIMS TRACKING DENIAL REASONS	^IBE(356.21, This file is a list of the standard reasons for denial of a claim. Editing this file may have significant impact on the results of the MCCR NDB roll up of Claims Tracking information. **Do not add, edit, or delete entries in this file without instructions from your ISC.**

File # File Name	Global File Description
356.22 HCS REVIEW TRANSMISSION FILE	^IBT(356.22, This file contains information related to Healthcare Services Review worklist and corresponding HL7 messages (message type 278). **Per VHA Directive 10-93-142, this file definition should not be modified.**
356.25 CLAIMS TRACKING ROI	^IBT(356.25, This file stores Release of Information (ROI) data collected that relates to a specific patient/drug/insurance combination for the effective dates. A claim that includes a sensitive drug is checked against this file for a billing determination. Claims that do not pass the check are determined to be not ECME billable. Bills that do not pass the check cannot be authorized. **Per VHA Directive 2004-038, this file should not be modified or edited with VA Fileman.**
356.26 CLAIMS TRACKING ROI CONSENT	^IBT(356.26, This file stores Release of Information (ROI) data obtained from a patient. Each sensitive condition will have its own record. Data includes patient, sensitive condition, effective date of consent, expiration date when the consent ends, a revoked flag, and comments intended for entry of the Insurance the release consent covers. **This file should not be modified or edited with VA Fileman**
356.3** CLAIMS TRACKING SI/IS CATEGORIES	^IBE(356.3, This file contains the major categories that are used to address the severity of illness and intensity of service. Specific criteria for each category must be met to address appropriateness of admission to continued stay in and discharge from specialized units and general units. Editing this file may have significant impact on the QM national roll up of Utilization Review information. The contents of this file are the general categories for Intensity of Service and Severity of Illness from Interqual. **Do not add, edit, or delete entries in this file without instructions from your ISC.**
356.399 CLAIMS TRACKING/BILL	^IBT(356.399, This file serves as a bridge between Claims Tracking and the BILL/CLAIMS file (#399). An entry is created automatically by the billing module to link the events being billed to the Claims Tracking entry. It serves as a cross-reference in a many to many relationship for the entries in these two files. It should be maintained by the Billing module.

File # File Name	Global File Description
356.4** CLAIMS TRACKING NON-ACUTE CLASSIFICATIONS	^IBE(356.4, This file contains the list of approved non-acute classifications provided by the UM office in VACO. The codes are used in roll up of national **data. Do not add, edit, or delete entries in this file without instructions from your ISC.**
356.5** CLAIMS TRACKING ALOS	^IBE(356.5, This file contains the DRGs and average length of stays (ALOS) year that is the most common ALOS approved by insurance companies. This generally is much shorter than the ALOS for VA.
356.6** CLAIMS TRACKING TYPE	^IBE(356.6, This file contains the types of events that can be stored in Claims Tracking. It also contains data on how the Automated Biller is to handle each type of event. **Do not add, edit, or delete entries in this file without instructions from your ISC.**
356.7** CLAIMS TRACKING ACTION	^IBE(356.7, This file contains a list of the types of actions that may be taken on a review or a contact by an insurance company. **Do not add, edit, or delete entries in this file without instructions from your ISC.**
356.8** CLAIMS TRACKING NON-BILLABLE REASONS	^IBE(356.8, This is a file of reasons that may be entered into the Claims Tracking module to specify why a potential claim is not billable. **Do not add, edit, or delete entries in this file without instructions from your ISC.**
356.85 CLAIMS TRACKING BILLABLE FINDINGS	^IBT(356.85, This file stores the Billable Findings codes for the Claims Tracking module of IB. Entries in this file are nationally distributed and should not be changed locally.
356.9 INPATIENT DIAGNOSIS	^IBT(356.9, This file is designed to hold all inpatient diagnoses.
356.91 INPATIENT PROCEDURE	^IBT(356.91, This file is designed to hold all inpatient procedures.
356.93 INPATIENT INTERIM DRG	^IBT(356.93, This file holds interim DRGs computed by the Claims Tracking module for display in Claims Tracking and on reports. The computed ALOS is based upon 1992 HCFA average lengths of stay (ALOS), not VA averages. The purpose is to help utilization review personnel determine if the ALOS approved by an insurance company is within industry standards.

File # File Name	Global File Description
356.94 INPATIENT PROVIDERS	^IBT(356.94, This file allows the Claims Tracking module to store the admitting physician. In addition, the attending and resident providers can be identified in this file. If attending and resident providers are entered, they are assumed to be entered completely for an episode of care being tracked. If no provider other than admitting physician is entered, the providers and attending from MAS will be considered to be the correct providers. Because QM data may be extracting this data on the national roll up, it is necessary to correctly identify the attending physician.
357 ENCOUNTER FORM	^IBE(357, This file contains encounter form descriptions used by the Encounter Form utilities to print encounter forms.
357.08 AICS PURGE LOG	^IBD(357.08, This file will contain one entry for each time the AICS purge options are run. Both the automatic and manual options cause entries. The purpose of this file is to provide a historical log of the number of entries that are purged at each site.
357.09 ENCOUNTER FORM PARAMETERS	^IBD(357.09, This file contains the AICS parameters that control the operation of the package. Included are parameters to manage the automatic purge and those necessary to create print manager jobs that automatically queue encounter forms to print.
357.1 ENCOUNTER FORM BLOCK	^IBE(357.1, This file contains descriptions of blocks, which are rectangular areas on an encounter form.
357.2 SELECTION LIST	^IBE(357.2, A selection list is composed of one or more rectangular area(s) in a block, called columns, which contain a list. The column(s) will have one or more sub columns, each sub column containing either text or an input symbol. The input symbols are for the user to mark to indicate a choice from the list.
357.3 SELECTION	^IBE(357.3, This file contains the items appearing on the SELECTION LISTS. A selection can be composed of several fields; therefore, they can occupy several sub columns. Only the text is stored here, not the MARKING SYMBOLS.
357.4 SELECTION GROUP	^IBE(357.4, A Selection Group is a set of items on a list and the header under which those items should appear.

File # File Name	Global File Description
357.5 DATA FIELD	^IBE(357.5, A data field can be composed of a label (determined at the time the form description is created) and data, coming from the DHCP database (determined at the time the form prints). The label and data are printed to the encounter form. A data field can be composed of subfields, each subfield containing possibly its own label and data.
357.6* PACKAGE INTERFACE	^IBE(357.6, This file is used in the form design process and to print data to the form. It contains a description of all of the interfaces with other packages.
357.69 TYPE OF VISIT	^IBE(357.69, This file contains the Evaluation and Management codes. They consist of a subset of CPT codes used to describe the level of care for an outpatient visit.
357.7 FORM LINE	^IBE(357.7, This file contains either a horizontal or vertical line appearing on the form.
357.8 TEXT AREA	^IBE(357.8, A TEXT AREA is a rectangular area on the form that displays a word processing field. The text is automatically formatted to fit within this area.
357.91** MARKING AREA TYPE	^IBE(357.91, This file contains the different types of marking areas in which the user can write that can be printed to a form. The following are examples: ( ), __,. These are for the person completing the form to enter a mark to indicate a choice.
357.92** PRINT CONDITIONS	^IBE(357.92, This file contains a table containing a list of conditions recognized by the Print Manager. They are used to specify the conditions under which reports should be printed. The Print Manager is a program that scans the appointments for selected clinics for a selected date and prints specified reports under specified conditions.
357.93 MULTIPLE CHOICE FIELD	^IBE(357.93, This file allows multiple choice fields to be defined for forms.
357.94 ENCOUNTER FORM PRINTERS	^IBE(357.94, This file contains a list of terminal types that can support either duplex printing or the printer control language PCL5. Entering the correct information in this file will allow encounter forms printed to these terminal types to utilize these features.
357.95 FORM DEFINITION	^IBD(357.95, Contains information about the form needed to process the input.

File # File Name	Global File Description
357.96 ENCOUNTER FORM TRACKING	^IBD(357.96, This file is used to track the data capture efforts associated with each appointment.
357.97 ENCOUNTER FORM COUNTERS	^IBD(357.97, This file contains the counters needed by the encounter form utilities.
357.98 AICS DATA QUALIFIERS	^IBD(357.98, A table of qualifiers used by the PCE Generic Device Interface.
357.99 PRINT MANAGER CLINIC GROUPS	^IBD(357.99, This file is used to create groups of clinics for use by the Print Manager.
358 IMP/EXP ENCOUNTER FORM	^IBE(358, This file is nearly identical to File #357. It is used by the Import/Export Utility as a workspace for importing or exporting forms.
358.1 IMP/EXP ENCOUNTER FORM BLOCK	^IBE(358.1, This file is nearly identical to File #357.1. It is used by the Import/Export Utility as a workspace for importing or exporting forms.
358.2 IMP/EXP SELECTION LIST	^IBE(358.2, This file is nearly identical to File #357.2. It is used by the Import/Export Utility as a workspace for importing or exporting forms.
358.3 IMP/EXP SELECTION	^IBE(358.3, This file is nearly identical to File #357.3. It is used by the Import/Export Utility as a workspace for importing or exporting forms.
358.4 IMP/EXP SELECTION GROUP	^IBE(358.4, Nearly identical to File #357.4. It is used by the Import/Export Utility as a workspace to import/export forms.
358.5 IMP/EXP DATA FIELD	^IBE(358.5, This file is nearly identical to File #357.5. It is used by the Import/Export Utility as a workspace for importing or exporting forms.
358.6 IMP/EXP PACKAGE INTERFACE	^IBE(358.6, This file is nearly identical to File #357.6. It is used by the Import/Export Utility as a workspace for importing or exporting forms.
358.7 IMP/EXP FORM LINE	^IBE(358.7, This file is nearly identical to File #357.7. It is used by the Import/Export Utility as a workspace for importing or exporting forms.
358.8 IMP/EXP TEXT AREA	^IBE(358.8, This file is nearly identical to File #357.8. It is used by the Import/Export Utility as a workspace for importing or exporting forms.

File # File Name	Global File Description
358.91 IMP/EXP MARKING AREA	^IBE(358.91, This file is nearly identical to File #357.91. It is used by the Import/Export Utility as a workspace for importing or exporting forms.
358.93 IMP/EXP MULTIPLE CHOICE FIELD	^IBE(358.93, This file is used as a work space for the import/export utility of the encounter form utilities.
358.94 IMP/EXP HAND PRINT FIELD	^IBE(358.94, Used by the Import/Export utility as a workspace.
358.98 IMP/EXP AICS DATA QUALIFIERS	^IBD(358.98, Used by the import/export utility of the encounter forms as a workspace.
358.99 IMP/EXP AICS DATA ELEMENTS	^IBE(358.99, Used as a workspace for the import/export utility.
359 CONVERTED FORMS	^IBD(359, This file contains a list of forms created with the IB 2.0 version of the encounter form utilities that have been converted under AICS for scanning.
359.1 AICS DATA ELEMENTS	^IBE(359.1, Used to describe a simple data element, one that would appear as a single field on a form. The description includes instructions on how to print the field and how the scanning software should recognize it.
359.2 FORM SPECS	^IBD(359.2, This file contains the description of the form used by the scanning software. The description, for example, must contain the locations of all the fields to be read.
359.3 AICS ERROR AND WARNING LOG	^IBD(359.3, This file is used to log errors that occur in the DHCP Server side of AICS. Currently this occurs while rolling up the data from the scanner in a format that is then passed to the PCE Device Interface. Under normal circumstances very few errors should occur, however, if they do occur, the workstation software (client side) will be notified and the error can be found in this file and if possible resolved. Normally each error represents one piece of data that was ignored by the server software and can easily be entered into PCE using one of the data entry methodologies. Entries in this file may be deleted after any corrective action that needs to be taken is complete.
359.94 HAND PRINT FIELD	^IBE(359.94, This file allows fields to be defined to print on forms for hand print.

File # File Name	Global File Description
361 BILL STATUS MESSAGE	^IBM(361, This file contains the data from the return status messages for IB bills returned via EDI from Austin FSC and AAC.
361.1 EXPLANATION OF BENEFITS	^IBM(361.1 This file contains the explanation of benefits results (EOB) for bills as well as MEDICARE remittance advice data. The data in this file may be appended to any subsequent claims in the COB process. This file is also used by the Accounts Receivable package EDI LOCKBOX module to store 3rd Party remittance advice information. Write access by EDI LOCKBOX is allowed only through API – see Integration Agreement - 4042 Read access by EDI LOCKBOX is allowed – see Integration Agreement - 4051
361.2 IB ELECTRONIC REPORT DISPOSITION	^IBE(361.2, This file contains a record for each electronic report that can be returned to the site by the V.A's clearinghouse. The purpose of the file is to allow the sites to determine which of these reports should be forwarded to the appropriate mail group and which ones should be ignored.
361.3 IB MESSAGE SCREEN TEXT	^IBE(361.3, This file contains a list of words or phrases that, if found in the text of an electronic returned message for billing, will cause the message to be handled in one of two ways, based on a flag on each entry: If the text is present, always file the message without requiring a review or if the text is found in the message, regardless of any text found in the rest of the message, always force it to be reviewed.
361.4 EDI TEST CLAIM STATUS MESSAGE	^IBM(361.4, This file contains the transmission history and return messages that were received via the test queue for claims that were sent initially as EDI claims and have been retransmitted as test claims.
362.1 IB AUTOMATED BILLING COMMENTS	^IBA(362.1, This file contains entries created by the Third Party Automated Biller. As the Auto Biller attempts to create bills based on events in Claims Tracking, it sets entries in this file indicating the action taken by the Auto Biller for the event. The only way entries are added to this file is by the Auto Biller. There is no user entry.

File # File Name	Global File Description
362.3 IB BILL/CLAIMS DIAGNOSIS	^IBA(362.3, This file contains all diagnoses for bills in the BILL/CLAIMS file (#399).
362.4 IB BILL/CLAIMS PRESCRIPTION REFILL	^IBA(362.4, This file contains all prescription refills for bills in the BILL/CLAIMS file (#399).
362.5 IB BILL/CLAIMS PROSTHETICS	^IBA(362.5, This file contains all prosthetic items associated with bills in the BILL/CLAIMS file (#399).
363 RATE SCHEDULE	^IBE(363, A Rate Schedule defines a specific type of service that may be billed to a specific payer. This links all elements necessary to define exactly what events are billed (Charge Set) to which payers (Rate Type). There should be a unique Rate Schedule for each type of service billable to a payer.
363.1 CHARGE SET	^IBE(363.1, This file contains the definitions of all Charge Sets. A Charge Set defines a charge rate for a single type of billable event. **DO NOT edit data in this file with VA File Manager.**
363.2 CHARGE ITEM	^IBA(363.2, Individual billable items and their charges. Each item that may be billed should have an entry. For the item to be automatically charged it must be an item defined on a bill. The items are grouped into Charge Sets which correspond to rates.
363.21 BILLING ITEMS	^IBA(363.21, This file is part of the Rates process and contains billable items that may be found on a bill but do not have a source file of their own. Entries should only be added or deleted through the option provided.
363.3 BILLING RATE	^IBE(363.3, This file defines the types of rates available to bill third parties for reimbursement. Nationally distributed Billing Rates should not be modified. DO NOT edit data in this file with VA File Manager.

File # File Name	Global File Description
363.31 BILLING REGION	^IBE(363.31, A Billing Region is an area defined by a Billing Rate as having a unique set of charges. This may correspond to one or more divisions. Each Billing Rate may have multiple regions and each region may cover one or more divisions.
363.32 BILLING SPECIAL GROUPS	^IBE(363.32, This file contains the names of special cases that should be applied to certain bill types. This includes the Revenue Code Link group names and the Provider Discount group names.
363.33 BILLING REVENUE CODE LINKS	^IBE(363.33, Certain types of bills require specific revenue codes to be used to bill certain types of care. This file allows linking of revenue codes and the care they should be used for.
363.34 BILLING PROVIDER DISCOUNT	^IBE(363.34, This file contains a discount associated with a provider person class. This discount is generally used to adjust physician based provider charges for a non-physician provider. The discount will be applied to care billed to a Billing Rate for providers of the listed person class's.
364 EDI TRANSMIT BILL	^IBA(364, This file contains a record for each bill for each time it is included in a batch for EDI transmissions. This file allows a bill to be tracked throughout its transmission life and gives the bill's current EDI status.
364.1 EDI TRANSMISSION BATCH	^IBA(364.1, This file contains a record for each 'batch' created for EDI transmission. It is used to track batch activity and to record statistics on number of bills in a batch that were rejected and accepted and to record the message number in Mailman that the batch is stored in for inquiry access.
364.2 EDI MESSAGES	^IBA(364.2, This file contains the messages that are sent electronically back to the site relating to EDI processing. These include, but are not limited to, status messages, error and warning messages found in the EDI transmission cycle, insurance company updates, batch summaries and statistics. These messages are stored by message type and options exist that scan this file and display the messages to the appropriate users and allow each one to be dealt with and resolved if necessary.

File # File Name	Global File Description
364.3 IB MESSAGE ROUTER	^IBE(364.3, This file contains a listing of the transactions that can be handled by the IB message server. This file also contains the mail group that will receive any transaction processing error message and the entry point (TAG^ROUTINE) for each different transaction processing.
364.4 IB EDI TRANSMISSION RULE	^IBE(364.4, This file contains the rules to be applied to a bill to determine if it is eligible for transmission via national EDI.
364.5 IB DATA ELEMENT DEFINITION	^IBA(364.5, This file contains the definition of all data elements that are needed for various forms throughout the MCCR DHCP system. It contains the 'blueprint' for how to extract the data for each data element entry.
364.6 IB FORM SKELETON DEFINITION	^IBA(364.6, This file contains records that define the skeleton makeup of forms for the IB system. This definition includes the absolute position of every field that can be output on the form, the length each field must be limited to, and some descriptive information. This includes printed forms, transmittable output files, and special local billing screens.
364.7 IB FORM FIELD CONTENT	^IBA(364.7, This is the file that contains the specific fields to be used to produce the associated form or screen. If there is no insurance company or bill type specified for an entry, this is assumed to be the default definition of the field.
365 IIV RESPONSE	^IBCN(365, This file holds all responses to HL7 messages generated from the IIV Transmission Queue File for Insurance Identification and Verification. **Per VHA Directive 10-93-142, this file definition should not be modified.**
365.011 X12 271 ELIGIBILITY/BENEFIT	^IBE(365.011, This file contains all the corresponding X.12 271 EB01 codes (Eligibility/Benefits). **Per VHA Directive 10-93-142, this file definition should not be modified.**
365.012 X12 271 COVERAGE LEVEL	^IBE(365.012, This file contains all the corresponding X.12 271 EB02 codes (Coverage Level). **Per VHA Directive 10-93-142, this file definition should not be modified.**

File # File Name	Global File Description
365.013 X12 271 SERVICE TYPE	^IBE(365.013, This file contains all the corresponding X.12 271 EB03 codes (Service Type). **Per VHA Directive 10-93-142, this file definition should not be modified.**
365.014 X12 271 INSURANCE TYPE	^IBE(365.014, This file contains all the corresponding X.12 271 EB04 codes (Insurance Type). **Per VHA Directive 10-93-142, this file definition should not be modified.**
365.015 X12 271 TIME PERIOD QUALIFIER	^IBE(365.015, This file contains all the corresponding X.12 271 EB06 codes (Time Period Qualifier). **Per VHA Directive 10-93-142, this file definition should not be modified.**
365.016 X12 271 QUANTITY QUALIFIER	^IBE(365.016, This file contains all the corresponding X.12 271 EB09 codes (Quantity Qualifier). **Per VHA Directive 10-93-142, this file definition should not be modified.**
365.017 X12 271 ERROR CONDITION	^IBE(365.017, This file contains all the corresponding X.12 271 AAA03 codes (Error Conditions). These values are returned because of an error in processing. **Per VHA Directive 10-93-142, this file definition should not be modified.**
365.018 X12 271 ERROR ACTION	^IBE(365.018, This file contains all the corresponding X.12 271 AAA04 codes (Error Actions). Certain retry actions are programmed based upon the current values in this table. **Per VHA Directive 10-93-142, this file definition should not be modified.**
365.021 X12 271 CONTACT QUALIFIER	^IBE(365.021, This file contains all the corresponding X.12 codes which identify a method for contact. **Per VHA Directive 10-93-142, this file definition should not be modified.**
365.022 X12 271 ENTITY IDENTIFIER CODE	^IBE(365.022, This file contains all the corresponding X.12 codes which identify an eligibility/benefit entity. **Per VHA Directive 10-93-142, this file definition should not be modified.**
365.023 X12 271 IDENTIFICATION QUALIFIER	^IBE(365.023, This file contains all the corresponding X.12 codes for identification qualifiers. **Per VHA Directive 10-93-142, this file definition should not be modified.**

File # File Name	Global File Description
365.024 X12 271 PROVIDER CODE	^IBE(365.024, This file contains all the corresponding X.12 codes which identify a provider. **Per VHA Directive 10-93-142, this file definition should not be modified.**
365.025 X12 271 DELIVERY FREQUENCY CODE	^IBE(365.025, This file contains all the corresponding X.12 codes for delivery frequency. **Per VHA Directive 10-93-142, this file definition should not be modified.**
365.026 X12 271 DATE QUALIFIER	^IBE(365.026, This file contains all the corresponding X.12 codes for date/time qualifiers. **Per VHA Directive 10-93-142, this file definition should not be modified.**
365.027 X12 271 LOOP ID	^IBE(365.027, This file contains all the corresponding X.12 codes for loop IDs. It is a dictionary to map X12 codes to their corresponding values. The codes are used to parse inbound type 271 messages, among others. HIPAA loop IDs come from FSC as part of 271 response message. **Per VHA Directive 10-93-142, this file definition should not be modified.**
365.028 X12 271 REFERENCE IDENTIFICATION	^IBE(365.028, This file contains all the corresponding X.12 codes for reference identification codes. **Per VHA Directive 10-93-142, this file definition should not be modified.**
365.029 X12 271 UNITS OF MEASUREMENT	^IBE(365.029, This file contains all the corresponding X.12 271 Units of measurement. **Per VHA Directive 10-93-142, this file definition should not be modified.**
365.031 X12 271 ENTITY RELATIONSHIP CODE	^IBE(365.031, This file contains all the corresponding X.12 271 Entity Relationship codes. **Per VHA Directive 10-93-142, this file definition should not be modified.**
365.032 X12 271 DATE FORMAT QUALIFIER	^IBE(365.032, This file contains all the corresponding X.12 271 date format qualifiers. **Per VHA Directive 10-93-142, this file definition should not be modified.**
365.033 X12 271 YES/NO RESPONSE CODE	^IBE(365.033, This file contains the corresponding X.12 271 YES/NO condition or Response codes. **Per VHA Directive 10-93-142, this file definition should not be modified.**

File # File Name	Global File Description
365.034 X12 271 LOCATION QUALIFER	^IBE(365.034, This file contains all the corresponding X.12 271 Location Qualifiers. **Per VHA Directive 10-93-142, this file definition should not be modified.**
365.035 X12 271 PROCEDURE CODING METHOD	^IBE(365.035, This file contains all the corresponding X.12 271 procedure coding methods. **Per VHA Directive 10-93-142, this file definition should not be modified.**
365.036 X12 271 DELIVERY PATTERN	^IBE(365.036, This file contains all the corresponding X12 271 Delivery Pattern codes. **Per VHA Directive 10-93-142, this file definition should not be modified.**
365.037 X12 271 PATIENT RELATIONSHIP	^IBE(365.037, This file contains all the corresponding X.12 271 patient relationship codes. **Per VHA Directive 10-93-142, this file definition should not be modified.**
365.038 X12 271 INJURY CATEGORY	^IBE(365.038, This file contains all the corresponding X.12 271 Nature of Injury Category codes. **Per VHA Directive 10-93-142, this file definition should not be modified.**
365.039 X12 271 MILITARY PERSONNEL INFO STATUS CODE	^IBE(365.039, This file contains all the corresponding X.12 271 military personnel information status codes. **Per VHA Directive 10-93-142, this file definition should not be modified.**
365.041 X12 271 MILITARY GOVT SERVICE AFFILIATION	^IBE(365.041, This file contains all the corresponding X.12 271 military personnel information government service affiliation codes. **Per VHA Directive 10-93-142, this file definition should not be modified.**
365.042 X12 271 MILITARY SERVICE RANK	^IBE(365.042, This file contains all the corresponding X.12 271 military personnel information rank codes. **Per VHA Directive 10-93-142, this file definition should not be modified.**
365.043 X12 271 ENTITY TYPE QUALIFIER	^IBE(365.043, This file contains all the corresponding X.12 271 Entity Type Qualifiers. **Per VHA Directive 10-93-142, this file definition should not be modified.**

File # File Name	Global File Description
365.044 X12 271 CODE LIST QUALIFIER	^IBE(365.044, This file contains all the corresponding X.12 271 code list qualifiers. **Per VHA Directive 10-93-142, this file definition should not be modified.**
365.045 X12 271 NATURE OF INJURY CODES	^IBE(365.045, This file contains all the corresponding X.12 271 NATURE OF INJURY CODES. **Per VHA Directive 10-93-142, this file definition should not be modified.**
365.046 X12 271 MILITARY EMPLOYMENT STATUS CODE	^IBE(365.046, This file contains all the corresponding X.12 271 MPI employment status codes. **Per VHA Directive 10-93-142, this file definition should not be modified.**
365.1 IIV TRANSMISSION QUEUE	^IBCN(365.1, This file contains records which have been selected based on specific criteria to generate an HL7 message. These messages will be sent to the Eligibility Communicator for processing. **Per VHA Directive 10-93-142, this file definition should not be modified.**
365.11 IIV AUTO MATCH	^IBCN(365.11, The Auto Match file is a VistA facility to help IIV match user-entered insurance company names to the correct insurance company names in the insurance company file. This file links together an Auto Match Value with a valid insurance company name. The Auto Match Value may contain common spelling mistakes and wildcard characters to aid in the selection of a valid insurance company name. **Per VHA Directive 10-93-142, this file definition should not be modified.**
365.12 PAYER	^IBE(365.12, This is a standard file exported by the IB package. It contains all payers which can be communicated with electronically for insurance verification. Do not add, edit or delete these entries except through the provided edit options. **Per VHA Directive 10-93-142, this file definition should not be modified.**

File # File Name	Global File Description
365.13 PAYER APPLICATION	^IBE(365.13, This file contains all the different applications that a payer could be contacted electronically for. Initially there will only be electronic insurance identification as an application. **Per VHA Directive 10-93-142, this file definition should not be modified.**
365.14 IIV TRANSMISSION STATUS	^IBE(365.14, This file contains all of the statuses that an electronic insurance verification transmission or receiving record can have. **Per VHA Directive 10-93-142, this file definition should not be modified.**
365.15 IIV STATUS TABLE	^IBE(365.15, This file contains the various IIV statuses for entries in the Insurance Processor. Also included are the symbols that should appear in the eIV status column in the Insurance Processor list, and a more detailed description of the status that is used in the Expand Entry option in the Insurance Processor. **Per VHA Directive 10-93-142, this file definition should not be modified.**
365.2 IIV RESPONSE REVIEW	^IBCN(365.2, This file holds the outcome of the reviews of MEDICARE (WNR) messages contained in the IIV RESPONSE file (#365). The file is populated when the user enters comments and statuses against selected messages using the Medicare Potential COB Worklist [IBCNE POTENTIAL COB LIST] option. **Per VHA Directive 10-93-142, this file definition should not be modified.**
366 IB SSVI PIN/HL7 PIVOT	^IBCN(366, This file collects all of the PIN events that need to be broadcast to the system. The entries in this file will contain information on how to get back to its parent event in PIMS. There are no parent-child relationships stored here.

File # File Name	Global File Description
366.01 NCPDP PROCESSOR	^IBCNR(366.01, This Integrated Billing (IB) file was created for the e-Pharmacy Project. It is maintained centrally, via real time HL7 Table Update Messages, using the WebMD database. Never maintain locally, except via a designated and secured option that edits selected APPLICATION Sub-file fields, such as LOCAL ACTIVE. A NCPDP Processor receives NCPDP transmissions and adjudicates NCPDP claims. A NCPDP Processor is uniquely identified by its' name. **Per VHA Directive 10-93-142, this file definition should not be modified.**
366.02 PHARMACY BENEFITS MANAGER (PBM)	^IBCNR(366.02, This Integrated Billing (IB) file was created for the e-Pharmacy Project. It is maintained centrally, via real time HL7 Table Update Messages, using the WebMD database. Never maintain locally, except via a designated and secured option that edits selected APPLICATION Sub-file fields, such as LOCAL ACTIVE. A Pharmacy Benefits Manager (PBM) administers a plan on behalf of the insurance company payer. A PBM is typically a separate, contracted entity, but it may be the insurance company payer. A PBM is uniquely identified by its' name. **Per VHA Directive 10-93-142, this file definition should not be modified.**
366.03 PLAN	^IBCNR(366.03, This Integrated Billing (IB) file was created for the e-Pharmacy Project. It is maintained centrally, via real time HL7 Table Update Messages, using the WebMD database. Never maintain locally, except via a designated and secured option that edits selected APPLICATION Sub-file fields, such as LOCAL ACTIVE. A Plan is a Payer's medical health care insurance product that defines benefits and their delivery to organizations and individuals that enroll in the Plan. A Plan is uniquely identified by its' identifier (VA National Plan ID). **Per VHA Directive 10-93-142, this file definition should not be modified.**

File # File Name	Global File Description
366.1 IB INSURANCE INCONSISTENT DATA	IBCN(366.1 This file contains those patients who were found to have missing and/or inconsistent data elements in the PATIENT file by the IB Insurance Info VIEW/EDIT consistency checker. The inconsistent data elements are stored in this file where individual checks can be turned on or off by the facility. Once the data is corrected through the appropriate insurance menu options, the entry will be removed from this file.
366.11 NCPDP PROCESSOR APPLICATION	^IBCNR(366.11, This Integrated Billing (IB) file was created for the e-Pharmacy Project. It is maintained centrally. Never maintain locally. A NCPDP Processor Application identifies an electronic interface application associated with the NCPDP PROCESSOR File (366.01). A NCPDP Processor Application is uniquely identified by its' name. **Per VHA Directive 10-93-142, this file definition should not be modified.**
366.12 PHARMACY BENEFITS MANAGER (PBM) APPLICATION	^IBCNR(366.12, This Integrated Billing (IB) file was created for the e-Pharmacy Project. It is maintained centrally. Never maintain locally. A Pharmacy Benefits Manager (PBM) Application identifies an electronic interface application associated with the PHARMACY BENEFITS MANAGER (PBM) File (366.02). A PBM Application is uniquely identified by its' name. **Per VHA Directive 10-93-142, this file definition should not be modified.**
366.13 PLAN APPLICATION	^IBCNR(366.13, This Integrated Billing (IB) file was created for the e-Pharmacy Project. It is maintained centrally. Never maintain locally. A Plan Application identifies an electronic interface application associated with the PLAN File (366.03). A Plan Application is uniquely identified by its' name. **Per VHA Directive 10-93-142, this file definition should not be modified.**

File # File Name	Global File Description
366.14 IB NCPDP EVENT LOG	^IBCNR(366.14, This file contains data which are passed into IB NCPDP APIs by outside applications - E CLAIMS MGMT ENGINE and OUTPATIENT PHARMACY (see IA # 4299). Data stored in this file are used for IB ECME EVENT report to provide details about E-Pharmacy claims processing and about communication details between IB and the applications listed above. The data in this file is populated internally by the IB application (data not directly entered by the user). **Per VHA Directive 10-93-142, this file definition should not be modified.**
366.15 IB NCPDP PRESCRIPTION	^IBCNR(366.15, **DO NOT delete entries in this file. DO NOT edit data in this file with VA File Manager.** This file is used to support NCPDP billing for multiple Rate Types. Entries are created in this file based on the prescription and fill/refill number. The Rate Type determined at time of Billing Determination is stored in this file so it can be utilized when bill creation occurs. This file is also used to store the associated co-payment reference number if a non-veteran co-payment charge is created to allow easy lookup if the co-payment charge needs to be cancelled. **Per VHA Directive 2004-038, this file definition should not be modified.**
366.16 IB NDC NON COVERED BY PLAN	^IBCNR(366.16, This file is used to store drug's NDC rejected by payers as non-covered by pharmacy plan. The drug's NDC, Group Insurance Plan and the last date the drug was rejected are used by Integrated Billing and ECME packages to prevent sending e-claims for non-covered drugs. **Per VHA Directive 2004-038, this file should not be modified or edited with VA Fileman.**
366.17 IB NCPDP NON-BILLABLE STATUS REASONS	This file contains the non-billable status reasons used by the IB NCPDP Billing Event Log and which are returned by the IB Billable Status Check for ePharmacy claims. **Per VHA Directive 2004-038, this file definition should not be modified.**

File # File Name	Global File Description
366.2 IB INSURANCE CONSISTENCY ELEMENTS	^IBCN(366.2 This file contains those entries that are checked by the IB Insurance Info View/Edit module consistency checker. Other than turning individual checks on or off, the user should not alter or add to this file in any way. Making any modification to this file will definitely cause the consistency checker to function improperly.
367 HPID/OEID RESPONSE	^IBCNH(367, This file contains responses associated with inquiries from the HPID/OEID TRANSMISSION QUEUE file (file #367.1)
367.1 HPID/OEID TRANSMISSION QUEUE	^IBCNH(367.1, This file contains records which have been selected based on specific criteria to generate an HL7 message. These messages will be sent to the National Insurance File (NIF) for processing.
367.11 INSURANCE COMPANY ID TYPE	^IBE(367.11, This file contains the possible ID types that could be received from the National Insurance file (NIF) for an Insurance Company entry.
368 HEALTH CARE CLAIM RFAI (277)	^IBA(368 This file contains all records received from the FSC ASC X12N health Care Claim Request For Additional Information (277) HL7 message.
368.001 X12 277 CLAIM STATUS CATEGORY	^IBE(368.001 This file contains Health Care Claim Status Codes - limited to the R codes of X12 code source 507.
368.002 X12 277 PRODUCT OR SERVICE ID QUAL	^IBE(368.002 This file contains Code identifying the type/source of the descriptive number used in Product/Service ID.
372 PFSS SITE PARAMETERS	^IBBAS(372, The PFSS SITE PARAMETERS file holds data required for proper function of the IBB software, which provides common utilities and procedures for PFSS. **Per VHA Directive 10-93-142, this file definition should not be modified.**

File # File Name	Global File Description
373 PFSS CHARGE CACHE	^IBBAD(373, This file is used to store charge data from various VistA applications so that a background process can create an HL7 P03 message from each record. The messages are batched and sent to the external medical billing system. **Under no circumstances may records be created or modified directly via FileMan or other methods. Record creation and data update is allowed only through CHARGE^IBBAPI.** **Per VHA Directive 10-93-142, this file definition should not be modified.**
375 PFSS ACCOUNT	^IBBAA(375, This file is used to store visit/encounter data from various VistA applications, so that a background process can create HL7 ADT messages that are sent to the external medical billing system. **Under no circumstances may records be created or modified directly via FileMan or other methods. Record creation and data update is allowed only through GETACCT^IBBAPI.** **Per VHA Directive 10-93-142, this file definition should not be modified.**
389.9 STATION NUMBER (TIME SENSITIVE)	^VA(389.9, The purpose of this file is to allow DHCP software flexibility and reliability when the station number of a medical center changes or when one or more stations have merged into one station. Adding or modifying entries in this file may affect many DHCP applications. Control of entry into this file should be carefully controlled by the IRM Service Chief.
390 ENROLLMENT RATED DISABILITY UPLOAD AUDIT	^DGRDUA(390, This file tracks new/modified Rated Disability changes received from the Health Eligibility Center via ORU/ORF Z11 messages. The purpose of this file is for History only and cannot be considered current. Data will be purged from this file after it is over 365 days old.

File # File Name	Global File Description
391 TYPE OF PATIENT	^DG(391, This file contains the various types of patient which might be seen at a VA facility. The file is pointed to by the TYPE field of the PATIENT file and every patient added to the system must have a TYPE specified. Using the 'Patient Type Update' option of ADT the user should specify the parameters concerning which screens should be displayed during the registration process for these patient types and what data elements on those screens are editable.
391.1 AMIS SEGMENT	^DG(391.1, This file contains the various AMIS segments. The .001 (Number) field should be defined as the segment number.
391.23 DG REGISTER ONCE FIELD DEFINITION	^DGRO(391.23, This file is used to define the fields that are collected at a Last Site Treated and loaded into a Querying Site via Register Once Messaging. NOTE: Register Once is being removed from the Register A Patient option by patch DG*5.3*915.
391.31 HOME TELEHEALTH PATIENT	^DGHT(391.31,
391.71 ADT/HL7 PIVOT	^VAT(391.71, This file serves as a funnel for all of the ADT events that need to be broadcast to any system. The VISIT file may replace this file in the future. The entries in this file will contain information on how to get back to its parent event in PIMS. There is no parent child relationships stored here.
391.72 ADT/HL7 EVENT REASON	^VAT(391.72, This file contains the event reason codes for admission, discharge and transfer (ADT) Health Level Seven (HL7) events.
391.91 TREATING FACILITY LIST	^DGCN(391.91, This file holds the Treating Facility List, a list of institutions where the patient has had treatment.
391.92 VAFC ASSIGNING AUTHORITY	^DGCN(391.92, The VAFC ASSIGNING AUTHORITY (#391.92) file expands the capability of VA Identity Management Service (IdM) to support future initiatives, (e.g., National Health Information Network (NHIN) and non-Patient Identity Management, etc.). This file stores a portion of the data used to assemble fully qualified identifiers used for either the Health Level Seven v2.4 or v3.0 standard.

File # File Name	Global File Description
391.98 PATIENT DATA EXCEPTION	^DGCN(391.98, This file is currently used to log exceptions encountered and their status. This file should not be limited to demographic exceptions as it is a place holder. It is tied to a patient.
391.984 EXCEPTION STATUS	^DGCN(391.984, This file contains the status name and code (abbreviation) associated with the exceptions processed by the Patient Data Review [VAFC EXCEPTION HANDLER] option.
391.99 PATIENT DATA ELEMENT	^DGCN(391.99, This file is used to store each individual data element and its location for the exception that is logged.
392 BENEFICIARY TRAVEL CLAIM	^DGBT(392, This file contains the completed travel claim entries for patients showing departure/destination data, as well as specific claim data.
392.1 BENEFICIARY TRAVEL DISTANCE	^DGBT(392.1, This file contains the mileage data between departure cities and medical center divisions. Each departure city can have multiple divisions entered, each with its own associated mileage, most economical cost, and remarks field.
392.2 BENEFICIARY TRAVEL CERTIFICATION	^DGBT(392.2, This file contains the income certification data for patients for Beneficiary Travel claims, including amount certified, eligibility for Benefit Travel, and means test status.
392.3 BENEFICIARY TRAVEL ACCOUNT	^DGBT(392.3, Although this file has been decentralized, changes and additions should be made with extreme care.
392.31 LOCAL VENDOR	^DGBT(392.31, This file contains vendors of the Core Financial Logistics System (coreFLS) used by your local system. Entries should only be added and updated through the applications interfaced with coreFLS. Entries SHOULD NOT be added, edited, or deleted through File Manager.
392.4 BENEFICIARY TRAVEL MODE OF TRANSPORTATION	^DGBT(392.4, This file contains the data on the different modes of transportation available in Benefit Travel claims.
393 INCOMPLETE RECORDS	^VAS(393, This file is the main file for the Incomplete Records Tracking package IRT This is where all of the data is stored that will be displayed for each deficiency on the enter/edit screens and on all of the reports.
393.1 MAS SERVICE	^DG(393.1, This file stores all the possible services for both wards and clinics.

File # File Name	Global File Description
393.2 IRT STATUS	^DG(393.2, This is the file that contains the names of the statuses that an IRT record must go thru to its completion.
393.3 IRT TYPE OF DEFICIENCY	^VAS(393.3, This file contains the names of the types of deficiencies that are tracked in the IRT package.
393.41 TYPE OF CATEGORY	^VAS(393.41, This is the file that stores the name of the category and all data elements related to the category, that a deficiency falls under. There are thirteen categories.
394 *PDX TRANSACTION	^VAT(394, This file has been replaced with the VAQ - TRANSACTION file (#394.61). Version 1.0 of PDX used this file to store administrative information concerning all PDX transmissions. Version 1.5 of PDX has marked it for deletion and version 2.0 will delete it.
394.1 *PDX DATA	^VAT(394.1, This file has been replaced with the VAQ - DATA file (#394.62). Version 1.0 of PDX used this file to store patient information that was transmitted using PDX. Version 1.5 of PDX has marked it for deletion and version 2.0 will delete it.
394.2 *PDX PARAMETER	^VAT(394.2, This file has been replaced with the VAQ - PARAMETER file (#394.81). Version 1.0 of PDX used this file to store site specific information concerning the use of PDX. Version 1.5 of PDX has marked it for deletion and version 2.0 will delete it.
394.3 *PDX STATUS	^VAT(394.3, This file has been replaced with the VAQ - STATUS file (#394.85). Version 1.0 of PDX used this file to store all possible phases of a PDX transmission. Version 1.5 of PDX has marked it for deletion and version 2.0 will delete it.
394.4 *PDX STATISTICS	^VAT(394.4, This file has been replaced with the VAQ - WORKLOAD file (#394.87). Version 1.0 of PDX used this file to store workload statistics concerning use of PDX. Version 1.5 of PDX has marked it for deletion and version 2.0 will delete it.

File # File Name	Global File Description
394.61 VAQ - TRANSACTION	^VAT(394.61, This file holds information describing each PDX transaction. A PDX transaction is created when one of the following events occur.
394.62 VAQ - DATA	^VAT(394.62, This file holds any patient information that was transmitted using PDX.
394.71 VAQ - DATA SEGMENT	^VAT(394.71, This file defines each data segment currently supported by PDX.
394.72 VAQ - ENCRYPTION METHOD	^VAT(394.72, This file defines each encryption method currently supported by PDX.
394.73 VAQ - ENCRYPTED FIELDS	^VAT(394.73, This file contains all fields that should be encrypted in PDX Requests and Unsolicited PDXs transmitted by the facility. This file is only relevant when encryption has been turned on.
394.81 VAQ - PARAMETER	^VAT(394.81, This file contains site specific information concerning the use of PDX. Only one entry may be made in this file.
394.82 VAQ - RELEASE GROUP	^VAT(394.82, This file contains the facilities that have been granted 'Automatic Processing'. In order for a request to be automatically processed, the requesting facility must have an entry in this file.
394.83 VAQ - OUTGOING GROUP	^VAT(394.83, This file contains groups of facilities commonly accessed using PDX.
394.84 VAQ - SEGMENT GROUP	^VAT(394.84, This file contains groups of data segments commonly referenced by the facility. Groups marked as 'Public' may be referenced by all users of PDX. Groups marked as 'Private' may only be referenced by the individual that created the group.
394.85 VAQ - STATUS	^VAT(394.85, This file defines all possible statuses of a PDX transaction. Codes must be in the form XXXX-YYYYY where XXXX is the namespace of the package (1-4 upper case characters) and YYYYY is 1-5 characters (upper or lower case) of the package's choosing. [Must pattern match 1.4U1"-"1.5A]

File # File Name	Global File Description
394.86 VAQ - AUTO-NUMBERING	^VAT(394.86, This file is used to implement auto-numbering in the PDX files. Fields with auto-numbering capability will have an entry in this file
394.87 VAQ - WORKLOAD	^VAT(394.87, This file contains statistics concerning the workload done using PDX. PDX workload is considered to be requesting patient information from another facility, manually processing requests from another facility, and uploading PDX data to the Patient File. Work done by the PDX Server is also stored in this file.
394.88 VAQ - WORK	^VAT(394.88, This file contains the type of work being tracked by the VAQ - WORKLOAD file (#394.87).
395 DVB PARAMETERS	^DVB(395,
395.1 ENTITLEMENT CODES	^DVB(395.1,
395.2 ANATOMICAL-LOSS CODES	^DVB(395.2,
395.3 MONTHLY COMPENSATION	^DVB(395.3,
395.4 DIARY DEFINITIONS	^DVB(395.4,
395.5 HINQ SUSPENSE	^DVB(395.5,
395.7 HINQ AUDIT	^DVB(395.7,

File # File Name	Global File Description
396 FORM 7131	^DVB(396, Holds all requests for 7131 information. This is the information which was requested on the old paper 7131 forms. Node 6 was added with Version 2.7 of AMIE. This node contains the divisions a selected report on a 7131 has been transferred to. Node 7 was added with Version 2.7 of AMIE. This node contains the dates a report on a 7131 was transferred to another division. These nodes are used only by Multidivisional facilities that transfer reports on a 7131. The decimal portion of the field numbers for the fields on nodes 6 and 7 indicates the node the field exists on. The piece position for each field on nodes 6 and 7 corresponds to the piece position of its respective report status field on that report's node. NOTE: The 'AE' and 'AF' cross-references are specialized MUMPS cross- references used to implement the Divisional Transfer of reports on a 7131 request. Please follow the technical descriptions of the above cross-references when re-indexing.
396.1 AMIE SITE PARAMETER	^DVB(396.1, Holds the package specific parameters for the AMIE site.
396.15 CAPRI DIVISION EXAM LIST	^DVB(396.15, This file is used by the CAPRI GUI to maintain a list of AMIE C&P examinations that are assigned to a specific medical center division. It is also possible to set a flag in this file to disable the division from appearing in the listing of selectable divisions in the GUI.
396.17 CAPRI TEMPLATES	^DVB(396.17, This file holds the definitions generated by users of the CAPRI C&P Worksheet Module (CPWM) that are used to re-generate GUI screens. CPWM allows point-n-click entry of C&P examinations and will store ASCII reports in AMIE and TIU when the user has finished the documentation process. This file serves to track documents in progress as well as documents that have been already completed and sent to TIU and AMIE.

File # File Name	Global File Description
396.18 CAPRI TEMPLATE DEFINITIONS	^DVB(396.18, This file maintains a list of definitions used to generate examination templates in the CAPRI GUI interface. These definitions will be used by providers to document C&P examinations in point-n-click format. The definitions will not be used in the roll-n-scroll AMIE-II application and are specific to the GUI environment. Old definitions, as they are retired, will be retained in the file for historical purposes. This file should remain standardized between all sites and entries not be modified, removed, or added except through patch installation.
396.2 AMIE REPORT	^DVB(396.2, File to hold various parameters for specialized reporting in the A.M.I.E. package. Information is deleted as soon as possible. (This file is used specifically when generating and printing Notices of Discharge.)
396.3 2507 REQUEST	^DVB(396.3, Holds all 2507 requests generated from Regional Office users.
396.4 2507 EXAM	^DVB(396.4, This file contains all the exams that are associated with the various 2507 requests.
396.5 2507 CANCELLATION REASON	^DVB(396.5, This file has all current reasons that a 2507 exam may be cancelled.
396.6 AMIE EXAM	^DVB(396.6, Current listing of all valid 2507 exams that may be requested. The exams may be inactivated by the setting of the active/inactive flag. Only the Regional Office may determine if an exam is active or inactive.
396.7 2507 BODY SYSTEM	^DVB(396.7, Contains all body system names to which the 2507 exams are related.
396.94 2507 INSUFFICIENT REASONS	^DVB(396.94, This file has been added for use by the 2507 EXAM File (396.4). It contains the reason an exam is returned by the Regional Office to the Medical Center as 'Insufficient'. The reasons contained in this file were developed and agreed upon by the AMIE Sub-group of the PII-EP. This information should not be modified by the site.

File # File Name	Global File Description
396.95 AMIE C&P EXAM TRACKING	^DVB(396.95, This file has been added for use by the 2507 REQUEST File (396.3). It contains information about C&P appointments linked to 2507 Requests. This file should not be edited via FileMan. The information in this file is crucial to proper calculation of the Average Processing Time on the AMIE AMIS 290.
399 BILLS/CLAIMS	^DGCR(399, This file contains all the information necessary to complete a Third Party billing claim form.
399.1** MCCR UTILITY	^DGCR(399.1, This file contains all of the Occurrence Codes, Discharge Statuses, Discharge Bed sections, and Value Codes which may be used on a Third Party Claim form.
399.2** REVENUE CODE	^DGCR(399.2, This file contains all of the Revenue Codes which may be used on the Third Party Claim forms.
399.3** RATE TYPE	^DGCR(399.3, This file contains all of the Rate Types which may be used on the Third Party Claim forms.
399.4** MCCR INCONSISTENT DATA ELEMENTS	^DGCR(399.4, Contains a list of all possible reasons a bill may be disapproved during the authorization phase of the billing process.
399.5** BILLING RATES	^DGCR(399.5, Contains the historical billing rates associated with revenue codes and specialties for which the DVA has legislative authority to bill third parties for reimbursement. It is used to automatically associate revenue codes, bed sections, and amounts on bills.
409.95 PRINT MANAGER CLINIC SETUP	^SD(409.95, This file defines which encounter forms to use for a particular clinic. It can also be used to define other forms or reports to print, along with the new encounter forms. For each appointment, a packet of forms can be printed, saving the effort of collating the forms manually.
409.96 PRINT MANAGER DIVISION SETUP	^SD(409.96, This file allows the user to specify reports or forms that should print in addition to the encounter forms for the entire division. Only reports contained in the PACKAGE INTERFACE file (#357.6) can be specified. The user can ALOS specify the conditions under which the report should print. The intent is to print packets of forms so that they do not have to be manually collated.

*File contains data which will overwrite existing data.
**File contains data which will merge with existing data.

Templates

List Templates

TEMPLATE	DESCRIPTION
IBCE VIEW LOC PRINT	Protocol List Type. Generates the previously printed claims screen.
IBCN INS CO SELECTED	Protocol List Type. Displays Insurance Companies selected by template IBCN INS CO SELECTOR. Allows users to deselect an Insurance Company.
IBCN INS CO SELECTOR	Protocol List Type. Displays Insurance Companies using a variety of user selected filters. Allows user to select and deselect Insurance Companies. It allows filter criteria to be reset and for users to see a complete list of currently selected Insurance Companies.
IBCN SUBSCRIBER SELECTED	Protocol List Type. Displays Subscribers selected by template IBCN SUBSCRIBER SELECTOR. Allows user to deselect a Subscriber.
IBCN SUBSCRIBER SELECTOR	Protocol List Type. Displays a list of Subscribers for a specified group plan using user defined filters. Allows user to select and deselect Subscribers, sort the listed Subscribers and see a complete list of currently selected Subscribers.
IBCNB INSURANCE BUFFER PAYER	Protocol List Type. Displays the Payer Summary information for Eligibility Benefits.
IBCNCH POL COMMENT EXPAND VIEW	Protocol List Type. Displays all of the fields of the selected Patient Policy Subscriber comment.
IBCNCH POLICY COMMENT EXPAND	Protocol List Type. Displays all of the fields of the selected Patient Policy Subscriber comment. Allows the user to edit or delete the comment under specified conditions.
IBCNCH POLICY COMMENT HISTORY	Protocol List Type. Displays all of the Patient Policy Comments for a specified patient and policy. Allows the user to add a new comment, expand a comment, search all comments for a specified string, edit a comment and delete a comment.
IBCN POLICY COMMENT SEARCH	Protocol List Type. Displays Patient Policy Comments for a specified patient and policy that contain a specified string. Allows user to scroll through all comments that contain the string using Next Comment and Previous Comment actions.
IBCN POLICY COMMENT VIEW	Protocol List Type. Displays Patient Policy Comments for a specified patient and policy. Allows the user to search all comments for a specified string.
IBCNE ELIGIBILITY/BENEFIT INFO	Protocol List Type. Generates the eIV Elig/Benefit Information screen.
IBCNE MEDICARE COB DISPLAY	Protocol List Type. Generates list of Medicare patients with subsequent insurance.

List Templates

TEMPLATE	DESCRIPTION
IBCNE MEDICARE COB LIST	Protocol List Type. Generates list of Medicare patients with subsequent insurance and enables patient selection.
IBJP ADMIN CONTRACTOR COM	Protocol List Type. Generates the Commercial Alt Primary Payer ID Types screen.
IBJP ADMIN CONTRACTOR MED	Protocol List Type. Generates the Medicare Alt Primary Payer ID Types screen.
IBJP IB REVENUE CODES	Protocol List Type. Generates the Excluded Revenue Codes screen.
IBJP CLAIMS TRACKING	Protocol List Type. Generates the Claims Tracking Parameter screen.
IBJP HCSR ADM INSCO	Protocol List Type. Generates the HCSR Insurance Exclusions screen.
IBJP HCSR APPT INSCO	Protocol List Type. Generates the HCSR Insurance Exclusions screen.
IBJP HCSR CLINICS	Protocol List Type. Generates the HCSR Clinics Inclusions screen.
IBJP HCSR PARAMETERS	Protocol List Type. Generates the HCSR Parameters screen.
IBJP HCSR WARDS	Protocol List Type. Generates the HCSR Wards Exclusions screen.
IBJP IB PAY-TO PROVIDERS	Protocol List Type. Displays list of Pay-to Providers defined under IB Site Parameters; allows user to add, edit, and delete Pay-to Providers; allows user to go to Pay-to Associations.
IBJP IB PAY-TO ASSOCIATIONS	Protocol List Type. Displays Divisions associated with each Pay-to Provider; allows user to add, edit, and delete associations.
IBJP IB TRICARE PAY-TO PROVS	Protocol List Type. Displays list of TRICARE-specific Pay-to Providers defined under IB Site Parameters; allows user to add, edit, delete TRICARE-specific Pay-to Providers; allows user to go to TRICARE-specific Pay-to Associations.
IBJP IB TRICARE PAY-TO ASSOCS	Protocol List Type. Displays Divisions associated with each TRICARE-specific Pay-to Provider; allows user to add, edit, and delete associations.
IBJP IIV SITE PARAMETERS	Protocol List Type. Displays the IV Site Parameters.
IBRFI 277 DETAIL WL	Protocol List Type. Generates the RFAI Message Detail screen.
IBRFI 277 WL	Protocol List Type. Displays the RFAI Management Worklist.
IBRFI COMMENTS	Protocol List Type. Displays the RFAI Claim Comment History.
IBT CLAIMS TRACKING EDITOR	Protocol List Type. Generates the Claims Tracking Editor screen.

List Templates

TEMPLATE	DESCRIPTION
IBT COMMUNICATIONS EDITOR	Protocol List Type. Generates the Insurance Reviews/Contacts screen.
IBT HCSR ENTRY	Protocol List Type. Generates the HCSR Expanded Entry screen.
IBT HCSR RESPONSE VIEW	Display List Type. Generates the HCSR Response View screen.
IBT HCSR RESPONSE WORKLIST	Protocol List Type. Generates the HCSR Response Worklist screen.
IBT HCSR SEND 278 SHORT	Protocol List Type. Generates the HCSR 278 Send screen.
IBT HCSR WORKLIST	Protocol List Type. Generates the HCSR Worklist screen.
IBJT 835 EEOB PRINT	Protocol List Type. Generates the TPJI ERA/835 Print EEOB Information Screen, which displays detailed EEOB data.
IBJT ADDITIONAL 835 DATA	Protocol List Type. Generates the TPJI ERA/835 Additional Information Screen, which display additional payer and contact information in the 835 transaction.
IBJT ERA 835 INFORMATION	Protocol List Type. Generates the TPJI ERA/835 Information Screen, which display Electronic Remittance Advice/835 information.

Input Templates

FILE#	TEMPLATE	DESCRIPTION
2	IBCN PATIENT INSURANCE	New input template to handle the input/edit of fields in the patient insurance multiple (2.312) in the patient file.
36	IBEDIT INS CO1	Edits INSURANCE COMPANY file from Insurance Company Edit option.
350.9	IB EDIT CLEAR	Clear Integrated Billing Filer Parameters.
350.9	IB EDIT MCCR PARM	Enter/edit MCCR Site Parameters.
350.9	IB EDIT SITE PARAM	Enter/edit Integrated Billing Site Parameters.
350.9	IBCNE GENERAL PARAMETER EDIT	MESSAGES MAILGROUP CONTACT PERSON CONTACT PERSON: OFFICE PHONE;REQ EMAIL ADDRESS;REQ FAILURE MAILMAN MSG
350.9	IBCNF EDIT CONFIGURATION	Edits the eII configuration parameter fields in IB SITE PARAMETERS (#350.9); it is called from IBCNFCON routine.
351	IB BILLING CYCLE ADD	Patient Billing Clock Maintenance, new entry.
351	IB BILLING CYCLE ADJUST	Patient Billing Clock Maintenance, edit existing entry.

Input Templates

FILE#	TEMPLATE	DESCRIPTION
351.61	IBAT OUT PRICING EDIT	PROCEDURES PROCEDURES D CPTDSP^IBATLM2B(X) QUANTITY PROCEDURE COST
353	IB DEVICE	Bill Form Print Device Setup
353	IBCE ADD/EDIT LOCAL FORM	NAME FORM LENGTH ENTRY PRE-PROCESSOR ENTRY POST-PROCESSOR EXTRACT CODE OUTPUT CODE FORM PRE-PROCESSOR FORM POST-PROCESSOR FIELD DELIMITER SHORT DESCRIPTION
354	IB CURRENT STATUS	Updates the current status in the BILLING PATIENT file whenever a new exemption is created.
354.1	IB INACTIVATE EXEMPTION	Inactivates actives exemptions. Only one exemption for a date may be active.
354.1	IB NEW EXEMPTION	Updates new exemptions in the BILLING EXEMPTIONS file.
354.3	IB ENTER THRESHOLD	Enter new income thresholds.
355.4	IBCN AB ADD COM	Allows editing of ANNUAL BENEFITS comments.
355.4	IBCN AB EDIT ALL	Allows editing of all ANNUAL BENEFITS fields.
355.4	IBCN AB HOME HEA	Allows editing of the Home Health section of ANNUAL BENEFITS.
355.4	IBCN AB HOSPC	Allows editing of the Hospice section of ANNUAL BENEFITS.
355.4	IBCN AB INPT	Allows editing of the Inpatient section of ANNUAL BENEFITS.
355.4	IBCN AB IV MGMT	Allows editing of the IV Mgmt section of ANNUAL BENEFITS.
355.4	IBCN AB MEN H	Allows editing of the Mental Health section of ANNUAL BENEFITS.
355.4	IBCN AB OPT	Allows editing of the Outpatient section of ANNUAL BENEFITS.
355.4	IBCN AB POL INF	Allows editing of the Policy Information section of ANNUAL BENEFITS.
355.4	IBCN AB REHAB	Allows editing of the Rehab section of ANNUAL BENEFITS.
355.5	IBCN BU ADD COM	Allows editing of the Comments in BENEFITS USED.

Input Templates

FILE#	TEMPLATE	DESCRIPTION
355.5	IBCN BU ED AL	Allows editing of all BENEFITS USED fields.
355.5	IBCN BU INPT	Allows editing of the Inpatient section of BENEFITS USED.
355.5	IBCN BU OPT	Allows editing of the Outpatient section of BENEFITS USED.
355.5	IBCN BU POL	Allows editing of the Policy section of BENEFITS USED.
356	IBT ASSIGN CASE	Allows assigning a case to a reviewer.
356	IBT BILLLING INFO	Allows editing of billing information in Claims Tracking.
356	IBT PRECERT INFO	Allows editing of pre-certification information in Claims Tracking.
356	IBT QUICK EDIT	Allows editing of necessary fields for a visit in Claims Tracking.
356	IBT STATUS CHANGE	Allows changing status of a visit in Claims Tracking.
356	IBT UR INFO	Edit field used to determine which cases require which types of reviews.
356.1	IBT ADD COMMENTS	Edits COMMENTS field of HOSPITAL REVIEW file (#356.1).
356.1	IBT REMOVE NEXT REVIEW	Deletes next review date.
356.1	IBT REVIEW INFO	Edits REVIEW INFORMATION field.
356.1	IBT SPECIAL UNIT	Edits SPECIAL UNITS SI/IS fields.
356.1	IBT STATUS CHANGE	Edits STATUS field.
356.19	IBT AVERAGE BILL AMOUNTS (12M)	NO. INPT INST. CLAIMS (12M) AMT INPT INST. CLAIMS (12M) NO. INPT EPISODES/INST. (12M) NO. INPT PROF. CLAIMS (12M) AMT INPT PROF. CLAIMS (12M) NO. INPT EPISODES/PROF. (12M) DATE UPDATED (12M)
356.19	IBT AVERAGE BILL AMOUNTS (MON)	NO. INPT INST. CLAIMS (MON) AMT INPT INST. CLAIMS (MON) NO. INPT EPISODES/INST. (MON) NO. INPT PROF. CLAIMS (MON) AMT INPT PROF. CLAIMS (MON) NO. INPT EPISODES/PROF. (MON) DATE UPDATED (MON)

Input Templates

FILE#	TEMPLATE	DESCRIPTION
356.19	IBT UNBILLED AMOUNTS	EPISODES MISSING INST CLAIMS EPISODES MISSING PROF CLAIMS ENCOUNTERS MISSING CLAIMS CPT CODES MISSING INST CLAIMS CPT CODES MISSING PROF CLAIMS NUMBER OF UNBILLED RX'S UNBILLED INPATIENT AMOUNT UNBILLED OUTPATIENT AMOUNT UNBILLED RX AMOUNT TOTAL UNBILLED AMOUNT NO. MRA INPT INST CLAIMS NO. MRA INPT PROF CLAIMS MRA CPT CODES ON INST CLAIMS MRA CPT CODES ON PROF CLAIMS NUMBER OF MRA UNBILLED RX'S MRA UNBILLED INPATIENT AMOUNT MRA UNBILLED OUTPATIENT AMOUNT MRA UNBILLED PRESCRIPTION AMT TOTAL MRA UNBILLED AMOUNT 2.11
356.2	IBT ACTION INFO	Allows editing of specific field relative to an Action.
356.2	IBT ADD APPEAL	Edits Appeal information.
356.2	IBT APPEAL INFO	Allows editing of Appeal Address in File #36.
356.2	IBT COMMENT INFO	Edits COMMENTS fields.
356.2	IBT CONTACT INFO	Edits Contact information.
356.2	IBT FINAL OUTCOME	Allows specifying final outcome of an appeal.
356.2	IBT INS VERIFICATION	Allows insurance verifiers to edit specific contact information from Insurance Mgmt.
356.2	IBT INSURANCE INFO	Edits the Appeals Address in the INSURANCE COMPANY file (#36).
356.2	IBT QUICK EDIT	Used to add/edit a new review.
356.2	IBT REMOVE NEXT REVIEW	Deletes next review data.
356.2	IBT STATUS CHANGE	Edits INSURANCE REVIEW STATUS field.
356.22	IB ADD/EDIT 278	Used to create/Edit a 278 request for a selected HCSR Worklist event.
356.22	IB CREATE 278 REQUEST	Used to create/Edit a 278 request for a selected HCSR Worklist event.
356.22	IB CREATE 278 REQUEST SHORT	Used to create/Edit a 278 request for a selected HCSR Worklist event.
357	IBDF EDIT NEW FORM	Used to edit a new form.
357	IBDF EDIT OLD OR COPIED FORM	Used to edit an existing form.
357.1	IBDF EDIT HEADER & OUTLINE	Used to edit a block's header and outline.
357.1	IBDF EDIT HEADER BLOCK	Used to edit the header block of a form.

Input Templates

FILE#	TEMPLATE	DESCRIPTION
357.1	IBDF NEW EMPTY BLOCK	Used to edit the header, position, outline, and other characteristics of a new block.
357.1	IBDF POSITION COPIED BLOCK	Used to position a copied block onto a form.
357.2	IBDF EDIT SELECTION LIST	Used to edit a selection list, except for the position and size of the columns.
357.2	IBDF POSITION/SIZE COLUMNS	Used to edit the size and position of a selection list's columns.
357.3	IBDF CPT MODIFIER	CPT MODIFIER ALL
357.3	IBDF EDIT PLACE HOLDER	PRINT ORDER WITHIN GROUP PLACE HOLDER TEXT USE AS SUBHEADER?
357.3	IBDF EDIT SELECTION	Used to edit a selection.
357.5	IBDF EDIT DATA FIELD	Used to edit a data field.
357.5	IBDF EDIT FORM HEADER	Used to edit the form header data field.

357.5	IBDF EDIT LABEL FIELD	NAME
		BLOCK
		TYPE OF DATA
		SUBFIELD
		  SUBFIELD LABEL
		  STARTING ROW FOR LABEL
		  STARTING COLUMN FOR LABEL

357.6	IBDF EDIT AVAILABLE HLTH SMRY	Used to define a package interface that prints a Health Summary.
357.6	IBDF EDIT AVAILABLE REPORT	Used to define a package interface that prints a report other than a Health Summary.
357.6	IBDF EDIT OUTPUT/SELECTION RTN	Used to define a package interface of the type output routine or selection routine.
357.69	IB EDIT E&M QUANTITY	ALLOW QUANTITY GREATER THAN 1
357.7	IBDF FORM LINE	Used to edit a line.
357.8	IBDF EDIT TEXT AREA	Used to edit a text area.
357.91	IBDF EDIT MARKING AREA	Used to edit a marking area.

357.93	IBDF EDIT MULT CHOICE FIELD	NAME
		BLOCK
		SELECTION RULE
		CHOICE
		  ID
		  DATA QUALIFIER
		  CHOICE LABEL
		  STARTING COLUMN FOR LABEL
		  STARTING ROW FOR LABEL
		  BUBBLE COLUMN
		  BUBBLE ROW

Input Templates

FILE#	TEMPLATE	DESCRIPTION
357.94	IBDF EDIT PRINTER	TERMINAL TYPE PRINTER LANGUAGE TYPE SIMPLEX DUPLEX, LONG-EDGE BINDING DUPLEX, SHORT-EDGE BINDING TCP PRINTER
357.96	IBD CREATE FORM TRACKING	PATIENT APPOINTMENT FORM TYPE DATE/TIME PRINTED SOURCE OF FORM ID FORM TYPE ID (EXTERNAL SOURCE) EXTERNAL PRINTED FORM ID CLINIC PROCESSING STATUS NO APPOINTMENT ENTRY
357.96	IBD EDIT FORM TRACKING STATUS	DATE/TIME RECEIVED IN DHCP PROCESSING STATUS ERROR
359.94	IBDF EDIT HAND PRINT FIELD	NAME BLOCK DHCP DATA ELEMENT LABEL LABEL APPEARANCE
364.5	IBCE DEFINE LOCAL ELEMENT	NAME SECURITY LEVEL BASE FILE TYPE OF ELEMENT ELEMENT CATEGORY ELEMENT CATEGORY FILEMAN FIELD REFERENCE FILEMAN RETURN FORMAT CONSTANT VALUE EXTRACT CODE ARRAY ROOT DESCRIPTION
364.6	IBCE ADD/EDIT LOCAL FORM FIELD	CALCULATE ONLY OR OUTPUT PAGE OR SEQUENCE FIRST LINE NUMBER STARTING COLUMN OR PIECE MAX NUMBER LINES LENGTH LOCAL OVERRIDE ALLOWED SHORT DESCRIPTION CALCULATE ONLY OR OUTPUT

Input Templates

FILE#	TEMPLATE	DESCRIPTION
364.7	IBCE EDIT FIELD CONTENT	SECURITY LEVEL DATA ELEMENT EDIT STATUS EDIT GROUP NUMBER SCREEN PROMPT FORMAT CODE INSURANCE COMPANY BILL TYPE PAD CHARACTER FORMAT CODE DESCRIPTION
399	IB MAIL	Enter/edit a bill's mailing address.
399	IB REVCODE EDIT	Enter/Edit a bill's revenue code information.
399	IB SCREEN1	Enter/Edit billing screen 1, demographic information.
399	IB SCREEN10	Enter/edit billing screen 10
399	IB SCREEN102	Enter/edit billing screen 10
399	IB SCREEN10H	Enter/edit billing screen 10
399	IB SCREEN2	Enter/edit billing screen 2, employment information.
399	IB SCREEN3	Enter/edit billing screen 3, payer information.
399	IB SCREEN4	Enter/edit billing screen 4, inpatient event information.
399	IB SCREEN5	Enter/edit billing screen 5, outpatient event information.
399	IB SCREEN6	Enter/Edit billing screen 6, inpatient general billing information.
399	IB SCREEN7	Enter/edit billing screen 7, outpatient general billing information.
399	IB SCREEN8	Enter/Edit UB-82 billing screen 8, billing specific information.
399	IB SCREEN82	Enter/edit UB-92 billing screen 8, bill specific information.
399	IB SCREEN8H	Enter/Edit HCFA 1500 billing screen 8, billing specific information.
399	IB SCREEN9	Ambulance Information.
399	IB STATUS	Edit a bill's status.
399.2	IB ACTIVATE	Activate/inactivate revenue codes.
399.3	IB RATE EDIT	Update RATE TYPE file (#399.3).
409.95	IBDF PRINT MANAGER	Defines reports and encounter forms to clinic.
409.96	IBDF PRINT MANAGER	Defines reports and encounter forms to division.

Sort Templates

FILE#	TEMPLATE	DESCRIPTION
2	IBNOTVER, IBNOTVER1	Lists new, not verified insurance entries.
36	IB INACTIVE INS CO	List of inactive insurance companies covering patients.
335.93	IB PROVIDERS FROM FB	List of records that have been affected by FB PAID TO IB automatic interface (For Future Use to Validate Testing).
350	IB INCOMPLETE	Integrated Billing Action List of entries with a status of INCOMPLETE.
351.71	IBJD DM REPT SORT	SORT BY: MONTH From: OCT 2003 To: OCT 2003 ASK range of values WITHIN MONTH, SORT BY: REPORT REPORT SUB-FIELD: STATUS From: 1 To: 2 ASK range of values
354	IB BILLING PAT W/INCOME	List of patients with a "No Income Data" exemption.
354	IB BILLING PATIENT BY REASON	List of currently exempt patients by reason.
354	IB BILLING PATIENT BY STATUS	List of currently exempt patients by status.
354	IB EXEMPT PATIENTS	List of exempt patients.
354	IB EXEMPTION LETTER	Stores results of search when printing exemption letters.
354.3	IB PRINT THRESHOLD	List of thresholds.
356	IBT LIST VISITS	Lists visits in Claims Tracking by date and type. Primarily list random sample cases.
357.6	IBD PRIM CARE SEARCH	List of new primary care interfaces for patch.
357.96	IBD NO APPOINTMENT LIST	This template with list patients for a date range that have had encounter forms printed that are not related to appointments.

Sort Templates

FILE#	TEMPLATE	DESCRIPTION
359.3	IBD LIST ERRORS	SORT BY: '@ERROR DATE/TIME From: To: WITHIN ERROR DATE/TIME, SORT BY: #USER From: To: WITHIN USER, SORT BY: PATIENT From: @ To: Do NOT ask range of values WITHIN PATIENT, SORT BY: ENCOUNTER DATE/TIME;S1 From: @ To: Do NOT ask range of values
362.1	IB AB COMMENTS	Automated Biller Error/Comments Report.
364.6	IBCE LOCAL DATA ELEMENTS	This sort template will allow for the printing of local form override data.
399	IB CLK PROD	Clerk Productivity Report.
399.5	IB BILLING RATES	Billing Rates List.
8994	IBD RPC LIST	AICS Remote Procedure List.

Print Templates

FILE#	TEMPLATE	DESCRIPTION
2	IB NOTVER	Lists new, not verified insurance entries.
36	IB INACTIVE INS CO	List of inactive insurance companies shown in the system as still providing patient coverage.
40.8	IB DIVISION DISPLAY	Displays wage rates and locality modifier data for a division.
350	IB INCOMPLETE	Integrated Billing Action List of entries with status of INCOMPLETE.
350	IB LIST	Integrated Billing Action List.
350.41	IB CPT UPDATE ERROR	Update Billable Ambulance Surgery Transfer Error List Report.
350.6	IB PURGE LIST LOG ENTRIES	Displays log entries from the IB Archive Purge Log.
350.7	IB CPT PG DISPLAY	Displays a Check-off Sheet's line format and associated sub headers.
350.71	IB CPT CP DISPLAY	Displays procedures associated with a particular Check-off Sheet sub header.
351	IB BILLING CLOCK HEADER	Displays the header for the Patient Billing Clock Inquiry.
351	IB BILLING CLOCK INQ	Displays the Patient Billing Clock Inquiry data.
351.71	IBJD DM REPT PRINT	
351.71	IBJD DM V/P EXTRACTS	
352.1	IB APPOINTMENT TYPE	Billable Appointment Type List.
354	IB BILLING PAT W/INCOME	Used when producing a list of nonexempt patients with no income data.
354	IB BILLING PATIENT	Prints the exemption reason reports with the detailed patient listing.
354	IB BILLING PATIENT SUMMARY	Prints the exemption reason reports that do not include the detailed patient listing.
354	IB DO NOT USE	Creates results of IB EXEMPTION LETTER sort template.
354	IB PATIENT ADDRESSES	For local use, contains patient names and addresses.
354.3	IB PRINT THRESHOLD	Prints a list of entries from the BILLING THRESHOLDS file (#354.3).
356	IB LIST VISITS	Lists visits in Claims Tracking. Primarily to list random sample cases.

Print Templates

FILE#	TEMPLATE	DESCRIPTION
356	IBT LIST VISITS	PATIENT;L20 PATIENT: PRIMARY LONG ID;"PT. ID";L13 WARD LOCATION;L10;"WARD" EVENT TYPE: ABBREVIATION;"VISIT TYPE" DATE(EPISODE DATE);"DATE";L11 TRACKED AS INSURANCE CLAIM?;"INS. CASE";L4 TRACKED AS RANDOM SAMPLE?;"RANDOM CASE" TRACKED AS SPECIAL CONDITION;"SPECIAL COND." TRACKED AS A LOCAL ADDITION?;"LOCAL CASE" HOSPITAL REVIEWS ASSIGNED TO;L12;"HOSP REVIEWER" INS. REVIEWS ASSIGNED TO;L12;"INS REVIEWER"
356	IBT QUICK REV CODING STAT	PATIENT PATIENT:SSN;"SSN" OUTPATIENT ENCOUNTER:LOCATION;"LOCATION";C1;L15 OUTPATIENT ENCOUNTER;"DATE/TIME";C18;L20 REASON NOT BILLABLE;C1 BILLABLE FINDINGS TYPE BILLABLE FINDINGS TYPE
357.96	IBD NO APPOINTMENT LIST	PATIENT;L25! PATIENT: PRIMARY LONG ID;"SSN";L12 CLINIC;L25 DATE/TIME PRINTED;L20 PROCESSING STATUS;L18

Print Templates

FILE#	TEMPLATE	DESCRIPTION
359.3	IBD LIST ERRORS	PATIENT;L20 PATIENT: PRIMARY LONG ID;"ID";L12 ENCOUNTER DATE/TIME;"APPOINTMENT DATE";L16 FORM TRACKING NUMBER;"FORM TRACKING ID";R9 ERROR SOURCE USER;L20 ERROR MESSAGE;W35
362.1	IB AB COMMENTS	Automated Biller Error/Comments Report.
364.2	IBCEM MESSAGE LIST	"MESSAGE #: "_#.01;X;C1 "MESSAGE TYPE: "_MESSAGE TYPE;C40;X "DATE RECORDED: "_NUMDATE(DATE RECORDED)_"@"_TIME(DATE RECORDED);C3;X "BATCH NUMBER: "_BATCH NUMBER;C40;X "BILL #: "_TRANSMIT BILL;C3;X "STATUS: "_STATUS;C40;X "MESSAGE DATE: "_NUMDATE(MESSAGE DATE)_"@"_TIME(MESSAGE DATE);C3;X "UPDATE TASK: "_UPDATE TASK;C40;X "STATUS CHANGED DATE: "_NUMDATE(STATUS CHANGED DATE)_"@"_TIME(STATUS CHANGED DAT "STATUS CHANGED BY: "_STATUS CHANGED BY;C3;X "SOURCE LEVEL: "_SOURCE LEVEL;C3;X "SOURCE: "_SOURCE;C40;X "MESSAGE:";C1;X MESSAGE;C1;X;m "BILL NUMBERS:";C7;S;"" "TRANSMISSION STATUS:";C29;"" "----------";C7;"" "--------------------";C29;"" BATCH NUMBER: EDI TRANSMIT BILL: BILL NUMBER;"";C7 TRANSMISSION STATUS;"";C29

Print Templates

FILE#	TEMPLATE	DESCRIPTION
364.2	IBCEM MESSAGE LIST HDR	"EDI RETURN MESSAGE DETAIL";C0;"" DATE(TODAY);C45;L18;"";d TIME(NOW);C59;"" "PAGE: "_PAGE;C69;"" DUP("-",80);C0;L80;S;""
364.4	IBCE RULE DISPLAY	TOO MUCH INFORMATION TO DISPLAY
364.4	IBCE RULE DISPLAY HEADER	"TRANSMISSION RULE DETAIL";C1 NOW;C36;X;L18 "PAGE: "_PAGE;C70;X DUP("=",80);C1;X " ";C1;X
364.6	IBCE LOCAL DATA ELEMENTS	ASSOCIATED FORM DEFINITION: "LINE: "_LINE_"/COL: "_COL_" ";X;L18 SHORT DESCRIPTION_$J("",20);C19;"DESCRIPTIO N";L20 IB FORM FIELD CONTENT: DATA ELEMENT;L28 "CODE: ";C10;X FORMAT CODE;C16;W50;"FORMAT CODE" "DESC: ";C10;X FORMAT CODE DESCRIPTION;C16;W50;m;w "INSURANCE COMPANY: "_$S(INSURANCE COMPANY="":"ALL",1:INSURANCE COMPANY);C10; "BILL TYPE: "_$S(BILL TYPE="":"ALL",1:BILL TYPE);"";C10 " ";C1;""
399	IB CLK PROD	Clerk Productivity Report.
399	IB CLK PROD HDR	Clerk Productivity Report.
399.5	IB BILLING RATES	List billing rates.
409.71	IB CPT RG DISPLAY	Displays billing Medicare rate group data for a procedure.

File Flow Chart

File Flow Chart				
FILE# AND NAME	**POINTS TO**		**POINTED TO BY**	
36 INSURANCE COMPANY	5	STATE	2	PATIENT
	36	INSURANCE COMPANY	36	INSURANCE COMPANY
	355.13	INSURANCE FILING TIME FRAME	340	AR DEBTOR
	355.2	TYPE OF INSURANCE COVERAGE	344.4	ELECTRONIC REMITTANCE ADVICE
	355.97	IB PROVIDER ID # TYPE	350.9	IB SITE PARAMETERS
	365.12	PAYER	355.3	GROUP INSURANCE PLAN
	399.2	REVENUE CODE	355.9	IB BILLING PRACTITIONER ID
			355.91	IB INSURANCE CO LEVEL BILLING PROV ID
			355.92	FACILITY BILLING ID
			355.95	IB PROVIDER ID CARE UNIT
			355.96	IB INS CO PROVIDER ID CARE UNIT
			356.2	INSURANCE REVIEW
			356.25	CLAIMS TRACKING ROI
			361.1	EXPLANATION OF BENEFITS
			364.1	EDI TRANSMISSION BATCH
			364.4	IB EDI TRANSMISSION RULE
			364.7	IB FORM FIELD CONTENT
			367.1	HPID/OEID TRANSMISSION QUEUE
			399	BILL/CLAIMS
			412	AR DEBTOR
			430	ACCOUNTS RECEIVABLE
			453	APPLICANT
			19625	DSIV ICB AUDIT
			594004	INSURANCE PATIENT BILL
			9002313.57	BPS LOG OF TRANSACTIONS
			9002313.59	BPS TRANSACTION
			9002313.78	BPS INSURER DATA
355.93 IB NON/OTHER VA BILLING PROVIDER FILE	355.97	IB PROVIDER ID # TYPE	161.9	FEE BASIS PAID TO IB
	200	NEW PERSON	355.9	IB BILLING PRACTITIONER ID
	8932.1	PERSON CLASS	399	BILL/CLAIMS
	5	STATE		

File Flow Chart

FILE# AND NAME	POINTS TO		POINTED TO BY	
350 INTEGRATED BILLING ACTION FILE	2	PATIENT	52	PRESCRIPTION
	4	INSTITUTION	350	INTEGRATED BILLING ACTION
	200	NEW PERSON	351.2	SPECIAL INPATIENT BILLING CASES
	350	INTEGRATED BILLING ACTION	351.5	TRICARE PHARMACY TRANSACTIONS
	350.1	IB ACTION TYPE	354.71	IB CO-PAY TRANSACTIONS
	350.21	IB ACTION STATUS	366.15	IB NCPDP PRESCRIPTION
	350.3	IB CHARGE REMOVE REASONS		
	352.5	IB CLINIC STOP CODE BILLABLE TYPES		
	354.71	IB CO-PAY TRANSACTIONS		
	375	PFSS ACCOUNT		
350.1 IB ACTION TYPE FILE	49	SERVICE/SECTION	52	PRESCRIPTION
	350.1	IB ACTION TYPE	350	INTEGRATED BILLING ACTION
	430.2	ACCOUNTS RECEIVABLE CATEGORY	350.1	IB ACTION TYPE
			350.2	IB ACTION CHARGE
			350.4	BILLABLE AMBULATORY SURGICAL CODE
			350.41	UPDATE BILLABLE AMBULATORY SURGICAL CODE
			354.71	IB CO-PAY TRANSACTIONS
			399.1	MCCR UTILITY
350.2 IB ACTION CHARGE FILE	350.1	IB ACTION TYPE		
350.21 IB ACTION STATUS FILE			350	INTEGRATED BILLING ACTION
350.3 IB CHARGE REMOVE REASONS FILE			350	INTEGRATED BILLING ACTION
			354.71	IB CO-PAY TRANSACTIONS
350.4 BILLABLE AMBULATORY SURGICAL CODE FILE	81	CPT		
	350.1	IB ACTION TYPE		
350.41 UPDATE BILLABLE AMBULATORY SURGICAL CODE FILE	81	CPT		
	350.1	IB ACTION TYPE		
350.5 BASC LOCALITY MODIFIER FILE	40.8	MEDICAL CENTER DIVISION		
350.6 IB ARCHIVE/PURGE LOG FILE	1	FILE		
	200	NEW PERSON		
350.7 AMBULATORY CHECK-OFF SHEET FILE			44	HOSPITAL LOCATION
			350.71	AMBULATORY SURG. CHECK-OFF SHEET PRINT FIELDS

File Flow Chart				
FILE# AND NAME	**POINTS TO**		**POINTED TO BY**	
350.71 AMBULATORY SURG. CHECK-OFF SHEET PRINT FIELDS FILE	350.7	AMBULATORY CHECK-OFF SHEET	350.71	AMBULATORY SURG. CHECK-OFF SHEET PRINT FIELDS
	350.71	AMBULATORY SURG. CHECK-OFF SHEET PRINT FIELDS		
	81	CPT		
350.8 IB ERROR	354.5	BILLING ALERT DEFINITION	399	BILL/CLAIMS
350.9 IB SITE PARAMETERS	9002313 .93	BPS NCPDP REJECT CODES		
	363.1	CHARGE SET		
	81	CPT		
	3.5	DEVICE		
	4.1	FACILITY TYPE		
	142	HEALTH SUMMARY TYPE		
	80	ICD DIAGNOSIS		
	4	INSTITUTION		
	36	INSURANCE COMPANY		
	3.8	MAIL GROUP		
	40.8	MEDICAL CENTER DIVISION		
	200	NEW PERSON		
	2	PATIENT		
	365.12	PAYER		
	399.2	REVENUE CODE		
	49	SERVICE/SECTION		
	5	STATE		
	351.6	TRANSFER PRICING PATIENT		
	350.963	HCSR CLINIC LIST		
	350.964	HCSR WARD LIST		
	350.965	HCSR INSCO APPT LIST		
	350.966	HCSR INSCO ADM LIST		
350.963 HCSR CLINIC LIST			350.9	IB SITE PARAMETERS
350.964 HCSR WARD LIST			350.9	IB SITE PARAMETERS
350.965 HCSR INSCO APPT LIST			350.9	IB SITE PARAMETERS
350.966 HCSR INSCO ADM LIST			350.9	IB SITE PARAMETERS
351 MEANS TEST BILLING CLOCK FILE	200	NEW PERSON		
	2	PATIENT		
351.1 IB CONTINUOUS PATIENT FILE	200	NEW PERSON		
	2	PATIENT		
351.2 SPECIAL INPATIENT BILLING CASES FILE	350	INTEGRATED BILLING ACTION		
	200	NEW PERSON		
	2	PATIENT		
	405	PATIENT MOVEMENT		

File Flow Chart

FILE# AND NAME	POINTS TO		POINTED TO BY	
351.5 TRICARE PHARMACY TRANSACTIONS FILE	399	BILL/CLAIMS	351.52	TRICARE PHARMACY REJECTS
	350	INTEGRATED BILLING ACTION		
	200	NEW PERSON		
	2	PATIENT		
	351.53	PRODUCT SELECTION REASON		
351.52 TRICARE PHARMACY REJECTS FILE	351.5	TRICARE PHARMACY TRANSACTIONS		
351.53 PRODUCT SELECTION REASON FILE			351.5	TRICARE PHARMACY TRANSACTIONS
351.6 TRANSFER PRICING PATIENT FILE	4	INSTITUTION	350.9	IB SITE PARAMETERS
	2	PATIENT	351.61	TRANSFER PRICING TRANSACTIONS
351.61 TRANSFER PRICING TRANSACTIONS FILE	81	CPT	351.61	TRANSFER PRICING TRANSACTIONS
	80.2	DRG		
	50	DRUG		
	80	ICD DIAGNOSIS		
	4	INSTITUTION		
	405	PATIENT MOVEMENT		
	45	PTF		
	351.6	TRANSFER PRICING PATIENT		
	351.61	TRANSFER PRICING TRANSACTIONS		
351.67 TRANSFER PRICING INPT PROSTHETIC ITEMS FILE	661.1	PROSTHETIC HCPCS		
351.7 IB DM EXTRACT REPORTS FILE			351.701	IB DM EXTRACT DATA ELEMENTS
351.701 IB DM EXTRACT DATA ELEMENTS FILE	351.7	IB DM EXTRACT REPORTS	351.71	IB DM EXTRACT DATA
351.71 IB DM EXTRACT DATA FILE	351.701	IB DM EXTRACT DATA ELEMENTS		
	351.7	IB DM EXTRACT REPORTS		
351.73 IB DM WORKLOAD PARAMETERS FILE	430.2	ACCOUNTS RECEIVABLE CATEGORY		
	200	NEW PERSON		
351.81 LTC CO-PAY CLOCK FILE	200	NEW PERSON		
	2	PATIENT		
351.9 CLAIMSMANAGER BILLS FILE	399	BILL/CLAIMS		
	351.91	CLAIMSMANAGER STATUS		
	200	NEW PERSON		
351.91 CLAIMSMANAGER STATUS FILE			351.9	CLAIMSMANAGER BILLS
352.1 BILLABLE APPOINTMENT TYPE FILE	409.1	APPOINTMENT TYPE		

File Flow Chart

FILE# AND NAME	POINTS TO		POINTED TO BY	
352.2 NON-BILLABLE DISPOSITIONS FILE	37	DISPOSITION		
352.3 NON-BILLABLE CLINIC STOP CODES FILE	40.7	CLINIC STOP		
352.4 NON-BILLABLE CLINICS FILE	44	HOSPITAL LOCATION		
352.5 IB CLINIC STOP CODE BILLABLE TYPES FILE			350	INTEGRATED BILLING ACTION
353 BILL FORM TYPE FILE	353	BILL FORM TYPE	353	BILL FORM TYPE
	1	FILE	364.6	IB FORM SKELETON DEFINITION
			399	BILL/CLAIMS
353.1 PLACE OF SERVICE FILE			399	BILL/CLAIMS
353.2 TYPE OF SERVICE FILE			399	BILL/CLAIMS
			162	FEE BASIS PAYMENT
354 BILLING PATIENT FILE	354.2	EXEMPTION REASON	354.1	BILLING EXEMPTIONS
	2	PATIENT		
354.1 BILLING EXEMPTIONS FILE	354.4	BILLING ALERTS		
	354	BILLING PATIENT		
	354.2	EXEMPTION REASON		
	200	NEW PERSON		
354.2 EXEMPTION REASON FILE			354	BILLING PATIENT
			354.1	BILLING EXEMPTIONS
354.4 BILLING ALERTS FILE	354.5	BILLING ALERT DEFINITION	354.1	BILLING EXEMPTIONS
	200	NEW PERSON		
354.5 BILLING ALERT DEFINITION FILE	3.8	MAIL GROUP	350.8	IB ERROR
	200	NEW PERSON	354.4	BILLING ALERTS
354.7 IB PATIENT CO-PAY ACCOUNT FILE	2	PATIENT	354.71	IB CO-PAY TRANSACTIONS
354.71 IB CO-PAY TRANSACTIONS FILE	350.1	IB ACTION TYPE	52	PRESCRIPTION
	350.3	IB CHARGE REMOVE REASONS	350	INTEGRATED BILLING ACTION
	354.71	IB CO-PAY TRANSACTIONS	354.71	IB CO-PAY TRANSACTIONS
	354.7	IB PATIENT CO-PAY ACCOUNT		
	4	INSTITUTION		
	350	INTEGRATED BILLING ACTION		
	200	NEW PERSON		
355.1 TYPE OF PLAN FILE			355.3	GROUP INSURANCE PLAN
			355.33	INSURANCE VERIFICATION PROCESSOR
355.12 SOURCE OF INFORMATION FILE			355.33	INSURANCE VERIFICATION PROCESSOR

File Flow Chart

FILE# AND NAME	POINTS TO		POINTED TO BY	
355.13 INSURANCE FILING TIME FRAME FILE			36 355.3	INSURANCE COMPANY GROUP INSURANCE PLAN
355.2 TYPE OF INSURANCE COVERAGE FILE			36 367.1	INSURANCE COMPANY HPID/OEID TRANSMISSION QUEUE FILE
355.3 GROUP INSURANCE PLAN FILE	36 355.13 200 2 366.03 355.1	INSURANCE COMPANY INSURANCE FILING TIME FRAME NEW PERSON PATIENT PLAN TYPE OF PLAN	355.32 355.4 355.5 366.16 19625 9002313.02 9002313.15 9002313.78	PLAN COVERAGE LIMITATIONS ANNUAL BENEFITS INSURANCE CLAIMS YEAR TO DATE IB NDC NON COVERED BY PLAN DSIV ICB AUDIT BPS CLAIMS BPS ASLEEP PAYERS BPS INSURER DATA
355.31 PLAN LIMITATION CATEGORY FILE	355.6	INSURANCE RIDERS	355.32	PLAN COVERAGE LIMITATIONS
355.32 PLAN COVERAGE LIMITATIONS FILE	355.3 200 355.31	GROUP INSURANCE PLAN NEW PERSON PLAN LIMITATION CATEGORY		
355.33 INSURANCE VERIFICATION PROCESSOR FILE	365.15 4 200 2 355.12 5 355.1	IIV STATUS TABLE INSTITUTION NEW PERSON PATIENT SOURCE OF INFORMATION STATE TYPE OF PLAN	365 365.1	IIV RESPONSE IIV TRANSMISSION QUEUE
355.35 HMS EXTRACT FILE STATUS FILE	(#.03) MESSAGES subfile MESSAGE ID(#.01) points to MESSAGE(#3.9) file NUMBER(#.001) field			
355.351 HMS RESULT FILE STATUS FILE	(#.03) MESSAGES subfile MESSAGE ID(#.01) points to MESSAGE(#3.9) file NUMBER(#.001) field			
355.4 ANNUAL BENEFITS FILE	355.3 200	GROUP INSURANCE PLAN NEW PERSON		
355.5 INSURANCE CLAIMS YEAR TO DATE FILE	355.3 200 2	GROUP INSURANCE PLAN NEW PERSON PATIENT		

File Flow Chart

FILE# AND NAME	POINTS TO		POINTED TO BY	
355.6 INSURANCE RIDERS FILE			355.31	PLAN LIMITATION CATEGORY
			355.7	PERSONAL POLICY
355.7 PERSONAL POLICY FILE	355.6	INSURANCE RIDERS		
	2	PATIENT		
355.8 SPONSOR FILE	23	BRANCE OF SERVICE	355.81	SPONSOR RELATIONSHIP
	2	PATIENT		
	355.82	SPONSOR PERSON		
355.81 SPONSOR RELATIONSHIP FILE	2	PATIENT		
	355.8	SPONSOR		
355.82 SPONSOR PERSON FILE			355.8	SPONSOR
355.9 IB BILLING PRACTITIONER ID FILE	355.96	IB INS CO PROVIDER ID CARE UNIT		
	355.93	IB NON/OTHER VA BILLING PROVIDER		
	355.97	IB PROVIDER ID		
	36	INSURANCE COMPANY		
	200	NEW PERSON		
355.91 IB INSURANCE CO LEVEL BILLING PROV ID FILE	355.96	IB INS CO PROVIDER ID CARE UNIT		
	355.97	IB PROVIDER ID # TYPE		
	36	INSURANCE COMPANY		
355.92 FACILITY BILLING ID FILE	355.97	IB PROVIDER ID # TYPE		
	355.95	IB PROVIDER ID CARE UNIT		
	36	INSURANCE COMPANY		
	40.8	MEDICAL CENTER DIVISION		
355.93 IB NON/OTHER VA BILLING PROVIDER FILE	355.97	IB PROVIDER ID # TYPE	355.9	IB BILLING PRACTITIONER ID
	200	NEW PERSON	399	BILL/CLAIMS
	8932.1	PERSON CLASS		
	5	STATE		
355.95 IB PROVIDER ID CARE UNIT FILE	36	INSURANCE COMPANY	355.92	FACILITY BILLING ID
	40.8	MEDICAL CENTER DIVISION	355.96	IB INS CO PROVIDER ID CARE UNIT
355.96 IB INS CO PROVIDER ID CARE UNIT FILE	355.97	IB PROVIDER ID # TYPE	355.9	IB BILLING PRACTITIONER ID
	355.95	IB PROVIDER ID CARE UNIT	355.91	IB INSURANCE CO LEVEL BILLING PROV ID
	36	INSURANCE COMPANY		
355.97 IB PROVIDER ID # TYPE FILE			36	INSURANCE COMPANY
			355.9	IB BILLING PRACTITIONER ID
			355.91	IB INSURANCE CO LEVEL BILLING PROV ID
			355.92	FACILITY BILLING ID
			355.93	IB NON/OTHER VA BILLING PROVIDER
			355.96	IB INS CO PROVIDER ID CARE UNIT
			399	BILL/CLAIMS

File Flow Chart				
FILE# AND NAME	**POINTS TO**		**POINTED TO BY**	
355.98 IB ALTERNATE PRIMARY ID TYPE			36 350.9 399	INSURANCE COMPANY IB SITE PARAMETERS BILL/CLAIMS
355.99 MASTER TYPE OF PLAN FILE			355.1	TYPE OF PLAN
356 CLAIMS TRACKING FILE	399 356.85 356.8 356.6 356.9 200 409.68 2 405 52 660 41.1 9000010	BILL/CLAIMS CLAIMS TRACKING BILLABLE FINDINGS CLAIMS TRACKING NON-BILLABLE REASONS CLAIMS TRACKING TYPE INPATIENT DIAGNOSIS NEW PERSON OUTPATIENT ENCOUNTER PATIENT PATIENT MOVEMENT PRESCRIPTION RECORD OF PROS APPLIANCE/REPAIR SCHEDULED ADMISSION VISIT	356.1 356.2 356.399 362.1	HOSPITAL REVIEW INSURANCE REVIEW CLAIMS TRACKING/BILL IB AUTOMATED BILLING COMMENTS
356.001 X12 278 REQUEST CATEGORY FILE			356.22	HCS REVIEW TRANSMISSION
356.002 X12 278 CERTIFICATION TYPE CODE FILE			356.22	HCS REVIEW TRANSMISSION
356.003 X12 278 CURRENT HEALTH CONDITION CODE FILE			356.22	HCS REVIEW TRANSMISSION
356.004 X12 278 PROGNOSIS CODE FILE			356.22	HCS REVIEW TRANSMISSION
356.005 X12 278 DELAY REASON CODE FILE			356.22	HCS REVIEW TRANSMISSION
356.006 X12 278 DIAGNOSISY TYPE FILE			356.22	HCS REVIEW TRANSMISSION
356.007 X12 278 DELIVERY PATTERN TIME CODE FILE			356.22	HCS REVIEW TRANSMISSION
356.008 X12 278 CONDITION CODE FILE			356.22	HCS REVIEW TRANSMISSION
356.009 X12 278 ADMISSION SOURCE FILE			356.22	HCS REVIEW TRANSMISSION
356.01 X12 278 PATIENT STATUS FILE			356.22	HCS REVIEW TRANSMISSION
356.011 X12 278 NURSING HOME RESIDENTIAL STATUS FILE			356.22	HCS REVIEW TRANSMISSION

File Flow Chart

FILE# AND NAME	POINTS TO	POINTED TO BY
356.012 X12 278 SUBLUXATION LEVEL CODE FILE		356.22 HCS REVIEW TRANSMISSION
356.013 X12 278 OXYGEN EQUIPMENT TYPE FILE		356.22 HCS REVIEW TRANSMISSION
356.014 X12 278 OXYGEN TEST CONDITION FILE		356.22 HCS REVIEW TRANSMISSION
356.015 X12 278 OXYGEN TEST FINDINGS FILE		356.22 HCS REVIEW TRANSMISSION
356.016 X12 278 OXYGEN DELIVERY SYSTEM CODE FILE		356.22 HCS REVIEW TRANSMISSION
356.017 X12 278 PATIENT LOCATION FILE		356.22 HCS REVIEW TRANSMISSION
356.018 X12 278 REPORT TYPE CODE FILE		356.22 HCS REVIEW TRANSMISSION
356.019 X12 278 NURSING HOME LEVEL OF CARE FILE		356.22 HCS REVIEW TRANSMISSION
356.02 X12 278 CERTIFICATION ACTION CODES FILE		356.22 HCS REVIEW TRANSMISSION
356.021 X12 278 DCS DECISION REASON CODES FILE		356.22 HCS REVIEW TRANSMISSION
356.022 UNIVERSAL DENTAL NUMBERING SYSTEM		356.22 HCS REVIEW TRANSMISSION
356.023 HCSR WORKLIST DELETE REASON CODE		356.22 HCS REVIEW TRANSMISSION
356.1 HOSPITAL REVIEW FILE	356 CLAIMS TRACKING 356.4 CLAIMS TRACKING NON-ACUTE CLASSIFICATIONS 356.11 CLAIMS TRACKING REVIEW TYPE 356.3 CLAIMS TRACKING SI/IS CATEGORIES 45.7 FACILITY TREATING SPECIALTY 356.1 HOSPITAL REVIEW 200 NEW PERSON	356.1 HOSPITAL REVIEW 356.2 INSURANCE REVIEW
356.11 CLAIMS TRACKING REVIEW TYPE FILE		356.1 HOSPITAL REVIEW 356.2 INSURANCE REVIEW

File Flow Chart

FILE# AND NAME	POINTS TO	POINTED TO BY
356.2 INSURANCE REVIEW FILE	356 CLAIMS TRACKING 356.7 CLAIMS TRACKING ACTION 356.21 CLAIMS TRACKING DENIAL REASONS 356.11 CLAIMS TRACKING REVIEW TYPE 356.1 HOSPITAL REVIEW 80 ICD DIAGNOSIS 36 INSURANCE COMPANY 356.2 INSURANCE REVIEW 200 NEW PERSON 2 PATIENT	356.2 INSURANCE REVIEW
356.21 CLAIMS TRACKING DENIAL REASONS	356.2 INSURANCE REVIEW	
356.22 HCS REVIEW TRANSMISSION FILE	2 PATIENT 42 WARD LOCATION 44 HOSPITAL LOCATION 200 NEW PERSON 356.001 X12 278 REQUEST CATEGORY 356.002 X12 278 CERTIFICATION TYPE CODE 365.013 X12 271 SERVICE TYPE 353.1 PLACE OF SERVICE 5 STATE 779.004 COUNTRY CODE 356.003 X12 278 CURRENT HEALTH CONDITION CODE 356.004 X12 278 PROGNOSIS CODE 356.005 X12 278 DELAY REASON CODE 356.006 X12 278 DIAGNOSIS TYPE 365.016 X12 271 QUANTITY QUALIFIER 365.015 X12 271 TIME PERIOD QUALIFIER 365.025 X12 271 DELIVERY FREQUENCY CODE 356.007 X12 278 DELIVERY PATTERN TIME CODE 356.008 X12 278 CONDITION CODE 356.009 X12 278 ADMISSION SOURCE 356.01 X12 278 PATIENT STATUS 356.011 X12 278 NURSING HOME RESIDENTIAL STATUS 356.012 X12 278 SUBLUXATION	356.22 HCS REVIEW TRANSMISSION FILE

File Flow Chart			
FILE# AND NAME	**POINTS TO**		**POINTED TO BY**
		LEVEL CODE	
	356.013	X12 278 OXYGEN EQUIPMENT TYPE	
	356.014	X12 278 OXYGEN TEST CONDITION	
	356.015	X12 278 OXYGEN TEST FINDINGS	
	356.016	X12 278 OXYGEN DELIVERY SYSTEM CODE	
	356.017	X12 278 PATIENT LOCATION	
	356.018	X12 278 REPORT TYPE	
	356.023	HCSR WORKLIST DELETE REASON CODE	
	365.022	X12 271 ENTITY IDENTIFIER CODE	
	365.027	X12 271 LOOP ID	
	365.023	X12 271 IDENTIFICATION QUALIFIER	
	36	INSURANCE COMPANY	
	81.3	CPT MODIFIER	
	399.2	REVENUE CODE	
	356.019	X12 278 NURSING HOME LEVEL OF CARE	
	81	CPT	
	365.017	X12 271 ERROR CONDITION	
	365.018	X12 271 ERROR ACTION	
	356.022	UNIVERSAL SENTAL NUMBERING SYSTEM	
	356.021	X12 278 HCS DECISION REASON CO	
	356.02	X12 278 CERTIFICATION ACTION C	
	356.22	HCS REVIEW TRANSMISSION	
	80.1	ICD OPERATION/PROCEDURE	
356.25 CLAIMS TRACKING ROI FILE	50	DRUG	
	36	INSURANCE COMPANY	
	200	NEW PERSON	
	2	PATIENT	
356.26 CLAIMS TRACKING ROI CONSENT	200	NEW PERSON	
	2	PATIENT	
356.3 CLAIMS TRACKING SI/IS CATEGORIES FILE			356.1 HOSPITAL REVIEW
356.399 CLAIMS TRACKING/BILL FILE	399	BILL/CLAIMS	
	356	CLAIMS TRACKING	
356.5 CLAIMS TRACKING ALOS FILE	80.2	DRG	

File Flow Chart

FILE# AND NAME	POINTS TO		POINTED TO BY	
356.6 CLAIMS TRACKING TYPE FILE			356	CLAIMS TRACKING
356.7 CLAIMS TRACKING ACTION FILE			356.2	INSURANCE REVIEW
356.8 CLAIMS TRACKING NON-BILLABLE REASONS FILE			356	CLAIMS TRACKING
			9002313.02	BPS CLAIMS
			9002313.77	BPS REQUESTS
356.9 INPATIENT DIAGNOSIS FILE	80	ICD DIAGNOSIS	356	CLAIMS TRACKING
	405	PATIENT MOVEMENT		
356.91 INPATIENT PROCEDURE FILE	80.1	ICD OPERATION / PROCEDURE		
	405	PATIENT MOVEMENT		
356.93 INPATIENT INTERIM DRG FILE	80.2	DRG		
	405	PATIENT MOVEMENT		
356.94 INPATIENT PROVIDERS FILE	200	NEW PERSON		
	405	PATIENT MOVEMENT		
357 ENCOUNTER FORM FILE			357.09	ENCOUNTER FORM PARAMETERS
			357.1	ENCOUNTER FORM BLOCK
			357.95	FORM DEFINITION
			359	CONVERTED FORMS
			359.3	AICS ERROR AND WARNING LOG
			409.95	PRINT MANAGER CLINIC SETUP
357.08 AICS PURGE LOG FILE				
357.09 ENCOUNTER FORM PARAMETERS FILE	357	ENCOUNTER FORM		
	3.8	MAIL GROUP		
	357.99	PRINT MANAGER CLINIC GROUPS		
357.1 ENCOUNTER FORM BLOCK FILE	359.1	AICS DATA ELEMENTS	357.2	SELECTION LIST
	357.98	AICS DATA QUALIFIERS	357.5	DATA FIELD
	357	ENCOUNTER FORM	357.7	FORM LINE
	357.6	PACKAGE INTERFACE	357.8	TEXT AREA
			357.93	MULTIPLE CHOICE FIELD
			358.94	IMP/EXP HAND PRINT FIELD
			359.94	HAND PRINT FIELD
357.2 SELECTION LIST FILE	357.98	AICS DATA QUALIFIERS	357.3	SELECTION
	357.1	ENCOUNTER FORM BLOCK	357.4	SELECTION GROUP
	357.91	MARKING AREA TYPE		
	357.6	PACKAGE INTERFACE		
357.3 SELECTION FILE	757.01	EXPRESSIONS		
	357.4	SELECTION GROUP		
	357.2	SELECTION LIST		
357.4 SELECTION GROUP FILE	357.2	SELECTION LIST	357.3	SELECTION

File Flow Chart

FILE# AND NAME	POINTS TO		POINTED TO BY	
357.5 DATA FIELD FILE	357.1 357.6	ENCOUNTER FROM BLOCK PACKAGE INTERFACE		
357.6 PACKAGE INTERFACE FILE	359.1 142 357.6	AICS DATA ELEMENTS HEALTH SUMMARY TYPE PACKAGE INTERFACE	357.2 357.5 357.6 357.93 358.94 359.3 359.94	SELECTION LIST DATA FIELD PACKAGE INTERFACE MULTIPLE CHOICE FIELD IMP/EXP HAND PRINT FIELD AICS ERROR AND WARNING LOG HAND PRINT FIELD
357.69 TYPE OF VISIT FILE	81	CPT		
357.7 FORM LINE FILE	357.1	ENCOUNTER FORM BLOCK		
357.8 TEXT AREA FILE	357.1	ENCOUNTER FORM BLOCK		
357.93 MULTIPLE CHOICE FIELD FILE	357.98 357.1 357.6	AICS DATA QUALIFIERS ENCOUNTER FORM BLOCK PACKAGE INTERFACE		
357.94 ENCOUNTER FORM PRINTERS FILE	3.2	TERMINAL TYPE		
357.95 FORM DEFINITION FILE	359.1 357.98 357 757.01 44 357.6 357.3	AICS DATA ELEMENTS AICS DATA QUALIFIERS ENCOUNTER FORM EXPRESSIONS HOSPITAL LOCATION PACKAGE INTERFACE SELECTION	357.96	ENCOUNTER FORM TRACKING
357.96 ENCOUNTER FORM TRACKING FILE	357.98 357.95 44 200 357.6 2	AICS DATA QUALIFIERS FORM DEFINITION HOSPITAL LOCATION NEW PERSON PACKAGE INTERFACE PATIENT		
357.98 AICS DATA QUALIFIERS FILE			357.6	PACKAGE INTERFACE
357.99 PRINT MANAGER CLINIC GROUPS FILE	44 40.8	HOSPITAL LOCATION MEDICAL CENTER DIVISION		
358 IMP/EXP ENCOUNTER FORM FILE			358.1	IMP/EXP ENCOUNTER FORM BLOCK
358.1 IMP/EXP ENCOUNTER FORM BLOCK FILE	358	IMP/EXP ENCOUNTER FORM	358.2 358.5 358.7 358.8 358.93	IMP/EXP SELECTION LIST IMP/EXP DATA FIELD IMP/EXP FORM LINE IMP/EXP TEXT AREA IMP/EXP MULTIPLE CHOICE FIELD

File Flow Chart

FILE# AND NAME	POINTS TO		POINTED TO BY	
358.2 IMP/EXP SELECTION LIST FILE	358.98	IMP/EXP AICS DATA QUALIFIERS	358.3	IMP/EXP SELECTION
	358.1	IMP/EXP ENCOUNTER FORM BLOCK	358.4	IMP/EXP SELECTION GROUP
	358.91	IMP/EXP MARKING AREA		
	358.6	IMP/EXP PACKAGE INTERFACE		
358.3 IMP/EXP SELECTION FILE	757.01	EXPRESSIONS		
	358.4	IMP/EXP SELECTION GROUP		
	358.2	IMP/EXP SELECTION LIST		
358.4 IMP/EXP SELECTION GROUP FILE	358.2	IMP/EXP SELECTION LIST	358.3	IMP/EXP SELECTION
358.5 IMP/EXP DATA FIELD FILE	358.1	IMP/EXP ENCOUNTER FORM BLOCK		
	358.6	IMP/EXP PACKAGE INTERFACE		
358.6 IMP/EXP PACKAGE INTERFACE FILE	142	HEALTH SUMMARY TYPE	358.2	IMP/EXP SELECTION LIST
	358.99	IMP/EXP AICS DATA ELEMENTS	358.5	IMP/EXP DATA FIELD
	358.6	IMP/EXP PACKAGE INTERFACE	358.6	IMP/EXP PACKAGE INTERFACE
			358.93	IMP/EXP MULTIPLE CHOICE FIELD
358.7 IMP/EXP FORM LINE FILE	358.1	IMP/EXP ENCOUNTER FORM BLOCK		
358.8 IMP/EXP TEXT AREA FILE	358.1	IMP/EXP ENCOUNTER FORM BLOCK		
358.93 IMP/EXP MULTIPLE CHOICE FIELD FILE	358.98	IMP/EXP AICS DATA QUALIFIERS		
	358.1	IMP/EXP ENCOUNTER FORM BLOCK		
	358.6	IMP/EXP PACKAGE INTERFACE		
358.94 IMP/EXP HAND PRINT FIELD FILE	359.1	AICS DATA ELEMENTS		
	357.1	ENOCUNTER FORM BLOCK		
	357.6	PACKAGE INTERFACE		
358.98 IMP/EXP AICS DATA QUALIFIERS FILE			357.6	PACKAGE INTERFACE
			358.6	IMP/EXP PACKAGE INTERFACE
359 CONVERTED FORMS FILE	357	ENCOUNTER FORM		
359.1 AICS DATA ELEMENTS FILE			357.6	PACKAGE INTERFACE
			358.94	IMP/EXP HAND PRINT FIELD
			359.94	HAND PRINT FIELD
359.3 AICS ERROR AND WARNING LOG FILE	357	ENCOUNTER FORM		
	200	NEW PERSON		
	357.6	PACKAGE INTERFACE		
	2	PATIENT		

File Flow Chart

FILE# AND NAME	POINTS TO		POINTED TO BY	
359.94 HAND PRINT FIELD FILE	359.1	AICS DATA ELEMENTS		
	357.1	ENCOUNTER FORM BLOCK		
	357.6	PACKAGE INTERFACE		
361 BILL STATUS MESSAGE FILE	399	BILL/CLAIMS		
	364.1	EDI TRANSMISSION BATCH		
	364	EDI TRANSMIT BILL		
	200	NEW PERSON		
361.1 EXPLANATION OF BENEFITS FILE	399	BILL/CLAIMS		
	364.1	EDI TRANSMISSION BATCH		
	364	EDI TRANSMIT BILL		
	36	INSURANCE COMPANY		
	200	NEW PERSON		
	399.2	REVENUE CODE		
361.3 IB MESSAGE SCREEN TEXT FILE	200	NEW PERSON		
361.4 EDI TEST CLAIM STATUS MESSAGE FILE	399	BILL/CLAIMS		
	361.4	EDI TEST CLAIM STATUS MESSAGE		
	364.1	EDI TRANSMISSION BATCH		
	200	NEW PERSON		
362.1 IB AUTOMATED BILLING COMMENTS FILE	399	BILL/CLAIMS		
	356	CLAIMS TRACKING		
362.3 IB BILL/CLAIMS DIAGNOSIS FILE	399	BILL/CLAIMS		
	80	ICD DIAGNOSIS		
362.4 IB BILL/CLAIMS PRESCRIPTION REFILL FILE	399	BILL/CLAIMS		
	50	DRUG		
	52	PRESCRIPTION		
362.5 IB BILL/CLAIMS PROSTHETICS FILE	399	BILL/CLAIMS		
	660	RECORD OF PROS APPLIANCE / REPAIR		
363 RATE SCHEDULE FILE	363.1	CHARGE SET		
	399.1	MCCR UTILITY		
	399.3	RATE TYPE		
363.1 CHARGE SET FILE	363.3	BILLING RATE	350.9	IB SITE PARAMETERS
	363.31	BILLING REGION	363.2	CHARGE ITEM
	399.1	MCCR UTILITY		
	399.2	REVENUE CODE		
363.2 CHARGE ITEM FILE	363.21	BILLING ITEMS		
	363.1	CHARGE SET		
	81	CPT		
	81.3	CPT MODIFIER		
	80.2	DRG		
	399.1	MCCR UTILITY		
	399.2	REVENUE CODE		
363.21 BILLING ITEMS FILE			363.2	CHARGE ITEM
363.3 BILLING RATE FILE			363.1	CHARGE SET

File Flow Chart

FILE# AND NAME	POINTS TO		POINTED TO BY	
363.31 BILLING REGION FILE	4	INSTITUTION	363.1	CHARGE SET
	40.8	MEDICAL CENTER DIVISION		
363.32 BILLING SPECIAL GROUPS FILE	363.3	BILLING RATE	363.33	BILLING REVENUE CODE LINKS
	363.1	CHARGE SET	363.34	BILLING PROVIDER DISCOUNT
363.33 BILLING REVENUE CODE LINKS FILE	363.32	BILLING SPECIAL GROUPS		
	81	CPT		
	399.2	REVENUE CODE		
363.34 BILLING PROVIDER DISCOUNT FILE	363.32	BILLING SPECIAL GROUPS		
	8932.1	PERSON CLASS		
364 EDI TRANSMIT BILL FILE	399	BILL/CLAIMS	361	BILL STATUS MESSAGE
	364.1	EDI TRANSMISSION BATCH	361.1	EXPLANATION OF BENEFITS
			364.2	EDI MESSAGES
364.1 EDI TRANSMISSION BATCH FILE	364.2	EDI MESSAGES	361	BILL STATUS MESSAGE
	364.1	EDI TRANSMISSION BATCH	361.1	EXPLANATION OF BENEFITS
	36	INSURANCE COMPANY	364	EDI TRANSMIT BILL
	200	NEW PERSON	364.1	EDI TRANSMISSION BATCH
			364.2	EDI MESSAGES
364.2 EDI MESSAGES FILE	364.1	EDI TRANSMISSION BATCH	364.1	EDI TRANSMISSION BATCH
	364	EDI TRANSMIT BILL		
	364.3	IB MESSAGE ROUTER		
	200	NEW PERSON		
	2	PATIENT		
364.3 IB MESSAGE ROUTER FILE	3.8	MAIL GROUP	364.2	EDI MESSAGES
364.4 IB EDI TRANSMISSION RULE FILE	36	INSURANCE COMPANY		
	200	NEW PERSON		
364.5 IB DATA ELEMENT DEFINITION FILE	1	FILE	364.7	IB FORM FIELD CONTENT
364.6 IB FORM SKELETON DEFINITION FILE	353	BILL FORM TYPE	364.6	IB FORM SKELETON DEFINITION
	364.6	IB FORM SKELETON DEFINITION	364.7	IB FORM FIELD CONTENT
364.7 IB FORM FIELD CONTENT FILE	364.5	IB DATA ELEMENT DEFINITION		
	364.6	IB FORM SKELETON DEFINITION		
	36	INSURANCE COMPANY		

File Flow Chart

FILE# AND NAME	POINTS TO		POINTED TO BY	
365 IIV RESPONSE FILE	80	ICD DIAGNOSIS	365.1	IIV TRANSMISSION QUEUE
	365.1	IIV TRANSMISSION QUEUE	2.312	INSURANCE TYPE subfile within the PATIENT file (#2)
	365.14	IIV TRANSMISSION STATUS		
	355.33	INSURANCE VERIFICATION PROCESSOR		
	2	PATIENT		
	365.12	PAYER		
	353.1	PLACE OF SERVICE		
	5	STATE		
	365.021	X12 271 CONTACT QUALIFIER		
	365.012	X12 271 COVERAGE LEVEL		
	365.026	X12 271 DATE QUALIFIER		
	365.025	X12 271 DELIVERY FREQUENCY CODE		
	365.011	X12 271 ELIGIBILITY / BENEFIT		
	365.022	X12 271 ENTITY IDENTIFIER CODE		
	365.018	X12 271 ERROR ACTION		
	365.017	X12 271 ERROR CONDITION		
	365.023	X12 271 IDENTIFICATION QUALIFIER		
	365.014	X12 271 INSURANCE TYPE		
	365.024	X12 271 PROVIDER CODE		
	365.016	X12 271 QUANTITY QUALIFIER		
	365.028	X12 271 REFERENCE IDENTIFICATION		
	365.013	X12 271 SERVICE TYPE		
	365.015	X12 271 TIME PERIOD QUALIFIER		
	365.027	X12 271 LOOP ID		
	365.036	X12 271 DELIVERY PATTERN		
	365.044	X12 271 CODE LIST QUALIFIER		
	365.032	X12 271 DATE FORMAT QUALIFIER		
	365.031	X12 271 ENTITY RELATIONSHIP CODE		
	365.043	X12 271 ENTITY TYPE QUALIFIER		
	365.038	X12 271 INJURY CATEGORY		
	365.034	X12 271 LOCATION QUALIFER		

File Flow Chart		
FILE# AND NAME	**POINTS TO**	**POINTED TO BY**
	365.046 X12 271 MILITARY EMPLOYMENT STATUS CODE 365.041 X12 271 MILITARY GOVT SERVICE 365.039 X12 271 MILITARY PERSONNEL INFO STATUS CODE: 365.042 X12 271 MILITARY SERVICE RANK 365.045 X12 271 NATURE OF INJURY CODES 365.037 X12 271 PATIENT RELATIONSHIP 365.035 X12 271 PROCEDURE CODING METHOD 365.029 X12 271 UNITS OF MEASUREMENT 365.033 X12 271 YES/NO RESPONSE CODE	
365.011 X12 271 ELIGIBILITY/BENEFIT FILE		365 IIV RESPONSE 2.312 INSURANCE TYPE sub-file
365.012 X12 271 COVERAGE LEVEL FILE		365 IIV RESPONSE 2.312 INSURANCE TYPE sub-file
365.013 X12 271 SERVICE TYPE FILE		365 IIV RESPONSE 2.312 INSURANCE TYPE sub-file
365.014 X12 271 INSURANCE TYPE FILE		365 IIV RESPONSE 2.312 INSURANCE TYPE sub-file
365.015 X12 271 TIME PERIOD QUALIFIER FILE		365 IIV RESPONSE 2.312 INSURANCE TYPE sub-file
365.016 X12 271 QUANTITY QUALIFIER FILE		365 IIV RESPONSE 2.312 INSURANCE TYPE sub-file
365.017 X12 271 ERROR CONDITION FILE		365 IIV RESPONSE 356.22 HCS REVIEW TRANSMISSION FILE
365.018 X12 271 ERROR ACTION FILE		365 IIV RESPONSE
365.021 X12 271 CONTACT QUALIFIER FILE		365 IIV RESPONSE 2.312 INSURANCE TYPE sub-file
365.022 X12 271 ENTITY IDENTIFIER CODE FILE		365 IIV RESPONSE 2.312 INSURANCE TYPE sub-file 356.22 HCS REVIEW TRANSMISSION FILE

File Flow Chart			
FILE# AND NAME	**POINTS TO**	**POINTED TO BY**	
365.023 X12 271 IDENTIFICATION QUALIFIER FILE		365 2.312	IIV RESPONSE INSURANCE TYPE sub-file
365.024 X12 271 PROVIDER CODE FILE		365 2.312	IIV RESPONSE INSURANCE TYPE sub-file
365.025 X12 271 DELIVERY FREQUENCY CODE FILE		365 2.312 356.22	IIV RESPONSE INSURANCE TYPE sub-file HCS REVIEW TRANSMISSION FILE
365.026 X12 271 DATE QUALIFIER FILE		365 2.312	IIV RESPONSE INSURANCE TYPE sub-file
365.027 X12 271 LOOP ID FILE		356.22	HCS REVIEW TRANSMISSION
365.028 X12 271 REFERENCE IDENTIFICATION FILE		365 2.312	IIV RESPONSE INSURANCE TYPE sub-file
365.029 X12 271 UNITS OF MEASUREMENT		365 2.312	IIV RESPONSE INSURANCE TYPE sub-file
365.031 X12 271 ENTITY RELATIONSHIP CODE		365 2.312	IIV RESPONSE INSURANCE TYPE sub-file
365.032 X12 271 DATE FORMAT QUALIFIER		365 2.312	IIV RESPONSE INSURANCE TYPE sub-file
365.033 X12 271 YES/NO RESPONSE CODE		365 2.312	IIV RESPONSE INSURANCE TYPE sub-file
365.034 X12 271 LOCATION QUALIFER		365 2.312	IIV RESPONSE INSURANCE TYPE sub-file
365.034 X12 271 LOCATION QUALIFER		365 2.312	IIV RESPONSE INSURANCE TYPE sub-file
365.036 X12 271 DELIVERY PATTERN		365 2.312	IIV RESPONSE INSURANCE TYPE sub-file
365.037 X12 271 PATIENT RELATIONSHIP		365 2.312	IIV RESPONSE INSURANCE TYPE sub-file
365.038 X12 271 INJURY CATEGORY		365 2.312	IIV RESPONSE INSURANCE TYPE sub-file
365.039 X12 271 MILITARY PERSONNEL INFO STATUS CODE		365 2.312	IIV RESPONSE INSURANCE TYPE sub-file
365.041 X12 271 MILITARY GOVT SERVICE AFFILIATION		365 2.312	IIV RESPONSE INSURANCE TYPE sub-file
365.042 X12 271 MILITARY SERVICE RANK		365 2.312	IIV RESPONSE INSURANCE TYPE sub-file

File Flow Chart				
FILE# AND NAME	**POINTS TO**		**POINTED TO BY**	
365.043 X12 271 ENTITY TYPE QUALIFIER			365 2.312	IIV RESPONSE INSURANCE TYPE sub-file
365.044 X12 271 CODE LIST QUALIFIER			365 2.312	IIV RESPONSE INSURANCE TYPE sub-file
365.045 X12 271 NATURE OF INJURY CODES			365 2.312	IIV RESPONSE INSURANCE TYPE sub-file
365.046 X12 271 MILITARY EMPLOYMENT STATUS CODE			365 2.312	IIV RESPONSE INSURANCE TYPE sub-file
365.1 IIV TRANSMISSION QUEUE FILE	365 365.14 355.33 2 365.12	IIV RESPONSE IIV TRANSMISSION STATUS INSURANCE VERIFICATION PROCESSOR PATIENT PAYER	365	IIV RESPONSE
365.11 IIV AUTO MATCH FILE	200	NEW PERSON		
365.12 PAYER FILE	200 365.13	NEW PERSON PAYER APPLICATION	36 350.9 365 365.1 366.03	INSURANCE COMPANY IB SITE PARAMETERS IIV RESPONSE IIV TRANSMISSION QUEUE PLAN
365.13 PAYER APPLICATION FILE			365.12	PAYER
365.14 IIV TRANSMISSION STATUS FILE			365 365.1	IIV RESPONSE IIV TRANSMISSION QUEUE
365.15 IIV STATUS TABLE FILE			355.33	INSURANCE VERIFICATION PROCESSOR
365.2 IIV RESPONSE REVIEW FILE	365 200	IIV RESPONSE NEW PERSON		
366 IB SSVI PIN/HL7 PIVOT	2 200	PATIENT NEW PERSON		
366.01 NCPDP PROCESSOR FILE	366.11 200	NCPDP PROCESSOR APPLICATION NEW PERSON	366.03	PLAN
366.02 PHARMACY BENEFITS MANAGER (PBM) FILE	200 366.12	NEW PERSON PHARMACY BENEFITS MANAGER (PBM) APPLICATION	366.03	PLAN

File Flow Chart				
FILE# AND NAME	**POINTS TO**		**POINTED TO BY**	
366.03 PLAN FILE	9002313.92	BPS NCPDP FORMATS	355.3	GROUP INSURANCE PLAN
	366.01	MCPDP PROCESSOR		
	200	NEW PERSON		
	365.12	PAYER		
	366.02	PHARMACY BENEFITS MANAGER (PBM)		
	366.13	PLAN APPLICATION		
366.1 IB INSURANCE INCONSISTENT DATA	2	PATIENT		
366.11 NCPDP PROCESSOR APPLICATION FILE			366.01	NCPDP PROCESSOR
366.12 PHARMACY BENEFITS MANAGER (PBM) APPLICATION FILE			366.02	PHARMACY BENEFITS MANAGER (PBM)
366.13 PLAN APPLICATION FILE			366.03	PLAN
366.14 IB NCPDP EVENT LOG FILE	399	BILL/CLAIMS		
	9002313.56	BPS PHARMACIES		
	356.8	CLAIMS TRACKING NON-BILLABLE REASONS		
	355.3	GROUP INSURANCE PLAN		
	40.8	MEDICAL CENTER DIVISION		
	200	NEW PERSON		
	2	PATIENT		
	52	PRESCRIPTION		
	399.3	RATE TYPE		
	5	STATE		
366.15 IB NCPDP PRESCRIPTION FILE	350	INTEGRATED BILLING ACTION		
	399.3	RATE TYPE		
366.16 IB NDC NON COVERED BY PLAN FILE	9002313.93	BPS NCPDP REJECT CODES		
	355.3	GROUP INSURANCE PLAN		
366.17 IB NCPDP NON-BILLABLE REASONS			366.14	IB NCPDP EVENT LOG
366.2 IB INSURANCE CONSISTENCY ELEMENTS				
367 HPID/OEID RESPONSE	367.1	HPID/OEID TRANSMISSION QUEUE	367.1	HPID/OEID TRANSMISSION QUEUE
	367.11	INSURANCE COMPANY ID TYPE		

File Flow Chart

FILE# AND NAME	POINTS TO		POINTED TO BY	
367.1 HPID/OEID TRANSMISSION QUEUE	36	INSURANCE COMPANY	367	HPID/OEID RESPONSE
	367	HPID/OEID RESPONSE		
	367.11	INSURANCE COMPANY ID TYPE		
	5	STATE		
	355.2	TYPE OF COVERAGE		
367.11 INSURANCE COMPANY ID TYPE			367	HPID/OEID RESPONSE
			367.1	HPID/OEID TRANSMISSION QUEUE
368 HEALTH CARE CLAIM RFAI (277)	399	BILL/CLAIMS		
	779.004	COUNTRY CODE		
	81.3	CPT MODIFIER		
	36	INSURANCE COMPANY		
	95.3	LAB LOINC		
	200	NEW PERSON		
	2	PATIENT		
	399.2	REVENUE CODE		
	5	STATE		
	365.021	X12 271 CONTACT QUALIFIER		
	368.001	X12 277 CLAIM STATUS CATEGORY		
	368.002	X12 277 PRODUCT OR SERVICE ID		
	5.11	ZIP CODE		
368.001 X12 277 CLAIM STATUS CATEGORY FILE			368	HEALTH CARE CLAIM RFAI (277)
368.002 X12 277 PRODUCT OR SERVICE ID QUAL			368	HEALTH CARE CLAIM RFAI (277)
372 PFSS SITE PARAMETERS FILE	4	INSTITUTION		
	3.8	MAIL GROUP		
	200	NEW PERSON		
373 PFSS CHARGE CACHE FILE	81	CPT		
	44	HOSPITAL LOCATION		
	80	ICD DIAGNOSIS		
	200	NEW PERSON		
	100	ORDER		
	2	PATIENT		
	375	PFSS ACCOUNT		
	440	VENDOR		
375 PFSS ACCOUNT FILE	409.1	APPOINTMENT TYPE	52	PRESCRIPTION
	40.7	CLINIC STOP	75.1	RAD/NUC MED ORDERS
	81	CPT	100	ORDER
	772	HL7 MESSAGE TEXT	130	SURGERY
	44	HOSPITAL LOCATION	350	INTEGRATED BILLING ACTION
	80	ICD DIAGNOSIS		
	8.1	MAS ELIGIBILITY CODE	373	PFSS CHARGE CACHE
	40.8	MEDICAL CENTER DIVISION	409.55	APPOINTMENT PFSS ACCOUNT REFERENCE
	200	NEW PERSON	660	RECORD OF PROS APPLIANCE/REPAIR
	2	PATIENT	9000010	VISIT
	75.1	RAD/NUC MED ORDERS		
	130	SURGERY		
	45.3	SURGICAL SPECIALTY		

File Flow Chart				
FILE# AND NAME	**POINTS TO**		**POINTED TO BY**	
390 ENROLLMENT RATED DISABILITY UPLOAD AUDIT FILE	31 2	DISABILITY CONDITION PATIENT		
391 TYPE OF PATIENT FILE	8.2	IDENTIFICATION FORMAT	2	PATIENT
391.1 AMIS SEGMENT FILE	40.8 200	MEDICAL CENTER DIVISION NEW PERSON	2	PATIENT
391.31 HOME TELEHEALTH PATIENT FILE	4 200 2 123	INSTITUTION NEW PERSON PATIENT REQUEST / CONSULTATION		

File Flow Chart

FILE# AND NAME	POINTS TO		POINTED TO BY	
399 BILL/CLAIMS FILE	353.5	AMBULANCE CONDITION INDICATORS	351.5	TRICARE PHARMACY TRANSACTIONS
	353	BILL FORM TYPE	351.9	CLAIMSMANAGER BILLS
	399	BILL/CLAIMS	356	CLAIMS TRACKING
	81	CPT	356.399	CLAIMS TRACKING/BILL
	81.3	CPT MODIFIER	361	BILL STATUS MESSAGE
	80.2	DRG	361.1	EXPLANATION OF BENEFITS
	44	HOSPITAL LOCATION	361.4	EDI TEST CLAIM STATUS MESSAGE
	353.3	IB ATTACHMENT REPORT TYPE	362.1	IB AUTOMATED BILLING COMMENTS
	362.3	IB BILL/CLAIMS DIAGNOSIS	362.3	IB BILL/CLAIMS DIAGNOSIS
	350.8	IB ERROR	362.4	IB BILL/CLAIMS PRESCRIPTION REFILL
	355.96	IB INS CO PROVIDER ID CARE UNIT	362.5	IB BILL/CLAIMS PROSTHETICS
	355.93	IB NON/OTHER VA BILLING PROVIDER	364	EDI TRANSMIT BILL
	355.97	IB PROVIDER ID # TYPE	399	BILL/CLAIMS
	80	ICD DIAGNOSIS	9002313.77	BPS REQUESTS
	80.1	ICD OPERATION / PROCEDURE		
	4	INSTITUTION		
	36	INSURANCE COMPANY		
	399.4	MCCR INCONSISTEND DATA ELEMENT		
	399.1	MCCR UTILITY		
	40.8	MEDICAL CENTER DIVISION		
	200	NEW PERSON		
	409.68	OUTPATIENT ENCOUNTER		
	2	PATIENT		
	8932.1	PERSON CLASS		
	353.1	PLACE OF SERVICE		
	45	PTF		
	399.3	RATE TYPE		
	399.2	REVENUE CODE		
	5	STATE		
	353.4	TRANSPORT REASON CODE		
	353.2	TYPE OF SERVICE		
399.1 MCCR UTILITY FILE	350.1	IB ACTION TYPE	42.4	SPECIALTY
	399.1	MCCR UTILITY	363	RATE SCHEDULE
			363.1	CHARGE SET
			363.2	CHARGE ITEM
			399	BILL/CLAIMS
			399.1	MCCR UTILITY
			399.5	BILLING RATES
			487.81	ODS DOD RATES
			11500.61	ODS BILLING SPECIALTY

File Flow Chart				
FILE# AND NAME	**POINTS TO**		**POINTED TO BY**	
399.2 REVENUE CODE FILE			36	INSURANCE COMPANY
			350.9	IB SITE PARAMETERS
			363.1	CHARGE SET
			363.2	CHARGE ITEM
			363.33	BILLING REVENUE CODE LINKS
			399.5	BILLING RATES
399.3 RATE TYPE FILE	430.2	ACCOUNTS RECEIVABLE CATEGORY	363	RATE SCHEDULE
			366.15	IB NCPDP PRESCRIPTION
	430.6	AR DEBT LIST	399	BILL/CLAIMS
			9002313.77	BPS REQUESTS
399.5 BILLING RATES FILE	399.1	MCCR UTILITY		
	399.2	REVENUE CODE		

Exported Options

Menu Diagram

The Diagram Menu Options feature of the Kernel package may be used to generate printouts of full menus provided by IB.

Options without Parents	
OPTIONS	**DESCRIPTION**
Background Vet. Patients with Discharges and Ins [IB BACKGRND VET DISCHS W/INS] Background Vet. Patients with Admissions and Ins [IB BACKGRND VETS INPT W/INS] Background Vet. Patients with Opt. Visits and Ins [IB BACKGRND VETS OPT W/INS]	These report options may be queued to run regularly at the discretion of the facility.
Clear Integrated Billing Filer Parameters [IB FILER CLEAR PARAMETERS]	This option clears the IB site parameters which control the IB Background Filer. It is set up as a Start Up job which is executed when the CPU is rebooted.
Queue Means Test/Category C Compilation of Charges [IB MT NIGHT COMP]	This option executes jobs for Claims Tracking, the Auto Biller, and Means Test billing. It should be queued to run each evening after the G&L recalculation has been completed.
Output IB Menu [IB OUTPUT MENU]	This menu option is designed to be assigned to users outside of IB.
Return Messages Server [IBCE MESSAGES SERVER]	This option controls the reading and storing of return messages generated as a result of the processing of Integrated Billing electronic transmissions with the Austin translator.
View Insurance Management Menu [IBCN VIEW INSURANCE DATA]	This menu contains view options to patient insurance and insurance company information. It was designed to be assigned to users outside of IB.
[IBCNF EII GET SERVER]	This is a server type option (not used by any user) that runs the GAITCMSG^IBCNFRD routine. Members of the IBN, IBX, IBK and IBH mail groups will receive the AITC DMI Queue confirmation messages for the four types of Extract files. The IBN mail group will also receive the results file messages.

Options without Parents	
OPTIONS	**DESCRIPTION**
Send HPID/OEID Batch Queries [IBCNH HPID NIF BATCH QUERY]	This option does not appear on any VistA user menu and is for a one-time use with IB*2.0*519. It is *not* to be executed by a VistA user. Once this option is run once, it will be marked as 'OUT OF ORDER'. When the eInsurance staff is informed by FSC that the National Insurance File (NIF) is ready to exchange HL7 messages for a given VistA site, this option will be remotely executed at the specified VistA site. The receipt of a MailMan message by the VistA mailgroup "NIFQRY" with the subject line of "TRIGGER BATCH QUERY" will result in the execution of this option. The purpose of this option is to retrieve the NIF ID's and HPID/OEID data from the NIF and load it into the VistA system. This option will kick off one HL7 message per insurance company. Running this option will set the HPID/OEID Active? flag in the IB SITE PARAMETERS file (#350.9) to 1 for Active which will indicate to VistA that the NIF is ready to send and receive Insurance Company HL7 updates to and from the site.
Auto-Build Average Bill Amounts [IBT MONTHLY AUTO GEN AVE BILL]	This option should be scheduled to run automatically once a month. No device is necessary. It will build and store the number of inpatient and outpatient bills authorized and the total dollar amounts of the bills. A mail message is generated when the job has successfully completed.
Auto-Generate Unbilled Amounts Report [IBT MONTHLY AUTO GEN UNBILLED]	This option should be scheduled to run automatically once a month on or about the first of the month. No device is necessary. It will build and store the unbilled amounts data and send a mail message with the necessary results. The new site parameter, AUTO PRINT UNBILLED LIST, will allow for sites to pre-determine if a detailed listing should be printed each month.
Master Type of Plan Association [IBMTOP ASSN]	This option enables users to associate TYPE OF PLAN file (#355.1) entries with the MASTER TYPE OF PLAN file (#355.99).
Master Type of Plan Report [IB MASTER TYPE OF PLAN RPT]	This report prints the Plan Types from the TYPE OF PLAN (#355.1) file and each Plan Type's mapping relationship to the MASTER TYPE OF PLAN (#355.99) file.

Exported Options	
OPTIONS	**DESCRIPTION**
IB ACTIVATE REVENUE CODES	This option allows the user to activate the revenue codes which that site has chosen to use for its third party billing.
IB AUTHORIZE BILL GENERATION	This option allows the user to perform final review of information contained in a billing record. The user is then able to authorize the generation of the bill and the release of the information to Fiscal.
IB AUTO BILLER PARAMS	Enter and edit the parameters controlling Automated Billing.
IB BACKGRND VET DISCHS W/INS	This option may be set to be queued once per week to run and generate a list of Veterans with Insurance and Discharges.
IB BACKGRND VETS INPT W/INS	This option may be set to be queued once per week to run and generate a list of Veterans with Insurance and Admissions.
IB BACKGRND VETS OPT W/INS	This option may be set to be queued once per week to run and generate a list of Veterans with Insurance and Outpatient Visits.
IB BATCH PRINT BILLS	Queues all authorized bills that have not been flagged for transmission to print in user specified order.
IB BILL STATUS REPORT	This option generates a summary (count and amount) of bill rate types and statuses.
IB BILLING CLERK MENU	This menu contains the basic Medical Care Cost Recovery Billing Module options. Through this option, a user may inquire to billing records, generate a limited number of reports, and with the proper security keys, may also establish and review billing records.
IB BILLING RATES FILE	This option allows enter/edit of Billing Rates that will be used in the automatic calculation of costs when preparing a third party bill.
IB BILLING SUPERVISOR MENU	This menu contains all of the Medical Care Cost Recovery Billing Module options. Through this option, a user may accomplish every phase of the billing process and access all billing reports.
IB BILLING TOTALS REPORT	This report is sorted by rate type and prints all billing totals for each rate type.
IB CANCEL BILL	This option allows the user to cancel a bill. A mandatory comment field exists to document the reason for cancellation, and a log is maintained to audit responsible user and date/time bill is cancelled. A bulletin is sent to the billing supervisor each time a bill is cancelled.

Exported Options	
OPTIONS	**DESCRIPTION**
IB CANCEL/EDIT/ADD CHARGES	This option will allow the user to directly cancel, edit, or add to patient charges.
IB CIDC INSURANCE SWITCH	This option allows editing of the CIDC Insurance Switch. This switch should be changed with great caution as it can affect multiple packages and users.
IB CLEAN AUTO BILLER LIST	Deletes all entries from the auto biller results list before a certain date.
IB COPY AND CANCEL	This option will allow cancelling a bill and then will create an exact duplicate bill except its status will be ENTERED/NOT REVIEWED.
IB COPY SECOND/THIRD	This option is used to create Secondary and Tertiary bills. The Primary bill is copied to create the bill to the Secondary payer. The Secondary bill is copied to create the bill to the Tertiary payer. The bill being copied is not cancelled.
IB CORRECT REJECTED/DENIED	This option will allow correcting a rejected or denied bill which has not had any payments posted to it.
IB DRUGS NON COVERED REPORT	This option will print non covered drugs, plans and dates.
IB ECME BILLING EVENTS	This option prints the ECME Billing Events Report.
IB EDIT BILLING INFO	This option allows the user to enter the information required to generate a third party bill and to edit existing billing information.
IB EDIT E&M CODE QUANTITY FLAG	Runs the input template IB EDIT E&M QUANTITY to set the value for the E&M CODE QUANTITY FLAG. (Field .06 of file 357.69)
IB EDIT RETURNED BILL	This option will allow users to edit a bill that has been returned from AR to MCCR and return it back to A/R
IB EDIT SITE PARAMETERS	This option allows entering and editing of Integrated Billing Site Parameter file. Modifying the site parameters can affect the performance of Integrated Billing's background filer.

Exported Options	
OPTIONS	**DESCRIPTION**
IB FILER CLEAR PARAMETERS	This option will clear the IB site parameters to allow the IB filer to start on its own whenever it needs to. It will not edit the field, FILE IN BACKGROUND. It will only let the filer start when called if this field is set to yes. This option will be called as a startup job when the CPU is rebooted. It will clear the two IB parameters that prevent the IB filer from restarting if the CPU crashed while the filer was running.
IB FILER START	This option will task the IB background filer to run whether or not a filer is currently running. This option can be used when a filer job has terminated unexpectedly and won't restart itself. This will force a filer to start running.
IB FILER STOP	This option will cause the IB background filer to cease when it has finished processing all its known transactions. Processing with Accounts Receivable will then be accomplished in the foreground.
IB FLAG CONTINUOUS PATIENTS	This option can be used to add or edit entries in the file of patient continuously hospitalized since 1986. These patients are exempt from the co-payment portion of the means test but may still be charged the per diem. The automated category C billing software will exempt these patients from the co-payments. In order to be considered continuously hospitalized the patient must not have changed levels of care, i.e., gone from a NHCU to the hospital.
IB GENERATE ECME RX BILLS	This option is for Back-Billing purposes. It allows resending a single or multiple prescriptions through ECME for electronic billing.
IB GMT MONTHLY TOTALS	
IB GMT SINGLE PATIENT REPORT	The option calls the GMT Single Patient Report.
IB HCCH PAYER ID REPORT	The option calls the HCCH Payer ID Report. (IB*2.0*577)
IB INPATIENT VET REPORT	This option prints a list of all patients with non-service connected disabilities who have insurance and who had inpatient admissions during a user-specified date range. Eligibility status is provided for each patient on list.
IB LIST ALL BILLS FOR PAT.	This option will print a list of all bills for one patient.
IB LIST BILLS FOR EPISODE	This option will list all bills related to an episode of care
IB LIST OF BILLING RATES	This option will print a list of Billing Rates by Effective date.

Exported Options	
OPTIONS	**DESCRIPTION**
IB MANAGER MENU	This is the master IB menu that will contain all the IB options.
IB MEANS TEST MENU	This menu contains the options to manage the automated charges that are generated for Category C veterans.
IB MRA BACKBILLING REPORT	This option is to be used to produce a report and/or send data on the potential recoveries of old claims to carriers that have consistently refused to reimburse the VA for Medicare supplemental policies.
IB MRA EDIT INS CO LIST	Use this option to create a list of Insurance Companies that are primarily Medicare supplemental carriers and they have consistently denied payments to the VA due to the VA's inability to produce an EOB from Medicare showing the Medicare allowable charges and the patients responsibility for the claim, for example, USAA.
IB MRA EXTRACT	This option is used to queue the MRA extract.
IB MT BILLABLE STOPS	This option will print the billable types (stop codes) for co-pay visits. You have the option to deliver the report to yourself in mailman or print the report to a printer or on your screen.
IB MT BILLING REPORT	This report is used to list all Means Test and LTC charges within a user-specified date range.
IB MT CLOCK INQUIRY	Allows inquiry to the Means Test co-pay patient's number of inpatient days and amounts billed.
IB MT CLOCK MAINTENANCE	This option will allow adding or editing of Patient Billing Clocks.
IB MT DISP SPECIAL CASES	This option is used to enter the reason for not billing special inpatient billing cases.
IB MT ESTIMATOR	This report is used to estimate the Means Test charges for an episode of Hospital or Nursing Home Care, given a proposed length of stay. The report may also be used to determine the remaining charges that will be billed to a current inpatient.
IB MT FIX/DISCH SPECIAL CASE	This option will update records in the Special Inpatient Billing Cases File (#351.2) with discharge dates, if any exist in the Patient Movement File (#405).
IB MT FLAG OPT PARAMS	This option is used to flag stop codes, dispositions, and clinics which the site has determined to be exempt from the Means Test outpatient co-payment charge. These parameters are all flagged by date and may be inactivated and re-activated.

Exported Options	
OPTIONS	**DESCRIPTION**
IB MT LIST FLAGGED PARAMS	This output is used to generate a list of all stop codes, dispositions, and clinics which are inactive as of a user-specified date.
IB MT LIST HELD (RATE) CHARGES	This option is used to generate a list of all Means Test outpatient co-payment charges which have been placed on hold in Integrated Billing because the outpatient co-pay rate is over one year old.
IB MT LIST SPECIAL CASES	This option is used to list all special inpatient billing cases. After a case has been disposed, the output will include either the reason for non-billing, or all of the charges which have been billed for the admission.
IB MT LTC REMOTE QUERY	This option will allow you to perform a remote query on a patient for both MT and LTC billing information.
IB MT NIGHT COMP	This job creates Means Test bills for all current inpatients through the previous day. The job should be queued to run each evening after the G&L Recalculation has been completed.
IB MT ON HOLD FIX	This option should be assigned to the person responsible for insuring IB Actions are processed correctly. This option should be deleted once the clean-up process is complete. Select this option to perform one of three actions: 1. List all INTEGRATED BILLING ACTIONS with a status of INCOMPLETE. 2. List all INTEGRATED BILLING ACTIONS with a status of COMPLETE/ PENDING AR. 3. Repost INTEGRATED BILLING ACTIONS with a status of COMPLETE/ PENDING AR and pass these charges to AR. Please note that when selecting item #3, the software will attempt to process the IB actions with a status of COMPLETE. Some of these IB Actions will be placed ON HOLD with the ON HOLD DATE set to TODAY, while other IB Actions will be passed to AR and patients will be billed IMMEDIATELY.
IB MT ON HOLD MENU	This menu is used to group all options which are used to manage Integrated Billing actions which are placed on hold because the patient has insurance coverage or because the outpatient co-pay rate is over one year old.
IB MT PASS CONV CHARGES	This option sends converted charges to accounts receivable. User can use Patient name or a Cutoff date as selection criteria.

Exported Options	
OPTIONS	**DESCRIPTION**
IB MT PROFILE	The Means Test Billing Profile may be used to list, for a single patient, all Means Test charges which fall within a user-specified date range.
IB MT REL HELD (RATE) CHARGES	This option is used to release charges which have been placed on hold in Integrated Billing because the outpatient co-pay rate is over one year old. If the new (less than one year old) rate has been entered into the Billing table, the option will prompt the user to task off a job which will automatically update the dollar amount and bill all such charges. The user will receive a bulletin when the tasked job has completed.
IB MT RELEASE CHARGES	This option is used to release Means Test charges which are 'on hold' awaiting claim disposition from the patient's insurance company. Any held up charges for a patient (which is specified by the user) may be selected and passed to Accounts Receivable. This option will also be accessed from the 'Enter a Payment' option in the Accounts Receivable package. If the user posts a payment from an insurance company for a bill which has any 'held' charges associated with it, the user may opt to select any of the charges to pass to Accounts Receivable in order to post a portion of the insurance company's payment to the patient's bill.
IB MT REV PEND CHARGES	This new option is introduced with IVM v2.0 to support the IVM process. When an IVM-verified Means Test is transmitted from the IVM Center to the field facility, Means Tests charges will be created, if necessary, for patients whose MT status has changed from NO to YES. These charges are not passed to Accounts Receivable, but held in Billing in a new 'hold' (HOLD - REVIEW) status to await a manual review. This option is used to review all charges which are pending a review before being billed to the patient. Once reviewed, the charge may either be cancelled or passed to AR. If the charge is passed, billing information is passed to the IVM package to initiate the transmission of billing information back to the IVM Center.
IB OUTPATIENT VET REPORT	This option prints a list of all patients with non-service connected disabilities who have insurance and who had outpatient visits during a user-specified date range. Eligibility status is provided for each patient on list.
IB OUTPT VISIT DATE INQUIRY	This option displays a billing record which covers a specified outpatient visit. The user may select any patient with billed outpatient visits, and then the visit date in question. The option displays the same information as found in the Patient Billing Inquiry.

Exported Options	
OPTIONS	**DESCRIPTION**
IB OUTPUT AUTO BILLER	Prints the list of bills and comments resulting from the Automated Biller.
IB OUTPUT CLK PROD	Lists number and type of bills entered by selected clerks, over a date range.
IB OUTPUT CNT/AMT RPT	This option produces the Count and Dollar Amount of Charges On Hold Report. The report provides a subtotal and sub-count, by action type, of each patient charge with the status of ON HOLD. These charges have not been passed to Accounts Receivable. Accounting is responsible for supplying these figures to FMS on a monthly basis.
IB OUTPUT CONTINUOUS PATIENTS	This option is a list of current inpatients continuously hospitalized at the same level of care since 1986.
IB OUTPUT DAYS ON HOLD	This option produces the Days On Hold Report. The report lists all Integrated Billing charges that have been in the ON HOLD status for an extended period of time. Use the default to list charges that have been on hold for longer than 60 days.
IB OUTPUT EMPLOYER REPORT	For patients without active insurance, this report will list the patients and/or the spouse's employer.
IB OUTPUT EVENTS REPORT	Report of clinic check-ins, stop codes, registrations, and charges for Category C patients.
IB OUTPUT FULL INQ BY BILL NO	This option will display information about a bill. The bill may either be a third party bill, a pharmacy co-pay bill, or a means test charge. If a full inquiry is selected for non-third party bills, then additional information about the care or services is displayed when available.
IB OUTPUT HELD CHARGES	This option produces the Held Charges Report. The report lists all charges having the status of ON HOLD. With each charge is listed bills that are for the same outpatient visit or the same inpatient admission with an overlap in the period covered. Users have the option of printing the report with or without Insurance information.
IB OUTPUT HELD CHARGES/PT	This option lists all IB Actions for a patient that is currently on hold or was on hold for a user specified date range. The report lists IB Action ID, Rate Type, Bill #, AR status, IB Status and information related to corresponding Third Party Claims. Note: Only those charges placed on hold since the installation of patch IB*2*70 will appear on this report.

Exported Options	
OPTIONS	**DESCRIPTION**
IB OUTPUT HISTORY OF HELD CHGS	This option provides a count and dollar total of charges that have been on hold for a date range. The report sorts charges by their current status. Sites will be able to keep track of how many charges were cancelled, released (billed), or remain on hold. This report only counts charges with an ON HOLD DATE defined.
IB OUTPUT IB INQ	This option will display a captioned inquiry of one IB Action.
IB OUTPUT INPTS WITHOUT INS	This option will produce a list of either current inpatients or admissions for a date range where the patient has either unknown insurance or the insurance is expired.
IB OUTPUT INQ BY PATIENT	This inquiry will provide a brief display of IB actions for select patients for a selected date range.
IB OUTPUT IVM BILLING ACTIVITY	This option is used to generate a list of bills which have been generated against insurance policies which were identified by the IVM Center. The user has the option of electronically transmitting the report to the IVM Center when the option is executed in the Production account.
IB OUTPUT LIST ACTIONS	This option will print the IB actions by a user selected date range. The user may also select an additional field to sort by, such as status.
IB OUTPUT MANAGEMENT REPORTS	This menu contains reports that provide statistics or lists of bills that can be used in managing the Billing program.
IB OUTPUT MENU	This menu contains Inquiry and report options for Integrated Billing
IB OUTPUT MOST COMMON OPT CPT	This option will list the most common Ambulatory Procedures and Ambulatory Surgeries performed in a date range for a given set of clinics. This can be used to help build the CPT Check-off Sheets.
IB OUTPUT OPTS WITHOUT INS	This report will produce a list of patients for clinic appointments that have unknown or expired insurance.
IB OUTPUT PATIENT REPORT MENU	This menu contains the Billing reports that deal with one or a group of patients. This includes all billing lists of patients and billing inquiries.

Exported Options	
OPTIONS	**DESCRIPTION**
IB OUTPUT PRE-REG SOURCE REPT	This report will show patients which had insurance entered within a selected date range with a source of information equal to the user selected criteria. The report will show a list of patients, total bills created during date range, and total payments received during date range. This option was formerly known as the Pre-Registration Source Report.
IB OUTPUT RANK CARRIERS	This option is used to generate a listing of insurance carriers ranked by the total amount billed. The user may specify a date range from which bills should be selected, as well as the number of carriers to be ranked. This output must be transmitted to the MCCR Program Office after the beginning of the fiscal year. The selected date range should be the entire fiscal year (i.e., 10/1/92 through 9/30/93) and 30 carriers should be ranked. You should first run the report without transmitting in order to first review the results. When the report is being run in the Production account, the user will always have the opportunity to transmit the report centrally. The central mail group is G.MCCR DATA@FORUM.VA.GOV, which is stored as a parameter in field #4.05 in the IB SITE PARAMETERS (#350.9) file.
IB OUTPUT RELEASED CHARGES RPT	This report lists all charges identified as once being ON HOLD or on HOLD-REVIEW status that currently have a status of BILLED and the DATE LAST UPDATED falls within the date range the user specifies.
IB OUTPUT ROI EXPIRED	This report lists the ROI Special Consents that will expire within a user-specified date range.
IB OUTPUT STATISTICAL REPORT	This report lists the total number of Integrated Billing actions by Action type along with the total charge by type for a date range. The net totals are also printed. The net totals are derived by looking at the last update for a parent even though the update may not be within the date range. The net total within a date range can be derived by the formula "new-update-cancel" for any associated action types.
IB OUTPUT TREND REPORT	This option allows the user to analyze payment trends among insurance companies. In addition, it may be used to track receivables which are due the Medical Center. Many different criteria may be specified to limit the selection of bills, such as Rate Type, Impatient/Outpatient, Treatment Dates, Bill Printed Dates, and Insurance Company. Any additional field may also be selected and analyzed depending upon its content.

Exported Options	
OPTIONS	**DESCRIPTION**
IB OUTPUT VERIFY RX LINKS	This option will compare the soft-link stored in Integrated Billing with the pointer in the prescription file pointing back to Integrated Billing. A report will print out of all IB Actions that do not verify.
IB OUTPUT VETS BY DISCH	List of Veteran discharges by division that is billable.
IB PATIENT BILLING INQUIRY	This option displays all the actions which have been performed on a specified billing record. The user may select by patient name or bill number a particular record, and is shown bill status, total charges, statement covers period, and all previous actions of that billing record.
IB PROVIDER FROM FB DETAIL	This option prints all records modified by the FB PAID TO IB background process for a date range (For Future Use to Validate Testing).
IB PROVIDER FROM FB RPTS MENU	This menu option allows users to run reports about records in the IB NON/OTHER BILLING PROVIDER (#355.93) file that have been affected by the FB PAID TO IB background job (For Future Use to Validate Testing).
IB PROVIDER FROM FB SUMMARY	This option identifies and reports on entries in the IB NON/OTHER VA BILLING PROVIDER (#355.93) file that were added or changed by the FEE BASIS PAID TO IB interface for a date range (For Future Use to Validate Testing).
IB PRINT BILL	This option allows the user to print a third party bill after all required information has been input, and after the billing information has been reviewed and authorized. A reimbursable insurance bill that has been flagged for transmission cannot be printed before it has been transmitted at least once.
IB PRINT BILL ADDENDUM	Prints the Addendum sheets that may accompany CMS-1500 Rx Refill or Prosthetics bills. The addendum contains information that could not fit on the bill form.
IB PRINTED CLAIMS REPORT	This option will generate a report of claims for a specified timeframe that were locally printed but which had the potential to be transmitted electronically.
IB PURGE BILLING DATA	This option may be used to purge data from the following files: #350 INTEGRATED BILLING ACTION #351 CATEGORY C BILLING CLOCK #399 BILL/CLAIMS Entries from these files must be archived before they may be purged.

Exported Options	
OPTIONS	**DESCRIPTION**
IB PURGE DELETE TEMPLATE ENTRY	This option may be used to prevent a record from being purged from the database. The user will be prompted for an established Search Template based on one of the following three files: 350 INTEGRATED BILLING ACTION 351 CATEGORY C BILLING CLOCK 399 BILL/CLAIMS The records stored in this template will be listed, and the user may select a record to be deleted from the template.
IB PURGE LIST LOG ENTRIES	This option may be used to list all of the log entries in the IB ARCHIVE/PURGE LOG file, #350.6. All entries in the file are listed, in the order that they were added to the file.
IB PURGE LIST TEMPLATE ENTRIES	This option may be used to list all entries in a Search Template which are scheduled to be archived and purged.
IB PURGE LOG INQUIRY	This option may be used to provide a full inquiry of any entry in the IB ARCHIVE/PURGE LOG, file #350.6.
IB PURGE MENU	This menu contains all the Integrated billing purge options
IB PURGE/ARCHIVE BILLING DATA	This option may be used to archive data from the following files: #350 INTEGRATED BILLING ACTION #351 CATEGORY C BILLING CLOCK #399 BILL/CLAIMS Entries from these files must be found, and placed in the appropriate Search (Sort) template, before they may be archived.
IB PURGE/BASC TRANSFER CLEANUP	Delete all CPT entries in the temporary file that have been transferred to the permanent billing file.
IB PURGE/FIND BILLING DATA	This option may be used to identify records to be archived and purged from the following files: #350 INTEGRATED BILLING ACTION #351 CATEGORY C BILLING CLOCK #399 BILL/CLAIMS Entries which are selected to be archived and then purged are placed into a Search (Sort) template.
IB REPOST	Option allows passing of IB action entries that did not successfully pass to AR to be reposted to the IB filer.
IB RETURN BILL	This option will allow users to return a bill from MCCR to AR if it had previously been returned to MCCR from AR.
IB RETURN BILL LIST	This option will generate a list of bills returned by Accounts Receivable to MCCR. The output should be directed to a printer as this report may take a few minutes to print.

Exported Options	
OPTIONS	**DESCRIPTION**
IB RETURN BILL MENU	Menu to access options related to editing bills returned by A/R to MCCR and returning them to A/R.
IB REV CODE TOTALS	Print totals of Revenue Code amounts by Rate Type. To collect data for AMIS Segments 295 and 296
IB RX ADD THRESHOLDS	This option is used to add the Income Thresholds used in the Medication Co-payment Income Exemption.
IB RX EDIT LETTER	This option will allow editing of the header, or station name and address, and the main body of a letter. The letter IB NOW EXEMPT is the letter that was written to be sent to patients who become exempt during the conversion to inform them that they no longer need to send in a co-payment with their Rx refill requests. The first six lines of the header field will be centered at the top of each letter. Do not center these lines. The patient address will print beginning on line 17. The main body will print after the patient address section. Do not include functions in either word processing field as VA FileMan utilities are not used at this time to output the letters.
IB RX EXEMPTION MENU	This is the primary menu in IB for the options to manage and print reports on the Medication Co-payment Income Exclusion functionality.
IB RX HARDSHIP	This option can be used to give a hardship waiver from the Medication Co-payment. If a hardship is granted it will be good for one year from the date of the hardship. This option can also be used to update a single patient's exemption to the correct status as computed from his patient record, if the current exemption does not match what is computed.
IB RX INQUIRE	This option will allow a brief inquiry to active exemptions or a full inquiry to the history of all exemptions for a patient.
IB RX PRINT EX LETERS	This option will print the form letter IB NOW EXEMPT for all currently exempt patients. The following patients will not be included: Deceased Patients Non-Veterans Patients who are rated SC greater than 50% The user will be allowed to sort by Exemption Status Date, and by Patient name. Optionally, the user can store the results of the search in a template named IB EXEMPTION LIST for local printing purposes.

Exported Options	
OPTIONS	**DESCRIPTION**
IB RX PRINT PAT. EXEMP.	This option can print a list of patients by exemption status or exemption reason. This will enable a facility to print a list of patients who are either exempt or non-exempt. Optionally the report can print only sub totals without printing the detailed patient listing.
IB RX PRINT RETRO CHARGES	This report will print a list of patients and Medication Co-payment charges that have been canceled due to the income exclusion. Initially this report will print a list of charges canceled during the installation/ conversion process. The software may cancel other charges after installation and this report can be used to list those charges.
IB RX PRINT THRESHOLDS	This option will print a listing of the Income Thresholds used in the Medication Co-payment Income Exemption process. The output is sorted by type of Threshold and Effective Date.
IB RX PRINT VERIFY EXEMP	This option can be used to search through the BILLING EXEMPTIONS file and compare the currently stored active exemption for each patient against what it calculates to be the correct exemption status for the patient based on current data in the MAS files. This report can be run to just print a list of discrepancies or it can be run to automatically update each incorrect exemption status. Initially the report should be run without updating the exemptions. The option Manually Change Co-pay Exemptions (Hardship) can be used to update exemptions to the correct status one patient at a time if desired.
IB RX REPRINT REMINDER	This option is used to generate an Income Test reminder letter for a veteran who effective co-pay exemption is based upon income. When the letter is generated, the field REMINDER LETTER DATE (#.16) in the BILLING EXEMPTIONS (#354.1) file will be updated, for the exemption record which is the basis for sending the reminder letter, with the current date.
IB SC DETERMINATION CHANGE RPT	This option creates a report to display patients that have a Service Connected determination change for co-pays being reset.
IB SITE DEVICE SETUP	This option allows associating devices as the default answer when printing forms. This is used to enter the default device for AR for follow-up activity.
IB SITE MGR MENU	This menu contains the options for the System Manager to check on the status of Integrated Billing, edit site parameters, and manage the background filer.

Exported Options	
OPTIONS	**DESCRIPTION**
IB SITE STATUS DISPLAY	This option displays information from the IB site parameter file and pertinent information about the status of the IB background filer.
IB SYSTEM DEFINITION MENU	This option allows the user to set up the MCCR parameters necessary for third party billing.
IB THIRD PARTY BILLING MENU	This menu contains the options necessary to create, edit, review, authorize, print, and cancel third party bills.
IB THIRD PARTY OUTPUT MENU	This option allows the user to generate any of the Third Party Outputs.
IB TP FLAG OPT PARAMS	This option is used to flag stop codes and clinics as either non-billable for Third Party billing or to be ignored by the Third Party auto biller. These parameters are all flagged by date and may be inactivated and re-activated.
IB TP LIST FLAGGED PARAMS	This output is used to generate a list of all stop codes and clinics that are flagged as non-billable for Third Party billing or that should not be auto billed by the Third Party auto biller on a user-specified date.
IB TRICARE DEL REJECT	This option is used to delete entries from the TRICARE PHARMACY REJECTS (#351.52) file. Entries to be deleted are usually transmitted in error originally and are not going to be re-submitted.
IB TRICARE ENGINE START	This option is used to start the TRICARE Pharmacy billing engine. The option will cause four queued tasks to be run - two primary This option is used to start the TRICARE Pharmacy billing engine tasks (one used to submit claims for prescriptions to the TRICARE fiscal intermediary, and one to accept AWP updates) and two secondary tasks as backups to the primary tasks. If either primary task fails, the secondary task will become the primary task and spawn another secondary task.
IB TRICARE ENGINE STOP	This option is used to gracefully terminate the TRICARE Pharmacy billing engines. Use of this option will cause all four queued tasks to shutdown.
IB TRICARE MENU	This menu contains options and reports related to the billing of prescriptions and medical care provided to TRICARE patients.
IB TRICARE REJECT	This output provides a list of all billing transmissions which were rejected by the TRICARE fiscal intermediary.

Exported Options	
OPTIONS	**DESCRIPTION**
IB TRICARE RESUBMIT	This option is used to submit a claim for a TRICARE prescription which was not previously billed.
IB TRICARE REVERSE	This option is used to cancel a claim and co-payment for a TRICARE prescription which was billed in error.
IB TRICARE TRANSMISSION	This output provides a list, by prescription fill date, of all billing transmissions sent to the TRICARE fiscal intermediary.
IB VIEW CANCEL BILL	This option allows the user to select and view a bill that is in cancelled status.
IBAEC LTC BILLING MENU	This menu holds all the LTC menu options.
IBAEC LTC BILLING PROFILE	Prints "LTC Single Patient Billing Profile" report.
IBAEC LTC CLOCK EDIT	This option allows users to edit the LTC co-pay billing clock. You can change the start date of the clock and edit the free days.
IBAEC LTC CLOCK INQUIRY	This option prints "LTC Billing Clock Inquiry" report, containing detailed information about selected LTC Billing Clock.
IBARXM CAP TRANS PUSH	This option will allow the user to try to "push" outpatient medication co-payment cap transactions to the other treating facilities for the patient. This is used to try to resolve problems with transmissions. The problems are usually identified by mail messages sent to the IB RX CO-PAY CAP ERROR mail group. To resolve these error messages first IRM should verify that the HL7 logical links are working correctly. Then with this option the user can select individual transactions to attempt to send or All un-transmitted transactions.
IBARXM CO-PAY QUERY	This option will produce a report that will show what medication co-payments a patient has been billed for and not billed for. This option will allow you to query remote facilities to get all the information and verify its accuracy. If there is a discrepancy, the amounts will be updated as well.
IBARXM FACILITY CAP SUMM RPT	This option will generate the Facility Pharmacy Co-Pay Cap Summary Report. The purpose of this report is to delineate six data elements required by the VHA Chief Business Office on a yearly basis.
IBARXM NONBILLABLE CO-PAY	This report will show what medication co-payments were not billable as a result of the medication co-payment cap for the specified month/year.

Exported Options	
OPTIONS	**DESCRIPTION**
IBARXM PATIENT CAP REPORT	This option will produce a list of patients that have either met or are above their cap for the date specified. You may specify either a month/year or just a year.
IBAT EXCEL REPORT	This report will allow the user to select which fields they want printed in an excel format. It uses a pike (|) as the excel delimiter.
IBAT INPT PROSTHETIC ITEMS	This option will allow entering/editing/deleting of items that should be billed for inpatient prosthetics. Items in here will be automatically billed by the nightly background job for inpatients. No other inpatient issued items will be automatically billed.
IBAT PATIENT LIST	This report will generate lists of transfer pricing patients by facility or VISN. 1. The data available on the report will include patient name, date of birth, primary eligibility, SSN, and VISN. 2. The report will be able to be sorted by patient, treating facility, or by VISN.
IBAT PATIENT REPORT	This report will create a detailed listing of a transfer pricing statement by patient. This report will also aid in determining whether or not a billable third party is involved. 1. You will be able to select a VISN (home or preferred VISN) for detailed data to accumulate from. 2. You will be able to select a date range with summary data inclusive. 3. Detail data will be available per patient on the report along with a subtotal per patient and a Grand Total.

Exported Options	
OPTIONS	**DESCRIPTION**
IBAT SUMMARY REPORT	This report will create a transfer pricing statement summary. This bottom line to this overall summary yields the total number of episodes and total amounts of those episodes per VISN/facility or groups of VISN/facilities. 1. You can select one or more VISN/facilities (home or preferred VISN/facility) for summary data to accumulate from. 2. You can select a date range for which those services were provided with summary data inclusive. 3. There is summary data on the report for Inpatient, Outpatient, Pharmacy, and a Grand Total of the three.
IBAT TP MANAGEMENT	This is the main entry option for viewing and editing patients and transactions.
IBAT TRANSFER PRICING MENU	This menu will hold all the Transfer Pricing menu options.
IBAT WORKLOAD REPORT	This report shall enable the user to create a transfer pricing statement workload detail. The emphasis of this report is on work detail via Units. 1. The user shall be able to select one or more VISN/facilities (home or preferred VISN/facility) for workload data to accumulate from. 2. The user shall be able to select a date range with summary data inclusive. 3. Workload detail data shall be available on the report along with the Grand Total.

Exported Options	
OPTIONS	**DESCRIPTION**
IBBA BATCH DFT	The menu option is used to schedule via TaskManager the PFSS Charge Batch Processor. Normally, this option should be scheduled to run once daily at a time of low system activity. When the batch processor starts, it will set data into two fields in the PFSS SITE PARAMETERS file (#372): (1) The CHARGE PROCESSOR RUNNING field (#.1) will be set to "YES". (2) The CHARGE PROCESS START TIME field (#.11) will be set to the current system date/time. When charge batch processing is complete, then: (1) The CHARGE PROCESSOR RUNNING field (#.1) will be set to "NO". (2) The CHARGE PROCESS START TIME field (#.11) will be deleted. When a charge batch processor job is started, it always checks the status of the CHARGE PROCESSOR RUNNING field. If this field is set to "YES", then the job quits immediately. This insures that only one batch processor is running at any given time.
IBCE 837 EDI MENU	This menu contains the options needed to process and maintain EDI 837 bill submission functions.
IBCE 837 EDI REPORTS	This menu contains the options needed to define the types of electronic reports from the clearinghouse that the site needs to see and defines the text that should/should not allow automatic review and file for informational status messages. It also contains an option to purge old status messages, reports for maintaining the integrity of the return message subsystem and the option for reviewing electronically returned messages.
IBCE 837 MANUAL TRANSMIT	This job batches and transmits bills that are in authorized or Request MRA status for insurance companies flagged to transmit electronically via EDI. This job can be executed at any time to transmit bills awaiting extract.
IBCE BATCH STATUS DETAIL	

Exported Options	
OPTIONS	**DESCRIPTION**
IBCE BATCHES PENDING TOO LONG	This report lists all batches by batch type that have been in a PENDING status and have not yet received confirmation of receipt from Austin for more than 1 day. Report includes pending since date and mail message # the batch is contained in.
IBCE CLAIMS STATUS AWAITING	Used by bill staff to review the most current status messages received for a bill(s) and do follow-up on the bills. Users will be able to select a bill from the list to view the details and the entire message text as well as to mark the message as reviewed or under review and document user comments.
IBCE COB MANAGEMENT	This will be a list manager screen with the option available to print an associated report. Using the screen, billing staff will be able to follow up on bills for secondary and tertiary billing for non-MRA bills.
IBCE EDI BATCHES INCOMPLETE	This report lists all batches that have been resubmitted, but not all bills were included. These are batches that have at least one bill still not resubmitted or canceled.
IBCE EDI VIEW/PRINT EXTRACT	This option will display the EDI extract data for a bill.
IBCE ELEC REPORT DISPOSITION	This option allows the site to determine which clearinghouse generated electronic canned reports are to be sent to the EDI mail group and which should be totally ignored when received at the site.
IBCE ELECTRONIC ERROR REPORT	This report provides a tool for billing personnel to identify the who, what, and where of errors in electronic billing process.
IBCE EXTRACT STATUS	This is a list manager screen that will display bills that are trapped in a ready for extract status due to the EDI/MRA parameter being turned off. From here, the valid actions are cancel a bill, cancel/clone/authorize a bill without user interaction, or print the report.
IBCE LIST LOCAL	This report lists, by local print form, all the override fields for all local print forms for the site.
IBCE MESSAGE SCREEN TEXT	This option allows for the display of a list of words or phrases that if found in the text of an informational status message, will either always require the message to be reviewed or will auto-file the message and flag it as not needing a review.

Exported Options	
OPTIONS	**DESCRIPTION**
IBCE MESSAGES SERVER	This option controls the reading and storing of return messages generated as a result of the processing of Integrated Billing electronic transmissions with the Austin translator.
IBCE MRA MANAGEMENT	This will be a list manager screen with the option available to print an associated report. Using the screen, billing staff will be able to follow up on bills for secondary and tertiary billing for MRA bills.
IBCE MSGS PENDING TOO LONG	This report lists EDI messages still waiting to be filed after a user specified number of days.
IBCE OUTPUT FORMATTER	This option allows the user to access the utilities needed to set up and maintain local forms using the forms output utility.
IBCE PREV TRANSMITTED CLAIMS	This option allows a user to view or produce a report of claims that were previously transmitted as live claims or that were transmitted as test claims prior to turning EDI on for an insurance company.
IBCE PRINT EOB	Print EOB.
IBCE PROVIDER ID QUERY	This option allows the site to run or re-run the provider id query report to report some of the invalid provider id set ups for insurance companies. CONDITIONS TO IDENTIFY: 1-BLUE CROSS LINKED TO CMS-1500 ONLY (1) THE ONLY HARD ERROR 2-BLUE SHIELD LINKED TO UB92 ONLY (2) WARNING 3-BLUE CROSS ID APPLIED TO BOTH FORMS (0) WARNING 4-BLUE CROSS OR BLUE SHIELD IDs EXIST FOR AN INS CO, BUT ONE OR MORE OF THE INSURANCE COMPANY'S PLANS DOES NOT HAVE AN ELECTRONIC PLAN TYPE OF 'BL' 5-NON BLUE CROSS/SHIELD ID FOR AN INS COMPANY WITH BLUE PLAN(S) 6-VAD000 as an ID but not flagged as a UPIN

Exported Options	
OPTIONS	**DESCRIPTION**
IBCE PROVIDER ID WORKSHEET	Allows the user to print off provider id worksheets on which to record special requirements for provider ids for insurance companies. Users may choose blank sheets or sheets populated with all BLUE CROSS, BLUE SHIELD and TRICARE insurance company names.
IBCE PROVIDER MAINT	This is the screen from which all provider id maintenance can be performed.
IBCE PRVNVA FAC EDIT	This option allows for entering and editing of NON-VA facility information for billing.
IBCE QUERY PENDING BATCH	This report shows the current transmission status of a batch's mail message. It also includes the mail message number it was sent in along with the first and last date/times it was sent.
IBCE READY FOR EXTRACT REP	This report provides a list of claims held in a Ready for Extract status due to the EDI/MRA IB site parameter field being turned off.
IBCE RETURN MSG PROCESSING	This option allows for the display of a list of return messages that have been received at the site, but have been left in the temporary STATUS MESSAGE file. This may have been because of a system error or the message may not have been received in a readable format. This option provides the means to delete the message or to attempt to reapply it against the VistA data base.
IBCE RULE MAINTENANCE	This option will allow for the adding of new electronic transmission rules and to modify existing ones.
IBCE TRANSMIT SELECTED BILLS	This option allows a user to transmit one or more transmittable claims that are waiting to be transmitted and are in a WAITING FOR EXTRACT status.
IBCE TXMT MGMNT REPORTS	This menu contains the options needed to produce reports for the 837 EDI module that deal with the status of the transmission of electronic billing data.
IBCE VIEW PENDING BILL	This option allows for the user to enter the ENTER/EDIT billing information screens in a view-only mode for a selected authorized bill whose transmission status is either WAITING AUSTIN CONFIRM or READY FOR EXTRACT.
IBCE VIEW PREV TRANS MESSAGE	This report will display test claim EDI transmission data and EDI status message data from file 361.4.

Exported Options	
OPTIONS	**DESCRIPTION**
IBCED EDI CLAIM STATUS REPORT	This report shows information about transmitted electronic claims. Selection criteria include division, payer, date last transmitted, and current EDI status. This report has 3 sort levels and 8 sorting criteria.
IBCEM MESSAGES WITHOUT REVIEW	This option allows for the display of all EDI return messages that were filed without needing a review based on the text entries in the message screen text file (#361.3). The report can be run for a user-selected date range on date the message was received at the site and may be sorted by message text that caused the message to not need a review or by bill #.
IBCEM MRA MANAGEMENT MENU	This menu option holds all EDI Medicare Remittance Advice (MRA) related options.
IBCEM MRA REPORT PRINT	This menu option prints the MRA Reports given a Bill Number. Based on the Bill Type, this report will print either an Institutional Format (Part A) or a Professional Format (Part B). In addition, if more than one MRA are associated with the Bill, all MRA's will print.
IBCEM MRA STATISTICS REPORT	The MRA Statistics Report displays statistics on Primary and Secondary MRA requests.
IBCEM NON-MRA REPORT	The Non-MRA Productivity Report displays information on Primary, Secondary and Tertiary non-MRA claims.
IBCEM PATIENTS W/O MEDICARE	This report will show living patients that have active insurance, but no MEDICARE (WNR) insurance on file. The other active insurance must be Medigap, or Medicare Secondary type insurance. In these cases, MEDICARE (WNR) should be the primary insurance. This is for the MRA project.
IBCEM STATUS MESSAGE	This option contains the functionality to print/purge electronically returned status messages that have been in a final review status for a user selected number of days.
IBCEM VIEW MRA EOB	This option will allow the user to choose a bill that has at least one Medicare Remittance Advice (MRA) Explanation of Benefits (EOB) on file. The user can then view the MRA EOB through the List Manager utility.
IBCEMC MULT CSA MSG MANAGEMENT	This option allows users to see rejected claims status messages which are not reviewed. The users are able to take the same action on multiple messages at the same time.

Exported Options	
OPTIONS	**DESCRIPTION**
IBCI ASSIGN CLAIMSMANAGER BILL	This option will allow users to assign bills to other users.
IBCI CLAIMSMANAGER ERROR RPT	This report prints bill information for those bills that have ClaimsManager errors.
IBCI CLAIMSMANAGER FILE MENU	This is a menu option containing the options that extract VistA data and create export files for the ClaimsManager application.
IBCI CLAIMSMANAGER NPT FILE	Create ClaimsManager NPT file.
IBCI CLAIMSMANAGER PAYOR FILE	Extract data from Insurance company file (#36) and build the ClaimsManager Payer file.
IBCI CLAIMSMANAGER RPT MENU	This is a menu that contains the ClaimsManager report options.
IBCI CLAIMSMANAGER STATUS RPT	This report prints bill information for those bills that have gone through the ClaimsManager interface process.
IBCI CLAIMSMANAGER WORKSHEET	This report prints the ClaimsManager error messages for a single bill.
IBCI CLEAR CLAIMSMANAGER QUEUE	This option exists primarily for programmers to be able to clear the ClaimsManager results queue so the ClaimsManager interface gets back in sync. This method is not always successful. If it does not work, then Ingenix must be called at 1-800-765-6818.
IBCI MULTIPLE CLAIM SEND	This option will allow users to access the IBCI SKIP LIST list template. This is where users can send claims that were in error due to communication errors.
IBCN GRP PLAN FILES RPT	This option runs the List Group Plans without Annual Benefits Report.
IBCN HPID CLAIM RPT	This option runs the Manually Added HPIDs to Billing Claim Report.
IBCN ID DUP INSURANCE ENTRIES	This option allows users to search the Insurance Company (36#) File to identify duplicate entries. The file may be searched by Insurance Company name, address, city, or state. A listing of Insurance Company names, address and phone number that meet the search criteria will display.

Exported Options	
OPTIONS	**DESCRIPTION**
IBCN INS BILL PROV FLAG RPT	This option was deleted as part of IB*2.0*516.
IBCN INS RPTS	This is a menu to edit, view, and print insurance-related reports.
IBCN INS PLANS MISSING DATA	This report prints a listing of user selected Insurance Companies that contain fields with no data for one or more user selected fields.
IBCN INSURANCE BUFFER PROCESS	Display screens and processing actions for the Insurance Buffer.
IBCN INSURANCE BUFFER PURGE	This option may be used to purge the Insurance Buffer of entries that were processed (accepted or rejected) at least one year ago.
IBCN INSURANCE CO EDIT	This option allows edit insurance company information
IBCN INSURANCE EDI REPORT	This report will display EDI related information from the Insurance Company file (#36).
IBCN INSURANCE MGMT MENU	This is the main menu to edit, view, and print insurance information.
IBCN INTERFACILITY INS UPDATE	This option runs the Interfacility Ins Update Activity Report
IBCN LIST INACTIVE INS W/PAT	This option will list inactive insurance companies that have patients listed as having this company as an insurer. Run this report and then use the Insurance Company Edit option and choose the (In)Activate Company action to re-point those patients to a valid insurance company.
IBCN LIST NEW NOT VER	This option will list by patient new insurance entries that have never been verified. Run this report and then use the Patient Insurance Info View/Edit option and choose the Verify Coverage action to verify coverage for individual patients.
IBCN LIST PLANS BY INS CO	This option lists insurance companies and the plans under each company. The user may select one, many or all in both cases. The report can be run with or without a listing of the patients under each policy.

Exported Options	
OPTIONS	**DESCRIPTION**
IBCN MEDICARE INSURANCE INTAKE	This option provides users with a condensed input template to enter Medicare Insurance information from Medicare cards. The Name of the Beneficiary should be entered in the following format: Last Name, First Name, Middle Initial. The Medicare claim number should be entered exactly as it appears on the card. Both, the Part A and Part B effective dates from the card should also be entered. Two separate policies will be created for both Part A and Part B coverage, as long as an effective date was entered for each type of coverage. Users holding the IB Insurance Supervisor Security key will be able to verify the information after entry. The policy will be placed in the Insurance Buffer File for non-key holders.
IBCN MOVE SUBSCRIB TO PLAN	This option allows users to move subscribers to a different plan. The plan may be with the same or different Insurance Company. Annual Benefits, plan attributes and coverage limitations may be moved as well.
IBCN NO COVERAGE VERIFIED	This option will list all Patients within the specified sort criteria that have a No Coverage Verification Date entered. Verification of no insurance coverage may need to be reviewed yearly.
IBCN OUTPUT INS BUFF ACTIVITY	This report provides a summary of the activity within the Insurance Buffer for a specified date range. Counts, percentages, and average processing times are included for both processed and unprocessed entries. The report can be printed with totals only or with subtotals by month within the date range selected.
IBCN OUTPUT INS BUFF EMPLOYEE	This report provides a summary of entries in the Insurance Buffer by employee and a specified date range. There are two variations of this report, one is for those employees that create/enter new Buffer entries. The other variation is for those employees that verify or process (accept/reject) Buffer entries. The report may be printed for one selected employee or all employees using the Buffer. Counts and percentages are included and can be printed with totals only or by month.
IBCN PATIENT INSURANCE	This option allows viewing and editing of patient insurance information.
IBCN POL W/NO EFF DATE REPORT	This option displays all Active Policies that have no effective date for the search criteria entered. The report separates Verified and Non-Verified policies and lists Patient information, Insurance information and patient policy information. This report should be queued.

Exported Options	
OPTIONS	**DESCRIPTION**
IBCN PT W/WO INSURANCE REPORT	This option provides a list of patients with or without insurance coverage. The report lists patients who received medical treatment within a user specified date range, and may further be refined to only list patients whose names or 'terminal digit' falls within a specified range. When printing the report of patients who have insurance coverage, the report may be restricted to those patients who have coverage with specific companies (up to six) or a range of companies. Additionally, the report may also be restricted to only include patients whose age falls within a user specified date range. This report should be queued.
IBCN REMOTE INSURANCE QUERY	This option will perform a query on the selected patient for insurance information at remote VA sites.
IBCN RESYNCH INS COMP	On the rare occasion that the associated insurance company provider IDs get out of synch, this option is to be used by EVS or the IRM to get the parent and child insurance companies to be the same. This option should not be linked to any menu. This runs for all insurance companies and locks the insurance company file before starting so no one can be editing an insurance company while it is running.
IBCN UPDATE SUBSCRIBER INFO	This option will update subscriber fields defined to the PATIENT FILE (#2) INSURANCE TYPE sub-file (#2.312).
IBCN USER EDIT RPT	This option runs the new User Edit Report.
IBCN VIEW INSURANCE CO	This option allows viewing of insurance company information.
IBCN VIEW INSURANCE DATA	This menu contains the view option to Patient Insurance and Insurance Company information.
IBCN VIEW PATIENT INSURANCE	This option allows viewing of patient insurance information.
IBCNE AUTO MATCH BUFFER	This option allows the user to see insurance company names in the Insurance Buffer file that do not exist in the Insurance Company file (File# 36) and that do not exist or pattern match with anything in the Auto Match file (File# 365.11).
IBCNE AUTO MATCH ENTER/EDIT	This option allows the user to manage the entries in the Auto Match file.
IBCNE EIV UPDATE REPORT	Generate eIV Patient Insurance Update Report based on eIV Inquiries and Responses for a given date range and current Patient Insurance data.

Exported Options	
OPTIONS	**DESCRIPTION**
IBCNE HL7 RESPONSE REPORT	This option displays the time the request was sent to FSC and the Time the response was receive. It also shows the Buffer #, Payer # and Patient #
IBCNE IIV AMBIGUOUS POLICY RPT	This report will allow a user to display any Ambiguous Payer Responses for insurance policies that the eIV software discovered while questioning Payers. These policies are not necessarily on the patient's insurance file. Ambiguous payer responses are those responses that do not have enough information to safely determine if the policy is active or not.
IBCNE IIV BATCH PROCESS	This option is not to be placed on any menu or run by any user. This option is specifically designed to be scheduled in TaskMan to be executed once a day during off-peak hours. Running this more than once a day may cause unexpected results. This option is the eIV nightly task that extracts the patient/insurance data from VISTA and transmits it to AAC while following the eIV Site Parameters within file #350.9.
IBCNE IIV INACTIVE POLICY RPT	This report will allow a user to display any Inactive Insurance Policies that the eIV software discovered while questioning Payers. These policies are not necessarily on the patient's insurance file.
IBCNE IIV MENU	This menu contains options related to eIV (Electronic Insurance Verification).
IBCNE EIV PAYER LINK NOTIFY	This option sends a Mailman notification to eIV mail group that contains total number of nationally active unlinked payers with potential insurance company matches along with the list of nationally active linked payers that are locally inactive.
IBCNE IIV PAYER LINK REPORT	This report shows the relationship between the insurance companies in file 36 and the payers in file 365.12.
IBCNE IIV PAYER REPORT	Generate the eIV Payer Report based on eIV Responses received for a given date range by Payer.
IBCNE IIV RESPONSE REPORT	Generate eIV Payer Report based on the eIV Responses for a given date range, Payer name range and Patient name range. All the response information is displayed for the selected responses.
IBCNE IIV STATISTICAL REPORT	Generate eIV Statistical Report based on eIV Inquiries and Responses for a given date range and current Insurance Buffer data.
IBCNE PAYER EDIT	Option to allow users to update the Local Active flag for Payers and Payer applications.

Exported Options	
OPTIONS	**DESCRIPTION**
IBCNE PAYER LINK	This option allows the user to see payers added during a date range entered by the user. They will then be able to link these payers to selected insurance companies.
IBCNE PAYER MAINTENANCE MENU	This menu contains options related to maintaining the Payer file (#365.12).
IBCNE POTENTIAL COB LIST	This option creates a list of those patients whom Medicare has identified in a 271 HL7 response message as having insurance subsequent to their Medicare Insurance.
IBCNE POTENTIAL NEW INS FOUND	While eIV was trying to identify/find (guess) insurance policies, using the Most Popular Payer list and/or old expired insurance policies, potential insurance policies were discovered.
IBCNE PURGE IIV DATA	This option is responsible for purging data from file 365 (eIV Response) and from file 365.1 (eIV Transmission Queue). Only data that is older than 6 months can be purged.
IBCNE REQUEST INQUIRY	Option to allow users to force electronic inquiry of patient insurance information through the eIV application.
IBCNF EDIT CONFIGURATION	eII Edit Configuration: Runs the IBCNFCON routine to edit the eII configuration parameters. IBCNF EDIT security key required.
IBCNF EII GET SERVER	This is a server type option (not used by any user) that runs the GAITCMSG^IBCNFRD routine. Members of the IBN, IBX, IBK and IBH mail groups will receive the AITC DMI Queue confirmation messages for the four types of Extract files. The IBN mail group will also receive the results file messages.
IBCNR E-PHARMACY MENU	Contains options for the e-Pharmacy Project.
IBCNR EDIT HIPAA NCPDP FLAG	This option allows the user to edit the HIPAA NCPDP ACTIVE FLAG (#350.9, 11.01) (master switch to control e-Pharmacy NCPDP transactions).
IBCNR EDIT NCPDP PROCESSOR	This option allows the user to edit the NCPDP PROCESSOR APPLICATION sub-file (#366.013). Specific to e-Pharmacy.
IBCNR EDIT PAYER	This option allows the user to edit the PAYER APPLICATION sub-file (#365.121). Specific to e-Pharmacy.
IBCNR EDIT PBM	This option allows the user to edit the PHARMACY BENEFITS MANAGER (PBM) APPLICATION sub-file (#366.023). Specific to e-Pharmacy.

Exported Options	
OPTIONS	**DESCRIPTION**
IBCNR EDIT PLAN	This option allows the user to edit the PLAN APPLICATION sub-file (#366.033). Specific to e-Pharmacy.
IBCNR GROUP PLAN MATCH	This option allows a user to match multiple GROUP INSURANCE PLAN file (#355.3) records to a PHARMACY PLAN file (#366.03) record.
IBCNR GROUP PLAN WORKSHEET	The Group Plan Worksheet allows a user to, for a given date range, view all authorized Bill/Claim activity for a Group Plan that has active Pharmacy coverage.
IBCNR PHARMACY PLAN REPORT	The Pharmacy Plan Report lists the Plan Name, Plan ID, Banking Identification Number (BIN), and Processor Control Number (PCN) for all entries. It can be sorted by Plan Name or BIN and PCN.
IBCNR PLAN MATCH	This option allows a user to match a GROUP INSURANCE PLAN file (#355.3) record to a PHARMACY PLAN file (#366.03) record.
IBCNR PLAN STATUS INQUIRY	Group Plan Status Inquiry screen
IBCNR PLAN STATUS REPORT	IBCNR Group Plan Status Report
IBCNR RELEASE OF INFORMATION	This option allows the tracking of Release of Information for sensitive diagnosis medications
IBCNR ROI EXPIRATION REPORT	This option displays a report that will allow users to see when Releases of Information (ROI) are becoming expired or soon will expire. It also allows the user to see the status of “Active” or “Inactive” for each ROI. The database for this report is file #356.25 – CLAIMS TRACKING ROI.
IBCNR SHARED MATCHES RPT TASK	EPHARMACY SHARED MATCHES REPORT TASKMAN - Initiates e-pharmacy Shared Plan Matches Report which generates and sends the report - For use with TASKMAN scheduling.
IBCNR TEST PAYER SHEET MATCH	This option allows the user to override a payer sheet associated with a Pharmacy Plan with a test payer sheet. This option should only be used for testing purposes only.
IBCNSRVBP	This server option will facilitate on-demand review of insurance companies in IB patch 400 switchback mode.

Exported Options	
OPTIONS	**DESCRIPTION**
IBCR ADJUSTMENT ENTER/EDIT	Charge Master option for IRM. Allow enter/edit of Rate Schedule Adjustment field. This field is M code and therefore requires programmer access.
IBCR CHARGE MASTER IRM MENU	This menu contains all IRM options for the Integrated Billing Charge Master.
IBCR CHARGE MASTER MENU	This menu contains options to define and support Third Party billing rates and charges.
IBCR DELETE CHARGE ITEMS	Reports and deletes Charge Items in a Charge Set based on date. All charges that become inactive before a user specified date may be deleted allowing old, no longer used charges to be removed from the system.
IBCR DISPLAY CHARGE MASTER	Display screens and enter/edit options for Charge Master.
IBCR ENTER RC NATIONAL CHARGES	This option is used to enter the National Interim Reasonable Charges. These non-site specific charges are provided when new CPT/HCPCS codes are released as interim charges until the next full release of Reasonable Charges.
IBCR ENTER TP NEG RATES	This option is used to enter/edit Transfer Pricing Negotiated rates. Rates can be negotiated between another VA Facility or an entire network (VISN). This option can only be used to edit rates in charge sets that were previously set up using this option. The rates entered here are stored in Charge Master for use.
IBCR FAST ENTER BILLING RATES	This option is designed to speed the entry into the Charge Master of the Interagency and Tortuously Liable Billing Rates when they are released once a year.
IBCR HOST FILE LOAD	This option includes functions necessary to load charges from a Host file into the Charge Master.
IBCR INACTIVE CODES	Reports and inactivates the charges in the Charge Master for all currently inactive CPT codes.
IBCR RC EXTRACT	This option is used to extract Reasonable Charges rates from Charge Master in a format that can be imported to Excel. The extract will allow you to create a text file that is delimitated by the circumflex/caret (^) character. When importing to Excel specify that delimiter. This can be used for any version of RC from 2.0 or above. The output device selected should be a Host File Server (HFS) or the Current Terminal (for screen capture).

Exported Options	
OPTIONS	**DESCRIPTION**
IBCR RC FACILITY TYPE	This option allows the user to change the VA division's Facility Type designation for Reasonable Charges from Provider Based to Non-Provider Based and vice versa, which determines the charges loaded and available for use for that division.
IBCR REPORTS FOR CHARGE MASTER	Option to print Charge Master reports.
IBD EDS TRAINING	
IBD MANUAL DATA DISPLAY	This option will display the components of a form that are available for data entry, the selection rules, and any associated data qualifiers. Use this to determine if the form has been set up correctly.
IBD MANUAL DATA ENTRY BY CLIN	This option allows manual data entry of encounter data for the Ambulatory Data Capture project. The user selects a clinic, an appointment date, a patient and can then do data entry for the encounter. All forms for the encounter will be asked. If no forms were printed for the encounter the user can select the form to for data entry without having to print the form.
IBD MANUAL DATA ENTRY BY FORM	This option allows manual data entry of encounter data for the Ambulatory Data Capture project. This option allows a user to do data entry on a single form at a time. Input is based on the form design.
IBD MANUAL DATA ENTRY GROUP	This option allows manual data entry of encounter data for the Ambulatory Data Capture project. The user selects a clinic and appointment date/time, and may de-select specific patient, otherwise after completing data entry for a single patient, the data will then be entered for all patients with the same appointment date/time. All forms for the encounter will be asked. If no forms were printed for the encounter the user can select the form to for data entry without having to print the form.
IBD MANUAL DATA ENTRY MENU	This menu contains the AICS Manual Data Entry options to enter encounter data based on encounter form design.
IBD MANUAL DATA ENTRY PRE	This option will allow data entry of forms that are pre-printed without patient data for unscheduled visits such as occur in emergency rooms.
IBD SCANNING WORKSTATION	

Exported Options	
OPTIONS	**DESCRIPTION**
IBDF AUTO PURGE FORM TRACKING	This option should be queued to run at the sites convenience. It will purge old data from several AICS files including: ENCOUNTER FORM DEFINITION file (357.95) ENCOUNTER FORM TRACKING file (357.96) FORM SPECIFICATION file (359.2) AICS ERROR AND WARNING LOG file (359.3) Two parameters in the ENCOUNTER FORM PARAMETERS file (357.09) control how this option works. The option needs no device and has no output. It is recommended that this be tasked to run at least once weekly during a weekend or other slow time.
IBDF BACKGRD EF PRINT QUEUE	This option prints encounter forms in the background. Jobs are run based on the queuing parameters set up using the option IBDF SETUP AUTO CLINIC PRINT.
IBDF CLINIC SETUP/EDIT FORMS	The form generator for creating encounter forms.
IBDF COPY CPTS TO FORM	Allows the user to select a CPT Check-off Sheet and Encounter Form. The Check-off Sheet's CPT codes are then copied to the Encounter Form.
IBDF DEFINE AVAILABLE REPORT	Allows reports, other than Health Summaries, to be made available for use by the print manager.
IBDF DEFINE AVLABLE HLTH SMRY	Allows a Health Summary to be made available for use by the print manager.
IBDF EDIT CLINIC REPORTS	Used to select reports that should print for the clinic.
IBDF EDIT ENCOUNTER FORMS	Contains the options that involve editing encounter forms.
IBDF EDIT MARKING AREA	Allows the local sites to create their own Marking Area to supplement those that come with the tool kit. Marking Areas are the areas on a selection list that are used for writing in to indicate choices.
IBDF EDIT PACKAGE INTERFACE	This option only allows selection routines and output routines. It allows Package Interfaces to be created, edited, and deleted. However, Package Interfaces that are in use in any form should not be deleted. By creating their own Package Interfaces the local sites can display data to their forms that is not provided for in the tool kit.

Exported Options	
OPTIONS	**DESCRIPTION**
IBDF EDIT PRINTERS	This option allows editing of the Encounter Form Printers file. You can specify whether or not a terminal type is PCL5 compatible and the proper escape sequences for simplex and duplex. Only PCL5 compatible printers can print scannable encounter forms, and must be so indicated. Generally HP laser printers are PCL5 compatible.
IBDF EDIT SITE PARAM	This option will allow editing of AICS site parameters that affect the printing of forms, manual data entry, and the purge utility and scanning.
IBDF EDIT TOOL KIT	Menu containing the options that allow the user to edit forms and blocks contained in the tool kit.
IBDF EDIT TOOL KIT BLOCKS	Allows tool kit blocks to be edited, created, and deleted.
IBDF EDIT TOOL KIT FORMS	Allows tool kit forms to be edited, created, and deleted.
IBDF EF FORM COMPONENTS	This new display lists the contents of a form (without displaying them). It lists the contents of each block, the name of the block, starting row and column, width and height of the block. Two actions are included on this screen, EX Expand Item and BC Block Components. Expand Item allows the user to do an inquiry of the block and its components listed in the Block file #357.1. The Block Components action gives the user a more exact makeup of the block and the data it displays. It lists the component, type it is (selection list, hand print field or data field) row, column and block separators. For selection lists it also lists the sub-column information. The Type (text or marking), Data (code, short description), Width of the sub-column, Qualifier, Selection Rule and if it is editable.
IBDF ENCOUNTER FORM	Contains all of the encounter form options.
IBDF FORMS TRACKING	This option connects the user to the forms tracking display. This allows the user to see what encounter forms have been printed, scanned and those that have not. It also allows the user to get statistics on this data as well as display forms with a specific status.
IBDF FREE PENDING PAGES	This option will allow a user to send Forms Tracking entries that are in a pending pages status to PCE.
IBDF IMPORT/EXPORT UTILITY	Allows forms and blocks to be transferred between sites.

Exported Options	
OPTIONS	**DESCRIPTION**
IBDF IRM OPTIONS	The basic intent of this menu is to contain the options that should only be available to those technical users that can program in MUMPS, which is a requirement, for example, when, adding a new PACKAGE INTERFACE.
IBDF LIST CLINICS USING FORMS	For each encounter form this option lists the clinics using it.
IBDF LIST CLINICS WITH NO FORM	This option gives a report that lists the clinics that do not have encounter forms.
IBDF MANUAL PURGE FORM TRACK	This option cleans up old data in AICS files that has a very limited or no use. Sites are allowed to choose the type of data that is to be deleted and the number of days of data that should be retained. In addition, sites are allowed to choose whether or not to retain data on items where the AICS processing is incomplete. Sites that do not scan and do not use AICS Manual Data Entry should purge all files completely and retain the minimum amount of data. Sites that are actively scanning may choose to keep data for a longer period and purge only Completed records depending upon the speed of completing outpatient records. The option needs no device and has no output. It is recommended that this be tasked to run at least once weekly during a weekend or other slow time. It will purge old data from the several AICS files including: ENCOUNTER FORM DEFINITION file (357.95) ENCOUNTER FORM TRACKING file (357.96) FORM SPECIFICATION file (359.2) AICS ERROR AND WARNING LOG file (359.3) Use the option IBDF AUTO PURGE FORM TRACKING to automatically queue this option to run on a recurring basis.
IBDF MISCELLANEOUS CLEANUP	This option is intended to delete various data structures that are no longer in use. The Encounter Form Utilities were designed to automatically delete all data structures when no longer needed, so this option is a backup that should rarely be needed. Currently, the option deletes the compiled version of forms where the form itself no longer exists. It also deletes blocks that do not belong to any form.
IBDF PRINT BLNK ENCOUNTER FORM	This option allows the user to select a clinic, and if an encounter form is defined for use with an embossed patient card the form will be printed.
IBDF PRINT ENCOUNTER FORMS	For printing an encounter form for appointments, either by division, clinic, or patient.

Exported Options	
OPTIONS	**DESCRIPTION**
IBDF PRINT ERROR LIST	During scanning errors reported by AICS or PCE are stored in the AICS Error Log file. This report will allow printing a list of the errors so that the encounter forms can be retrieved and the data validated.
IBDF PRINT MANAGER	Contains all the options pertaining to the print manager, except for the IBDF DEFINE AVLABLE HLTH SMRY option - that option allows the user to enter mumps code, so it must be limited to IRM use.
IBDF PRINT OPTIONS	Contains the options for printing encounter forms.
IBDF PRINT SAMPLE ALL CLINICS	This option will print out one copy of each form currently assigned to a clinic and that is in use. Use this to prepare a package of materials for review or sharing with other facilities.
IBDF PRNT FORM W/DATA NO APPT.	Allows an encounter form to be printed with patient data, but does not ask that an appt. be selected. Uses current time as the appointment time.
IBDF RECOMPILE ALL FORMS	Used to recompile all forms. The compiled version of every form and block is deleted. Each form is compiled the first time it is printed.
IBDF REPORT CLINIC SETUPS	Reports on each clinic setup, listing the encounter forms and other reports defined for use by the clinic.
IBDF REPORTS MENU	This menu option will contain the reports and utilities for AICS.
IBDF SCANNED W/BILL GEN	This option prints a report for those encounter forms that have been scanned that also have bills generated. The report displays this data for all clinics using encounter forms for one/many/all divisions for a specific date range. The data that is displayed is the number scanned, number insured, number of bills entered, number of bills printed, and average days from date of encounter to date of bill generation (printed).
IBDF SETUP AUTO CLINIC PRINT	This option allows users to enter Print Manager Queuing Parameters and to specify automatic queuing parameters.
IBDF UTIL MAINTENANCE UTILITY	This is a maintenance utility for the AICS package. It allows the user to display and print a listing of the invalid ICD, CPT and VISIT codes that are on encounter forms. It also allows the user to delete the invalid codes from the forms. Another action of this option is displaying a complete listing of all invalid ICD, CPT, and VISIT codes.

Exported Options	
OPTIONS	**DESCRIPTION**
IBDF VALIDATE FORMS	Report used to validate the data that will be passed to PCE when an Encounter Form is scanned. The report may be sorted by Division, Clinic Group, Clinic or Form.
IBDFC CONVERSION UTILITY	Used to convert a form that was designed for just printing to a form that can be scanned.
IBJ DIAGNOSTIC MEASURES MENU	The Diagnostic Measures Menu allows a facility to quantitatively measure various elements which are critical to the MCCR program.
IBJ MCCR COORDINATOR	This menu contains the Joint Inquiry and the Diagnostic Measures reports.
IBJ MCCR SITE PARAMETERS	This option allows the user to view and edit MCCR site parameters.
IBJ THIRD PARTY JOINT INQUIRY	Set of actions and screens for Third Party AR/IB Joint Inquiry. Provides detailed information on any Third Party Claim.
IBJD BILLING LAG TIME	The Billing Lag Time Report provides a measure of the amount of time between significant milestones which occur during the claim submission and receivables management processes.
IBJD BILLING REPORTS	The Billing Reports allow measurement of the claims submission process.
IBJD DM DISABLE/ENABLE	This option allows a user to disable or re-enable the Diagnostic Measures Extraction background job or certain DM reports that go through the monthly DM Extraction background job. Once a report is disabled, it won't be queued to run via the DM extract process.
IBJD DM EXTRACT MENU	This menu contains options related to the Diagnostic Measures Extraction Module.
IBJD DM MANUAL START	This option allows a user to restart the Diagnostic Measures Extraction background job if the DM report data has not been successfully extracted for the previous month.
IBJD DM MANUAL TRANSMIT	This option allows a user to retransmit a Diagnostic Measures Extract file to FORUM for a particular month if that month's DM report data did not successfully transmit the first time.
IBJD DM VIEW/PRINT EXTRACTS	This option allows a user to see the results of previous Diagnostic Measures extractions. It shows whether or not certain reports made it through the extraction process.

Exported Options	
OPTIONS	**DESCRIPTION**
IBJD FOLLOW-UP AR PROD REPORT	This report shows clerk activity based on transaction types and timeframes.
IBJD FOLLOW-UP ASSIGN PRINT	This option allows the printing of selected or all Workload Assignments stored in file #351.73.
IBJD FOLLOW-UP CHAMPVA/TRICARE	This option provides information for sites to use to conduct follow-up activities for CHAMPVA and TRICARE receivables.
IBJD FOLLOW-UP FIRST PARTY	This option provides information for sites to use to conduct follow-up activities for First Party receivables.
IBJD FOLLOW-UP MISC BILLS	This option provides information for sites to use to conduct follow-up activities for miscellaneous receivables.
IBJD FOLLOW-UP REPAYMENT PLAN	This option provides information for sites to use to conduct follow-up on the Repayment Plans.
IBJD FOLLOW-UP REPORTS	The Follow-Up Reports allow measurement of the receivables management function.
IBJD FOLLOW-UP SUMMARY REPORT	The Third Party Follow-Up Summary Report provides a summary of the balances of all outstanding Third Party receivables.
IBJD FOLLOW-UP THIRD PARTY	The Third Party Follow-Up Report provides information for sites to use to conduct follow-up activities for Third Party receivables.
IBJD FOLLOW-UP WORKLOAD	This option allows the entering/editing of Workload Assignments by clerk to be stored in file #351.73.
IBJD INTAKE COMP REG	The Percentage of Completed Registrations report allows the facility to examine the percentage of registrations completed without an inconsistency.
IBJD INTAKE INS	The report of Patients with Unidentified Insurance provides a list of patients that have been treated, but not identified as having or not having insurance.
IBJD INTAKE NO EMPL	The No Employer Listing provides a list of veterans who were treated within a specified timeframe and whose employer is not specified.
IBJD INTAKE OPT WORKLOAD	The Outpatient Workload Report provides a measure of the number and types of Outpatient Services provided in the facility.

Exported Options	
OPTIONS	**DESCRIPTION**
IBJD INTAKE POL NOT VER	The report of Insurance Policies Not Verified provides a list of policies entered into the system (within a specified timeframe) but were never verified.
IBJD INTAKE REPORTS	The intake reports allow measurement of registration processes and workload reporting.
IBJD INTAKE SC VETS	The report of SC Vets w/ NSC Episodes of Care Not Billed (Inpatient) provides a measure of how well sites are billing their SC veterans for non-service connected treatment.
IBJD INTAKE UNV ELIG	This report lists patients who have been treated at a facility, but whose eligibility has not been verified. This report will also list patients with verified eligibility for at least 2 years, if any.
IBJD PERCENT PREREGISTERED	This report provides number of patients treated, the number of patients pre-registered, % of patients pre-registered, number of patients pre-registered past the pre-registration time frame, number of patients never pre-registered, the clinic exclusions, and the eligibility exclusions.
IBJD REASONS NOT BILLABLE	This option prints a list of Claims Tracking entries that cannot be billed to an insurance company for various reasons.
IBJD UTILIZATION REPORTS	The Utilization Reports allow measurement of the Utilization Management process.
IBJD UTILIZATION WORKLOAD	The Utilization Workload Report provides a measure of the number of Insurance Reviews which are conducted at the facility.
IBQL ACUTE DOWNLOAD	This option, prompted for date range asks for a report by Services, Treating Specialties, or Admitting Diagnosis will tally by month a downloaded list for Excel of Acute and Non-Acute entries and Non-Acute Reasons for Admission and Stay reviews.
IBQL ACUTE LIST	This option, prompted for date range asks for a report by Services, Treating Specialties, or Admitting Diagnosis will tally by month a list of Acute and Non-Acute entries and Non-Acute Reasons for Admission and Stay reviews.
IBQL DOWNLOADS	This option controls the Download menu options for IBQ.
IBQL MAIN MENU	This option is the main menu for Utilization Management Rollup at the local site.

Exported Options	
OPTIONS	**DESCRIPTION**
IBQL MISSING DATA LIST	This option, prompted for date range, lists patients discharged from Claims Tracking with missing data for Random, Disease, and Local cases who would qualify for the national and local rollup.
IBQL NATIONAL ROLLUP	This option will load the UTILIZATION MANAGEMENT ROLLUP file with Random and Disease specific data for the national rollup. This option is queued to run at a site selected date between May 15 and June 15 and re-queued every six months. This data is pulled from the Hospital Review file (#356.1) based on discharged dates in the Claims Tracking file (#356).
IBQL OUTPUTS	The Outputs menu option controls all the list menus for IBQ.
IBQL PATIENT LIST	This option, prompted for date range, lists all patients discharged from the Claims Tracking file (#356) for Random, Disease, and Local cases who will qualify for the national and local rollups.
IBQL PATIENT REVIEW DOWNLOAD	This option, prompted for date range asks for a report by Services or Treating Specialties, will download patients and their Admission and Stay review information.
IBQL PATIENT REVIEW LIST	This option, prompted for date range asks for a report by Services, Treating Specialties, or Providers will list patients and their Admission and Stay review information.
IBQL PURGE ROLLUP DATA	This option, prompted for Local or All Cases, will purge selected cases from the Utilization Management Rollup File.
IBQL ROLLUP	This option, prompted for date range, will load the Utilization Rollup file (#538) with qualifying patients discharged from Claims Tracking that have no missing data. This process will build a rollup file to be used by the UR for reports and downloading to spreadsheet.
IBRFI 277 WORKLIST	This is a list manager screen, RFAI Management Worklist, to select RFI Messages to be worked.
IBT CODING VALIDATION MENU	This menu is for reports that relate to indicating which claims have been validated by coding staff.
IBT EDIT APPEALS/DENIALS	This option allows for enter/editing appeals and denials and associated communications.
IBT EDIT BI TRACKING ENTRY	This option allows entry and display of claims tracking information that is needed to perform billing functions.

Exported Options	
OPTIONS	**DESCRIPTION**
IBT EDIT COMMUNICATIONS	This option allows enter/editing of MCCR/UR related communications that may or may not be associated with a claims tracking entry.
IBT EDIT HR REVIEWS TO DO	This option will create a list of pending work for Hospital UR personnel who do QM reviews. From this option most all screens and options needed to do the daily input are available.
IBT EDIT HR TRACKING ENTRY	This option allows enter/editing of Claims Tracking Entries. Data associated with a CT entry may affect if or how it is billed and the types of reviews that may be or must be entered.
IBT EDIT IR REVIEWS TO DO	This option will create a list of pending reviews that Insurance Review personnel need to complete. Most of the input screens and options needed to do the daily work are available from this option.
IBT EDIT IR TRACKING ENTRY	This option allows enter/editing of Claims Tracking Entries. Data associated with a CT entry may affect if or how it is billed and the types of reviews that may be or must be entered.
IBT EDIT REASON NOT BILLABLE	This option allows entry of a reason not billable. Entry of a reason will automatically be printed on the Patients with Insurance Reports and will cause the annotated care not to be automatically billed.
IBT EDIT REVIEWS	This option allows viewing and editing of UR reviews of claims tracking entries. This includes pre-admission/pre-certification reviews, continuing stay reviews, and discharge reviews.
IBT EDIT REVIEWS TO DO	This option will list all reviews that have a next review date in the past seven days. All screens and actions necessary to complete the pending reviews are available from within this option. You may also select a different date range of pending reviews if desired. Both Hospital and Insurance reviews can be accessed with this option. Many pending reviews may have automatically been created by the computer when a patient is admitted.
IBT EDIT TRACKING ENTRY	This option allows enter/editing of Claims Tracking Entries. Data associated with a CT entry may affect if or how it is billed and the types of reviews that may be or must be entered.
IBT EDIT TRACKING PARAMETERS	This option allows editing MCCR site parameters that affect the Claims Tracking Module.

Exported Options	
OPTIONS	**DESCRIPTION**
IBT ENTERED NOT REVIEWED	This new report will allow the MCCF staff to identify encounters that have been: 1. Reviewed by the coders and are ready to bill (indicated by a non-blank findings type) and 2. Not reviewed by code (indicated by a blank findings type) The report prints all outpatient reimbursable insurance claims in file #399 with a status of Entered/Not Reviewed. The user input criteria for the report is the Event Date range. The user is prompted for the EVENT START DATE and EVENT END DATE.
IBT 278 CERTIFICATION REPORT	This option runs the 278 Certification Report.
IBT 278 DISPOSITION REPORT	This option runs the 278 Deletion Disposition Report.
IBT 278 STATISTICAL REPORT	This option runs the 278 Statistical Report.
IBT HCSR NIGHTLY PROCESS	This option should not be placed on any menu or run by any user, it is designed to be scheduled in TaskMan to be executed once a day during off-peak hours. This option is a nightly task that gathers data for Healthcare Services Review worklist and stores it in HCS REVIEW TRANSMISSION file.
IBT HCSR RESPONSE VIEW	Healthcare Services Review 278 response view.
IBT HCSR WORKLIST	Healthcare Services Review worklist.
IBT MANAGER MENU	This is the main claims tracking menu. It contains the various user menus that can be assigned directly to UR or MCCR/UR personnel.
IBT MONTHLY AUTO GEN AVE BILL	This option will calculate the number of bills and the average bill amounts for a month and store the data in the CLAIMS TRACKING UNBILLED AMOUNTS file (356.19). This data will then be used by the scheduled option Auto-Build Unbilled Amounts Report (IBT MONTHLY AUTO GEN UNBILLED) to generate the unbilled amounts data that needs to be reported by the 3rd work day of the month. Queue this option to run once monthly. Sites may choose the date it should run but it is suggested that it run after the 15th of the month when user activity is low (i.e. November 19, 1994 @ 2:00am). No device is necessary, the results are stored and a completion mail message is sent to the mail group specified in the IB SITE PARAMETERS file.

Exported Options	
OPTIONS	**DESCRIPTION**
IBT MONTHLY AUTO GEN UNBILLED	This option will automatically generate the unbilled amounts report that contains the data that needs to be input to our general ledger accounts by the 3rd work day of the month. Schedule this option to run once monthly on the 1st or 2nd day of the month. No device is needed, the results are sent in a mail message to the mail group specified in the IB SITE PARAMETERS file.
IBT OUTPUT BILLING SHEET	This option allows printing of information from Claims Tracking about a specific visit. Included on the report is Visit Information, Insurance Information, Billing information (from Claims Tracking), Hospital Review information and Insurance Review information. Also included is provider, diagnosis, and procedure information. This report is the most complete summary of information about a single visit available in Claims Tracking.
IBT OUTPUT CLAIM INQUIRY	This option allows viewing or printing a detailed inquiry to any claims tracking entry. This includes showing all associated reviews and communications.
IBT OUTPUT DENIED DAYS REPORT	This option prints a summary of days denied by insurance company for a user specified date range. A summary report by service is also generated.
IBT OUTPUT LIST VISITS	This option will print a list of visits that require either an insurance review, hospital review or both. In addition only visits that are admissions may be printed. The user may select the date range of visits to print. This option can be used to list the Random Sample cases being tracked for Hospital Reviews by answering the prompts that only hospital reviews for admissions are wanted.
IBT OUTPUT MCCR/UR SUMMARY	This report can be run for either admissions or discharges for a date range. It will summarize totals by admission or discharge, cases with insurance, billable inpatient cases, cases requiring reviews, days approved, amount collectible approved for billing, number of days denied, amount denied, and penalty dollars.
IBT OUTPUT MENU	This is the main reports menu for the Claims tracking module.
IBT OUTPUT ONE ADMISSION SHEET	This option will print an admission sheet for one patient one admission at a time. It can be used to reprint an admission sheet if needed.
IBT OUTPUT PENDING ITEMS	This option will print a sorted list of Pending Reviews. It is different from printing from the Pending Reviews option in that it will limit the entries to just those you care to see.

Exported Options	
OPTIONS	**DESCRIPTION**
IBT OUTPUT REVIEW WORKSHEET	This option will print an Insurance Review worksheet for the selected patient. If the patient is currently an inpatient, it will contain the current inpatient information.
IBT OUTPUT SCHED ADM W/INS	This option will print a list of Admission that are scheduled but not admitted and/or scheduled admissions that have been admitted. All admissions must be for patients who were insured on their admission date.
IBT OUTPUT UNSCHE ADM W/INS	This option will print a list of patients who were insured on their admission date but were not scheduled admissions.
IBT OUTPUT UR ACTIVITY REPORT	This option prints by clinical service, information about the MCCR/UR activity.
IBT QUICK REV CODING STAT	This report allows the MCCF staff to select a specific patient to see the status of the claim so they know at a glance whether or not it is ready for billing. The report input variable is: Patient Name Report is sorted by ENCOUNTER DATE/TIME The following fields are to be printed on this report: 1. Patient Social Security Number 2. Outpatient Encounter Location 3. Encounter Date and Time 4. Reason Not Billable 5. Billable Findings Type
IBT RE-GEN AVE BILL AMOUNT	This option can be used to re-generate the monthly and yearly counts and amounts of inpatient and outpatient bills for a single month. If the month selected for input requires the calculation of previous month's data in order to obtain its yearly values, this will be done when the option is executed. If the month selected has 12 prior months worth of data, the month selected will be recalculated. The months subsequent to the month select (up to 12) will have their yearly data recalculated. This information is used to compute the average bill amount for the Unbilled Amounts Report. The unbilled amount report is automatically generated for only the month selected after the average bill amounts are calculated.
IBT RE-GEN UNBILLED REPORT	This option can be used to re-generate the Unbilled amounts report for a single month. This will re-compute the unbilled care for the month and update the unbilled amounts. To simply view previously computed data use the View option.
IBT SEND TEST UNBILLED MESS	This option allows for sending of a test mail message to the mail group to receive the Unbilled Amounts messages. Using this prior to reporting problems can assist sites in determining whether the mail groups are set up correctly. The mail group to get the message should be specified in field UNBILLED MAIL GROUP (6.25) in the IB SITE PARAMETERS file (350.9).

Exported Options	
OPTIONS	**DESCRIPTION**
IBT SUP MANUALLY QUE ENCTRS	This option allows the user to select a date range of outpatient encounters and tries to add them to the Claims tracking module. The option will automatically queue off a task to add encounters and when complete send the requesting user a mail message.
IBT SUP MANUALLY QUE RX FILLS	This option can be used to manually add RX refills to Claims tracking. The option will automatically queue off a task to add refills and when complete send the requesting user a mail message.
IBT SUPERVISORS MENU	This option contains the supervisory options for the Claims tracking module. Site parameters may be edited. Table files may be maintained. Background jobs may be repeated or re-queued.
IBT UNBILLED MENU	This menu contains the 4 user options available to regenerate and view the Unbilled Amounts report.
IBT UNREVIEWED CODING REPORT	This report is designed to be run by staff to determine which Claims Tracking events still require review. The user is prompted for the OUTPATIENT ENCOUNTER START DATE and OUTPATIENT ENCOUNTER END DATE.
IBT USER COMBINED MCCR/UR MENU	This is the main menu for MCCR/UR persons who do both Hospital UR and MCCR UR (Insurance UR). It contains all the options necessary to do both hospital and Insurance Reviews. From this menu the claims tracking module can be edited, UR Reviews can be entered, Insurance Reviews can be entered and reports printed. Supervisory functions will be available to those who hold the supervisory keys.
IBT USER MENU (BI)	This menu contains the options in Claims tracking designed specifically for billing clerks and billing supervisors who do not need to have any Utilization Review Input. Options include the ability to flag care as not billable, UR reports on billing case, and a claims tracking update option.
IBT USER MENU (HR)	This is the main menu for UR personnel to enter Hospital Reviews into the Claims Tracking Module. From the menu the claims tracking module can be edited, UR Reviews can be entered and reports printed. Supervisory functions will be available to those who hold the supervisory keys.
IBT USER MENU (IR)	This is the main menu for MCCR/UR persons who do MCCR/UR Reviews (Insurance Reviews). From the menu the claims tracking module can be edited, Insurance Reviews can be entered and reports printed. Supervisory functions will be available to those who hold the supervisory keys.

Exported Options	
OPTIONS	**DESCRIPTION**
IBT VIEW UNBILLED AMOUNTS	This option can be used to view previously computed unbilled amounts without having to re-compile the data.
IBT MONTHLY AUTO GEN AVE BILL	This option will calculate the number of bills and the average bill amounts for a month and store the data in the CLAIMS TRACKING UNBILLED AMOUNTS file (356.19). This data will then be used by the scheduled option Auto-Build Unbilled Amounts Report (IBT MONTHLY AUTO GEN UNBILLED) to generate the unbilled amounts data that needs to be reported by the 3rd work day of the month. Queue this option to run once monthly. Sites may choose the date it should run but it is suggested that it run after the 15th of the month when user activity is low (i.e. November 19, 1994 @ 2:00am). No device is necessary, the results are stored and a completion mail message is sent to the mail group specified in the IB SITE PARAMETERS file.
IBT MONTHLY AUTO GEN UNBILLED	This option will automatically generate the unbilled amounts report that contains the data that needs to be input to our general ledger accounts by the 3rd work day of the month. Schedule this option to run once monthly on the 1st or 2nd day of the month. No device is needed, the results are sent in a mail message to the mail group specified in the IB SITE PARAMETERS file.
IBT RE-GEN AVE BILL AMOUNT	This option can be used to re-generate the monthly and yearly counts and amounts of inpatient and outpatient bills for a single month. If the month selected for input requires the calculation of previous month's data in order to obtain its yearly values, this will be done when the option is executed. If the month selected has 12 prior months worth of data, the month selected will be recalculated. The months subsequent to the month select (up to 12) will have their yearly data recalculated. This information is used to compute the average bill amount for the Unbilled Amounts Report. The unbilled amount report is automatically generated for only the month selected after the average bill amounts are calculated.
IBT RE-GEN UNBILLED REPORT	This option can be used to re-generate the Unbilled amounts report for a single month. This will re-compute the unbilled care for the month and update the unbilled amounts. To simply view previously computed data use the View option.
IBT UNBILLED MENU	This menu contains the 4 user options available to regenerate and view the Unbilled Amounts report.
IBT VIEW UNBILLED AMOUNTS	This option can be used to view previously computed unbilled amounts without having to re-compile the data.

Exported Options	
OPTIONS	**DESCRIPTION**
IBT MONTHLY AUTO GEN AVE BILL	This option will calculate the number of bills and the average bill amounts for a month and store the data in the CLAIMS TRACKING UNBILLED AMOUNTS file (356.19). This data will then be used by the scheduled option Auto-Build Unbilled Amounts Report (IBT MONTHLY AUTO GEN UNBILLED) to generate the unbilled amounts data that needs to be reported by the 3rd work day of the month. Queue this option to run once monthly. Sites may choose the date it should run but it is suggested that it run after the 15th of the month when user activity is low (i.e. November 19, 1994 @ 2:00am). No device is necessary, the results are stored and a completion mail message is sent to the mail group specified in the IB SITE PARAMETERS file.
IBT MONTHLY AUTO GEN UNBILLED	This option will automatically generate the unbilled amounts report that contains the data that needs to be input to our general ledger accounts by the 3rd work day of the month. Schedule this option to run once monthly on the 1st or 2nd day of the month. No device is needed, the results are sent in a mail message to the mail group specified in the IB SITE PARAMETERS file.
IBT RE-GEN AVE BILL AMOUNT	This option can be used to re-generate the monthly and yearly counts and amounts of inpatient and outpatient bills for a single month. If the month selected for input requires the calculation of previous month's data in order to obtain its yearly values, this will be done when the option is executed. If the month selected has 12 prior months worth of data, the month selected will be recalculated. The months subsequent to the month select (up to 12) will have their yearly data recalculated. This information is used to compute the average bill amount for the Unbilled Amounts Report. The unbilled amount report is automatically generated for only the month selected after the average bill amounts are calculated.
IBT RE-GEN UNBILLED REPORT	This option can be used to re-generate the Unbilled amounts report for a single month. This will re-compute the unbilled care for the month and update the unbilled amounts. To simply view previously computed data use the View option.
IBT SEND TEST UNBILLED MESS	This option allows for sending of a test mail message to the mail group to receive the Unbilled Amounts messages. Using this prior to reporting problems can assist sites in determining whether the mail groups are set up correctly. The mail group to get the message should be specified in field UNBILLED MAIL GROUP (6.25) in the IB SITE PARAMETERS file (350.9).
IBT UNBILLED MENU	This menu contains the 4 user options available to regenerate and view the Unbilled Amounts report.

Exported Options	
OPTIONS	**DESCRIPTION**
IBT VIEW UNBILLED AMOUNTS	This option can be used to view previously computed unbilled amounts without having to re-compile the data.
IBCN LIST PLANS BY INS CO	This option lists insurance companies and the plans under each company. The user may select one, many or all in both cases. The report can be run with or without a listing of the patients under each policy.
IB RX REPRINT REMINDER	This option is used to generate an Income Test reminder letter for a veteran who effective co-pay exemption is based upon income. When the letter is generated, the field REMINDER LETTER DATE (#.16) in the BILLING EXEMPTIONS (#354.1) file will be updated, for the exemption record which is the basis for sending the reminder letter, with the current date.
IB TP FLAG OPT PARAMS	This option is used to flag stop codes and clinics as either non-billable for Third Party billing or to be ignored by the Third Party auto biller. These parameters are all flagged by date and may be inactivated and re-activated.
IB TP LIST FLAGGED PARAMS	This output is used to generate a list of all stop codes and clinics that are flagged as non-billable for Third Party billing or that should not be auto billed by the Third Party auto biller on a user-specified date.
IBZ-MRA-SERVER	

Archiving and Purging

The Purge Menu (under the System Manager's Integrated Billing Menu) provides archiving and purging capabilities for certain Integrated Billing files.

The Purge Update File option is used to delete all CPT entries from the temporary file, UPDATE BILLABLE AMBULATORY SURGICAL CODE (#350.41), after they have been transferred to the permanent file, BILLABLE AMBULATORY SURGICAL CODES (#350.4). At this time, these files are obsolete as the regulation implementing billing of ambulatory surgery CPT codes uses HCFA rates was never passed.

The remainder of the options in the Purge Menu are used to archive and purge billing data. The files which may be archived and subsequently purged are the INTEGRATED BILLING ACTION file (#350) (pharmacy co-payment transactions only), the CATEGORY C BILLING CLOCK file (#351), and the BILL/CLAIMS file (#399).

At a minimum, billing data from the current and one previous fiscal year must be maintained on-line. With this version of Integrated Billing, data may be purged up through any date prior to the beginning of the previous fiscal year.

A separate routine is provided to purge entries from the BILLING EXEMPTIONS file (#354.1) with the Medication Co-payment Exemption patch. There is no output from this routine. It is provided for maintenance of this file until a more robust archiving and purging option can be written.

The following criteria must be met to purge billing data.

INTEGRATED BILLING ACTION file (#350) (pharmacy co-payment actions)	The prescription which caused the action to be created must have been purged from the pharmacy database before the action may be archived. In addition, the bill must be closed in Accounts Receivable. The date the bill was closed is the date used to determine whether it will be included.
CATEGORY C BILLING CLOCK file (#351)	Only clocks with a status of CLOSED or CANCELLED and a clock end date prior to the selected time frame are included.
BILL/CLAIMS file (#399)	The bill must be closed in Accounts Receivable. The date the bill was closed is the date used to determine whether it will be included.
BILLING EXEMPTIONS file (#354.1)	Billing Exemptions may be purged using the new routine, IBPEX, if they are at least 1 year old, not the patient’s current exemption, do not contain dates of canceled charges in AR, and if active, must be one year older than the purge date for inactive exemptions.

There are three steps involved in the archiving and purging of these files.

1. A search is conducted to find all entries which may be archived through the Find Billing Data to Archive option. You choose which of the three files you wish to include in the search. The entries found are temporarily stored in a sort (search) template in the SORT TEMPLATE file (#.401). An

entry is also made to the IB ARCHIVE/ PURGE LOG file (#350.6). This log may be viewed through the Archive/Purge Log Inquiry and List Archive/Purge Log Entries options.

The List Search Template Entries option allows you to view the contents of a search template. You may delete entries from the search template using the Delete Entry from Search Template option.

2. The entries are archived using the Archive Billing Data option. It is highly recommended that you archive the entries to paper (print to a non-slave printer), as there is currently no functionality to retrieve or restore data that has been archived.

3. The data is purged from the database using the Purge Billing Data option. The search template containing the purged entries is also deleted. An electronic signature code and the XUMGR security key are required to archive and purge data.

Expected Disk Space Recovery from Purging

Because of data retention requirements, it has not been possible to measure actual space recovered in a production environment with the use of the purge options. The following list shows the average record size of entries as measured at a test site (at approximately 70% efficiency).

Record type	File	1k blocks per record
Pharmacy Co-pay	350	.38
Billing Clocks	351	.14
Third Party Bills	399	.75

From testing of the software, we have determined that purging small numbers of entries (less than 200) will not yield measurable disk space. However, when large numbers of entries (over 1000) are purged, nearly 97% of the space is recovered. The actual percentage of the space recovered is relative to the number of consecutive entries purged. The number of consecutive records purged is relative to whether the site has closed the bills either by collecting the amount due or cancelling the bills.

External Relations

1. The following packages need to be installed on your system prior to installing Integrated Billing V. 2.0.

   Accounts Receivable V. 3.7
   Kernel V. 7.1
   Outpatient Pharmacy V. 5.6
   VA FileMan V. 20.0
   IFCAP V. 4.0
   OE/RR V. 1.96
   PIMS V. 5.3

2. IB V. 2.0 has custodial integration agreements with the following packages.

SUBSCRIBING PACKAGE	DBIA #	NAME
ACCOUNTS RECEIVABLE	126	DBIA126
ACCOUNTS RECEIVABLE	300	DBIA300
ACCOUNTS RECEIVABLE	301	DBIA301
ACCOUNTS RECEIVABLE	307	DBIA307
ACCOUNTS RECEIVABLE	309	DBIA309
ACCOUNTS RECEIVABLE	1278	DBIA1278
ACCOUNTS RECEIVABLE	1457	DBIA1457
ACCOUNTS RECEIVABLE	2031	DBIA2031
ACCOUNTS RECEIVABLE	2035	DBIA2035
ACCOUNTS RECEIVABLE	2327	DBIA2327
ACCOUNTS RECEIVABLE	2328	DBIA2328
ACCOUNTS RECEIVABLE	3124	DBIA3124
ACCOUNTS RECEIVABLE	3130	DBIA3130
ACCOUNTS RECEIVABLE	3343	DBIA3343
ACCOUNTS RECEIVABLE	3345	DBIA3345
ACCOUNTS RECEIVABLE	3350	DBIA3350
ACCOUNTS RECEIVABLE	3733	GMT Related IB utilities (IA#3733)
ACCOUNTS RECEIVABLE	3804	DBIA3804
ACCOUNTS RECEIVABLE	3807	DBIA3807
ACCOUNTS RECEIVABLE	3808	DBIA3808
ACCOUNTS RECEIVABLE	3809	DBIA3809
ACCOUNTS RECEIVABLE	3810	DBIA3810
ACCOUNTS RECEIVABLE	3811	DBIA3811
ACCOUNTS RECEIVABLE	3820	DBIA3820-A
ACCOUNTS RECEIVABLE	3821	DBIA3820-B
ACCOUNTS RECEIVABLE	3822	DBIA3820-C
ACCOUNTS RECEIVABLE	3828	DBIA3820-I
ACCOUNTS RECEIVABLE	4042	DBIA4042
ACCOUNTS RECEIVABLE	4044	DBIA4044
ACCOUNTS RECEIVABLE	4045	DBIA4045
ACCOUNTS RECEIVABLE	4047	DBIA4047
ACCOUNTS RECEIVABLE	4048	DBIA4048
ACCOUNTS RECEIVABLE	4050	DBIA4050
ACCOUNTS RECEIVABLE	4051	DBIA4051

SUBSCRIBING PACKAGE	DBIA #	NAME
ACCOUNTS RECEIVABLE	4118	ALLOW A/R TO UPDATE RATE TYPE FILE
ACCOUNTS RECEIVABLE	4121	A/R access to TPJI for patient name OR bill number
ACCOUNTS RECEIVABLE	4385	MRA related function Calls from AR into IB
ACCOUNTS RECEIVABLE	4391	INSURANCE COMPANY FILE ACCESS
ACCOUNTS RECEIVABLE	4434	DBIA4434
ACCOUNTS RECEIVABLE	4435	DBIA4435
ACCOUNTS RECEIVABLE	4538	AR ACCESS TO FILE 350.1
ACCOUNTS RECEIVABLE	4541	AR access to INTEGRATED BILLING ACTION file 350
ACCOUNTS RECEIVABLE	4552	DBIA4552
ACCOUNTS RECEIVABLE	4602	GET CURRENT INSURANCE
ACCOUNTS RECEIVABLE	4603	FILE 361
ACCOUNTS RECEIVABLE	4604	FILE 365.12
ACCOUNTS RECEIVABLE	4635	ROUTINE IBRFN4
ACCOUNTS RECEIVABLE	4777	AR access to IB Patient Co-pay account data
ACCOUNTS RECEIVABLE	4957	DBIA4957
ACCOUNTS RECEIVABLE	4996	EEOB Worklist NPI inclusion
ACCOUNTS RECEIVABLE	5286	PAY-TO PROVIDER PHONE NUMBER API
ACCOUNTS RECEIVABLE	5671	COPY FUNCTIONS FOR IB EOB FILE #361.1
ACCOUNTS RECEIVABLE	5710	POTENTIAL CO-PAYMENT CHARGE AMOUNT
AR (ACCOUNTS RECEIVABLE)	304	DBIA304
AR (ACCOUNTS RECEIVABLE)	306	DBIA306
AR (ACCOUNTS RECEIVABLE)	308	DBIA308
AR (ACCOUNTS RECEIVABLE)	310	DBIA310
AUTOMATED INFO COLLECTION SYS	645	DBIA186-E
AUTOMATED INFO COLLECTION SYS	1992	DBIA1992
AUTOMATED INFO COLLECTION SYS	2351	OUTPATIENT ENCOUNTER SEARCH
AUTOMATED MED INFO EXCHANGE	4594	DBIA4589-F
CMOP	6243	EPHARMACY BILLABLE STATUS
CMOP	6244	RETRIEVE SENSITIVE DIAGNOSIS DRUG FROM DRUG FILE
DSS EXTRACTS	2786	DBIA2786
E CLAIMS MGMT ENGINE	4299	DBIA4299
E CLAIMS MGMT ENGINE	4692	DBIA4692
E CLAIMS MGMT ENGINE	4415	DBIA4415
E CLAIMS MGMT ENGINE	4693	DBIA4693
E CLAIMS MGMT ENGINE	4694	DBIA4694

SUBSCRIBING PACKAGE	DBIA #	NAME
E CLAIMS MGMT ENGINE	4695	DBIA4695
E CLAIMS MGMT ENGINE	4696	DBIA4696
E CLAIMS MGMT ENGINE	4697	DBIA4697
E CLAIMS MGMT ENGINE	4698	DBIA4698
E CLAIMS MGMT ENGINE	4710	DBIA4710
E CLAIMS MGMT ENGINE	4729	API FOR RX BILLING INFO
E CLAIMS MGMT ENGINE	5185	Update IB NDC NON COVERED BY PLAN FILE #366.16
E CLAIMS MGMT ENGINE	5210	IB DRUGS NON COVERED REPORT
E CLAIMS MGMT ENGINE	5355	BILL INFORMATION
E CLAIMS MGMT ENGINE	5361	IBOSRX
E CLAIMS MGMT ENGINE	5572	IBNCPDPU
E CLAIMS MGMT ENGINE	5576	DBIA5576
E CLAIMS MGMT ENGINE	5711	IB NCPDP EVENT LOG FILE
E CLAIMS MGMT ENGINE	5712	PRINT IB ECME BILLING EVENTS REPORT
E CLAIMS MGMT ENGINE	5713	IB LIST MANAGER DISPLAY DATA
E CLAIMS MGMT ENGINE	5714	IB PHARMACY INSURANCE
E CLAIMS MGMT ENGINE	6061	IBCNHUT1 (HPID/OEID)
E CLAIMS MGMT ENGINE	6131	IBNCPEV3
E CLAIMS MGMT ENGINE	6136	DB6136
E CLAIMS MGMT ENGINE	6243	EPHARMACY BILLABLE STATUS
E CLAIMS MGMT ENGINE	6244	RETRIEVE SESITIVE DIAGNOSIS DRUG FROM DRUG FILE
E CLAIMS MGMT ENGINE	6250	E-PHARMACY HL7 PROCESSING
ENROLLMENT APPLICATION SYSTEM	3302	DBIA3302
ENROLLMENT APPLICATION SYSTEM	3717	DBIA3717
ENROLLMENT APPLICATION SYSTEM	3777	DBIA3777
ENROLLMENT APPLICATION SYSTEM	4862	DBIA4862
FEE BASIS	228	DBIA228-A
FEE BASIS	396	DBIA396
FEE BASIS	705	DBIA228-B
FEE BASIS	4128	REVENUE CODE
FEE BASIS CLAIMS SYSTEM	5281	FBCS File #353.1 Read only
FEE BASIS CLAIMS SYSTEM	5282	FBCS File #353.2 Read only
INCOME VERIFICATION MATCH	257	DBIA257
INCOME VERIFICATION MATCH	324	DBIA324
INCOME VERIFICATION MATCH	944	DBIA944
INCOME VERIFICATION MATCH	945	DBIA945
INCOME VERIFICATION MATCH	946	DBIA946
INCOME VERIFICATION MATCH	947	DBIA947
INCOME VERIFICATION MATCH	948	DBIA948

SUBSCRIBING PACKAGE	DBIA #	NAME
INCOME VERIFICATION MATCH	949	DBIA949
INCOME VERIFICATION MATCH	950	DBIA950
INCOME VERIFICATION MATCH	951	DBIA951
INCOME VERIFICATION MATCH	952	DBIA952
INCOME VERIFICATION MATCH	2537	DBIA2537
INCOME VERIFICATION NAT'L DB	1045	DBIA1045
INCOME VERIFICATION NAT'L DB	1046	DBIA1046
INSURANCE CAPTURE BUFFER	3302	DBIA3302
INSURANCE CAPTURE BUFFER	5292	INSURANCE CO FILE ACCESS
INSURANCE CAPTURE BUFFER	5293	GROUP INSURANCE PLAN ACCESS
INSURANCE CAPTURE BUFFER	5294	INSURANCE BUFFER FILE ACCESS
INSURANCE CAPTURE BUFFER	5296	BILLING PATIENT ACCESS
INSURANCE CAPTURE BUFFER	5297	IIV RESPONSE ACCESS
INSURANCE CAPTURE BUFFER	5298	CLAIMS TRK REVIEW TYPE ACCESS
INSURANCE CAPTURE BUFFER	5299	CLAIMS TRACKING ACTION ACCESS
INSURANCE CAPTURE BUFFER	5304	PATIENT INSURANCE ACCESS
INSURANCE CAPTURE BUFFER	5305	SOURCE OF INFORMATION ACCESS
INSURANCE CAPTURE BUFFER	5307	DSIV CALLS TO IBCNBLL
INSURANCE CAPTURE BUFFER	5309	DSIV CALL TO IBCNERP2
INSURANCE CAPTURE BUFFER	5312	PLAN LIMITATION CATEGORY ACCESS
INSURANCE CAPTURE BUFFER	5313	CLAIMS TRACKING ACCESS
INSURANCE CAPTURE BUFFER	5314	HOSPITAL TRACKING ACCESS
INSURANCE CAPTURE BUFFER	5339	ANNUAL BENEFITS ACCESS
INSURANCE CAPTURE BUFFER	5340	INSURANCE REVIEW ACCESS
INSURANCE CAPTURE BUFFER	5341	PLAN COVERAGE LIMITATION
INSURANCE CAPTURE BUFFER	5353	Accept/Reject Insurance Buffer data APIs
INSURANCE CAPTURE BUFFER	5424	INSURANCE FILING TIME FRAME
KERNEL	4960	INSURANCE CO AND PROVIDER ID
KERNEL	4961	GET PROVIDER ID FROM INSURANCE DATA
KERNEL	4962	GET PROVIDER ID FROM FACILITY BILLING ID

SUBSCRIBING PACKAGE	DBIA #	NAME
KERNEL	4964	GET FACILITY NAME & FED TAX NUMBER FROM IB SITE PARAMS
KERNEL	4965	GET ZERO NODE INFO FROM IB NON/OTHER VA BILLING PROVIDER
KERNEL	4971	DBIA4971
KERNEL	4972	DBIA4972
M DATA EXTRACTOR	3642	DBIA3642
MENTAL HEALTH	794	DBIA277-H
MENTAL HEALTH	2782	DBIA2782
OUTPATIENT PHARMACY	125	DBIA125-A
OUTPATIENT PHARMACY	592	DBIA125-B
OUTPATIENT PHARMACY	2030	DBIA2030
OUTPATIENT PHARMACY	2215	DBIA2215
OUTPATIENT PHARMACY	2216	DBIA2216
OUTPATIENT PHARMACY	2245	DBIA2245
OUTPATIENT PHARMACY	3877	DBIA 3877
OUTPATIENT PHARMACY	4115	DBIA4115
OUTPATIENT PHARMACY	4664	PFSS ACCOUNT
OUTPATIENT PHARMACY	4665	PFSS CHARGE
OUTPATIENT PHARMACY	4741	PFSS ACCOUNT REFERENCE
OUTPATIENT PHARMACY	6243	EPHARMACY BILLABLE STATUS
OUTPATIENT PHARMACY	6244	RETRIEVE SENSITIVE DIAGNOSIS DRUG FROM DRUG FILE
PATIENT DATA EXCHANGE	271	DBIA271-A
PATIENT DATA EXCHANGE	766	DBIA268-B
PATIENT DATA EXCHANGE	773	DBIA271-B
PATIENT DATA EXCHANGE	774	DBIA271-C
PATIENT DATA EXCHANGE	2780	DBIA2780
PROSTHETICS	612	DBIA142-B
REGISTRATION	1936	DBIA1936
REGISTRATION	2037	DBIA2037
REGISTRATION	2538	DBIA2538
REGISTRATION	4288	RETRIEVE INSURANCE DATA
REGISTRATION	4524	DBIA4524
REGISTRATION	4709	PFSS PROCESS INSURANCE FROM DG REGISTRATION
REGISTRATION	4785	INSURANCE BUFFER FILE ACCESS
REGISTRATION	4786	PATIENT FSC FILE ACCESS
REGISTRATION	4787	VISTA FSC FILE ACCESS
REGISTRATION	4788	COMMERCIAL INSURANCE FILE ACCESS
REGISTRATION	4789	PFSS PLAN FILE ACCESS

SUBSCRIBING PACKAGE	DBIA #	NAME
REGISTRATION	4790	PFSS INSURANCE STATUS UPDATE
REGISTRATION	6231	Allows DATE OF DEATH entry to automatically terminate active patient policies.
SCHEDULING	2781	DBIA2781
SCHEDULING	4987	IB BILLING DATA API
SCHEDULING	5029	VERIFY SC APPOINTMENT TYPE
SOCIAL WORK	61	DBIA61
Unknown	2034	DBIA2034
Unknown	4419	DBIA4419
Unknown	4663	PFSS ON/OFF SWITCH
Unknown	10147	IBARXEU
UTILIZATION MANAGEMENT ROLLUP	1137	DBIA1137
UTILIZATION MANAGEMENT ROLLUP	1327	DBIA1327
UTILIZATION MANAGEMENT ROLLUP	1329	DBIA1329
UTILIZATION MANAGEMENT ROLLUP	1351	DBIA1351
UTILIZATION MANAGEMENT ROLLUP	1354	DBIA1354

3. IB V. 2.0 has requested integration agreements with the following packages, and they have been approved.

   A. Accounts Receivable (DBIA#s 127, 380-389,1452, 5549, 6237 & 6238)
   AR provides IB with the following:
   - a routine used for setting up a new charge for a debtor
   - allows the IB ACTION TYPE file (#350.1) to point to the ACCOUNTS RECEIVABLE CATEGORY file (#430.2)
   - look-up to the ACCOUNTS RECEIVABLE file (#430)
   - set the STATEMENT DAY field
   - reference to determine the internal number of decrease and increase adjustment types
   - RCJIBFN2 APIs for ACCOUTNS RECEIVABLE file(#430)
   - RCDPAYER API reads payer contact information from ELECTRONIC REMITTANCE ADVICE file #344.4
   - allows IB access to the AR EDI CARC DATA file (#345) and AR EDI CARC DATA file (#346) for Explanation of Benefits (EOB) displays and reports of adjustment reason codes.

   B. DRG Grouper (DBIA#s 368, 369, 370, 371)
   DRG Grouper provides IB with the following:
   - direct reference to specific fields within the ICD DIAGNOSIS file (#80)
   - direct reference to specific fields within the ICD OPERATION/PROCEDURE file (#80.1)
   - store pointers to the DRG file (#80.2) to retrieve data at the time claims are generated
   - a call to calculate interim DRGs to determine the expected length of stay for a visit

   C. Health Summary (DBIA# 253)

Health Summary allows IB to do look-ups to the HEALTH SUMMARY TYPE file (#142) and to print health summaries.

D. HINQ (DBIA# 379)
HINQ provides IB a call to allow billing clerks to replace requests for HINQ inquires for potentially billable patients with unverified eligibility.

E. IFCAP (DBIA# 353)
IFCAP provides IB with the short description describing the name of a prosthetic device which is being billed on a claim to a third party carrier.

F. Kernel (DBIA# 372)
Kernel gives permission to IB to add entries to the INSTITUTION file (#4) when creating bills.

G. List Manager (DBIA# 367)
List Manager provides IB with calls used to refresh the screen and reset the scrolling area while program control remains with an action.

H. Outpatient Pharmacy (DBIA#s 124, 237)
Outpatient Pharmacy provides IB with the following:
- a call to display information from the PRESCRIPTION file (#52)
- reference to determine prescription number and drug name
- printing of the Action Profile and Information Profile
- stores pointers to the PRESCRIPTION (#52) and DRUG (#50) files to retrieve data at the time claims are generated
- directly reference selected fields in the PRESCRIPTION (#52) and DRUG (#50) files
- directly reference the OUTPATIENT VERSION field (#49.99) of the PHARMACY SYSTEM file (#59.7)

I. Patient Data Exchange (DBIA# 272)
PDX allows IB to directly reference fields in the VAQ-TRANSACTION (#394.61) and VAQ-DATA SEGMENT (#394.71) files.

J. Patient File (DBIA# 187)
The PATIENT file (#2) provides direct references to IB for the purpose of sorting and printing on a patient's Ambulatory Surgery Check-off Sheet.

K. Problem List (DBIA# 354)
Problem List provides IB with a call to obtain a list of a patient's active problems. It also provides a call for IB to access the EXPRESSIONS file
(#757.01) to create lists of common problems by clinic.

L. Prosthetics (DBIA#s 373, 374)
Prosthetics provides IB with the following:
- stores pointers to the RECORD OF PROS APPLIANCE/REPAIR (#660) and PROS ITEM MASTER (#661) files to retrieve data at the time claims are generated
- print item name on screens and bills
- call to find potentially billable prosthetic items
- call to find prosthetic items which may have been delivered to a patient within a specific date range
- direct reference to specific fields in the RECORD OF PROS APPLIANCE/REPAIR file (#660)

M. Registration (DBIA# 186, 414-434, **6130**)
Registration provides IB with the following:
- multiple calls to obtain Means Test data
- medical center division by which to sort and print various reports
- patient eligibility data to print on various documents
- Patient Treatment File information for display and to bill

N. Scheduling (DBIA# 188, 397-411)
Scheduling provides IB with the following:
- multiple calls to get patient appointment data for check-off sheets and encounter forms
- calls to get clinic and division information for various reports

O. Accounts Receivable (IA#380)
- The following function calls are made to the routine PRCAFN.
- Active IB*2.0*432

P. KERNEL (IA#2171)
- Function API's to access parts of the Institution file.
- Active IB*2.0*432

Q. KERNEL (IA#4129)
- The IB package has MRA (Medicare Remittance Advice) functionality using a specific, non-human user in file 200.
- Active IB*2.0*432

R. KERNEL (IA#4677)
- To support the J2EE middle tier the concept of an APPLICATION PROXY user was created. This is a user name that an application sets that has a user class of Application Proxy.
- Active IB*2.0*432

Internal Relations

All of the IB V. 2.0 package options have been designed to stand alone.

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Package-wide Variables

Though there are no variables that can always be assumed to be present in Integrated Billing, the following is a list of common variables and their meanings.

Package-wide Variables	
Variable	**Description**
IBAFY	The current fiscal year.
IBARTYP	The Accounts Receivable Category pointer value stored in the IB ACTION TYPE file (#350.1) for the current entry.
IBATYP	The pointer value to the IB ACTION TYPE file (#350.1) for the current entry.
IBCHCDA	Pointer to IB Action - Inpatient IB Action Charge for co-payments.
IBCHPDA	Pointer to IB Action - Inpatient IB Action Charge for per diems.
IBCLDA	Pointer to Cat C Billing Clock record (File #351).
IBCLDAY	Cat C Billing Clock Inpatient Days within one clock.
IBCLDOL	Cat C Billing Clock Inpatient dollars for current 90 days of care.
IBCLDT	Cat C Billing Clock Start Date.
IBDESC	The brief description to/from the INTEGRATED BILLING ACTION file (#350).
IBDUZ	The user DUZ as passed from an application. In the background filer, the user who caused the filer to be queued will be reflected in the DUZ variable; however, IBDUZ should equal the user causing the current transaction.
IBEVCAL	IB Action Event last calculated date.
IBEVDA	Pointer to IB Action - Inpatient IB Action Event.
IBEVDT	IB Action Event event date.
IBFAC	Institution from File #350.9 (points to File #4).
IBHANG	The number of seconds the background filer should hang after finishing posting all transactions and waiting to look for more transactions to post.
IBIL	The AR bill number or Charge ID.
IBJOB	Identifies IB job (1-Inpt BGJ, 2-Inpt Discharge job, etc.).

Package-wide Variables	
Variable	**Description**
IBLAST	The most recent transaction for a given new transaction. If there have been no subsequent transactions to a new transaction, it will equal the new transaction. However, if a transaction has been cancelled or updated, this will be the pointer to the most recent (last) cancellation or update.
IBLINE	Used to draw lines (79 or 80 dashes).
IBN	The pointer to the INTEGRATED BILLING ACTION file (#350) for the current action.
IBND	The zero node from the INTEGRATED BILLING ACTION file (#350) (e.g., IBND=^IB(IBN,O)).
IBNOS	The list of pointer values to the INTEGRATED BILLING ACTION file (#350) that are to be combined and passed to AR as one transaction.
IBNOW	Contains the current date/time.
IBOP	Identifies IB Archive/Purge operation (1-Search, 2-Archive, 3-Purge).
IBPARNT	The original NEW Integrated Billing Action for any action. This will be the pointer value. For NEW Actions, this will point to itself.
IBSEQNO	IB Action sequence number (1-New, 2-Cancel, 3-Update).
IBSERV	Service associated with billing application (points to File #49).
IBSITE	Institution site number.
IBSL	IB Action softlink.
IBTOTL	Dollar amount passed to Accounts Receivable must be greater than zero to pass charges.
IBTRAN	The AR Transaction number for a NEW IB Action, the value returned after passing a transaction to AR. More than one IB Action may have the same AR Transaction.
IBWHER	Codes to denote processing point in case of error.
IBY	Error processing (equals 1 or -1^error code).

How to Generate On-Line Documentation

This section describes some of the various methods by which users may secure Integrated Billing technical documentation. On-line technical documentation pertaining to the Integrated Billing software, in addition to that which is located in the help prompts and on the help screens which are found throughout the Integrated Billing package, may be generated through utilization of several Kernel options. These include but are not limited to %INDEX; Menu Management, Inquire (Option File) 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, if available, for that option.

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

%Index
This option analyzes the structure of a routine(s) to determine in part if the routine(s) adhere(s) to DHCP 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 DHCP 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 Integrated Billing package, specify the following namespace(s) at the "routine(s) ?>" prompt: IB.

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

Inquire (Option File)
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 Integrated Billing options, the user must specify the name or namespace of the option(s) desired. The namespace associated with the Integrated Billing package is IB.

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 Integrated Billing options, the following option namespace should be specified: IB.

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, print, and sort templates

In addition, the following applicable data is supplied for each field in the file: field name, number, title, global location and 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 Integrated Billing files, please refer to the Files Section of this manual.

Security

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 #	File Name	DD	RD	WR	DEL	LAYGO	AUDIT
36	INSURANCE COMPANY	#		D	d	d	
350.8	IB ERROR	@	@	@	@	@	@
350.9	IB SITE PARAMETERS	@	@	@	@	@	@
353.3	IB ATTACHMENT REPORT TYPE	@	@	@	@	@	@
355.3	GROUP INSURANCE PLAN	@		@	@	@	@
355.33	INSURANCE VERIFICATION PROCESSOR	@	@	@	@	@	@
355.93	IB NON/OTHER VA BILLING PROVIDER	@					@
355.98	IB ALTERNATE PRIMARY ID TYPES	@	@	@	@	@	@
361.1	EXPLANATION OF BENEFITS	@	@	@	@	@	@
362.4	IB BILL/CLAIMS PRESCRIPTION REFILL	@		@	@	@	@
364.1	EDI TRANSMISSION BATCH	@	@	@	@	@	@
364.5	IB DATA ELEMENT DEFINITION						
364.6	IB FORM SKELETON DEFINITION						
364.7	IB FORM FIELD CONTENT						
366	IB SSVI PIN/HL7 PIVOT						
366.03	PLAN	@					

File #	File Name	DD	RD	WR	DEL	LAYGO	AUDIT
366.1	IB INSURANCE INCONSISTENT DATA						
366.14	IB NCPDP EVENT LOG						
366.17	IB NCPDP NON-BILLABLE REASONS						
366.2	IB INSURANCE CONSISTENCY ELEMENTS						
367	HPID/OEID RESPONSE	@					
367.1	HPID/OEID TRANSMISSION QUEUE	@					
367.11	INSURANCE COMPANY ID TYPE	@		@	@	@	
399	BILL/CLAIMS	@	@	@	@	@	

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Glossary

Glossary	
Action Type	The type of event that an application passes to Integrated Billing.
Admission Sheet	(a.k.a. Attestation Sheet) This is a worksheet commonly used in the front of inpatient charts with a workspace available for concurrent reviews.
ADPAC	Automated Data Processing Applications Coordinator.
ALOS	Average Length of Stay.
AMIS	Automated Management Information System
Annual Benefits	The amount or percentages of coverage for specific types of care under an insurance plan.
AR	Accounts Receivable This is a system of bookkeeping necessary to track VAMC debt collection.
Automated Biller	This is a new utility introduced in IB v2.0 for the purpose of establishing third party bills with no user intervention.
Background Filer	A background job that accumulates charges and causes adjustment transactions to a bill.
BASC	Billable Ambulatory Surgical Code
Benefits Used	The amounts or portions of a patient's insurance policy that have been used (i.e., deductibles, annual or lifetime maximums).
Billing Clock	A 365 day period, usually beginning when a patient is Means Tested and is placed in Category C, through which a patient's Means Test charges are tracked. An inpatient's Medicare deductible co-payment entitles the patient to 90 days of hospital/nursing home care. These 90 days must fall within the 365 day billing clock.
Block	A rectangular region on an encounter form. Attributes include position, size, outline type, and header. All other form components are contained within a particular block, and their position is relative to the block's position.
Category C	Category C patients are responsible for making co-payments as a result of Means Test legislation.

Glossary	
Check-off Sheet	A site configurable printed form containing CPT codes, descriptions, and dollar amounts (optional). Each check-off sheet may be assigned to an individual clinic or multiple clinics.
Claims Tracking	This is a new module in Integrated Billing that allows for the tracking of an episode of care from scheduling through final disposition of a bill.
Collateral Visit	A visit by a non-veteran patient whose appointment is related to or associated with a service-connected patient's treatment.
Column	A selection list contains one or more columns, a column being a rectangular area that contains a portion of the entries on a selection list. Attributes include position and height.
Concurrent Reviews	Review of patients by the hospital Utilization Review performed during the patient's hospital stay.
Consistency Checker	Review of patients by the hospital Utilization Review performed during the patient's hospital stay.
Continuous Patient	Patients continuously hospitalized at the same level of care since July 1, 1986.
Converted Charges	During the conversion, the BILLS/CLAIMS file (#399) is checked to insure that each outpatient visit has been billed. For each visit without an established bill, one is established and given a status of CONVERTED.
Co-payment	The charges required by legislation, that a patient is billed for services or supplies.
CPT	Current Procedural Terminology. A coding method developed by the American Hospital Association to assign code numbers to procedures which are used for research, statistical, and reimbursement purposes.
Data Field	A block component that is the means by which data from DHCP is printed to the form. The data is obtained at the time the form is printed (i.e., it is not stored with the form) and can be particular to the patient. A data field can have subfields, which are conceptually a collection of related data fields. Attributes include label, label type (underlined, bold, and invisible), position, data area, data length and position (area on the form allocated to the data), item number, and package interface (the routine used to get the data).
DHCP	Decentralized Hospital Computer Program
Diagnosis Code	A numeric or alpha-numeric classification of the terms describing medical conditions, causes, or diseases.

Glossary	
Discharge Summary	An admission summary usually completed by the clinician upon the patient's discharge from the hospital.
ECME	Electronic Claims Management Engine
Encounter Form	A paper form used to display data pertaining to an outpatient visit and to collect additional data pertaining to that visit.
Entry Action	An attribute of a package interface. It is MUMPS code that is executed before the interface's entry point is executed.
EP	Expert Panel
Exit Action	An attribute of a package interface. It is MUMPS code that is executed after the interface's entry point is executed.
Form Line	A block component. A straight line that will be printed to the form. Attributes include orientation (horizontal, vertical), position, and length.
Form Locator	A block on the UB or HCFA bill form.
Group Plan	A specific health insurance plan that an insurance company offers.
HCFA	Health Care Finance Administration
HCFA-1500	AMA approved health insurance claim form used for outpatient third party billings.
HCSR	Health Care Service Review
HINQ	Hospital Inquiry
Hospital Review	The application of Utilization Review criteria to determine if admissions or continued stay in the hospital meets certain guidelines. Refers to QM mandated reviews.
HPID	Health Plan Identifier
IB	Integrated Billing
ICD-9	International Classification of Diseases, the Ninth Modification A coding system designed by the World Health Organization to assign code numbers to diagnoses and procedures for statistical, research, and reimbursement purposes.

Glossary

ICD-10	International Classification of Diseases, the Tenth Modification A coding system designed by the World Health Organization to assign code numbers to diagnoses and procedures for statistical, research, and reimbursement purposes.
Insurance Data Capture	This is a new module in Integrated Billing that is used to capture and store insurance company and patient insurance information.
Insurance Review	The input of UR information about insurance company contact and insurance company action.
Integrated Billing Action	The billing record created when an application passes an event to Integrated Billing that may cause a charge adjustment (increase or decrease) in the amount a debtor may owe; or a supporting event to document an event that causes a charge adjustment to a debtor.
Interqual Criteria	A method of evaluating appropriateness of care.
Item Number	An attribute that must be specified when defining a data field if the data field's package interface returns a list. The item number is used to specify which item on the list should be printed to the data field. For example, there is a package interface for returning service-connected conditions. The first data field created for a form for displaying a service-connected condition would specify item number one.
Locality Rate Modifier	The Geographic Wage Index that is used to account for wage differences in different localities when calculating the ambulatory surgery charge. It is multiplied by the wage component to get the final geographic wage component of the charge.
MAS	Medical Administration Service
MCCR	Medical Care Cost Recovery The collection of monies by the Department of Veterans Affairs (VA).
Marking Area	The areas on a selection list that the user marks to indicate selections from the list (e.g., ( ), [ ], { }).
Means Test	A financial report used to determine if a patient may be required to make co-payments for care.
MIRMO	Medical Information Resources Management Office
NIF	National Insurance File
Options	The different functions within menus.

Glossary

OEID	Other Entity Identifier
Package Interface	A table that is the method by which the Encounter Form Utilities interface with other packages. Presently there are three types of package interfaces: for printing reports via the Print Manager, printing data to data fields, and for entering data to selection lists. Attributes include entry point, routine, entry action, exit action, protected variables, required variables, data type, data description, and custodial package.
PDX	Patient Data Exchange
Per Diem	The daily co-pay charge for hospital or nursing home care.
PIMS	Patient Information Management System
Policy	The specific patient information about a health insurance policy. A policy may reference a group plan.
Principal Diagnosis	Condition established after study to be chiefly responsible for the patient's admission.
Print Manager	A utility used to define the reports and encounter forms that should be printed for clinics. It will then print the reports and forms in packets for each appointment specified.
Problem List	This is a clinical software package used to track a patient's problems across clinical specialties.
Provider	A person, facility, organization, or supplier which furnishes health care services.
Protected Variable	An attribute of a package interface. It is a variable that should be "new'ed" before calling the interface's entry point.
Reimbursable Insurance	Health insurance that will reimburse VA for the cost of medical care provided to its subscribers.
Required Variable	An attribute of a package interface. It is a variable that must exist in order for the interface's entry point to be called.
Revenue Code	A code identifying the type of care provided on a third party bill.
Security Code	A code assigned to each user identifying him/her specifically to the system and allowing him/her access to the functions/options assigned to him/her.
Security Key	Used in conjunction with locked options or functions. Only holders of this key may perform these options/functions. Used for options which perform a sensitive task.

Glossary	
Selection	A component of a selection list. It is a single entry on the list. It is stored with the form and is usually data taken from a file in DHCP such as a CPT code with its description.
Selection Group	A component of a selection list. It is a named group of selections on the list. Attributes include a header and the print order.
Selection List	A block component whose purpose is to contain a list (e.g., a list of CPT codes). The list contains sub columns for marking areas, which are areas meant to be marked to indicate selections being made from the list. Attributes include headers, sub columns, sub column width, sub column type, package interface (the routine used to fill the list), and many attributes for the appearance of the list.
SSVI	System Shared Verified Insurance A component that moves insurance data between multiple sites that are used by a single patient.
Stop Code	A three-digit number corresponding to an additional stop/service a patient received in conjunction with a clinic visit. Stop code entries are used so that medical facilities may receive credit for the services rendered during a patient visit.
Sub-column	A component of a selection list. It can contain either text such as a CPT code, or a marking area.
Subfield	A component of a data field. It can display a single value, whereas a data field can be used to display a collection of related values. Attributes include those for the label and the area on the form to print the data. Also, for package interfaces that return records that have multiple values, the particular data must be specified.
Text Area	A rectangular area in a block that is used to display a word-processing field. The text is automatically formatted to fit within the block. Attributes include the word-processing field, the position, and size of the text area. The text is stored with the form.
Third Party Billings	Billings where a party other than the patient is billed.
Tool Kit	A set of pre-configured encounter forms and blocks to facilitate sites' use of the Encounter Forms package.
UB-82	AMA approved health insurance claim form used for Third Party billings.
UB-92	AMA approved health insurance claim form used for Third Party billings.

Glossary	
UR	Utilization Review A review carried out by allied health personnel at pre-determined times during the hospital stay to assess the appropriateness of care.
Wage Percentage	The percentage of the rate group unit charge that is the wage component to be used in calculating the HCFA charge for ambulatory surgical procedures.

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