Prosthetics Basics
User Manual

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Prosthetics Basics User Manual

Section 1: Understanding Main Menu Features

Overview

Audience

The ***Prosthetics Basics User Manual*** is for new Prosthetics users of the Prosthetics Sensory Aids Service (PSAS) system including Purchasing Agents and any other new end user on the system.

This manual will provide a general overview of the entire system as well as step-by-step instructions of the more frequently used menus and options.

Main Menu

The main menu for Prosthetics is the following - the **Prosthetic's Officials** Menu:

Prosthetic's Officials Menu	
PU	Purchasing
DD	Display/Print
UT	Utilities
AM	AMIS
SU	Suspense
CO	Correspondence
SC	Scheduled Meetings & Home/Liaison
PS	Process Form 2529-3
EL	Eligibility Inquiry
ET	PSC/Entitlement Records
HO	Home Oxygen Main Menu
INV	Pros Inentory Main
ND	NPPD Tools
VR	Verify/Repair Purchase Card Form

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The following are the sections in this manual.

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Menu Options

Below are the **Prosthetic Official's Main Menu** options, the option name for each, the synonym, and a description of each. To display this information, type three question marks at the following prompt:

Select Prosthetic Official's Menu Option: **??? <Enter>**

Menu Option	Synonym	Option Name	Description
Purchasing	PU	RMPR PURCHAS-ING MENU	Purchasing menu, sub-menu of Prosthetic Clerk/Official master menus.
Display/Print	DD	RMPR DISPLAY/PRI NT	Display/Print menu for Prosthetic Clerks and Officials. This is a sub-menu of Prosthetic Clerks and Official's master menus.
Utilities	UT	RMPR UTILITIES	This is the Prosthetic's Utility Menu.
AMIS	AM	RMPR MGMT REPORTS	AMIS data is generated from this menu option.
Suspense	SU	RMPR SUSPENSE MENU	This is the menu for Suspense Options.
Correspondence	CO	RMPR CORR MAIN	This is the main menu for Correspondence.
Scheduled Meetings & Home/Liaison Visits	SC	RMPR SCHED-H/L VISITS	This is the main menu for Scheduled Meetings and Home Liaison Visits.
Eligibility Inquiry	EL	RMPR ELG INQ	This option is an eligibility inquiry into the MAS PATIENT file (#2).
PSC/ Entitlement Records	ET	RMPR ENTITLE-MENT/PSC	This is the menu for Prosthetic Service Card and Entitlement Records.
Home Oxygen Main Menu	HO	RMPO-MENU-MAIN	This menu helps you manage your home oxygen program. It tracks costs of services, helps you manage billings, and alerts you when it is time to send letters to patients (e.g., prescription expiration).
NPPD Tools	ND	RMPR NPPD TOOLS	This option contains all tools associated with the National Prosthetic Patient Database.

Continued on next page

Menu Options (continued)

Below are the **Prosthetic Official's Main Menu** options, the option name for each, the synonym, and a description of each.

Menu Option	Synonym	Option Name	Description
Process Form 2529-3	PS	RMPR 2529-3 MAIN	Main Menu for Prosthetics Lab Module
Pros Inventory Main	INV	RMPR INV MAIN	Prosthetic generic inventory system.
NPPD Tools	ND	RMPR NPPD TOOLS	Tools for the National Prosthetics Patient Database
Verify/Repair Purchase Card Form	VR	RMPR Verify/ Repair PC Number	Temporary option used to fix reconciliations of Purchase Card orders.

Purchasing Menu (PU)

Menu option descriptions

Below are the **Purchasing Menu (PU)** options, the synonym, option name and a description of each.

Menu Option	Synonym	Option Name	Description
Enter New Request	EN	RMPR ENT REQUESTS	This is the sub-menu for entering prosthetic purchasing requests that link with IFCAP.
Stock Issues	SI	RMPR STOCK ISS	This is the Stock Issue Menu Options.
Reprints	RP	RMPR REPRINTS	This is the Reprint Menu for Prosthetic Purchasing Forms.
Record 2237 Purchase to 10-2319	RE	RMPR ENT 2237	This option will record the information from a VAF 2237 to a patient's VAF 10-219 record.
Edit/Delete 2237 from 10-2319	ED	RMPR 2319 EDT	This option will edit or delete information posted from a VAF 2237 record to a patient's VAF 10-2319.
Cancel a Transaction	CA	RMPR CANCEL	This option will cancel purchasing transactions that have not been closed out.
Close Out	CO	RMPR CLOSE-OUT	This is locked with RMPRSUPERVISOR. This option is used to close out transactions when invoices are received from the vendor. This will update the actual VAF 1358 account balance.
Cancel Purchase Card Transaction	CPC	RMPR4 PCC	This option will cancel the Purchase Card Transaction and remove the purchase from the Patient's 10-2319 Record.
Reconcile/Close Out Purchase Card Transaction	CPO	RMPR4 CLOSE OUT	This option is used to close out purchasing transactions that used the Purchase Card. This option will not post to IFCAP 1358.

Continued on next page

Menu option descriptions (continued)

Below are the **Purchasing Menu (PU)** options, the synonym, option name and a description of each.

Menu Option	Synonym	Option Name	Description
Edit 2319	ED2	RMPR EDIT 2319	This option will allow limited editing of purchasing and stock issue transactions recorded on a patient's VAF 10-2319.
Edit Purchase Card Transaction	EDPC	RMPR4 EDPC	This option will edit the 2421PC form once it has been created.
Add Historical Data	HI	RMPR HIS DATA	This option will allow posting an item to the patient's VAF 10-2319 without counting on AMIS.
Delete Historical Data	HID	RMPR HIS DEL	This option deletes historical data.
List Open 1358 Prosthetic Transactions	LI	RMPR PRINT OPEN TRANS	This option lists VAF 1358 transactions that have not been closed out.
List Open 1358 Transactions by Initiator	LII	RMPR PRINT OPEN TRANS INIT	This option will print open 1358 transactions in the Prosthetics package, sorted by initiator.
List Open Purchase Card Transactions	LPC	RMPR4 LIST OPN	This menu will print all open Purchase Card Transactions. The Purchase Card Number will be encrypted, except for the creator and supervisor.
List Open Purchase Card Transactions by Initiator	LPCI	RMPR4 LIST OPEN BY INIT	This option will print the open Purchase Card Transactions by Initiator, sorted by transaction date.
Purchase Card Summary Sheet	LPS	RMPR4 PC SUM	This option displays the Purchase Card Summary by Card Number. It will list the open and closed obligations.

Display/Print Menu (DD)

Menu option descriptions

Below are the **Display/Print Menu (DD)** options, the synonym, option name and a description of each.

Menu Option	Synonym	Option Name	Description
Display/Print Patient 2319	23	RMPR PRINT 2319	Display/print a patient's VAF 10-2319.
Transaction Inquiry	TI	RMPR 1358 INQ	Inquiry to single purchasing transaction.
Print All Prosthetic Items	IP	RMPR PRINT ALL ITEMS	This option prints all Prosthetic Item Master records along with their new and repair AMIS codes. Lab AMIS codes are not printed with this version of Prosthetics.
Print Prosthetic Billings for MAS	BI	RMPR PRINT BILL	Prints all NSC (non-service connected) items issued to patients for billing purposes.
Item History	IH	RMPR ITEM HISTORY	Prints an item history of all purchases made for this item.
Search for Recalled Item	SE	RMPR PRINT RECALL	Searches the RECORD OF PROS APPLIANCE/ REPAIR file (#660) for recalled item.
Site Parameter Inquiry	SI	RMPR SITE INQ	This menu option should be used to review your local site information.
Vendor Inquiry	VI	RMPR INQ VEND	This option is an inquiry to the IFCAP VENDOR file (#440).

Utilities Menu (UT)

Menu option descriptions

Below are the **Utilities Menu** options, the synonym, option name and a description of each.

Menu Option	Synonym	Option Name	Description
Add/Edit Patient to Prosthetics	AP	RMPR ADD PATIENT	This option will add a new patient to the PROSTHETICS PATIENT file (#665). You may also edit existing patient data using this option.
Enter Prosthetic Disability Code to 2319	DIS	RMPR DIS ENTRY	This will add or delete Disability Codes to be counted on AMIS.
Delete Prosthetic Disability Code from 2319	REM	RMPR DEL CODE	Mark Disability Code from patient's VAF 10-2319 as deactivated.
Enter/Edit Prosthetic Item Master	EN	RMPR ADD ITEM MASTER	This option adds a new Item Record to File 661, PROS ITEM MASTER.
IFCAP Utilities	IF	RMPR VEN/ITEM	Menu for IFCAP Vendor and Item Edit options.
Purge Obsolete Data	PGE	RMPR PURGE MENU	This is the Purge Menu.
Flag Item as Returned/Condemned	RC	RMPR RETURN	This will place items as returned, condemned, turned-in, lost or broken. To review this data once entered, review the patient's VAF 10-2319 record on the third screen.
Edit Returned/ Condemned Item	RE	RMPR RETURNED EDIT	This option will allow users to edit or delete items that have been flagged as returned or condemned.
Enter/Edit Site Parameters	SP	RMPR SITE MENU	To enter/edit station Prosthetics site parameters.

Suspense Menu (SU)

Menu option descriptions

A Suspense Request (through the **Suspense Menu**) is a request for service or an item that is tracked by a five-day Delayed Order Report. The five workday policy refers to the process or time it takes from receiving the order in Prosthetics to the time an initial action on a request or the time the request is fulfilled has been taken.

If this process takes more than five workdays, it is flagged on the report for monitoring and reporting purposes. It is also denoted in the Suspense list by an asterisk.

Menu option descriptions

Below are the **Suspense Menu** options, the synonym, option name and a description of each.

Menu Option	Synonym	Option Name	Description
Add Suspense Record	AS	RMPR ADD SUSPENSE	Adds a new Suspense Record to the PROSTHETIC SUSPENSE file (#668). The patient need not be in the PROSTHETICS PATIENT file (#665).
Close Suspense Record	CS	RMPR CLOSE SUSPENSE	This will close out the suspense record, and flag it as completed.
Edit Suspense Record	ES	RMPR SUSPENSE EDIT	This option will edit a suspense record for a patient.
Inquire to Individual Suspense Record	IS	RMPR INQ SUSPENSE	This option will display the complete Suspense Record for a veteran.
Print Closed Suspense Records	PC	RMPR SUSPENSE PRINT CLOSED	This will print the closed suspense records for a date range.
Print Open Suspense Records	PO	RMPR SUSPENSE PRINT	This option will list all open suspense records.

Continued on next page

Menu option descriptions (continued)

Below are the **Suspense Menu** options, the synonym, option name and a description of each.

Menu Option	Synonym	Option Name	Description
Print 5 Day Old Suspense Report	PR	RMPR SUSPENSE PRINT 5 DAY OLD	This option prints all suspense records over 5 working days old.
Print Suspense Statistics	ST	RMPR SUSPENSE STAT	Prints statistics from the PROSTHETICS SUSPENSE file (#668).
Suspense Processing	SP	RMPR SUSP MENU	This is the List Manager version of Suspense Processing, to be used with Consult Tracking.

Correspondence Menu (CO)

Menu option descriptions

Below are the **Correspondence Menu** options, the synonym, option name and a description of each.

Menu Option	Synonym	Option Name	Description
Create a Letter	CR	RMPR CORR CREATE	Creates new letter for Prosthetics.
Delete Patient Correspondence Letter	DE	RMPR CORR DELETE	Deletes correspondence letter from the PROS LETTER TRANSACTION file (#665.4).
Add/Edit Correspondence Skeleton Letter	ED	RMPR CORR EDIT	This option allows Prosthetics managers to edit the basic skeleton letters (FORM LETTER TYPE).
Print/Display Patient Correspondence Letter	PR	RMPR CORR VIEW	View correspondence letter.
Print Correspondence Skeleton Letter	PS	RMPR CORR PRINT	Allows printing of a correspondence letter.

Scheduled Meetings and Home/Liaison Visits Menu (SC)

Menu option descriptions

Below are the **Scheduled Meetings and Home/Liaison Visits (SC)** Menu options, the synonym, option name and a description of each.

Menu Option	Synonym	Option Name	Description
Pull over Scheduled Clinic Visits	PL	RMPR PULL SCHED	This option will allow scheduling clinic visits to be pulled over to VAF 10-2527.
Edit Form 10-2527 Information	25	RMPR EDIT 2527	Enter referral and action information to patient's clinic visits.
Delete Scheduled Prosthetic Clinic Visits	DL	RMPR SCHED DEL	This option will allow the user to delete Prosthetics clinic visits that have been pulled over to the VAF 10-2527.
Enter/Edit Closed Time for Clinic Visits	CA	RMPR CLOSE APP	Clinic team member may enter or change time that a scheduled clinic appointment was actually completed.
Appointment Roster and Action Sheet	AP	RMPR PRT 2527	Prints VAF 10-2527 for single clinic after information has been pulled over from MAS scheduled clinic visits.
Open Home/Liaison Visits	OP	RMPR H/L OPEN	Open home or liaison visits for Prosthetics.
Close Home/Liaison Visits	CO	RMPR H/L CLOSE	Close open home or liaison visits by entering the date closed and the total hours of the visit.
Edit/Delete Home/Liaison Visits	ED	RMPR H/L EDIT	Edit/delete home or liaison visits.
Print Closed Home/Liaison Visits	PC	RMPR H/L PRINT CLOSED	Print closed home/liaison visits.
Print Open Home/Liaison Visits	PO	RMPR H/L PRINT OPEN	Print open home or liaison visits.

Process Form 2529-3 (PS)

Menu option descriptions

Below are the **Process Form 2529-3** Menu options, the synonym, option name and a description of each.

Menu Option	Synonym	Option Name	Description
2529-3 Request Menu	RQ	RMPR 2529-3	This menu will be used by the Prosthetics administrative personnel to enter, edit, print and close out VAF 10-2529-3 requests.
Prosthetic Lab Menu	LB	RMPR LAB MENU	This is the main menu for Prosthetic Laboratory Technicians.

Eligibility Inquiry (EL) Menu

Menu option descriptions

The **Eligibility Inquiry** is an option and does not have submenu options. The following is an example of this option

Screen sample

```
   PU     Purchasing ...
   DD     Display/Print ...
   UT     Utilities ...
   AM     AMIS ...
   SU     Suspense ...
   CO     Correspondence ...
   SC     Scheduled Meetings and Home/Liaison Visits ...
   PS     Process Form 2529-3 ...
   EL     Eligibility Inquiry
   ET     PSC/Entitlement Records ...
   HO     Home Oxygen Main Menu ...
   INV    Pros Inventory Main ...
   ND     NPPD Tools ...
   OC     CoreFLS Order Control
   VR     VERIFY/REPAIR PURCHASE CARD NUMBER

Select Prosthetic Official's Menu Option: EL <Enter> Eligibility Inquiry
SITE: Hines Development System//
Select PATIENT NAME:    Ohio, Dan     1-1-30    000654320     NO     PILL

 Enrollment Priority:            Category: IN PROCESS    End Date:

              *** Patient Requires a Means Test ***
              Primary Means Test Required from FEB 13,2002

Enter <RETURN> to continue.  <Enter>

Ohio, Dan      SSN:000-65-4320   DOB: JAN 1,1930    CLAIM#

Phone: PHONE                            Phone:
Current Address:                        Primary Next of Kin Address:
1ST LINE OF STREET ADDRESS
SECOND LINE OF STREET ADDRESS

Patient Type: PILL                      Period of Service: OTHER OR NONE
Primary Eligibility Code:               Status: REQUIRED
NSC                                     Eligibility Status:

Receiving A&A Benefits? NO              Receiving Housebound Benefits? NO
Receiving Social Security? NO           Receiving VA Pension? NO
Receiving Military Retirement? NO       Receiving VA Disability? NO

Patient Name: Ohio, Dan                    SSN: 000-65-4320

MAS Disability Code(s):

*POW? NO
Enter `^`to exit, or `return` to continue:   <Enter>
```

Continued on next page

Example (continued)

The Eligibility Inquiry also provides Last Movement Actions, Pending Appointments, and letters on file. You can select a Letter on File to be viewed. Enter the number of the letter to display and press **<Enter>** at the **`Device`** prompts.

Screen sample (continued)

```
Ohio, Dan      SSN: 000-65-4320   DOB: JAN 1,1930    CLAIM#

                    Last Movement Actions
Trans. Type: TRANSFER                   Trans. Type: ADMISSION
Date: SEP 11,1995@15:04:29              Date: SEP 11,1995@14:59:18
Type of Movement:                       Type of Movement:
INTERWARD TRANSFER                      DIRECT
Ward: 1AS                               Ward: 5NM
Physician: RUTHERFORD,JERALD F          Physician: THORNTON,NANCY L
Diagnosis: SICK                         Diagnosis: SICK
                    Clinic Enrollments
Clinic                                  Enrollment Date     OPT or AC
MCGILL,TEST                             MAR 21,2000@13:11      OPT

                    Pending Appointments
Appt. Date          Clinic                        Status    Type
MAR 1,2004@09:15    PROSTHETICS                   INPATIENT APPOINTMENTREGULAR
SITE: Hines Development System//

Letters on file:

#    Patient                Type of letter   Employee          Date of letter
-------------------------------------------------------------------------------
1    Ohio, Dan          TEST             DAYON,RUFINO        JUN 03, 2003
2    Ohio, Dan          ADP FL 10-90     DAYON,RUFINO        JUN 02, 2003
3    Ohio, Dan          TEST             DAYON,RUFINO        FEB 08, 2002
4    Ohio, Dan          HO 30 DAY TEST   DAYON,RUFINO        FEB 08, 2002
5    Ohio, Dan          HO 30 DAY TEST   DAYON,RUFINO        FEB 08, 2002

Enter '^' to stop or
Enter a number (1-5): 2  <Enter>
DEVICE: HOME//  <Enter>  TELNET    Right Margin: 80//<Enter>
```

Continued on next page

Letter on File

Below is the Letter on File that you selected to view for the specific patient displayed.

Screen sample (continued)

```
                              REQUEST FOR QUOTATION
                                 Date: Feb 12, 2004

     TO:                                      FROM: Prosthetics Service
                                                    Hines Development System
                                                    TEST 2
                                                    HINES, IL  60142

         Vendor Phone #:                                 Veteran: Ohio, Dan
                                                         SSN:     000654320

     Your firm is being considered for the following:

     An estimate on the above-listed item(s) is requested.  YOUR QUOTATION
     DOES NOT CONSTITUTE A PURCHASE ORDER.  Upon completion of the esti-
     mate, return the original to the Veterans Affairs facility indicated
     above and retain a copy for your files.

     If approved, a purchase order will be prepared and forwarded to you.

     Sincerely,



     JAMES
     CHIEF
```

Screen sample (continued)

```
                              VENDOR'S ESTIMATE
                           (To be completed by Vendor)
     ----------------------------------------------------------------------
     |      Article or Service       |Quantity| Unit |Unit Cost|Total Cost|
     ----------------------------------------------------------------------
     |                               |        |      |         |          |
     |                               |        |      |         |          |
     |                               |        |      |         |          |
     |                               |        |      |         |          |
     |                               |        |      |         |          |
     |                               |        |      |         |          |
     |                               |        |      |         |          |
     ----------------------------------------------------------------------
     |  Vendor:                           Contract number (if applicable) |
     |  Address:                                                          |
     |  City:                                                             |
     |  State:            Zip:                                            |
     |  Telephone:                                                        |
     |  Date:                        Signature & Title of Company Official|
     |  Note:List Terms/Discounts if Applicable                           |
     ----------------------------------------------------------------------
                                                          FL 10-90 ADP

Would you like to see more letters? No//   (No)
Do you wish to create a correspondence letter? No//   (No)
```

PSC/Entitlement Records (ET) Menu

Menu option descriptions

Below are the **PSC/Entitlement Records (ET)** Menu options, the synonym, option name and a description of each.

Menu Option	Synonym	Option Name	Description
Add/Edit Clothing Allowance	AC	RMPR CLOTHING	Adds a Clothing Allowance for a patient.
Add/Edit Prosthetic Service Card	PS	RMPR ADD PSC	This option will add a Prosthetic Service Card to the patient's VAF 10-2319 record.
Enter/Edit Auto Adaptive Info	AU	RMPR AUTO	This option is the main menu to enter/edit auto-adaptive equipment purchased for the patient. This allows adding a new Vehicle of Record, adding van modifications, new items, and editing of items and repairs.
Record Other Patient Information	RO	RMPR ADD OD	This option allows a free-text word processing area for storage of other information needed by service on the patient's VAF 10-2319 record. Information such as eye color, hair color, patient's station, etc. is included.

Home Oxygen Main Menu (HO)

Menu option descriptions

Below are the **Home Oxygen Main Menu (HO)** options, the synonym, option name and a description of each.

Menu Option	Synonym	Option Name	Description
Add/Edit Home Oxygen Patient	ED	RMPO ADD/EDIT PAT	This option allows the user to add patients to the Prosthetics Patient file, edit demographics (e.g., therapy activation date and eligibility for home oxygen services), and document prescription and billing equipment data.
Billing Transactions	BT	RMPO BILLING TRANSACTIONS	This option allows you to edit bills for a specific month, accept those transactions, and post them.
Generate Letters	LE	RMPO LIST/PRINT MANAGER	This option creates a list of patients who are due to receive letters and prints the letters.
Home Oxygen Patient Template Update	TU	RMPO HO PAT TEMPLATE UPDA	This is a utility for updating vendor, HCPCS, FCP, item, and unit cost of all Home Oxygen patients in a particular station at once. Only the patient template is changed, not the monthly billing. If the monthly billing is already been created for a certain month, changes on the template will not affect the billing cycle.

Continued on next page

Menu option descriptions

Below are the **Home Oxygen Main Menu (HO)** options, the synonym, option name and a description of each.

Menu Option	Synonym	Option Name	Description
Inactivate/Activate Oxygen Patient	IN	RMPO INACT/ACT	This is an option to deactivate and activate/reactivate home oxygen patients.
Purchase Card Sign Off	SO	RMPO PO SIGN OFF	Once a billing is accepted and posted, this option can be used to sign off on the billing.
Reports	RE	RMPO-RPT-MAINMENU	This menu contains reports on active and inactive home oxygen patients, addresses, prescription reports, billing discrepancies, etc.
Site Parameters Enter/Edit	SI	RMPO SITE EE	This option is used to define those parameters specific to the site such as: letters that should be generated and default prescription expiration dates.
Verify Posted Billing Transactions	PB	RMPO POST 2319	This option posts all Home Oxygen billing transactions for a selected month for bills posted in IFCAP but not in Patient 2319 records. It will loop through all the records for the MONTH and VENDOR entered.

Pros Inventory Main (INV)

Menu option descriptions

Below are the **Pros Inventory Main (INV)** Menu options, the synonym, option name and a description of each.

Menu Option	Synonym	Option Name	Description
Add Inventory LOCATION or ITEMS	AE	RMPR INV ADD	This is an option to add a Location, HCPCS or ITEMS for inventory. Users can edit item fields under this option.
Deactivate Inventory Location	DE	RMPR INV DEACTIVATE	This option is only given to the holder of RMPRMANGAER key. It requires the electronic signatures of 2 users holding this key to be entered before a location can be deactivated.
Edit Inventory Items	EI	RMPR INV EDIT	This option is for editing an Inventory Location or Items. You can only edit an Item or Location that has already been set-up.
Edit Inventory Location	EL	RMPR INV EDIT LOCATION	This option is for editing an existing inventory location.
Inventory Reports	RP	RMPR INV REPORTS	Various Inventory reports are available through this option.
Order Item from Supply or Vendor	OI	RMPR INV ORDER	This is an option to record that an Item has been ordered. This option will not automatically order an item from Supply or Vendor.

Continued on next page

Menu options continued

Below are the **Pros Inventory Main (INV)** Menu options, the synonym, option name and a description of each.

Menu Option	Synonym	Option Name	Description
Receive Item from Supply, Vendor or Patient	RC	RMPR INV RECEIVE	This is an option to record that an Item has been received and entered into the Prosthetics Inventory. Receiving an Item in Supply through the IFCAP package does not update the Prosthetics Inventory module. This option has to be done separately for an Item to be received and recorded in the Prosthetics module.
Reconcile Item Balance	UP	RMPR INV RECON-CILE	This is an option to reconcile or update Items in Prosthetics Inventory. Users can update the Quantity, Total Cost, Vendor, Unit of Issue, Re-order Level and Description.
Remove/Deactivate HCPCS/Item from Inventory	RE	RMPR INV REMOVE HCPCS/ ITEM	This option removes/ deactivates inventory item(s) from the Prosthetics Inventory Program. Once an item has been removed/ deactivated, that item is not accessible. Only users with RMPRMANAGER key can access this option.
Transfer Stock Between Locations	TR	RMPR INV TRAN	This is an option to transfer an Item to a different Location. In order to transfer an Item, it must be set-up to both Locations. User can transfer all Quantities or certain Quantities. This option does not remove an item from a location if all quantities have been transferred.

NPPD Tools Menu (ND)

Menu option descriptions

Below are the **NPPD Tools Menu (ND)** options, the synonym, option name and a description of each.

Menu Option	Synonym	Option Name	Description
Add/Edit HCPCS Synonyms	AE	RMPR ADD/EDIT HCPCS SYNONYM	This option will only edit the DESCRIPTION and SYNONYM in the Prosthetics HCPCS file.
DSS HCPCS History	HH	RMPR HCPCS HISTORY	This menu will display all HCPCS issued on a Patient's 2319 records for a date range.
HCPCS Inquiry	INQ	RMPR NPPD INQ	You can look up one HCPCS at a time with this option.
NPPD Detail Display		RMPR NPPD GUI	For users to be able to use the NPPD Detail Display GUI front-end, this option must be on either their primary or secondary menu options. This option has also been placed on RMPR NPPD TOOLS to give users who have access to the current NPPD options, access to NPPD GUI Detail Display. Note: 'B' type option for use after installation of RMPR*3*71. 'B' type options are not visible to roll & scroll users.
Print 2529-3 Single Line	LSL	RMPR NPPDL PRL L	This option will print a single line, either New or Repair in Detail format for the form type 2529-3 only. This is the Lab.

Continued on next page

Menu option descriptions

Below are the **NPPD Tools Menu (ND)** options, the synonym, option name and a description of each.

Menu Option	Synonym	Option Name	Description
Print 2529-3 Worksheets	LPRT	RMPR NPPDL PRT	This option provides both Summary and Detail worksheets. They are divided into the following two basic parts with a station summary of each: * New Activities * Repair Activities The above are further broken down by each mapped NPPD Group with a summary of each. Within each NPPD Group, there is an NPPD Line with a summary. The Detail display adds an itemized listing for each NPPD Line within the NPPD Group, so every transaction for the date range selected is displayed. It is recommended to send this report to a device that will print a 132-right margin. This will not only ensure that you get the entire report, it will also expand the length of some of the data (e.g., Item and HCPCS DESCRIPTION on the Detail Worksheet) to make it more legible.
Print NPPD Single Line Detail	SL	RMPR NPPD PRL L	This option will print a single line, either New or Repair in Detail format.

Continued on next page

Menu option descriptions

Below are the **NPPD Tools Menu (ND)** options, the synonym, option name and a description of each.

Menu Option	Synonym	Option Name	Description
Print NPPD Worksheets	PRT	RMPR NPPD PRT	Printing functionality.
Print PSAS HCPCS List	MAP	RMPR NPPD LIST	Printing functionality.
PSAS HCPCS History	PH	RMPR PSAS HCPCS HISTORY	View history of PSAS HCPCS.
Quick Edit 2319 Record	QED2	RMPR NPPD QUICK EDIT	This menu is a quick edit of the 2319 Record. This will allow you to select a record by the number displayed on the detail NPPD report for quick corrections.

Section 2: Display/Print Menu

Overview

Introduction

The **Display/Print (DD)** menu is a sub-menu of **Prosthetic Clerks and Official's** master menus. The internal option name is: RMPR DISPLAY/ PRINT, and the synonym is: DD.

The audience for this feature is Prosthetics Clerks as well as Officials.

Menu Option

Below is the Prosthetic Official's Menu.

Synonym	Menu Option
PU	Purchasing…
DD	Display/Print…
UT	Utilities…
AM	AMIS…
SU	Suspense …
CO	Correspondence…
SC	Scheduled Meeting and Home/Liaison Visits …
PS	Process Form 2529-3…
EL	Eligibility Inquiry
ET	PSC/Entitlement Records …
HO	Home Oxygen Main Menu…
INV	Pros Inventory Main …
ND	NPPD Tool …

In this section

The following chapters are in this section:

Topic	See Page
Display/Print Menu Option Descriptions	25
Display/Print Patient 2319 (23)	26
Transaction Inquiry (TI)	42
Print All Prosthetic Items (IP)	44
Print Prosthetics Billings for MAS (BI)	46
Item History (IH)	49
Search for Recalled Item (SE)	51
Site Parameter Inquiry (SI)	55

Display/Print Menu Option Descriptions

Menu Option descriptions

Below are the **Display/Print** Menu options with the option name and a description of each.

Display/Print Menu	
23	Display/Print Patient 2319
TI	Transaction Inquiry
IP	Print All Prosthetic Items
BI	Print Prosthetic Billings for MAS
IH	Item History
SE	Search for Recall by Lot/Serial Number
SI	Site Parameter Inquiry
VI	Vendor Inquiry

Menu Option	Synonym	Option Name	Description
Display/Print Patient 2319	23	RMPR PRINT 2319	Display/print a patient's VAF 10-2319 (Note the 2319 contains more than eligibility)
Transaction Inquiry	TI	RMPR 1358 INQ	Inquiry to single purchasing transaction.
Print All Prosthetic Items	IP	RMPR PRINT ALL ITEMS	This option prints all Prosthetic Item Master records along with their new and repair AMIS codes. Lab AMIS codes are not printed with this version of Prosthetics.
Print Prosthetic Billings for MAS	BI	RMPR PRINT BILL	Prints all NSC (non-service connected) items issued to patients for billing purposes.
Item History	IH	RMPR ITEM HISTORY	Prints an item history of all purchases made for this item.
Search for Recalled Item	SE	RMPR PRINT RECALL	Searches the RECORD OF PROS APPLIANCE/REPAIR file (#660) for recalled item.
Site Parameter Inquiry	SI	RMPR SITE INQ	This menu option should be used to review your local site information.
Vendor Inquiry	VI	RMPR INQ VEN	This option is an inquiry to the IFCAP VENDOR file (#440).

Display/Print Patient 2319 (23)

Introduction

You can view or print the 10-2319 Prosthetics Veteran patient information from the **Display/Print Patient 2319 (23)** option. You will be prompted to select a patient.

You will also be prompted for a device to print the Patient 10-2319. You have the choice to send the report to a printer by entering a printer at the Device prompt or view selected portions of the 2319 on your terminal screen.

Note: Output to a printer will produce a different display than when it is sent to a terminal screen as you have a choice of which eligibility screens to view versus the printout will print the entire Patient 2319.

Options

Here are the screens that you can view from the patient's 2319:

- Patient Demographics
- Clinic Enrollments/Correspondence
- Entitlement Information
- Appliance Transactions
- Auto Adaptive Information
- Critical Comments
- Add/Edit Disability Code
- Home Oxygen Items

In this chapter

The following topics are in this chapter:

Topic	See Page
View and Print the Patient 2319	27
View/Print Patient Demographics	29
View Clinic Enrollments/Correspondence	30
View Letters/Correspondence on File	31
View Entitlement Information	33
View Appliance Transactions	34
View Auto Adaptive Information	36
View Critical Comments	37
Add/Edit Disability Codes	38
View Home Oxygen Items	41

View and Print the Patient 2319

Display the 2319

You can display the 10-2319 Prosthetics Veteran record using the **Display/Print Patient 2319 (23)** Menu option.

Steps

To display or print the 10-2319 Prosthetics Veteran record, follow these steps:

Step	Action
1	At the `Select Display/Print Option` prompt, type 23 to access the Display/Print Patient 2319 (23) option.
2	At the **`Site:`** prompt, press <**Enter**> to accept the default setting or type a "**?**" to display a list and select a site from the list.
3	At the **`Select Prosthetic Patient`** prompt, enter a Prosthetic patient name with the "LAST NAME,FIRST NAME" format.
4	Press <**Enter**> to continue.
5	Patient identification information displays. : **At the ...`OK? Yes//` prompt, press <Enter> to continue**.

2319 Screen

```
   23      Display/Print Patient 2319
   TI      Transaction Inquiry
   IP      Print All Prosthetic Items
   BI      Print Prosthetic Billings for MAS
   IH      Item History
   SE      Search for Recalled Item
   SI      Site Parameter Inquiry
   VI      Vendor Inquiry

Select Display/Print Option: 23 <Enter> Display/Print Patient 2319
SITE: SUPPORT ISC// <Enter>                                  499
Select PROSTHETIC PATIENT: OHIO,DAN <Enter>  OHIO,DAN        1-1-30
000654320

         ...OK? Yes// <Enter>  (Yes)
         HINES, IL
```

Continued on next page

Printing vs. Displaying the 2319

Printing is different than viewing the 2319 on your terminal! If you elect to print the 2319 information by entering **SLAVE or another printer device**, the entire Record of Appliances and Repairs prints out.

Steps (continued)

To display or print the 10-2319 Prosthetics Veteran record, follow these steps:

Step	Action
6	The system displays the **Device: Home//** prompt. Press <**Enter**> twice to display information to your terminal screen or type **SLAVE** to print the information to your personal printer. You can print the information to another printer by typing the printer ID.
7	The system displays: **`Right Margin: 80//`** (unless you requested to print to a printer using the SLAVE entry). Press <**Enter**> to continue.
8	The Disability Codes display for the selected patient and you are given a choice of information to view, edit or print from the patient's 2319.

2319 Screen (continued)

```
DEVICE: HOME//  <Enter>   TELNET    Right Margin: 80// <Enter>

*Comments on File.

Current Disability Codes are:

COS/B          EMPLOYEE       NSC
AMP/LAE        SC VIETNAM     S/C

Select one of the following
          1         PATIENT DEMOGRAPHICS
          2         CLINIC ENROLLMENTS/CORRESPONDENCE
          3         ENTITLEMENT INFORMATION
          4         APPLIANCE TRANSACTIONS
          5         AUTO ADAPTIVE INFORMATION
          6         CRITICAL COMMENTS
          7         ADD/EDIT DISABILITY CODE
          8         HOME OXYGEN ITEMS

Enter 10-2319 screen to VIEW (1-8),'^' to EXIT, or 'return' to
continue :
```

View Patient Demographics

Function description

You can view the patient's demographics by entering 1 at the **"Enter 10-2319 screen to VIEW..."** This includes the patient's name, social security number, date of birth, address and phone, eligibility and benefits, and claim number, which is shown at the top of the 2319 form.

Steps

To view patient demographics, follow these steps:

Step	Action
1	Type "**1**" to select the **Patient Demographics** screen at the prompt, and press <**Enter**>.
2	The patient demographics display as shown below.
3	Press <**Enter**> to continue. If there is no entry for POW?, you may enter it at this time or press the **<Enter>** key to accept a default of NO.
4	The current Disability Codes display if available.

Patient Demographics Screen

Output

Disability Codes

```
Select one of the following:
          1         PATIENT DEMOGRAPHICS
          2         CLINIC ENROLLMENTS/CORRESPONDENCE
          3         ENTITLEMENT INFORMATION
          4         APPLIANCE TRANSACTIONS
          5         AUTO ADAPTIVE INFORMATION
          6         CRITICAL COMMENTS
          7         ADD/EDIT DISABILITY CODE
          8         HOME OXYGEN ITEMS

Enter 10-2319 screen to VIEW (1-8),'^' to EXIT, or 'return' to continue : 1
<Enter> PATIENT DEMOGRAPHICS

OHIO, DAN             SSN: 000-65-4320   DOB: JAN 1,1930    CLAIM#
Phone:                                   Phone:
Current Address:                         Primary Next of Kin Address:
ABC STREET
CHICAGO, ILLINOIS 60000

Patient Type: PILL                    Period of Service: OTHER OR NONE
Primary Eligibility Code:                Status: REQUIRED
NSC                                      Eligibility Status:

Receiving A&A Benefits? NO          Receiving Housebound Benefits? NO
Receiving Social Security? NO            Receiving VA Pension? NO
Receiving Military Retirement? NO        Receiving VA Disability? NO
Prosthetic Disability Code(s): COS/B-NSC AMP/LAE-SC

Enter RETURN to continue or '^' to exit:   <Enter>
*POW? NO

Enter return to continue or `^` to exit: <Enter>
Current Disability Codes are:
COS/B          EMPLOYEE       NSC
AMP/LAE        SC VIETNAM     S/C
ORTH/PLS       INPATIENT      S/C
```

View Clinic Enrollments/Correspondence

Function description

You can view the clinic enrollments and correspondence for the patient by selecting to view screen 2.

Steps

To view clinic enrollments and correspondence for a veteran, follow these steps:

Step	Action
1	Type 2 at the prompt: "Enter 10-2319 screen to VIEW (1-8)…" to select the Clinic Enrollments/Correspondence (2) screen.
2	The following information displays: Last Movement Actions, Clinic Enrollments, and Pending Appointments.
3	Press <**Enter**> at the **`Would you like to see more clinics? No//`** prompt to accept the default setting or **Y** for **Yes**. Note: This prompt may not appear if there aren't many clinics.
4	Press <**Enter**> to continue.
5	To view correspondence, see next page, "**View Letters on File**."

Clinic Enrollment/ Correspondence Screen

```
Select one of the following:
          1         PATIENT DEMOGRAPHICS
          2         CLINIC ENROLLMENTS/CORRESPONDENCE
          3         ENTITLEMENT INFORMATION
          4         APPLIANCE TRANSACTIONS
          5         AUTO ADAPTIVE INFORMATION
          6         CRITICAL COMMENTS
          7         ADD/EDIT DISABILITY CODE
          8         HOME OXYGEN ITEMS

Enter 10-2319 screen to VIEW (1-8),'^' to EXIT, or 'return' to continue : 2
<Enter>   CLINIC ENROLLMENTS/CORRESPONDENCE

FLORIDA,NANCY          SSN: 000-45-6789   DOB: FEB 28,1949   CLAIM#

                    Last Movement Actions
Trans. Type: DISCHARGE                  Trans. Type: ADMISSION
Date: JAN 12,1997@08:00                 Date: JUN 5,1996@12:47:34
Type of Movement:                       Type of Movement:
REGULAR                                 OPT-SC
Ward: 2AS                               Ward: 2AS
Physician: POKORNY,SHARYN               Physician: POKORNY,SHARYN
Diagnosis: SOB                          Diagnosis: SOB
                    Clinic Enrollments
Clinic                                  Enrollment Date     OPT or AC
HOUSE/A                                 MAY 17,1994            OPT
TEST1                                   NOV 1,1994@11:10       OPT
Would you like to see more clinics? No// n  (No) <Enter>

                    Pending Appointments
     No Pending Appointments for this Patient
Enter RETURN to continue or '^' to exit:    <ENTER>
```

View Letters/Correspondence on File

Clinic Enrollments

You can also view the letters on file for the patient using **Clinic Enrollments/Correspondence (2)**.

Steps (continued)

To view letters on file for a patient, follow these steps:

Step	Action
6	The letter listings on file display for a patient if available.
7	The **`Enter a number`** prompt displays to view a letter. Type the number of the letter you want to view or print and press <**Enter**.>
8	The **`DEVICE: HOME//`** prompt displays. Press <**Enter**> to continue to view the letter or enter a printer device. This example shows you how to view the letter.
9	Press <**Enter**> again after the **`Right Margin: 80//`** prompt.

Letters on File

```
Letters on file:

#    Patient                Type of letter   Employee           Date of letter
-------------------------------------------------------------------------------
1    OHIO,DAN             ADP FL 10-90     DAYON,RUFINO        DEC 16, 1999
2    OHIO,DAN             HO 30 DAY TEST   DAYON,RUFINO        FEB 08, 2002
3    OHIO,DAN             HO 30 DAY TEST   DAYON,RUFINO        FEB 08, 2002

Enter '^' to stop or Enter a number (1-3):1  <Enter>
DEVICE: HOME//  <Enter>   TELNET    Right Margin: 80//  <Enter>

                              REQUEST FOR QUOTATION
                                Date: Mar 13, 2000

     TO: VENDOR NAME                            FROM: Prosthetics Service
         7000 SOUTH CLAREMONT                                SUPPORT ISC
         CHICAGO, ILLINOIS  60620
                                                        CHICAGO, IL  60619

         Vendor Phone #: (312)
Veteran: OHIO, DAN
                                                     SSN:     000654320

     Your firm is being considered for the following:
       PROSTHETIC LEG

     An estimate on the above-listed item(s) is requested.  YOUR QUOTATION
     DOES NOT CONSTITUTE A PURCHASE ORDER.  Upon completion of the esti-
     mate, return the original to the Veterans Affairs facility indicated
     above and retain a copy for your files.

     If approved, a purchase order will be prepared and forwarded to you.

     Sincerely,

     MARY MORRIS, ACTING CHIEF, PROSTHETICS SERVICE CHIEF
```

Continued on next page

Output

A letter on file sample is shown below for a patient's Vendor Estimate.

Steps (continued)

To view letters on file, continue to follow these steps:

Step	Action
10	The letter(s) displays if available for a patient.
11	At the **`Would you like to see more letters?  No//`** prompt, press <**Enter**> to accept the default of **No**. If you want to view more letters that are on file, type **Y** for **Yes**.
12	At the **`Do You wish to create a correspondence letter?  No//`** prompt, press <**Enter**> to accept the default setting or type **Y** for **Yes**. (See the **Correspondence** section for instructions.)
13	The **Suspense** Menu may display for you to enter a request for a Prosthetic item or service (depending on the settings at your site).

Sample Letter Screen

```
                              VENDOR'S ESTIMATE
                         (To be completed by Vendor)
     ----------------------------------------------------------------------
     |      Article or Service       |Quantity| Unit |Unit Cost|Total Cost|
     ----------------------------------------------------------------------
     |                               |        |      |         |          |
     |                               |        |      |         |          |
     |                               |        |      |         |          |
     |                               |        |      |         |          |
     |                               |        |      |         |          |
     |                               |        |      |         |          |
     ----------------------------------------------------------------------
     |  Vendor:                           Contract number (if applicable) |
     |  Address:                                                          |
     |  City:                                                             |
     |  State:            Zip:                                            |
     |  Telephone:                                                        |
     |  Date:                        Signature & Title of Company Official|
     |  Note:List Terms/Discounts if Applicable                           |
     ----------------------------------------------------------------------
                                                            FL 10-90 ADP
Enter RETURN to continue or '^' to exit:

Would you like to see more letters? No//  <ENTER>
Do you wish to create a correspondence letter?  No//  <ENTER>
```

View Entitlement Information

Function description

You can view the patient's entitlement information by typing **(3)** at the "**Enter 10-2319 screen to VIEW**..." prompt.

Steps

To view entitlement information, follow these steps:

Step	Action
1	Select the **Entitlement Information** screen by typing **3.**
2	The patient name, social security number, date of birth, and claim number displays as well as any entitlements. This includes a clothing allowance if applicable, automobile information, and items returned.

Entitlement Screen

```
Select one of the following:
          1         PATIENT DEMOGRAPHICS
          2         CLINIC ENROLLMENTS/CORRESPONDENCE
          3         ENTITLEMENT INFORMATION
          4         APPLIANCE TRANSACTIONS
          5         AUTO ADAPTIVE INFORMATION
          6         CRITICAL COMMENTS
          7         ADD/EDIT DISABILITY CODE
          8         HOME OXYGEN ITEMS

Enter 10-2319 screen to VIEW (1-8),'^' to EXIT, or 'return' to continue : 3
<Enter> ENTITLEMENT INFORMATION


OHIO, DAN             SSN: 000-65-4320   DOB: JAN 1,1930    CLAIM#

PSC Issue Card:  Appliance    Ht 68  Wt 192  Eyes BR  Hair GY     Serial
Number
JAN 31, 2000     TEST ITEM

Clothing Allowance:   Date: 04-01-01  ELIGIBLE  STATIC
                      Date of Exam: JUL 11, 2000 Examiner:
BELSCHWINDER,MICHAEL
J
                      Desc:
                      Date: 03-15-02  NOT-ELIGIBLE  NON-STATIC
                      Date of Exam: MAR 10, 2002 Examiner: TROUBLE,SHOOTER
                      Desc:
                      Date: 05-08-02  ELIGIBLE  STATIC
                      Date of Exam: MAY 08, 2002 Examiner: SCOTT,DONNA
                      Desc: TESTING


Items Returned: Date         Item                        Serial      Status

Enter RETURN to continue or '^' to exit:
```

View Appliance Transactions

Function description

You can view appliance transactions for the patient by typing **4** at the **"Enter 10-2319 screen to VIEW..."** prompt.

Steps

To view entitlement information, follow these steps:

Step	Action
1	Select the **Appliance Transactions** screen by typing **4**.
2	If you want to view the complete entry for a transaction, type the number of the transaction at the "**`Enter 1-n to show full entry...`**" prompt.

Appliance Transactions Screen

```
Select one of the following:
          1         PATIENT DEMOGRAPHICS
          2         CLINIC ENROLLMENTS/CORRESPONDENCE
          3         ENTITLEMENT INFORMATION
          4         APPLIANCE TRANSACTIONS
          5         AUTO ADAPTIVE INFORMATION
          6         CRITICAL COMMENTS
          7         ADD/EDIT DISABILITY CODE
          8         HOME OXYGEN ITEMS

Enter 10-2319 screen to VIEW (1-8),'^' to EXIT, or 'return' to
continue : 4 <Enter> APPLIANCE TRANSACTIONS

FLORIDA,NANCY        SSN: 000-56-7890   DOB: FEB 28,1949   CLAIM#

  Date    Qty    Item     Type  Vendor     Sta  Serial  Delivery Date Tot Cost
1. 02/16/00  1   TEST ITEM    I  ORTHOTIC    499                   9.00
2. 02/16/00  2   TEST ITEM    I  ORTHOTIC    499                   5.00
3. 02/16/00  1   EYEGLASSES   I  ORTHOTIC    499                   0.00
4. 05/07/03 1    WHEELCHAIR   I  ABBOTT LAB       05/07/03     300.00
+=Turned-In  *=Historical Data  I=Initial  X=Repair  S=Spare  R=Replacement

Enter 1-19 to show full entry, '^' to exit or `return` to continue.
4 <Enter>
```

Continued on next page

Continued… Below is the complete entry for the transaction selected previously.

Appliance/ Repair Line Item Detail

```
OHIO,DAN              SSN: 000-65-4320   SUPPORT ISC         DOB: 01-01-1930
                    APPLIANCE/REPAIR LINE ITEM DETAIL                <4-14>

TYPE OF FORM: STOCK ISSUEINITIATOR: DAYON,RUFINO       DATE: MAY 07, 2003
DELIVER TO:
TYPE TRANS: INITIAL ISSUE     QTY: 1    SOURCE: COMMERCIAL
VENDOR:        ABBOTT LABORATORIES
VENDOR PHONE:  (800) 255-5162
               CORPORATE ORDER ENTRY
               ABBOTT PARK,   ILLINOIS     60064
DELIVERY DATE: MAY 07, 2003
TOTAL COST: $300.00           OBL:
REMARKS:
DISABILITY SERVED: SC/IP
APPLIANCE: WHEELCHAIR - MANUAL
PSAS HCPCS: K0005     ULTRALIGHTWEIGHT WHEELCHAIR
ICD-9 Code:
CPT MODIFIER: NU
DESCRIPTION: ULTRALIGHTWEIGHT WHEELCHAIR
EXTENDED DESCRIPTION:

ULTRALIGHTWEIGHT WHEELCHAIR

Enter RETURN to continue or '^' to exit:
```

Screen output Below is the continued screen output from the **Appliance Transaction** information.

View Auto Adaptive Information

Function description

You can view the patient's auto adaptive information by typing **5** at **the "Enter 10-2319 screen to VIEW..."** prompt.

Auto Adaptive Screen

```
Select one of the following:
          1         PATIENT DEMOGRAPHICS
          2         CLINIC ENROLLMENTS/CORRESPONDENCE
          3         ENTITLEMENT INFORMATION
          4         APPLIANCE TRANSACTIONS
          5         AUTO ADAPTIVE INFORMATION
          6         CRITICAL COMMENTS
          7         ADD/EDIT DISABILITY CODE
          8         HOME OXYGEN ITEMS

Enter 10-2319 screen to VIEW (1-8),'^' to EXIT, or 'return' to continue : 5
AUTO ADAPTIVE INFORMATION

NAME: FLORIDA, NANCY              SSN: 000456789  CLAIM NO.
VEHICLE ID#         YEAR PURCHASE DATE  MAKE     MODEL         PAGE 1
PROCESS DATE   ITEM              QTY        COST       AMIS      TYPE
                              '*' Denotes Inactive Vehicle of Record
-------------------------------------------------------------------
VAN-123             199  MAR 13, 2000   FORD       VAN      4502: MAR 13, 2000

MAR 13, 2000   AIR-CONDITIONING  1       $500.00   ADAP EQP  INITIAL
MAR 13, 2000   CB RADIO          1       $100.00   VAN MOD   INITIAL

                               Total/Date:         $600.00

Enter RETURN to continue or '^' to exit:
```

View Critical Comments

Function description

You can view, add, or edit any critical comments for the patient by typing 6 at the "**Enter 10-2319 screen to VIEW**..." prompt.

Steps

To add or edit critical comments, follow these steps:

Step	Action
1	Select the **Critical Comments** option by typing **6**.
2	At the Would you like to Add/Edit Patient Critical Comments? No// prompt, type Y for Yes, and press <Enter>.
3	At the **`Edit? No//`** prompt, type **Y** for **Yes**, and press <**Enter**>.
4	The word processing text editor displays for you to type your note.
5	Press the **Num Lock** key and the **E** key together to exit and save the information.

Critical Comments Screen

```
Select one of the following:
          1         PATIENT DEMOGRAPHICS
          2         CLINIC ENROLLMENTS/CORRESPONDENCE
          3         ENTITLEMENT INFORMATION
          4         APPLIANCE TRANSACTIONS
          5         AUTO ADAPTIVE INFORMATION
          6         CRITICAL COMMENTS
          7         ADD/EDIT DISABILITY CODE
          8         HOME OXYGEN ITEMS

Enter 10-2319 screen to VIEW (1-8),'^' to EXIT, or 'return' to continue : 6
CRITICAL COMMENTS

PATIENT:OHIO,DAN                                CRITICAL COMMENTS
No Patient Critical Comments Recorded for this patient!

Would you like to Add/Edit Patient Critical Comments? No// Y  (Yes)
CRITICAL COMMENTS:
  No existing text
  Edit? NO// YES

==[ WRAP ]==[ INSERT ]======< CRITICAL COMMENTS >=====[ <PF1>H=Help]=
Editing Critical Comments.




<======T======T======T======T======T======T======T======T======T>====

PATIENT: OHIO,DAN                               CRITICAL COMMENTS
Editing Critical Comments.

Would you like to Add/Edit Patient Critical Comments? No// <Enter> (No)
*Comments on file
```

Add/Edit Disability Codes

Function description

You can add to or edit the patient's disability codes by typing **7** at the **"Enter 10-2319 screen to VIEW..."** prompt.

Steps

To add or edit a Disability Code, follow these steps:

Step	Action
1	Select the **Add/Edit Disability Code** option by typing **7**.
2	At the Would you like to Add/Edit a Disability Code to the Patient's 2319? Yes// prompt, press <Enter.>
3	At the **`Select Prosthetic Disability Code`** prompt, type a Disability Code, and press **<Enter.>** (You can also type two question marks to view a list and select one.)

Add/Edit Disability Code Screen

```
Select one of the following:
          1         PATIENT DEMOGRAPHICS
          2         CLINIC ENROLLMENTS/CORRESPONDENCE
          3         ENTITLEMENT INFORMATION
          4         APPLIANCE TRANSACTIONS
          5         AUTO ADAPTIVE INFORMATION
          6         CRITICAL COMMENTS
          7         ADD/EDIT DISABILITY CODE
          8         HOME OXYGEN ITEMS

Enter 10-2319 screen to VIEW (1-8),'^' to EXIT, or 'return' to continue : 7
<Enter> ADD/EDIT DISABILITY CODE
Would you like to ADD/EDIT a Disability Code to the Patient's 2319? YES//
<Enter>

Select PROSTHETIC DISABILITY CODE: ??  <Enter>
Choose from:
   AMP/LAE     SC    SC VIETNAM
   COS/B       NSC   EMPLOYEE

      You may enter a new PROSTHETIC DISABILITY CODE, if you wish
      This is a pointer to the Prosthetic Disability Code file (662).

   Choose from:
   1            AMP/LAE
   2            AMP/LAK
   3            AMP/LBE

Select PROSTHETIC DISABILITY CODE: 1 <Enter> AMP/LAE
         ...OK? Yes// <Enter>   (Yes)
               SC    SC VIETNAM


Select one of the following:
          E         EDIT DISABILITY CODE
          A         ADD DUPLICATE DISABILITY CODE

Enter response: EDIT// A <Enter> ADD DUPLICATE DISABILITY CODE
PROSTHETIC DISABILITY CODE: AMP/LAE// <Enter>
```

Continued on next page

Add a Code

To continue to add a Disability Code, see the sample screen below. At the **Would you like to Mark a Disability Code as Deleted? NO//** prompt, press <**Enter**> to accept the default setting.

Steps

To add or edit a Disability Code, follow these steps:

Step	Action
1	Select the **Add/Edit Disability Code** option by typing **7**.

Add/Edit Disability Code Screen (continued)

```
SERVICE/NON-SERVICE: ??
     Enter `1` for Service Connected or `2` for Non-Service Connected.
     Choose from:
       1        SERVICE CONNECTED
       2        NON-SERVICE CONNECTED
SERVICE/NON-SERVICE: 2  NON-SERVICE CONNECTED

ELIGIBILITY CATEGORY: ??
        This field stores the Eligibility Category for the Patient.

     Choose from:
       1        SC VIETNAM
       2        ALL OTHER SERVICE-CONNECTED
       3        NSC A&A
       4        OTHERS ELIGIBLE
       5        V.I.S.T.
       6        VOC REHAB
       7        PHC
       8        INPATIENT
       9        EMPLOYEE
       10       PRIMA FACIA
ELIGIBILITY CATEGORY: 1  SC VIETNAM

Select PROSTHETIC DISABILITY CODE:  <Enter>

OHIO,DAN HAS THE FOLLOWING DISABILITY CODES:

     COS/B     NSC   EMPLOYEE
     AMP/LAE   SC    SC VIETNAM
     AMP/LAE   NSC   SC VIETNAM

Would you like to Mark a Disability Code as Deleted? NO// <Enter>
*Comments on file
```

Continued on next page

To Edit a Code

You can edit and delete a Disability Code using this screen. To edit a disability code, type **E** for **Edit Disability Code** at the Enter Response prompt. Press **<Enter>** at the additional prompts to accept the default settings.

You delete a Disability Code for a patient by entering YES at the **Would you like to Mark a Disability Code as Deleted? No//** prompt.

Add/Edit Disability Code Screen

```
Select one of the following:

          E         EDIT DISABILITY CODE
          A         ADD DUPLICATE DISABILITY CODE

Enter response: EDIT// <Enter> DISABILITY CODE
PROSTHETIC DISABILITY CODE: AO/AUTO// <Enter>
SERVICE/NON-SERVICE: SERVICE CONNECTED// <Enter>
ELIGIBILITY CATEGORY: SC VIETNAM// <Enter>

Select PROSTHETIC DISABILITY CODE: <Enter>
OHIO,DAN HAS THE FOLLOWING DISABILITY CODES:

     COS/B     NSC   EMPLOYEE
     AMP/LAE   SC    SC VIETNAM
     AMP/LAE   NSC   SC VIETNAM
     ORTH/PLS  SC    INPATIENT
     ORTH/DLF  SC    SC VIETNAM
     AO/AUTO   SC    SC VIETNAM


Would you like to Mark a Disability Code as Deleted? NO// <Enter>
*Comments on file
```

View Home Oxygen Items

Function description

You can view the patient's home oxygen information by typing **8** at the **"Enter 10-2319...."** prompt.

Sample output

```
Select one of the following:
          1         PATIENT DEMOGRAPHICS
          2         CLINIC ENROLLMENTS/CORRESPONDENCE
          3         ENTITLEMENT INFORMATION
          4         APPLIANCE TRANSACTIONS
          5         AUTO ADAPTIVE INFORMATION
          6         CRITICAL COMMENTS
          7         ADD/EDIT DISABILITY CODE
          8         HOME OXYGEN ITEMS

Enter 10-2319 screen to VIEW (1-8),'^' to EXIT, or 'return' to continue: 8
<Enter> HOME OXYGEN ITEMS
INDIANA,RAY     000-56-7891
Current Prescription (#5)
      Active Date: OCT 16,2003    Expiration Date: OCT 15,2004
  CONCENTRATOR 02 @ 28% VIA COOL AEROSOL TRACH MASK, BUNN COMPRESSOR, M TANK

      10 E TANKS, 4 TRACH MASKS, 6 1000 ML PREFILLED AND 4 500 ML AEROSOL BTLS
      PER MO.
      NEBULIZER .5 CC ALBUTEROL & 2.5 CC IPRATROPRIUM,
      2 #6 SHILEY TRACH TUBES CUFFED, UNFENESTRATED EVERY 6 MONTHS WITH NON-
      DISPOSABLE INNER CANNULAS
Enter RETURN to continue or '^' to exit:  <Enter>

INDIANA, RAY     SSN: 000-56-7891   DOB: OCT 12,1954   CLAIM# 391580866
  Date    Qty    Item     Type  Vendor     Sta  Serial  Delivery Date Tot Cost
1. 01/27/04  4   HUMIDIFIER    X FIRST COMM  695           02/11/04      26.60
   4111
2. 01/27/04  1   OXYGEN-REN    X FIRST COMM  695           02/11/04      90.25
   4111
3. 01/27/04  1   OX-COMPRES    X FIRST COMM  695           02/11/04      42.75
   4111
4. 12/17/03  12  NEBULIZER    I  FIRST COMM  695           12/22/03      14.76
   4111
5. 12/17/03  1   OXYGEN-REN    X FIRST COMM  695           12/22/03      90.25
   4111
6. 12/17/03  8   OXYGEN-REF    X FIRST COMM  695           12/22/03      72.24
   4111
7. 12/17/03  1   OX-COMPRES    X FIRST COMM  695           12/22/03      42.75
   4111
8. 11/24/03  4   HUMIDIFIER    X FIRST COMM  695           12/05/03      26.60
   4111
9. 11/24/03  4   NEBULIZER    I  FIRST COMM  695           12/05/03       4.92
   4111
10. 11/24/03 1   OXYGEN-REN    X FIRST COMM  695           12/05/03      90.25
```

Transaction Inquiry (TI)

View a Transaction

Function description

You can view a single purchasing transaction through the **Transaction Inquiry (TI)** option from the **Display/Print** Menu. (This option displays purchasing information for a specific transaction from the Prosthetics 1358 file (#664.))

Steps

To perform a transaction inquiry, follow these steps:

Step	Action
1	Type **TI** for the **Transaction Inquiry** option from the **Display/Print** Menu.
2	At the `Select Patient Name or Transaction Number` prompt, type a patient name or transaction number, and press <**Enter**>.
3	Select the transaction you want to view from the list of transactions displayed.

Transaction Inquiry Screen

```
   23     Display/Print Patient 2319
   TI     Transaction Inquiry
   IP     Print All Prosthetic Items
   BI     Print Prosthetic Billings for MAS
   IH     Item History
   SE     Search for Recalled Item
   SI     Site Parameter Inquiry
   VI     Vendor Inquiry

Select Display/Print Option: TI <Enter> Transaction Inquiry

Select Patient Name or Transaction Number: DANGER,DAN  <Enter>
OHIO,DAN        1-1-30
   453890765     NO     PILL             HINES, IL
1   OHIO,DAN  1-31-2000OHIO,DANClosed  REF: 0002    EYEGLASSES
2   OHIO,DAN  1-31-2000OHIO,DANClosed  REF: 0003    TEST ITEM
3   OHIO,DAN  1-31-2000OHIO,DAN        REF: 0004    TEST ITEM
4   OHIO,DAN  1-31-2000OHIO,DAN                     TEST ITEM
5   OHIO,DAN  1-31-2000OHIO,DAN        REF: 0003    PICKUP/DELIVERY

Press <RETURN> to see more, '^' to exit this list, OR CHOOSE 1-5: 1
<Enter>
```

Continued on next page

Print a transaction

You can also print a transaction as well as view one.

Steps (continued)

To perform a transaction inquiry, follow these steps:

Step	Action
4	The `Device` prompt appears.
5	At the `Device` prompt, press <**Enter**> twice to display information to your terminal screen. (You can also type **SLAVE** to send the information to your printer, and press <**Enter**>.)
6	The transaction information displays for the requested patient.

Transaction Inquiry Screen

```
1-31-2000OHIO,DAN      Closed     REF: 0002    EYEGLASSES

DEVICE: <Enter>  TELNET    Right Margin: 80// <Enter>
PROSTHETICS 1358 LIST                    SEP 27,2000  09:46    PAGE 1
-----------------------------------------------------------------------

DATE: JAN 31, 2000                      PATIENT: OHIO,DAN
  OBLIGATION NUMBER: 499-C45004         VENDOR: VENDOR PRODUCTION
  C.P.: 499-94-2-055-0047               REFERENCE: 499-C45004-0002
  CLOSE OUT DATE: JAN 31, 2000@13:05:53 INITIATOR: DAYON,RAFE
  EST. SHIPPING CHARGE: 1               SHIPPING ENTRY: JAN 31, 2000
  STATION NAME: SUPPORT ISC
ITEM: EYEGLASSES                        BRIEF DESCRIPTION: ITEM 1
  UNIT COST: 1                          QTY: 1
  UNIT OF ISSUE: EA                     TYPE OF TRANSACTION: INITIAL
ISSUE
  PATIENT CATEGORY: SC/OP               SOURCE: COMMERCIAL
  APPLIANCE/REPAIR: JAN 31, 2000        PSAS HCPCS: A4500
  CLOSE-OUT REMARKS: CLOSE              FORM TYPE: 2421
  CLOSED BY: DAYON,RAFE               DELIVER TO: VETERAN
  DATE REQUIRED: MAR 01, 2000           DELIVERY TIME: 30

Select Patient Name or Transaction Number: <Enter> to exit the
screen.
```

Print All Prosthetic Items (IP)

Overview

Introduction

The **Print All Prosthetic Items (IP)** option prints all Prosthetic Item Master records along with their new and repair AMIS codes. This listing is useful for Purchasing Agents as a catalog of all current Prosthetic items available for issue, and for Prosthetics Supervisors to validate correctness of Prosthetics AMIS codes.

Note: Lab AMIS codes are not printed with this version of Prosthetics.

Steps

To print all Prosthetic items, follow these steps:

Step	Action
1	Type IP for the Print All Prosthetic Items option from the Display/Print Menu.
2	At the `Device` prompt, press <**Enter**>. The following displays: `Right Margin: 80//`.
3	Press <**Enter**>.

Print All Prosthetic Items Screen

```
   23     Display/Print Patient 2319
   TI     Transaction Inquiry
   IP     Print All Prosthetic Items
   BI     Print Prosthetic Billings for MAS
   IH     Item History
   SE     Search for Recalled Item
   SI     Site Parameter Inquiry
   VI     Vendor Inquiry

Select Display/Print Option: IP <Enter> Print All Prosthetic Items
DEVICE:  <Enter>   TELNET    Right Margin: 80// <Enter>
```

Recommendation

It is recommended that you run this option quarterly to verify the AMIS codes that have been assigned. This will assure that you will receive proper calculations in your AMIS Worksheets.

View the Prosthetic Item Master List

Prosthetic Item Master List

You can view the Prosthetic Item Master List from the **Print All Prosthetic Items (IP)** option. Notice that the Item Master List below has three pages displayed with the Item Number, short description, and extended description.

Print All Prosthetic Items Screen (continued)

```
PROS ITEM MASTER LIST                          SEP 27,2000  09:47    PAGE 1

ITEM
NUMBER  SHORT DESCRIPTION          DESCRIPTION
-------------------------------------------------------------------------------
3       **SYRINGE-SUBCUTANEOUS-3I  3 IN SUBCUTANEOUS SYRINGE (3)
        ANC:   05 A     ARC: R01    ONC: 10  ORC:  R15 A  RNC:      RRC:
        ANC:   01 A     ARC: R15    ONC:     ORC:         RNC:      RRC:
        ANC:   04 A     ARC: R03 B  ONC: 03  ORC:  R15 A  RNC:      RRC:
59      EYEGLASSES                 EYEGLASSES
        ANC:   11       ARC: R06    ONC: 10  ORC:  R15 A  RNC:  04  RRC:   R13
10000   EYEGLASSES                 EYEGLASSES
        ANC:   11       ARC: R06    ONC:     ORC:         RNC:      RRC:

PROS ITEM MASTER LIST                          SEP 27,2000  09:47    PAGE 2

ITEM
NUMBER  SHORT DESCRIPTION          DESCRIPTION
-------------------------------------------------------------------------------

        ANC:   04 A     ARC:        ONC:     ORC:         RNC:      RRC:
903     TEST ITEM                  TEST
        ANC:   05 D     ARC: R15    ONC:     ORC:  R15 B  RNC:      RRC:
55      WHEELCHAIR-ADULT/HEMI/BLU  STANDARD ADULT ROLLS 2000 HEMI WHEELCHAIR
                                   WITH ELEVATING LEG REST AND ANTI TIPPER,
                                   BLUE (55)
        ANC:   R14      ARC: R15    ONC: 10  ORC:  R15 A  RNC:  10  RRC:   R12
56      WHEELCHAIR-CLASSIC-18X16   PREMIER CLASSIC STANDARD WIDTH AND DEPTH,
                                   18X16, SEAT HEIGHT (19 3/4) BACK HEIGHT
                                   STYLE 16 1/2IN, FIXED DETACHABLE DESK
                                   LENGTH ARMS, REAR WHEEL SIZE 24X11IN,
                                   BLACK MOLDED WITH SOLID SNAP ON TIRES,
                                   CHROME PLATED STEEL HANDRIMS, PUSH TO LOCK
                                   WHEEL LOCKS, 8X1 CASTERS, BLACK MOLDED

PROS ITEM MASTER LIST                          SEP 27,2000  09:47    PAGE 3

ITEM
NUMBER  SHORT DESCRIPTION          DESCRIPTION
-------------------------------------------------------------------------------
                                   WITH SOLID TIRES, REGAL BLUE LEATHERETTE
                                   UPHOLSTERY, CHROME FRAME FINISH (56)
        ANC:   17 A     ARC: R15    ONC: 12  ORC:  R15 D  RNC:  09  RRC:
```

Print Prosthetic Billings for MAS (BI)

Overview

Introduction

The **Print Prosthetic Billings for MAS (BI)** option prints all NSC (non-service connected) items issued to patients for billing purposes. MAS stands for Medical Administrative Services.

Steps

To view Prosthetic Billings for MAS, follow these steps:

Step	Action
1	Type BI for the Print Prosthetic Billings for MAS option from the Display/Print Menu.
2	At the Site prompt, enter the name of the site and press **<Enter>**.
3	At the **`Start With Delivery Date`** prompt, enter the beginning date of the date range. (For instance if the report should cover one year from the current date, enter T-365 which stands for "Today minus 365 days from today").
4	At the **`End With Delivery Date`** prompt, type a **T** for **Today** if you wan to enter the end of the date range with the current date.
5	At the **`Device`** prompt, enter a printer or press <**Enter**>. The following displays: **`Right Margin: 80//`**. Press <**Enter**> again.

Print Prosthetic Billings for MAS Screen

```
   23     Display/Print Patient 2319
   TI     Transaction Inquiry
   IP     Print All Prosthetic Items
   BI     Print Prosthetic Billings for MAS
   IH     Item History
   SE     Search for Recalled Item
   SI     Site Parameter Inquiry
   VI     Vendor Inquiry

Select Display/Print Option: BI  Print Prosthetic Billings for MAS
SITE: Hines Development System//   499

Start With Delivery Date: T-365  (SEP 28, 1999)
End With Delivery Date: T  (SEP 27, 2000)
DEVICE: HOME// <Enter>  TELNET    Right Margin: 80// <Enter>

...EXCUSE ME, JUST A MOMENT PLEASE...
...PREPARING TO PRINT PROSTHETIC BILLING...
```

Purchasing Menu

Each transaction done through the **Purchasing** Menu requires the Prosthetic Purchasing Agent to enter the correct patient category for each item issued. Any item issued to a veteran who is NSC/OP and has insurance recorded in the MAS Patient file, will appear on this listing for billing purposes in MAS.

View Prosthetic Billing Information

Billing Information

Below are the first two pages of the Prosthetic billing information for this sample.

Print Prosthetic Billings for MAS Screen (continued)

```
PATIENT NAME     SSN              SEP 28, 1999-SEP 27, 2000STA 499  PAGE 1
-------------------------------------------------------------------------------
TEST,A                5465
   Insurance   COB Subscriber ID     Group       Holder  Effective  Expires
   ===============================================================================
   BLUE CROSS      9432              111         SELF    03/01/70


06/21/00 06/21/00  TEST ITEM                       QTY: 1 TOTAL COST:     1.00

FLORIDA, NANCY JR         8888
   Insurance   COB Subscriber ID     Group       Holder  Effective  Expires
   ===============================================================================
   AETNA           72727272          1633        SELF    01/01/90   01/01/99
   BLUE CROSS   p  088888888         3333        SELF    01/01/93


12/13/99 12/20/99* EYEGLASSES                      QTY: 1 TOTAL COST:    50.00


     PATIENT NAME     SSN              SEP 28, 1999-SEP 27, 2000STA 499  PAGE 2
-------------------------------------------------------------------------------

FLORIDA, NANCY JR         8888
   Insurance   COB Subscriber ID     Group       Holder  Effective  Expires
   ===============================================================================
   AETNA           72727272          1633        SELF    01/01/90   01/01/99
   BLUE CROSS   p  088888888         3333        SELF    01/01/93


12/13/99 12/13/99  EYEGLASSES                      QTY: 1 TOTAL COST:     5.00
12/13/99 12/13/99  WHEELCHAIR-ADULT/HEMI/BLUE-STD  QTY: 1 TOTAL COST:     5.00

Enter RETURN to continue or '^' to exit: <Enter>
```

Continued on next page

Billing information

Below are pages 3 and 4 of the Prosthetic billing information of this report.

Print Prosthetic Billings for MAS Screen (continued)

```
     PATIENT NAME     SSN             SEP 28, 1999-SEP 27, 2000STA 499  PAGE 3
-------------------------------------------------------------------------------

FLORIDA, NANCY          8888
   Insurance   COB Subscriber ID     Group       Holder  Effective  Expires
   ==============================================================================
   AETNA           72727272          1633        SELF    01/01/90   01/01/99
   BLUE CROSS   p  088888888         3333        SELF    01/01/93


12/13/99 12/13/99  EYEGLASSES                      QTY: 1 TOTAL COST:    50.00
12/13/99 12/13/99  EYEGLASSES                      QTY: 1 TOTAL COST:    50.00
12/13/99 12/13/99  EYEGLASSES                      QTY: 1 TOTAL COST:    50.00
12/13/99 12/13/99  EYEGLASSES                      QTY: 1 TOTAL COST:    50.00
12/13/99 12/13/99  EYEGLASSES                      QTY: 1 TOTAL COST:     5.00
12/13/99 12/13/99  WHEELCHAIR-ADULT/HEMI/BLUE-STD  QTY: 1 TOTAL COST:     5.00
12/20/99 12/20/99  EYEGLASSES                      QTY: 1 TOTAL COST:    50.00

Enter RETURN to continue or '^' to exit: <Enter>

     PATIENT NAME     SSN             SEP 28, 1999-SEP 27, 2000STA 499  PAGE 4
-------------------------------------------------------------------------------

FLORIDA, NANCY          8888
   Insurance   COB Subscriber ID     Group       Holder  Effective  Expires
   ==============================================================================
   AETNA           72727272          1633        SELF    01/01/90   01/01/99
   BLUE CROSS   p  088888888         3333        SELF    01/01/93


12/20/99 12/20/99  EYEGLASSES                      QTY: 1 TOTAL COST:     5.00
12/20/99 12/20/99  WHEELCHAIR-ADULT/HEMI/BLUE-STD  QTY: 1 TOTAL COST:     5.00
12/20/99 12/20/99  EYEGLASSES                      QTY: 1 TOTAL COST:    50.00
12/20/99 12/20/99  EYEGLASSES                      QTY: 1 TOTAL COST:     5.00
12/20/99 12/20/99  WHEELCHAIR-ADULT/HEMI/BLUE-ST   QTY: 1 TOTAL COST:     5.00
01/07/00 01/07/00  EYEGLASSES                      QTY: 1 TOTAL COST:     5.00
01/07/00 01/07/00  EYEGLASSES                      QTY: 1 TOTAL COST:     5.00
```

Item History (IH)

View Item History

Introduction

The **Item History (IH)** option from the **Display/Print** Menu prints the history of all purchases made for an item you select. It allows you to review the history of all items issued during any date range you may choose. You can view the request date, patient name, SSN, Vendor, Serial Number, quantity, total cost, and Initiator.

There are four types of transactions including: 1) Initial Issue, 2) Replacement, 3) Repair, and 4) Spare. You can select multiple items to view at one time. This includes who received the item, cost of the item, quantity, purchased or issued, etc.

Steps

To view item history, follow these steps:

Step	Action
1	Type **IH** for the **Item History** option from the **Display/Print** Menu.
2	At the `Site` prompt, press <**Enter**> to accept the default Site or type two question marks to display and list and select a different site.
3	Once you have selected a site, an **`OK? Yes//`** prompt displays.
4	Press <**Enter**> and another `Select Item` prompt displays.

Item History Screen

```
   23     Display/Print Patient 2319
   TI     Transaction Inquiry
   IP     Print All Prosthetic Items
   BI     Print Prosthetic Billings for MAS
   IH     Item History
   SE     Search for Recalled Item
   SI     Site Parameter Inquiry
   VI     Vendor Inquiry

Select Display/Print Option: IH <Enter> Item History
SITE: Hines Development System2//   ST. NUM. 578

Select ITEM 1: ??  <Enter>
   Choose from:
   3            **** THIS ITEM IS INACTIVE ****
   7
   9            **** THIS ITEM IS INACTIVE, USE ITEM NUMBER 11 ****
   40
   55

Select ITEM 1: 3
     1   3       **** THIS ITEM IS INACTIVE ****
     2   345-1234  55
CHOOSE 1-2: 2 <Enter> 55
         ...OK? Yes//   (Yes)  <Enter>

Select ITEM 2: <Enter> or enter another item.
```

View Item History Within a Date Range

Item Master file

Please note that the item number and the item name must correspond with what is contained in the Prosthetics Item Master file when you are requesting to view items in the **Item History** option.

Steps (continued)

To view item history, follow these steps:

Step	Action
5	At the **`Beginning Date: T-30//`** prompt, press <**Enter**> to accept this default setting. You can also enter a different entry for a beginning date.
6	At the **`Ending Date: TODAY//`** prompt, press <**Enter**> to accept this default setting. You can also enter a different entry for an ending date.
7	At the **`Device`** prompt, press <**Enter**>. The following displays: **`Right Margin: 80//`**. Press <**Enter**> again.
8	The Item History displays.

Item History Screen (continued)

```
Beginning Date: T-30// <Enter>  (AUG 29, 2000)
Ending Date: TODAY// <Enter>    (SEP 28, 2000)
DEVICE: HOME// <Enter>   TELNET    Right Margin: 80// <Enter>

...EXCUSE ME, LET ME THINK ABOUT THAT A MOMENT...
ITEM HISTORY:  WHEELCHAIR-ADULT/HEMI/BLUE-STD FOR ALL       STA ST. NUM. 578P
AGE 1

REQUEST DATE   PATIENT NAME   SSN   VENDOR           AUG 29, 2000-SEP 28, 2000
SEP 25, 2000@11:56SOUTH,BABY    2750  Vendor SERIAL NBR:              QTY:
1    TOTAL COST:   23.00   INITIAL ISSUE
INITIATOR:     DAYON,RUFINO

TOTAL DOLLARS SPENT ON THIS ITEM: $   23.00  TOTAL QUANTITY ISSUED:    1
```

Search for Recalled Item (SE)

Overview

Introduction

The **Search for Recalled Item (SE)** option from the **Display/Print** Menu searches the RECORD OF PROS APPLIANCE/REPAIR file (#660) for a recalled item.

Steps

To search for a recalled item, follow these steps:

Step	Action
1	Type SE for the Search for Recalled Item (SE) option from the Display/Print Menu.
2	At the **`Site`** prompt, press <**Enter**> to accept the default Site or type two question marks to display a list and select a different site.
3	At the **`Beginning Date`** prompt, enter a date for the beginning of the date range of the data you want to view, and press <**Enter**>. (For instance, if you want a range of a year of data, enter **T-365** for "Today minus 365 days from the current date.")
4	At the **`Ending Date`** prompt, enter the end date of the date range of the data you want to view, and press <**Enter**>. (For instance, you can enter **T** for **Today** for the current date.)
5	At the **`Select one of the following`** prompts, a list of options display including: 1) **`Search by Serial Number or Lot Number`** or 2) **`Search by Item`**. Type the option that you want and press <**Enter**>.

Search for Recalled Item Screen

```
   23     Display/Print Patient 2319
   TI     Transaction Inquiry
   IP     Print All Prosthetic Items
   BI     Print Prosthetic Billings for MAS
   IH     Item History
   SE     Search for Recalled Item
   SI     Site Parameter Inquiry
   VI     Vendor Inquiry

Select Display/Print Option: SE  Search for Recalled Item
SITE: A 345678901234567890123456789 0 LONG NAME//   499

Beginning Date: T-365  (SEP 28, 1999)
Ending Date: T  (SEP 27, 2000)


Select one of the following:

          1         Search by Serial Number or Lot Number
          2         Search by Item

Enter response: <Enter>
```

Search by Serial Number or Lot Number

Search patterns

Items issued through the Prosthetics stock program can be traced to an individual patient if either the item's lot or serial number was recorded at the time of the issue. To use the **Search by Serial Number or Lot Number** option, some unique pattern in either the lot or serial number must be known.

For example, to find all issues to patients receiving an item with the Serial Number (or in the Lot Number) of **90-222-98**, enter **90-** at the "**Enter Serial Number or Lot Number:**" prompt. A search of the database will begin and the results may be sent to the screen or printer. Multiple results may display.

For this example, entering **90-222** or **222** would have given the same results. Entering 222-90 would NOT have found these transactions since 222-90 is NOT a pattern in either transaction's Serial Number or Lot Number.

Note: You may also search by item name.

Steps

To search for a recalled item, follow these steps:

Step	Action
1	Enter 1 for the Search by Serial Number or Lot Number.
2	At the `Enter Serial Number or Lot Number` prompt, you can enter partial information to begin the search.
3	At the `Device` prompt, press <**Enter**>. The following displays: `Right Margin: 80//`. Press <**Enter**> again.

Search by Serial Number or Lot Number Screen

```
     Select one of the following:

          1         Search by Serial Number or Lot Number
          2         Search by Item

Enter response: 1  Search by Serial Number or Lot Number
Enter Serial Number or Lot Number: 9
DEVICE: <Enter>  HOME//   TELNET    Right Margin: 80//  <Enter>

...HMMM, I'M WORKING AS FAST AS I CAN..

RECALLED ITEM REPORT
JUN 20, 1997-OCT 02, 2000 STA ST. NUM. 578                    PAGE 1
REQUEST DATE   PATIENT NAME   SSN   ITEM          VENDOR

JUN 01, 2000   TEST,H         5612  TEST ITEM     ABBOTT LABORATORIES
LOT NBR:                 SERIAL NBR: K0429

                                END OF REPORT
```

Search by Item Number

Report description

The **Recalled Item Report** displays the request date, patient name, SSN, item and vendor.

Steps

To search for a recalled item, follow these steps:

Step	Action
6	At the **`Select ITEM`** prompt, type either an item number or two question marks to display a list and then select one.
7	At the **`Device: HOME//`** prompt, press <**Enter**> twice to display the information to your terminal screen (or type **SLAVE** to print it).

Search for Recalled Item Screen (continued)

```
Select one of the following:

          1         Search by Serial Number or Lot Number
          2         Search by Item

Enter response: 2  Search by Item Select ITEM: ??

   Choose from:
   3            **** THIS ITEM IS INACTIVE ****
   7
   9            **** THIS ITEM IS INACTIVE, USE ITEM NUMBER 11 ****
   40
   55
   56

Select ITEM: 3
     1   3       **** THIS ITEM IS INACTIVE ****
     2   345-1234  55
CHOOSE 1-2: 1 <Enter>   3     **** THIS ITEM IS INACTIVE ****
         ...OK? Yes//  <Enter>  (Yes)

DEVICE: HOME//  <Enter>  TELNET    Right Margin: 80// <Enter>

...SORRY, JUST A MOMENT PLEASE...
          RECALLED ITEM REPORT      SEP 28, 1999-SEP 27, 2000  STA 499  PAGE 1
REQUEST DATE   PATIENT NAME   SSN   ITEM               VENDOR

MAY 19, 2000   FLORIDA,NANCY  8888  **SYRINGE-SUBCUTA  ABBOTT LABORATORIES
LOT NBR:                SERIAL NBR:

MAY 22, 2000   FLORIDA,NANCY 8888  **SYRINGE-SUBCUTA  P P M WAREHOUSE
LOT NBR:                SERIAL NBR:

MAY 23, 2000   FLORIDA,NANCY  8888  **SYRINGE-SUBCUTA  P P M WAREHOUSE
LOT NBR:                SERIAL NBR:

                                END OF REPORT
```

Continued on next page

Example

The following is an example of the usefulness of the **Search for Recalled Item** option:

A vendor calls the Prosthetic office to look for a patient's name and/or purchase order number but all they have is the item that was purchased and the date of the purchase.

By using this option, you can locate the patient's name and the item at the prompt that asks for the beginning and ending date.

- You would then access the patient's 2319 which is located under the **Display/Print** option.
- Select the Appliance Transactions option.
- Select the date given to you by the vendor and enter the number that matches the date.
- The number will show full entry, and you will be able to locate the purchase order number.

Site Parameter Inquiry (SI)

Overview

Introduction

The **Site Parameter Inquiry (SI)** option from the **Display/Print** Menu should be used to review your local site information.

Steps

To inquire on a site parameter, follow these steps:

Step	Action
1	Type ST for the Search for Recalled Item (ST) option from the Display/Print Menu.
2	At the **Site** prompt, type two question marks to display a list and select a site.
3	At the **Device: HOME//** prompt, press <**Enter**> twice to display the information to your terminal screen (or type **SLAVE** to print it).

Site Parameter Inquiry Screen

```
   23     Display/Print Patient 2319
   TI     Transaction Inquiry
   IP     Print All Prosthetic Items
   BI     Print Prosthetic Billings for MAS
   IH     Item History
   SE     Search for Recalled Item
   SI     Site Parameter Inquiry
   VI     Vendor Inquiry

Select Display/Print Option: SI <Enter> Site Parameter Inquiry

Select PROSTHETICS SITE PARAMETERS SITE NAME: ??

   Choose from:
   Hines Development System
   Hines Development System2
   CORKWELL VAMC
   HINESTEST
   SAN ANTONIO VAMC
   ZZOJ VAMC VAMC

Select PROSTHETICS SITE PARAMETERS SITE NAME: H  <Enter>
     1   Hines System Development
     2   Hines System Development2
CHOOSE 1-2: 1 <Enter>  Hines System Development

DEVICE: 1   <Enter>   P-SLAVE-CERA10  173C
```

Vendor Inquiry (VI)

Overview

Introduction

The **Vendor Inquiry** (VI) option from the **Display/Print** Menu provides a display of all information contained in IFCAP's Vendor file. Enter the vendor's name and the information is displayed. You can type two question marks to display a list of vendors to select one.

Display/Print Menu Screen

```
   23     Display/Print Patient 2319
   TI     Transaction Inquiry
   IP     Print All Prosthetic Items
   BI     Print Prosthetic Billings for MAS
   IH     Item History
   SE     Search for Recalled Item
   SI     Site Parameter Inquiry
   VI     Vendor Inquiry

Select Display/Print Option: VI   <Enter> Vendor Inquiry

Select VENDOR NAME: ?? <Enter>

   Choose from:
   1            **M AND M MARS                                          NO:   1
ORD ADD:M AND M AVENUE                        FMS:
        HACKETTSTOWN, NJ 07840                CODE:           FAX:312 666-5000
****THIS VENDOR IS INACTIVE, NO REPLACEMENT VENDOR *****
      PLEASE CHOOSE ANOTHER VENDOR
   2            P P M WAREHOUSE                       PH:708 786-6555  NO:   2
ORD ADD:1ST AVE NO 22ND                       FMS:
        HINES, IL 60141                       CODE:             FAX:

   3            ABBOTT LABORATORIES                   PH:800 255-5162  NO:   3
ORD ADD:CORPORATE ORDER ENTRY                 FMS:
        ABBOTT PARK, IL 60064                 CODE:             FAX:

   4            INLANDER BROTHERS                EDI  PH:312 778-1600  NO:   4
ORD ADD:7701 SOUTH CLAREMONT                  FMS:TEST TEST
        CHICAGO, IL 60620                     CODE:             FAX:

   5            GENERAL SERVICES ADMINISTRATION       PH:312 353-1234  NO:   5
ORD ADD:7501 S PULASKI                        FMS:
        CHICAGO, IL 60652                     CODE:FED000000    FAX:

                ^
Select VENDOR NAME: INLANDER BROTHERS <Enter> INLANDER BROTHERS  EDIPH:312
778-1600NO:
    4
ORD ADD:7701 SOUTH CLAREMONT                  FMS:TEST TEST
        CHICAGO, IL 60620                     CODE:             FAX:

         ...OK? Yes//   (Yes) <Enter>
```

Vendor Inquiry Screen Output

Vendor Report

The Vendor report displays for the vendor selected. You can press <**Enter**> at the **Device** prompt, to display the information to your terminal or type **SLAVE** to send it to your printer for a hard copy.

Vendor Inquiry Screen

```
DEVICE:  <Enter> TELNET    Right Margin: 80// <Enter>
VENDOR LIST                                    OCT  3,2000  15:13    PAGE 1
-------------------------------------------------------------------------------

NUMBER: 4                                NAME: INLANDER BROTHERS
  ORDERING ADDRESS1: 7701 SOUTH CLAREMONT
  ORDERING CITY: CHICAGO                 ORDERING STATE: ILLINOIS
  ORDERING ZIP CODE: 60620               PROCUREMENT CONTACT PERSON: BOB
  VENDOR PHONE NUMBER: (312) 778-1600    BILLING ADDRESS1: BILLING ADDRESS 1
  BILLING ADDRESS2: BILLING ADDRESS 2    BILLING CITY: CHICAGO
  BILLING STATE: ILLINOIS                BILLING ZIP CODE: 60620
  BILLING PHONE NUMBER: 778-1600
TYPE OF OWNERSHIP (FY88): V   VIETNAM VETERAN - OWNED
SOCIOECONOMIC GROUP (FPDS): Q  VIETNAM VET-OWNED SM
SOCIOECONOMIC GROUP (FPDS): S  VETERAN-OWNED SM BUSINESS
  BUSINESS TYPE (FPDS): SMALL            LABOR SURPLUS AREA?: YES
  BUSINESS TYPE (FPDS-88): SMALL         IS A SF129 ON FILE?: YES
  DATE OF SF129: OCT 23, 1992            GUARANTEED DELIVERY VENDOR?: NO
  SPECIAL FACTORS: FAX#778-2509/FOB D    EDI VENDOR?: YES
  VENDOR ID NUMBER: 77778
```

Section 3: Purchasing Menu (PU)

Overview

Introduction

Creating the Prosthetics purchase order is an involved process and includes the following:

- It combines patient information, vendor, item, obligation, and cost information on a single purchasing document.
- It is integrated with six other VISTA applications including: PSAS, IFCAP, Consult Tracking, CPRS, Patient Care Encounters, DSS and Billing. They are integrated by exchange of data between applications.
- It is also different because of the structure of the National Prosthetics Patient Database (NPPD) and the NPPD requirements.
- Creating the PSAS purchasing document using IFCAP interface is a seamless process.
- PSAS data (patient name, SSN, address, and phone number) are automatically printed on PSAS obligation document.

Background

PSAS has developed a customized **Purchasing Menu** in the prosthetics software package in VISTA, which calls into IFCAP, in order to alleviate the need to switch to and from various packages in VISTA or various screens. This reduced processing time of procuring devices/appliances and services for direct patient care.

The **National Prosthetic Patient Database (NPPD)** requires various fields, which are patient specific, in order to ensure we are adhering to eligibility criteria, and maintaining prescription, diagnosis, ordering, vendor, item, and accounting data is captured on the patients record. The need for one point of entry and seamless entry/order processing has proven effective in reducing delays and fast effective processing of orders.

PSAS is held to a five-day time limit in processing an order (again since it is for direct patient care), and VISN Directors performance standards state such.

Prosthetics System

The **Purchasing Menu (PU)** is accessed from the **Prosthetic Official's Menu**.

Continued on next page

VA Forms

Purchasing interfaces with IFCAP into the IFCAP 1358 module. Forms printed include the following:

- VAF 10-2421, Prosthetics Authorization and Invoice
- Form Letter 10-55, Authority to Exceed Amount on Service Card.

For tracking transactions associated with purchasing, Prosthetics will accommodate:

- VAF 10-2520, Prosthetic Service Card Invoice
- VAF 10-2914, Prescription and Authorization for Eyeglasses - Computer entry of eyeglass prescriptions has been automated.
- No-Form, Pickup/Delivery Charges
- Request for Estimate (FL 10-55)
- Patient Notification Letter.

Listed below are all of the menus and sub-menus that you will use for purchasing purposes. If the system does not allow you to access an option, contact your Fiscal Service and inform them that you need access to fund control points.

Purchasing Menu (PU)

```
Select Prosthetic Official's Menu Option: PU  Purchasing

   EN     Enter New Request ...
   SI     Stock Issues ...
   RP     Reprints ...
   RE     Record 2237 Purchase to 2319
   ED     Edit/Delete 2237 from 10-2319
   CA     Cancel a Transaction
   CO     Close Out
   CPC    Cancel Purchase Card Transaction
   CPO    Reconcile/Close Out Purchase Card Transaction
   ED2    Edit 2319
   EDPC   Edit Purchase Card Transaction
   HI     Add Historical Data
   HID    Delete Historical Data Entry
   LI     List Open 1358 Prosthetic Transactions
   LII    List Open 1358 Transactions By Initiator
   LPC    List Open Purchase Card Transactions
   LPCI   List Open Purchase Card Transactions By Initiator
   LPS    Purchase Card Summary Sheet

Select Purchasing Option:
```

In this manual

The following topics are covered under the Purchasing Menu:

Topic	See Page
List Open 1358 Prosthetic Transactions (LI)	61
Close Out (CO)	63
Enter a New Request (EN)	64

Continued on next page

Stock Issues

There is a separate **Stock Issues User Manual** that was developed with Patch RMPR*3*61 the Inventory/Bar Coding enhancement. Therefore this menu and the menu options will not be explained in this basic manual.

Purchase Cards

There is also a **Purchase Cards User Manual** that is available from the Vista Document Library for you to download and therefore will not be explained in this basic manual.

The **Purchase Cards User Manual** also documents the following Purchasing options:

- Purchase Card Form (PC) – from the **Enter New Request (EN) Menu**
- CPC - Cancel Purchase Card Transaction
- CPO - Reconcile/Close Out Purchase Card Transaction
- LPC - List Open Purchase Card Transactions
- LPCI - List Open Purchase Card Transactions By Initiator
- LPS - Purchase Card Summary Sheet
- Reprint a Purchase Card Form (PCR) – from the **Reprints (RP) Menu**

List Open 1358 Prosthetic Transactions (LI)

Introduction

The **List Open 1358 Prosthetic Transactions (LI)** option produces a report that will print the open 1358 transactions in the Prosthetics Package, sorted by initiator. However, it will not include manual transactions that were created in the IFCAP 1358 module. Once the transaction has been closed out, it will not appear on this report.

Purchasing (PU) Menu

```
   EN     Enter New Request ...
   SI     Stock Issues ...
   RP     Reprints ...
   RE     Record 2237 Purchase to 2319
   ED     Edit/Delete 2237 from 10-2319
   CA     Cancel a Transaction
   CO     Close Out
   CPC    Cancel Purchase Card Transaction
   CPO    Reconcile/Close Out Purchase Card Transaction
   ED2    Edit 2319
   EDPC   Edit Purchase Card Transaction
   HI     Add Historical Data
   HID    Delete Historical Data Entry
   LI     List Open 1358 Prosthetic Transactions
   LII    List Open 1358 Transactions By Initiator
   LPC    List Open Purchase Card Transactions
   LPCI   List Open Purchase Card Transactions By Initiator
   LPS    Purchase Card Summary Sheet

Select Purchasing Option: LI <Enter>  List Open 1358 Prosthetic Transactions
This report lists open purchasing transactions created in the
Prosthetic Package.  It will not include manual transactions done
in the IFCAP 1358 module.

SITE: Hines Development System//  <Enter>                  499


Starting Date: T-300 <Enter>   (JAN 31, 2001)
Ending Date: T <Enter>   (NOV 27, 2001)
DEVICE: HOME// <Enter>    TELNET    Right Margin: 80// <Enter>

...HMMM, I'M WORKING AS FAST AS I CAN...
```

Site

Multiple division sites are available

Date prompts

The date prompts determine the range of dates for which the report will be produced.

Continued on next page

Output

Here's the output:

Screen output

```
FROM: JAN 31, 2001-NOV 27, 2001   OPEN 1358 TRANSACTIONS     STA 499    PAGE 1

PATIENT NAME  SSN   OBLIGATION   REQUEST DATE   VENDOR       ITEM    ITEM COST
MAINE,OLIVER 4322   A20012-0132  FEB 02, 2001  BERLEX LABOR  TEST ITEM    0.01
SOUTH,BABY   6782   A20012-0133  FEB 05, 2001  ABBOTT LABOR  TEST ITEM    0.01
MAINE,OLIVER 4322   A20012-0134  FEB 06, 2001  ABBOTT LABOR  TEST ITEM    0.01
MAINE,OLIVER 4322   A20012-0135  FEB 06, 2001  ABBOTT LABOR  EYEGLASSES   0.01
SOUTH,BABY   6782   A20012-0140  MAY 22, 2001  **ALLEN PARK  *SHIPPING    1.00
                                                            OXYGEN DEV   1.00
SOUTH,BABY   6782   A20012-0141  JUL 10, 2001  HINES VA SUP  OXYGEN DEV   1.00
SOUTH,BABY   6782   A20012-0142  JUL 16, 2001  ABBOTT LABOR  *DELIVERY    1.00
SOUTH,BABY   6782   A20012-0143  JUL 19, 2001  ABBOTT LABOR  TEST ITEM    2.00
SOUTH,BABY   6782   A20012-0144  JUL 19, 2001  HINES VA SUP  *DELIVERY
```

Close Out (CO)

Menu description

The **Close Out (CO)** option is used to close out transactions when invoices are received from the vendor. This will update the actual VAF 1358 account balance.

Screen sample

```
   EN     Enter New Request ...
   SI     Stock Issues ...
   RP     Reprints ...
   RE     Record 2237 Purchase to 2319
   ED     Edit/Delete 2237 from 10-2319
   CA     Cancel a Transaction
   CO     Close Out
   CPC    Cancel Purchase Card Transaction
   CPO    Reconcile/Close Out Purchase Card Transaction
   ED2    Edit 2319
   EDPC   Edit Purchase Card Transaction
   HI     Add Historical Data
   HID    Delete Historical Data Entry
   LI     List Open 1358 Prosthetic Transactions
   LII    List Open 1358 Transactions By Initiator
   LPC    List Open Purchase Card Transactions
   LPCI   List Open Purchase Card Transactions By Initiator
   LPS    Purchase Card Summary Sheet

Select Purchasing Option: CO <Enter>   Close Out
SITE: Hines Development System//   <Enter>          499
Select OBLIGATION NUMBER:    499-A20012  07-01-97  1358   Obligated - 1358
             FCP: 910     $ 2000.00
1358 Balance is $ 2911.23
Select PATIENT:    8-16-2001SOUTH,BABY         REF: 0167    SHOE COMPONENTS


     SOUTH,BABY                      000-45-6782         499-A20012
-------------------------------------------------------------------------------

     ITEM: 913   SHOE COMPONENTS             AMIS: 20
     PSAS HCPCS CODE: L3455  SHOE HEEL NEW LEATHER STANDA
     CPT MODIFIER: LT,RT
     REMARKS: TESTING

     DESCRIPTION: TESTING
     SERIAL NUMBER:
     UNIT COST: 20       UNIT OF ISSUE: EA   QTY: 1    ITEM COST: 20.00
     TYPE: INITIAL       CATEGORY: SC/OP    SPECIAL CATEGORY:

                         SUB TOTAL:                              $  20.00

                         % DISCOUNT:  5                          $   1.00
                         SHIPPING CHARGE:                        $   2.00

                         TOTAL COST:                             $  21.00


Ready to Close-Out Transaction? No// Y   <Enter>   (Yes)
CLOSE-OUT REMARKS: TESTING  <Enter>
Updated 1 10-2319 record for this Veteran

     Closed out Transaction
```

Enter New Request (EN)

Overview

Menu description

In order to use the **Enter New Request (EN)** option or to enter a new transaction, you must choose one of the menu options (purchasing forms) below. All of the options listed under this menu are similar in several ways. Each form type will, upon posting, update the patient's electronic 10-2319, and record the transaction to the 1358 obligation that you choose.

Once posted, these requests may only be closed out or cancelled. After you begin input into the computer, these forms must be completed to the point of posting to the 1358 obligation and patient's 10-2319 record. If the form is not completed, exiting the program during input of one of these forms will cause the transaction to be deleted. (This is unlike IFCAP where a transaction may be started and later edited.)

Note: Prosthetics purchasing forms are not saved in the computer for editing at a later time.

Enter New Request Menu (EN)

```
   EN     Enter New Request ...
   SI     Stock Issues ...
   RP     Reprints ...
   RE     Record 2237 Purchase to 2319
   ED     Edit/Delete 2237 from 10-2319
   CA     Cancel a Transaction
   CO     Close Out
   CPC    Cancel Purchase Card Transaction
   CPO    Reconcile/Close Out Purchase Card Transaction
   ED2    Edit 2319
   EDPC   Edit Purchase Card Transaction
   HI     Add Historical Data
   HID    Delete Historical Data Entry
   LI     List Open 1358 Prosthetic Transactions
   LII    List Open 1358 Transactions By Initiator
   LPC    List Open Purchase Card Transactions
   LPCI   List Open Purchase Card Transactions By Initiator
   LPS    Purchase Card Summary Sheet

Select Purchasing Option: EN   <Enter>   Enter New Request
   24     2421 Form
   25     2520 Transaction without printing 10-55
   10     10-55 PSC Form
   29     2914 Eyeglass Record
   NF     Create a No-Form Daily Record
   PD     Pickup and Delivery Charges
   PC     Purchase Card Form
   SS     Purchase Card Site Parameter
```

Topic	See Page
2421 Form (24)	65
2520 Transaction without printing 10-55	75
10-55 PSC Form (10)	77
2914 Eyeglass Record (29)	80

Continued on next page

Enter a 2421 Form (24)

Introduction

With the **2421 Form (24)** option, the user will create a 2421 Form for a selected patient. This form will update the patient's electronic 10-2319, and record the transaction to the 1358 obligation that you choose. Once posted, this request may only be closed out or cancelled.

When do you use this option?

You must use the **2421 Form (24)** option when a vendor does NOT accept the government purchase card. (This is another form of a Prosthetics Purchase Order using a 1358.)

What is the process?

After you access the **2421 Form (24)** option, this form must be completed to the point of posting to the 1358 obligation and patient's 10-2319 record. If it is not completed, exiting the program during input will cause the transaction to be deleted.

You will be prompted to enter the site, substation, obligation number, patient, and disability code(s) if none exists. If the patient already has disability codes, they will display.

You may view any of the 10-2319 patient screens (patient demographics, clinic enrollments/correspondence, entitlement information, appliance transactions, auto adaptive information, critical comments, add/edit disability code).

Continued on next page

Obligation Number

This is the 1358 Number. This prompt will display: **This will Create a 10-2421 Do you wish to Continue? Yes//**. By pressing **<Enter>**, you accept the default answer of YES and are asked to select the Prosthetics 1358 patient.

The Obligation Number is also considered all of the following: Procurement & Accounting Transactions Purchase Order Number, or method of processing, or Depot Voucher No., or Supply Status, or Supply Status Order, or FCP or vendor, or Purchase Card holder, or Requisition No.(Supply), or Issue Voucher No.(Supply), or Issue Voucher No.(Fiscal), or Inventory/Distribution Point, or ISMS Order No.

Steps

To enter a **2421 Form (24),** follow these steps:

Step	Action
1	Select the `Form Type` (i.e., 2421 Form (24)).
2	Enter the **`Site`** (if a multi-site facility).
3	Enter the 1358 Obligation Number.

2421 Form screen

```
SITE: Hines Development System//  <Enter>                  499

Select OBLIGATION NUMBER: ?? <Enter>
       Choose from:
   499-A20003     11-24-95  1358   Cancelled Order
             FCP: 910     $ 0.00
   499-A20010     01-04-00  1358   Order Not Completely Prepared
             FCP: 910     $ 0.00
   499-A20012     07-01-97  1358   Obligated - 1358
             FCP: 910     $ 2000.00

Select OBLIGATION NUMBER: 499-a20012    07-01-97  1358   Obligated - 1358
             FCP: 910     $ 2000.00
1358 Balance is $ 2984.97
This will Create a 10-2421 Do you wish to Continue? Yes// Y <Enter>  (Yes)
```

Continued on next page

Prosthetic patient

The patient selected must be in both the MAS patient file and the Prosthetic Patient file. If the patient is not in the Prosthetic Patient file, but is in the MAS Patient file, you may enter the patient into the Prosthetic Patient file at this time.

The current Disability codes will be displayed for the selected patient. If there is no Prosthetic Disability Code entered for the patient, you must do so prior to continuing.

Steps

To continue to enter a **2421 Form (24),** follow these steps:

Step	Action
4	Enter the **`Prosthetic Patient`**. The Disability Codes will display.
5	Enter the **`Date`** or press <**Enter**> to accept the default setting.
6	Select a **`Vendor`**.

Screen Sample

```
Select PROSTHETIC PATIENT: SOUTH, BABY <Enter> SOUTH,BABY        12-27-50
000654321         YES     SC VETERAN
 Enrollment Priority: GROUP 2    Category: IN PROCESS    End Date:

         ...OK? Yes// <Enter>  (Yes)
         SUPPORT ISC

Current Disability Codes are:
AMP/LS         INPATIENT      S/C
BLD/TRE        EMPLOYEE       NSC
Enter 10-2319 screen to VIEW (1-8),'^' to EXIT, or 'return' to continue:

DATE REQUIRED: T+30//  <Enter> (AUG 18, 2001)

VENDOR:??
     Enter the Vendor the item is being purchased from.
VENDOR: Abbott   <Enter>  LABORATORIES  ABBOTT LABORATORIES      PH:800 255-
5162  NO:   3
ORD ADD:CORPORATE ORDER ENTRY                 FMS:
        ABBOTT PARK, IL 60064                 CODE:             FAX:
         ...OK? Yes//  <Enter> (Yes)
```

Date Required

Press <**Enter**> at the **Date Required** prompt to accept the default response, which is today's date plus 30 days. If another date is necessary (i.e., item is needed in one week), enter that date.

Vendor

Select the Vendor for the item you are purchasing. If the computer does not recognize the vendor you select, you must first enter the vendor into the IFCAP file.

You may enter an ^ to exit the program at this time if you need to enter data into either of these files.

Continued on next page

Contract/BOA Number

If the item you are purchasing is on contract with the vendor, enter the Contract Number at the prompt.

Type of Transaction

Enter a question mark (?) to view the choices for the **Type of Transaction** prompt. They are the following:

- I Initial Issue
- R Replace
- S Spare
- X Repair

Steps

To continue to enter a **2421 Form (24),** follow these steps:

Step	Action
7	Select a Contract/BOA Number.
8	Select a Type of Transaction.

2421 Form Screen (continued)

```
Select CONTRACT/BOA NUMBER: ?? <Enter>

   Choose from:
   V797P-5640M        --     EXP. DATE: 12-31-95     MOL$100000
CONTRACT
   V797P-5894M        02-09-00     EXP. DATE: 05-04-01
MIN$1000/MOL$15000
  CONTRACT


Select CONTRACT/BOA NUMBER: v797p-5640M  <Enter> --     EXP. DATE:
12-31-95     MOL $100000     CONTRACT

TYPE OF TRANSACTION: I  <Enter>   INITIAL ISSUE
```

Continued on next page

Patient Category

The **Patient Category** includes the following:

- SC/OP (Service connected/Outpatient)
- SC/IP (Service connected/Inpatient)
- NSC/IP (Non-service connected/Inpatient)
- NSC/OP (Non-service connected/Outpatient)

Note: If you select the NSC/OP option, a prompt for Special Category appears requiring you to select from one of four options (i.e., Special Legislation, AA, etc.)

Item

This is the item entered into the Prosthetic Item master list. You can search for an item using the question mark processing feature.

PSAS HCPCS

Enter the appropriate HCPCS (Health Care Financing Administration Common Procedure Coding System) code. Try the HCPCS, E1399 if unknown. This field should have the HCPCS code for the Item you are selecting. HCPCS is a uniform method to report professional services, procedures and supplies for healthcare providers and medical suppliers.

Steps (continued)

To continue to enter a **2421 Form (24),** follow these steps:

Step	Action
9	Enter the **`Patient Category`**. (If the veteran is NSC/OP, then select a Special Category.)
10	Select the **`Item`** to be Issued or Repaired.
11	Select the **`PSAS HCPCS`** and if necessary a **`CPT Modifier`**.

2421 Form screen (continued)

```
PATIENT CATEGORY: ??
Enter a code from the list.

     Select one of the following:
          1         SC/OP
          2         SC/IP
          3         NSC/IP
          4         NSC/OP

PATIENT CATEGORY: NSC/IP <Enter>

Select ITEM: 913       SHOE COMPONENTS
         ...OK? Yes//  <Enter> (Yes)

PSAS HCPCS: L3455 <Enter>     SHOE HEEL NEW LEATHER STANDA
Enter a CPT MODIFIER for HCPCS L3455:  (LT/RT/B):  Both Left and Right
```

Continued on next page

Brief/Extended Description of Item

You can type a brief description of the item for that specific vendor. This description will print on the 10-2421 form for use by the vendor to determine what item is to be provided to the veteran.

At the Extended Description, you can further describe the item for the vendor in a text editor at the **`Edit?`** prompt.

Steps (continued)

To continue to enter a **2421 Form (24),** follow these steps:

Step	Action
12	Enter a brief and an extended description of the item (for the vendor).
13	Enter the **`Quantity`** to be Purchased.
14	Enter Unit Cost.
15	Enter Unit of Issue.
16	Enter **`Remarks`** (2310 and 1358).
17	Establish a **`Shipping Charge`** (optional).

2421 Form screen (continued)

```
BRIEF DESCRIPTION OF ITEM (for Vendor): SHOE HEEL

EXTENDED DESCRIPTION:
  No existing text
  Edit? NO//

QTY: 1 <Enter>
UNIT COST: 2500  <Enter>
UNIT OF ISSUE: ea <Enter>     EACH

REMARKS (2319 and 1358):
---------------------------------
EST. SHIPPING CHARGE:
```

Prompt	Description
Quantity	Enter the number of the item you want to order – total amount of units issued for this item.
Unit Cost	Enter the cost of one item to be purchased.
Unit of Issue	This field uses data from the IFCAP system (i.e., ea for Each).
Remarks	Any Remarks you would like printed on the 1358 Obligation form and the 10-2319 should be entered here.
Est. Shipping Charge	The estimated shipping charge when the transaction is created. This field only holds the estimate, not the actual charge.

Continued on next page

Percent Discount

Contains the percent discount for the purchase. Estimated Cost and Actual Cost are calculated with the percent Discount.

Deliver To

You have four selections of delivery locations to choose one.

Steps (continued)

To continue to enter a **2421 Form (24),** follow these steps:

Step	Action
18	Enter a **`Percent Discount`** (if applicable).
19	Select one of the following to **`Deliver To`**: Veteran VAMC Warehouse Prosthetics Other
20	Answer Yes or No at the following prompt: Are you ready to POST to IFCAP and 10-2319 NOW? No//

2421 Form screen (continued)

```
PERCENT DISCOUNT: <Enter>
DELIVER TO: ?? <Enter>
Enter a code from the list.

     Select one of the following:
          1         VETERAN
          2         VAMC WAREHOUSE
          3         PROSTHETICS
OTHER

DELIVER TO: PROSTHETICS <Enter>

Are you ready to POST to IFCAP and 10-2319 NOW? No// NO <Enter> (No)
```

Are you ready to Post?

The prompt, **`Are you ready to Post to IFCAP and the 2319 now?//No`** displays. The default answer for posting will always be **NO**. Accept the default answer by pressing the <**Enter**> key, so you may verify that the information entered on the request is correct. The data entered displays for your review.

If information is not correct, you have the option to edit the transaction as shown in the example on the next page.

Continued on next page

Display Entry

The data entered displays below for your review if you accepted the default of **NO** at the **Are you ready to Post to IFCAP and 10-2319 NOW?** prompt.

2421 Form screen (continued)

```
     SOUTH,BABY                      000-12-2750         499-A20012
-----------------------------------------------------------------------------

     ITEM: 903   TEST ITEM                   AMIS: 05 D
     PSAS HCPCS CODE: SI501  HEART PACEMAKER, PERMANENT
     CPT MODIFIER: GX

     DELIVER TO: PROSTHETICS

     DESCRIPTION: Heart Pacemaker, Permanent
     SERIAL NUMBER:
     UNIT COST: 2500     UNIT OF ISSUE: EA   QTY: 1    ITEM COST: 2500.00
     TYPE: INITIAL       CATEGORY: NSC/IP   SPECIAL CATEGORY:

                         SUB TOTAL:                              $2500.00

                         % DISCOUNT:
                         SHIPPING CHARGE:                        $   0.00

                         TOTAL COST:                             $2500.00


Enter Item to Edit: 903       TEST ITEM
         ...OK? Yes//  <Enter> (Yes)
```

Continued on next page

Edit the form

You can now edit the prompts if you need to change anything on the order. Press **<Enter>** to view each prompt and accept the default entry shown.

Steps (continued)

To continue to enter a **2421 Form (24),** follow these steps:

Step	Action
21	Press **<Enter>** for each prompt that you do not want to edit.
22	None of the fields have been edited in the example below because the information is correct. When you are asked again **`Are you Ready to POST to IFCAP and 10-2319 NOW? NO//`** you can answer YES.
23	A YES response at the **Would you like to print the Privacy Act Statement?** will print an additional page to the 10-2319.
24	At the prompt, **`Would you like to print a Patient Notification letter?`** A YES response will print the Patient Notification letter on the purchasing printer defined in the Site Parameter File. You may also print the Patient Notification letter from the **Reprint 2421 Form (24)** option from the **Reprints (RP) Menu**.

2421 Form screen (continued)

```
TYPE OF TRANSACTION: INITIAL ISSUE// <Enter>
PATIENT CATEGORY: NSC/IP// <Enter>
ITEM: TEST ITEM// <Enter>
PSAS HCPCS: SI501// <Enter>
BRIEF DESCRIPTION: Heart Pacemaker, Permanent  Replace  <Enter>
EXTENDED DESCRIPTION: <Enter>
  No existing text
  Edit? NO// <Enter>
QTY: 1// <Enter>
UNIT COST: 2500// 2  <Enter>
     ** Total for Previous Item(s) is $2500
     ** Total With This Amount is $2
UNIT OF ISSUE: EA// <Enter>
REMARKS: <Enter>
EST. SHIPPING CHARGE: <Enter>
PERCENT DISCOUNT: <Enter>
DATE REQUIRED: AUG 18,2001// <Enter>
DELIVER TO: PROSTHETICS// <Enter>

Enter Item to Edit:

Are you ready to POST to IFCAP and 10-2319 NOW? No// Y <Enter> (Yes)
Would you like to print the Privacy Act Statement? Yes// Y <Enter>  (Yes)
Would you like to print a Patient Notification letter? No// <Enter>   (No)
     Posting Now ...
     1358 Transaction has been assigned Number: 499-A20012-0143
     Updated 10-2319
DEVICE: HOME// <Enter>    TELNET    Right Margin: 80//  <Enter>
```

Continued on next page

Final Output

Below is the output of the data from the **2421 Form (24)** option. Then the **Suspense Processing (SU)** screen displays and allows you to perform an action on a Suspense item and link it to the item(s) you just ordered through the **Stock Issues (SI) Menu**.

2421 Form (24) Screen – Final Output

```
OMB Number 2900-0188          Estimated Burden: 4 minutes
       ***ORIGINAL COPY AND COMMERCIAL INVOICE MUST BE SUBMITTED***
               TO THE VAMC PROSTHETIC ACTIVITY LISTED BELOW
_____________________________________________________________________________
Department of Veterans Affairs|Prosthetics Authorization for Items or Services
-----------------------------------------------------------------------------
1. Name and Address of Vendor           2. Name and Address of VA Facility
     ABBOTT LABORATORIES                Hines Development System (499/121)
     CORPORATE ORDER ENTRY              TEST 2
     PO BOX 1140                        HINES, IL  60142
     ABBOTT PARK,IL 60064
     (800) 255-5162                     222
-----------------------------------------------------------------------------
3. Veterans Name (Last, First, MI)      4. Date of Authorization
   SOUTH,BABY                                JUL 19, 2001
-----------------------------------------------------------------------------
5. Veterans Address                     6. Date Required
     100 HOLLYWOOD                         AUG 18, 2001
     HOLLYWOOD,CALIFORNIA               -------------------------------------
                                        9. Authority For Issuance  CFR 17.115
                                           CHARGE MEDICAL APPROPRIATION
-----------------------------------------------------------------------------
7. Claim Number 000654322P              8. SSN 000-65-4322
-----------------------------------------------------------------------------
10. Statistical Data          11. FOB Point   12. Discount   13. Delivery Time
NSC/IP                            DEST           %                30 Days
                              ---------------------------------------------
                              14. Delivery To: PROSTHETICS
-----------------------------------------------------------------------------
                 15. DESCRIPTION OF ITEMS OR SERVICES AUTHORIZED
-----------------------------------------------------------------------------
ITEM NUMBER           DESCRIPTION/NOMENCLATURE   QUANTITY  UNIT  UNIT   AMOUNT
                                                  ORDERED         PRICE
-----------------------------------------------------------------------------
#1. Heart Pacemaker, Permanent                        1     EA   2.00     2.00
-----------------------------------------------------------------------------
16. Contract Number:                                     Subtotal:    2.00
    ACCT.#: 17000000        Discount $  0.00 Shipping:  0.00  Total  $    2.00
-----------------------------------------------------------------------------
17. Signature and Title of  18. DATE   19. Signature and Title of     20. Date
     Requesting Official               Contracting/Accountable Officer
     PETERSON,ALISA                    JAMES
-----------------------------------------------------------------------------
                        Order and Receipt Action
-----------------------------------------------------------------------------
21. Order Number  22. Date of Order  23. Date Item Received   24. Date
Delivered
   499-A20012-0143    JUL 19, 2001
-----------------------------------------------------------------------------
25. The articles or services listed herein have been received, or rendered
ordered in the quantity and quality specified originally or as shown by
authenticated changes, except as noted.
                                        Signature of Veteran or VA Official
```

Enter a 2520 Transaction without Printing 10-55 (25)

Description

From the **Purchasing (PU) Menu** and the **Enter New Request (EN) Menu**, you can access the **2520 Transaction without Printing (25)** option. This is used for VAF 10-2520 PSC transactions that are under $300.00 and do not have an FL 10-55. It will then post to the VAF 1358 and patient's VAF 10-2319 record.

Screen sample

```
   24     2421 Form
   25     2520 Transaction without printing 10-55
   10     10-55 PSC Form
   29     2914 Eyeglass Record
   NF     Create a No-Form Daily Record
   PD     Pickup and Delivery Charges
   PC     Purchase Card Form
   SS     Purchase Card Site Parameter

Select Enter New Request Option: 25 <Enter> 2520 Transaction without printing
10-55
SITE: Hines Development System//  <Enter>                 499

Select OBLIGATION NUMBER: 499-A20012    07-01-97  1358   Obligated - 1358
             FCP: 910     $ 2000.00
1358 Balance is $ 2570.23
This will Create ALL OTHER Do you wish to Continue? Yes// <Enter>  (Yes)
Select PROSTHETIC PATIENT:    SOUTH,BABY <Enter>     SUPPORT ISC      12-27-50
00012275
0P     YES     SC VETERAN

Current Disability Codes are:

AMP/LS         INPATIENT      S/C
BLD/TRE        EMPLOYEE       NSC
Enter 10-2319 screen to VIEW (1-8),'^' to EXIT, or 'return' to continue:
Enter 'W' for WHEELCHAIR, 'O' for BRACE, 'B' for BLIND AIDS, 'A' for ART.
LIMBS
Select PSC ITEM CATEGORY: ??  <Enter>

CHOOSE FROM:
     W         WHEELCHAIR
     O         BRACE
     B         BLIND AID
     A         ARTIFICIAL LIMB
Enter 'W' for WHEELCHAIR, 'O' for BRACE, 'B' for BLIND AIDS, 'A' for ART.
LIMBS
Select PSC ITEM CATEGORY: W
You will not be able to exceed an item repair cost of more than $100.00.

Add/Edit/View Patient PSC? No// Y <Enter>   (Yes)

Select PSC ISSUE CARD: ??  <Enter>
   1            MAY 22, 2000 TEST     345-678

        You may enter a new PSC ISSUE CARD, if you wish
        This is the date the PSC card was issued.

Select PSC ISSUE CARD: 1  5-22-2000 TEST     345-678
PSC ISSUE CARD DATE: MAY 22,2000// <Enter>
```

Continued on next page

Screen sample (continued)

```
ITEM: EYEGLASSES// ??  <Enter>
        This is the PSC item issued to the patient.

   Choose from:
   3            **SYRINGE-SUBCUTANEOUS-3IN     **** THIS ITEM IS INACTIVE ****
   55            WHEELCHAIR-ADULT/HEMI/BLUE-STD FOR ALL PATIENTS
   56            WHEELCHAIR-CLASSIC-18X16
   59            EYEGLASSES
   99            OXYGEN CONCENTRATOR
   100           OXYGEN DEVICE
   903           TEST ITEM
   912           WHEELCHAIR GLOVES
   913           SHOE COMPONENTS
   921           WHEELCHAIR - ELECTRIC
   922           WHEELCHAIR - MANUAL
   925           SHOES
   10000         EYEGLASSES

ITEM: EYEGLASSES// <Enter>
DETAILED DESCRIPTION: TEST// <Enter>
SERIAL NUMBER: 345-678// <Enter>

Select PSC ISSUE CARD: ??  <Enter>
   1            MAY 22, 2000 TEST     345-678

        You may enter a new PSC ISSUE CARD, if you wish
        This is the date the PSC card was issued.

Select PSC ISSUE CARD: 1  <Enter>  5-22-2000 TEST     345-678

PSC ISSUE CARD DATE: MAY 22,2000// <Enter>
ITEM: EYEGLASSES// <Enter>
DETAILED DESCRIPTION: TEST// <Enter>
SERIAL NUMBER: 345-678// <Enter>
Select PSC ISSUE CARD: 1  <Enter>   5-22-2000 TEST     345-678
PSC ISSUE CARD DATE: MAY 22,2000// <Enter>
ITEM: EYEGLASSES// <Enter>
DETAILED DESCRIPTION: TEST// <Enter>
```

10-55 PSC Form (10)

Description

From the **Purchasing (PU) Menu** and the **Enter New Request (EN) Menu**, you can access the **10-55 PSC Form (10)**. This will create a new FL 10-55 form and post purchasing data to patient's VAF 10-2319 record and update the Service's VAF 1358 obligation.

Sample 10-55 PSC Form (10)

```
   24     2421 Form
   25     2520 Transaction without printing 10-55
   10     10-55 PSC Form
   29     2914 Eyeglass Record
   NF     Create a No-Form Daily Record
   PD     Pickup and Delivery Charges
   PC     Purchase Card Form
   SS     Purchase Card Site Parameter

Select Enter New Request Option: 10  10-55 PSC Form
SITE: Hines Development System//
Select STATION NUMBER:    499    SUPPORT ISC
Select OBLIGATION NUMBER: ??

   Choose from:
   499-A20003     11-24-95  1358   Cancelled Order
             FCP: 910     $ 0.00
   499-A20010     01-04-00  1358   Order Not Completely Prepared
             FCP: 910     $ 0.00
   499-A20012     07-01-97  1358   Obligated - 1358
             FCP: 910     $ 2000.00

Select OBLIGATION NUMBER: 499-A20012 <Enter> 07-01-97  1358   Obligated - 1358
             FCP: 910     $ 2000.00
1358 Balance is $ 259.79
This will Create a PSC 10-55 Do you wish to Continue? Yes// <Enter>     (Yes)
Select PROSTHETIC PATIENT: OHIO,DAN <Enter>  OHIO,DAN      1-1-30    453890765
 NO     PILL
 Enrollment Priority:            Category: IN PROCESS    End Date:

              *** Patient Requires a Means Test ***
              Primary Means Test Required from FEB 13,2002
         ...OK? Yes// <Enter>   (Yes)
         HINES, IL
```

Continued on next page

Screen
(continued)

```
*Comments on file

Current Disability Codes are:

COS/B          EMPLOYEE       NSC
AMP/LAE        SC VIETNAM     S/C
AMP/LAE        SC VIETNAM     NSC                 Deleted...
ORTH/PLS       INPATIENT      S/C
*More Disability Codes on File, See Screen 1
Enter 10-2319 screen to VIEW (1-8),'^' to EXIT, or 'return' to continue:
Add/Edit/View Patient PSC? No// y  (Yes)
Select PSC ISSUE CARD:

       NAME                                        SERIAL NUMBER
1.     TEST ITEM

SELECT NUMBER: 1  <Enter>
VENDOR:    ABBOTT LABORATORIES                      PH:800 255-5162  NO:     3
ORD ADD:CORPORATE ORDER ENTRY                 FMS:
        ABBOTT PARK, IL 60064                 CODE:             FAX:
         ...OK? Yes// <Enter>   (Yes)

  TYPE OF TRANSACTION: I <Enter> INITIAL ISSUE
  PATIENT CATEGORY: 4 <Enter> NSC/OP
  SPECIAL CATEGORY: 4 <Enter> ELIGIBILITY REFORM
  PSAS HCPCS:    A4254 <Enter>  BATTERY FOR GLUCOSE MONITOR
  DESCRIPTION OF ITEM (For Vendor): Battery
  EXTENDED DESCRIPTION:
    No existing text
    Edit? NO//
  QTY: 1// <Enter>
  UNIT COST: 20 <Enter>
  UNIT OF ISSUE: JB//  <Enter>      JOB
  REMARKS (2319 and 1358): battery  <Enter>
EST. SHIPPING CHARGE: 2  <Enter>

Are you ready to POST to IFCAP and 10-2319 NOW? No// y <Enter> (Yes)
Would you like to print the Privacy Act Statement? Yes// n <Enter> (No)
     Posting Now ...
     1358 Transaction has been assigned Number: 499-A20012-0226
     Updated 10-2319
DEVICE: HOME// <Enter>  TELNET    Right Margin: 80// <Enter>
```

Continued on next page

Letter on file Below is the letter on file for the 10-55 PSC Form (10).

Sample Letter

```
     DEPARTMENT OF VETERANS AFFAIRS
     Hines Development System
     TEST 2
     HINES, IL  60142


     ABBOTT LABORATORIES                              In Reply Refer to:  -121
     CORPORATE ORDER ENTRY                            OHIO,DAN
     ABBOTT PARK, IL 60064                            000-89-0765
                                                      499-A20012-0226

     ABBOTT LABORATORIES

     With reference to your request of 02/18/04, authority is granted to
repair the appliance described below for the above-named veteran.
.......................................................................
                       DESCRIPTION OF APPLIANCE OR REPAIR
                                                            Unit      Total
     Item  Name                 Serial Number          Qty     Price     Cost

.......................................................................
     903   TEST ITEM                                     1    $20.00
           Battery
                                Shipping Charge:              $2.00

     The total cost, not including mailing cost, will not exceed       $20.00

     When repairs are completed, please attach the original of this letter to
     the original copy of your invoice covering repair charges.  Your invoice,
     in original and one copy should then be forwarded to this office for
     payment.

     Please retain the duplicate copy of this letter for your files.

     Sincerely,

     JAMES, Chief
     CHIEF

     Initiator: PETERSON,ALISA               REF: 578           ADP FORM 10-55
```

2914 Eyeglass Record (29)

Description

From the **Purchasing (PU) Menu** and the **Enter New Request (EN) Menu**, you can access the **2914 Eyeglass Record (29)**. This will create a VAF 10-2914 eyeglass record and post to the patient's VAF 10-2319 and VAF 1358 obligation.

Enter New Request Menu

```
   24     2421 Form
   25     2520 Transaction without printing 10-55
   10     10-55 PSC Form
   29     2914 Eyeglass Record
   NF     Create a No-Form Daily Record
   PD     Pickup and Delivery Charges
   PC     Purchase Card Form
   SS     Purchase Card Site Parameter

Select Enter New Request Option: 29 <Enter>  2914 Eyeglass Record
```

2914 Eyeglass Record Screen sample

```
SITE: Hines Development System//    <Enter>
Select STATION NUMBER: <Enter>     499
Select OBLIGATION NUMBER:    499-A20012  07-01-97  1358   Obligated - 1358
             FCP: 910     $ 2000.00  <Enter>
1358 Balance is $ 237.79
This will Create an EYEGLASS 10-2914 Do you wish to Continue? Yes// <Enter>
(Yes)
Select PROSTHETIC PATIENT:    OHIO,DAN     HINES, IL      1-1-30    000890765
    NO     PILL

*Comments on file
Current Disability Codes are:
COS/B          EMPLOYEE       NSC
AMP/LAE        SC VIETNAM     S/C
AMP/LAE        SC VIETNAM     NSC                 Deleted...
ORTH/PLS       INPATIENT      S/C

*More Disability Codes on File, See Screen 1
Enter 10-2319 screen to VIEW (1-8),'^' to EXIT, or 'return' to continue:
<Enter>
```

Continued on next page

Screen sample (continued)

```
Enter a screen number (1-8) OR '^' TO EXIT.
     Select one of the following:
          1         PATIENT DEMOGRAPHICS
          2         CLINIC ENROLLMENTS/CORRESPONDENCE
          3         ENTITLEMENT INFORMATION
          4         APPLIANCE TRANSACTIONS
          5         AUTO ADAPTIVE INFORMATION
          6         CRITICAL COMMENTS
          7         ADD/EDIT DISABILITY CODE
          8         HOME OXYGEN ITEMS

Enter 10-2319 screen to VIEW (1-8),'^' to EXIT, or 'return' to continue:
<Enter>
VENDOR:    ABBOTT LABORATORIES                        PH:800 255-5162  NO:
3
ORD ADD:CORPORATE ORDER ENTRY                 FMS:
        ABBOTT PARK, IL 60064                 CODE:             FAX:

         ...OK? Yes// <Enter>    (Yes)

ITEM (for AMIS): ?? <Enter>
       Choose from:
   59            EYEGLASSES
   10000            EYEGLASSES

ITEM (for AMIS): 59  <Enter>       EYEGLASSES
         ...OK? Yes// <Enter>    (Yes)

  TYPE OF TRANSACTION: I <Enter>   INITIAL ISSUE
  PATIENT CATEGORY: NSC OP  <Enter>
  PSAS HCPCS:    A4254 <Enter>    Eyeglass
  BRIEF DESCRIPTION: Eyeglass for a stigmatism  <Enter>
  QTY: 1// <Enter>
  UNIT COST: 29.99 <Enter>
  UNIT OF ISSUE: ea  <Enter>       EACH
  REMARKS (2319 and 1358): Ordered eyeglasses <Enter>
EST. SHIPPING CHARGE: 3.50 <Enter>

Are you ready to POST to IFCAP and 10-2319 NOW? No// y  <Enter>   (Yes)
     Posting Now ...
     1358 Transaction has been assigned Number: 499-A20012-0227
     Updated 10-2319
```

Appendix A – Online Help

Question Mark Help

You can view online descriptive help for menus, options, and prompts. You can enter one, two, or three question marks to get extended online help in Prosthetics.

? (Single question mark)

Entering a **single question mark** at a prompt provides you with a single line of standard help.

?? (Double question mark)

Two question marks entered at a prompt provide you with a list of choices appropriate to the prompt where you entered the question marks.

```
SITE: Hines Development System// ?? <Enter>

   Choose from:
   ATLANTA VAMC                                    508
   CORKWELL VAMC                                   500
   HINESTEST                                       998
   Hines Development System                        499
   SAN ANTONIO VAMC                                671
   ZZOJ VAMC VAMC                                  991

SITE: Hines Development System//
```

Menu Options

You can enter **three question marks** to view Menu option descriptions.

??? (Triple question mark)

Entering three question marks provides you with a brief description and a synonym:

```
   24     2421 Form
   25     2520 Transaction without printing 10-55
   10     10-55 PSC Form
   29     2914 Eyeglass Record
   NF     Create a No-Form Daily Record
   PD     Pickup and Delivery Charges
   PC     Purchase Card Form
   SS     Purchase Card Site Parameter

Select Enter New Request Option: ??? <Enter>

'10-55 PSC Form'     Option name: RMPR 10-55     Synonym: 10
     This will create a new FL 10-55 form and post purchasing data to
patient's VAF 10-2319 record and update the Service's VAF 1358 obligation.

'2421 Form'     Option name: RMPR 2421     Synonym: 24
     This option will create a new VAF 10-2421 form, post to the patient's
     VAF 10-2319, and update the VAF 1358 obligation.

'2520 Transaction without printing 10-55'     Option name: RMPR 2520
Synonym: 25
     For VAF 10-2520 PSC transactions that are under $300.00 and do not have
and FL 10-55.  It will then post to the VAF 1358 and patient's VAF 10-2319
record.
```

Appendix B - Glossary

Ad Hoc	An Ad-hoc has a specific purpose. Example: MS Access ad hoc query done to obtain specific data.
AMIS	Automated Management Information System.
Authorization	An estimated payment that will be applied to the 1358.
Control Point	The division of monies to a specified service, activity, or purpose from an appropriation. This is a financial element, existing only in IFCAP, that corresponds to the ACCS number in FMS.
Cost Center	Subsections of Fund Control Points. Cost centers allow fiscal staff to create total expense reports for a section or service, and requestors to assign requests to that section or service.
DCT	Document Confirmation Transactions
Default	A normal or suggested response to a prompt that is provided by the system.
Detailed Inventory ID	A description of the item and/or where it can be found within a location.
DSS	Decision Support System
FMS	Financial Management System (FMS), which has replaced CALM as the primary accounting system for administration appropriations. FMS has a comprehensive database that provides for flexible on-line and/or batch processing, ad-hoc reporting, interactive query capability and extensive security. FMS is concerned with budget execution, general ledger, funds control, accounts receivable, accounts payable and cost accounting.

Continued on next page

FPDS	Federal Procurement Data System.
Fund Control Point	CALM accounting element that is not used by FMS.
Funds Distribution	A group of fiscal options that allow the budget analyst to distribute funds to control points and track budget distribution reports information.
GIP	Generic Inventory package.
Grouper Counter	The grouper counter is used to associate multiple entries in file 660, Record of Appliance/Repair, to a single patient. A post-init routine initially sets the counter for you at 99999999, then counts backwards. Do not edit this number.
HCPCS	Healthcare Financing Administration Common Procedure Coding System. A code that represents an item or service.
IFCAP	Integrated Funds Distribution, Control Point Activity, Accounting and Procurement.
Item File	A listing of items specified by A&MM as being purchased repetitively. This file maintains a full description of the item, related stock numbers, vendors, contract numbers, and a procurement history.
Item History	Procurement information stored in the ITEM file. A history is kept by fund control point at the time of request.
Item Master Number	A computer-generated number used to identify an item in the ITEM file.
Location	A specific area that contains prosthetic stock.
MCCR	Medical Care Cost Recovery

Continued on next page

No-Form Daily Record	The no-form type of purchasing transaction is used to record purchases from local Durable Medical Equipment (DME) contracts. Not all VAMCs use this type of contract. Items such as hospital beds, bath transfer equipment, etc. are examples of types of equipment purchased from a DME on this form.
NPPD	National Prosthetics Patient Database
Obligation	The commitment of funds. The process that Fiscal Service completes to set aside monies to cover the cost of a purchase order.
Obligation Number	The C prefix number that Fiscal Service assigns to the 1358.
Patient Category	The patient's service connection and patient status: SC/OP SC/IP NSC/IP NSC/OP
Pickup and Delivery Charges Form	Pickup and delivery charges must be included in AMIS information. This computer form records pickup and delivery charges when a local vendor is required by contract to pickup/deliver prosthetic items at a veteran's home.
PSAS Item	Prosthetic Sensory Aids Service (PSAS) item that can be issued to a patient. There may be multiple PSAS items associated with one HCPCS: Sling, arm extra large Sling, arm medium Sling, arm small
PSC	Prosthetic Service Card
Purchase Order	A government document authorizing the purchase of goods or services within the terms indicated.

Continued on next page

Purchasing Agents	A&MM employees legally empowered to purchase goods and services from commercial vendors.
Reference Number	Also known as the transaction number. The computer-generated number that identifies a request. It is comprised of the station number, fiscal year, quarter, control point, four-digit sequence number.
Re-order Level	A level at which time a stock item should be re-ordered. A mailman message will appear daily indicating the re-order level has been reached.
Short Description	The nomenclature that identifies the item in the ITEM MASTER file. It is restricted to three-to-sixty characters and consists of what the item is, what kind of item, and the size of the item (e.g., glove-surgical medium).
Site Parameters	Information such as station number, cashier address, billing address, etc., that is unique to your station.
Source	The distribution for the stock, either VA or Commercial.
Transaction	Any action that affects a bill or an account. All transactions are numbered sequentially and may be examined individually.
Transaction Number	The number of the transaction that funded a control point. It consists of the station, fiscal year, quarter, control point sequence number.
Type of Transaction	A first-time issue, a repair of a previous issue, a spare, or a replacement of a stock item: Initial = I Repair = X Spare = S Replace = R
Unit of Issue	How the item is issued, e.g., box, each, bottle, etc.

Continued on next page

VA	The Department of Veterans Affairs, formerly called the Veterans Administration.
VA Form 4-1358	This VA form is used to record miscellaneous estimated obligations or changes in estimated obligations.
VA Form 10-2319	Each time a patient receives medical equipment, supplier or services from Prosthetics Service, the item purchased is recorded on this form (Record of Appliance/Repair). This is an overall list of all appliances/repairs purchased for a veteran.
VA Form 10-2421	This is the main purchasing authorization and invoice form for items or services issued by Prosthetics Service.
VA Form 10-2520	This form is used to authorize repairs for prosthetic items/appliances prior to the item being sent to a vendor for repair.
VA Form 10-2527	Appointment roster and action sheet for clinics.
VA Form 10-2914	Eyeglasses are authorized for purchase on this form.
VA Form 10-55	This repair authorization form letter is used by Prosthetics Service to authorize repairs of prosthetic items/appliances sent directly to the vendor by the veteran, without prior Prosthetic Service approval on VA Form 10-2520.
VA Form 10-7306d (AMIS)	This form tracks cumulative active prosthetics disability codes for AMIS calculations.
VA Form 2237	This form is used to request goods and services by a service/section, through A&MM.
VA Form 2421PC	This form keeps track of purchases that are used with a purchase card. Form 1358 is no longer available when a purchase card is used.

Continued on next page

Vendor The company from which the item is purchased.

Vendor File An IFCAP file (440) of vendors that the facility conducts business. This file contains ordering and billing addresses, contract information, FPDS information, and telephone numbers.

V*IST*A Veterans Health Information Systems and Technology Architecture, formerly Decentralized Hospital Computer Program of the Veterans Health Administration (VHA), Department of Veterans Affairs (VA).

V*IST*A software, developed by the VA, is used to support clinical and administrative functions at VA Medical Centers nationwide. It is written in M and, via the Kernel, runs on all major M implementations regardless of vendor.

V*IST*A is composed of packages that undergo a verification process to ensure conformity with name spacing and other V*IST*A standards and conventions.