

FEE BASIS TECHNICAL MANUAL



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Veterans Affairs
Product Development (PD)

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Revision History

Initiated on 12/29/04

Date	Description (Patch # if applicable.)	Project Manager	Technical Writer
9/2012	Patch FB*3.5*124 miscellaneous changes; NO CHANGES affecting Fee Basis Security or Technical components.	L'Tanya Lawrence	John Merritt / Berry Anderson / Tammy Womack
5/2012	Patch FB*3.5*108 Pages. 5, 7, 79-94	L'Tanya Lawrence	Berry Anderson
2/2012	<p>Patch FB*3.5*131 enables Fee Basis to receive three new types of messages from Central Fee; however, the data in these messages will ignored by this patch. A subsequent patch, FB*3.5*132, will contain the functionality to process the data sent by Central Fee. The patch adds:</p> <ul style="list-style-type: none"> • Three new server options (not attached to any menu). • Three new routines (called by the new options) that delete a message from the Postmaster mailbox and then quit. 	Ricky Stephens	Susan Strack
11/2011	<p>Updated for FB*3.5*122 and FB*3.5*133, Fee 5010 EDI,</p> <p>Sections: General Information, Routines, Files, Exported Options, Glossary.</p>	Kelley Coleman	Karen Clark
6/2011	<p>Project ARCH, FB*3.5*119</p> <p>Sections: Introduction, Routines, Files, External Relations.</p>	D Reed	JoAnn Green
5/2011	<p>1358 Segregation of Duties FB*3.5*117</p> <p>Sections: Routines, Exported Options.</p>	M Anthony	C Arceneaux
5/2011	<p>Updated for FB*3.5*121 Fee 5010, updated menu diagrams, added Appendix B. Sections: Implementation and Maintenance, Files, Exported Options, Appendix B.</p>	Kelley Coleman	Karen Clark
2/2010	<p>Updated for the Fee Data HERO Project FB*3.5*107 and FB*3.5*108</p>	Timothy Holmes	Michelle Clark
2/2007	<p>Updated for the NPI Project, FB*3.5*98 (Appendix A added)</p>	Melissa Livingston	Chris Thayer

Date	Description (Patch # if applicable.)	Project Manager	Technical Writer
12/29/04	Updated to comply with SOP 192-352 Displaying Sensitive Data.		Mary Ellen Gray
12/29/04	Pdf file checked for accessibility to readers with disabilities.		Mary Ellen Gray

Preface

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

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Introduction

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

The Fee Basis package interfaces with the ADT (Admission-Discharge-Transfer) DHCP module of the PIMS (MAS) package to provide users access to registration data entered through ADT options. It integrates with VA FileMan to give non-programmer personnel the ability to extract reports with ease. It interacts with the IFCAP package in the passing of data for posting to 1358s. It integrates with the Integrated Billing (IB) package for patient insurance data. It allows users to enter and track unauthorized claims for all Fee Basis programs. Use of the Fee Basis software provides for more efficient and accurate operation of the Fee Basis programs with reduction of paperwork, savings in man-hours, and minimization of error.

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

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

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

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

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

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

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

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

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

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

General Information

Namespace Conventions

The namespace assigned to the Fee Basis package is FB.

Integrity Checker

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

Obsolete Options

The following options may be deleted.

FBAA VENDOR CLEANUP
FBAA MRA VENDOR ADD FO

Resource Requirements

Formula for TUs: $(\# \text{ of FEE patients} / 160,000) + .04 = \text{TUs needed}$

Storage requirements:

Initial: .004 Mbytes/FEE patient
Additional: $(\# \text{ of inpatient invoices} \times 435) / 1,000,000$
 $(\# \text{ of inpatient authorizations} \times 700) / 1,000,000$
 $(\# \text{ of unauthorized claims} \times 630) / 1,000,000$

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

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Implementation and Maintenance

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

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

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

Select Site:

Site Configurable Parameters

STATION OF JURISDICTION NAME: - The name of the Clinic of Jurisdiction for which these site parameters are defined. There can be only one entry in this file.

STATION ADDRESS LINE 1: - Street address line 1 of this COJ. This data will be printed on the authorization, VA Form 10-7079.

STATION ADDRESS LINE 2: - Street address line 2 of this COJ. This address line will also print on the authorization, VA Form 10-7079.

STATION ADDRESS LINE 3: - Line 3 of the COJ's street address.

CITY: - The city in the COJ's mailing address.

STATE: - The state in the COJ's mailing address.

ZIP: - Zip code for the COJ.

STATION TELEPHONE NUMBER: - The telephone number to which Fee Basis inquiries should be directed.

APPROVING OFFICIAL FOR 7079: - The name of the approving official authorizing Fee Basis services. This name will be printed on the authorization, VA Form 10-7079.

TITLE OF APPROVING OFFICIAL: - The title of the approving official. This title will be printed on the authorization, VA Form 10-7079.

MEDICAID DISPENSING FEE: - The dollar amount of the Medicaid dispensing fee for this COJ. Dispensing fees, which are approved by Medicaid, vary from COJ to COJ.

MEDICAL PAYMENT VENDOR DISPLAY: - This parameter is used to indicate whether the vendor's demographic data will be displayed and made editable during the entering of a medical payment.

PHARMACY PAYMNT VENDOR DISPLAY: - If there is a "Y" in this field, the vendor demographics will be displayed during the Enter Pharmacy Invoice option.

Site Configurable Parameters, cont.

DEFAULT AUTH. TIME RANGE: - The number of days of the usual long-term authorization. The data entered here will be added to the Authorization From Date and that date will become the default To Date for the authorization. For example, if the normal long-term authorization is one year, 364 would be entered in this parameter.

ASK VENDOR DURING AUTH.: - A "YES" response results in asking for a vendor when using the Enter Authorization option.

MAX # PAYMENT LINE ITEMS: - The maximum number of payment line items that will be allowed in a batch for outpatient and ancillary. Any number between 1 and 85 is acceptable. This value is checked during the Enter Payment options and will warn the clerks when they are within 20 of the maximum. It will prevent the clerks from exceeding this number.

MAX # CH PAYMENT LINES: - The maximum number of payment line items that will be allowed in a batch for Civil Hospital. Any number between 1 and 42 is acceptable. This value is checked during the Enter Payment options and will warn the clerks when they are within 20 of the maximum. It will prevent the clerks from exceeding this number.

MAX # CNH PAYMENT LINES: - The maximum number of payment line items that will be allowed in a batch for Contract Nursing Home. Any number between 1 and 61 is acceptable. This value is checked during the Enter Payment options and will warn the clerks when they are within 20 of the maximum. It will prevent the clerks from exceeding this number.

EDIT AUTH. DURING PAYMENT: - This field is used to indicate that editing of the AUTHORIZATION REMARKS field and the 3 DX fields is allowable during the Enter Payment options. It is normally used for six months immediately after installing the Fee Basis software because the Remarks and DX data were not available for downloading from Central Fee system.

*ASK PROGRAM SPECIFIC AUTH.: - A "YES" answer to this site parameter will show only those authorizations that are program-specific. An example would be the display for selection of only Community Nursing Home authorizations when entering CNH payments.

APPROVING OFFICIAL FOR 7078: - The default approving official for VA Form 10-7078s.

TITLE 7078 APPROVING OFFICIAL: - The title of the default approving official for VA Form 10-7078s.

COPIES OF 7078 TO BE PRINTED: - Indicates the default number of copies to be printed for each VA Form 10-7078 generated.

PSA DEFAULT INSTITUTION: - The station number for the transmission of data to Austin is determined using this field. In almost all cases, your facility should be entered.

7078 DEFAULT AUTH SERVICE TEXT: - A free text entry for special remarks, instructions, etc. pertaining to the authorization, which will appear in Section 6 of VA Form 10-7078.

TRACK INCOMPLETE UNAUTHORIZED CLAIMS?: - This field indicates whether or not incomplete unauthorized claims should be tracked. Enter "YES" to track incomplete claims; otherwise only complete claims can be tracked. The response is a numeric character, with 1 equal to "YES" and 0 equal to "NO".

Site Configurable Parameters, cont.

'INITIAL ENTRY' STATUS FOR U/C: - If this field is filled in, then minimum data is required for entering an unauthorized claim. This is designed for sites who have streamlined their workload, where only one user enters the unauthorized claims received and another reviews the claim for completeness and makes the necessary requests, etc. The response is the numeric character 1 to activate; otherwise, leave this field blank.

UNAUTHORIZED CLAIM PRINTER: - Select a printer device name. NOTE: This is not a pointer field. The exact name must be entered.

UNAUTHORIZED CLAIM LETTER: - Indicate how you wish your unauthorized claim letters to print. Enter an "A" if the Unauthorized Claim Printer is dedicated, and you always wish a letter to print when it has been changed to the appropriate status. Enter a "B" if the Unauthorized Claim Printer is not dedicated, or you wish to batch print letters of claims which have changed to the appropriate status. Do not enter anything if you will be manually generating your own form letter.

NUMBER OF COPIES: - This field indicates the number of copies of a letter to be printed. The maximum number of copies allowed is five.

PRINT U/C ON LETTERHEAD?: - No entry is necessary if you will not be printing letters. Enter the numeric character 1 if your site will be printing unauthorized claims letters on letterhead.

STATION NAME (EDITABLE): - This is the first line of the return address. The data is pulled from Field #.01 and can be edited at this prompt.

Site Parameters Not Edited by Users (edited by routines):

FPPS TRANSMIT START: - This is the start date and time for the beginning of the FB FPPS TRANSMIT menu option. This value will be auto-populated by the menu option to help track when the last time a batch was started. FB*3.5*121.

FPPS TRANSMIT END: - This is the finish date and time for the FB FPPS TRANSMIT menu option. This value will be auto-populated by the menu option to help track when the last time a batch finished. FB*3.5*121.

*Will be deleted in future version

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Routines

Routine List with Descriptions

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

FB35P50	Post init routine to identify corrupt vendor file.
FBAA79, FBAA79A	Prints VA Form 7079 in response to a request for outpatient medical services.
FBAAAUT	Runs the Enter/Edit Authorization option and is used to enter or edit an authorization for Fee Basis services.
FBAAAV	Flags a vendor for addition to the Central Fee file in Austin, Texas.
FBAABDL	Allows the user to delete batches that meet necessary criteria.
FBAABET	Allows the user to edit a batch type and obligation number.
FBAABPG	Allows the purging of the FEE BASIS BATCH file (#161.7).
FBAABS	Displays available information for a selected batch based on the status of the batch.
FBAABT	Prints out the statuses of all active batches.
FBAACCB, FBAACCB0, FBAACCB1, FBAACCB2	Runs the Close-out Batch option.
FBAACFE	Contract file enter/edit.
FBAACH	Displays the ID card history for a patient.
FBAACIE	Allows the user to complete a pharmacy invoice.
FBAACLU	Shows the user who last entered or changed an authorization.
FBAACO, FBAACO1, FBAACO3, FBAACO4, FBAACO5	Allows users to enter a medical payment.
FBAACO0	Displays the FEE BASIS PATIENT file (#161) address information for a patient. The information may also be edited via this routine.
FBAACO2	Processes duplicate payments and, if requested, stores them as a MEDICAL denial.
FBAACP, FBAACPI	Allows for the entry of multiple C&P payments.
FBAACR	Prints out the cost report for Outpatient Medical.
FBAADCB	Displays batches that have been closed but not yet certified by the supervisor.

Routine List with Descriptions, cont.

FBAADD	Causes an entire batch to be rejected.
FBAADEM, FBAADEM1	Displays veteran demographics.
FBAADOB	Displays any available information about open batches.
FBAADV	Places a vendor in DELETE status on the local system only.
FBAAEAR	Allows a user to enter any necessary authorization remarks.
FBAAEIT	Enter or edit suspension letters.
FBAAEPI, FBAAEPI1	Allows the user to edit a pharmacy invoice that was previously entered.
FBAAESF	Allows the Fee Basis supervisor to enter or edit site parameters.
FBAAETA	If there is a travel payment, it is entered via this routine.
FBAAFA	File adjustments for medical/ancillary payments.
FBAAFED	FPPS data edit outpatient/ancillary invoice.
FBAAFR	File remittance remarks for medical/ancillary payments.
FBAAFS	Outpatient fee schedule.
FBAAFSF	Outpatient 75 th percentile fee schedule.
FBAAFSR	RBRVS fee schedule.
FBAALB	Provides a record of payments in any batch.
FBAALPI	Lists invoices that are ready for PIMS (MAS) completion. If a user wishes to complete an invoice after viewing all those ready for completion, then control is transferred to routine FBAACIE.
FBAALU	References the CPT file for CPT Code lookups.
FBAAMP, FBAAMP1	Allows multiple payments to be entered for a vendor.
FBAAMPG1	Allows the user to automatically purge transmitted Delete type and Reinstatement type MRAs.
FBAAMPRG	Purges transmitted MRAs.
FBAAMST	MST report.
FBAAOB	Allows a user to create and open a batch.
FBAAODP, FBAAODP0	Allows a payment to be deleted.
FBAAPAA	Allows adding to, or editing of, the Fee schedule.
FBAAPAY	Compiles the Fee schedule.

Routine List with Descriptions, cont.

FBAAPCC	Prints a list of all currently issued Fee Basis ID cards.
FBAAPCS	Report Cost/Savings from RBRVS fee schedule.
FBAAPDM	Creates a Patient MRA Delete type transaction.
FBAAPET, FBAAPET1	Allows a user to edit medical payments.
FBAAPGL	Post payments to COREFLS.
FBAAPH	Provides a payment history listing for a veteran.
FBAAPHV	Allows the user to void a pharmacy payment.
FBAAPI	Displays patient demographics and Fee Basis authorizations.
FBAAPIE, FBAAPIE1	Allows a user to enter a Fee Basis pharmacy invoice.
FBAAPII	Displays a selected pharmacy invoice.
FBAAPIN, FBAAPIN1	Displays detail line items associated with a selected invoice.
FBAAPIP	Used to assign a batch number to a completed pharmacy invoice prior to payment being sent to Austin.
FBAAPIS	Displays the status of a selected pharmacy invoice.
FBAAPLU	Allows the user to look up a pharmacy vendor payment.
FBAAPM	Creates a Patient MRA transaction.
FBAAPOC	Prints all obsolete Fee Basis ID cards.
FBAAPP, FBAAPP0	Allows a pharmacist to review a Fee Basis prescription.
FBAAPPH	Provides a Fee Basis pharmacy prescriptions history list for a patient.
FBAAPRC	Prints a report of contact.
FBAAPRGS	Prints out the status of the Fee Basis Purge.
FBAAPV	Lists all vendors that are awaiting Austin approval.
FBAARB	Allows a previously closed batch to be reopened.
FBAARD, FBAARD0	Allows all rejects that were entered in error to be deleted.
FBAARD1, FBAARD2, FBAARD3	Allows reject codes to be deleted for a particular item.
FBAARJP	Prints all rejects pending PIMS (MAS) action.
FBAARMRA	Retransmits MRAs for a specified date.

Routine List with Descriptions, cont.

FBAAROC	Allows a user to enter a report of contact.
FBAARP	Runs the reimbursement payment option.
FBAARR, FBAARR2	Allows any rejected line items to be reinitiated and assigned to a new batch.
FBAARR1, FBAARR0	Reinitiates an entire batch.
FBAARV	Reactivates a previously deleted vendor in the CENTRAL FEE VENDOR file.
FBAAS79	Allows a single VA Form 10-7079 to be printed.
FBAASAP	Displays all authorization information.
FBAASCB, FBAASCB0	Allows a Fee Basis supervisor to release a batch.
FBAASDR	Generates the Fee Basis 1358 Segregation of Duty Report. FB*3.5*117
FBAASL, FBAASL1, FBAASL1B, FBAASLP, FBCHSL1, FBCHSLP	Allows the user to print suspension letters.
FBAASOUT	Generates the output for the Fee schedule.
FBAASTA	Responsible for displaying a user's sign-on status. It displays a list of all open batches for the current user, including the type of batch, the batch number, the obligation number, and the date that the batch was opened.
FBAATIC	Allows the user to terminate an existing ID card.
FBAAUTL	Utility routine for the Fee Basis package. It performs various tasks such as setting the FBSITE(0) and FBSITE(1) variables to Fee Basis site parameters, getting the next available batch number or invoice number, and determining the length of time that a vendor has been in DELETE status.
FBAAUTL1, FBAAUTL2	Utility routines. They contain various functions such as posting increases/decreases to 1358s and selecting veterans and authorizations.
FBAAUTL3	Supported call to be used by IFCAP to determine the System Identifier for the 994 code sheets.
FBAAUTL4, FBAAUTL5	Used to build the "AE" cross-reference in File #162 and retrieve the CPT and modifier from the cross-reference.
FBAAUTL6	Utility routine. Used to validate/correct socioeconomic groups----extrinsic functions.
FBAAUTL7	Utility routine. Used to set the "AE" cross-reference when SERVICE PROVIDED field is added or modified.

Routine List with Descriptions, cont.

FBAAUTL8	Utility routine. Used to convert first five digits of SSN to “X” and only display the last four digits of the SSN.
FBAAUVC	Updates vendor codes.
FBAAV0, FBAAV01	Responsible for sending Fee Basis data to Austin.
FBAAV1	Transmits Vendor MRA data.
FBAAV2	Transmits Pharmacy payments.
FBAAV3	Transmits Travel payments.
FBAAV4	Transmits patient MRAs.
FBAAV5	Creates transactions for CH/CNH payments.
FBAAV6	Creates transactions to send to the Pricer System.
FBAAVD, FBAAVD2	Displays vendor demographics and allows the user to edit the data displayed.
FBAAVD1	Displays CNH vendor specifics.
FBAAVD3	Edit vendor FPDS data.
FBAAVD4	Special routine for entering/inactivating/deleting NPI in file 161.2.
FBAAVLU	Looks up payments to a vendor for a specified time frame.
FBAAVP, FBAAVP0	Allows the user to either void or cancel the void on a medical payment.
FBAAVR	Allows the user to finalize a batch.
FBAAVR0	Utility for routine FBAAVR. It allows items in a batch to be rejected.
FBAAVR1	Utility for FBAAVR. It allows items to be deleted from a batch.
FBAAVR2	Finalizes a batch.
FBAAVS	Displays payment data for a selected patient and vendor.
FBARCH0	Stores the eligibility status for Project ARCH. FB*3.5*119
FBAUTHP	Displays an authorization on screen for a specific authorization number.
FBCH78, FBCH780, FBCH78A	Sets up a VA Form 10-7078 authorization for CH.
FBCHACT, FBCHACT0, FBCHACT1	Calculates non-VA hospital activity and non-VA unauthorized days of activity.
FBCHC78	Allows a user to cancel a VA Form 10-7078.

Routine List with Descriptions, cont.

FBCHCD	Completes disposition of an authorization.
FBCHCO	Allows entry of CH ancillary payments.
FBCHCR, FBCHCR1	Prints out the cost report for Civil Hospital or Contract Nursing Home. The output may be for authorized or unauthorized care.
FBCHDEL	Deletes a notification/request.
FBCHDI	Displays an inpatient invoice.
FBCHDI2	Displays an invoice for Civil Hospital.
FBCHDIN	Deletes an inpatient invoice.
FBCHDUC	Displays unauthorized claims.
FBCHEAP	Allows the completion of a payment by adding the amount paid passed back from the Austin Pricer.
FBCHEP, FBCHEP1	Allows entry/edit of a CH payment.
FBCHEUC, FBCHEUC1, FBCHEUC2	Allows entry/edit of an unauthorized claim.
FBCHFA	File adjustments for CH/CNH payment.
FBCHFED	FPPS data edit for inpatient invoice.
FBCHFR	File remittance remarks for CH/CNH payments.
FBCHP78	Generates a VA Form 10-7078.
FBCHPET	Allows the user to edit an ancillary payment.
FBCHPH, FBCHPH0	Displays a patient payment history.
FBCHPRC, FBCHPRC1	Prints a report of contact for CH.
FBCHPSA, FBCHPSA0, FBCHPSA1	Used to calculate dollar amounts by primary service area.
FBCHREQ, FBCHREQ1	Used for the notification/request process of Civil Hospital.
FBCHREQ2	Allows the user to reconsider a denied Civil Hospital notification.
FBCHRJP	Used to print rejected payment items from the Austin Pricer.
FBCHROC	Used to input a report of contact for the Civil Hospital program.
FBCHRR	Used to reinitiate rejects from the pricer.
FBCHSCB	Used by the Fee Basis supervisor to release batches to the pricer.

Routine List with Descriptions, cont.

FBCHSL1, FBCHSLP	Print suspension letters.
FBCHSTA	Displays pending inpatient dispositions.
FBCHSTAT	Generates the request statistics report.
FBCHVH	Used to produce the inpatient vendor payment history.
FBCHVP	Allows the user to either void or cancel the void on an inpatient invoice.
FBCKDIS, FBCKDIS1	Used to display payment information for a user-specified check number.
FBCNHCEN	Prints a report of census data for a user-specified date in Civil Hospital or Community Nursing Home.
FBCSV1	Utilities for code set versioning.
FBCTAU, FBCTAU1, FBCTAU10,FBCTAU11, FBCTAU2, FBCTAU3, FBCTAU4, FBCTAU5, FBCTAU6, FBCTAU7, FBCTAU8, FBCTAU9	Generated from FBAA AUTHORIZATION input template file 161.
FBCTV, FBCTV1, FBCTV2, FBCTV3	Generated from FB VENDOR UPDATE input template file 161.2.
FBDOC	Contains documentation for other Fee Basis routines.
FBFHFT1	FPPS HL7 FT1 segment.
FBFHLD3	Get data for outpatient/ancillary invoice.
FBFHLD5	Get data for pharmacy invoice.
FBFHLD9	Get data for inpatient invoice.
FBFHLL	FPPS queued invoice file.
FBFHLP	FPPS message purge.
FBFHLS, FBFHLS1	Build HL7 message segments.
FBFHLU	FPPS HL utilities.
FBFHLY, FBFHLY1,FBFHLY2	Transmit HL7 messages to FPPS. **FBFHLY2 was added in FB*3.5*122
FBFHORC	FPPS HL7 ORC segment.
FBFPAR, FBFPCI	FPPS audit report.
FBFPDS	Report of vendors without FPDS data.

Routine List with Descriptions, cont.

FBFPTR	FPPS transmit report.
FBGMT2	Fee Basis portion of GMT2.
FBHLZFE	Create HL7 ZFE segments.
FBIDCARD	Add an entry in Fee Basis ID card.
FBLTCAR, FBLTCAR2	LTC authorization reports.
FBMON	Monitor the FB FPPS TRANSMIT option. FB*3.5*122
FBMRASVR, FBMRASV1,	Updates the DHCP database automatically upon receipt of add or FBMRASV2 change confirmation from Austin.
FBNHACT	Used to output the Community Nursing Home Activity Report.
FBNHAMI1	Calculates/validates the AMIS 349 Report.
FBNHAMI2	Provides a report of all CNH stays in excess of 90 days.
FBNHAMIE	Outputs all CNH admissions and discharges within a user specified time frame.
FBNHAMIS	Calculates the 349 AMIS report.
FBNHDEC, FBNHDIEP	Displays an episode of care for CNH.
FBNHDLAD, FBNHDLDI,	Deletes admissions, discharges, and transfers for CNH.
FBNHEA, FBNHED	Enters admissions/discharges for CNH.
FBNHEAU2	Asks rates for a CNH Authorization.
FBNHEDA1, FBNHEDAT, FBNHEAU1, FBNHEAUT	Enter/edit CNH authorizations.
FBNHEDAD	Edits the admission type for CNH.
FBNHEDDI	Edits the discharge type for CNH.
FBNHEDPA	Edits a payment for CNH.
FBNHEDTR	Edits the transfer type for CNH.
FBNHEP, FBNHEP1, FBNHEP2	Used to enter a CNH payment.
FBNHET	Used to enter a transfer for CNH.
FBNHEXP	Produces a list of CNHs with contracts expiring within 90 days.
FBNHPPAMS	Used to print AMIS reports.

Routine List with Descriptions, cont.

FBNHPC, FBNHPC1	Posts commitments to 1358s.
FBNHPLT	Prints CNH payments and totals for a specified month.
FBNHRAT, FBNHRAT1	Posts new rates for a veteran.
FBNHRC	Allows the user to change a rate for a veteran within the authorization.
FBNHRCS, FBNHRCS1, FBNHRCS2, FBNHRCS3, FBNHRCS4	Used for reporting Nursing Homes that have active contracts with the VA.
FBNHRDEL	Allows the deletion of a rate if the rate has not been used yet.
FBNHROS	Prints nursing home rosters.
FBNPILK	NPI lookup routine.
FBNTEG, FBNTEG0	Calculates a checksum which might be used to check the integrity of a routine against values entered for Fee Basis patches in the NATIONAL PATCH file on FORUM.
FBPAID, FBPAID1, FBPAID2	Executed by the PAID server to process check information from FMS as it is confirmed by the treasury.
FBPATDAT	Notification about patient data change.
FBPAY, FBPAY2, FBPAY21, FBPAY3, FBPAY67, FBPAY671	Provides output for vendor or veteran payment histories.
FBPCR, FBPCR2, FBPCR3, FBPCR67, FBPCR671	Output potential cost recovery cases for selected Primary Service Areas and user specified date ranges.
FBPCR4	LTC phase 3 utilities.
FBPHON, FBPHON1, FBPHON2	Called by VA List Manager, performs the building of the payment list for display, as well as process all actions that are selectable for the list.
FBPMRG, FBPMRG1	Fee Basis patient merge routine. Called during patient (file #2) merge due to AFFECTS RECORD MERGE in PACKAGE file (#9.4).
FBPRE35	Pre-init to check versions of packages.
FBPRICE, FBPRICE1	Builds a transaction to send to the Austin Pricer System.
FBPST35, FBPST35A, FBPST35B, FBPST35C, FBP35D	Post-init routines.

Routine List with Descriptions, cont.

FBRVU	RVU utilities.
FBRXFA	File adjustments for pharmacy payments.
FBRXFED	FPPS data edit pharmacy invoice.
FBRXFR	File remittance remarks for pharmacy payments.
FBRXUTL	Fee Basis pharmacy utility.
FBSHAUT	Enter/edit state home authorization.
FBSHRAD	Report active authorizations for date.
FBSVBR	Called by FBAA BATCH SERVER option to process Payment Batch Result messages from Central Fee.
FBSVPR	Called by FBAA REJECT SERVER option to process Post Voucher Reject messages from Central Fee.
FBSVVA	Called by FBAA VOUCHER SERVER option to process Voucher Batch Acknowledgement messages from Central Fee.
FBSHUTL	State home utilities.
FBUCDD, FBUCDD1	Called by the data dictionaries of the FEE BASIS UNAUTHORIZED CLAIMS file (#162.7) and FEE BASIS SITE PARAMETERS file (#161.4).
FBUCDE	Unauthorized EDI claims that were not approved.
FBUCDIS	Displays unauthorized claims.
FBUCDUP	Provides a check for duplicate unauthorized claims.
FBUCED, FBUCED0, FBUCED1	Allows a user to perform various edits to the FEE BASIS UNAUTHORIZED CLAIMS file (#162.7), FEE BASIS UNAUTHORIZED CLAIMS PENDING INFO file (#162.8), or FEE BASIS UNAUTHORIZED REQUESTED INFORMATION file (#162.93).
FBUCEN, FBUCEN1	Allows the user to enter a new unauthorized claim.
FBUCEVT	Called prior to and after an event to an unauthorized claim, it captures the claim information needed to update the status, expiration date, and other data.
FBUCEX	Provides a listing of those claims due to expire for a given date range selected by a user. It also removes the expiration date and updates the disposition to ABANDONED for those claims which have expired. A listing of abandoned claims is also provided.
FBUCLET, FBUCLET0, FBUCLET1, FBUCLET2	Prints out the unauthorized claims associated with a primary claim.
FBUCLINK, FBUCLNK1	Associates unauthorized claims with a primary.

Routine List with Descriptions, cont.

FBUCMBS	Millennium act emergency care summit.
FBUCMEA	Unauthorized main menu entry action.
FBUCOUT, FBUCOUT1	Output routines for unauthorized claims. FBUCOUT prints unauthorized claims by status. FBUCOUT1 prints all unauthorized claims for either a vendor, veteran, or other party.
FBUCPAY	Payment driver for unauthorized claims.
FBUCPEND	Provides information on unauthorized claims pending information.
FBUCSTAT	Provides unauthorized claims disposition and status statistics.
FBUCUPD, FBUCUPD1	Determines the following: if a letter needs to be printed, the current status of a claim, expiration date, disposition date, date valid claim received, and date of original disposition. The appropriate fields are updated in the FEE BASIS UNAUTHORIZED CLAIMS file (#162.7), and the appropriate letter may be printed. Depending upon the disposition, the authorization may be updated in the FEE BASIS PATIENT file (#161).
FBUCUTL, FBUCUTL1, FBUCUTL2, FBUCUTL3, FBUCUTL4, FBUCUTL5, FBUCUTL6, FBUCUTL7, FBUCUTL8, FBUCUTL9	Utility routines for the unauthorized claims options.
FBUINS	Allows users to add insurance information for a veteran.
FBUTL, FBUTL1, FBUTL2,FBUTL3 FBUTL4, FBUTL5 FBUTL6	Utility routines for the Fee Basis package.
FBUTL7	Utility routine for Fee Basis Contracts.
FBUTL8	Utility routine for HIPAA 5010 providers. FB*3.5*122
FBVDISP	Contains the vendor identifiers that are output on any vendor lookup.
FBVISTBR	List of authorizations for blind rehab.
FBXBIPS, FBXCIPS, FBXDIPS, FBXEIPS, FBXIP110	Post install routines.
FBXIP100, FBXIP102, FBXIP104, FBXIP105, FBXIP108, FBXIP109, FBXIP111, FBXIP112, FBXIP121, FBXIP133, FBXIP19, FBXIP19A, FBXIP20, FBXIP22, FBXIP23,FBXIP24,	Patch install routines.

Routine List with Descriptions, cont.

FBXIP27, FBXIP29, FBXIP30, FBXIP32, FBXIP32A, FBXIP34, FBXIP35, FBXIP36, FBXIP37, FBXIP38, FBXIP39, FBXIP4, FBXIP44, FBXIP45, FBXIP48, FBXIP49, FBXIP53, FBXIP54, FBXIP61, FBXIP91,	Patch install routines, cont.
FBXIP92, FBXIP99 FBXIPJNE	Patch install routines, cont.
FBXIP33	Import GPCI/Zip code data.
FBXIP33A	Import DOL MOD LVL tab.
FBXIP33B	Import DOL CPT data.
FBXIP69E, FBXIP76E, FBXIP77E, FBENV65, FBXAIEN, FBXIP84E	Environment check.

Callable Routines

For IFCAP

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

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

Routines to Map

It is recommended that the following routines be mapped.

FBAAAUT	FBAACO*	FBAACCB*	FBAACIE	FBAADEM*	FBAAEP*
FBAAMP*	FBAAOB	FBAAPI	FBAAPIE*	FBAASCB*	FBAAUTL*
FBAAVD*	FBCH78*	FBCHREQ*	FBCHSCB	FBMRA*	FBNHEA*
FBNHED*	FBNHEP*	FBNHPC	FBNHRAT	FBNHRC	

NOTE: Routine FBAAVD* should be mapped only if the vendor demographics will be displayed during the payment process. Vendor demographics will be displayed only if set to do so through the Site Parameter Enter/Edit option which is in the Supervisor Menu.

Files

Main Globals and Files

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

Globals to Journal

It is recommended that the following globals be journaled.

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

File List

<u>FILE #</u>	<u>FILE NAME</u>	<u>GLOBAL</u>
161	FEE BASIS PATIENT	^FBAAA(
161.2	FEE BASIS VENDOR	^FBAAV(
161.21	FEE BASIS CNH CONTRACT	^FBAA(161.21,
161.22	FEE BASIS CNH RATE	^FBAA(161.22,
161.23	FEE BASIS CNH AUTHORIZATION RATE	^FBAA(161.23,
161.25	FEE BASIS VENDOR CORRECTION	^FBAA(161.25,
161.26	FEE BASIS PATIENT MRA	^FBAA(161.26,
161.27**	FEE BASIS SUSPENSION	^FBAA(161.27,
161.3*	FEE BASIS LETTER	^FBAA(161.3,
161.4	FEE BASIS SITE PARAMETERS	^FBAA(161.4,
161.43	FEE BASIS CONTRACT	^FBAA(161.43,
161.5	FEE CH REPORT OF CONTACT	^FBAA(161.5,
161.6**	FEE BASIS SPECIALTY CODE	^FBAA(161.6,
161.7	FEE BASIS BATCH	^FBAA(161.7,
161.8**	FEE BASIS PROGRAM	^FBAA(161.8,
161.81**	FEE BASIS PARTICIPATION CODE	^FBAA(161.81,
161.82	FEE BASIS PURPOSE OF VISIT	^FBAA(161.82,
161.83	FEE BASIS ID CARD AUDIT	^FBAA(161.83,
162	FEE BASIS PAYMENT	^FBAAC(
162.1	FEE BASIS PHARMACY INVOICE	^FBAA(162.1,
162.2	FEE NOTIFICATION/REQUEST	^FBAA(162.2,
162.3	FEE CNH ACTIVITY	^FBAACNH(
162.4	VA FORM 10-7078	^FB7078(
162.5	FEE BASIS INVOICE	^FBAAI(
162.6**	FEE BASIS DISPOSITION CODE	^FBAA(162.6,
162.7	FEE BASIS UNAUTHORIZED CLAIMS	^FB583(
162.8	FEE BASIS UNAUTHORIZED CLAIMS PENDING INFO	^FBAA(162.8,
162.91**	FEE BASIS UNAUTHORIZED CLAIMS DISPOSITIONS	^FB(162.91,
162.92**	FEE BASIS UNAUTHORIZED CLAIMS STATUS	^FB(162.92,
162.93*	FEE BASIS UNAUTHORIZED REQUESTED INFORMATION	^FB(162.93,

File List, cont.

<u>FILE #</u>	<u>FILE NAME</u>	<u>GLOBAL</u>
162.94**	FEE BASIS UNAUTHORIZED DISAPPROVAL REASONS	^FB(162.94,
162.95**	FEE BASIS CHECK CANCELLATION REASON	^FB(162.95,
163.85**	FEE BASIS VA TYPE OF SERVICE	^FBAA(163.85,
163.99	FEE BASIS FEE SCHEDULE	^FBAA(163.99,

*File comes with data

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

File Flow Chart

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

File Flow Chart, cont.

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

File Flow Chart, cont.

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

File Flow Chart, cont.

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

File Flow Chart, cont.

<u>FILE # and NAME</u>	<u>POINTS TO</u>	<u>POINTED TO BY</u>
162.5	162.95 FEE BASIS CHECK CANCELLATION REASON 200 NEW PERSON	
162.6 FEE BASIS DISPOSITION CODE		162.5 FEE BASIS INVOICE
162.7 FEE BASIS UNAUTHORIZED CLAIMS	2 PATIENT 4 INSTITUTION 161.2 FEE BASIS VENDOR 161.8 FEE BASIS PROGRAM 162.7 FEE BASIS UNAUTHORIZED CLAIMS 162.91 FEE BASIS UNAUTHORIZED CLAIMS DISPOSITIONS 162.92 FEE BASIS UNAUTHORIZED CLAIMS STATUS 162.94 FEE BASIS UNAUTHORIZED DISAPPROVAL REASONS 200 NEW PERSON	161 FEE BASIS PATIENT 162 FEE BASIS PAYMENT 162.1 FEE BASIS PHARMACY INVOICE 162.5 FEE BASIS INVOICE 162.7 FEE BASIS UNAUTHORIZED CLAIMS 162.8 FEE BASIS UNAUTHORIZED CLAIMS PENDING INFO
162.8 FEE BASIS UNAUTHORIZED CLAIMS PENDING INFO	162.7 FEE BASIS UNAUTHORIZED CLAIMS 162.93 FEE BASIS UNAUTHORIZED REQUESTED INFORMATION 200 NEW PERSON	
162.91 FEE BASIS UNAUTHORIZED CLAIMS DISPOSITIONS		162.7 FEE BASIS UNAUTHO- RIZED CLAIMS
162.92 FEE BASIS UNAUTHO- RIZED CLAIMS STATUS	161.3 FEE BASIS LETTER	162.7 FEE BASIS UNAUTHO- RIZED CLAIMS
162.93 FEE BASIS UNAUTHORIZED REQUESTED INFORMATION		162.8 FEE BASIS UNAUTHORIZED CLAIMS PENDING INFO
162.94 FEE BASIS UNAUTHORIZED DISAPPROVAL REASONS		162.7 FEE BASIS UNAUTHO- RIZED CLAIMS

File Flow Chart, cont.

<u>FILE # and NAME</u>	<u>POINTS TO</u>	<u>POINTED TO BY</u>
162.95 FEE BASIS CHECK CANCELLATION REASON		162 FEE BASIS PAYMENT 162.1 FEE BASIS PHARMACY INVOICE 162.5 FEE BASIS INVOICE
163.85 FEE BASIS VA TYPE OF SERVICE		162 FEE BASIS PAYMENT

Templates

Input Templates

<u>FILE #</u>	<u>TEMPLATE</u>	<u>DESCRIPTION</u>
161	FBAA AUTHORIZATION FBAA REPORT OF CONTACT FBNH EDIT AUTHORIZATION FBNH ENTER AUTHORIZATION FB UNAUTHORIZED UPDATE FB UNAUTHORIZED EDIT FB UNAUTHORIZED UPDATE1	Enter medical authorization. Enter outpatient report of contact. Edit CNH authorization. Enter CNH authorization. Enter authorization based on discharge type of unauthorized claim. If dispositioned claim has been reopened, this template is used to keep the authorization information in synch with the unauthorized claim. Update authorization based on changes to unauthorized claim.
161.2	FBAA EDIT VENDOR FBAA NEW VENDOR FB VENDOR UPDATE	Edit Fee Basis vendor. Enter new vendor. Update Austin vendor information.
161.21	FBNH ENTER CONTRACT	Enter Contract Nursing Home contract information.
161.25	FBAA VENDOR MRA	Create a vendor MRA to send to Austin.
161.3	FBAA LETTERS	Enter suspension letters.
161.4	FBAA SITE PARAMETERS	Enter/Edit site parameters.
161.5	FBCH ADD ROC FBCH EDIT ROC FBCH ENTER ROC	Add CH report of contact. Edit CH report of contact. Enter CH report of contact.
161.7	FBAA BATCH EDIT FBAA MED IFCAP FBAA PHARM IFCAP FBAA TRAV IFCAP FB CH OPEN BATCH FB CHNH OPEN BATCH	Edit a batch. Open a medical batch. Open a pharmacy batch. Open a travel batch. Open a CH batch. Open a CNH batch.
162.1	FBAA INVOICE EDIT FB ADD RX	Edit a pharmacy invoice. Add a pharmacy prescription.
162.2	FBCH ENTER REQUEST FBCH REOPEN REQUEST	Enter a CH request/notification. Reopen a CH request/notification.

Input Templates, cont.

<u>FILE #</u>	<u>TEMPLATE</u>	<u>DESCRIPTION</u>
162.4	FBCH EDIT 7078	Edit a CH 7078.
	FBCH ENTER 7078	Enter a CH 7078.
	FBNH ENTER 7078	Enter a CNH 7078.
162.5	FBCH EDIT PAYMENT	Edit a CH invoice.
	FBCH ENTER PAYMENT	Enter a CH invoice.
	FBNH EDIT PAYMENT	Edit a CNH invoice.
162.7	FBCH UNAUTHORIZED CLAIM	Enter a CH unauthorized claim.
	FB UNAUTHORIZED ENTER	Enter an unauthorized claim.
	FB UNAUTHORIZED UPDATE	Update certain unauthorized claims fields upon completion of enter/edit.
	FB UNAUTHORIZED EDIT	Modify/reopen an unauthorized claim.
	FB UNAUTHORIZED APPEAL	Initiate appeal of unauthorized claim.
	FB UNAUTHORIZED APPEAL EDIT	Edit unauthorized claim.
	FB UNAUTHORIZED COVA APPEAL	COVA appeal enter/edit.
162.7	FB UNAUTHORIZED DISPOSITION	Disposition an unauthorized claim.
	FB UNAUTHORIZED PREVIOUS	Return previous values due to incomplete transaction.
	FB UNAUTHORIZED LETTER UPDATE	Update unauthorized claim with information regarding letter (used if not sending letters with software).
162.8	FB UNAUTHORIZED PENDING	Enter the appropriate information on pending unauthorized claim.
163.99	FBA A EDIT SCHEDULE	Edit Fee schedule.

Print Templates

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

Sort Templates

<u>FILE #</u>	<u>TEMPLATE</u>	<u>DESCRIPTION</u>
161.7	FB BATCH LIST	List batch.
162.1	FBA A RX PENDING	Prescriptions pending pharmacy review.
162.2	FBCH PENDING REQUEST	Fee notifications/requests pending entitlement.
162.4	FBCH 7078 CANCEL	Listing of cancelled 7078s.

Sort Templates, cont.

<u>FILE #</u>	<u>TEMPLATE</u>	<u>DESCRIPTION</u>
162.7	FBUC STATUS BY PATIENT	Status listing of unauthorized claims by patient.
	FBUC STATUS BY VENDOR	Status listing of unauthorized claims by vendor.

Changes to File #161 for FB*3.5*119 as part of Project ARCH

GLOBAL MAP DATA DICTIONARY #161 -- FEE BASIS PATIENT FILE JUN 2,2011@07:51:27 PAGE 3
STORED IN ^FBAAA(20 ENTRIES) SITE: HINES DEVELOPMENT UCI: DEV,DEV
(VERSION 3.5)

```
-----  
^FBAAA(D0,1,D1,100)= (#100) CLERK [1P:200] ^  
^FBAAA(D0,1,D1,ADL)= (#102) AUSTIN DELETE FLAG [1F] ^ (#103) DATE DELETE MRA  
==>TRANSMITTED [2D] ^  
^FBAAA(D0,1,D1,C)= (#1) PRINT AUTHORIZATION (Y/N) [1F] ^  
^FBAAA(D0,2,0)=^161.02D^^ (#2) REPORT OF CONTACT  
^FBAAA(D0,2,D1,0)= (#.01) DATE OF CONTACT [1D] ^ (#1) VENDOR/PROVIDER [2F] ^  
==>(#1.5) VENDOR/PROVIDER TELEPHONE NO. [3F] ^ (#3) DX [4F] ^  
==>(#5) INPUT DATE [5D] ^ (#3.5) TYPE OF CONTACT [6S] ^  
^FBAAA(D0,2,D1,1,0)=^161.04^^ (#2) NARRATIVE  
^FBAAA(D0,2,D1,1,D2,0)= (#.01) NARRATIVE [1W] ^  
^FBAAA(D0,2,D1,100)= (#100) CLERK [1P:200] ^  
^FBAAA(D0,4)= (#.5) FEE ID CARD NUMBER [1F] ^ (#.6) FEE ID CARD ISSUE DATE  
==>[2D] ^ (#.7) REASON FOR CARD NUMBER CHANGE [3F] ^ (#.65) FEE ID  
==>CARD EXPIRATION DATE [4D] ^  
^FBAAA(D0,ARCHFEE,0)=^161.011D^^ (#11) ARCH ELIGIBILITY  
^FBAAA(D0,ARCHFEE,D1,0)= (#.01) ARCH ELIGIBILITY DATE [1D] ^ (#2) ARCH  
==>ELIGIBILITY [2S] ^
```

Changes to Fee Basis Invoice file (#162.5) for FB*3.5*121/FB*3.5*122 as part of Fee 5010 EDI

...partial DD...

```
^FBAAI(D0,2)= (#45) DATE PAID [1D] ^ (#46) VENDOR INVOICE DATE [2D] ^ (#47)  
==>PROMPT PAY TYPE [3S] ^ (#48) CHECK NUMBER [4F] ^ (#49)  
==>CANCELLATION DATE [5D] ^ (#50) REASON CODE [6P:162.95] ^ (#51)  
==>CANCELLATION ACTIVITY [7S] ^ (#52) DISBURSED AMOUNT [8N] ^  
==>(#53) INTEREST AMOUNT [9N] ^ (#54) COVERED DAYS [10N] ^ (#55)  
==>PATIENT CONTROL NUMBER [11F] ^ (#24.5) DRG WEIGHT [12N] ^  
==>(#61) ROUTING NUMBER [13F] ^ (#62) ACCOUNT NUMBER [14F] ^  
==>(#63) FINANCIAL INSTITUTION [15F]  
  
^FBAAI(D0,4)= (#64) ATTENDING PROV NAME [1F] ^ (#65) ATTENDING PROV NPI [2F]  
==>^ (#66) ATTENDING PROV TAXONOMY CODE [3F] ^ (#67) OPERATING  
==>PROV NAME [4F] ^ (#68) OPERATING PROV NPI [5F] ^ (#69)  
==>RENDERING PROV NAME [6F] ^ (#70) RENDERING PROV NPI [7F] ^  
==>(#71) RENDERING PROV TAXONOMY CODE [8F] ^ (#72) SERVICING PROV  
==>NAME [9F] ^ (#73) SERVICING PROV NPI [10F] ^ (#74) REFERRING  
==>PROV NAME [11F] ^ (#75) REFERRING PROV NPI [12F] ^  
^FBAAI(D0,5)= (#80) SERVICING FACILITY ADDRESS [1F] ^ (#81) SERVICING  
==>FACILITY CITY [2F] ^ (#82) SERVICING FACILITY STATE [3P:5] ^  
==>(#83) SERVICING FACILITY ZIP [4F] ^  
  
^FBAAI(D0,RPROV,0)=^162.579^^ (#79) LINE ITEM RENDERING PROV  
^FBAAI(D0,RPROV,D1,0)=(#.01) LINE ITEM NUMBER [1N] ^ (#.02) RENDERING  
==>PROV NAME [2F] ^ (#.03) RENDERING PROV NPI [3F]  
==>RENDERING PROV TAXONOMY CODE [4F]
```

Changes to Fee Basis Site Parameters file (#161.4) for FB*3.5*121 as part of Fee 5010 EDI

...partial DD...

```
^FBAA(161.4,D0,2)= (#36) FPPS TRANSMIT START [1D] ^ (#37) FPPS TRANSMIT END  
==>[2D]
```

Changes to Fee Basis Vendor file (#161.2) for FB*3.5*121 as part of Fee 5010 EDI

...partial DD...

```
^FBAAV(D0,3)= ^ (#41.01) NPI [2F] ^ (#42) TAXONOMY CODE [3F]
```

Changes to Fee Basis Payment file (#162) for FB*3.5*121/FB*3.5*133 as part of Fee 5010 EDI

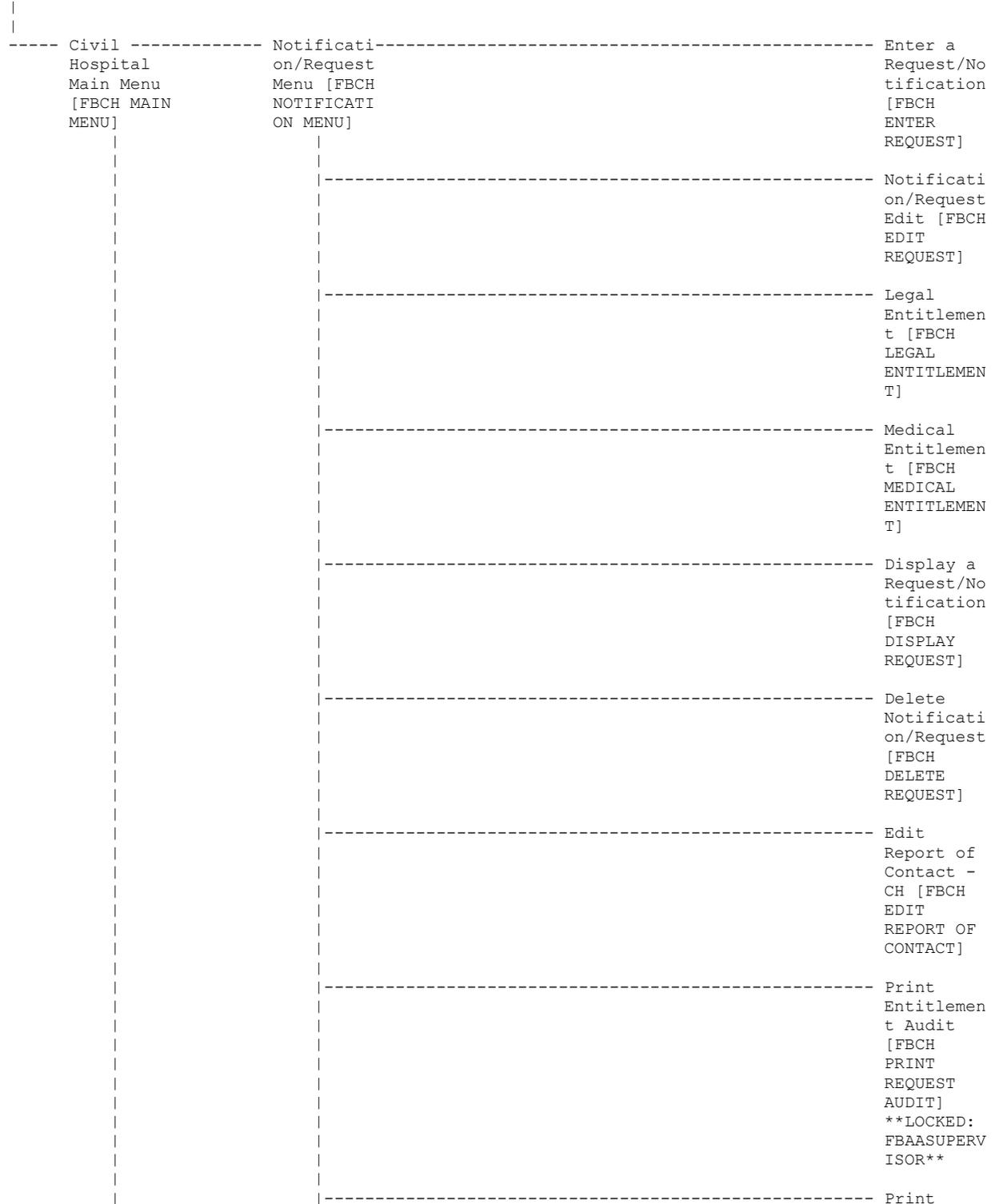
...partial DD...

```
FBAAC(D0,1,D1,1,D2,1,D3,2)= (#33) VENDOR INVOICE DATE [1D] ^ (#34) PROMPT  
==>PAY TYPE [2S] ^ (#35) CHECK NUMBER [3F] ^ (#36)  
==>CANCELLATION DATE [4D] ^ (#37) REASON CODE  
==>[5P:162.95] ^ (#38) CANCELLATION ACTIVITY [6S] ^  
==> ^ (#40) DISBURSED AMOUNT [8N] ^ (#41) INTEREST  
==>AMOUNT [9N] ^ (#42) SITE OF SERVICE ZIP CODE  
==>[10F] ^ (#43) ANESTHESIA TIME (MINUTES) [11N] ^  
==>(#44) FEE SCHEDULE AMOUNT [12N] ^ (#45) FEE  
==>SCHEDULE [13S] ^ (#47) UNITS PAID [14N] ^ (#48)  
==>REVENUE CODE [15P:399.2] ^ (#49) PATIENT ACCOUNT  
==>NUMBER [16F] ^ (#55) ROUTING NUMBER [17F] ^  
==>(#56) ACCOUNT NUMBER [18F] ^ (#57) FINANCIAL  
==>INSTITUTION [19F] ^  
^FBAAC(D0,1,D1,1,D2,1,D3,3)= (#50) FPPS CLAIM ID [1F] ^ (#51) FPPS LINE ITEM  
==>[2F] ^ (#73) LI RENDERING PROV NAME [3F] ^ (#74)  
==>LI RENDERING PROV NPI [4F] ^ (#75) LI RENDERING  
==>PROV TAXONOMY [5F] ^  
^FBAAC(D0,1,D1,1,D2,1,D3,4)= (#58) ATTENDING PROV NAME [1F] ^ (#59) ATTENDING  
==>PROV NPI [2F] ^ (#60) ATTENDING PROV TAXONOMY  
==>CODE [3F] ^ (#61) OPERATING PROV NAME [4F] ^  
==>(#62) OPERATING PROV NPI [5F] ^ (#63) RENDERING  
==>PROV NAME [6F] ^ (#64) RENDERING PROV NPI [7F] ^  
==>(#65) RENDERING PROV TAXONOMY CODE [8F] ^ (#66)  
==>SERVICING PROV NAME [9F] ^ (#67) SERVICING PROV  
==>NPI [10F] ^ (#68) REFERRING PROV NAME [11F] ^  
==>(#69) REFERRING PROV NPI [12F] ^  
^FBAAC(D0,1,D1,1,D2,1,D3,5)= (#76) SERVICING FACILITY ADDRESS [1F] ^ (#77)  
==>SERVICING FACILITY CITY [2F] ^ (#78) SERVICING  
==>FACILITY STATE [3P:5] ^ (#79) SERVICING FACILITY  
==>ZIP [4F] ^
```

Exported Options

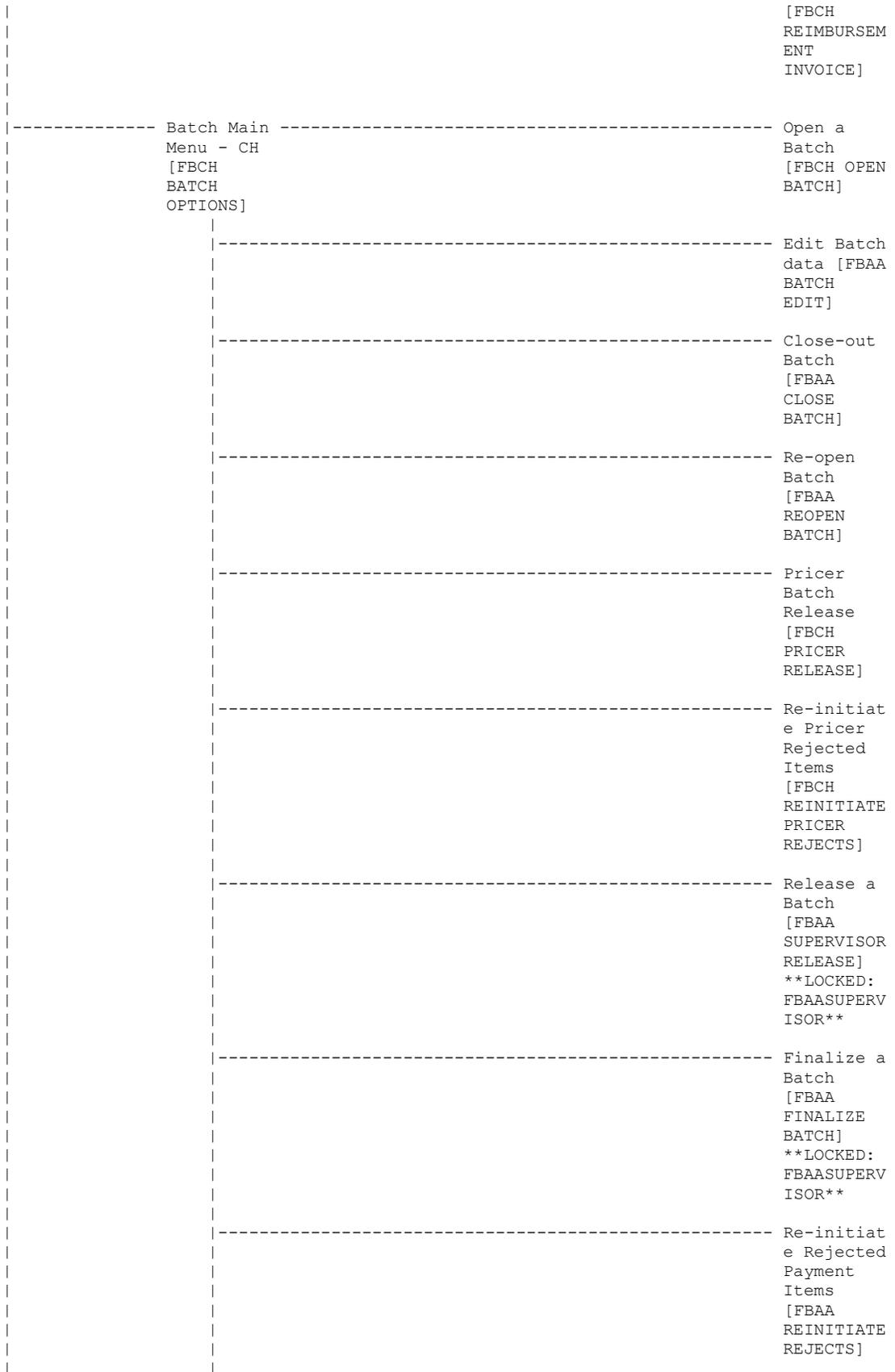
Menu Diagram

Fee Basis Main Menu (FBAA MAIN MENU)



		Report of Contact - CH [FBCH PRINT REPORT OF CONTACT]
		Reconsider a Denied Request [FBCH REOPEN REQUEST] **LOCKED: FBAASUPERVISOR**
		Requests Pending Entitlement [FBCH PENDING REQUEST]
		Update Report of Contact - CH [FBCH UPDATE REPORT OF CONTACT]
	Disposition Menu [FBCH DISPOSITION MENU]	Complete 7078/Authorization [FBCH COMPLETE 7078]
		Edit Completed 7078 [FBCH EDIT 7078]
		Display 7078/Authorization [FBCH DISPLAY 7078]
		Cancel 7078 Entered in Error [FBCH CANCEL 7078] **LOCKED: FBAASUPERVISOR**
		Print List of Cancelled 7078 [FBCH PRINT CANCELLED 7078] **LOCKED:

		FBAASUPERV ISOR**
		Set-up a 7078 [FBCH 7078 SETUP]
	Payment Process Menu [FBCH PAYMENT MENU]	Ancillary Contract Hosp/CNH Payment [FBCH ANCILLARY PAYMENT]
		Complete a Payment [FBCH COMPLETE PAYMENT]
		Delete Inpatient Invoice [FBCH DELETE INVOICE]
		Edit Ancillary Payment [FBCH EDIT ANCILLARY PAYMENT]
		Enter Invoice/Pa yment [FBCH ENTER PAYMENT]
		Invoice Edit [FBCH EDIT PAYMENT]
		Multiple Ancillary Payments [FBCH MULTIPLE PAYMENTS]
		Patient Reimbursem ent for Ancillary Services [FBCH ANCILLARY REIMBURSEM ENT]
		Reimbursem ent for Inpatient Hospital Invoice

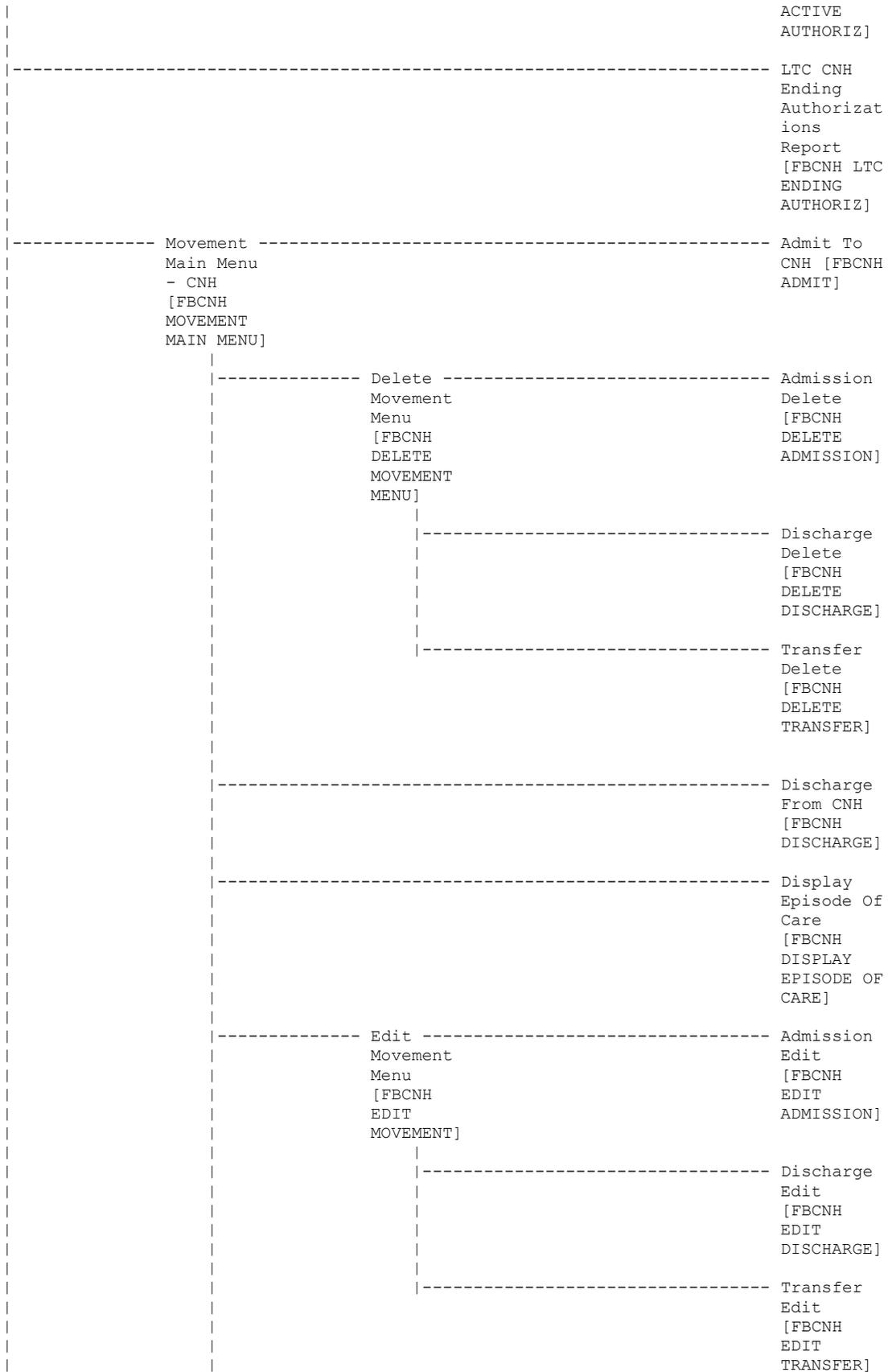


		Delete reject flag [FBAA VOUCHER DELETE REJECT] **LOCKED: FBAASUPERV ISOR**
		Status of Batch [FBAA BATCH STATUS]
		List Items in Batch [FBAA LIST BATCH]
		Batch Delete [FBAA BATCH DELETE]
		Open Ancillary Payment Batch [FBCH OPEN ANCILLARY BATCH]
Output	Menu [FBCH OUTPUT MENU]	7078 Print [FBCH PRINT 7078]
		Check Display [FB CHECK DISPLAY]
		Civil Hospital Census Report [FBCH CENSUS REPORT]
		Cost Report for Civil Hospital [FBCH COST REPORT]
		Display Open Batches [FBAA DISPLAY OPEN BATCHES]
		FPPS Claim Inquiry

	[FB FPFS CLAIM INQ]
	Invoice Display [FBCH INVOICE DISPLAY]
	List Batches Pending Release [FBAA LIST CLOSED BATCHES]
	Non-VA Hospital Activity Report [FBCH HOSPITAL ACTIVITY]
	Pending Pricer Rejects [FBCH PRICER REJECTS]
	Potential Cost Recovery Report [FB PCR]
	Print Rejected Payment Items [FBAA REJECT PRINT]
	Request Statistics [FBCH REQUEST STATS]
	Unauthoriz ed Claims Cost Report for Civil Hospital [FBCH UC COST REPORT]
	Vendor Payments Output [FB PAY VENDOR]
	Veteran Payments Output [FB

		Enter Veteran Rates under new Vendor Contract [FBCNH ENTER VETERAN RATES]
		Print List of Cancelled 7078 [FBCH PRINT CANCELLED 7078] **LOCKED: FBAASUPERV ISOR**
Batch Main Menu - CNH [FBCNH BATCH MAIN MENU]		Batch Delete [FBAA BATCH DELETE]
		Close-out Batch [FBAA CLOSE BATCH]
		Delete reject flag [FBAA VOUCHER DELETE REJECT] **LOCKED: FBAASUPERV ISOR**
		Display Open Batches [FBAA DISPLAY OPEN BATCHES]
		Edit Batch data [FBAA BATCH EDIT]
		Finalize a Batch [FBAA FINALIZE BATCH] **LOCKED: FBAASUPERV ISOR**
		List Batches Pending

		Release [FBAA LIST CLOSED BATCHES]
		----- List Items in Batch [FBAA LIST BATCH]
		----- Open CNH Batch [FBCNH OPEN BATCH]
		----- Re-initiat e Rejected Payment Items [FBAA REINITIATE REJECTS]
		----- Re-open Batch [FBAA REOPEN BATCH]
		----- Release a Batch [FBAA SUPERVISOR RELEASE] **LOCKED: FBAASUPERV ISOR**
		----- Status of Batch [FBAA BATCH STATUS]
	----- Fee Fund Control Main Menu - CNH [FBCNH FUND CONTROL MAIN MENU] 	----- Estimate Funds for Obligation [FBCNH ESTIMATE FUNDS]
		----- Post Commitment s for Obligation [FBCNH POST COMMITMENT S]
	-----	----- LTC CNH Active Authorizat ions Report [FBCNH LTC]



		Transfer Movement [FBCNH TRANSFER]
Output		7078 Print [FBCH PRINT 7078]
Main Menu		
- CNH		
[FBCNH		
OUTPUTS		
MAIN MENU]		
		Activity Report for CNH [FBCNH ACTIVITY REPORT]
		AMIS 349 Print [FBCNH AMIS]
		Check Display [FB CHECK DISPLAY]
		CNH Census Report [FBCNH CENSUS REPORT]
		CNH Stays in Excess of 90 Days [FBCNH ADMISSIONS > 90 DAYS]
		Contract Expiration List [FBCNH EXPIRATION REPORT]
		Cost Report for Contract Nursing Home [FBCNH COST REPORT]
		Display Episode Of Care [FBCNH DISPLAY EPISODE OF CARE]
		FPFS Claim Inquiry [FB FPFS

		CLAIM INQ]
		Invoice Display [FBCH INVOICE DISPLAY]
		Nursing Home 10-0168 Report [FBCNH RCS 10-0168 REPORT]
		Payment & Totals Report - CNH [FBCNH LIST PAYMENT & TOTALS]
		Potential Cost Recovery Report [FB PCR]
		Print Rejected Payment Items [FBAA REJECT PRINT]
		Report of Admissions /Discharges for CNH [FBCNH AMIE]
		Roster Print [FBCNH PRINT ROSTER]
		Vendor Payments Output [FB PAY VENDOR]
		Veteran Payments Output [FB PAY VETERAN]
	Payment Main Menu - CNH [FBCNH PAYMENT MAIN MENU]	Delete Inpatient Invoice [FBCH DELETE INVOICE]

		Edit CNH Payment [FBCNH EDIT PAYMENT]
		Enter CNH Payment [FBCNH ENTER PAYMENT]
		Queue Data for Transmissi on [FBAA QUEUE DATA FOR TRANS.] **LOCKED: FBAASUPERV ISOR**
		Update Vendor Contract/R ates - CNH [FBCNH UPDATE VENDOR CONTRACT]
		Vendor Enter/Edit [FBCNH VENDOR ENTER/EDIT]
----- Medical ----- Fee Main Menu [FBAA MEDICAL MAIN MENU]	Batch Main Menu [FBAA BATCH MENU]	Active Batch Listing by Status [FBAA ACTIVE BATCH LISTING]
		Batch Delete [FBAA BATCH DELETE]
		Batch status for a Range of Batches [FBAA BATCH RANGE]
		Close-out Batch [FBAA CLOSE BATCH]
		Display

	Open Batches [FBAA DISPLAY OPEN BATCHES]
	----- Edit Batch data [FBAA BATCH EDIT]
	----- List Items in Batch [FBAA LIST BATCH]
	----- Open a Batch [FBAA OPEN BATCH]
	----- Re-open Batch [FBAA REOPEN BATCH]
	----- Release a Batch [FBAA SUPERVISOR RELEASE] **LOCKED: FBAASUPERV ISOR**
	----- Status of Batch [FBAA BATCH STATUS]
	----- Enter Authorizat ion [FBAA ENTER AUTHORIZAT ION]
	----- LTC Outpatient Active Authorizat ions Report [FBAA LTC ACTIVE AUTHORIZ]
	----- LTC Outpatient Ending Authorizat ion Report [FBAA LTC ENDING AUTHORIZ]
----- Outputs -----	----- Suspension

Main Menu
[FBAA
OUTPUTS
MENU]

Letter
Print
[FBAA
SUSPENSION
LETTER
PRINT]

Individual
Suspension
Letter
Print
[FBAA
SUSPENSION
LETTER
INDIV]

7079 Print
for
Selected
Patient
[FBAA
PRINT 7079
SINGLE]

Check
Display
[FB CHECK
DISPLAY]

Display ID
Card
History
for
Patient
[FBAA
DISPLAY ID
CARD
HISTORY]

FPFS Claim
Inquiry
[FB FPFS
CLAIM INQ]

Group 7079
Print
[FBAA
PRINT 7079
GROUP]
**LOCKED:
FBAASUPERV
ISOR**

Invoice
Display
[FBAA
INVOICE
DISPLAY]

MST Report
[FBAA MST
REPORT]

Obsolete
ID Cards
List [FBAA
OBSOLETE
ID CARDS]

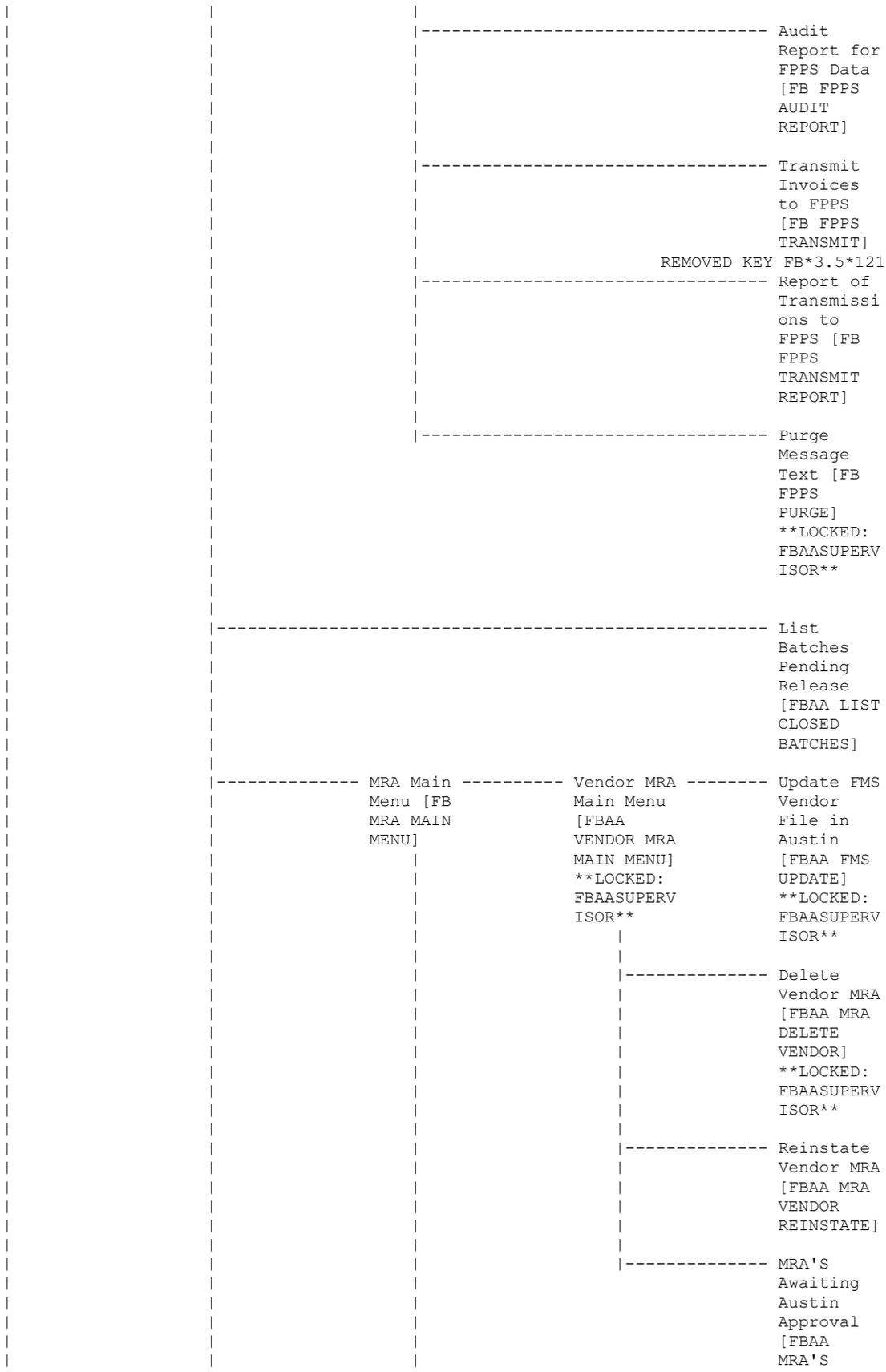
Outpatient
Cost

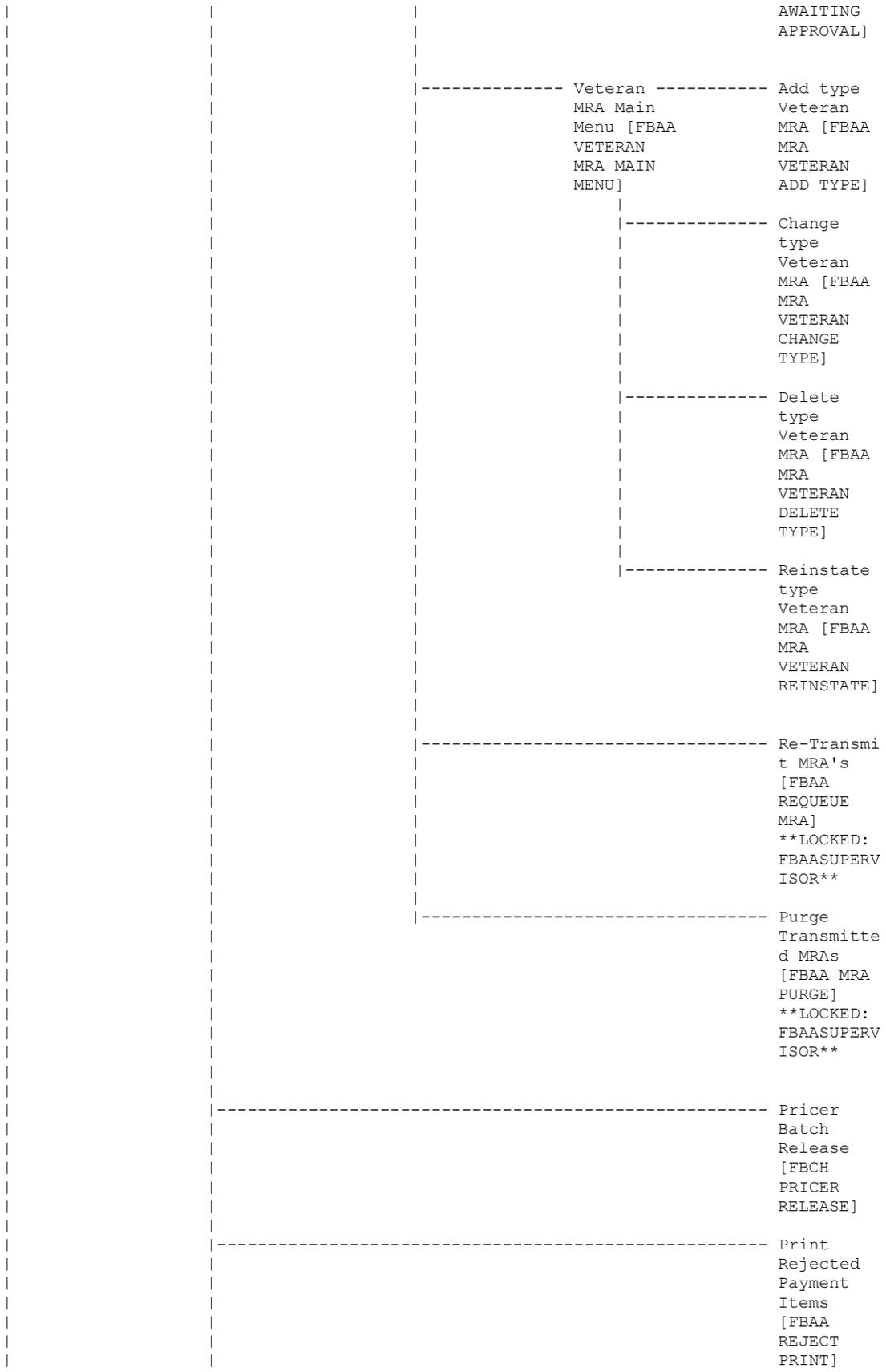
		Report [FBAA COST REPORT]
		Payment History Display [FBAA PAYMENT HISTORY DISPLAY]
		Potential Cost Recovery Report [FB PCR]
		Print Rejected Payment Items [FBAA REJECT PRINT]
		PSA Output Report [FBCH PSA OUTPUT]
		RBRVS Fee Schedule Cost Comparison [FBAA COST COMPARISON]
		Valid ID Cards List [FBAA ID CARDS CURRENT LIST]
		Vendor Payments Output [FB PAY VENDOR]
		Veteran Payments Output [FB PAY VETERAN]
	Payment menu [FBAA PAYMENT MENU]	C&P/Multip le Patient Payment Entry [FBAA C&P ENTER PAYMENT]
		Calculate Payment Amount [FBAA FEE]

		SCHEDULE RATE]
		Delete Payment Entry [FBAA DELETE PAYMENT]
		Edit Payment [FBAA EDIT PAYMENT]
		Enter Payment [FBAA ENTER PAYMENT]
		Invoice Display [FBAA INVOICE DISPLAY]
		Multiple Payment Entry [FBAA MULTIPLE PAYMENT ENTRY]
		Re-initiate Rejected Payment Items [FBAA REINITIATE REJECTS]
		Reimbursement Payment Entry [FBAA MEDICAL REIMBURSEMENT]
		Travel Payment Only [FBAA TRAVEL ENTRY]
	Registrati on Menu [FBAA REGISTRATI ON MAIN MENU]	Authorizat ion Display [FBAA AUTHORIZAT ION DISPLAY]
		Fee Patient Inquiry [FBAA

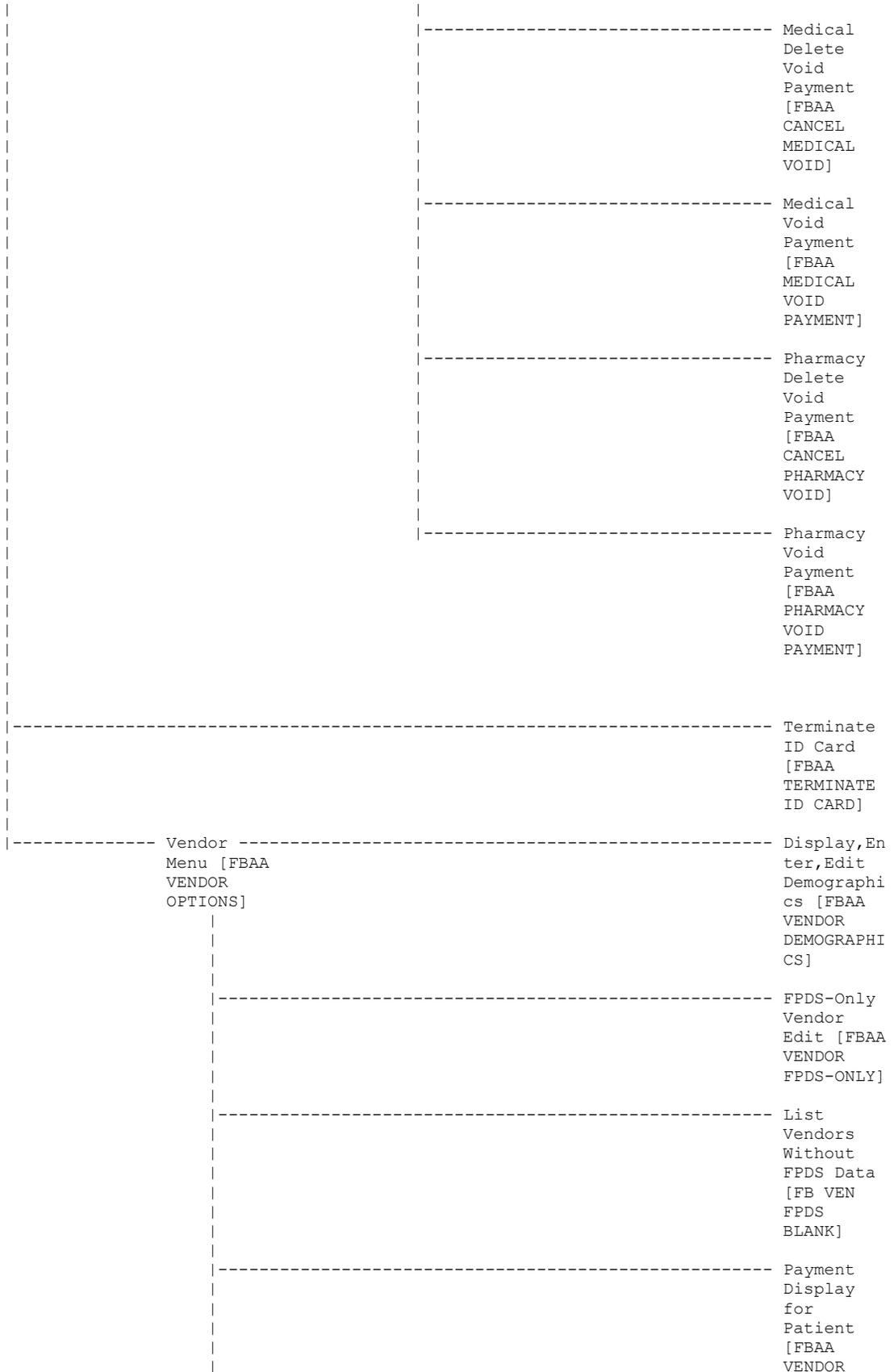
		PATIENT INQUIRY]
		Print Report of Contact [FBAA PRINT REPORT OF CONTACT]
		Report of Contact [FBAA REPORT OF CONTACT]
Supervisor Main Menu [FBAA SUPERVISOR OPTIONS] **LOCKED: FBAASUPERV ISOR**		Add New Person for Unauthoriz ed Claim [FBUC ADD NEW PERSON]
		Clerk Look-Up For An Authorizat ion [FBAA CLERK LOOK-UP]
		Delete reject flag [FBAA VOUCHER DELETE REJECT] **LOCKED: FBAASUPERV ISOR**
		Disapprova l Reasons File Enter/Edit [FBUC DISAPPROVA L REASONS FILE]
		Dispositio ns File Edit [FBUC DISPOSITIO NS FILE]
		Edit Pharmacy Invoice Status [FBAA EDIT INVOICE STATUS]
		Enter/Edit Suspension Letters

		[FBAA ENTER/EDIT LETTERS]
		Fee Basis 1358 Segregatio n of Duty Report [FB SEG DUTY RPT] FB*3.5*117
	Fee Schedule Main Menu [FBAA FEE SCHEDULE] **LOCKED: FBAASUPERV ISOR**	Add/Edit Fee Schedule [FBAA EDIT SCHEDULE]
		Compile Fee Schedule [FBAA CALCULATE SCHEDULE]
		Print Fee Schedule [FBAA PRINT SCHEDULE]
		Finalize a Batch [FBAA FINALIZE BATCH] **LOCKED: FBAASUPERV ISOR**
	FPFS Update & Transmit Menu [FB FPFS UPDATE MENU]	Outpatient /Ancillary Invoice Edit [FBAA FPFS EDIT INVOICE] **LOCKED: FBAASUPERV ISOR**
		Pharmacy Invoice Edit [FBRX FPFS EDIT INVOICE] **LOCKED: FBAASUPERV ISOR**
		Inpatient Invoice Edit [FBCH FPFS EDIT INVOICE] **LOCKED: FBAASUPERV ISOR**





	Queue Data for Transmissi on [FBAA QUEUE DATA FOR TRANS.] **LOCKED: FBAASUPERV ISOR**
	Re-initiat e Rejected Payment Items [FBAA REINITIATE REJECTS]
	Release a Batch [FBAA SUPERVISOR RELEASE] **LOCKED: FBAASUPERV ISOR**
	Request Info File Enter/Edit [FBUC REQUEST INFO FILE]
	Site Parameter Enter/Edit [FBAA ENTER SITE PARAMETERS] **LOCKED: FBAASUPERV ISOR**
Void Payment Main Menu [FBAA VOID PAYMENT MENU]	CH Delete Void Payment [FBCH DELETE VOID]
	CH Void Payment [FBCH VOID PAYMENT]
	CNH Delete Void Payment [FBCNH DELETE VOID]
	CNH Void Payment [FBCNH VOID PAYMENT]



	LOCKED: FBAASUPERV ISOR
	Status of Batch [FBAA BATCH STATUS]
	Check Display [FB CHECK DISPLAY]
	Closeout Pharmacy Invoice [FBAA CLOSE OUT INVOICE]
	Complete Pharmacy Invoice [FBAA COMPLETE PHARMACY INVOICE]
	Display Pharmacy Invoice [FBAA PHARMACY INVOICE DISPLAY]
	Edit Pharmacy Invoice [FBAA EDIT PHARMACY INVOICE]
	Enter Pharmacy Invoice [FBAA ENTER PHARMACY INVOICE]
	FPFS Claim Inquiry [FB FPFS CLAIM INQ]
	List Invoices Pending MAS Completion [FBAA PENDING MAS COMPLETION]
	List

	Pharmacy History [FBAA PHARMACY HISTORY]
	Patient Re-imburse ment [FBAA REIMBURSEM ENT PHARMACY]
	Pharmacy Invoice Status [FBAA PHARMACY INVOICE STATUS]
	Potential Cost Recovery Report [FB PCR]
	Prescripti ons Pending Pharmacy Review [FBAA LIST PENDING RX]
	Review Fee Prescripti on [FBAA PHARMACY REVIEW]
	Vendor Payments Output [FB PAY VENDOR]
	Veteran Payments Output [FB PAY VETERAN]
----- State Home Main Menu [FBSH MAIN MENU]	----- Enter New State Home Authorizat ion [FBSH ENTER AUTH]
	----- Change a State Home Authorizat ion [FBSH CHANGE AUTH]
	----- Delete a State Home

		CLAIM]
		Re-open Unauthoriz ed Claim [FBUC REOPEN]
		Initiate Appeal for Unauthoriz ed Claim [FBUC INITIATE APPEAL]
		Appeal Edit for Unauthoriz ed Claim [FBUC APPEAL EDIT]
		COVA Appeal Enter/Edit [FBUC COVA APPEAL]
		Request Informatio n on Unauthoriz ed Claim [FBUC REQUEST INFORMATIO N]
		Receive Requested Informatio n [FBUC RECEIVE INFORMATIO N]
	Letters for Unauthoriz ed Claim [FBUC LETTERS]	Update Date Letter Sent [FBUC UPDATE DATE LETTER SENT]
		Batch Print Letters [FBUC BATCH PRINT LETTERS]
		Reprint Letter(s) [FBUC REPRINT LETTER(S)]

		Payments for Unauthoriz ed Claims [FBUC PAYMENTS]
	Outputs for Unauthoriz ed Claims [FBUC OUTPUTS]	All Claims by Vendor/Vet eran/Other [FBUC ALL CLAIMS OUTPUT]
		Check Display [FB CHECK DISPLAY]
		Disapprove d EDI Claim Report [FBUC DISAPPROVE D EDI]
		Display Unauthoriz ed Claim [FBUC DISPLAY UNAUTHORIZ ED]
		Dispositio n/Status Statistics Display/Pr int [FBUC STATS OUTPUT]
		Expiration Display/Pr int [FBUC EXPIRE OUTPUT]
		FPFS Claim Inquiry [FB FPFS CLAIM INQ]
		Millennium Act Emergency Care Summary Report [FBUC MILL ACT SUMMARY]
		Status Display/Pr int of Unauthoriz

		ed Claims [FBUC STATUS OUTPUT]
		Unauthoriz ed Claims Cost Report for Civil Hospital [FBCH UC COST REPORT]
		Vendor Payments Output [FB PAY VENDOR]
		Veteran Payments Output [FB PAY VETERAN]
		Display Unauthoriz ed Claim [FBUC DISPLAY UNAUTHORIZ ED]
	Utilities for Unauthoriz ed Claims [FBUC UTILITIES]	Vendor Enter/Edit [FBCNH VENDOR ENTER/EDIT]
		Add New Person for Unauthoriz ed Claim [FBUC ADD NEW PERSON]
		Associate an Unauthoriz ed Claim to a Primary [FBUC ASSOCIATE]
		Disassocia te an Unauthoriz ed Claim [FBUC DISASSOCIA TE]
		Delete Unauthoriz ed Claim



Non-Menu Diagram Exported Options

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

- **FBAA BATCH SERVER (FB*3.5*131)**
This server processes incoming Payment Batch Result messages from Central Fee. The Payment Batch Result message is a response to a Payment Batch message. The result message provides a count of accepted line items and identifies any line items that were rejected by Central Fee edit checks.
- **FBAA MRA PURGE AUTO**
This option is taskable and will purge transmitted MRAs. It should be used only when you are sure Austin has received your MRA transmissions, since use of this option will prevent retransmission of MRAs. Upon successful completion of the purge, a mail message will be sent to a mail group confirming the purge specifics. Remember to add a mail group to the FBAA PURGE TRANSMITTED MRA'S bulletin.
- **FBAA MRA SERVER**
This server processes all incoming MRA messages received from Austin through MailMan.
- **FBAA PAID SERVER**
This server processes incoming payment information sent from FMS. The job will run in the background and will send a bulletin to the FEE mail group upon completion. The bulletin will detail the number of vendors found for each action type taken. FB*3.5*121 the message length from Central Fee is changing to 138 characters. The FBPAID and FBPAID1 routines were modified to accept either length (existing 82 or new 138 character) messages. See Appendix B for the 138 character message format.

- **FBAA REJECT SERVER (FB*3.5*131)**
This server processes incoming Post Voucher Reject messages from Central Fee. The Post Voucher Reject message identifies payment line items that have been dropped from Central Fee after receipt of the Voucher Batch message for that line item.
- **FBAA VOUCHER SERVER (FB*3.5*131)**
This server processes incoming Voucher Batch Acknowledgement messages from Central Fee. The Voucher Batch Acknowledgement message contains the Central Fee application acknowledgement for a Voucher Batch message.
- **FBUC QUEUE BATCH PRINT**
If your letters are not automatically printed, and you choose not to use the Batch Print Letters option in the Letters for Unauthorized Claim submenu, this option should be run at least once a day.
- **FBUC ABANDONED**
This option is to be queued to run nightly. A device needs to be specified. It will search the FEE BASIS UNAUTHORIZED CLAIMS file (#162.7) for those claims that have the status of INCOMPLETE UNAUTHORIZED CLAIM or APPEAL/ISSUED STATEMENT OF CASE. If the expiration date for these claims is met, the claim will be dispositioned to ABANDONED. A printout of those claims which were updated will print to the specified device.
- **FB FPPS MONITOR (FB*3.5*122)**
This option should be queued to run nightly after the FP FPPS TRANSMIT option has completed its nightly run. It checks two new parameters in the FEE BASIS SITE PARAMETERS (#161.4) file to verify that the transmit option is being run in a timely manner (e.g. daily) and sends messages to G.FEE (local VistA users) and Fee.EDI_Issues@va.gov (Purchased Care Business office) to alert users that payment data is has not been sent. This option may also be run interactively to check the status of the transmit option and can be added as a Fee user's (e.g. Fee Administrator) secondary menu option. Running the option interactively does not send messages to any mail group.

Example message to G.FEE mail group:

```

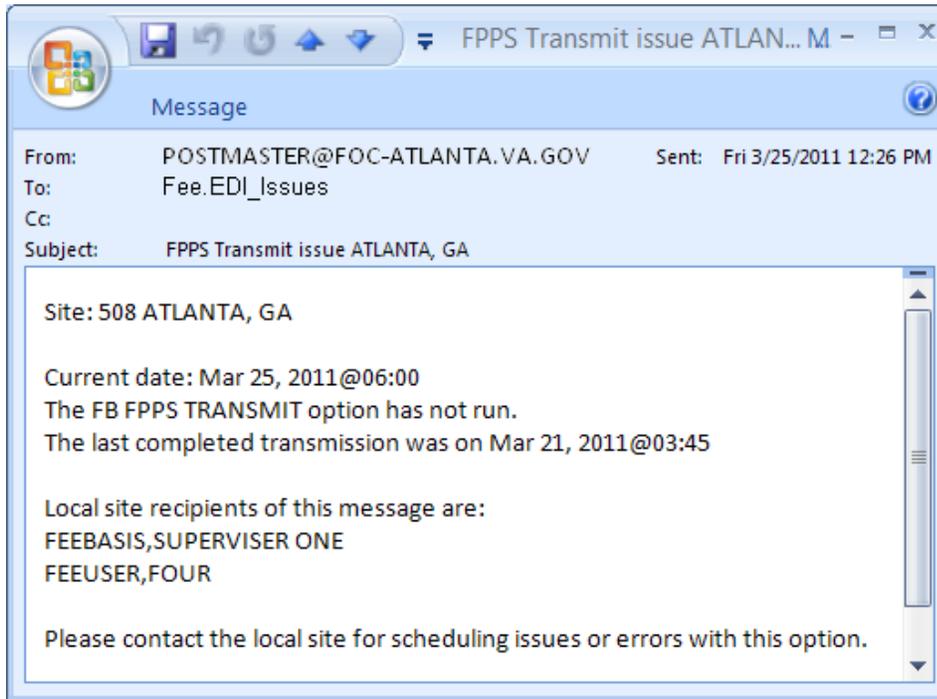
Subj: FEE BASIS FPPS Transmit Issue Mar 24, 2011  [#300421] 03/24/11@06:01  5 lines
From: FEE BASIS  In 'IN' basket.    Page 1
-----
Current date: Mar 24, 2011@06:00
The FB FPPS TRANSMIT option has not run.
The last completed transmission was on Mar 21, 2011@03:45

Please check the FB FPPS TRANSMIT option for scheduling issues or errors.

Enter message action (in IN basket): Ignore//

```

Example message to Fee.EDI_Issues mail group:



(This page included for two-sided copying.)

Archiving and Purging

Archiving

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

Purging

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

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

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

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

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

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

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

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

The FBAABPG routine will not free up a large amount of disk space. With DUZ and DT set as well as DUZ(0)="@" in programmer mode, do the following.

```
>  
>D ^FBAABPG
```

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

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

```
Purge batch #'s PRIOR to date : 1/1/93 (JAN 01, 1993)  
DEVICE: HOME// QUEUE TO PRINT ON  
DEVICE: HOME// A137 RIGHT MARGIN: 80// <RET>
```

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

```
.....
```

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

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

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

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

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

External Relations

1. In order to run this package, your facility must be running a minimum of the following .

VA File Manager V. 20.0
NEW PERSON file (#200)
Kernel V. 7.1
Kernel Toolkit V. 7.2
IFCAP V. 4.0
Fee Basis V. 3.0 (if previously running Fee Basis)
PIMS V. 5.3
Integrated Billing V. 2.0
CPT V. 5.0

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

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

2. Fee Basis V. 3.5 custodial integration agreements.

IFCAP (DBIA #287)

Fee Basis provides IFCAP with a way to determine Fee codesheet headers.

Clinical Reminders (DBIA #5619)

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

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

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

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

- Returns the events and actors for a 1358 obligation. FB*3.5*117

Registration (DBIA #s: 64, 186-C, 226-A, 226-B, 226-C, 226-D, 226-E, 226-F, 1011)

Registration provides Fee Basis with the following.

- Look-up to the BENEFICIARY TRAVEL MODE OF TRANSPORTATION file (#392.4).
- Look-up to the PERIOD OF SERVICE file (#21).
- A call into the routine to create a PTF record.
- Calls to determine Category C status.
- A call into the registration routine.
- A call to display rated disabilities.
- A call to determine last Means Test for a patient.
- Ability to add insurance company information to the PATIENT file (#2).
- A routine to transmit records to a remote location.

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

Integrated Billing provides Fee Basis with the following.

- Look-up to the PLACE OF SERVICE file (#353.1).
- Look-up to the TYPE OF SERVICE file (#353.2).
- Ability to add insurance information.

Kernel (DBIA #s: 290-A, 290-B)

Kernel provides Fee Basis with the following.

- Ability to reference the DEVICE (%ZIS(1)) and TERMINAL TYPE (%ZIS(2)) files.

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

DRG Grouper provides Fee Basis with the following.

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

(This page included for two-sided copying.)

Internal Relations

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

Package-wide Variables

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

How to Generate On-Line Documentation

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

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

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

%INDEX

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

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

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

INQUIRE OPTION

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

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

PRINT OPTION FILE

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

LIST FILE ATTRIBUTES

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

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

Glossary

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

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

Appendix A – Transmission Mappings¹

MRA Mapping C1

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

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

A-2 MRA Mapping C4

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

A-3 Batch Header

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

A- 4 B3 (Outpatient/Ancillary) Batch

POSITION	VARIABLE NAME	FIELD #	FILE #	FIELD NAME
1	Value of „3“			
2 – 7	FBAASN	16	161.7	STATION NUMBER
8 – 17	FBSSN	9	2	SSN
18	FBPAYT	18	162	PAYMENT TYPE CODE 'R' FOR REIMBURSEMENT; 'S' FOR STATISTICAL; 'V' FOR VENDOR;
19 – 53	FBPNAMX	.01	2	PATIENT NAME
54 - 66	FBVID	1	161.2	VENDOR ID NUMBER
67 - 74	FBAP	6;1;2;2	162	AMOUNT PAYED
75 – 78	FBAAON	3	161.7	TYPE 'B3' FOR MEDICAL PAYMENTS; 'B5' FOR HOMETOWN PHARMACY PAYMENTS; 'C1' FOR VENDOR FILE ACTIVITIES; 'C2' FOR VETERAN MRA ACTIVITIES; 'C4' FOR PHARMACY FILE ACTIVITIES; 'B2' FOR TRAVEL PAYMENTS; 'B9' FOR CH/CNH;
79	FBSUSP	6;1;2;4	162	SUSPEND CODE
80 – 81	FBPOV	6;1;2;16	162	PURPOSE OF VISIT
82 - 83	FBPATT	6;1;2;15	162	TREATMENT TYPE CODE
84 – 91	FBTD converts to FBTDSR1	6;1;.01	162	INITIAL TREATMENT DATE
92	FBTT	UNKNOWN =>		

93 – 100	FBDIN	6;1;2;13	162	DATE CURRENT INVOICE RECEIVED
101 – 109	FBINVN	6;1;2;15	162	INVOICE NUMBER
110 – 142	RESERVE FOR FUTURE USE			
143 - 144	FBST	1	5	STATE
145 - 147	FBCTY	5;01;3	5	VA COUNTY CODE
148 – 156	FBZIP		2	ZIP CODE
157 – 159	FBPSA	6;1;2;12	162	PRIMARY SERVICE
160 – 164	FBCPT	.01	81	CPT CODE
165 – 166	FBPOS	6;1;2;30	162	PLACE OF SERVICE
167 – 168	FBHCFA	6;1;2;31	162	HCFA TYPE OF SERVICE
169 - 170	FBVTOS	6;1;2;29	162	VA TYPE OF SERVICE
171 - 177	FBPD	6;1;2;28	162	PRIMARY DIAGNOSIS
178	COMPUTE D	6;1;2;33	162	PROMPT PAY TYPE
179 -186		NO FIELD ASSOCIATED		
	SPACES			
187 - 216	FBPICN	VISTA INTERNAL CONTROL NUMBER		
217 – 214		COMPUTE VENDOR INVOICE DATE		

225 – 232	FBADMIT	3.5	162.4	DATE OF ADMISSION
233 – 240	FBDOB		2	DATE OF BIRTH
241	“~”	BLOCK DELIMITER		

A-5 B3 (Outpatient/Ancillary) Batch (Line 2)

POSITION	VARIABLE NAME	FIELD #	FILE #	FIELD NAME
1 - 5	FBUNITS	6;1;2;47	162	UNITS PAID
6	FBAUTHF	„A“ or „U“		
7 - 11	FBMOD1	6;1;2;46;.01	162	CPT MODIFIER
12 - 16	FBMOD2	6;1;2;46;.01	162	CPT MODIFIER
17 - 21	FBMOD3	6;1;2;46;.01	162	CPT MODIFIER
22 - 26	FBMOD4	6;1;2;46;.01	162	CPT MODIFIER
27 - 31	FBADJR1	6;1;2;52;.01	162	ADJUSTMENT REASON
32 - 36	FBADJR2	6;1;2;52;.01	162	ADJUSTMENT REASON
37 - 45	AFADJA1	6;1;2;52;2	162	ADJUSTMENT AMOUNT
46 - 54	ABADJA2	6;1;2;52;2	162	ADJUSTMENT AMOUNT
55 - 64	NPI	41.01	162	NPI
65 - 84	FBSCID	6;1;2;49	162	PATIENT ACCOUNT NUMBER
85	FBEDIF		162	EDI FLAG
86 - 105	FBCNTRN	6;1;2;54	162	CONTRACT NUMBER
106 - 137	SPACES	RESERVED FOR IPAC		
29 - 30	“~\$”			

A-6 B5 Batch

POSITION	VARIABLE NAME	FIELD #	FILE #	FIELD NAME
1	Value of "5"			
2 – 7	FBAASN	16	161.7	STATION NUMBER
8 – 17	FBSSN	9	2	SSN
18	FBPAYT 162.11	16		PAYMENT TYPE CODE
	'R' FOR REIMBURSEMENT;			
	'S' FOR STATISTICAL;			
	'V' FOR VENDOR;			
19 – 53	FBPNAMX	.01	2	PATIENT NAME
54 – 62	FBVID	1	161.2	ID NUMBER
63 – 66	FBCSN	8	161.2	CHAIN NUMBER
67 – 74	FBAC	3	162.11	AMOUNT CLAIMED
75 – 82	FBAP	6.5	162.11	AMOUNT PAYED
83 – 86	FBAAON	\$E(161.7:1, 3,6)	161.7	OBLIGATION NUMBER
87	FBSUSP	.01	161.27	SUSPENSE CODE
88 - 95	FBTD converts to FBTDSR1	2	162.11	DATE PRESCRIPTION FILLED
96 – 103	FBRX	.01	162.11	
104 –111	FBDIN	1	162.1	DATE CURRENT INVOICE RECEIVED

112 - 120	FBINVN	.01	162.1	INVOICE NUMBER
121 - 153	SPACES	FUTURE USE		FUTURE USE (FOREIGN ADDRESS) STATE
154 - 155	FBST	1	5	
156 -158	FBCTY	2	5.01	VA COUNTY CODE
159 - 167	FBZIP	4	162.11	ZIP CODE
168 - 170	FBPSA	25	162.11	PRIMARY SERVICE
171	FBY	29	162.11	FACILITY INTEREST INDICATOR
172 - 179	FBCLM			DATE TO CALM
180 - 209	FBPICN	NO FIELD ASSOCIATED		INTERNAL VISTA CONTROL NUMBER
210 - 217	FBVIN	12	162.1	
218	“~”			BLOCK DELIMETER

B5 LINE 2

1 - 5	FBADJR1		162.14	ADJUSTMENT
6 - 10	FBADJR2		162.14	REASON ADJUSTMENT
11 - 19	FBADJA1		162.14	REASON ADJUSTMENT
20 - 28	FBADJA2		162.14	AMOUNT ADJUSTMENT
29 - 38	FBNPI	41.01	161.2	AMOUNT NATIONAL PROVIDER IDENTIFIER
39	FBEDIC	13	162.1	EDI CLAIM FLAG
40 - 71	SPACES			RESERVED FOR IPAC
72 -73	"~\$"			

A-7 B9 Inpatient
Batch

POSITION	VARIABLE NAME	FIELD #	FILE #	FIELD NAME
1	Value of "9"			
2 – 7	FBAASN	16	161.7	STATION NUMBER
8 – 17	FBSSN	9	2	SSN
18	FBPAYT	18	162	PAYMENT TYPE CODE
	'R' FOR REIMBURSEMENT; 'S' FOR STATISTICAL; 'V' FOR VENDOR;			
19 – 53	FBPNAMX	.01	2	PATIENT NAME
54 – 66	FBVID	1	161.2	MEDICAL VENDOR ID NUMBER
67 – 75	FBAP	8	162.5	AMOUNT PAYED
76 – 79	FBAAON	\$E(161.7:1,3,6)		OBLIGATION NUMBER
80	FBSUSP	10	162.5	SUSPEND CODE
81 – 82	FBPOV	21	162.5	PURPOSE OF VISIT
83 - 84	FBPATT	22	162.5	PATIENT TYPE CODE
85 – 92	FBFTD	5	162.5	FROM DATE
93 – 100	FBTTD	6	162.5	TO DATE
101 – 108	FBDIN	1	162.5	DATE CURRENT INVOICE RECEIVED
109 – 117	FBINVN	.01	162.5	INVOICE NUMBER
118 – 123	FBVMID	2	162.5	MEDICARE ID NUMBER
124 - 156	SPACES			RESERVED FOR FOREIGN ADDRESS

157 – 158	FBST	1	5	STATE
159 -161	FBCTY	2	5.01	VA COUNTY CODE
162 – 170	FBZIP	3	162.5	ZIP CODE
171 – 173	FBPSA	23	162.5	PRIMARY SERVICE FACILITY
174	FBPPT	47	162.5	PROMPT PAY TYPE
175 – 182	SPACES			DATE TO CALM
183	SPACE			
184 - 188	SPACES			CPT FILLER
189 – 195	FBDX(1)	30	162.5	ICD1
196	FBPOA1	30.02	162.5	PRESENT ON ADMISSION 1
197 – 203	FBDX(2)	31	162.5	ICD2
204	FBPOA2	31.02	162.5	PRESENT ON ADMISSION 1
205 – 211	FBDX(3)	32	161.5	ICD3
212	FBPOA3	32.02	161.5	PRESENT ON ADMISSION 3
213 – 219	FBDX(4)	33	161.5	ICD4
220	FBPOA4	33.02	161.5	PRESENT ON ADMISSION 4
221 – 227	FBDX(5)	34	161.5	ICD5
228	FBPOA5	34.02	161.5	PRESENT ON ADMISSION 5
229	“~”			BLOCK DELIMETER

A-8

B9 Inpatient Batch (Line 2)

POSITION	VARIABLE NAME	FIELD #	FILE #	FIELD NAME
1 - 23	FBPICN			VISTA INTERANL CONTROL NUMBER
24 - 31	\$\$AUSDT^F BAAV3(+FB Y)	46	162.5	VENDOR INVOICE DATE
32 - 38	FBPRC(1)	40	162.5	PRC1
39 - 45	FBPRC(2)	41	162.5	PRC2
46 - 52	FBPRC(3)	42	161.5	PRC3
53 - 59	FBPRC(4)	43	161.5	PRC4
60 - 66	FBPRC(5)	44	161.5	PRC5
67 - 75	FBAC	7	162.5	AMOUNT CLAIMED
76 - 84	FBPA	26	162.5	PRICER AMOUNT
85 - 88	FBDRG	24	162.5	DISCHARGE DRG
89	SPACE			
90 - 97	FBADMIT	3.5	162.4	DATE OF ADMISSION
98 - 105	FBDISDT	4.5	162.4	DATE OF DISCHARGE
106 - 113	FBDOB		2	DATE OF BIRTH

114 – 116	FBDIST	1:06	161	DISCHARGE TYPE
117 – 121	FBCDAYS	54	162.5	COVERED DAYS
122	FBAUTHF	“A” or “U”		AUTHORIZED/UNA UTHORIZED
123 – 127	FBADJR	8:01	162.5	ADJUSTMENT REASON
128 – 137	FBADJA	8:2	162.5	ADJUSTMENT AMOUNT
138 – 147	FBNPI	41.01	161.2	NPI
148 - 154	FBDX(0)	39	162.5	ADMITTING DIAGNOSIS
155 - 174	FBCSID	55	162.5	PATIENT ACCOUNT NUMBER
175	FBEDIF	“Y” or “ “		EDI CLAIM IDENTIFIER
176 - 195	FBCNTRN	60	162.5	CONTRACT NUMBER
196 - 227	SPACES			RESERVED FOR IPAC
228	“~”			BLOCK DELIMITER

A-9 **B9 Inpatient Batch (Line 3)**

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

A-10 **B9 Inpatient Batch (Line 4)**

POSITION	VARIABLE NAME	FIELD #	FILE #	FIELD NAME
1 – 7	FBICD(11)	35.5	162.5	ICD CODE 11
8	FBPOA(11)	35.52	162.5	PRESENT ON ADMISSION 11
9 – 15	FBICD(12)	35.6	162.5	ICD CODE 12
16	FBPOA(12)	35.62	162.5	PRESENT ON ADMISSION 12
17 – 23	FBICD(13)	35.7	162.5	ICD CODE 13
24	FBPOA(13)	35.72	162.5	PRESENT ON ADMISSION 13
25 – 31	FBICD(14)	35.8	162.5	ICD CODE 14
32	FBPOA(14)	35.82	162.5	PRESENT ON ADMISSION 14
33 – 39	FBICD(15)	35.9	162.5	ICD CODE 15
40	FBPOA(15)	35.92	162.5	PRESENT ON ADMISSION 15
41 – 47	FBICD(16)	36	162.5	ICD CODE 16
48	FBPOA(16)	36.02	162.5	PRESENT ON ADMISSION 16
49 – 55	FBICD(17)	36.1	162.5	ICD CODE 17
56	FBPOA(17)	36.12	162.5	PRESENT ON ADMISSION 17

57 – 63	FBICD(18)	36.2	162.5	ICD CODE 18
64	FBPOA(18)	36.22	162.5	PRESENT ON ADMISSION 18
65 – 71	FBICD(19)	36.3	162.5	ICD CODE 19
72	FBPOA(19)	36.32	162.5	PRESENT ON ADMISSION 19
73 – 79	FBICD(20)	36.4	162.5	ICD CODE 20
80	FBPOA(20)	36.42	162.5	PRESENT ON ADMISSION 20
81 – 87	FBICD(21)	36.5	162.5	ICD CODE 21
88	FBPOA(21)	36.52	162.5	PRESENT ON ADMISSION 21
89 – 95	FBICD(22)	36.6	162.5	ICD CODE 22
96	FBPOA(22)	36.62	162.5	PRESENT ON ADMISSION 22
97 – 103	FBICD(23)	36.7	162.5	ICD CODE 23
104	FBPOA(23)	36.72	162.5	PRESENT ON ADMISSION 23
105 – 111	FBICD(24)	36.8	162.5	ICD CODE 24
112	FBPOA(24)	36.82	162.5	PRESENT ON ADMISSION 24
113 – 119	FBICD(25)	36.9	162.5	ICD CODE 25
120	FBPOA(25)	36.92	162.5	PRESENT ON ADMISSION 25
121 – 127	FBPROC(11)	44.11	162.5	PROCEDURE 11
128 – 134	FBPROC(12)	44.12	162.5	PROCEDURE 12
135 – 141	FBPROC(13)	44.13	162.5	PROCEDURE 13

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

Appendix B – Transmission Mappings from Central Fee

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

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

Central Fee Description	Vista FB File,Field	Col	Length	Data Type	Example data
	162,36 162.5,49 162.1,31 162,10				
FEE-RSN-CODE	Reason Code 162,37 162.5,50 162.1,32 162,11	71	1	AlphaNum	U (if cancelled)
FEE-CNC-CODE	Cancellation Activity 162,38 162.5,51 162.1,33 162,12	72	1	AlphaNum	X (if cancelled)
FEE-DBRS-AMT	Dispersed Amount 162,40 162.5,52 162.1,34 162,13	73	9	Numeric ¹	000027741
FEE-RTG-NUM ²	Routing Number 162,54 162.5,60	82	9	AlphaNum	256012974
FEE-ACCT-NUM ²	Account Number 162,55 162.5,61	91	17	AlphaNum	12345678911111
FEE-BANK ²	Financial Institution 162,56 162.5,62	108	30	AlphaNum	WELLS FARGO
FEE-REC-END-IND	n/a	138	1	AlphaNum	\$

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

² New fields processed by FB*3.5*121 are in red.

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