Department of Veterans Affairs

Fee Basis

Technical Manual



Version 3.5

January 1995

Revised June 2026

Office of Information and Technology (OI&T)
Product Development

Revision History

Initiated on 12/29/04

Date	Description (Patch # if applic.)	Project Manager	Technical Writer
June 2026	Fee Basis Patch FB*3.5*194 VHAF SSNR Team Social Security Number Remediation • Replace SSN with ICN where approved. • Mask all but last 4 of SSN where approved. • Disable options with SSN that were not being used. Lock available to access if needed (listed in Options)	Donna Dailey	
Jan 2018	Fee Basis Patch FB*3.5*158: • Batch Numbers will increase in size from 5 digits to 7 digits. • Batches that are 7 years old or older can be scheduled to purge on a monthly basis. • Batch files, transmitted to Central Fee, for inpatient, outpatient, and pharmacy claims will be updated to include data elements, previously transmitted via Vitria, as well as additional claim data. • Allow a maximum of 5 CARCs per claim line item with a maximum of 2 RARCs per CARC to be entered. • Software was also modified to decrease the maximum number of lines in a batch due to the addition of new fields in the batch. o OUTPATIENT: Previously users were able to have 85 lines in a batch; this is now changed to a maximum of 50 lines per batch. o INPATIENT: Previously users were able to have 42 lines in a batch; this is now changed to a maximum of 30 lines per batch. • Associate CARCs with CORE Business Scenarios so that once a CARC and scenario is established, only additional CARCs from the same scenario can be selected. • Set up the Fee Basis data dictionary to support RARC to CARC relationships, still allowing for the selection of CARCless RARCs. Also	REDACTED	REDACTED

Date	Description (Patch # if applic.)	Project Manager	Technical Writer
	support relationships between CARCs and Groups, and RARCs and Groups. Populates ADJUSTMENT REASON (CARC) file (#161.91) with associated REMITTANCE REMARK (RARC) codes, CORE SENARIO, and ADJUSTMENT GROUPs (CAGC) to be complaint with CORE-required Code Combinations for CORE-defined Business Scenarios for the Phase III CORE 360 Uniform Use of Claim Adjustment Reason Codes and Remittance Advice Remark Codes (835) Rule version 3.3.0 June 2016.		
Oct 2016	VistA Fee Separation of Duties, Patch FB*3.5*154: • Three new security keys are implemented. • Locks on existing functionality and menu options are revised and software is modified to enforce separation of duties. • An existing problem with the identification of the associated authorization for outpatient payments and inpatient ancillary payments is resolved. • The software is modified to prevent an undefined error when a prescription is deleted. The software is modified to prevent an undefined error when rejected payments are re-initiated.	VistA Fee Separation of Duties Project Team	VistA Fee Separation of Duties Project Team
May 2016	Fee Basis, Patch FB*3.5*165 This patch deletes inappropriate reject flags from old payments, removes old payments with payment confirmation or cancellation data from in-process batches, and enhances the Print Rejected Payment Items report. Three (3) Post-Inits/install routines were added to the Routines chapter in this document: • FBXIP165 • FBXI165A • FBXI165C Existing routine updated (along with the description): FBAARJP	VistA Fee Separation of Duties Project Team	

Date	Description (Patch # if applic.)	Project Manager	Technical Writer
11/2014	Patch FB*3.5*123 – VA-DoD VistA Fee IPAC Interface Enhancements. This patch includes changes to VistA Fee to allow payments from the VA to the DoD to flow through the Dept. of Treasury Intra-Governmental Payment and Collections (IPAC) System.	REDACTED	REDACTED
10/2014	Patch FB*3.5*151, Fee Basis Separation of Duties – Retain historical information enhancement. Documentation updates: • Reformatted title page and updated footers. • Added storage requirements to Introduction chapter under Resource Requirements. • Added four new routines (FBAAAUD, FBAAAUDR, FBUCAUD, and FBXIP151) to Routines chapter. • Exported Options chapter: o Added option Historical Authorization Data Report [FBAA AUTH DATA AUDIT RPT] under Outputs Main Menu (FBAA OUTPUTS MENU). o Added Historical Authorization Data Report to Menu Diagram under Outputs Main Menu (FBAA OUTPUTS MENU). • Added VA FileMan to Subscriber Integration Agreements to External Relations chapter. Added new monitored fields to Security chapter under Audit Trails section.	VistA Fee Separation of Duties Project Team	VistA Fee Separation of Duties Project Team
9/2014	Fee Basis FB*3.5*139 Updated Title page Updated Revision History, p i-ii Updated Table of Contents, p iii-ivi This patch introduces ICD-10 Advanced Search Functionality and other updates for ICD-10 Remediation. Changes in this manual include: • Five new routines (FBASF, FBASFL, FBASFU, FBICD9 and FBICDP) Two new ICD-10 fields,	REDACTED	REDACTED

Date	Description (Patch # if applic.)	Project Manager	Technical Writer
1/2013	Fee Basis FB*3.5*132 This patch enhances the interface between VistA Fee Basis and Central Fee to improve the consistency of payment line item data between the systems. This will prevent duplicate ICN payments by ensuring that a payment line cannot be reprocessed in VistA Fee Basis unless it has been removed from Central Fee. Changes to VistA Fee Basis documented in this manual are: • New mail group: FEE FINANCE • New bulletin: FBAA SERVER • New routines. • Addition of new and modified options. • New Security Keys: FBAAFINANCE and FBAAREJECT New file: FEE BASIS PAYMENT REJECT CODE (#161.99)	REDACTED	REDACTED
9/2012	Updated from Patch Review feedback. Removed references print and sort template that is not used. Updated for FB*3.5*135 Fee 5010, added UCID field data to files 161.4, 162, and 162.5. Added UCID Menu and testing options. For Future Use: Added file 161.9 to hold FB provider data which is transferred to IB file 335.93 via a new scheduled Option FEE BASIS PAID TO IB (Not turned on). Added field #40 ALLOW FB PAID TO IB to site parameter file 161.4.	REDACTED	REDACTED
9/2012	Patch FB*3.5*124 miscellaneous changes; NO CHANGES affecting Fee Basis Security or Technical components.	REDACTED	REDACTED
5/2012	Patch FB*3.5*108 Pages. 5, 7, 79-94	REDACTED	REDACTED
4/2012	Documentation updates for Patch FB*3.5*131: • 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.	REDACTED	REDACTED

Date	Description (Patch # if applic.)	Project Manager	Technical Writer
11/2011	Updated for FB*3.5*122 and FB*3.5*133, Fee 5010 EDI, Sections: General Information, Routines, Files, Exported Options, Glossary.	REDACTED	REDACTED
6/2011	Project ARCH, FB*3.5*119 Sections: Introduction, Routines, Files, External Relations.	REDACTED	REDACTED
5/2011	1358 Segregation of Duties FB*3.5*117 Sections: Routines, Exported Options.	REDACTED	REDACTED
5/2011	Updated for FB*3.5*121 Fee 5010, updated menu diagrams, added Appendix B. Sections: Implementation and Maintenance, Files, Exported Options, Appendix B.	REDACTED	REDACTED
2/2010	Updated for the Fee Data HERO Project FB*3.5*107 and FB*3.5*108	REDACTED	REDACTED
2/2007	Updated for the NPI Project, FB*3.5*98 (Appendix A added)	REDACTED	REDACTED
12/29/04	Updated to comply with SOP192-352 Displaying Sensitive Data.		REDACTED
12/29/04	Pdf file checked for accessibility to readers with disabilities.		REDACTED

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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) VISTA 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 and provider data for potentially cost recoverable claims (added for FB*3.5*135). It allows users to enter and track unauthorized claims for all Fee Basis programs. Use of the Fee Basis software provides for more efficient and accurate operation of the Fee Basis programs with reduction of paperwork, savings in man-hours, and minimization of error.

Fee Basis also integrates with the Clinical Reminders package to Clinical Reminders (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.

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 in-patients who are placed in nursing homes in the community for an authorized period of time at VA expense.

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

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

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

General Information

Namespace Conventions

The namespace assigned to the Fee Basis package is FB.

Integrity Checker

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

Obsolete Options

The following options may be deleted.

FBAA VENDOR CLEANUP
FBAA MRA VENDOR ADD FO

Resource Requirements

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

Storage requirements:

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

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

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

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

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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 SITE NY
STATION OF JURISDICTION NAME: VAMC SITE NY// <RET>
STATION ADDRESS LINE 1: 128 HOLLAND AVE// <RET>
STATION ADDRESS LINE 2: <RET>
STATION ADDRESS LINE 3: <RET>
CITY: ALBANY// <RET>
STATE: VAMC STATE//
<RET> ZIP: 99999//
<RET>
STATION TELEPHONE NUMBER: 563-7788 OR 456-7766 Replace <RET>
APPROVING OFFICIAL FOR 7079: REDACTED// <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. DOCTOR// <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 SITE NY// <RET>
UC LETTER LINES AFTER CC:
ALLOW FB PAID TO IB: YES//

Select Site:
```

Site Configurable Parameters

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

Name	Description
SPECIFIC AUTH.	are program-specific. An example would be the display for selection of only Community Nursing Home authorizations when entering CNH payments.
APPROVING OFFICIAL FOR 7078	The default approving official for VA Form 10-7078s.
TITLE 7078 APPROVING OFFICIAL	The title of the default approving official for VA Form 10-7078s.
COPIES OF 7078 TO BE PRINTED	Indicates the default number of copies to be printed for each VA Form 10-7078 generated.
PSA DEFAULT INSTITUTION	The station number for the transmission of data to Austin is determined using this field. In almost all cases, your facility should be entered.
7078 DEFAULT AUTH SERVICE TEXT	A free text entry for special remarks, instructions, etc. pertaining to the authorization, which will appear in Section 6 of VA Form 10-7078.
TRACK INCOMPLETE UNAUTHORIZED CLAIMS?	This field indicates whether or not incomplete unauthorized claims should be tracked. Enter "YES" to track incomplete claims; otherwise only complete claims can be tracked. The response is a numeric character, with 1 equal to "YES" and 0 equal to "NO".
'INITIAL ENTRY' STATUS FOR U/C	If this field is filled in, then minimum data is required for entering an unauthorized claim. This is designed for sites who have streamlined their workload, where only one user enters the unauthorized claims received, and another reviews the claim for completeness and makes the necessary requests, etc. The response is the numeric character 1 to activate; otherwise, leave this field blank.
UNAUTHORIZED CLAIM PRINTER	Select a printer device name. NOTE: This is not a pointer field. The exact name must be entered.
UNAUTHORIZED CLAIM LETTER	Indicate how you wish your unauthorized claim letters to print. Enter an "A" if the Unauthorized Claim Printer is dedicated, and you always wish a letter to print when it has been changed to the appropriate status. Enter a "B" if the Unauthorized Claim Printer is not dedicated, or you wish to batch print letters of claims, which have changed to the appropriate status. Do not enter anything if you will be manually generating your own form letter.
NUMBER OF COPIES	This field indicates the number of copies of a letter to be printed. The maximum number of copies allowed is five.
PRINT U/C ON LETTERHEAD?	No entry is necessary if you will not be printing letters. Enter the numeric character 1 if your site will be printing unauthorized claims letters on letterhead.
STATION NAME (EDITABLE)	This is the first line of the return address. The data is pulled from Field #.01 and can be edited at this prompt.
ALLOW FB PAID TO IB: YES/ /	Setting this parameter to ‘YES’ allows provider information from Fee Basis claims that are potentially cost recoverable to be saved to the FEE BASIS PAID TO IB FILE (161.9) during batch processing and passed to the Integrated Billing file IB NON/OTHER VA BILLING PROVIDER (#335.93) by the scheduled option FB PAID TO IB.

*Will be deleted in future version

Site Parameters Not Edited by Users (Edited by Routines)

Name	Description
FPPS TRANSMIT START	This is the start date and time for the beginning of the FB FPPS TRANSMIT menu option. This value will be auto-populated by the menu option to help track when the

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

Mail Groups

Name	Suggested Members	Description
FEE	Individuals who should receive confirmation messages from Austin and notifications from the VistA Fee Basis software.	This mail group is used to receive confirmation and daily reports from Austin DPC. The VistA Fee Basis software also sends notification of events to this mail group.
FEE FINANCE	This mail group was created for finance staff. The messages sent to this mail group are also sent to another mail group (FEE). Since the FEE mail group also receives messages that may not be of interest to finance staff, the separate FEE FINANCE mail group was created.	This mail group receives messages from the Fee Basis software when exceptions occur during processing of messages sent by Central Fee that are related to payment batches previously transmitted to Central Fee. The FBAA BATCH SERVER, FBAA VOUCHER SERVER, and FBAA REJECT SERVER options may send a message to this mail group.

Bulletins

Name	Cause	Description
FBAA SERVER	This bulletin is used by the FBAA BATCH SERVER, FBAA VOUCHER SERVER, and FBAA REJECT SERVER options to notify users of a problem	Contains the following information: • Date and time. • Name of the sender of the server request. • Name of the option which was requested by Mailman. • Subject of the message which requested a server.

Name	Cause	Description
	while processing applicable transactions from Central Fee.	• The internal number of the message requesting a server. • Comments appended to the bulletin. These may include errors trapped by the server software and/or the operating system, as well as general purpose messages. • Text to be appended to the message subject.

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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.

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

Name	Description
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.
FBAACR	Prints out the cost report for Outpatient Medical.
FBAADCB	Displays batches that have been closed but not yet certified by the supervisor.
FBAADD	Causes an entire batch to be rejected.
FBAADD1	Reprocess overdue batch.
FBAADEM, FBAADEM1	Displays veteran demographics.
FBAADOB	Displays any available information about open batches.
FBAADV	Places a vendor in DELETE status on the local system only.
FBAAEAR	Allows a user to enter any necessary authorization remarks.
FBAAELT	Enter or edit suspension letters.
FBAAEPI, FBAAEPI1	Allows the user to edit a pharmacy invoice that was previously entered.
FBAAESP	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 75th percentile fee schedule.
FBAAFSR	RBRVS fee schedule.

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

Name	Description
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.
FBAAROC	Allows a user to enter a report of contact.
FBAARP	Runs the reimbursement payment option.
FBAARR, FBAARR0, FBAARR2, FBAARR3	Allows any rejected line items to be reinitiated and assigned to a new batch.
FBAARR1	Reinitiates an entire batch.

Name	Description
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.
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.

Name	Description
FBAAV1	Transmits Vendor MRA data.
FBAAV2	Transmits Pharmacy payments.
FBAAV3	Transmits Travel payments.
FBAAV4	Transmits patient MRAs.
FBAAV5	Creates transactions for CH/CNH payments.
FBAAV6	Creates transactions to send to the Pricer System.
FBAAV8	Transmits IPAC Agreement MRAs.
FBAAVD, FBAAVD2	Displays vendor demographics and allows the user to edit the data displayed.
FBAAVD1	Displays CNH vendor specifics.
FBAAVD3	Edit vendor FPDS data.
FBAAVD4	Special routine for entering/inactivating/deleting NPI in file 161.2.
FBAAVLU	Looks up payments to a vendor for a specified time frame.
FBAAVP, FBAAVP0	Allows the user to either void or cancel the void on a medical payment.
FBAAVR, FBAAVR0, FBAAVR1, FBAAVR2, FBAAVR3, FBAAVR4,	Allows the user to specify local rejects and finalize a batch.
FBAAVR5	Generate voucher batch msg.
FBAAVR6	Resend voucher batch msg.
FBAAVS	Displays payment data for a selected patient and vendor.
FBARCH0	Stores the eligibility status for Project ARCH. FB*3.5*119
FBASF	Advanced Search Functionality – asks for full or partial ICD-10 Diagnosis code and calls the Lexicon ICD-10 diagnosis search function to display the results.
FBASFL	Advanced Search Functionality – displays a listing of ICD-10 diagnosis codes based on search entry.
FBASFU	Advanced Search Functionality utilities.
FBAUTHP	Displays an authorization on screen for a specific authorization number.
FBBPG7Y	Purge Batch File entries after seven years.

Name	Description
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.
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.

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

Name	Description
FBFHLS, FBFHLS1	Build HL7 message segments.
FBFHLU	FPPS HL utilities.
FBFHLX, FBFHLX1,FBFHLX2	Transmit HL7 messages to FPPS. **FBFHLX2 was added in FB*3.5*122
FBFHORC	FPPS HL7 ORC segment.
FBFPAR, FBFPCI	FPPS audit report.
FBFPDS	Report of vendors without FPDS data.
FBFPTR	FPPS transmit report.
FBGMT2	Fee Basis portion of GMT2.
FBHLZFE	Create HL7 ZFE segments.
FBICD9	ICD-9 Diagnosis Code Utilities
FBICDP	ICD-9 & 10 Procedure Code Utilities
FBIDCARD	Add an entry in Fee Basis ID card.
FBLTCAR, FBLTCAR2	LTC authorization reports.
FBMON	Monitor the FB FPPS TRANSMIT option. FB*3.5*122
FBMRASVR, FBMRASV1, FBMRASV2	Updates the DHCP database automatically upon receipt of add or FBMRASV2 change confirmation from Austin.
FBNHACT	Used to output the Community Nursing Home Activity Report.
FBNHAMI1	Calculates/validates the AMIS 349 Report.
FBNHAMI2	Provides a report of all CNH stays in excess of 90 days.
FBNHAMIE	Outputs all CNH admissions and discharges within a user specified time frame.
FBNHAMIS	Calculates the 349 AMIS report.
FBNHDEC, FBNHDIEP	Displays an episode of care for CNH.
FBNHDLAD, FBNHDLDI,	Deletes admissions, discharges, and transfers for CNH.
FBNHEA, FBNHED	Enters admissions/discharges for CNH.
FBNHEAU2	Asks rates for a CNH Authorization.

Name	Description
FBNHEDA1, FBNHEDAT, FBNHEAU1, FBNHEAUT	Enter/edit CNH authorizations.
FBNHEDAD	Edits the admission type for CNH.
FBNHEDDI	Edits the discharge type for CNH.
FBNHEDPA	Edits a payment for CNH.
FBNHEDTR	Edits the transfer type for CNH.
FBNHEP, FBNHEP1, FBNHEP2	Used to enter a CNH payment.
FBNHET	Used to enter a transfer for CNH.
FBNHEXP	Produces a list of CNHs with contracts expiring within 90 days.
FBNHPAMS	Used to print AMIS reports.
FBNHPC, FBNHPC1	Posts commitments to 1358s.
FBNHPLT	Prints CNH payments and totals for a specified month.
FBNHRAT, FBNHRAT1	Posts new rates for a veteran.
FBNHRC	Allows the user to change a rate for a veteran within the authorization.
FBNHRCS, FBNHRCS1, FBNHRCS2, FBNHRCS3, FBNHRCS4	Used for reporting Nursing Homes that have active contracts with the VA.
FBNHRDEL	Allows the deletion of a rate if the rate has not been used yet.
FBNHROS	Prints nursing home rosters.
FBNPILK	NPI lookup routine.
FBNTEG, FBNTEG0	Calculates a checksum which might be used to check the integrity of a routine against values entered for Fee Basis patches in the NATIONAL PATCH file on FORUM.
FBPAID, FBPAID1, FBPAID2	Executed by the PAID server to process check information from FMS as it is confirmed by the treasury.
FBPAID3,FBPAID3A	FOR FUTURE USE: Executed during PAID server processing to populate, FEE BASIS PAID TO IB FILE (161.9). Contains entry point for scheduled option FEE BASIS PAID TO IB which transfers information from 161.9 to the IB NON/OTHER VA BILLING PROVIDER FILE (#335.93) (Added for patch FB*3.5*135)

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

Name	Description
FBSVVA	Called by FBAA VOUCHER SERVER option to process Voucher Batch Acknowledgement messages from Central Fee. (Patch FB*3.5*131 and FB*3.5*132)
FBUCAUD	Called by data dictionary of the FEE BASIS UNAUTHORIZED CLAIMS (#162.7) file.
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.
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.

Name	Description
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, FBUTL4A, 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
FBUTL135, FBUTL136	Utility routines for Unique Claim IDentifier (UCID) FB*3.5*135
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.

Name	Description
FBXIP100, FBXIP102, FBXIP104, FBXIP105, FBXIP108, FBXIP109, FBXIP111, FBXIP112, FBXIP121, FBXIP132, FBXIP133, FBXIP151, FBXIP19, FBXIP19A, FBXIP20, FBXIP22, FBXIP23,FBXPIP24, FBXIP27, FBXIP29, FBIXIP30, FBXIP32, FBXIP32A, FBXIP34, FBXIP35, FBXIP36, FBXIP37, FBXIP38, FBXIP39, FBXIP4, FBXIP44, FBXIP45, FBXIP48, FBXIP49, FBXIP53, FBXIP54,FBXIP61, FBXIP91,	Patch install routines.
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, FBENVP65, 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).

Files

Main Globals and Files

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

Globals to Journal

It is recommended that the following globals be journaled.
^FB, ^FBAA, ^FBAAA, ^FBAAC, ^FBAAV, ^FB583, ^FB7078, ^FBAACNH, ^FBAAI

File List

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

FILE #	FILE NAME	GLOBAL
161.82	FEE BASIS PURPOSE OF VISIT	^FBAA(161.82,
161.83	FEE BASIS ID CARD AUDIT	^FBAA(161.83,
161.9	FEE BASIS PAID TO IB FILE	^FB(161.9,
161.95	IPAC VENDOR AGREEMENT FILE	^FBAA(161.95,
161.96	IPAC VENDOR AGREEMENT MRA	^FBAA(161.96,
161.99*	FEE BASIS PAYMENT REJECT CODE	^FBAA(161.99,
162	FEE BASIS PAYMENT	^FBAAC(
162.1	FEE BASIS PHARMACY INVOICE	^FBAA(162.1,
162.2	FEE NOTIFICATION/REQUEST	^FBAA(162.2,
162.3	FEE CNH ACTIVITY	^FBAACNH(
162.4	VA FORM 10-7078	^FB7078(
162.5	FEE BASIS INVOICE	^FBAAI(
162.6**	FEE BASIS DISPOSITION CODE	^FBAA(162.6,
162.7	FEE BASIS UNAUTHORIZED CLAIMS	^FB583(
162.8	FEE BASIS UNAUTHORIZED CLAIMS PENDING INFO	^FBAA(162.8,
162.91**	FEE BASIS UNAUTHORIZED CLAIMS DISPOSITIONS	^FB(162.91,
162.92**	FEE BASIS UNAUTHORIZED CLAIMS STATUS	^FB(162.92,
162.93*	FEE BASIS UNAUTHORIZED REQUESTED INFORMATION	^FB(162.93,
162.94**	FEE BASIS UNAUTHORIZED DISAPPROVAL REASONS	^FB(162.94,
162.95**	FEE BASIS CHECK CANCELLATION REASON	^FB(162.95,
163.85**	FEE BASIS VA TYPE OF SERVICE	^FBAA(163.85,
163.98**	FEE BASIS PAYMENT METHODOLOGY	^FBAA(163.98,
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

FILE # and NAME	POINTS TO		POINTED TO BY	
161	2	PATIENT	161.23	FEE BASIS CNH AUTHORIZATION RATE
FEE BASIS PATIENT	4	INSTITUTION		
	161.2	FEE BASIS VENDOR	162.1	FEE BASIS PHARMACY INVOICE
	161.8	FEE BASIS PROGRAM		
	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
	80	ICD DIAGNOSIS

File Flow Chart, cont.

FILE # and NAME	POINTS TO		POINTED TO BY	
161.2 FEE BASIS VENDOR	5	STATE	161	FEE BASIS PATIENT
	161.6	FEE BASIS SPECIALTY CODE	161.21	FEE BASIS CNH CONTRACT
	161.81	FEE BASIS PARTICIPATION CODE	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		
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			162	FEE BASIS PAYMENT
			162.1	FEE BASIS PHARMACY

SUSPENSION			INVOICE
		162.2	FEE NOTIFICATION/ REQUEST
		162.5	FEE BASIS INVOICE

File Flow Chart, cont.

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

161.83 FEE BASIS ID CARD AUDIT	2 200	PATIENT NEW PERSON

File Flow Chart, cont.

FILE # and NAME	POINTS TO		POINTED TO BY	
			161.96	IPAC VENDOR AGREEMENT MRA
161.95 IPAC VENDOR AGREEMENT FILE	161.2	FEE BASIS VENDOR	162	FEE BASIS PAYMENT FEE BASIS
			162.1	PHARMACY INVOICE
			162.5	FEE BASIS INVOICE
161.96	161.95	IPAC VENDOR AGREEMENT FILE		
162 FEE BASIS PAYMENT	2	PATIENT		
	4	INSTITUTION		
	5	STATE		
	80	ICD DIAGNOSIS		
	81	CPT		
	81.3	CPT MODIFIER		
	161.2	FEE BASIS VENDOR		
	161.27	FEE BASIS SUSPENSION		
	161.7	FEE BASIS BATCH		
	161.8	FEE BASIS PROGRAM		
	161.82	FEE BASIS PURPOSE OF VISIT		
	161.91	ADJUSTMENT REASON		
	161.92	ADJUSTMENT GROUP		
	161.95	IPAC VENDOR AGREEMENT FILE		
	162.4	VA FORM 10-7078		
	162.7	FEE BASIS UNAUTHORIZED CLAIMS		
	162.95	FEE BASIS CHECK CANCELLATION REASON		
	163.85	FEE BASIS VA TYPE OF SERVICE FEE BASIS PAYMENT		
	163.98	METHODOLOGY		
	200	NEW PERSON		
	353.1	PLACE OF SERVICE		
	353.2	TYPE OF SERVICE		
162.1 FEE BASIS PHARMACY INVOICE	4	INSTITUTION		
	50	DRUG		
	161	FEE BASIS PATIENT		
	161.2	FEE BASIS VENDOR		
	161.27	FEE BASIS SUSPENSION		
	161.7	FEE BASIS BATCH		
	161.95	IPAC VENDOR AGREEMENT FILE		
	162.4	VA FORM 10-7078		
	162.7	FEE BASIS UNAUTHORIZED CLAIMS		
	162.95	FEE BASIS CHECK CANCELLATION REASON		
	200	NEW PERSON		

162.2 FEE NOTIFICATION/ REQUEST	2 161.2 161.27 162.4 200	PATIENT FEE BASIS VENDOR FEE BASIS SUSPENSION VA FORM 10-7078 NEW PERSON	161.5	FEE CH REPORT OF CONTACT
162.3 FEE CNH ACTIVITY	161 161.2 162.3	FEE BASIS PATIENT FEE BASIS VENDOR FEE CNH ACTIVITY	162.3	FEE CNH ACTIVITY

File Flow Chart, cont.

FILE # and NAME	POINTS TO		POINTED TO BY	
162.4 VA FORM 10-7078	2 43.4 161.2 161.8 200	PATIENT VA ADMITTING REGULATION FEE BASIS VENDOR FEE BASIS PROGRAM NEW PERSON	161 161.23 162 162.1 162.2 162.5	FEE BASIS PATIENT FEE BASIS CNH AUTHORIZATION RATE FEE BASIS PAYMENT FEE BASIS PHARMACY INVOICE FEE NOTIFICATION/ REQUEST FEE BASIS INVOICE
162.5 FEE BASIS INVOICE	4 5 80 80.1 80.2 161 161.2 161.27 161.7 161.8 161.82 161.91 161.92 161.93 161.95 162.4 162.6 162.7 162.95 200	INSTITUTION STATE ICD DIAGNOSIS ICD OPERATION/PROCEDURE DRG FEE BASIS PATIENT FEE BASIS VENDOR FEE BASIS SUSPENSION FEE BASIS BATCH FEE BASIS PROGRAM FEE BASIS PURPOSE OF VISIT ADJUSTMENT REASON ADJUSTMENT GROUP REMITTANCE REMARK IPAC VENDOR AGREEMENT FILE VA FORM 10-7078 FEE BASIS DISPOSITION CODE FEE BASIS UNAUTHORIZED CLAIMS FEE BASIS CHECK CANCELLATION REASON NEW PERSON		
162.6 FEE BASIS DISPOSITION CODE			162.5	FEE BASIS INVOICE
162.7	2	PATIENT	161	FEE BASIS PATIENT

FEE BASIS UNAUTHORIZED CLAIMS	4	INSTITUTION	162	FEE BASIS PAYMENT
	161.2	FEE BASIS VENDOR	162.1	FEE BASIS PHARMACY INVOICE
	161.8	FEE BASIS PROGRAM	162.5	FEE BASIS INVOICE
	162.7	FEE BASIS UNAUTHORIZED CLAIMS	162.7	FEE BASIS UNAUTHORIZED CLAIMS
	162.91	FEE BASIS UNAUTHORIZED CLAIMS DISPOSITIONS	162.8	FEE BASIS UNAUTHORIZED CLAIMS PENDING INFO
	162.92	FEE BASIS UNAUTHORIZED CLAIMS STATUS		
	162.94	FEE BASIS UNAUTHORIZED DISAPPROVAL REASONS		
	200	NEW PERSON		
	80	ICD DIAGNOSIS		

File Flow Chart, cont.

FILE # and NAME	POINTS TO		POINTED TO BY	
162.8 FEE BASIS UNAUTHORIZED CLAIMS PENDING INFO	162.7 162.93 200	FEE BASIS UNAUTHORIZED CLAIMS FEE BASIS UNAUTHORIZED REQUESTED INFORMATION NEW PERSON		
162.91 FEE BASIS UNAUTHORIZED CLAIMS DISPOSITIONS			162.7	FEE BASIS UNAUTHORIZED CLAIMS
162.92 FEE BASIS UNAUTHORIZED CLAIMS STATUS	161.3	FEE BASIS LETTER	162.7	FEE BASIS UNAUTHORIZED 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 UNAUTHORIZED CLAIMS
162.95 FEE BASIS CHECK CANCELLATION REASON			162 162.1 162.5	FEE BASIS PAYMENT FEE BASIS PHARMACY INVOICE FEE BASIS INVOICE
163.85 FEE BASIS VA TYPE OF SERVICE			162	FEE BASIS PAYMENT

Templates

Input Templates

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

FILE #	TEMPLATE	DESCRIPTION
	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.
	FB UNAUTHORIZED DISPOSITION	Disposition an unauthorized claim.
	FB UNAUTHORIZED PREVIOUS	Return previous values due to incomplete transaction.
	FB UNAUTHORIZED LETTER UPDATE	Update unauthorized claim with information regarding letter (used if not sending letters with software).
162.8	FB UNAUTHORIZED PENDING	Enter the appropriate information on pending
163.99	FBAA EDIT SCHEDULE	Edit Fee schedule.

Print Templates

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

Sort Templates

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

Modifications to Fee Basis Files

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: SITENAME UCI: DEV,DEV
(VERSION 3.5)
------------------------------------------------------------------------------
^FBAAA(D0,1,D1,100)= (#100) CLERK [1P:200] ^
^FBAAA(D0,1,D1,ADEL)= (#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/FB*3.5*135 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] ^
           ==>(#83) SERVICING FACILITY ZIP [4F] ^ (#85) UNIQUE CLAIM
           ==>IDENTIFIER [5F] ^

^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 Invoice file (#162.5) for FB*3.5*123 as part of VA/DoD VistA Fee IPAC Interface Enhancement

```
…partial DD…
^FBAAI(D0,5)= (#80) SERVICING FACILITY ADDRESS [1F] ^ (#81) SERVICING
           ==>FACILITY CITY [2F] ^ (#82) SERVICING FACILITY STATE [3P:5] ^
           ==>(#83) SERVICING FACILITY ZIP [4F] ^ (#85) UNIQUE CLAIM
           ==>IDENTIFIER [5F] ^  ^ (#86) DoD INVOICE NUMBER [7F] ^ (#60)
           ==>CONTRACT [8P:161.43] ^ (#39) ADMITTING DIAGNOSIS [9P:80] ^
           ==>(#87) IPAC VENDOR AGREEMENT [10P:161.95] ^
```

Changes to Fee Basis Site Parameters file (#161.4) for FB*3.5*121/FB*3.5*135 as part of Fee 5010 EDI

```
…partial DD…
^FBAA(161.4,D0,2)= (#36) FPPS TRANSMIT START [1D] ^ (#37) FPPS TRANSMIT END
                   ==>[2D] ^ (#39) UNIQUE CLAIM IDENTIFIER SEQ [3F] ^
                   ==> (#40) ALLOW FB PAID TO IB [4S]
```

Changes to Fee Basis Site Parameters file (#161.4) for FB*3.5*123 as part of VA/DoD VistA Fee IPAC Interface Enhancement

```
…partial DD…
^FBAA(161.4,D0,IPAC)= (#80) LAST IPAC NUMBER [1N] ^
```

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/FB*3.5*135 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] ^ (#81) UNQIUE CLAIM IDENTIFIER [5F]
```

Changes to Fee Basis Payment file (#162) for FB*3.5*123 as part of VA/DoD VistA Fee IPAC Interface Enhancement

```
…partial DD…
^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] ^ (#.05) IPAC AGREEMENT
                          ==>[6P:161.95] ^ (#.055) DoD INVOICE NUMBER [7F] ^
                          ==>(#54) CONTRACT [8P:161.43] ^
```

New file (#161.9) for /FB*3.5*135 as part of Fee 5010 EDI

```
^FB(161.9,D0,0)= (#.01) PATIENT [1P:2] ^ (#.02) PROGRAM [2S] ^ (#.03) FB
              ==>INTERNAL CONTROL NUMBER [3F] ^ (#.04) PROCESS DATE [4D] ^
              ==>(#.05) LI NUMBER [5N] ^ (#.06) PROVIDER TYPE [6S] ^ (#.07)
              ==>IB NON/OTHER PROVIDER [7P:355.93] ^ (#.08) NPI ADDED [8S] ^
              ==>(#.09) TAXONOMY ADDED [9S]
```

Changes to File #161 for FB*3.5*139 as part of ICD-10 Remediation

…partial DD…

```
^FBAAA(D0,1,D1,C)= ^ (#.087) ICD DIAGNOSIS [2P:80] ^
```

Changes to File #162.7 for FB*3.5*139 as part of ICD-10 Remediation

…partial DD…

```
^FB583(D0,DX)= ^ (#5.1) ICD DIAGNOSIS [2P:80] ^
```

Changes to Fee Basis Pharmacy Invoice file (#162.1) for FB*3.5*123 as part of VA/DoD VistA Fee IPAC Interface Enhancement

```
…partial DD…
^FBAA(162.1,D0,0)= (#.01) NUMBER [1N] ^ (#1) DATE CORRECT INVOICE RECV'D [2D]
                ==>^ (#2) DATA ENTRY CLERK [3P:200] ^ (#3) VENDOR [4P:161.2]
                ==>^ (#5) INVOICE STATUS [5S] ^ (#6) TOTAL AMOUNT CLAIMED
                ==>[6N] ^ (#7) TOTAL AMOUNT PAID [7N] ^ (#1.5) DATE INVOICE
                ==>ENTERED [8D] ^ (#8) TOTAL LINE COUNT [9N] ^ (#9) GENERIC
                ==>DRUG NAME STATUS [10S] ^ (#10) BATCH ASSIGNED [11P:161.7]
                ==>^ (#12) VENDOR INVOICE DATE [12D] ^ (#13) FPPS CLAIM ID
                ==>[13F] ^  ^  ^  ^  ^  ^  ^  ^  ^  ^ (#14) IPAC VENDOR
                ==>AGREEMENT [23P:161.95] ^

^FBAA(162.1,D0,RX,D1,6)= (#39) DoD INVOICE NUMBER [1F] ^
```

Changes to Fee Basis Payment file (#162) for FB*3.5*158 as part of the Health Administration Product Enhancements (HAPE EDI PC) – Electronic Remittance Advice (ERA) Compliance project

…**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] ^
                          ==>(#82) PAYMENT METHODOLOGY [7P:163.98] ^


^FBAAC(D0,1,D1,1,D2,1,D3,8,0)=^162.08P^^  (#53) REMITTANCE REMARK
^FBAAC(D0,1,D1,1,D2,1,D3,8,D4,0)= (#.01) REMITTANCE REMARK [1P:161.93] ^ (#1)
                               ==>ADJUSTMENT [2N] ^


^FBAAC(D0,1,D1,1,D2,1,D3,9)= (#83) AUTHORIZATION NUMBER [1F] ^
```

Changes to Fee Basis Pharmacy Invoice file (#162.1) for FB*3.5*158 as part of the HAPE EDI PC – ERA Compliance project

```
…partial DD…
^FBAA(162.1,D0,RX,D1,5,0)=^162.15P^^  (#38) REMITTANCE REMARK
^FBAA(162.1,D0,RX,D1,5,D2,0)= (#.01) REMITTANCE REMARK [1P:161.93] ^ (#1)
                           ==>ADJUSTMENT [2N] ^
```

```
^FBAA(162.1,D0,RX,D1,3)= (#36) FPPS LINE ITEM [1F] ^ (#40) AUTHORIZATION
                      ==>NUMBER [2F] ^
```

Changes to Fee Basis Invoice file (#162.5) for FB*3.5*158 as part of the HAPE EDI PC – ERA Compliance project

```
…partial DD…
^FBAAI(D0,7)= (#88) AUTHORIZATION NUMBER [1F] ^


^FBAAI(D0,9,0)=^162.559P^^  (#59) REMITTANCE REMARK
^FBAAI(D0,9,D1,0)= (#.01) REMITTANCE REMARK [1P:161.93] ^ (#1) ADJUSTMENT
                ==>[2N] ^
```

Changes to Adjustment Reason file (#161.91) for FB*3.5*158 as part of the HAPE EDI PC – ERA Compliance project

```
…partial DD…
^FB(161.91,D0,RARC,0)=^161.915P^^  (#5) REMITTANCE REMARK
^FB(161.91,D0,RARC,D1,0)= (#.01) REMITTANCE REMARK [1P:161.93] ^
```

Exported Options

Fee Basis Menus and Options

Fee Basis Main Menu [FBAA MAIN MENU]

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

```
Notification/Request Menu ... [FBCH NOTIFICATION MENU]
    Enter a Request/Notification [FBCH ENTER REQUEST]
    Notification/Request Edit [FBCH EDIT REQUEST]
    Legal Entitlement [FBCH LEGAL ENTITLEMENT]
    Medical Entitlement [FBCH MEDICAL ENTITLEMENT]
    Display a Request/Notification [FBCH DISPLAY REQUEST]
    Delete Notification/Request [FBCH DELETE REQUEST]
    Edit Report of Contact - CH [FBCH EDIT REPORT OF CONTACT]
    Print Entitlement Audit [FBCH PRINT REQUEST AUDIT]
       **> Disabled per FB*3.5*194 Locked with FBAASUPERVISOR DISABLE
    Print Report of Contact - CH [FBCH PRINT REPORT OF CONTACT]
    Reconsider a Denied Request [FBCH REOPEN REQUEST]
       **> Locked with 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 with FBAASUPERVISOR
    Print List of Cancelled 7078 [FBCH PRINT CANCELLED 7078]
       **> Locked with FBAASUPERVISOR
    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/Payment [FBCH ENTER PAYMENT]
    Invoice Edit [FBCH EDIT PAYMENT]
    Multiple Ancillary Payments [FBCH MULTIPLE PAYMENTS]
    Patient Reimbursement for Ancillary Services [FBCH ANCILLARY REIMBURSEMENT]
       **> Disabled per FB*3.5*194 Locked with FBAA LEVEL 1 PMT DISABLE
    Reimbursement for Inpatient Hospital Invoice [FBCH REIMBURSEMENT INVOICE]
Batch Main Menu - CH ... [FBCH BATCH OPTIONS]
    Open a Batch [FBCH OPEN BATCH]
    Edit Batch data [FBAA BATCH EDIT]
    Close-out Batch [FBAA CLOSE BATCH]
    Re-open Batch [FBAA REOPEN BATCH]
    Pricer Batch Release [FBCH PRICER RELEASE]
    Re-initiate Pricer Rejected Items [FBCH REINITIATE PRICER REJECTS]
    Release a Batch [FBAA SUPERVISOR RELEASE]
       **> Locked with FBAASUPERVISOR
    Finalize a Batch [FBAA FINALIZE BATCH]
    Re-initiate Rejected Payment Items [FBAA REINITIATE REJECTS]
    Delete reject flag [FBAA VOUCHER DELETE REJECT]
       **> Locked with FBAAREJECT
    Status of Batch [FBAA BATCH STATUS]
    List Items in Batch [FBAA LIST BATCH]
    Batch Delete [FBAA BATCH DELETE]
```

```
    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]
      **> Disabled per FB*3.5*194 Locked with FBCH DISABLE 2
    Display Open Batches [FBAA DISPLAY OPEN BATCHES]
    FPPS Claim Inquiry [FB FPPS CLAIM INQ]
    Invoice Display [FBCH INVOICE DISPLAY]
    IPAC Vendor Reports ... [FBAA IPAC VENDOR REPORT MENU]
        DoD Invoice Number Inquiry [FBAA IPAC DoD INVOICE INQUIRY]
        IPAC Vendor DoD Invoice Report (Summary) [FBAA IPAC DoD INVOICE RPT]
        IPAC Vendor Payment Report (Detail) [FBAA IPAC VENDOR PAYMENT RPT]
    List Batches Pending Release [FBAA LIST CLOSED BATCHES]
    Non-VA Hospital Activity Report [FBCH HOSPITAL ACTIVITY]
    Payment Aging Report [FB PAYMENT AGING RPT]
    Pending Pricer Rejects [FBCH PRICER REJECTS]
    Potential Cost Recovery Report [FB PCR]
    Print Rejected Payment Items [FBAA REJECT PRINT]
    Request Statistics [FBCH REQUEST STATS]
    Unauthorized Claims Cost Report for Civil Hospital [FBCH UC COST REPORT]
      **> Disabled per FB*3.5*194 Locked with FBCH DISABLE 3
    Vendor Payments Output [FB PAY VENDOR]
    Veteran Payments Output [FB PAY VETERAN]
  Generic Pricer Interface [FBCH GENERIC PRICER]
  Queue Data for Transmission [FBAA QUEUE DATA FOR TRANS.]
    **> Locked with FBAASUPERVISOR
```

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

```
  Authorization Main Menu - CNH ... [FBCNH AUTHORIZATION MAIN MENU]
    Enter CNH Authorization [FBCNH ENTER AUTHORIZATION]
    Edit CNH Authorization [FBCNH EDIT AUTHORIZATION]
    Cancel Authorization Entered in Error [FBCNH CANCEL 7078]
      **> Locked with FBAASUPERVISOR
    Change Existing Contract Rate for a Patient [FBCNH RATE CHANGE]
    Delete CNH Rate [FBCNH DELETE RATE]
    Display 7078/Authorization - CNH [FBCNH DISPLAY 7078]
    Enter Veteran Rates under new Vendor Contract [FBCNH ENTER VETERAN RATES]
    Print List of Cancelled 7078 [FBCH PRINT CANCELLED 7078]
      **> Locked with FBAASUPERVISOR
  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 with FBAAREJECT
    Display Open Batches [FBAA DISPLAY OPEN BATCHES]
    Edit Batch data [FBAA BATCH EDIT]
    Finalize a Batch [FBAA FINALIZE BATCH]
    List Batches Pending Release [FBAA LIST CLOSED BATCHES]
    List Items in Batch [FBAA LIST BATCH]
    Open CNH Batch [FBCNH OPEN BATCH]
    Re-initiate Rejected Payment Items [FBAA REINITIATE REJECTS]
    Re-open Batch [FBAA REOPEN BATCH]
    Release a Batch [FBAA SUPERVISOR RELEASE]
      **> Locked with FBAASUPERVISOR
    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 Commitments for Obligation [FBCNH POST COMMITMENTS]
  LTC CNH Active Authorizations Report [FBCNH LTC ACTIVE AUTHORIZ]
  LTC CNH Ending Authorizations Report [FBCNH LTC ENDING AUTHORIZ]
```

```
Movement Main Menu - CNH ... [FBCNH MOVEMENT MAIN MENU]
    Admit To CNH [FBCNH ADMIT]
    Delete Movement Menu ... [FBCNH DELETE MOVEMENT MENU]
        Admission Delete [FBCNH DELETE ADMISSION]
        Discharge Delete [FBCNH DELETE DISCHARGE]
        Transfer Delete [FBCNH DELETE TRANSFER]
    Discharge From CNH [FBCNH DISCHARGE]
    Display Episode Of Care [FBCNH DISPLAY EPISODE OF CARE]
    Edit Movement Menu ... [FBCNH EDIT MOVEMENT]
        Admission Edit [FBCNH EDIT ADMISSION]
        Discharge Edit [FBCNH EDIT DISCHARGE]
        Transfer Edit [FBCNH EDIT TRANSFER]
    Transfer Movement [FBCNH TRANSFER]
Output Main Menu - CNH ... [FBCNH OUTPUTS MAIN MENU]
    7078 Print [FBCH PRINT 7078]
    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]
    FPPS Claim Inquiry [FB FPPS CLAIM INQ]
    Invoice Display [FBCH INVOICE DISPLAY]
    Nursing Home 10-0168 Report [FBCNH RCS 10-0168 REPORT]
    Payment & Totals Report - CNH [FBCNH LIST PAYMENT & TOTALS]
    Potential Cost Recovery Report [FB PCR]
    Print Rejected Payment Items [FBAA REJECT PRINT]
    Report of Admissions/Discharges for CNH [FBCNH AMIE]
    Roster Print [FBCNH PRINT ROSTER]
    Vendor Payments Output [FB PAY VENDOR]
    Veteran Payments Output [FB PAY VETERAN]
Payment Main Menu - CNH ... [FBCNH PAYMENT MAIN MENU]
    Delete Inpatient Invoice [FBCH DELETE INVOICE]
    Edit CNH Payment [FBCNH EDIT PAYMENT]
    Enter CNH Payment [FBCNH ENTER PAYMENT]
Queue Data for Transmission [FBAA QUEUE DATA FOR TRANS.]
   **> Locked with FBAASUPERVISOR
Update Vendor Contract/Rates - CNH [FBCNH UPDATE VENDOR CONTRACT]
```

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 with FBAASUPERVISOR
    Status of Batch [FBAA BATCH STATUS]
Enter Authorization [FBAA ENTER AUTHORIZATION]
LTC Outpatient Active Authorizations Report [FBAA LTC ACTIVE AUTHORIZ]
LTC Outpatient Ending Authorization Report [FBAA LTC ENDING AUTHORIZ]
Outputs Main Menu ... [FBAA OUTPUTS MENU]
    Suspension Letter Print [FBAA SUSPENSION LETTER PRINT]
    Individual Suspension Letter Print [FBAA SUSPENSION LETTER INDIV]
    7079 Print for Selected Patient [FBAA PRINT 7079 SINGLE]
    Check Display [FB CHECK DISPLAY]
```

```
    Display ID Card History for Patient [FBAA DISPLAY ID CARD HISTORY]
    FPPS Claim Inquiry [FB FPPS CLAIM INQ]
    Group 7079 Print [FBAA PRINT 7079 GROUP]
       **> Disabled per FB*3.5*194 Locked with FBAA LEVEL 2 DISABLE 1
    Historical Authorization Data Report [FBAA AUTH DATA AUDIT RPT]
    Invoice Display [FBAA INVOICE DISPLAY]
    IPAC Vendor Reports ... [FBAA IPAC VENDOR REPORT MENU]
        DoD Invoice Number Inquiry [FBAA IPAC DoD INVOICE INQUIRY]
        IPAC Vendor DoD Invoice Report (Summary) [FBAA IPAC DoD INVOICE RPT]
        IPAC Vendor Payment Report (Detail) [FBAA IPAC VENDOR PAYMENT RPT]
    MST Report [FBAA MST REPORT]
    Obsolete ID Cards List [FBAA OBSOLETE ID CARDS]
    Outpatient Cost Report [FBAA COST REPORT]
    Payment Aging Report [FB PAYMENT AGING RPT]
    Payment History Display [FBAA PAYMENT HISTORY DISPLAY]
    Potential Cost Recovery Report [FB PCR]
    Print Rejected Payment Items [FBAA REJECT PRINT]
    PSA Output Report [FBCH PSA OUTPUT]
    RBRVS Fee Schedule Cost Comparison [FBAA COST COMPARISON]
    Valid ID Cards List [FBAA ID CARDS CURRENT LIST]
    Vendor Payments Output [FB PAY VENDOR]
    Veteran Payments Output [FB PAY VETERAN]
Payment menu ... [FBAA PAYMENT MENU]
    Calculate Payment Amount [FBAA FEE SCHEDULE RATE]
    Delete Payment Entry [FBAA DELETE PAYMENT]
    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]
Registration Menu ... [FBAA REGISTRATION MAIN MENU]
    Authorization Display [FBAA AUTHORIZATION DISPLAY]
    Fee Patient Inquiry [FBAA PATIENT INQUIRY]
    Print Report of Contact [FBAA PRINT REPORT OF CONTACT]
    Report of Contact [FBAA REPORT OF CONTACT]
Supervisor Main Menu ... [FBAA SUPERVISOR OPTIONS]
   **> Locked with FBAASUPERVISOR
    Clerk Look-Up For An Authorization [FBAA CLERK LOOK-UP]
    Contract File Enter/Edit [FBAA CONTRACT FILE]
       **> Locked with FBAASUPERVISOR
    Delete reject flag [FBAA VOUCHER DELETE REJECT]
       **> Locked with FBAAREJECT
    Edit Pharmacy Invoice Status [FBAA EDIT INVOICE STATUS]
    Enter/Edit Suspension Letters [FBAA ENTER/EDIT LETTERS]
    Fee Basis 1358 Segregation of Duty Report [FB SEG DUTY RPT]
    Fee Schedule Main Menu ... [FBAA FEE SCHEDULE]
       **> Locked with FBAASUPERVISOR
        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]
    FPPS Update & Transmit Menu ... [FB FPPS UPDATE MENU]
        Outpatient/Ancillary Invoice Edit [FBAA FPPS EDIT INVOICE]
           **> Locked with FBAASUPERVISOR
        Pharmacy Invoice Edit [FBRX FPPS EDIT INVOICE]
           **> Locked with FBAASUPERVISOR
        Inpatient Invoice Edit [FBCH FPPS EDIT INVOICE]
           **> Locked with FBAASUPERVISOR
        Audit Report for FPPS Data [FB FPPS AUDIT REPORT]
        Report of Transmissions to FPPS [FB FPPS TRANSMIT REPORT]
        Purge Message Text [FB FPPS PURGE]
```

```
          **> Locked with FBAASUPERVISOR
      List Batches Pending Release [FBAA LIST CLOSED BATCHES]
      MRA Main Menu ... [FB MRA MAIN MENU]
          Vendor MRA Main Menu ... [FBAA VENDOR MRA MAIN MENU]
             **> Locked with FBAASUPERVISOR
             Update FMS Vendor File in Austin [FBAA FMS UPDATE]
                **> Locked with FBAASUPERVISOR
             Delete Vendor MRA [FBAA MRA DELETE VENDOR]
                **> Locked with FBAASUPERVISOR
             Reinstate Vendor MRA [FBAA MRA VENDOR REINSTATE]
             MRA'S Awaiting Austin Approval [FBAA MRA'S AWAITING APPROVAL]
          Veteran MRA Main Menu ... [FBAA VETERAN MRA MAIN MENU]
             Add type Veteran MRA [FBAA MRA VETERAN ADD TYPE]
             Change type Veteran MRA [FBAA MRA VETERAN CHANGE TYPE]
             Delete type Veteran MRA [FBAA MRA VETERAN DELETE TYPE]
             Reinstate type Veteran MRA [FBAA MRA VETERAN REINSTATE]
                **> Disabled per FB*3.5*194 Locked with FBAA LEVEL 2 DISABLE 3
          Re-Transmit MRA's [FBAA REQUEUE MRA]
             **> Locked with FBAASUPERVISOR
          Purge Transmitted MRAs [FBAA MRA PURGE]
             **> Locked with FBAASUPERVISOR
          IPAC Agreement MRA Main Menu ... [FBAA IPAC AGREEMENT MRA MENU]
              Add Type IPAC Agreement MRA [FBAA MRA IPAC ADD TYPE]
              Change Type IPAC Agreement MRA [FBAA MRA IPAC CHANGE TYPE]
              Delete Type IPAC Agreement MRA [FBAA MRA IPAC DELETE TYPE]
      Pricer Batch Release [FBCH PRICER RELEASE]
      Print Rejected Payment Items [FBAA REJECT PRINT]
      Queue Data for Transmission [FBAA QUEUE DATA FOR TRANS.]
         **> Locked with FBAASUPERVISOR
      Re-initiate Rejected Payment Items [FBAA REINITIATE REJECTS]
      Release a Batch [FBAA SUPERVISOR RELEASE]
         **> Locked with FBAASUPERVISOR
      Reprocess Overdue Batch [FBAA REPROCESS BATCH]
         **> Locked with FBAASUPERVISOR
      Resend Completed Batch [FBAA RESEND VOUCHER MSG]
         **> Locked with FBAASUPERVISOR
      Site Parameter Enter/Edit [FBAA ENTER SITE PARAMETERS]
         **> Locked with FBAASUPERVISOR
      Unauthorized Claims File Menu ... [FBUC FILE MENU]
          Add New Person for Unauthorized Claim [FBUC ADD NEW PERSON]
          Disapproval Reasons File Enter/Edit [FBUC DISAPPROVAL REASONS FILE]
          Dispositions File Edit [FBUC DISPOSITIONS FILE]
          Request Info File Enter/Edit [FBUC REQUEST INFO FILE]
      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]
          Medical Delete Void Payment [FBAA CANCEL MEDICAL VOID]
          Medical Void Payment [FBAA MEDICAL VOID PAYMENT]
          Pharmacy Delete Void Payment [FBAA CANCEL PHARMACY VOID]
          Pharmacy Void Payment [FBAA PHARMACY VOID PAYMENT]
   Terminate ID Card [FBAA TERMINATE ID CARD]
   Vendor Menu ... [FBAA VENDOR OPTIONS]
      IPAC Vendor Agreement Menu ... [FBAA IPAC AGREEMENT MENU]
          Enter/Edit a new IPAC Agreement [FBAA IPAC AGREEMENT ENTER/EDIT]
          **> Locked with FB IPAC VENDOR
          Delete an IPAC agreement [FBAA IPAC AGREEMENT DELETE]
          **> Locked with FB IPAC VENDOR
          View IPAC Vendor Agreement [FBAA IPAC AGREEMENT VIEW]
      Display,Enter,Edit Demographics [FBAA VENDOR DEMOGRAPHICS]
      FPDS-Only Vendor Edit [FBAA VENDOR FPDS-ONLY]
```

```
   List Vendors Without FPDS Data [FB VEN FPDS BLANK]
   Payment Display for Patient [FBAA VENDOR PAYMENT DISPLAY]
   Payment Look-up for Medical Vendor [FBAA VENDOR LOOKUP]
   Pharmacy Vendor Payment Look-Up [FBAA PHARMACY LOOKUP]
```

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

```
Batch Menu - Pharmacy ... [FBAA PHARMACY BATCH OPTIONS]
   Batch Delete [FBAA BATCH DELETE]
   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 Pharmacy Batch [FBAA OPEN PHARMACY BATCH]
   Re-open Batch [FBAA REOPEN BATCH]
   Release a Batch [FBAA SUPERVISOR RELEASE]
      **> Locked with FBAASUPERVISOR
   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]
FPPS Claim Inquiry [FB FPPS CLAIM INQ]
List Invoices Pending MAS Completion [FBAA PENDING MAS COMPLETION]
List Pharmacy History [FBAA PHARMACY HISTORY]
Patient Re-imbursement [FBAA REIMBURSEMENT PHARMACY]
Pharmacy Invoice Status [FBAA PHARMACY INVOICE STATUS]
Potential Cost Recovery Report [FB PCR]
Prescriptions Pending Pharmacy Review [FBAA LIST PENDING RX]
Review Fee Prescription [FBAA PHARMACY REVIEW]
Vendor Payments Output [FB PAY VENDOR]
Veteran Payments Output [FB PAY VETERAN]
```

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

```
**> Disabled per FB*3.5*194 Locked with FB ARCH DISABLE
AD Add/Edit Project ARCH Eligibility [FB ADD ARCH ELIGIBILITY]
     **> Disabled per FB*3.5*194 Locked with FB ARCH DISABLE
VW View Project ARCH Eligibility [FB VIEW ARCH ELIGIBILITY]
     **> Disabled per FB*3.5*194 Locked with FB ARCH DISABLE
UP ARCH Eligibility Data Upload [FB ARCH DATA UPLOAD]
     **> Disabled per FB*3.5*194 Locked with FB ARCH DISABLE
RE ARCH Clinical Reminder Due Delay [FB ARCH REMINDER DELAY]
     **> Disabled per FB*3.5*194 Locked with FB ARCH DISABLE
```

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

```
Enter New State Home Authorization [FBSH ENTER AUTH]
Change a State Home Authorization [FBSH CHANGE AUTH]
Delete a State Home Authorization [FBSH DELETE AUTH]
Reinstate State Home Authorization [FBSH REINSTATE AUTH]
     **> Disabled per FB*3.5*194 Locked with FBAA LEVEL 1 AUTH DISABLE 1
Active Authorization Report [FBSH ACTIVE AUTH. REPORT]
```

Telephone Inquiry Menu ... [FB PHONE MENU]

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

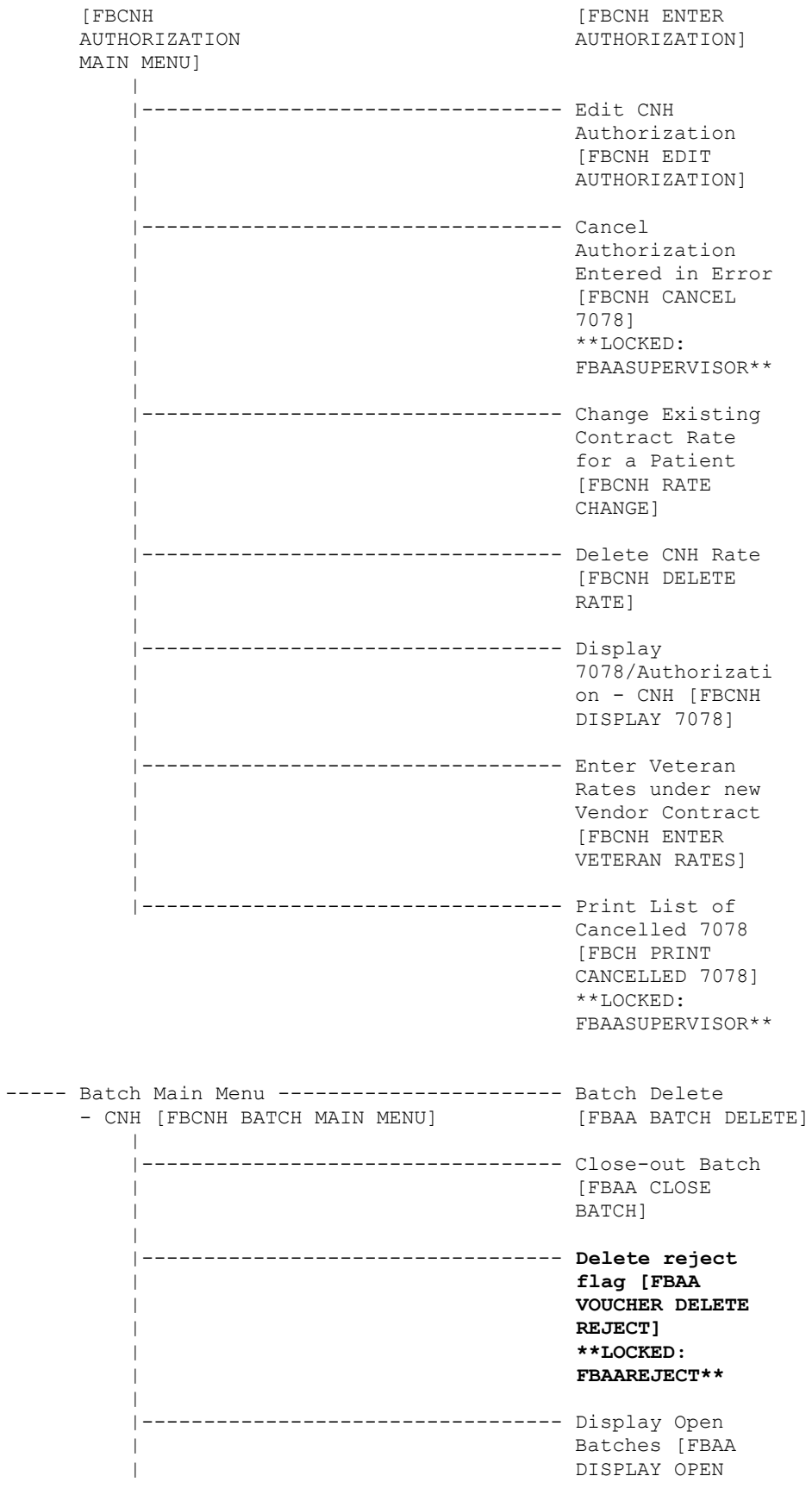
```
      Vendor Payments Output [FB PAY VENDOR]
      Veteran Payments Output [FB PAY VETERAN]
```

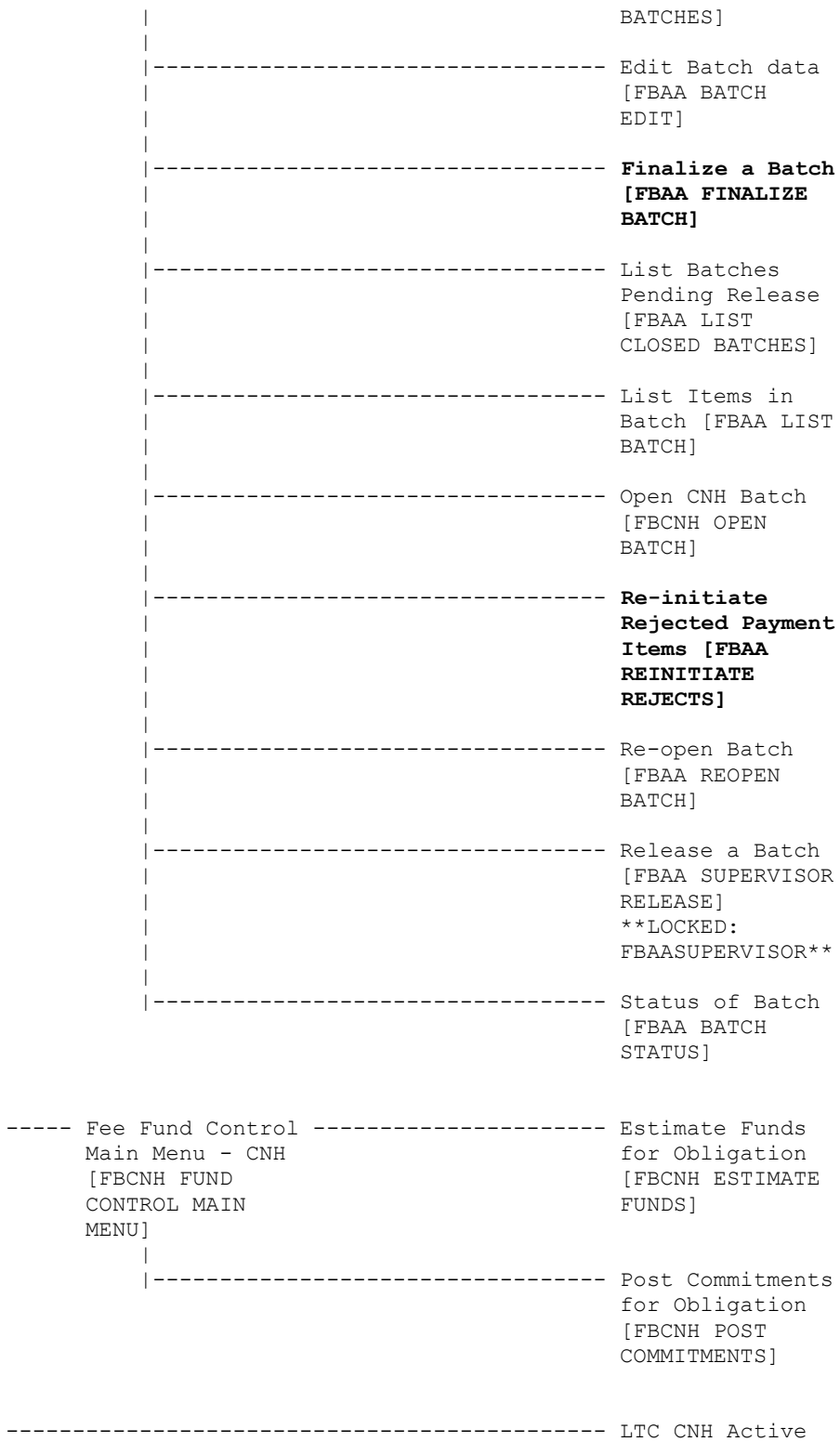
Unauthorized Claim Main Menu ... [FBUC MAIN]

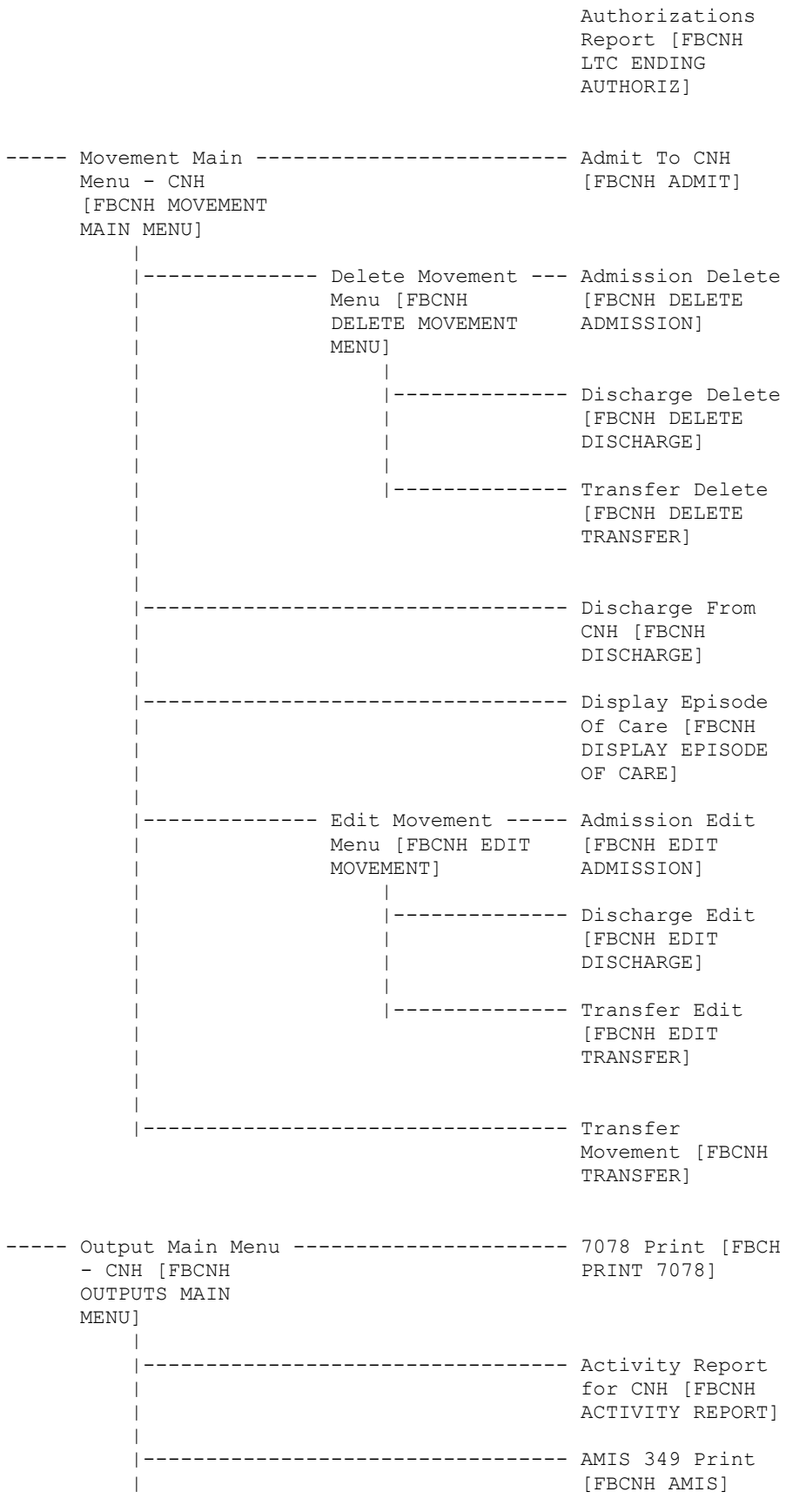
```
   Enter/Edit Unauthorized Claim Menu ... [FBUC ENTER/EDIT]
      Enter Unauthorized Claim [FBUC ENTER]
      Modify Unauthorized Claim [FBUC MODIFY UNAUTHORIZED CLAIM]
      Disposition Unauthorized Claim [FBUC DISPOSITION UNAUTH CLAIM]
      Re-open Unauthorized Claim [FBUC REOPEN]
      Initiate Appeal for Unauthorized Claim [FBUC INITIATE APPEAL]
         **> Disabled per FB*3.5*194 Locked with FBAA LEVEL 1 AUTH DISABLE 2
      Appeal Edit for Unauthorized Claim [FBUC APPEAL EDIT]
      COVA Appeal Enter/Edit [FBUC COVA APPEAL]
   Request Information on Unauthorized Claim [FBUC REQUEST INFORMATION]
         **> Disabled per FB*3.5*194 Locked with FBAA LEVEL 1 AUTH DISABLE 3
   Receive Requested Information [FBUC RECEIVE INFORMATION]
   Letters for Unauthorized 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 Unauthorized Claims [FBUC PAYMENTS]
   Outputs for Unauthorized Claims ... [FBUC OUTPUTS]
      All Claims by Vendor/Veteran/Other [FBUC ALL CLAIMS OUTPUT]
      Check Display [FB CHECK DISPLAY]
      Disapproved EDI Claim Report [FBUC DISAPPROVED EDI]
      Display Unauthorized Claim [FBUC DISPLAY UNAUTHORIZED]
      Disposition/Status Statistics Display/Print [FBUC STATS OUTPUT]
      Expiration Display/Print [FBUC EXPIRE OUTPUT]
      FPPS Claim Inquiry [FB FPPS CLAIM INQ]
      Millennium Act Emergency Care Summary Report [FBUC MILL ACT SUMMARY]
      Status Display/Print of Unauthorized Claims [FBUC STATUS OUTPUT]
      Unauthorized Claims Cost Report for Civil Hospital [FBCH UC COST REPORT]
         **> Disabled per FB*3.5*194 Locked with FBCH DISABLE 3
      Vendor Payments Output [FB PAY VENDOR]
      Veteran Payments Output [FB PAY VETERAN]
   Display Unauthorized Claim [FBUC DISPLAY UNAUTHORIZED]
   Utilities for Unauthorized Claims ... [FBUC UTILITIES]
      OPHTHALMIC GROUP WORLDWIDE INC. [FBCNH VENDOR ENTER/EDIT]
         **> Locked with FBAA EDIT VENDOR
      Add New Person for Unauthorized Claim [FBUC ADD NEW PERSON]
      Associate an Unauthorized Claim to a Primary [FBUC ASSOCIATE]
      Disassociate an Unauthorized Claim [FBUC DISASSOCIATE]
      Delete Unauthorized Claim [FBUC DELETE UNAUTHORIZED CLAIM]
      Return Address Display/Edit [FBUC RETURN ADDRESS DIS/ED]
      Extension for Incomplete Mill Bill (1725) Claim [FBUC EXTENSION]
         **> Locked with FBAASUPERVISOR
```

Menu Diagram Fee Basis Main Menu

```
Fee Basis Main Menu [FBAA MAIN MENU]
|
|
------Community Nursing Home Main Menu (FBCNH MAIN MENU)
       |
       |
       ----- Authorization ------------------------- Enter CNH
             Main Menu - CNH                         Authorization
```


[FBCNH AUTHORIZATION MAIN MENU]
[FBCNH ENTER AUTHORIZATION]
Edit CNH Authorization [FBCNH EDIT AUTHORIZATION]
Cancel Authorization Entered in Error [FBCNH CANCEL 7078] **LOCKED: FBAASUPERVISOR**
Change Existing Contract Rate for a Patient [FBCNH RATE CHANGE]
Delete CNH Rate [FBCNH DELETE RATE]
Display 7078/Authorization - CNH [FBCNH DISPLAY 7078]
Enter Veteran Rates under new Vendor Contract [FBCNH ENTER VETERAN RATES]
Print List of Cancelled 7078 [FBCH PRINT CANCELLED 7078] **LOCKED: FBAASUPERVISOR**
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: FBAAREJECT**
Display Open Batches [FBAA DISPLAY OPEN


BATCHES]
Edit Batch data [FBAA BATCH EDIT]
Finalize a Batch [FBAA FINALIZE BATCH]
List Batches Pending Release [FBAA LIST CLOSED BATCHES]
List Items in Batch [FBAA LIST BATCH]
Open CNH Batch [FBCNH OPEN BATCH]
Re-initiate Rejected Payment Items [FBAA REINITIATE REJECTS]
Re-open Batch [FBAA REOPEN BATCH]
Release a Batch [FBAA SUPERVISOR RELEASE] **LOCKED: FBAASUPERVISOR**
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 Commitments for Obligation [FBCNH POST COMMITMENTS]
LTC CNH Active Authorizations Report [FBCNH LTC ACTIVE AUTHORIZ]
LTC CNH Ending


Authorizations Report [FBCNH LTC ENDING AUTHORIZ]
Movement Main Menu - CNH [FBCNH MOVEMENT MAIN MENU]
Admit To CNH [FBCNH ADMIT]
Delete Movement Menu [FBCNH DELETE MOVEMENT MENU]
Admission Delete [FBCNH DELETE ADMISSION]
Discharge Delete [FBCNH DELETE DISCHARGE]
Transfer Delete [FBCNH DELETE TRANSFER]
Discharge From CNH [FBCNH DISCHARGE]
Display Episode Of Care [FBCNH DISPLAY EPISODE OF CARE]
Edit Movement Menu [FBCNH EDIT MOVEMENT]
Admission Edit [FBCNH EDIT ADMISSION]
Discharge Edit [FBCNH EDIT DISCHARGE]
Transfer Edit [FBCNH EDIT TRANSFER]
Transfer Movement [FBCNH TRANSFER]
Output Main Menu - CNH [FBCNH OUTPUTS MAIN MENU]
7078 Print [FBCH PRINT 7078]
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]
|
|---------------------------------- FPPS Claim
|                                   Inquiry [FB FPPS
|                                   CLAIM INQ]
|
|---------------------------------- Invoice Display
|                                   [FBCH INVOICE
|                                   DISPLAY]
|
|---------------------------------- Nursing Home
|                                   10-0168 Report
|                                   [FBCNH RCS
|                                   10-0168 REPORT]
|
|---------------------------------- Payment & Totals
|                                   Report - CNH
|                                   [FBCNH LIST
|                                   PAYMENT &
|                                   TOTALS]
|
|---------------------------------- Potential Cost
|                                   Recovery Report
|                                   [FB PCR]
|
|---------------------------------- Print Rejected
|                                   Payment Items
|                                   [FBAA REJECT
|                                   PRINT]
|
|---------------------------------- Report of
|                                   Admissions/Disch
|                                   arges for CNH
|                                   [FBCNH AMIE]
```

```
          |
          |---------------------------------- Roster Print
          |                                   [FBCNH PRINT
          |                                   ROSTER]
          |
          |---------------------------------- Vendor Payments
          |                                   Output [FB PAY
          |                                   VENDOR]
          |
          |---------------------------------- Veteran Payments
                                              Output [FB PAY
                                              VETERAN]


----- Payment Main ------------------------- Delete Inpatient
      Menu - CNH                              Invoice [FBCH
      [FBCNH PAYMENT                          DELETE INVOICE]
      MAIN MENU]
          |
          |---------------------------------- Edit CNH Payment
          |                                   [FBCNH EDIT
          |                                   PAYMENT]
          |
          |---------------------------------- Enter CNH
                                              Payment [FBCNH
                                              ENTER PAYMENT]


------------------------------------------- Queue Data for
                                              Transmission
                                              [FBAA QUEUE DATA
                                              FOR TRANS.]
                                              **LOCKED:
                                              FBAASUPERVISOR**

------------------------------------------- Update Vendor
                                              Contract/Rates -
                                              CNH [FBCNH
                                              UPDATE VENDOR
                                              CONTRACT]

------------------------------------------- Vendor
                                              Enter/Edit
                                              [FBCNH VENDOR
                                              ENTER/EDIT]


Civil Hospital Main Menu (FBCH MAIN MENU)
|
|
----- Notification/Request Menu ------------- Enter a Request/Notification
      [FBCH NOTIFICATION MENU]                [FBCH ENTER REQUEST]
          |
          |---------------------------------- Notification/Request Edit
          |                                   [FBCH EDIT REQUEST]
          |
          |---------------------------------- Legal Entitlement [FBCH
          |                                   LEGAL ENTITLEMENT]
          |
          |---------------------------------- Medical Entitlement [FBCH
          |                                   MEDICAL ENTITLEMENT]
          |
          |---------------------------------- Display a Request/
```

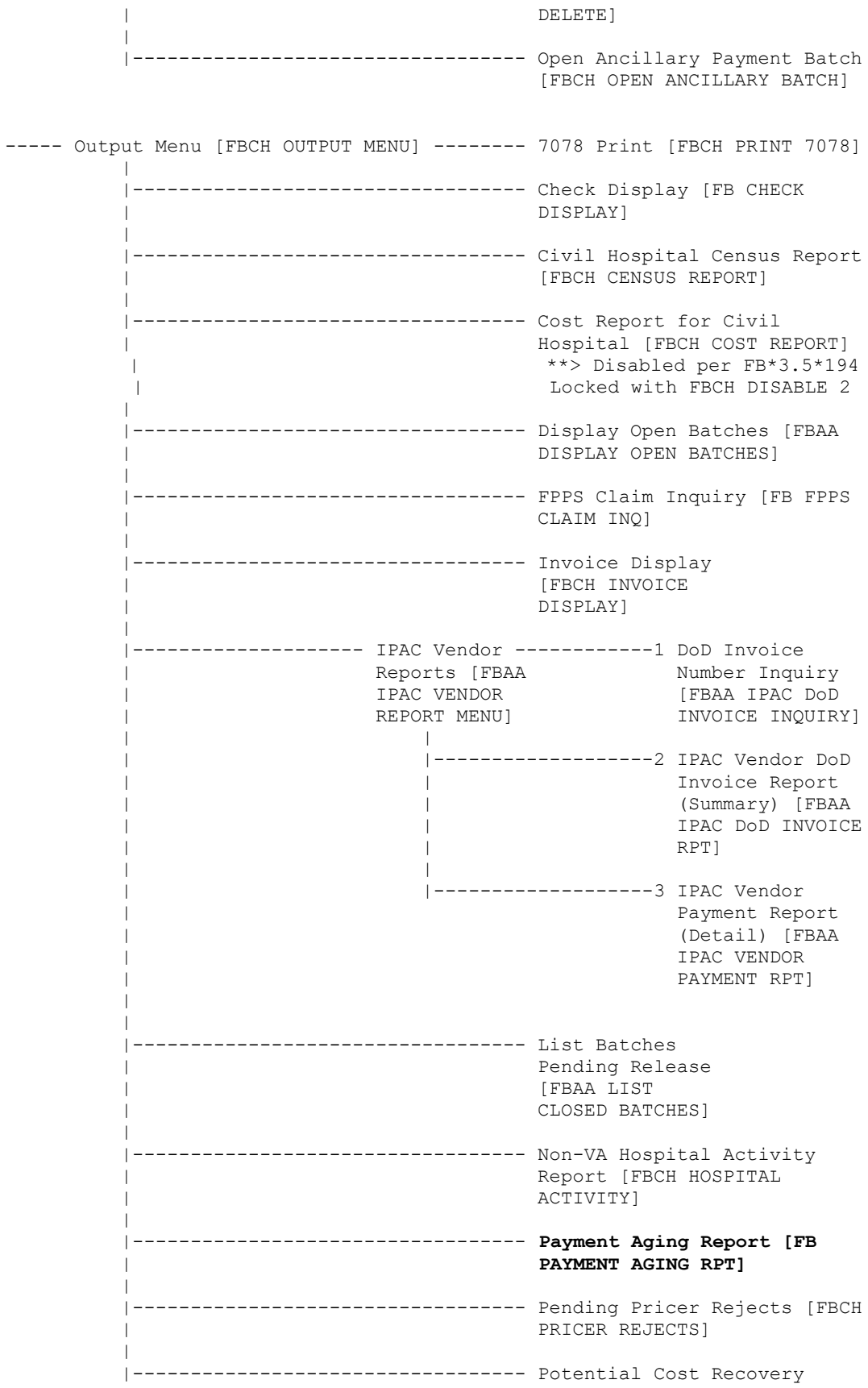
```
                |                                   Notification
                |                                   [FBCH DISPLAY REQUEST]
                |
                |---------------------------------- Delete Notification/Request
                |                                   [FBCH DELETE REQUEST]
                |
                |---------------------------------- Edit Report of Contact - CH
                |                                   [FBCH EDIT REPORT OF
                |                                   CONTACT]
                |
                |---------------------------------- Print Entitlement Audit
                |                                   [FBCH PRINT REQUEST AUDIT]
                |                                   **> Disabled per FB*3.5*194
                 |                             Locked with FBAASUPERVISOR DISABLE
                |
                |---------------------------------- Print 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 ----------------- Complete 7078/Authorization
      DISPOSITION MENU]                         [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: FBAASUPERVISOR**
           |
           |---------------------------------- Set-up a 7078 [FBCH 7078
                                               SETUP]


----- Payment Process Menu [FBCH ------------ Ancillary Contract Hosp/CNH
      PAYMENT MENU]                             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/Payment [FBCH
                |                                   ENTER PAYMENT]
                |
                |---------------------------------- Invoice Edit [FBCH EDIT
                |                                   PAYMENT]
                |
                |---------------------------------- Multiple Ancillary Payments
                |                                   [FBCH MULTIPLE PAYMENTS]
                |
                |---------------------------------- Patient Reimbursement for
                |                                   Ancillary Services [FBCH
                |                                   ANCILLARY REIMBURSEMENT]
                 |                                  **> Disabled per FB*3.5*194
                  |                               Locked with FBAA LEVEL 1 PMT DISABLE
                |
                |---------------------------------- Reimbursement for Inpatient
                                                    Hospital Invoice [FBCH
                                                    REIMBURSEMENT INVOICE]


----- Batch Main Menu - CH [FBCH ------------ Open a Batch [FBCH OPEN
      BATCH OPTIONS]                            BATCH]
           |
           |---------------------------------- Edit Batch data [FBAA BATCH
           |                                   EDIT]
           |
           |---------------------------------- Close-out Batch [FBAA CLOSE
           |                                   BATCH]
           |
           |---------------------------------- Re-open Batch [FBAA REOPEN
           |                                   BATCH]
           |
           |---------------------------------- Pricer Batch Release [FBCH
           |                                   PRICER RELEASE]
           |
           |---------------------------------- Re-initiate Pricer Rejected
           |                                   Items [FBCH REINITIATE
           |                                   PRICER REJECTS]
           |
           |---------------------------------- Release a Batch [FBAA
           |                                   SUPERVISOR RELEASE]
           |                                   **LOCKED: FBAASUPERVISOR**
           |
           |---------------------------------- Finalize a Batch [FBAA
           |                                   FINALIZE BATCH]
           |
           |---------------------------------- Re-initiate Rejected Payment
           |                                   Items [FBAA REINITIATE
           |                                   REJECTS]
           |
           |---------------------------------- Delete reject flag [FBAA
           |                                   VOUCHER DELETE REJECT]
           |                                   **LOCKED: FBAAREJECT**
           |
           |---------------------------------- 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]
**> Disabled per FB*3.5*194
Locked with FBCH DISABLE 2
Display Open Batches [FBAA DISPLAY OPEN BATCHES]
FPPS Claim Inquiry [FB FPPS CLAIM INQ]
Invoice Display [FBCH INVOICE DISPLAY]
IPAC Vendor Reports [FBAA IPAC VENDOR REPORT MENU]
1 DoD Invoice Number Inquiry [FBAA IPAC DoD INVOICE INQUIRY]
2 IPAC Vendor DoD Invoice Report (Summary) [FBAA IPAC DoD INVOICE RPT]
3 IPAC Vendor Payment Report (Detail) [FBAA IPAC VENDOR PAYMENT RPT]
List Batches Pending Release [FBAA LIST CLOSED BATCHES]
Non-VA Hospital Activity Report [FBCH HOSPITAL ACTIVITY]
Payment Aging Report [FB PAYMENT AGING RPT]
Pending Pricer Rejects [FBCH PRICER REJECTS]
Potential Cost Recovery

```
          |                                  Report [FB PCR]
          |
          |--------------------------------- Print Rejected Payment Items
          |                                  [FBAA REJECT PRINT]
          |
          |--------------------------------- Request Statistics [FBCH
          |                                  REQUEST STATS]
          |
          |--------------------------------- Unauthorized Claims Cost
          |                                  Report for Civil Hospital
          |                                  [FBCH UC COST REPORT]
          |                                   **> Disabled per FB*3.5*194
          |                                   Locked with FBCH DISABLE 3
          |
          |--------------------------------- Vendor Payments Output [FB
          |                                  PAY VENDOR]
          |
          |--------------------------------- Veteran Payments Output [FB
                                             PAY VETERAN]

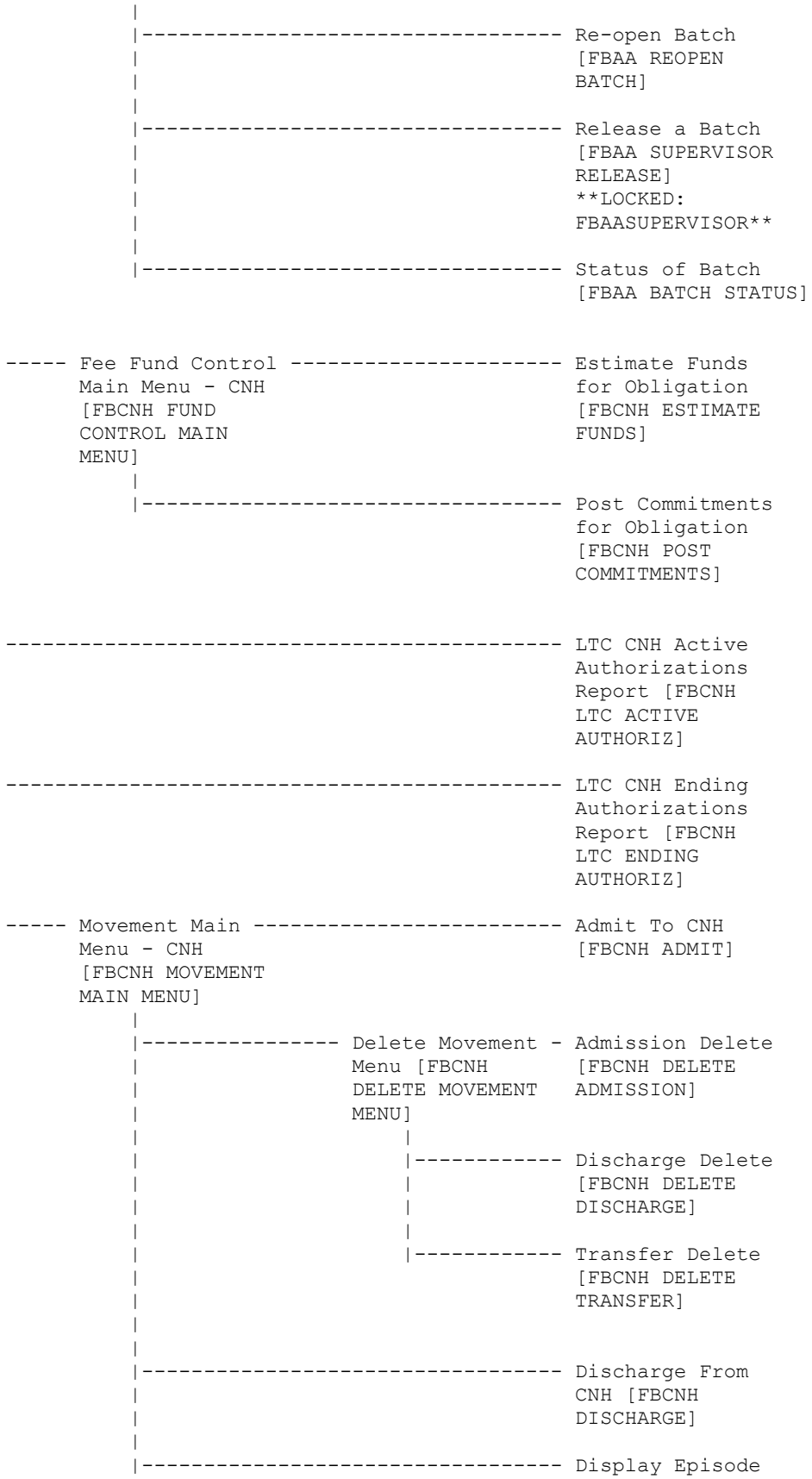

------------------------------------------- Generic Pricer Interface
                                             [FBCH GENERIC PRICER]

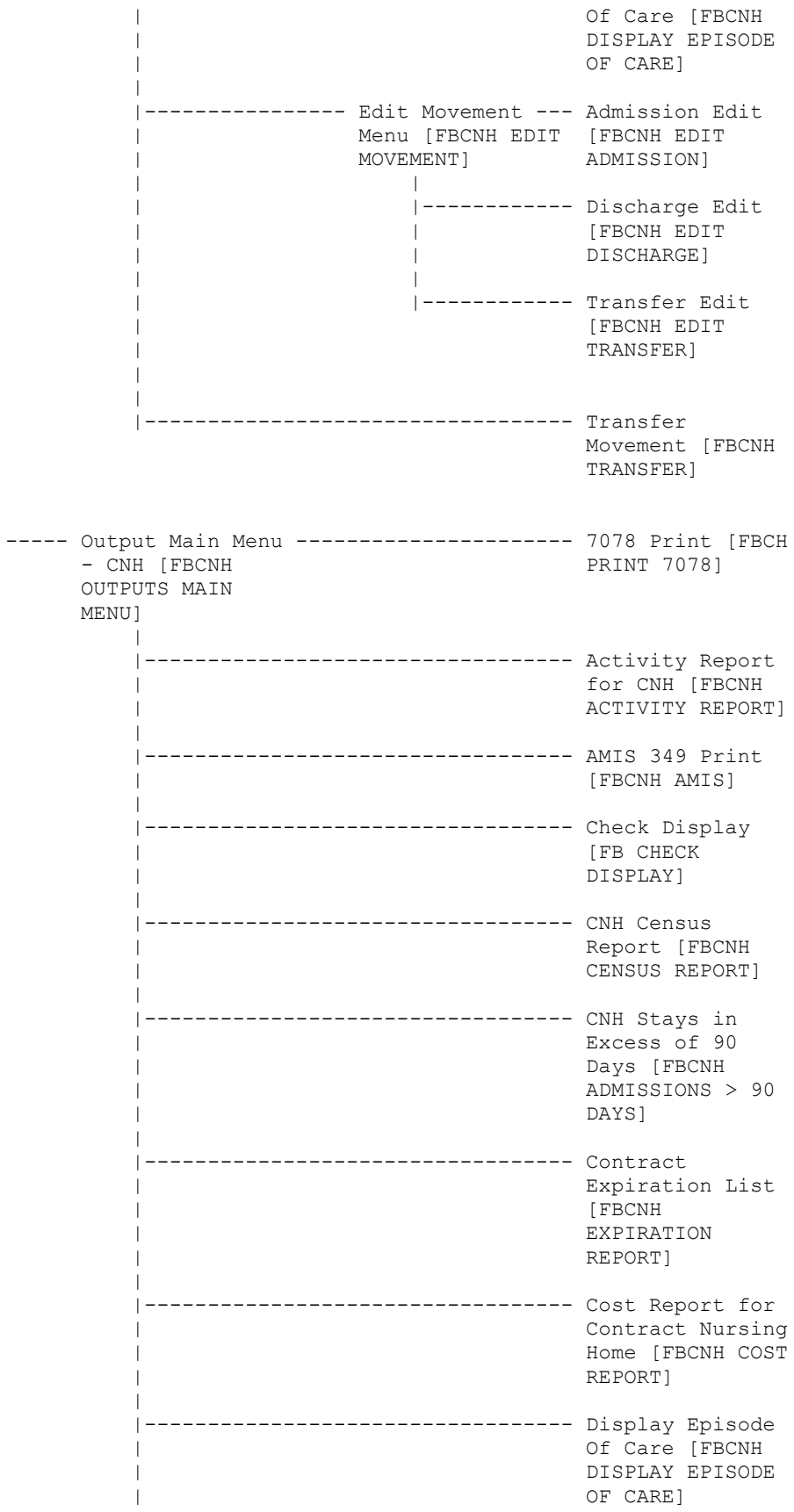
------------------------------------------- Queue Data for Transmission
                                             [FBAA QUEUE DATA FOR TRANS.]
                                             **LOCKED: FBAASUPERVISOR**

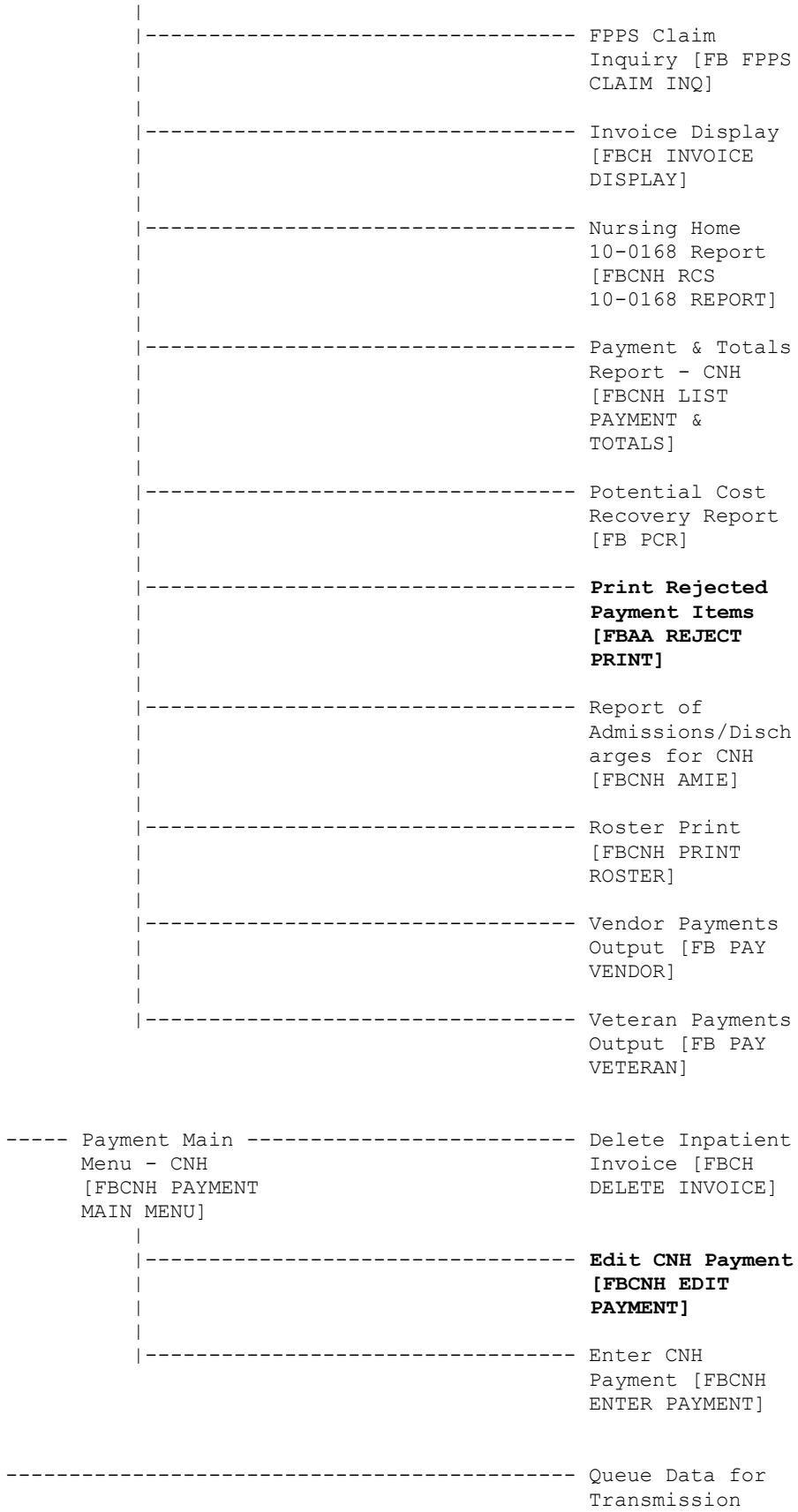

Community Nursing Home Main Menu (FBCNH MAIN MENU)
|
|
----- Authorization ------------------------ Enter CNH
      Main Menu - CNH                        Authorization
      [FBCNH                                 [FBCNH ENTER
      AUTHORIZATION                          AUTHORIZATION]
      MAIN MENU]
          |
          |--------------------------------- Edit CNH
          |                                  Authorization
          |                                  [FBCNH EDIT
          |                                  AUTHORIZATION]
          |
          |--------------------------------- Cancel
          |                                  Authorization
          |                                  Entered in Error
          |                                  [FBCNH CANCEL
          |                                  7078]
          |                                  **LOCKED:
          |                                  FBAASUPERVISOR**
          |
          |--------------------------------- Change Existing
          |                                  Contract Rate
          |                                  for a Patient
          |                                  [FBCNH RATE
          |                                  CHANGE]
          |
          |--------------------------------- Delete CNH Rate
          |                                  [FBCNH DELETE
          |                                  RATE]
          |
          |--------------------------------- Display
          |                                  7078/Authorizati
```

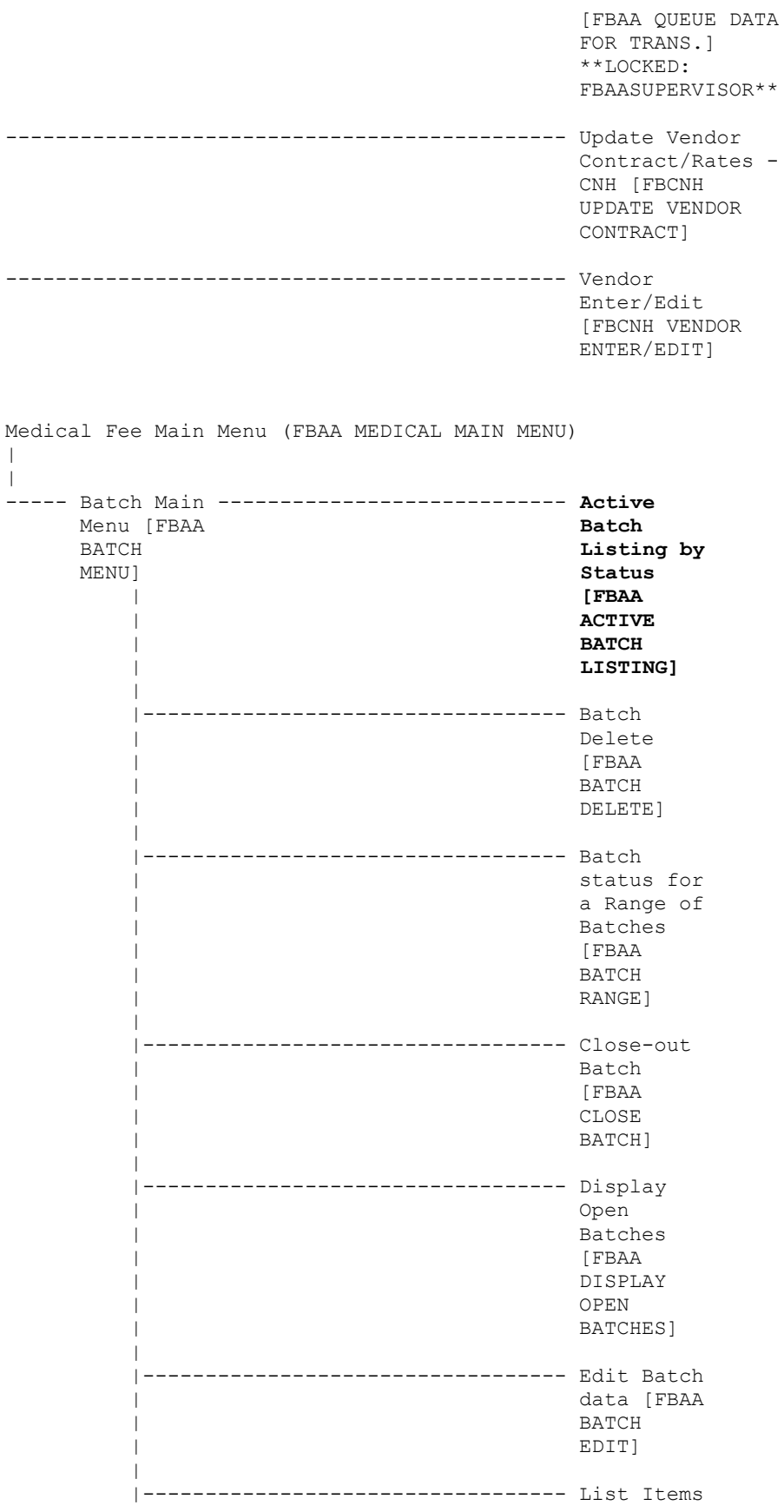
```
                |                                   on - CNH [FBCNH
                |                                   DISPLAY 7078]
                |
                |---------------------------------- Enter Veteran
                |                                   Rates under new
                |                                   Vendor Contract
                |                                   [FBCNH ENTER
                |                                   VETERAN RATES]
                |
                |---------------------------------- Print List of
                                                    Cancelled 7078
                                                    [FBCH PRINT
                                                    CANCELLED 7078]
                                                    **LOCKED:
                                                    FBAASUPERVISOR**

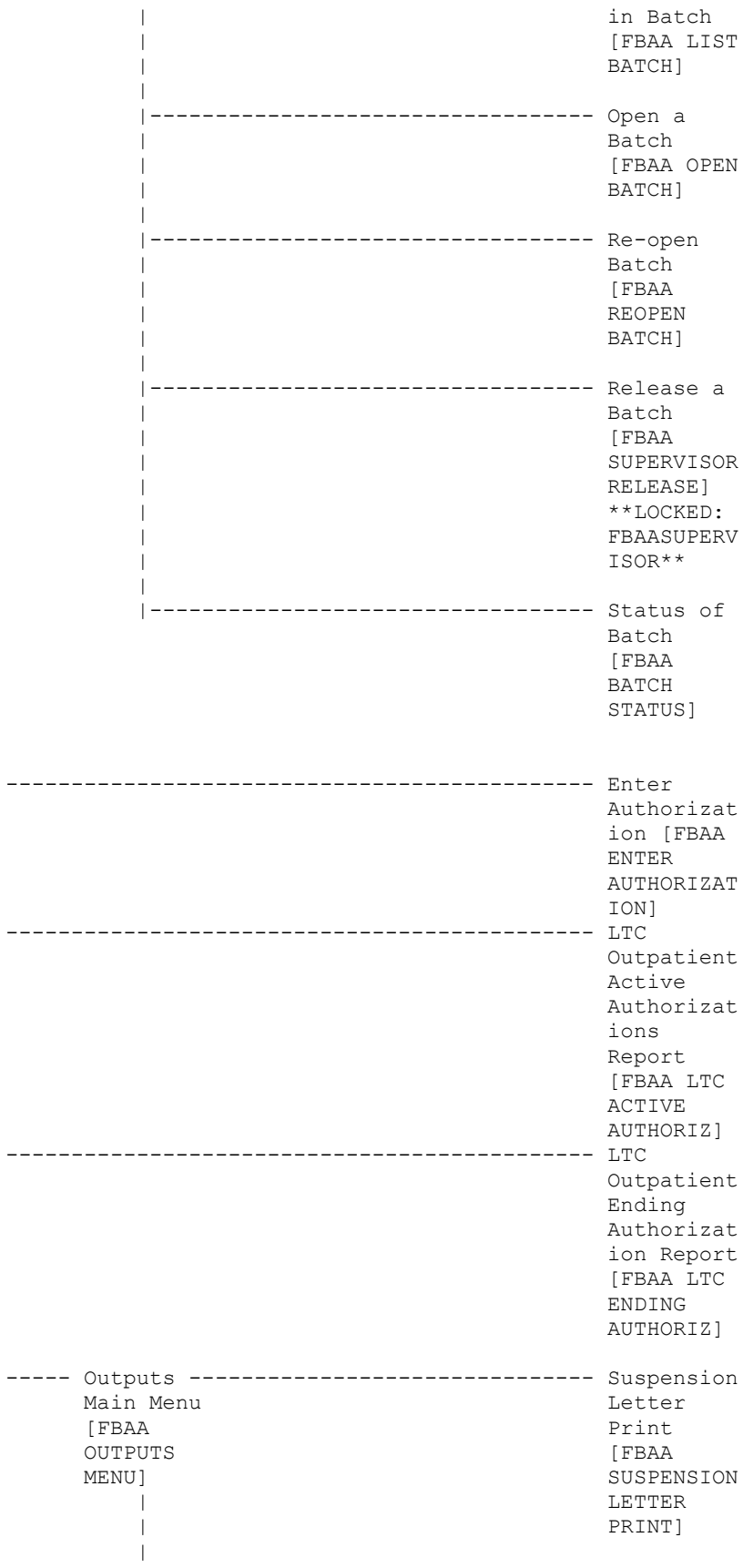

----- Batch Main Menu ----------------------- Batch Delete
      - CNH [FBCNH                            [FBAA BATCH
      BATCH MAIN MENU]                        DELETE]
           |
           |---------------------------------- Close-out Batch
           |                                   [FBAA CLOSE
           |                                   BATCH]
           |
           |---------------------------------- Delete reject
           |                                   flag [FBAA
           |                                   VOUCHER DELETE
           |                                   REJECT]
           |                                   **LOCKED:
           |                                   FBAAREJECT**
           |
           |---------------------------------- Display Open
           |                                   Batches [FBAA
           |                                   DISPLAY OPEN
           |                                   BATCHES]
           |
           |---------------------------------- Edit Batch data
           |                                   [FBAA BATCH
           |                                   EDIT]
           |
           |---------------------------------- Finalize a Batch
           |                                   [FBAA FINALIZE
           |                                   BATCH]
           |
           |---------------------------------- List Batches
           |                                   Pending Release
           |                                   [FBAA LIST
           |                                   CLOSED BATCHES]
           |
           |---------------------------------- List Items in
           |                                   Batch [FBAA LIST
           |                                   BATCH]
           |
           |---------------------------------- Open CNH Batch
           |                                   [FBCNH OPEN
           |                                   BATCH]
           |
           |---------------------------------- Re-initiate
           |                                   Rejected Payment
           |                                   Items [FBAA
           |                                   REINITIATE
           |                                   REJECTS]
```

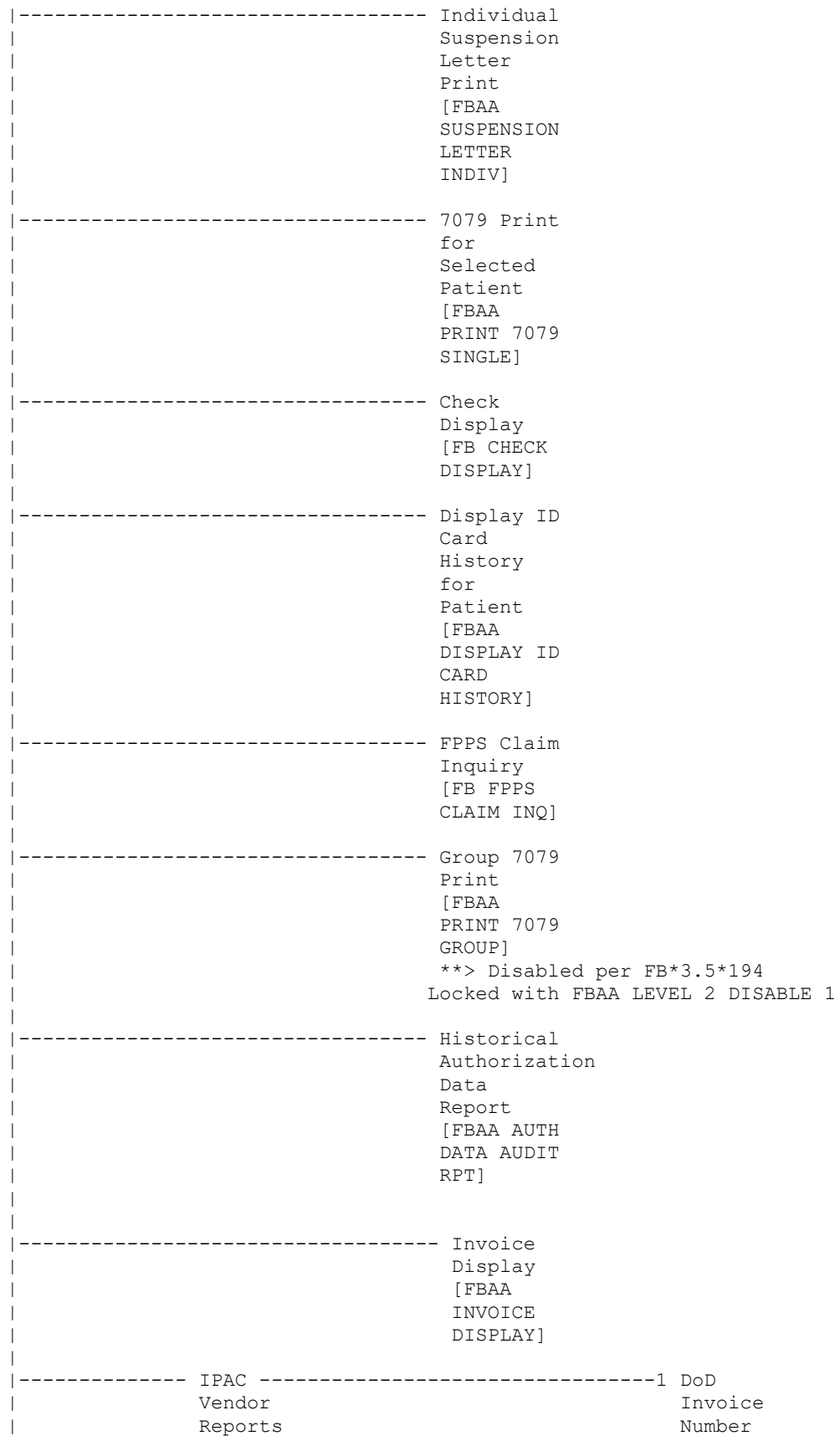

Re-open Batch [FBAA REOPEN BATCH]
Release a Batch [FBAA SUPERVISOR RELEASE] **LOCKED: FBAASUPERVISOR**
Status of Batch [FBAA BATCH STATUS]
Fee Fund Control Main Menu - CNH [FBCNH FUND CONTROL MAIN MENU]
Estimate Funds for Obligation [FBCNH ESTIMATE FUNDS]
Post Commitments for Obligation [FBCNH POST COMMITMENTS]
LTC CNH Active Authorizations Report [FBCNH LTC ACTIVE AUTHORIZ]
LTC CNH Ending Authorizations Report [FBCNH LTC ENDING AUTHORIZ]
Movement Main Menu - CNH [FBCNH MOVEMENT MAIN MENU]
Admit To CNH [FBCNH ADMIT]
Delete Movement Menu [FBCNH DELETE MOVEMENT MENU]
Admission Delete [FBCNH DELETE ADMISSION]
Discharge Delete [FBCNH DELETE DISCHARGE]
Transfer Delete [FBCNH DELETE TRANSFER]
Discharge From CNH [FBCNH DISCHARGE]
Display Episode

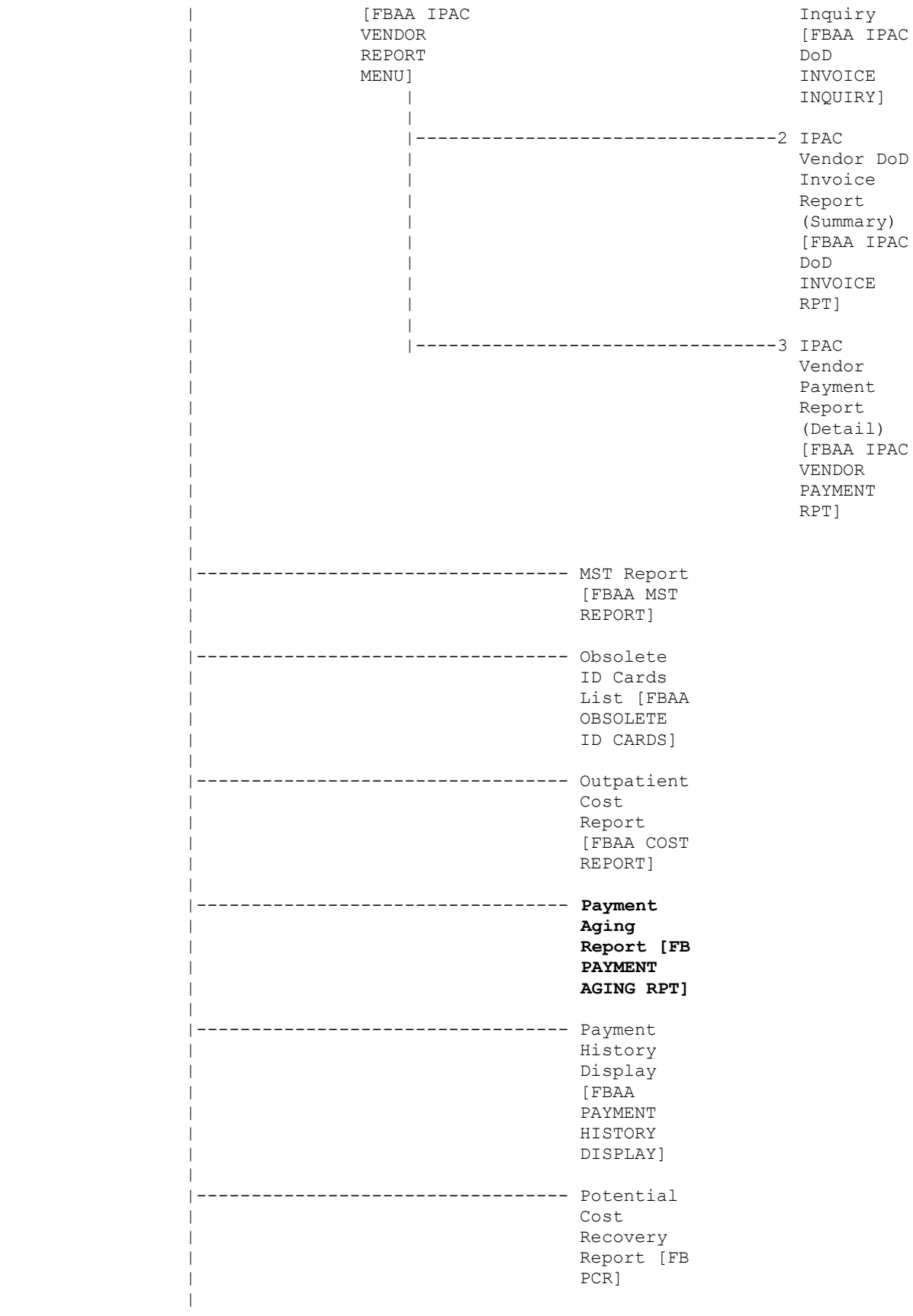

Of Care [FBCNH DISPLAY EPISODE OF CARE]
Edit Movement Menu [FBCNH EDIT MOVEMENT]
Admission Edit [FBCNH EDIT ADMISSION]
Discharge Edit [FBCNH EDIT DISCHARGE]
Transfer Edit [FBCNH EDIT TRANSFER]
Transfer Movement [FBCNH TRANSFER]
Output Main Menu - CNH [FBCNH OUTPUTS MAIN MENU]
7078 Print [FBCH PRINT 7078]
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]

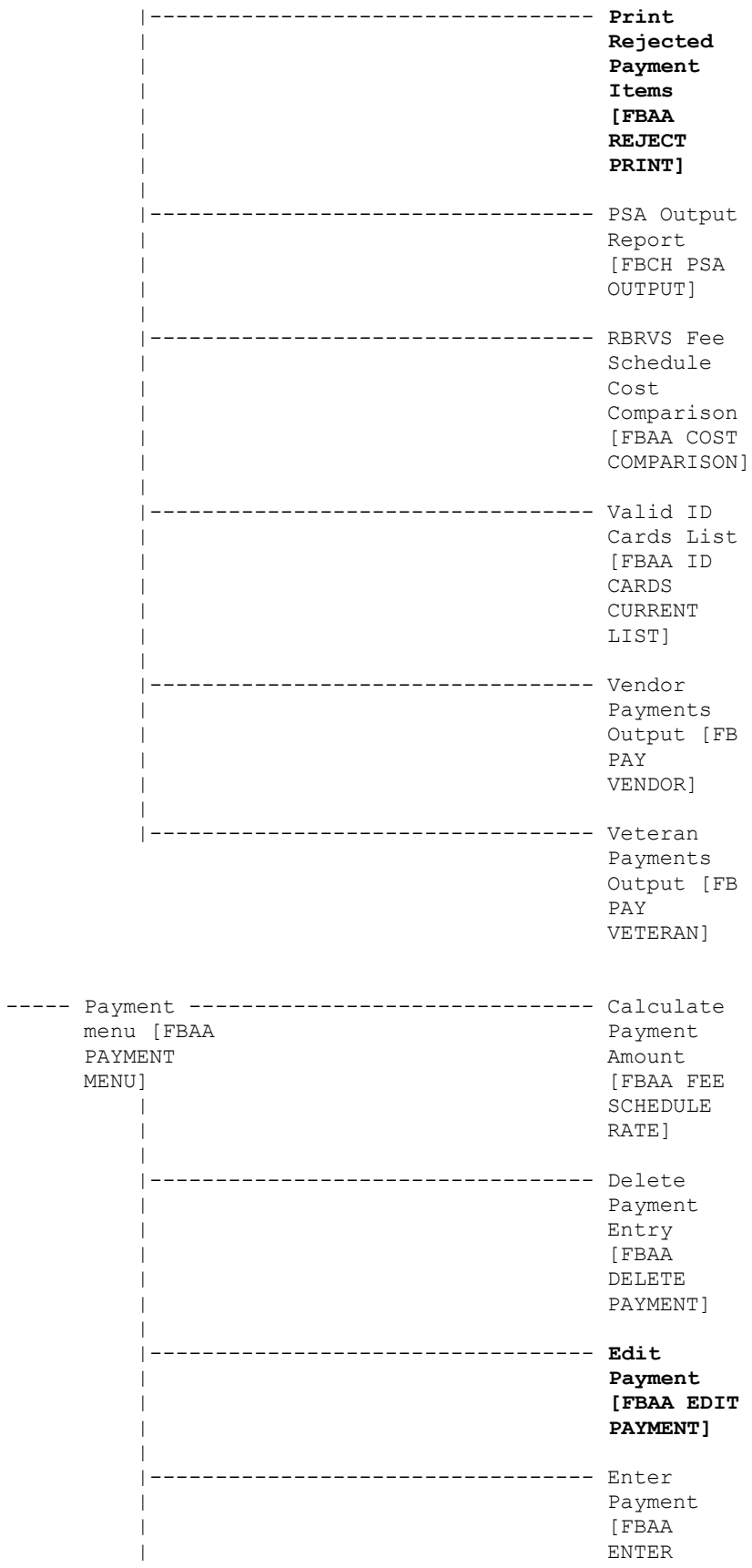

FPPS Claim Inquiry [FB FPPS CLAIM INQ]
Invoice Display [FBCH INVOICE DISPLAY]
Nursing Home 10-0168 Report [FBCNH RCS 10-0168 REPORT]
Payment & Totals Report - CNH [FBCNH LIST PAYMENT & TOTALS]
Potential Cost Recovery Report [FB PCR]
Print Rejected Payment Items [FBAA REJECT PRINT]
Report of Admissions/Discharges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

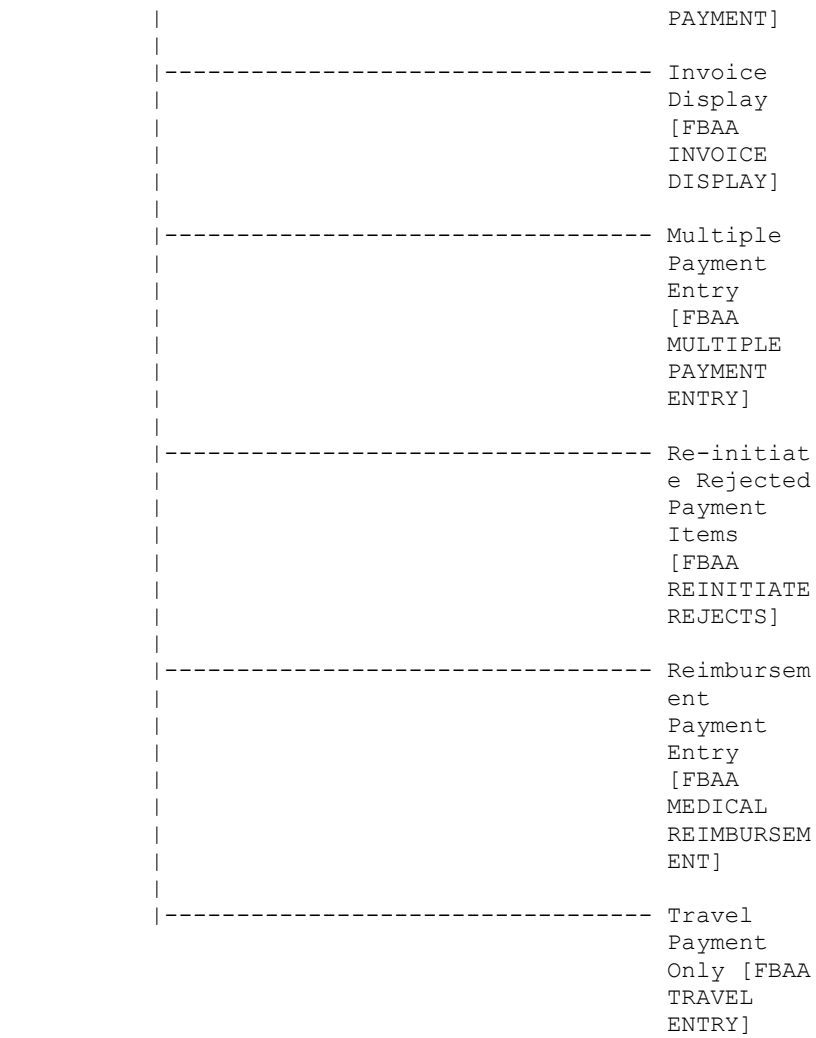

[FBAA QUEUE DATA FOR TRANS.]
LOCKED: FBAASUPERVISOR
Update Vendor Contract/Rates - CNH [FBCNH UPDATE VENDOR CONTRACT]
Vendor Enter/Edit [FBCNH VENDOR ENTER/EDIT]
Medical Fee Main Menu (FBAA MEDICAL MAIN MENU)
Batch Main Menu [FBAA BATCH MENU]
Active Batch Listing by Status [FBAA ACTIVE BATCH LISTING]
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

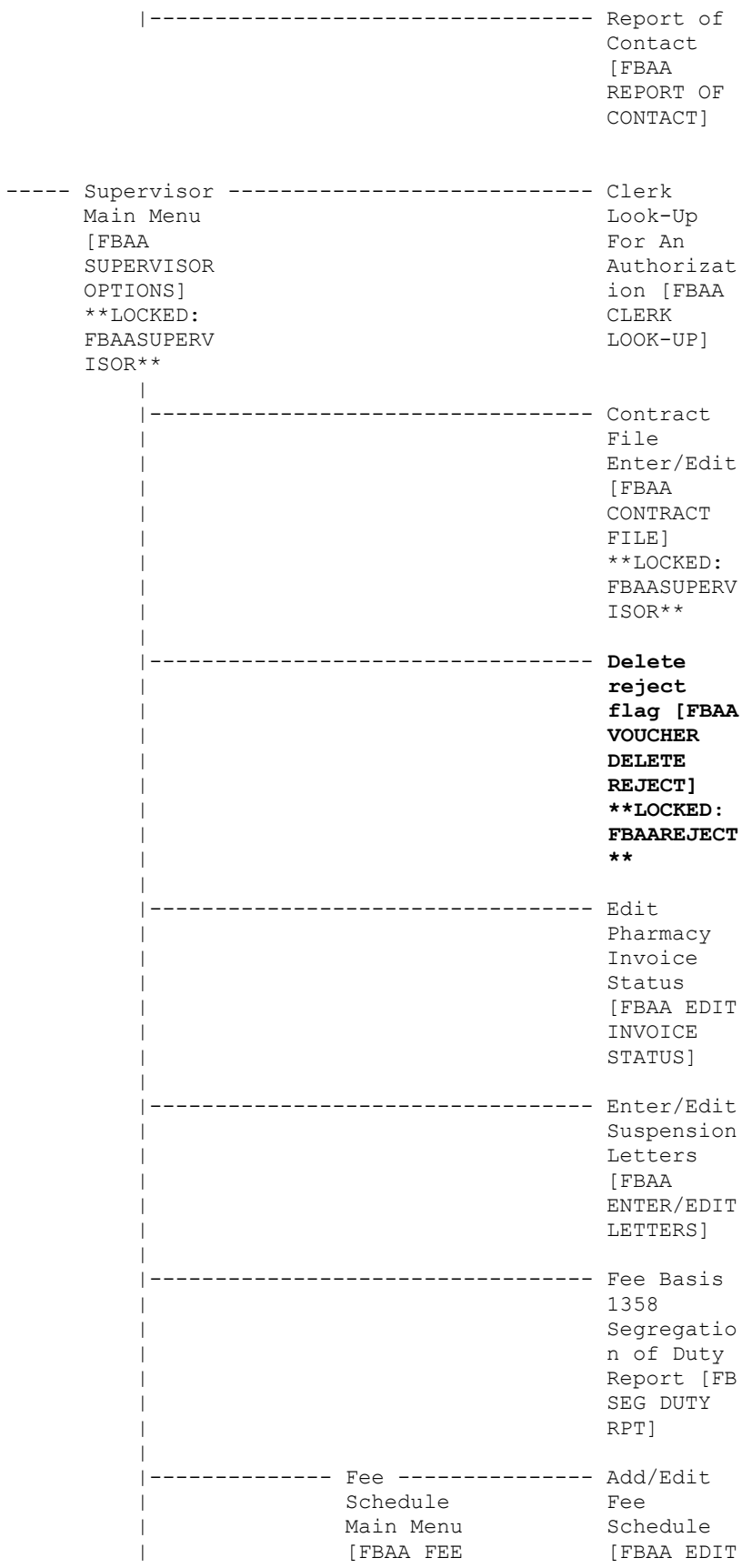

in Batch [FBAA LIST BATCH]
Open a Batch [FBAA OPEN BATCH]
Re-open Batch [FBAA REOPEN BATCH]
Release a Batch [FBAA SUPERVISOR RELEASE] **LOCKED: FBAASUPERVISOR**
Status of Batch [FBAA BATCH STATUS]
Enter Authorization [FBAA ENTER AUTHORIZATION]
LTC Outpatient Active Authorizations Report [FBAA LTC ACTIVE AUTHORIZ]
LTC Outpatient Ending Authorization Report [FBAA LTC ENDING AUTHORIZ]
----- Outputs -----
Main Menu [FBAA OUTPUTS MENU]
Suspension Letter Print [FBAA SUSPENSION LETTER PRINT]

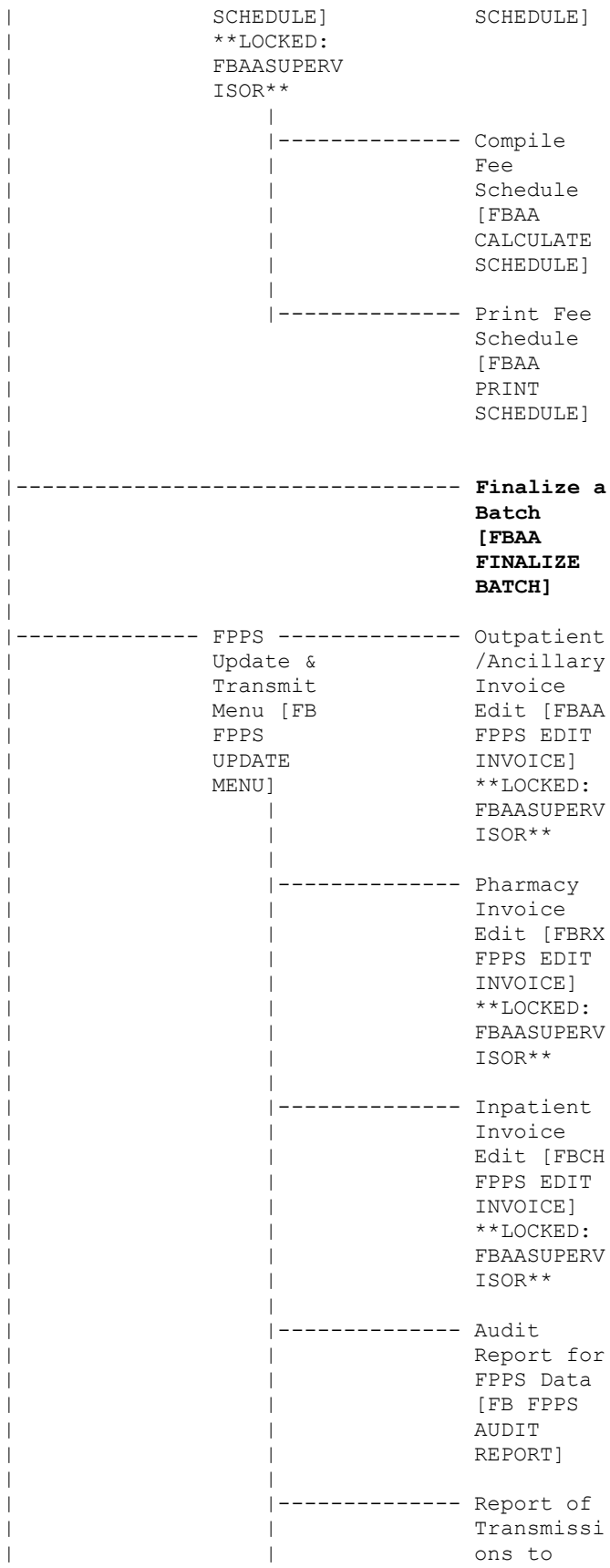

Individual Suspension Letter Print [FBAA SUSPENSION LETTER INDIV]
7079 Print for Selected Patient [FBAA PRINT 7079 SINGLE]
Check Display [FB CHECK DISPLAY]
Display ID Card History for Patient [FBAA DISPLAY ID CARD HISTORY]
FPPS Claim Inquiry [FB FPPS CLAIM INQ]
Group 7079 Print [FBAA PRINT 7079 GROUP]
**> Disabled per FB*3.5*194
Locked with FBAA LEVEL 2 DISABLE 1
Historical Authorization Data Report [FBAA AUTH DATA AUDIT RPT]
Invoice Display [FBAA INVOICE DISPLAY]
IPAC Vendor Reports
1 DoD Invoice Number

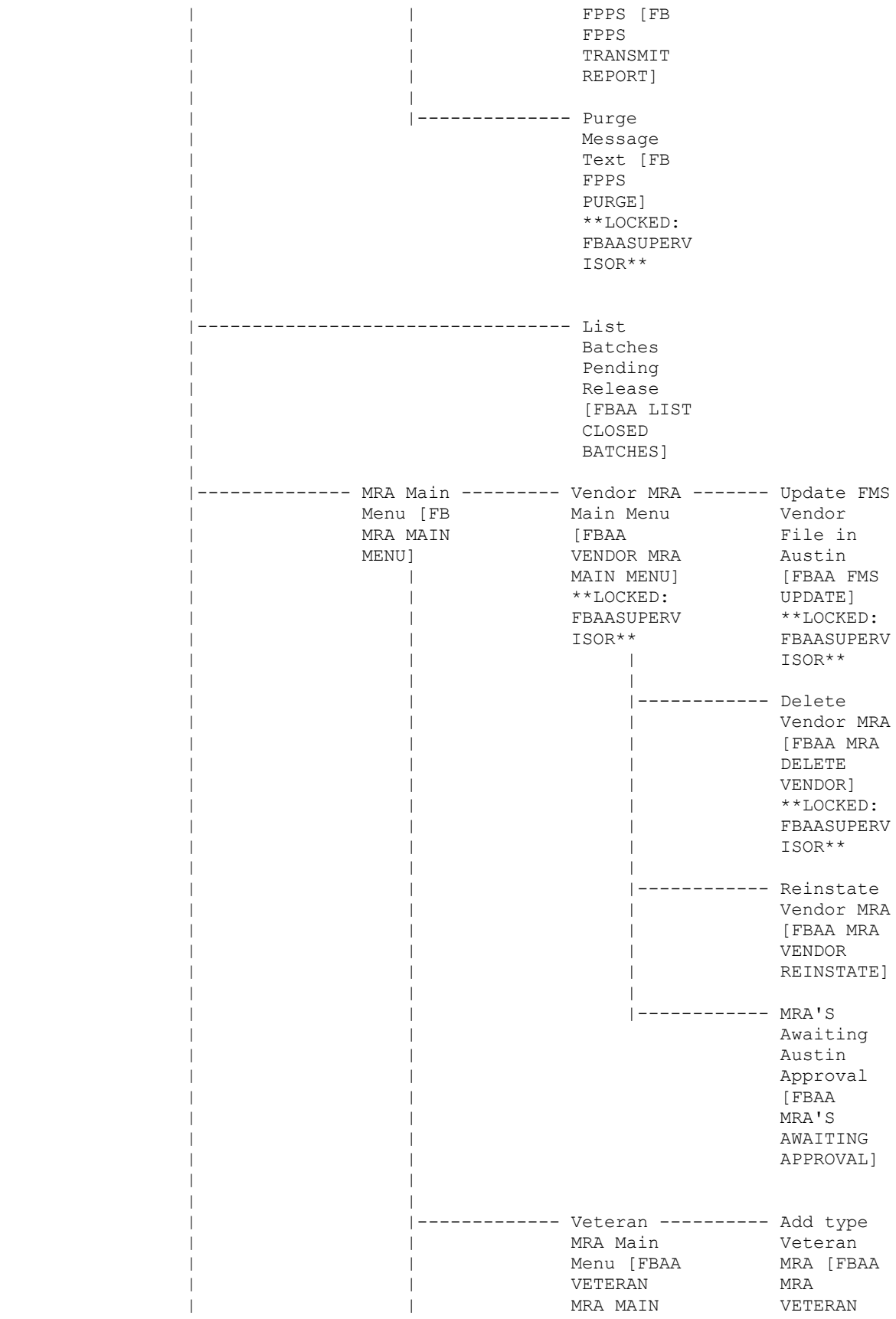

[FBAA IPAC VENDOR REPORT MENU]
Inquiry [FBAA IPAC DoD INVOICE INQUIRY]
2 IPAC Vendor DoD Invoice Report (Summary) [FBAA IPAC DoD INVOICE RPT]
3 IPAC Vendor Payment Report (Detail) [FBAA IPAC VENDOR PAYMENT RPT]
MST Report [FBAA MST REPORT]
Obsolete ID Cards List [FBAA OBSOLETE ID CARDS]
Outpatient Cost Report [FBAA COST REPORT]
Payment Aging Report [FB PAYMENT AGING RPT]
Payment History Display [FBAA PAYMENT HISTORY DISPLAY]
Potential Cost Recovery Report [FB PCR]

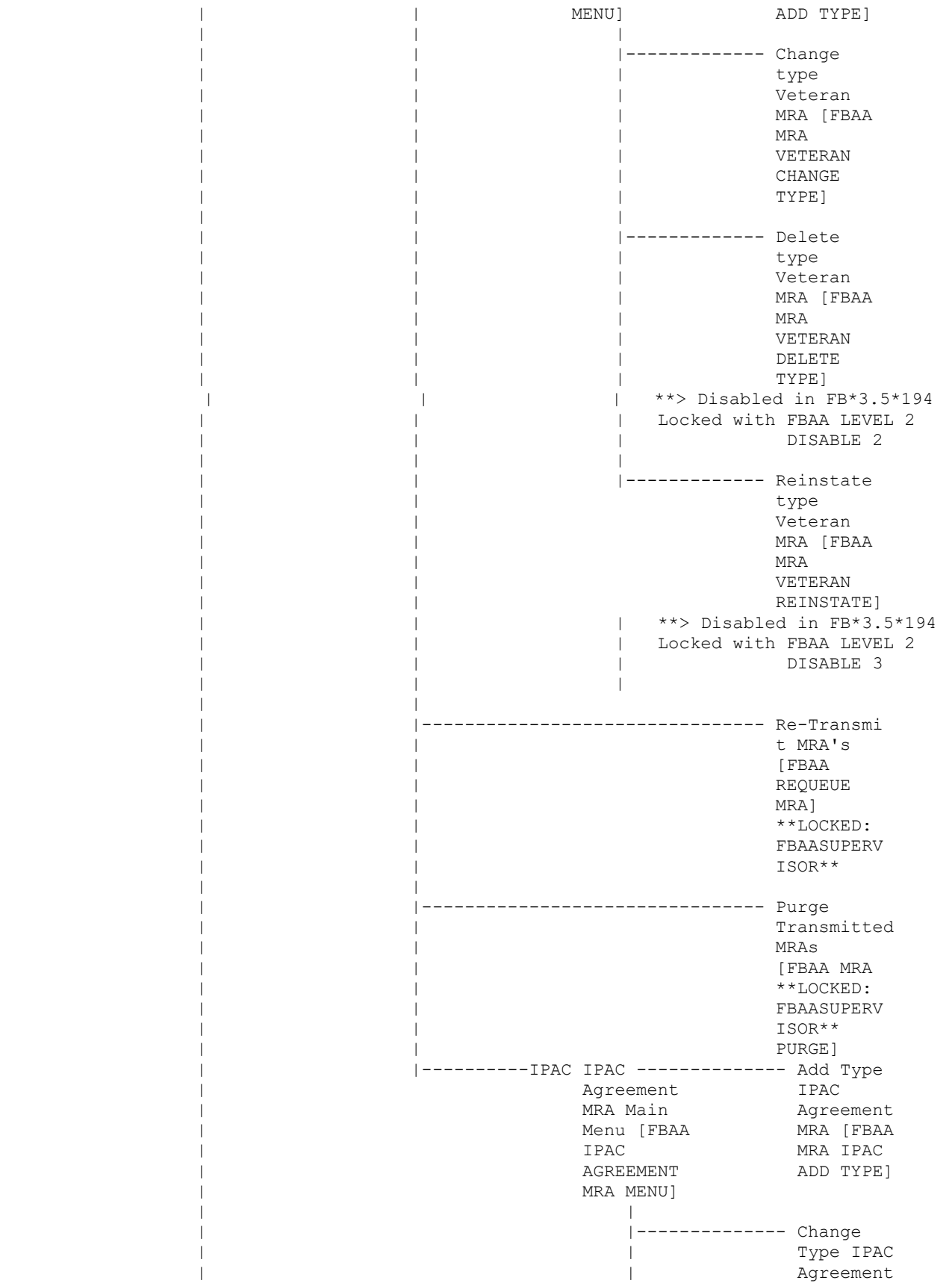

Print Rejected Payment Items [FBAA REJECT PRINT]
PSA Output Report [FBCH PSA OUTPUT]
RBRVS Fee Schedule Cost Comparison [FBAA COST COMPARISON]
Valid ID Cards List [FBAA ID CARDS CURRENT LIST]
Vendor Payments Output [FB PAY VENDOR]
Veteran Payments Output [FB PAY VETERAN]
Payment menu [FBAA PAYMENT MENU]
Calculate Payment Amount [FBAA FEE SCHEDULE RATE]
Delete Payment Entry [FBAA DELETE PAYMENT]
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 REIMBURSEM ENT]
Travel Payment Only [FBAA TRAVEL ENTRY]
Registration Menu [FBAA REGISTRATION MAIN MENU]
Authorization Display [FBAA AUTHORIZATION DISPLAY]
Fee Patient Inquiry [FBAA PATIENT INQUIRY]
Print Report of Contact [FBAA PRINT REPORT OF CONTACT]

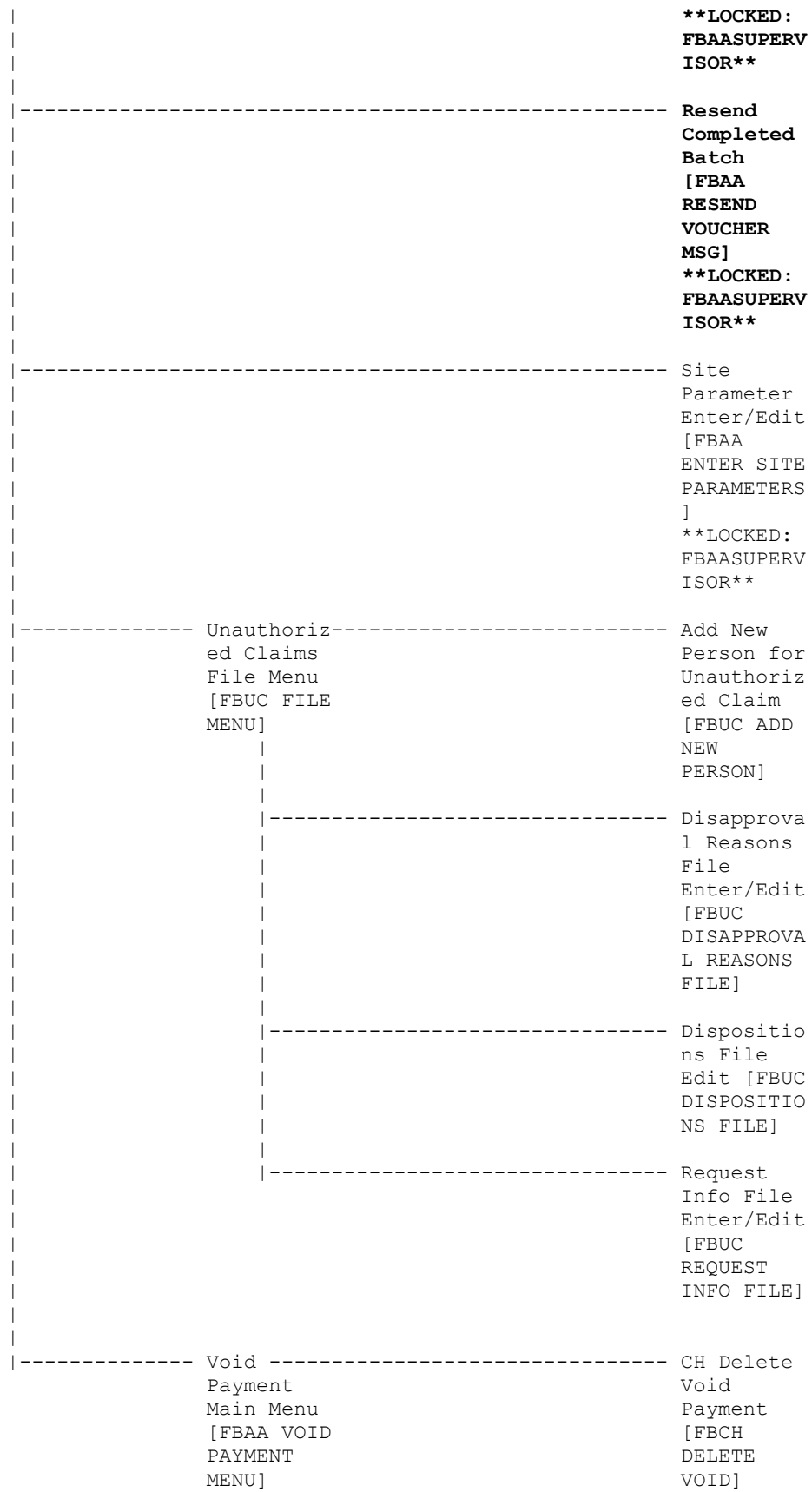

Report of Contact [FBAA REPORT OF CONTACT]
Supervisor Main Menu [FBAA SUPERVISOR OPTIONS] **LOCKED: FBAASUPERVISOR**
Clerk Look-Up For An Authorization [FBAA CLERK LOOK-UP]
Contract File Enter/Edit [FBAA CONTRACT FILE] **LOCKED: FBAASUPERVISOR**
Delete reject flag [FBAA VOUCHER DELETE REJECT] **LOCKED: FBAAREJECT**
Edit Pharmacy Invoice Status [FBAA EDIT INVOICE STATUS]
Enter/Edit Suspension Letters [FBAA ENTER/EDIT LETTERS]
Fee Basis 1358 Segregation of Duty Report [FB SEG DUTY RPT]
Fee Schedule Main Menu [FBAA FEE
Add/Edit Fee Schedule [FBAA EDIT

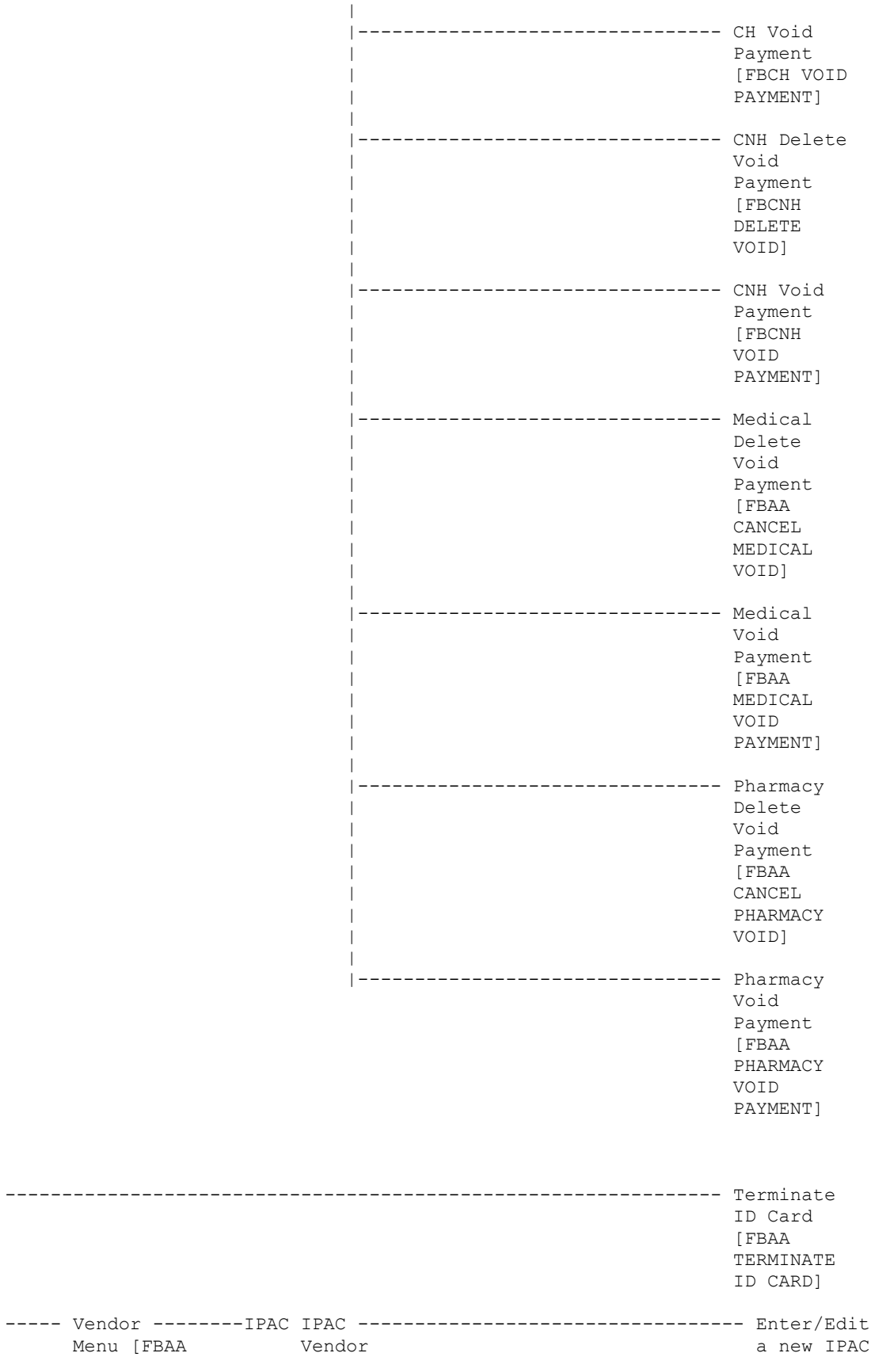

SCHEDULE]
SCHEDULE]
**LOCKED:
FBAASUPERV
ISOR**
Compile
Fee
Schedule
[FBAA
CALCULATE
SCHEDULE]
Print Fee
Schedule
[FBAA
PRINT
SCHEDULE]
Finalize a
Batch
[FBAA
FINALIZE
BATCH]
FPPS
Update &
Transmit
Menu [FB
FPPS
UPDATE
MENU]
Outpatient
/Ancillary
Invoice
Edit [FBAA
FPPS EDIT
INVOICE]
**LOCKED:
FBAASUPERV
ISOR**
Pharmacy
Invoice
Edit [FBRX
FPPS EDIT
INVOICE]
**LOCKED:
FBAASUPERV
ISOR**
Inpatient
Invoice
Edit [FBCH
FPPS EDIT
INVOICE]
**LOCKED:
FBAASUPERV
ISOR**
Audit
Report for
FPPS Data
[FB FPPS
AUDIT
REPORT]
Report of
Transmissi
ons to


FPPS [FB FPPS TRANSMIT REPORT]
Purge Message Text [FB FPPS PURGE] **LOCKED: FBAASUPERV ISOR**
List Batches Pending Release [FBAA LIST CLOSED BATCHES]
MRA Main Menu [FB MRA MAIN MENU]
Vendor MRA Main Menu [FBAA VENDOR MRA MAIN MENU] **LOCKED: FBAASUPERV ISOR**
Update FMS Vendor File in Austin [FBAA FMS UPDATE] **LOCKED: FBAASUPERV ISOR**
Delete Vendor MRA [FBAA MRA DELETE VENDOR] **LOCKED: FBAASUPERV ISOR**
Reinstate Vendor MRA [FBAA MRA VENDOR REINSTATE]
MRA'S Awaiting Austin Approval [FBAA MRA'S AWAITING APPROVAL]
Veteran MRA Main Menu [FBAA VETERAN MRA MAIN
Add type Veteran MRA [FBAA MRA VETERAN


MENU]
ADD TYPE]
Change type Veteran MRA [FBAA MRA VETERAN CHANGE TYPE]
Delete type Veteran MRA [FBAA MRA VETERAN DELETE TYPE]
**> Disabled in FB*3.5*194
Locked with FBAA LEVEL 2
DISABLE 2
Reinstate type Veteran MRA [FBAA MRA VETERAN REINSTATE]
**> Disabled in FB*3.5*194
Locked with FBAA LEVEL 2
DISABLE 3
Re-Transmi t MRA's [FBAA REQUEUE MRA] **LOCKED: FBAASUPERV ISOR**
Purge Transmitted MRAs [FBAA MRA **LOCKED: FBAASUPERV ISOR** PURGE]
IPAC
IPAC Agreement MRA Main Menu [FBAA IPAC AGREEMENT MRA MENU]
Add Type IPAC Agreement MRA [FBAA MRA IPAC ADD TYPE]
Change Type IPAC Agreement


MRA [FBAA
MRA IPAC
CHANGE
TYPE]
Delete
Type IPAC
Agreement
MRA [FBAA
MRA IPAC
DELETE
TYPE]
Pricer
Batch
Release
[FBCH
PRICER
RELEASE]
Print
Rejected
Payment
Items
[FBAA
REJECT
PRINT]
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**
Reprocess
Overdue
Batch
[FBAA
REPROCESS
BATCH]


LOCKED: FBAASUPERVISOR
Resend Completed Batch [FBAA RESEND VOUCHER MSG]
LOCKED: FBAASUPERVISOR
Site Parameter Enter/Edit [FBAA ENTER SITE PARAMETERS]
LOCKED: FBAASUPERVISOR
Unauthorized Claims File Menu [FBUC FILE MENU]
Add New Person for Unauthorized Claim [FBUC ADD NEW PERSON]
Disapproval Reasons File Enter/Edit [FBUC DISAPPROVAL REASONS FILE]
Dispositions File Edit [FBUC DISPOSITIONS FILE]
Request Info File Enter/Edit [FBUC REQUEST INFO FILE]
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]
Medical Delete Void Payment [FBAA CANCEL MEDICAL VOID]
Medical Void Payment [FBAA MEDICAL VOID PAYMENT]
Pharmacy Delete Void Payment [FBAA CANCEL PHARMACY VOID]
Pharmacy Void Payment [FBAA PHARMACY VOID PAYMENT]
Terminate ID Card [FBAA TERMINATE ID CARD]
Vendor Menu [FBAA
IPAC Vendor
IPAC
Enter/Edit a new IPAC


VENDOR OPTIONS]
Agreement Menu [FBAA IPAC AGREEMENT MENU]
Agreement [FBAA IPAC AGREEMENT ENTER/EDIT]
Delete an IPAC agreement [FBAA IPAC AGREEMENT DELETE]
View IPAC Vendor Agreement [FBAA IPAC AGREEMENT VIEW]
Display,Enter,Edit Demographics [FBAA VENDOR DEMOGRAPHICS]
FPDS-Only Vendor Edit [FBAA VENDOR FPDS-ONLY]
List Vendors Without FPDS Data [FB VEN FPDS BLANK]
Payment Display for Patient [FBAA VENDOR PAYMENT DISPLAY]
Payment Look-up for Medical Vendor [FBAA VENDOR LOOKUP]
Pharmacy Vendor Payment Look-Up

[FBAA
PHARMACY
LOOKUP]

Pharmacy Fee Main Menu (FBAA PHARMACY MAIN MENU)
|
|
----- Batch Menu - Pharmacy [FBAA ------- Batch Delete [FBAA BATCH
PHARMACY BATCH OPTIONS] DELETE]
|
|------------------------------ 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 Pharmacy Batch [FBAA
| OPEN PHARMACY BATCH]
|
|------------------------------ Re-open Batch [FBAA REOPEN
| BATCH]
|
|------------------------------ Release a Batch [FBAA
| SUPERVISOR RELEASE]
| **LOCKED: FBAASUPERVISOR**
|
|------------------------------ 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]

-- FPPS Claim Inquiry [FB FPPS
CLAIM INQ]

-- List Invoices Pending MAS

```
                                        Completion [FBAA PENDING MAS
                                        COMPLETION]

---------------------------------------- List Pharmacy History [FBAA
                                        PHARMACY HISTORY]

---------------------------------------- Patient Re-imbursement [FBAA
                                        REIMBURSEMENT PHARMACY]

---------------------------------------- Pharmacy Invoice Status [FBAA
                                        PHARMACY INVOICE STATUS]

---------------------------------------- Potential Cost Recovery Report
                                        [FB PCR]

---------------------------------------- Prescriptions Pending Pharmacy
                                        Review [FBAA LIST PENDING RX]

---------------------------------------- Review Fee Prescription [FBAA
                                        PHARMACY REVIEW]

---------------------------------------- Vendor Payments Output [FB PAY
                                        VENDOR]

---------------------------------------- Veteran Payments Output [FB
                                        PAY VETERAN]
```

Project ARCH Menu (FB PROJECT ARCH MENU)
******> Disabled in FB*3.5*194 Locked with FB ARCH DISABLE ****

```
|
|
---AD Add/Edit Project ARCH Eligibility
      [FB ADD ARCH ELIGIBILITY]
      **> Disabled in FB*3.5*194 Locked with FB ARCH DISABLE

---VW View Project ARCH Eligibility [FB
      VIEW ARCH ELIGIBILITY]
      **> Disabled in FB*3.5*194 Locked with FB ARCH DISABLE

---UP ARCH Eligibility Data Upload [FB
      ARCH DATA UPLOAD]
      **> Disabled in FB*3.5*194 Locked with FB ARCH DISABLE

---RE ARCH Clinical Reminder Due Delay
      [FB ARCH REMINDER DELAY]
      **> Disabled in FB*3.5*194 Locked with FB ARCH DISABLE
```

State Home Main Menu (FBSH MAIN MENU)

```
|
|
----- Enter New State Home
      Authorization [FBSH ENTER AUTH]

----- Change a State Home Authorization
      [FBSH CHANGE AUTH]

----- Delete a State Home Authorization
      [FBSH DELETE AUTH]

----- Reinstate State Home
```

```
      Authorization [FBSH REINSTATE
      AUTH]
       **> Disabled in FB*3.5*194 Locked with FBAA LEVEL 1 AUTH DISABLE 1

----- Active Authorization Report [FBSH
      ACTIVE AUTH. REPORT]
```

Telephone Inquiry Menu (FB PHONE MENU)

```
|
|
```

---------- Check Display [FB CHECK DISPLAY]

----- IPAC Vendor Reports [FBAA IPAC VENDOR REPORT MENU]

```
          |
          |
          |
          |
          |
```

------- 1 DoD Invoice Number Inquiry [FBAA IPAC DoD INVOICE INQUIRY]

---------- 2 IPAC Vendor DoD Invoice Report (Summary) [FBAA IPAC DoD INVOICE RPT]

---------- 3 IPAC Vendor Payment Report (Detail) [FBAA IPAC VENDOR PAYMENT RPT]

---------- Payment Listing for Vendor/Veteran [FB VENDOR/VETERAN PAYMENTS]

---------- Vendor Payments Output [FB PAY VENDOR]

---------- Veteran Payments Output [FB PAY VETERAN]

Unauthorized Claim Main Menu (FBUC MAIN)

```
|
|
----- Enter/Edit Unauthorized Claim -----
      Menu [FBUC ENTER/EDIT]
          |
          |----------
          |
          |----------
          |
          |----------
          |
          |----------
          |
          |----------
          |
           |
          |
```

Enter Unauthorized Claim [FBUC ENTER]

Modify Unauthorized Claim [FBUC MODIFY UNAUTHORIZED CLAIM]

Disposition Unauthorized Claim [FBUC DISPOSITION UNAUTH CLAIM]

Re-open Unauthorized Claim [FBUC REOPEN]

Initiate Appeal for Unauthorized Claim [FBUC INITIATE APPEAL]
**> Disabled in FB*3.5*194 Locked with FBAA LEVEL 1 AUTH DISABLE 2

```
          |------------------------------ Appeal Edit for Unauthorized
          |                               Claim [FBUC APPEAL EDIT]
          |
          |------------------------------ COVA Appeal Enter/Edit [FBUC
                                          COVA APPEAL]


----------------------------------------- Request Information on
                                          Unauthorized Claim [FBUC
                                          REQUEST INFORMATION]
                                          **> Disabled in FB*3.5*194 Locked
          |                                with FBAA LEVEL 1 AUTH DISABLE 3


----------------------------------------- Receive Requested Information
                                          [FBUC RECEIVE INFORMATION]

----- Letters for Unauthorized Claim ---- Update Date Letter Sent [FBUC
      [FBUC LETTERS]                      UPDATE DATE LETTER SENT]
          |
          |------------------------------ Batch Print Letters [FBUC
          |                               BATCH PRINT LETTERS]
          |
          |------------------------------ Reprint Letter(s) [FBUC
                                          REPRINT LETTER(S)]


----------------------------------------- Payments for Unauthorized
                                          Claims [FBUC PAYMENTS]

----- Outputs for Unauthorized ---------- All Claims by
      Claims [FBUC OUTPUTS]               Vendor/Veteran/Other [FBUC ALL
          |                               CLAIMS OUTPUT]
           |                               **> Disabled in FB*3.5*194 Locked
           |                                with FBUC DISABLE 1
          |
          |------------------------------ Check Display [FB CHECK
          |                               DISPLAY]
          |
          |------------------------------ Disapproved EDI Claim Report
          |                               [FBUC DISAPPROVED EDI]
          |
          |------------------------------ Display Unauthorized Claim
          |                               [FBUC DISPLAY UNAUTHORIZED]
          |
          |------------------------------ Disposition/Status Statistics
          |                               Display/Print [FBUC STATS
          |                               OUTPUT]
          |
          |------------------------------ Expiration Display/Print [FBUC
          |                               EXPIRE OUTPUT]
          |
          |------------------------------ FPPS Claim Inquiry [FB FPPS
          |                               CLAIM INQ]
          |
          |------------------------------ Millennium Act Emergency Care
          |                               Summary Report [FBUC MILL ACT
          |                               SUMMARY]
          |
          |------------------------------ Status Display/Print of
          |                               Unauthorized Claims [FBUC
          |                               STATUS OUTPUT]
          |
```

```
            |------------------------------ Unauthorized Claims Cost
            |                               Report for Civil Hospital
            |                               [FBCH UC COST REPORT]
            |                                **> Disabled per FB*3.5*194
             |                               Locked with FBCH DISABLE 3
            |
            |------------------------------ Vendor Payments Output [FB PAY
            |                               VENDOR]
            |
            |------------------------------ Veteran Payments Output [FB
                                            PAY VETERAN]


-----------------------------------------   Display Unauthorized Claim
                                            [FBUC DISPLAY UNAUTHORIZED]

----- Utilities for Unauthorized --------- Vendor Enter/Edit [FBCNH
      Claims [FBUC UTILITIES]               VENDOR ENTER/EDIT]
           |
           |------------------------------ Add New Person for
           |                               Unauthorized Claim [FBUC ADD
           |                               NEW PERSON]
           |
           |------------------------------ Associate an Unauthorized
           |                               Claim to a Primary [FBUC
           |                               ASSOCIATE]
           |
           |------------------------------ Disassociate an Unauthorized
           |                               Claim [FBUC DISASSOCIATE]
           |
           |------------------------------ Delete Unauthorized Claim
           |                               [FBUC DELETE UNAUTHORIZED
           |                               CLAIM]
           |
           |------------------------------ Return Address Display/Edit
           |                               [FBUC RETURN ADDRESS DIS/ED]
           |
           |------------------------------ Extension for Incomplete Mill
                                           Bill (1725) Claim [FBUC
                                           EXTENSION]
                                           **LOCKED: FBAASUPERVISOR**
```

Non-Menu Diagram Exported Options

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

- FBAA BATCH SERVER (FB*3.5*131)
  This server processes incoming Payment Batch Result messages from Central Fee. The Payment Batch Result message is a response to a Payment Batch message. The result message provides a count of accepted line items and identifies any line items that were rejected by Central Fee edit checks.

- FBAA MRA PURGE AUTO
  This option is taskable and will purge transmitted MRAs. It should be used only when you are sure Austin has received your MRA transmissions, since use of this option will prevent retransmission of MRAs. Upon successful completion of the purge, a mail

message will be sent to a mail group confirming the purge specifics. Remember to add a mail group to the FBAA PURGE TRANSMITTED MRA'S bulletin.

- FBAA MRA SERVER
  This server processes all incoming MRA messages received from Austin through MailMan.

- FBAA PAID SERVER
  This server processes incoming payment information sent from FMS. The job will run in the background and will send a bulletin to the FEE mail group upon completion. The bulletin will detail the number of vendors found for each action type taken. FB*3.5*121 the message length from Central Fee is changing to 138 characters. The FBPAID and FBPAID1 routines were modified to accept either length (existing 82 or new 138 character) messages. See Appendix B for the 138 character message format.

- FBAA REJECT SERVER (FB*3.5*131)
  This server processes incoming Post Voucher Reject messages from Central Fee. The Post Voucher Reject message identifies payment line items that have been dropped from Central Fee after receipt of the Voucher Batch message for that line item.

- FBAA VOUCHER SERVER (FB*3.5*131)
  This server processes incoming Voucher Batch Acknowledgement messages from Central Fee. The Voucher Batch Acknowledgement message contains the Central Fee application acknowledgement for a Voucher Batch message.

- FBUC QUEUE BATCH PRINT
  If your letters are not automatically printed, and you choose not to use the Batch Print Letters option in the Letters for Unauthorized Claim submenu, this option should be run at least once a day.

- FBUC ABANDONED
  This option must be queued to run nightly. A device needs to be specified. It searches the FEE BASIS UNAUTHORIZED CLAIMS file (#162.7) for claims that have the status of INCOMPLETE UNAUTHORIZED CLAIM or APPEAL/ISSUED STATEMENT OF CASE.

  If the expiration date for these claims is met, the claim will be dispositioned to ABANDONED. A printout of those claims which were updated will print to the specified device.

- FB FPPS MONITOR (FB*3.5*122)
  If the FB FPPS TRANSMIT option is scheduled to run nightly, this option should be queued to run after it. 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 REDACTED (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:
REDACTED

- FB PAID TO IB (FB*3.5*135)
  FOR FUTURE USE: This run routine option is expected to be scheduled to run regularly after the FBAA PAID SERVER process has completed. This option populates the IB NON/OTHER VA BILLING PROVIDER file (335.93) with information from the FBAA PAID SERVER process that was saved to the FEE BASIS PAID TO IB file(161.9).

- FB PROVIDER TO IB REPORT (FB*3.5*135)
  FOR FUTURE USE: This run routine option displays information in the FEE BASIS PAID TO IB file (161.9). This option is for testing purposes to view data and could be added if needed as a secondary menu option.

- FB UCID UTILITY MENU (FB*3.5*135)
  This menu option is provided to validate Unique Claim IDentifier during testing of entry and edit functions. This menu option is not available on any existing FB menus, but could be added to a secondary menu. This contains two options: the FB UCID DISPLAY - Fee Basis Unique Claim Identifier Display option, and the FB UCID PAYMENT RPT - FB OUTPATIENT UCID REPORT option.

- FB UCID DISPLAY (FB*3.5*135)
  This option is provided to validate Unique Claim IDentifier during testing of entry and edit functions. This option is available on the FB UCID UTILITY MENU. This option has three selections used to display the Unique Claim Identifier. Inpatient invoices and Outpatient claims within a date range, Inpatients by Invoice number, or Outpatient by Vendor, Date of Service, and Procedure.

- FB UCID PAYMENT RPT (FB*3.5*135)

This option is provided to validate the Unique Claim IDentifier during testing of entry and edit functions. This option is available on the FB UCID UTILITY MENU. This option is used to display all UCID's for a single Outpatient by Vendor, Date of Service, and Procedure.

Archiving and Purging

Archiving

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

Purging

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

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

Contained in Version 3.0 of Fee Basis is a purge routine called FBAABPG. This routine should only be used when batch numbers exceed 9999000 and prior to the site reaching number 9999999 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 EMP,NAME        FEE SUPERVISOR
Printed at         REDACTED  11 Aug 93 14:41
Subj:  Fee Batch Numbers Purged   [#23124] 11  Aug  93 14:41  1 Line
From:   POSTMASTER (Sender:     EMP,NAME)  in  'IN' basket.    Page 1
-------------------------------------------------------------------------------

EMP,NAME 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.
```

Purging Batch File Entries That Are Seven Years Old or Greater

Purging batch file entries that are seven years old or greater can be accomplished by using the FBAA BATCH 7YR PURGE option off the Batch Main Menu. FBAA BATCH 7YR PURGE can also be set up at sites as a Scheduled Option. Its algorithm is similar to FBAABPG described above and results in a MailMan message also like the one described

above. However, there are no user prompts or screen output. The routine executed is FBBPG7Y, and can be run in the foreground with the command: >D EN^FBBPG7Y.

External Relations

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

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

2. Fee Basis V. 3.5 custodial integration agreements.

IFCAP (DBIA #287)
Fee Basis provides IFCAP with a way to determine Fee code sheet 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:
```

```
         DURATION:                      VERSION:
             FILE:                         ROOT:
      DESCRIPTION:                       TYPE: Routine
 This Integration agreement provides two functions. The output data comes
from the ARCH ELIGIBILITY multiple from Fee Basis Patient file #161.

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

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

  ROUTINE: FBARCH0
COMPONENT: ELIG
VARIABLES:  DFN  Type: Input
                              Patient IEN which is DINUM to the
                              internal entry of file #161.
            FBBDT  Type: Input
                              Starting/beginning date range of the
                              listing.
            FBEDT  Type: Input
                              Ending date of the listing.
            FBDATA  Type: Output
                              An array of patient ARCH eligibility.
               This function returns the patient's ARCH eligibility. See
               example below:

               > S A=$$ELIG^FBARCH0(DFN,3100930,3110305,.FBDATA) ZW FBDATA
               A=1 FBDATA(1)="1^3101130" FBDATA(2)="0^3101030"
               FBDATA(3)="1^3100930"
COMPONENT:  LIST
VARIABLES:  FBBDT  Type: Input
                              Starting/beginning date of the listing.
            FBEDT  Type: Input
                              Ending date of the listing. Output
               of this function will be in ^TMP($J,"ARCHFEE"
               global. Below is the example:

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

               Global ^TMP($J -- NOTE: translation in effect
               ^TMP(540785357,"ARCHFEE",1)="12^0^3100930"
                                          2)="12^1^3100925"
                                          3)="12^0^3100920"
                                          4)="12^1^3100910"
                 Piece 1 = is the DFN
                 Piece  2 = is the ARCH Eligibility 1 = YES; 0 = NO
                 Piece  3 = date of ARCH Eligibility
```

3. Fee Basis V. 3.5 subscriber integration agreements.

IFCAP (DBIA #s: 43, 315-A, 315-B, 315-C, 5573, 5574)
IFCAP provides Fee Basis with the following.

- Gets the IFCAP station number and uses it to determine whether an obligation number entered by the user exists in IFCAP.
- Returns all accounting numbers and symbols.

- Posts transactions to 1358.
- Determines whether a 1358 is open and available for posting.
- Verifies that a user can certify without violating 1358 segregation of duty. FB*3.5*117
- Returns the events and actors for a 1358 obligation. FB*3.5*117

Registration (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.
- FOR FUTURE USE: Call IB API to move claim providers to IB NON/OTHER VA BILLING PROVIDER (#355.93) file.

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).

VA FileMan (DBIA #: 3352)
VA FileMan provides Fee Basis with the following.

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

(This page included for two-sided copying.)

Internal Relations

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

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

Package-wide Variables

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

How to Generate On-Line Documentation

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

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

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

%INDEX

This option analyzes the structure of a routine(s) to determine in part if the routine(s) adhere(s) to VistA Programming Standards. The %INDEX output may include the following components: compiled list of Errors and Warnings, Routine Listing, Local Variables, Global Variables, Naked

Globals, Label References, and External References. By running %INDEX for a specified set of routines, the user is afforded the opportunity to discover any deviations from VISTA Programming Standards which exist in the selected routine(s) and to see how routines interact with one another, that is, which routines call or are called by other routines.

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

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

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.

Security

General Security

NOTICE

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

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

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

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

Audit Trails

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

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

Patch FB*3.5*151 enhances the software to maintain a history of changes to the value of thirteen fields in the FEE BASIS UNAUTHORIZED CLAIMS (#162.7) file and five fields in the

AUTHORIZATION multiple of the FEE BASIS PATIENT (#161) file. The system will retain the date and time of the change, the old value, the new value, and the person that made the change in a new DATA AUDIT multiple within the respective file. Once the patch is installed, the system will retain this information for the fields listed below.

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

- STATUS (#24)
- DISPOSITION (#10)
- DATE CLAIM RECEIVED (#.01)
- DATE REQ INFO SENT (#19.6)
- DATE VALID CLAIM RECEIVED (#7)
- DATE OF DISPOSITION (#11)
- REOPEN CLAIM DATE (#21)
- NOTICE OF DISAGREEMENT RECV'D (#50)
- STATEMENT OF THE CASE ISSUED (#51)
- DATE SUBSTANTIVE APPEAL RECV'D (#52)
- DATE APPEAL DISPOSITIONED (#53)
- DATE APPEALED TO COVA (#54)
- DATE COVA APPEAL DISPOSITIONED (#55)

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

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

Security Keys

Name	Description
FBAA ESTABLISH VENDOR	This Security Key allows a user to add vendors to the FEE BASIS VENDOR file (#161.2).
FB ARCH	This Security Key allows authorized users to identify patients that were not included in the original Project ARCH Increment 1 eligibility dataset and allows them to be marked as being Project ARCH Eligible in the local VistA system. The system now allows locally added patients to be marked Not Project ARCH Eligible by users that hold the FB ARCH Security Key. NOTE: The "View Project ARCH Eligibility" option allows authorized users to view nationally and locally identified Project ARCH patients.
FB IPAC VENDOR	This Security Key permits the holder to enter, edit, and delete IPAC Agreement records through the options on the IPAC Vendor Agreement Menu.

Name	Description
FBAAFINANCE	This Security Key permits the holder to finalize (complete) a payment batch. That action generates the Voucher Batch message, which instructs Central Fee (Austin) to release the payments to a downstream payment system such as FMS. This security key would normally be assigned to finance staff responsible for completing the batch.
FBAAREJECT	This Security Key permits the holder to flag payment line items as locally rejected and to delete local reject flags that were entered in error.
FBAASUPERVISOR	This Security Key provides authorized users access to all of the Fee Supervisor options.
XUSPF200	This Security Key is used when adding a person to the NEW PERSON file (#200). Its holders are not required to enter a Social Security Number (SSN) upon input of the person.

Legal Requirements

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

File Protection

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

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

FILE NUMBER	FILE_NAME	DD ACCESS	RD ACCESS	WR ACCESS	DEL ACCESS	LAYGO ACCESS	AUDIT ACCESS
161	FEE BASIS PATIENT	@	#	#	#	#	
161.2	FEE BASIS VENDOR	@	#	#	#	#	
161.21	FEE BASIS CNH CONTRACT	@	#	#	#	#	#
161.22	FEE BASIS CNH RATE	@	#	#	#	#	#
161.23	FEE BASIS CNH						

FILE NUMBER	FILE_NAME	DD ACCESS	RD ACCESS	WR ACCESS	DEL ACCESS	LAYGO ACCESS	AUDIT ACCESS
	AUTHORIZATION RATE	@	#	#	#	#	#
161.25	FEE BASIS VENDOR						
	CORRECTION	@	#	#	#	#	#
161.26	FEE BASIS PATIENT MRA	@	#	#	#	#	
161.27	FEE BASIS SUSPENSION	@	#	@	@	@	
161.3	FEE BASIS LETTER	@	#	#	#	#	
161.4	FEE BASIS SITE PARAMETERS	@	#	#	#	#	
161.5	FEE CH REPORT OF CONTACT	@	#	#	#	#	#
161.6	FEE BASIS SPECIALTY CODE	@	#	@	@	@	
161.7	FEE BASIS BATCH	@	#	#	#	#	
161.8	FEE BASIS PROGRAM	@	#	@	@	@	
161.81	FEE BASIS PARTICIPATION						
	CODE	@	#	@	@	@	
161.82	FEE BASIS PURPOSE OF VISIT	@	#	@	@	@	
161.83	FEE BASIS ID CARD AUDIT	@	#	#	@	#	
161.84	FEE BASIS CATEGORY OF CARE	@	@	@	@	@	
161.95	IPAC VENDOR AGREEMENT FILE	@	#	#	#	#	
161.96	IPAC VENDOR AGREEMENT MRA	@	#	#	#	#	
161.99	FEE BASIS PAYMENT REJECT CODE	@		@	@	@	@
162	FEE BASIS PAYMENT	@	#	#	#	#	
162.1	FEE BASIS PHARMACY INVOICE	@	#	#	#	#	
162.2	FEE NOTIFICATION/REQUEST	@	#	#	#	#	
162.3	FEE CNH ACTIVITY	@	#	#	#	#	
162.4	VA FORM 10-7078	@	#	#	#	#	
162.5	FEE BASIS INVOICE	@	#	#`	#	#	
162.6	FEE BASIS DISPOSITION CODE	@	#	@	@	@	

FILE NUMBER	FILE_NAME	DD ACCESS	RD ACCESS	WR ACCESS	DEL ACCESS	LAYGO ACCESS	AUDIT ACCESS
162.7	FEE BASIS UNAUTHORIZED						
	CLAIMS	@	#	#	#	#	
162.8	FEE BASIS UNAUTHORIZED						
	CLAIMS PENDING INFO	@	#	#	#	#	
162.91	FEE BASIS UNAUTHORIZED						
	CLAIMS DISPOSITIONS	@	#	@	@	@	@
162.92	FEE BASIS UNAUTHORIZED						
	CLAIMS STATUS	@	#	@	@	@	@
162.93	FEE BASIS UNAUTHORIZED						
	REQUESTED INFORMATION	@	#	#	#	#	#
162.94	FEE BASIS UNAUTHORIZED						
	DISAPPROVAL REASONS	@	#	@	@	@	@
162.95	FEE BASIS CHECK						
	CANCELLATION REASON	@	#	@	@	@	
163.85	FEE BASIS VA TYPE OF						
	SERVICE	@	#	@	@	@	@
163.99	FEE BASIS FEE SCHEDULE	@	#	#	#	#	

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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
CAQH	Council for Affordable Quality Healthcare. Provides CORE certification test suite with step by step test scripts.
CARC	Claim Adjustment Reason Code. The CARC provides the reason for the positive or negative financial adjustment specific to particular claim or service referenced in the transmitted v5010 X12 835. The external list of CARCs is maintained by the Codes Maintenance Committee established by the Blue Cross and Blue Shield Association, with a multi-stakeholder voting membership.
COJ	Clinic of Jurisdiction
CORE	Committee on Operating Rules for Information Exchange. CORE® is a multi-stakeholder initiative created, organized and facilitated by CAQH that is working to make it easier for physicians and hospitals to access eligibility, benefits and claim information for their patients at the point of care.
COVA	Court of Veterans Appeals
DHCP	Decentralized Hospital Computer Program
DRG	Diagnostic Related Group
EDI	Electronic Data Interchange
HAPE	Health Administration Product Enhancements
HIPAA	Health Insurance Portability and Accountability Act
IFCAP	Integrated Funds Distribution, Control Point Activity, Accounting, and Procurement.
Invoice	Statement of charges received from a vendor for Community Nursing Home, Civil Hospital, medical, or pharmacy services rendered to a

	Veteran.
IPAC	Intragovernmental Payment and Collection. A system in the Department Treasury, which is used when the VA is making payment to the DoD for Veteran episodes of care in Military Treatment Facilities.
JCAHO	Joint Commission on Accreditation of Health Care Organizations.
Legal Entitlement	Determination by the fee clerk, based on the veteran's entitlement to VA benefits, of legal eligibility for Civil Hospital.
Medical Entitlement	Determination by a VA physician, based on whether an emergency existed at the time of admission, of medical eligibility for Civil Hospital.
Military time	The method of recording time that is the standard of the United States military.
MRA	Master record adjustment
NPI	National Provider Identifier – A unique ten digit, numerics only, 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.
PC	Purchased Care
Pricer	A software package used by Austin to determine the medical reimbursement amount for a specific DRG.
PSA	Primary Service Area
RARC	Remittance Advice Remark Code. Provides supplemental information about why a claim or service line is not paid in full. The external list of RARCs is maintained by the Centers for Medicare & Medicaid Services (CMS). The majority of CARCs do not require RARCs to complete the

	message; however, there are some specific CARCs that require use of an explanatory RARC.
<RETURN> or <RET>	The key that is pressed after each response in order to move the cursor to the next line and to enter your response into the system.
Security Code	A code assigned to the user that identifies the user to the system and allows access to different areas within the system. This includes access and verify codes as well as security keys.
Special Key	A key that instructs the system to perform a function. For instance, the <RET> key not only moves you to the next prompt, it also enters the information you have just keyed into the system.
Suspension Letter	Letter sent to vendors informing them of the difference between amount charged, amount paid, and the reason why.
UCID	Unique Claim IDentifier - a unique 28 character identifier for Inpatient invoices, and Outpatient claims.
Unauthorized Claim	Payment for expenses of inpatient medical services obtained by eligible veterans without prior authorization from the VA.
Up-arrow <^>	The upper case character on the number "six" key. It is used as a special function key.
Vendor	Any provider of care (e.g., doctors, hospitals, pharmacies, etc.)

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Appendix A – Transmission Mappings[1]

A-1 MRA Mapping C1

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

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

A-2 MRA Mapping C4

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

A-3 MRA Mapping C8

IPAC Agreement MRA record

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

A-4 Batch Header

POSITION	VARIABLE NAME	FIELD #	FILE #	FIELD NAME
1 – 3	FBHD - value of FEE or FEN			
4 – 5	FBAABT - value of 'B3' FOR MEDICAL PAYMENTS; " " 'B5' FOR HOMETOWN PHARMACY PAYMENTS; " " 'C1' FOR VENDOR FILE ACTIVITIES; " " 'C2' FOR VETERAN MRA ACTIVITIES; " " 'C4' FOR PHARMACY FILE ACTIVITIES; " " 'C8' FOR IPAC AGREEMENT MRA ACTIVITIES; " " 'B2' FOR TRAVEL PAYMENTS; " " 'B9' FOR CH/CNH; " " 'BT'			
6 – 13	FBAACD - Date formatted MMDDYYYY			
14 – 19	FBAASN - Station number + ”-“ + substation number			
20 – 26	FBAABN - Batch Number	.01	161.7	NUMBER
27	SPACE			
28- 38	FBAAAP - amount with no decimal	9	161.7	TOTAL DOLLARS
39 – 40	FBAACP Obligation number	1	161.7	OBLIGATION NUMBER
41	“ “ - SPACE			
42	“$” – RECORD DELIMITER			

A-5 B3 (Outpatient/Ancillary) Batch

POSITION	VARIABLE NAME	FIELD #	FILE #	FIELD NAME
1	Value of '3'			
2 – 7	FBAASN	16	161.7	STATION NUMBER
8 – 17	FBSSN	9	2	SSN
18	FBPAYT 'R' FOR REIMBURSEMENT; 'S' FOR STATISTICAL; 'V' FOR VENDOR;	18	162	PAYMENT TYPE CODE
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 '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	3	161.7	TYPE
79	FBSUSP	6;1;2;4	162	SUSPEND CODE
80 – 81	FBPOV	6;1;2;16	162	PURPOSE OF VISIT
82 – 83	FBPATT	6;1;2;15	162	TREATMENT TYPE CODE
84 – 91	FBTD converts to FBTDSR1	6;1;.01	162	INITIAL TREATMENT DATE
92	FBTT	UNKNOWN =>		
93 – 100	FBDIN	6;1;2;13	162	DATE CURRENT INVOICE RECEIVED
101 – 109	FBINVN	6;1;2;15	162	INVOICE NUMBER
110 – 142	RESERVE FOR FUTURE USE			
143 - 144	FBST	1	5	STATE
145 - 147	FBCTY	5;.01;3	5	VA COUNTY CODE
148 – 156	FBZIP		2	ZIP CODE

A-5 B3 (Outpatient/Ancillary) Batch

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

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

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

A-7 B3 (Outpatient/Ancillary) Batch (Line 3)

POSITION	VARIABLE NAME	FIELD #	FILE #	FIELD NAME
1 - 12	FBFPPSID	6;1;2;50	162	FPPS CLAIM ID
13 - 41	FBAUTHNUM	6;1;2;83	162	AUTHORIZATION NUMBER
42 - 44	FBLNITM	6;1;2;51	162	FPPS LINE ITEM
45 - 56	FBAMTC	6;1;2;1	162	AMOUNT CLAIMED
57 - 58	FBADJG	6;1;2;52;1	161.92	ADJUSTMENT GROUP
59 - 64	FBRRC1	6;1;2;53;.01	161.93	REMITTANCE REMARK
65 - 70	FBRRC2	6;1;2;53;.01	161.93	REMITTANCE REMARK
71 - 72	FBADJG	6;1;2;52;1	161.92	ADJUSTMENT GROUP
73 - 78	FBRRC1	6;1;2;53;.01	161.93	REMITTANCE REMARK
79 - 84	FBRRC2	6;1;2;53;.01	161.93	REMITTANCE REMARK
85 - 86	FBADJG	6;1;2;52;1	161.92	ADJUSTMENT GROUP
87 - 91	FBADJR	6;1;2;52;.01	161.91	ADJUSTMENT REASON
92 - 97	FBRRC1	6;1;2;53;.01	161.93	REMITTANCE REMARK
98 - 103	FBRRC2	6;1;2;53;.01	161.93	REMITTANCE REMARK
104 - 112	FBADJA	6;1;2;52;2	162	ADJUSTMENT AMOUNT
113 - 114	FBADJG	6;1;2;52;1	161.92	ADJUSTMENT GROUP
115 - 119	FBADJR	6;1;2;52;.01	161.91	ADJUSTMENT REASON
120 - 125	FBRRC1	6;1;2;53;.01	161.93	REMITTANCE REMARK
126 - 131	FBRRC2	6;1;2;53;.01	161.93	REMITTANCE REMARK
132 - 140	FBADJA	6;1;2;52;2	162	ADJUSTMENT AMOUNT
141 - 142	FBADJG	6;1;2;52;1	161.92	ADJUSTMENT GROUP
143 - 147	FBADJR	6;1;2;52;.01	161.91	ADJUSTMENT REASON
148 - 153	FBRRC1	6;1;2;53;.01	161.93	REMITTANCE REMARK
154 - 159	FBRRC2	6;1;2;53;.01	161.93	REMITTANCE REMARK
160 - 168	FBADJA	6;1;2;52;2	162	ADJUSTMENT AMOUNT
169	FBPYMTH	6;1;2;82	163.98	PAYMENT METHODOLOGY
170	N/A	N/A	N/A	ADDITIONAL PAYMENT INDICATOR
171	N/A	N/A	N/A	ADDITIONAL PAYMENT TYPE
172 - 201	N/A	N/A	N/A	Parent Internal Control Number
202 - 203	"~$"			BLOCK/RECORD DELIMITERS

A-8 B5 Batch

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

A-8 B5 Batch

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

A-9 B5 Batch (Line 2)

POSITION	VARIABLE NAME	FIELD #	FILE #	FIELD NAME
1 - 5	FBADJR1		162.14	ADJUSTMENT REASON
6 - 10	FBADJR2		162.14	ADJUSTMENT REASON
11 - 19	FBADJA1		162.14	ADJUSTMENT AMOUNT
20 - 28	FBADJA2		162.14	ADJUSTMENT AMOUNT
29 - 38	FBNPI	41.01	161.2	NATIONAL PROVIDER IDENTIFIER
39	FBEDIC	13	162.1	EDI CLAIM FLAG
40 - 49	FBIA	14	162.1	IPAC VENDOR AGREEMENT
50 - 71	FBDODINV	39	162.11	DoD INVOICE NUMBER
72 – 83	FBFPPSID	13	162.1	FPPS CLAIM ID
84 – 112	FBAUTHNUM	4;40	162.11	AUTHORIZATION NUMBER
113 – 115	FBLNITM	4;36	162.11	FPPS LINE ITEM
116 – 127	FBAMTCLM	4;3	162.11	AMOUNT CLAIMED
128 – 129	FBADJG	37;1	161.92	ADJUSTMENT GROUP
130 – 135	FBRRC1	38;.01	161.93	REMITTANCE REMARK
136 – 141	FBRRC2	38;.01	161.93	REMITTANCE REMARK
142 - 143	FBADJG	37;1	161.92	ADJUSTMENT GROUP
144 – 149	FBRRC1	38;.01	161.93	REMITTANCE REMARK
150 – 155	FBRRC2	38;.01	161.93	REMITTANCE REMARK
156 – 157	FBADJG	37;1	161.92	ADJUSTMENT GROUP
158 – 162	FBADJR	37;.01	161.91	ADJUSTMENT REASON
163 – 168	FBRRC1	38;.01	161.93	REMITTANCE REMARK
169 – 174	FBRRC2	38;.01	161.93	REMITTANCE REMARK
175 - 183	FBADJA	37;2	162.14	ADJUSTMENT AMOUNT
184 - 185	FBADJG	37;1	162.14	ADJUSTMENT GROUP

A-9 B5 Batch (Line 2)

POSITION	VARIABLE NAME	FIELD #	FILE #	FIELD NAME
186 – 190	FBADJR	37;.01	161.91	ADJUSTMENT REASON
191 – 196	FBRRC1	38;.01	161.93	REMITTANCE REMARK
197 – 202	FBRRC2	38;.01	161.93	REMITTANCE REMARK
203 – 211	FBADJA	37;2	162.14	ADJUSTMENT AMOUNT
212 – 213	FBADJG	37;1	161.92	ADJUSTMENT GROUP
214 – 218	FBADJR	37;.01	161.91	ADJUSTMENT REASON
219 – 224	FBRRC1	38;.01	161.93	REMITTANCE REMARK
225 – 230	FBRRC2	38;.01	161.93	REMITTANCE REMARK
231 – 239	FBADJA	37;2	162.14	ADJUSTMENT AMOUNT
240 – 251	FBQNTY	4;1.6	162.11	QUANTITY
252 -253	"~$			BLOCK/RECORD DELIMITERS

A-10 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 'R' FOR REIMBURSEMENT; 'S' FOR STATISTICAL; 'V' FOR VENDOR;	18	162	PAYMENT TYPE CODE
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

A-10 B9 Inpatient Batch

POSITION	VARIABLE NAME	FIELD #	FILE #	FIELD NAME
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 DELIMITER

A-11 B9 Inpatient Batch (Line 2)

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

A-12 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

A-13 B9 Inpatient Batch (Line 4)

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

A-13 B9 Inpatient Batch (Line 4)

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

A-14 B9 Inpatient Batch (Line 5)

POSITION	VARIABLE NAME	FIELD #	FILE #	FIELD NAME
1 – 12	FBFPPSID	56	162.5	FPPS CLAIM ID
13 – 41	FBAUTHNUM	88	162.5	AUTHORIZATION NUMBER
42 – 50	Claim Level Allowed Amount unavailable			
51 – 52	FBADJG	58;1	161.92	ADJUSTMENT GROUP
53 – 58	FBRRC1	59;.01	161.93	REMITTANCE REMARK
59 – 64	FBRRC2	59;.01	161.93	REMITTANCE REMARK
65 - 66	FBADJG	58;1	161.92	ADJUSTMENT GROUP
67 – 71	FBADJR	58;.01	161.91	ADJUSTMENT REASON
72 – 77	FBRRC1	59;.01	161.93	REMITTANCE REMARK
78 – 83	FBRRC2	59;.01	161.93	REMITTANCE REMARK
84 – 93	FBADJA	58;2	161.5	ADJUSTMENT AMOUNT
94 – 95	FBADJG	58;1	161.92	ADJUSTMENT GROUP
96 – 100	FBADJR	58;.01	161.91	ADJUSTMENT REASON
101 – 106	FBRRC1	59;.01	161.93	REMITTANCE REMARK
107 – 112	FBRRC2	59;.01	161.93	REMITTANCE REMARK
113 - 122	FBADJA	58;2	161.5	ADJUSTMENT AMOUNT
123 – 124	FBADJG	58;1	161.92	ADJUSTMENT GROUP
125 – 129	FBADJR	58;.01	161.91	ADJUSTMENT REASON
130 – 135	FBRRC1	59;.01	161.93	REMITTANCE REMARK
136 – 141	FBRRC2	59;.01	161.93	REMITTANCE REMARK
142 - 151	FBADJA	58;2	161.5	ADJUSTMENT AMOUNT
152 – 153	FBADJG	58;1	161.92	ADJUSTMENT GROUP
154 – 158	FBADJR	58;.01	161.91	ADJUSTMENT REASON
159 – 164	FBRRC1	59;.01	161.93	REMITTANCE REMARK
165 – 170	FBRRC2	59;.01	161.93	REMITTANCE REMARK
171 - 180	FBADJA	58;2	161.5	ADJUSTMENT AMOUNT
181 – 188	FBDRGWT	24.5	162.5	DRG WEIGHT
189 – 198	FBBILAMT	6.6	162.5	BILLED CHARGES
199	FBPAYMETH			
200	N/A	Y or ''	N/A	ADDITIONAL PAYMENT INDICATOR
201	N/A	'A' for Appeal or 'U' for	N/A	ADDITIONAL PAYMENT TYPE

A-14 B9 Inpatient Batch (Line 5)

POSITION	VARIABLE NAME	FIELD #	FILE #	FIELD NAME
		Underpayment		
202 – 231	N/A	N/A	N/A	PARENT INTERNAL CONTROL NUMBER
232 - 233	"~$			BLOCK/RECORD DELIMITERS

Appendix B – Transmission Mappings from Central Fee

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

Central Fee Desc.	VistA FB File,Field	Col.	Length	Data Type	Example Data
FEE-STATION	n/a	1	6	AlphaNum	402
FEE-PGM	n/a	7	1	AlphaNum	3=Outpt file 162 5=Invoice file 162.5 9=Rx file 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 Desc.	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.

Appendix C – CARC/RARC Relationships

FB*3.5*158 introduced CARC/RARC relationships. CARCs are stored in the ADJUSTMENT REASON file (#161.91) and RARCs are stored in the REMITTANCE REMARK file (#161.93). Patch 158 allows RARCs to be associated with specific CARCs so that, if a VistA Fee user selects a CARC and needs to enter RARCs, only associated RARCs can be selected, and all unrelated RARCs would be filtered out of lookup lists. If a CARC has no RARC relationships established, no RARCs are filtered and all RARCS are selectable.

The ADJUSTMENT REASON file (#161.91) contains a new multiple, REMITTANCE REMARK defined as follows:

161.915,.01 REMITTANCE REMARK 0;1 POINTER TO REMITTANCE REMARK FILE (# 161.93) (Multiply asked)

LAST EDITED: MAR 06, 2015
HELP-PROMPT: Enter an existing Remittance Remark Code
CROSS-REFERENCE: 161.915^B
1)= S ^FB(161.91,DA(1),"RARC","B",$E(X,1,30),DA)=""

2)= K ^FB(161.91,DA(1),"RARC","B",$E(X,1,30),DA)

To establish relationships between CARCs and RARCs, add RARCs to this multiple for each related CARC.