

**Electronic Data Interchange (EDI)**

**New Standards and Operating Rules –**

**VHA Provider-side Technical Compliance Requirements**

**VA118-1001-1018**

eBilling Build 3

Integrated Billing (IB)

RELEASE NOTES/ Installation Guide/ Rollback Plan

**IB\*2\*516**

**April 2015**

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# Introduction

This Integrated Billing (IB) patch is comprised of numerous enhancements and correction of existing issues in the Integrated Billing application. These enhancements are designed to improve revenue through the creation of HIPAA compliant claims. This patch will also remove some of the features that were introduce to support the transition from ASC X12N 4010 to ASC X12N 5010 as they are no longer needed. This patch will provide the ability to transmit the new national payer identification numbers (HPID/OEID) in claim transactions and view the Health Plan Identifier/Other Entity Identifier (HPID/OEID) in the Insurance Company Editor and on The EDI Parameter report.

Some of the more significant things this patch will provide are the ability for billing personnel to do the following:

* Add National Drug Codes and Units to a claim
* Add Procedure Code descriptions to Not Otherwise Classified procedures on a claim
* Define a Pay-to Provider to be used on TRICARE claims
* View linked first-party claim information via TPJI
* Sort the COB Management Worklist and Re-generate Unbilled Amounts Report by Division
* Define non-VA facilities as sole-proprietorships
* View the data associated with cancelled claims

 APPLICATION/VERSION PATCH

 ---------------------------------------------------------------

 INTEGRATED BILLING (IB) V. 2.0 IB\*2\*516

This patch (IB\*2\*516) is being released in the Kernel Installation and Distribution System (KIDS) distribution.

## Documentation and Distribution

Updated documentation describing the new functionality introduced by this

patch is available.

The preferred method is to FTP the files from

REDACTED

This transmits the files from the first available FTP server. Sites may

also elect to retrieve software directly from a specific server as

follows:

 Albany REDACTED REDACTED

 Hines REDACTED REDACTED

 Salt Lake City REDACTED REDACTED

Documentation can also be found on the VA Software Documentation Library

at: http://www.va.gov/vdl/

File Description File Name FTP Mode

-------------------------------------------------------------------------

IB Release Notes/Installation Guide ib\_2\_0\_p516\_rn.pdf Binary

EDI User Guide edi\_user\_guide\_r0415.pdf Binary

Integrated Billing (IB) V. 2.0

Technical Manual ib\_2\_0\_tm\_r0415.pdf Binary

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# Patch Description and Installation Instructions

## Patch Description

=============================================================================

Run Date: APR 23, 2015 Designation: IB\*2\*516

Package : INTEGRATED BILLING Priority : MANDATORY

Version : 2 Status : RELEASED

=============================================================================

Associated patches: (v)IB\*2\*66 <<= must be installed BEFORE `IB\*2\*516'

 (v)IB\*2\*68 <<= must be installed BEFORE `IB\*2\*516'

 (v)IB\*2\*93 <<= must be installed BEFORE `IB\*2\*516'

 (v)IB\*2\*139 <<= must be installed BEFORE `IB\*2\*516'

 (v)IB\*2\*370 <<= must be installed BEFORE `IB\*2\*516'

 (v)IB\*2\*404 <<= must be installed BEFORE `IB\*2\*516'

 (v)IB\*2\*431 <<= must be installed BEFORE `IB\*2\*516'

 (v)IB\*2\*437 <<= must be installed BEFORE `IB\*2\*516'

 (v)IB\*2\*448 <<= must be installed BEFORE `IB\*2\*516'

 (v)IB\*2\*451 <<= must be installed BEFORE `IB\*2\*516'

 (v)IB\*2\*458 <<= must be installed BEFORE `IB\*2\*516'

 (v)IB\*2\*476 <<= must be installed BEFORE `IB\*2\*516'

 (v)IB\*2\*488 <<= must be installed BEFORE `IB\*2\*516'

 (v)IB\*2\*494 <<= must be installed BEFORE `IB\*2\*516'

 (v)IB\*2\*497 <<= must be installed BEFORE `IB\*2\*516'

 (v)IB\*2\*506 <<= must be installed BEFORE `IB\*2\*516'

 (v)IB\*2\*515 <<= must be installed BEFORE `IB\*2\*516'

 (v)IB\*2\*519 <<= must be installed BEFORE `IB\*2\*516'

 (v)IB\*2\*521 <<= must be installed BEFORE `IB\*2\*516'

 (v)IB\*2\*526 <<= must be installed BEFORE `IB\*2\*516'

 (v)IB\*2\*533 <<= must be installed BEFORE `IB\*2\*516'

Subject: EBILLING - CLAIMS COMPLIANCE

Category: ROUTINE

 OTHER

 DATA DICTIONARY

 INPUT TEMPLATE

Description:

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\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Important Note: There is one \*\*MANDATORY\*\* pre-installation activity associated with this install.

The IB Staff MUST empty the 837 extract/transmission queue PRIOR to the installation of this patch.

Please reference instructions from the Pre/Post Installation Overview for further details.

Additionally, the patch installation instructions include a menu rebuild to remove a deleted option. It is \*\*STRONGLY SUGGESTED\*\* that the rebuild of primary menu trees occurs during non-peak hours. The patch should either be installed during non-peak hours, or you may enter NO to the Rebuild Menus prompt if your system does this in a nightly TaskMan process.

Important Note: After Initial Operating Capabilities (IOC) was completed, the ICD10 development team discovered a Severity Level 3 defect:

The attending provider's name is not being automatically added to Billing screen 10, Section 3 when a bill is created by the AutoBiller and the provider has a valid National Provider Identifier (NPI). Note that the attending provider's name transmits when the biller manually adds it to the bill.

This has been logged as Remedy ticket INC000001243424 and will be addressed in a future release.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

This Integrated Billing (IB) patch introduces changes to VistA's Electronic Claims processing in order to meet the Committee on Operating Rules for Information Exchange (CORE) Operating Rules.

Complete List of patch items:

1. Enter/Edit Billing Information [IB EDIT BILLING INFO]

1. Provide the ability for users to authorize a claim for Skilled Nursing Facility (SNF) with a revenue code(s) less than 100 (remove existing fatal error for codes outside the 100-999 range).

1. Provide the ability for users to add National Drug Codes to non-prescription claims.

1. Provide the ability for users to add a description to a claim with a procedure code that ends in 99 or contains the following in the code description:

 Not Otherwise Classified

 Not Otherwise

 Unlisted

 Not listed

 Unspecified

 Unclassified

 Not otherwise specified

 Non-specified

 Not elsewhere specified

 Not elsewhere

 Nos (Note: Include "nos ", "nos;", "nos,")

 Noc (Note: Include "noc ", "noc;", "noc,")

1. Prevent the ability to authorize claims with non-billable providers [provider has no National Provider Identification Number (NPI)] on the claim.

1. Prevent the ability to authorize a Fee Basis claim with a non-VA Lab or Facility that has no NPI.

1. Provide the ability to authorize a claim with Service Facility data that does not have a Lab or Facility Taxonomy Code without displaying a Warning (remove existing warning).

1. Provide the ability to print a TRICARE claim with a TRICARE-specific Pay-to Provider.

1. Provide the ability for users to re-sequence Diagnoses Codes (DX) after Procedures have been associated with the DX (Pointers) without breaking the association.

1. Provide the ability for users to view a list of the following Code sets by Code number when they enter ?? for Help on Billing Screen 4 and 5:

 Occurrence Codes

 Condition Codes

 Value Codes

1. Provide the ability for users to lookup a Code from one of the following Code sets using the code number:

 Occurrence Codes

 Condition Codes

 Value Codes

1. Insurance Company Editor

1. Remove functionality that provides the ability for a site to set a parameter that forces all claims to a particular payer, to use the VAMC as the Billing Provider instead of the lowest enumerated Billing Provider.

1. Change the Plan Type description for the Plan Type = FI- FEP (Federal Employee Plan) to Do Not Use for BC/BS when users enter ?? for Help at a Plan Type field.

1. Reports

1. Add the display of the new Health Plan Identifier (HPID) and the Other Entity Identifier (OEID) to the Insurance Company EDI Parameter Report [IBCN INSURANCE EDI REPORT].

1. Remove the display of the Billing Provider override parameter from the Insurance Company EDI Parameter Report [IBCN INSURANCE EDI REPORT].

1. Provide the ability to display partial or complete new HIPAA compliant electronic 270/271 Health Care Eligibility Benefit Inquiry and Response fields on IB reports.

1. Provide the ability for users to sort and display the Re-Generate Unbilled Amounts Report [IBT RE-GEN UNBILLED REPORT] by Division.

1. Deleted Insurance Company Billing Provider Flag Rpt/Msg [IBCN INS BILL PROV FLAG RPT] which is no longer needed.

1. Third Party Joint Inquiry (TPJI) [IBJ THIRD PARTY JOINT INQUIRY]

1. Provide the ability for users to see that a claim in TPJI, Active and Inactive claim lists, is an Institutional or a Professional claim.
2. Provide the ability for users to view the Co-payment amount associated with a claim in TPJI

1. COB Management Worklist (CBW) [IBCE COB MANAGEMENT]

1. Provide the ability for users to sort and display the CBW by Division Transactions.

1. Transactions

1. Provide the ability to transmit the HPID in the Institutional/ Professional 837 claim transaction (Loops 2010BB and 2330B) - continue to transmit legacy primary and secondary IDs in the Institutional/Professional 837 claim transaction.

1. Provide the ability to transmit the same NPI (organizational) for a Service Facility and a Rendering Provider (individual) on an Institutional/Professional 837 claim transaction.

1. Remove monthly Mailman messages that notify CBO of how sites have the EDI Parameter for Billing Provider set.

1. Prevent an Institutional/Professional 837 claim transaction with a Y4 Property and Casualty Number Qualifier with no corresponding Property and Casualty Number.
2. Provide the ability to transmit the TRICARE Pay-to Provider on all claims with Rate Type equal to TRICARE and TRICARE REIMB. INS (Loop 2010AB).

1. Provide the ability to transmit a NDC code and units on a non-prescription 837 claim transaction.

1. Correct Rejected/Denied Bill (CRD) [IB CORRECT REJECTED/DENIED] and Copy and Cancel (CLON) [IB COPY AND CANCEL]

1. Remove the Security Key, IB CLON, from the OPTION (#19) File that locked the CLON option.
2. Remove the ability for users to CRD secondary/tertiary claims.
3. Provide the ability for as many fields as possible to be copied from an original claim to a copy.

1. View Cancelled Claim [IB VIEW CANCEL BILL]

1. A new option to provide the ability to see all the data that was in a cancelled claim.

1. Provider ID Maintenance [IBCE PROVIDER MAINT]

1. Provide the ability for users to define an Outside Facility that is a sole-proprietorship with an NPI number that is also used by the provider who is the sole-proprietor.

1. MCCR Site Parameter Display/Edit [IBJ MCCR SITE PARAMETERS]

1. Provide the ability for users to define a Pay-to Provider to be used only on claims with a Rate Type equal to TRICARE or TRICARE REIMB. INS.
2. Lock the new Tricare Pay-to Provider functionality Printed CMS - 1500 and UB - 04 Forms with new security key, IB EDIT PAY-TO TC.
3. Lock the existing Pay-to Provider functionality Printed CMS - 1500 and UB - 04 Forms with new security key, IB EDIT PAY-TO.

1. Printed CMS - 1500 and UB-04 Forms

1. Provide the ability to print an NDC code on a non-prescription claim.

Patch Components

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The following is a list of field modifications included in this patch:

Files & Fields Associated:

File Name (#) New/Modified/

 Sub-file Name (#) Field Name (Number) Deleted

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PATIENT (#2)

 INSURANCE TYPE sub-file (#2.312)

 NEW GROUP NAME (#20) Modified

 NEW GROUP NUMBER (#21) Modified

INSURANCE COMPANY (#36) Modified

 SEND LAB OR FAC IDS FOR VAMC Modified

 (#4.07)

 USE VAMC AS BILL PROV ON 1500 Modified

 (#4.11)

 USE VAMC AS BILL PROV ON UB04 Modified

 (#4.12)

 USE BILL PROV VAMC ADDRESS Modified

 (#4.13)

IB SITE PARAMETERS (#350.9) Modified

 DEFAULT TRICARE PAY-TO PROV New

 (#11.04)

 TRICARE PAY-TO PROVIDERS sub-file (#350.929) New

 TC FACILITY (#.01) New

 TC NAME (#.02) New

 TC FEDERAL TAX NUMBER (#.03) New

 TC TELEPHONE NUMBER (#.04) New

 TC PARENT PAY-TO PROVIDER (#.05) New

 TC STREET ADDRESS 1 (#1.01) New

 TC STREET ADDRESS 2 (#1.02) New

 TC CITY (#1.03) New

 TC STATE (#1.04) New

 TC ZIP (#1.05) New

GROUP INSURANCE PLAN (#355.3) Modified

 ELECTRONIC PLAN TYPE (#.15) Modified

IB NON/OTHER VA BILLING PROVIDER (#355.93) Modified

 SOLE PROPRIETORSHIP (#.17) New

 NON-VA PROVIDER (#.18) New

IB DATA ELEMENT DEFINITION (#364.5) Modified

 Screen: I $$INCLUDE^IBY516PR(5,Y)

IB FORM SKELETON DEFINITION (#364.6) Modified

 Screen: I $$INCLUDE^IBY516PR(6,Y)

IB FORM FIELD CONTENT (#364.7) Modified

 Screen: I $$INCLUDE^IBY516PR(7,Y)

BILL/CLAIMS (#399) Modified

 PRIMARY NODE 7 (#371) New

 SECONDARY NODE 7 (#372) New

 TERTIARY NODE 7 (#373) New

 PRIMARY INSURANCE HPID (#471) New

 SECONDARY INSURANCE HPID (#472) New

 TERTIARY INSURANCE HPID (#473) New

 PROPERTY/CASUALTY CLAIM NUMBER Modified

 (#261)

 CONDITION CODE sub-file (#399.040)

 CONDITION CODE (#.01) Modified

 OCCURRENCE CODE sub-file (#399.041)

 OCCURRENCE CODE (#.01) Modified

 VALUE CODE sub-file (#399.047)

 VALUE CODE (#.01) Modified

 PROCEDURES sub-file (#399.0304) Modified

 PROCEDURE DESCRIPTION (#51) New

 NDC (#53) New

 UNITS (#54) New

Bulletins Associated:

 New/Modified/

Bulletin Name Deleted

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N/A

Dialogs Associated:

 New/Modified/

Dialog Name Deleted

----------- -------------

N/A

Forms Associated:

 New/Modified/

Form Name File Name (Number) Deleted

--------- ------------------ -------------

N/A

Functions Associated:

 New/Modified/

Function Name Deleted

------------- -------------

N/A

Help Frames Associated:

 New/Modified/

Help Frame Name Deleted

--------------- -------------

N/A

Mail Groups Associated:

 New/Modified/

Mail Group Name Deleted

--------------- -------------

N/A

Options Associated:

 New/Modified/

Option Name Type Deleted

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IB COPY AND CANCEL run routine Modified

IB VIEW CANCEL BILL run routine New

IBCN INS BILL PROV FLAG run routine Delete

RPT

Parameter Definitions:

 New/Modified/

Parameter Name Deleted

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N/A

Parameter Template:

 New/Modified/

Template Name Deleted

------------- -------------

N/A

Protocols Associated:

 New/Modified/

Protocol Name Deleted

------------- -------------

IBCEM CSA CANCEL/CLONE BILL New

IBCEM CSA MSG MENU Modified

IBJP IB PAY-TO DIVISION ADD Modified

IBJP IB PAY-TO PROVIDER ADD Modified

IBJP IB PAY-TO PROVIDER DEL Modified

IBJP IB PAY-TO PROVIDER EDIT Modified

IBJP IB PAY-TO PROVIDERS MENU Modified

IBJP IB TRICARE PAY-TO ASSOCIATIONS MENU New

IBJP IB TRICARE PAY-TO DIVISION ADD New

IBJP IB TRICARE PAY-TO PROVIDER ADD New

IBJP IB TRICARE PAY-TO PROVIDER DEL New

IBJP IB TRICARE PAY-TO PROVIDER DIVISIONS New

IBJP IB TRICARE PAY-TO PROVIDER EDIT New

IBJP IB TRICARE PAY-TO PROVIDERS MENU New

Security Keys Associated:

 New/Modified/

Security Key Name Deleted

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IB EDIT PAY-TO New

IB EDIT PAY-TO TC New

Templates, Input Associated:

 New/Modified/

Template Name Type File Name (Number) Deleted

------------- ---- ------------------ -------------

IB SCREEN3 Input BILL/CLAIMS (#399) Modified

IBEDIT INS CO1 Input INSURANCE COMPANY (#36) Modified

Templates, List Associated:

 New/Modified/

Template Name Type Deleted

------------- ---- -------------

IBJP IB PAY-TO List Modified

ASSOCIATIONS

IBJP IB PAY-TO List Modified

PROVIDERS

IBJP IB TRICARE List New

PAY-TO ASSOCS

IBJP IB TRICARE List New

PAY-TO PROVS

Templates, Print Associated:

 New/Modified/

Template Name Type File Name (Number) Deleted

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IBNOTVER Print PATIENT (#2) Modified

Templates, Sort Associated:

 New/Modified/

Template Name Type File Name (Number) Deleted

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N/A

Additional Information:

N/A

New Service Requests (NSRs)

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#20110503 Electronic Data Interchange (EDI) New Standards and Operating

Rules (Veterans Health Administration) VHA Provider-Side TCRs.

Patient Safety Issues (PSIs)

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N/A

Remedy Ticket(s) & Overview

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N/A

Test Sites:

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REDACTED

## Pre/Post Installation Overview

Pre/Post Installation Overview

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\*\*\*\*Important Note: There is one \*\*MANDATORY\*\* pre-installation

 activity associated with this install.

The IB Staff MUST empty the 837 extract/transmission queue PRIOR to the installation of this patch. \*\*\*

The site Information Resource Management (IRM) would coordinate with the Billing Department to insure that the 837 extract/transmission queue is empty. The Billing Department should be aware of the set of instructions to be executed. If not billing supervisor can be contacted. Once the Billing Department has completed the instruction, the Billing department is to inform IRM that the patch installation could proceed.

The instructions to empty the queue are as follows:

Select the option: TRANSMIT EDI BILLS - MANUAL [IBCE 837 MANUAL

TRANSMIT]

 What is the purpose of this option?

 This option is used to by-pass the normal daily/nightly transmission

 queues if the need arises to get the claim to the payer quickly.

 When is this option used?

 There are occasions when there is a need to transmit a claim(s)

 immediately instead of waiting for the batching frequency as scheduled

 in the MCCR Site Parameter. This option will allow sending individual

 claim(s) or all claims in a ready for extract status.

 Upon selecting this option you will be prompted with the following:

 Select one of the following:

 A Transmit (A)LL bills in READY FOR EXTRACT status

 S Transmit only (S)ELECTED bills

 You should select 'A' for ALL

Once the Billing Department has completed the instruction, the Billing department is to inform IRM that the patch installation could proceed.

There are no other mandatory pre-installation activities associated with this package.

\*\*\*\*Important Note: After IOC was completed, the ICD10 development team

 discovered a Severity Level 3 defect:

The attending provider's name is not being automatically added to Billing

screen 10, Section 3 when a bill is created by the AutoBiller and the provider has a valid NPI. Note that the attending provider's name transmits when the biller manually adds it to the bill.

This has been logged as Remedy ticket INC000001243424 and will be addressed in a future release.

The pre-installation routine will delete unused Output Formatter entries.

The pre and post installation routines will recompile the Input Templates

for the Billing Screens.

## Installation Instructions

Installation Instructions

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 \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

 \* You should install this patch during non-peak hours, when no \*

 \* Integrated Billing or Accounts Receivable users are on the \*

 \* system. \*

 \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

 \*\*\*\*There are no options to disable.

Install Time: Less than 10 minutes.

1. Choose the PackMan message containing this patch.

1. Choose the INSTALL/CHECK MESSAGE PackMan option.

1. From the Kernel Installation and Distribution System Menu, select the Installation Menu. From this menu, you may elect to use the following option. When prompted for the INSTALL enter the patch #IB\*2.0\*516.

1. Backup a Transport Global - This option will create a backup message of any routines exported with this patch. It will not backup any other changes such as DD's or templates.
2. Compare Transport Global to Current System - This option will allow you to view all changes that will be made when this patch is installed. It compares all components of this patch (routines, DD's, templates, etc.).
3. Verify Checksums in Transport Global - This option will allow you to ensure the integrity of the routines that are in the transport global.
4. Print Transport Global - This option will allow you to view the components of the KIDS build.

1. From the Installation Menu, select the Install Package(s) option and choose the patch to install.

1. When prompted 'Want KIDS to Rebuild Menu Trees Upon Completion of Install? YES//' You may answer NO if your system does this in a nightly TaskMan process.
2. When prompted 'Want KIDS to INHIBIT LOGONs during the install? NO//' Answer NO

1. When prompted 'Want to DISABLE Scheduled Options, Menu Options, and Protocols? NO// Answer NO

1. If prompted "Delay Install (Minutes): (0 - 60): 0// respond 0.

Post-Installation Instructions

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Routines IBY516PO and IBY516PR can be manually deleted by IT/IRM upon completion of the installation.

New Security Keys IB EDIT PAY-TO and IB EDIT PAY-TO TC should be assigned

to the Billing Supervisor.

Routine Information:

====================

The second line of each of these routines now looks like:

;;2.0;INTEGRATED BILLING;\*\*[Patch List]\*\*;21-MAR-94;Build 123

The checksums below are new checksums, and can be checked with CHECK1^XTSUMBLD.

Routine Name: IBATLM3A

 Before: B22313695 After: B24217228 \*\*115,516\*\*

Routine Name: IBBFAPI

 Before: B43623282 After: B43892084 \*\*267,297,249,317,361,384,404,516\*\*

Routine Name: IBCAPP2

 Before: B43298709 After: B49339546 \*\*432,447,516\*\*

Routine Name: IBCBB11

 Before: B97720533 After: B95727608 \*\*51,343,363,371,395,392,401,

 384,400,436,432,516\*\*

Routine Name: IBCBB7

 Before: B28157499 After: B28514446 \*\*51,137,240,447,488,516\*\*

Routine Name: IBCC

 Before: B57603103 After: B65165308 \*\*2,19,77,80,51,142,137,161,

 199,241,155,276,320,358,433,

 432,447,516\*\*

Routine Name: IBCCC

 Before: B20967189 After: B22970985 \*\*80,109,106,51,320,433,432,447,516\*\*

Routine Name: IBCCC2

 Before:B108841715 After:B113680571 \*\*80,106,124,138,51,151,137,

 161,182,211,245,155,296,320,

 348,349,371,400,433,432,447,

 516\*\*

Routine Name: IBCD3

 Before: B31598371 After: B32514703 \*\*14,55,52,91,106,125,51,148,

 160,137,210,245,260,405,384,

 516\*\*

Routine Name: IBCECOB

 Before: B17969465 After: B27628888 \*\*137,155,288,432,488,516\*\*

Routine Name: IBCECOB1

 Before:B112283735 After:B141608790 \*\*137,155,288,348,377,417,432,

 447,488,516\*\*

Routine Name: IBCECOB2

 Before:B183092638 After:B183699434 \*\*137,155,433,432,447,488,516\*\*

Routine Name: IBCECSA4

 Before: B60720503 After: B61845851 \*\*137,155,320,371,433,516\*\*

Routine Name: IBCEF

 Before: B58449164 After: B64641917 \*\*52,80,51,137,288,296,361,371,

 447,516\*\*

Routine Name: IBCEF11

 Before: B67207596 After: B80990662 \*\*51,137,155,309,335,348,349,

 371,432,447,473,516\*\*

Routine Name: IBCEF21

 Before: B23776552 After: B23973664 \*\*51,296,371,389,448,516\*\*

Routine Name: IBCEF22

 Before: B79219296 After: B90984490 \*\*51,137,135,155,309,349,389,

 432,488,516\*\*

Routine Name: IBCEF3

 Before: B47162871 After: B47786755 \*\*52,84,121,51,152,210,155,348,

 349,389,488,516\*\*

Routine Name: IBCEF31

 Before: B11345418 After: B14588723 \*\*155,296,349,400,432,488,516\*\*

Routine Name: IBCEF72

 Before: B54190068 After: B57296289 \*\*232,320,349,432,516\*\*

Routine Name: IBCEF73A

 Before: B55865498 After: B43076924 \*\*343,374,395,391,400,432,516\*\*

Routine Name: IBCEF74A

 Before: B39969650 After: B39038241 \*\*320,343,349,395,400,432,516\*\*

Routine Name: IBCEF76

 Before: B45722940 After: B48153213 \*\*320,349,400,432,516\*\*

Routine Name: IBCEF77

 Before: B24927059 After: B27920356 \*\*232,280,155,290,291,320,348,

 349,516\*\*

Routine Name: IBCEF78

 Before: B4445010 After: B7140538 \*\*371,516\*\*

Routine Name: IBCEF79

 Before:B170462166 After:B118916763 \*\*400,419,432,516\*\*

Routine Name: IBCEFP

 Before:B115077680 After:B115631357 \*\*432,447,473,516\*\*

Routine Name: IBCEOB0

 Before: B90917821 After: B91995821 \*\*135,280,155,431,488,516\*\*

Routine Name: IBCEOB01

 Before: B24417822 After: B25712240 \*\*377,516\*\*

Routine Name: IBCEP8

 Before:B129710257 After:B134052747 \*\*51,137,232,288,320,343,374,

 377,391,400,436,432,476,516\*\*

Routine Name: IBCEP81

 Before: B65647537 After: B67515820 \*\*343,391,400,476,516\*\*

Routine Name: IBCEP82

 Before: B73798180 After: B72564022 \*\*343,374,377,391,516\*\*

Routine Name: IBCEP8B

 Before: B34200270 After: B35610752 \*\*391,432,476,488,516\*\*

Routine Name: IBCEPB

 Before: B10650639 After: B7598816 \*\*320,348,349,400,516\*\*

Routine Name: IBCEQ1A

 Before: B62926268 After: B67430449 \*\*232,348,349,516\*\*

Routine Name: IBCF21

 Before: B15664460 After: B16291620 \*\*8,80,51,488,516\*\*

Routine Name: IBCF23A

 Before: B19444201 After: B20324273 \*\*51,432,516\*\*

Routine Name: IBCF31

 Before: B19588940 After: B19880263 \*\*17,52,80,51,516\*\*

Routine Name: IBCNBLE

 Before:B108261556 After:B108261560 \*\*82,231,184,251,371,416,435,

 452,497,519,516\*\*

Routine Name: IBCNBLE1

 Before: B32174406 After: B32419797 \*\*184,271,416,435,467,516\*\*

Routine Name: IBCNBLP

 Before: B25507553 After: B28291070 \*\*82,497,516\*\*

Routine Name: IBCNBLP1

 Before: B31255881 After: B34470080 \*\*82,133,516\*\*

Routine Name: IBCNEHLQ

 Before: B46752354 After: B49920378 \*\*184,271,300,361,416,438,467,

 497,533,516\*\*

Routine Name: IBCNRP

 Before: B21440357 After: B23991821 \*\*251,516\*\*

Routine Name: IBCNRP5

 Before: B56002389 After: B56117515 \*\*276,516\*\*

Routine Name: IBCNRPM1

 Before: B6996620 After: B7640127 \*\*251,516\*\*

Routine Name: IBCNRPMT

 Before: B4118434 After: B4159618 \*\*251,516\*\*

Routine Name: IBCNRPS2

 Before: B22515799 After: B24644732 \*\*276,516\*\*

Routine Name: IBCNRRP3

 Before: B55033574 After: B58110020 \*\*251,276,516\*\*

Routine Name: IBCNS

 Before: B27665348 After: B28265165 \*\*28,43,80,82,133,399,516\*\*

Routine Name: IBCNS1

 Before: B35071030 After: B42707809 \*\*28,60,52,85,107,51,137,240,

 371,516\*\*

Routine Name: IBCNS2

 Before: B24154529 After: B29335309 \*\*28,43,80,51,137,155,488,516\*\*

Routine Name: IBCNS3

 Before: B62573337 After: B60729122 \*\*287,399,416,516\*\*

Routine Name: IBCNSBL1

 Before: B33740946 After: B37090504 \*\*6,28,82,249,276,516\*\*

Routine Name: IBCNSC1

 Before: B90495985 After: B80307925 \*\*62,137,232,291,320,348,349,

 371,400,519,516\*\*

Routine Name: IBCNSC3

 Before: B18009103 After: B18386728 \*\*28,46,68,516\*\*

Routine Name: IBCNSC4

 Before: B18086570 After: B18719019 \*\*43,85,103,251,416,497,516\*\*

Routine Name: IBCNSGE

 Before:B103633903 After: B98010090 \*\*296,400,521,516\*\*

Routine Name: IBCNSGM

 Before: B42642306 After: B42739860 \*\*400,516\*\*

Routine Name: IBCNSJ14

 Before: B9289898 After: B9400113 \*\*28,516\*\*

Routine Name: IBCNSJ2

 Before: B21486680 After: B22855491 \*\*28,516\*\*

Routine Name: IBCNSJ4

 Before: B28671454 After: B30114071 \*\*28,62,516\*\*

Routine Name: IBCNSJ5

 Before: B19164548 After: B19961411 \*\*43,516\*\*

Routine Name: IBCNSM2

 Before: B21029266 After: B21200856 \*\*28,103,139,516\*\*

Routine Name: IBCNSM3

 Before: B14271242 After: B15749953 \*\*6,28,85,211,251,399,506,516\*\*

Routine Name: IBCNSM31

 Before: B21224087 After: B21467883 \*\*6,28,68,413,497,516\*\*

Routine Name: IBCNSM5

 Before: B21379064 After: B22650774 \*\*28,497,516\*\*

Routine Name: IBCNSMM

 Before: B20650555 After: B21594622 \*\*103,133,184,516\*\*

Routine Name: IBCNSP

 Before: B48468493 After: B49297563 \*\*6,28,43,52,85,251,363,371,

 416,497,516\*\*

Routine Name: IBCNSP0

 Before: B37737467 After: B38008161 \*\*28,43,52,85,93,103,137,229,

 251,363,371,399,438,458,497,

 516\*\*

Routine Name: IBCNSP11

 Before: B11695386 After: B11721673 \*\*28,43,85,103,137,251,399,516\*\*

Routine Name: IBCNSUR

 Before: B24160231 After: B24287477 \*\*103,276,506,516\*\*

Routine Name: IBCNSUR1

 Before: B56652391 After: B57694333 \*\*103,225,276,516\*\*

Routine Name: IBCNSUX

 Before: B16195424 After: B16407219 \*\*103,516\*\*

Routine Name: IBCNSUX1

 Before: B20036863 After: B20451867 \*\*103,133,516\*\*

Routine Name: IBCOMA1

 Before: B29547296 After: B34536686 \*\*103,516\*\*

Routine Name: IBCOMC2

 Before: B12700505 After: B12669229 \*\*103,153,516\*\*

Routine Name: IBCONS1

 Before: B75219188 After: B79511698 \*\*66,80,137,516\*\*

Routine Name: IBCOPP2

 Before: B19008544 After: B20749250 \*\*28,62,93,516\*\*

Routine Name: IBCOPP3

 Before: B9597460 After: B10453963 \*\*28,516\*\*

Routine Name: IBCRBC

 Before: B11588633 After: B13081185 \*\*52,80,106,51,137,245,370,516\*\*

Routine Name: IBCSC3

 Before: B37249647 After: B37464352 \*\*8,43,52,80,82,51,137,232,320,

 377,516\*\*

Routine Name: IBCSC4D

 Before: B61931126 After: B75384760 \*\*55,62,91,106,124,51,210,403,

 400,461,516\*\*

Routine Name: IBCSCE1

 Before: B7420897 After: B7430380 \*\*516\*\*

Routine Name: IBCU7

 Before: B77808645 After:B111564056 \*\*62,52,106,125,51,137,210,245,

 228,260,348,371,432,447,488,

 461,516\*\*

Routine Name: IBCU74

 Before: B35879024 After: B36449231 \*\*228,260,339,432,516\*\*

Routine Name: IBCVA0

 Before: B10445232 After: B10440495 \*\*52,361,371,516\*\*

Routine Name: IBJDF51

 Before: B57886181 After: B58912743 \*\*123,185,240,356,452,516\*\*

Routine Name: IBJPS

 Before: B3981041 After: B4384435 \*\*39,52,70,115,143,51,137,161,

 155,320,348,349,377,384,400,

 432,494,461,516\*\*

Routine Name: IBJPS2

 Before: B41765087 After: B45274108 \*\*39,52,115,143,51,137,161,155,

 320,348,349,377,384,400,432,

 494,461,516\*\*

Routine Name: IBJPS3

 Before: B89166752 After:B111722417 \*\*400,432,516\*\*

Routine Name: IBJPS4

 Before: B28407182 After: B36439628 \*\*400,516\*\*

Routine Name: IBJTCA1

 Before: B54215341 After: B59453492 \*\*39,80,106,137,223,276,363,

 384,432,452,473,497,521,516\*\*

Routine Name: IBJTCA2

 Before: B23068552 After: B40902439 \*\*39,80,155,320,516\*\*

Routine Name: IBJTLA1

 Before: B10714466 After: B11361045 \*\*39,80,61,51,153,137,183,276,

 451,516\*\*

Routine Name: IBJTLB1

 Before: B11067077 After: B11794378 \*\*39,80,61,137,276,451,516\*\*

Routine Name: IBJTU1

 Before: B7894877 After: B7959085 \*\*39,80,276,451,516\*\*

Routine Name: IBJTU31

 Before: B7603119 After: B8926798 \*\*39,61,516\*\*

Routine Name: IBNCPDP3

 Before: B84831779 After: B84489638 \*\*223,276,342,363,383,384,411,

 435,452,516\*\*

Routine Name: IBNCPDP5

 Before: B80347970 After: B80792303 \*\*411,452,526,516\*\*

Routine Name: IBNCPDS1

 Before: B10933965 After: B11865744 \*\*411,452,516\*\*

Routine Name: IBNCPEV

 Before: B97561964 After:B102192248 \*\*342,363,383,384,411,435,452,

 521,516\*\*

Routine Name: IBNCPEV1

 Before: B65821785 After: B67774383 \*\*342,339,363,411,435,452,516\*\*

Routine Name: IBOTR3

 Before: B29774240 After: B31663645 \*\*42,80,100,118,128,133,447,516\*\*

Routine Name: IBRBUL

 Before: B36492961 After: B39836566 \*\*70,95,121,153,195,347,452,516\*\*

Routine Name: IBRFN3

 Before: B29612898 After: B30451954 \*\*61,133,210,309,389,516\*\*

Routine Name: IBRFN4

 Before: B25630558 After: B27444633 \*\*301,305,389,516\*\*

Routine Name: IBTOBI1

 Before: B18898112 After: B19861632 \*\*276,377,516\*\*

Routine Name: IBTRCD0

 Before: B16113018 After: B16868309 \*\*458,516\*\*

Routine Name: IBTUBO

 Before: B25696439 After: B35610159 \*\*19,31,32,91,123,159,192,235,

 248,155,516\*\*

Routine Name: IBTUBO1

 Before: B47180115 After: B62446159 \*\*19,31,32,91,123,159,247,155,

 277,339,399,516\*\*

Routine Name: IBTUBO2

 Before: B33667876 After: B49823798 \*\*19,31,32,91,123,159,192,155,

 309,347,437,516\*\*

Routine Name: IBTUBO3

 Before: B23289291 After: B28228475 \*\*123,159,192,155,277,516\*\*

Routine Name: IBTUBOA

 Before: B30890238 After: B37900623 \*\*19,31,32,91,123,159,192,155,

 276,516\*\*

Routine Name: IBTUBUL

 Before: B21781134 After: B72452562 \*\*19,123,159,217,155,356,516\*\*

Routine Name: IBVCB

 Before: n/a After:B123320263 \*\*516\*\*

Routine Name: IBVCB1

 Before: n/a After:B135425175 \*\*516\*\*

Routine Name: IBVCB2

 Before: n/a After:B110047132 \*\*516\*\*

Routine Name: IBY516PO

 Before: n/a After: B4162987 \*\*516\*\*

Routine Name: IBY516PR

 Before: n/a After: B10110091 \*\*516\*\*

Routine list of preceding patches: 139, 370, 404, 437, 448, 451, 461, 506

 519, 521, 526, 533

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# Backout and Rollback Procedures

## Overview of Backout and Rollback Procedures

The rollback plan for VistA applications is complex and not able to be a “one size fits all.” The general strategy for VistA rollback is to repair the code with a follow-on patch. The development team recommends that sites log a Remedy ticket if it is a nationally released patch; otherwise, the site should contact the Product Support team directly for specific solutions to their unique problems.

## Backout Procedure

During the VistA Installation Procedure of the KIDS build, the installer hopefully backed up the modified routines by the use of the ‘Backup a Transport Global’ action.  The installer can restore the routines using the MailMan message that were saved prior to installing the patch.  The backout procedure for global, data dictionary and other VistA components is more complex and will require issuance of a follow-on patch to ensure all components are properly removed. All software components (routines and other items) must be restored to their previous state at the same time and in conjunction with restoration of the data.  This backout may need to include a database cleanup process.

Please contact the Product Support team for assistance if the installed patch that needs to be backed out contains anything at all besides routines before trying to backout the patch.  If the installed patch that needs to be backed out includes a pre or post install routine please contact the product support team before attempting the backout.

From the Kernel Installation and Distribution System Menu, select

the Installation Menu.  From this menu, you may elect to use the

following option. When prompted for the INSTALL enter the patch #.

    a. Backup a Transport Global - This option will create a backup

       message of any routines exported with this patch. It will not

       backup any other changes such as DD's or templates.

## Rollback Procedure

The rollback procedure for VistA patches is complicated and may require a follow-on patch to fully roll back to the pre-patch state. This is due to the possibility of Data Dictionary updates, Data updates, cross references, and transmissions from VistA to offsite data stores.

Please contact the Product Support team for assistance if needed.

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# Enhancements

The following features in VistA, Integrated Billing are affected by this effort:

## System Feature: Enter/Edit Billing Information

### Enter/Edit Billing Information- Revenue Codes <100

The IB System provides the ability for users to authorize a claim with one or more revenue codes outside the 100-999 range.

### Enter/Edit Billing Information - Line Level NDC Codes to Non-Prescription Claims - Professional

### The IB System provides the ability for users to add a line level 5-4-2 format National Drug Code to a non-prescription procedure when creating a professional claim.

### Enter/Edit Billing Information- Line Level NDC Codes to Non-Prescription Claims – Institutional

The IB System provides the ability for users to add a line level 5-4-2 format National Drug Code to a non-prescription procedure when creating an institutional claim.

### Enter/Edit Billing Information- Line Level Description – 99 Procedure Codes – Professional

The IB System provides the ability for users to add a line level, 1-80 character free text description to a procedure code that ends in 99 on a professional claim.

### Enter/Edit Billing Information - Line Level Description - 99 Procedure Codes – Institutional

The IB System provides the ability for users to add a line level, 1-80 character free text description to a procedure code that ends in 99 on an institutional claim.

### Enter/Edit Billing Information - Line Level Description - NOC Procedure Codes – Professional

The IB System provides the ability for users to add a line level, 1-80 character free text description to a procedure code (CPT/HCPCS) on a professional claim that contains the following text in the procedure’s description (file 81, field 81.01,01):

* Not Otherwise Classified
* Not Otherwise
* Unlisted
* Not listed
* Unspecified
* Unclassified
* Not otherwise specified
* Non-specified
* Not elsewhere specified
* Not elsewhere
* Nos (Note: Include "nos ", "nos;", "nos,")
* Noc (Note: Include "noc ", "noc;", "noc,")

### Enter/Edit Billing Information - Line Level Description - NOC Procedure Codes – Institutional

The IB System provides the ability for users to add a line level, 1-80 character free text description to a procedure code (CPT/HCPCS) on an institutional claim that contains the following text in the procedure’s description (file 81, field 81.01,01):

* + Not Otherwise Classified
	+ Not Otherwise
	+ Unlisted
	+ Not listed
	+ Unspecified
	+ Unclassified
	+ Not otherwise specified
	+ Non-specified
	+ Not elsewhere specified
	+ Not elsewhere
	+ Nos (Note: Include "nos ", "nos;", "nos,")
	+ Noc (Note: Include "noc ", "noc;", "noc,")

### Enter/Edit Billing Information - Fatal Error - Non-billable Providers – Professional

The IB System prevents users from authorizing a professional claim that contains an individual provider who has no NPI number:

* + Rendering
	+ Supervising
	+ Referring

### Enter/Edit Billing Information - Fatal Error - Non-billable Providers – Institutional

The IB System prevents users from authorizing an institutional claim that contains an individual provider who has no NPI number:

* + Attending
	+ Operating
	+ Other Operating

### Enter/Edit Billing Information - Screen – Non-billable Provider – Institutional

The IB System automatically removes all individual providers who have no NPI number from an institutional claim.

### Enter/Edit Billing Information - Screen – Non-billable Provider – Professional

The IB System automatically removes all individual providers who have no NPI number from a professional claim.

### Enter/Edit Billing Information - Fatal Error – Missing non-VA Lab or Facility NPI – Professional

The IB System prevents users from authorizing a professional Fee Basis claim with a non-VA Facility that does not have an NPI.

### Enter/Edit Billing Information - Fatal Error – Missing non-VA Lab or Facility NPI – Institutional

The IB System prevents users from authorizing an institutional Fee Basis claim with a non-VA Facility that does not have an NPI.

### Enter/Edit Billing Information - Warning – Missing Lab or Facility Taxonomy Code – Institutional

The IB System no longer provides a non-fatal warning message to users when an institutional claim contains a Lab or Facility which has no active taxonomy code.

### Enter/Edit Billing Information - Warning – Missing Lab or Facility Taxonomy Code – Professional

The IB System no longer provides a non-fatal warning message to users when a professional claim contains a Lab or Facility which has no active taxonomy code.

### Enter/Edit Billing Information - Print – TRICARE-specific Pay-to Provider – UB04 – TRICARE REIMB.

The IB System provides the ability for users to print the TRICARE-specific Pay-to Provider data on a UB04 when the rate type of the claim is TRICARE REIMB.

### Enter/Edit Billing Information - Print – TRICARE-specific Pay-to Provider – UB04 – UB04 – TRICARE

The IB System provides the ability for users to print the TRICARE-specific Pay-to Provider data on a UB04 when the rate type of the claim is TRICARE.

### Enter/Edit Billing Information - Print – TRICARE-specific Pay-to Provider – CMS 1500 – TRICARE REIMB.

The IB System provides the ability for users to print the TRICARE-specific Pay-to Provider data on a CMS - 1500 when the rate type of the claim is TRICARE REIMB.

### Enter/Edit Billing Information - Print – TRICARE-specific Pay-to Provider – CMS 1500 – TRICARE

The IB System provides the ability for users to print the TRICARE-specific Pay-to Provider data on a CMS - 1500 when the rate type of the claim is TRICARE.

### Enter/Edit Billing Information - Re-sequence Diagnoses/Maintain Pointers

The IB System provides the ability for users to re-sequence a diagnosis code which has been associated with a procedure code(s) while maintaining the association (diagnoses pointers).

### Enter/Edit Billing Information - Value Code Help

The IB System provides the ability for users to view the list of available Value Codes by NUBC code number when users enter ?? for Help.

### Enter/Edit Billing Information - Value Code – External Code Lookup

The IB System provides the ability for users to lookup a Value Code by NUBC code number.

### Enter/Edit Billing Information - Occurrence Code Help

The IB System provides the ability for users to view the list of available Occurrence Codes by NUBC code number when users enter ?? for Help.

### Enter/Edit Billing Information - Occurrence Code – External Code Lookup

The IB System provides the ability for users to lookup a Occurrence Code by NUBC code number.

### Enter/Edit Billing Information - Condition Code Help

The IB System provides the ability for users to view the list of available Condition Codes by NUBC code number when users enter ?? for Help.

### Enter/Edit Billing Information - Condition Code – External Code Lookup

The IB System provides the ability for users to lookup a Condition Code by NUBC code number.

### Enter/Edit Billing Information - One-Time HPID – Professional

The IB System provides the ability for users to enter a one-time (the ID will not be stored in the Insurance Company file) Health Plan Identifier for the following payers when present on a professional claim:

* + Primary
	+ Secondary
	+ Tertiary

### Enter/Edit Billing Information - One-Time HPID – Institutional

The IB System provides the ability for users to enter a one-time (the ID will not be stored in the Insurance Company file) Health Plan Identifier for the following payer(s) when present on an institutional claim:

* + Primary
	+ Secondary
	+ Tertiary

### Enter/Edit Billing Information - Line Level NDC Code Units to Non-Prescription Claims – Professional

The IB System provides the ability for users to add a line level number of units for each National Drug Code on a non-prescription procedure when creating a professional claim.

### Enter/Edit Billing Information - Line Level NDC Code Units to Non-Prescription Claims – Institutional

The IB System provides the ability for users to add a line level number of units for each National Drug Code on a non-prescription procedure when creating an institutional claim.

## System Feature: Insurance Company Editor

### Insurance Company Editor - Federal Employee Plan – Help Description

The IB System displays the following description for the Plan Type of FEP when users enter ?? for Help at the Electronic Plan Type field in Change Plan Info under View/Edit Plan:

* Do Not Use for BC/BS

## System Feature: Billing Reports

### Billing Reports - Sort - Re-generate Unbilled Amounts Report – Division

The IB System provides the ability for users to sort the Re-generate Unbilled Amounts Report by Division.

### Billing Reports - Display - Re-generate Unbilled Amounts Report – Division

The IB System provides the ability for users to display the Re-generate Unbilled Amounts Report by Division.

### Billing Reports - Print - Re-generate Unbilled Amounts Report – Division

The IB System provides the ability for users to print the Re-generate Unbilled Amounts Report by Division.

### Billing Reports - Display new HIPAA Compliant Fields on IB Reports

The IB System retrieves the data for existing report fields on existing reports from the following new HIPAA length compliant fields:

* Sub-file 2.312
	+ SUBSCRIBER ID – Maximum 80 A/N – 2.312, 7.02
	+ NAME OF INSURED – Maximum 130 A/N – 2.312, 7.01
* Sub-file 2.3226
	+ COMMUNICATION NUMBER – Maximum 245 A/N – 2.3226, 1
* Sub-file 355.3
	+ GROUP NAME – Maximum 80 A/N – 355.3, 2.01
	+ GROUP NUMBER – Maximum 55 A/N – 355, 2.02
* Sub-file 355.33
	+ GROUP NAME – Maximum 80 A/N – 355.33, 90.01
	+ GROUP NUMBER – Maximum 55 A/N – 355.33, 90.02
	+ SUBSCRIBER ID – Maximum 80 A/N – 355.33, 90.03
	+ NAME OF INSURED – Maximum 130 A/N – 355.33, 91.01
* Sub-file 365
	+ NAME OF INSURED – Maximum 130 A/N – 365, 13.01
	+ SUBSCRIBER ID – Maximum 80 A/N – 365, 13.02
	+ GROUP NAME – Maximum 80 A/N – 365, 14.01
	+ GROUP NUMBER – Maximum 55 A/N – 365, 14.02
* Sub-file 365.03
	+ COMMUNICATION NUMBER 1 – Maximum 245 A/N – 365.03, 1
	+ COMMUNICATION NUMBER 2 – Maximum 245 A/N – 365.03, 2
	+ COMMUNICATION NUMBER 3 – Maximum 245 A/N – 365.03, 3
* Sub-file 365.26
	+ COMMUNICATION NUMBER – Maximum 245 A/N – 365.26, 1.01

## System Feature: Third Party Joint Inquiry

### Third Party Joint Inquiry - TPJI Visual Indicator – Institutional

The IB System displays a visual indicator for each institutional claim on a claim list identifying the claim as institutional, when users access one of the following list in TPJI:

* Inactive Bills
* Third Party Active Bills

Note: Maintains the current Inpatient/Outpatient indicator

### Third Party Joint Inquiry - TPJI Visual Indicator – Professional

The IB System displays a visual indicator for each professional claim on a claim list identifying the claim as professional, when users access one of the following lists in TPJI:

* Inactive Bills
* Third Party Active Bills

Note: Maintains the current Inpatient/Outpatient indicator

### Third Party Joint Inquiry - Co-Payment Amount – TPJI

The IB System provides the ability for users to view the co-payment amount when one is associated with a claim in TPJI.

## System Feature: COB Management Worklist

### COB Management Worklist - Sort – COB Management Worklist – Division

The IB System provides the ability for users to sort the COB Management Worklist by Division.

### COB Management Worklist - Display – COB Management Worklist – Division

The IB System provides the ability for users to display the COB Management Worklist by Division.

### COB Management Worklist - Print – COB Management Worklist – Division

The IB System provides the ability for users to print the COB Management Worklist by Division.

## System Feature: Health Care Claim Transactions (837)

### Health Care Claim Transactions (837) - Transmit HPID – Destination Payer – Institutional

The IB System provides the ability to transmit the Health Plan Identifier for the destination payer in an institutional X12N 5010 Health Care Claim (837) transaction to FSC..

### Health Care Claim Transactions (837) - Transmit HPID – Destination Payer – Professional

The IB System provides the ability to transmit the Health Plan Identifier for the destination payer in a professional X12N 5010 Health Care Claim (837) transaction to FSC.

### Health Care Claim Transactions (837) - Transmit HPID – Other Payer(s) – Institutional

The IB System provides the ability to transmit the Health Plan Identifier for the other payer(s) in an institutional X12N 5010 Health Care Claim (837) transaction to FSC.

### Health Care Claim Transactions (837) - Transmit HPID – Other Payer(s) – Professional

The IB System provides the ability to transmit the Health Plan Identifier for the other payer(s) in a professional X12N 5010 Health Care Claim (837) transaction to FSC.

### Health Care Claim Transactions (837) - Transmit Sole-Proprietorship NPI – Institutional

The IB System provides the ability to transmit the same NPI for an individual provider and a non-VA lab or Facility in an institutional X12N 5010 Health Care Claim (837) transaction to FSC.

### Health Care Claim Transactions (837) - Transmit Sole-Proprietorship NPI – Professional

The IB System provides the ability to transmit the same NPI for an individual provider and a non-VA lab or Facility in a professional X12N 5010 Health Care Claim (837) transaction to FSC.

### Health Care Claim Transactions (837) - Transmit TRICARE-specific Pay-to Provider – Institutional – TRICARE REIMB.

The IB System provides the ability to transmit the following TRICARE-specific Pay-to-Provider data in an institutional X12N 5010 Health Care Claim (837) transaction to FSC when the claim has a rate type of TRICARE REIMB.:

* NM101 – 87 - Required
* NM102 – Non-Person Entity - Required
* N301 – Pay-To Address Line - Required
* N302 – Pay-To Address Line - Situational
* N401 – Pay-To Address City – Required
* N402 – Pay-To Address State Code – Required in USA
* N403 – Pay-To Address Postal Zone or ZIP Code – Required in USA

### Health Care Claim Transactions (837) - Transmit TRICARE-specific Pay-to Provider – Institutional – TRICARE

The IB System provides the ability to transmit the following TRICARE-specific Pay-to-Provider data for an institutional X12N 5010 Health Care Claim (837) transaction to FSC when the claim has a rate type of TRICARE:

* NM101 – 87 - Required
* NM102 – Non-Person Entity - Required
* N301 – Pay-To Address Line - Required
* N302 – Pay-To Address Line - Situational
* N401 – Pay-To Address City – Required
* N402 – Pay-To Address State Code – Required in USA
* N403 – Pay-To Address Postal Zone or ZIP Code – Required in USA

### Health Care Claim Transactions (837) - Transmit TRICARE-specific Pay-to Provider – Professional – TRICARE REIMB.

The IB System provides the ability to transmit the following TRICARE-specific Pay-to-Provider data in a professional X12N 5010 Health Care Claim (837) transaction to FSC when the claim has a rate type of TRICARE REIMB.:

* NM101 – 87 - Required
* NM102 – Non-Person Entity - Required
* N301 – Pay-To Address Line - Required
* N302 – Pay-To Address Line - Situational
* N401 – Pay-To Address City – Required
* N402 – Pay-To Address State Code – Required in USA
* N403 – Pay-To Address Postal Zone or ZIP Code – Required in USA

### Health Care Claim Transactions (837) - Transmit TRICARE-specific Pay-to Provider – Professional – TRICARE

The IB System provides the ability to transmit the following TRICARE-specific Pay-to-Provider data in a professional X12N 5010 Health Care Claim (837) transaction to FSC when the claim has a rate type of TRICARE:

* NM101 – 87 - Required
* NM102 – Non-Person Entity - Required
* N301 – Pay-To Address Line - Required
* N302 – Pay-To Address Line - Situational
* N401 – Pay-To Address City – Required
* N402 – Pay-To Address State Code – Required in USA
* N403 – Pay-To Address Postal Zone or ZIP Code – Required in USA

### Health Care Claim Transactions (837) - Transmit NDC Code – non-RX – Institutional

The IB System provides the ability to transmit the following line level 5-4-2 format NDC in an institutional X12N 5010 Health Care Claim (837) transaction to FSC (Loop 2410):

* LIN02 – N4 – Required
* LIN03 – National Drug Code – Required

### Health Care Claim Transactions (837) - Transmit NDC Code – non-RX – Professional

The IB System provides the ability to transmit the following line level 5-4-2 format NDC in a professional X12N 5010 Health Care Claim (837) transaction to FSC (Loop 2410):

* LIN02 – N4 – Required
* LIN03 – National Drug Code – Required

### Health Care Claim Transactions (837) - Transmit NOC Procedures - Free Text Description – Institutional

The IB System provides the ability to transmit a line level 1-80 A/N procedure description in an institutional X12N 5010 Health Care Claim (837) transaction to FSC (Loop 2400):

* SV202-7 – Description - Situational

### Health Care Claim Transactions (837) - Transmit NOC Procedures – Free Text Description – Professional

The IB System provides the ability to transmit a line level 1-80 A/N procedure description in a professional X12N 5010 Health Care Claim (837) transaction to FSC (Loop 2400):

* SV101-7 – Description – Situational

### Health Care Claim Transactions (837) - Transmit NDC Code Units– non-RX – Institutional

The IB System provides the ability to transmit the following line level NDC unit count in an institutional X12N 5010 Health Care Claim (837) transaction to FSC (Loop 2410):

* CTP04 – National Drug Unit Count – Required
* CTP05 - 1 - Code Qualifier – UN (Units) – Required

### Health Care Claim Transactions (837) - Transmit NDC Code Units – non-RX – Professional

The IB System provides the ability to transmit the following line level NDC unit count in a professional X12N 5010 Health Care Claim (837) transaction to FSC (Loop 2410):

* CTP04 – National Drug Unit Count – Required
* CTP05 - 1 - Code Qualifier – UN (Units) – Required

### Health Care Claim Transactions (837) - Transmit Maximum 12 Procedures – Inpatient/Institutional

The IB System provides the ability to transmit a maximum of 12 procedure codes in an inpatient, institutional X12N 5010 Health Care Claim (837) transaction to FSC (Loop 2300 – HI01-2).

## System Feature: Copy and Cancel a Bill (CLON)/Correct Rejected/Denied Bill (CRD)

### Copy and Cancel a Bill (CLON)/Correct Rejected/Denied Bill (CRD) - CRD - Prevent Correction of Secondary Claim

The IB System prevents users from copying rejected/denied secondary claims using the Correct Rejected/Denied Bill option (CRD).

### Copy and Cancel a Bill (CLON)/Correct Rejected/Denied Bill (CRD) - CRD - Prevent Correction of Tertiary Claim

The IB System prevents users from copying rejected/denied tertiary claims using the Correct Rejected/Denied Bill option (CRD).

### Copy and Cancel a Bill (CLON)/Correct Rejected/Denied Bill (CRD) - CLON – Copy Secondary/Tertiary Claim Data to New Secondary/Tertiary Claim

The IB System provides the ability for users to copy data from an original secondary/tertiary claim, including COB data from the electronic EOB(s) to a new claim using the Copy and Cancel a Bill (CLON) option.

### Copy and Cancel a Bill (CLON)/Correct Rejected/Denied Bill (CRD) - CRD – Copy Primary Claim Data to New Primary Claim

The IB System provides the ability for users to copy data from an original primary claim to a new claim using the Correct Rejected/Denied Bill (CRD) option.

### Copy and Cancel a Bill (CLON)/Correct Rejected/Denied Bill (CRD) - CRD – Prevent Correction of Claim in MRA Request Status

The IB System prevents users from copying an MRA claim in an MRA Request status using the Correct Rejected/Denied Bill option (CRD).

## System Feature: Provider ID Maintenance

### Provider ID Maintenance - Sole-Proprietorship Designation - non-VA Facility

The IB System provides the ability for users to designate a non-VA Facility as a sole-proprietorship.

### Provider ID Maintenance - Link non-VA Facility to Sole-Proprietor

The IB System provides the ability for users to link a non-VA Facility that is a sole-proprietorship to an individual provider.

### Provider ID Maintenance - Sole-Proprietorship non-VA Facility – NPI

The IB System provides the ability for users to enter an NPI number for a non-VA Facility that is defined as a sole-proprietorship that has previously been entered for an individual provider.

## System Feature: MCCR Site Parameter Display/Edit

### MCCR Site Parameter Display/Edit - Default TRICARE Pay-to Provider

The IB System provides the ability for users to define a default Pay-to Provider for TRICARE claims with the following data:

* Pay-to Provider from the Institution file
* Pay-to Provider Name – default from Institution file
* Pay-to Provider Address Line 1 – default from Institution file
* Pay-to Provider Address Line 2 – default from Institution file
* Pay-to Provider City – default from Institution file
* Pay-to Provider State – default from Institution file
* Pay-to Provider Zip Code – default from Institution file
* Pay-to Provider Phone Number:
* Pay-to Provider Federal Tax ID Number
* Default Flag

### MCCR Site Parameter Display/Edit - Default TRICARE Pay-to Provider Associations

The IB System automatically associates all divisions of the VAMC with the default TRICARE Pay-to Provider.

### MCCR Site Parameter Display/Edit - Additional TRICARE Pay-to Providers

The IB System provides the ability for users to define additional non-default Pay-to Providers for TRICARE claims with the following data:

* Pay-to Provider from the Institution file
* Pay-to Provider Name – default from Institution file
* Pay-to Provider Address Line 1 – default from Institution file
* Pay-to Provider Address Line 2 – default from Institution file
* Pay-to Provider City – default from Institution file
* Pay-to Provider State – default from Institution file
* Pay-to Provider Zip Code – default from Institution file
* Pay-to Provider Phone Number:
* Pay-to Provider Federal Tax ID Number
* Default Flag

### MCCR Site Parameter Display/Edit - Associate Division(s) with TRICARE Pay-to Provider

The IB System provides the ability for users to re-associate one or more divisions of the medical center with additional non-default Pay-to Providers for TRICARE claims.

### MCCR Site Parameter Display/Edit - Edit a TRICARE Pay-to Provider

The IB System provides the ability for users to edit a TRICARE Pay-to Provider.

### MCCR Site Parameter Display/Edit - Delete a TRICARE Pay-to Provider

The IB System provides the ability for users to delete a TRICARE Pay-to Provider.

### MCCR Site Parameter Display/Edit - Re-associate Divisions - Delete TRICARE Pay-to Provider

The IB System automatically re-associates all divisions associated with a deleted TRICARE Pay-to Provider with the default provider.

### MCCR Site Parameter Display/Edit - Re-associate Divisions - TRICARE Pay-to Provider Security Key

The IB System provides a Security Key to allow users to access the capability to define TRICARE Pay-to Provider(s).

### MCCR Site Parameter Display/Edit - Re-associate Divisions - Pay-to Provider Security Key

The IB System provides a Security Key to allow users to access the capability to define Pay-to Provider(s).

## System Feature: View Cancelled Claim

### View Cancelled Claim - View Cancelled Claim

The IB System provides the ability for users to view the non-computed data stored in the Bill/Claim file (file 399) for a Cancelled claim.

## System Feature: Miscellaneous Existing Requirements

### Miscellaneous Existing Requirements - *Correct* - FEAT604 Transmit Property and Casualty Claim Number

The IB system transmits the following data with a Professional 837 claim transmission only when a Property/Casualty Claim Number is present on a claim (2010CA REF01, REF02):

* Y4 - Agency Claim Number Qualifier
* Property Casualty Claim Number

### Miscellaneous Existing Requirements - *Delete* – FEAT435 VAMC as Billing Provider

The VistA IB system provides the ability for authorized users to designate by insurance company and form type, that the Billing Provider will always be the main facility (VAMC) on claims to the payer.

### Miscellaneous Existing Requirements - *Change* – FEAT102 EDI Parameter Report

The Vista system provides the ability for users to view a report which includes the contents of the following fields in the Insurance Company file for all active entries:

* Insurance Company Name; and
* Insurance Company Address (Line 1, City and State); and
* Electronic Type; and
* Type of Coverage; and
* Electronic Transmit?; and
* Inst Electronic Bill ID; and
* Prof Electronic Bill ID; and
* Inst Use VAMC as Billing Provider - **Delete**
* Prof Use VAMC as Billing Provider – **Delete**
* HPID(s) - **Add**
* OEID(s) – **Add**

### Miscellaneous Existing Requirements - *Delete* – FEAT443 Schedule Mailman Message/Payer Settings for Billing Provider/Service Facility

The Vista system provides the ability for users to schedule the task to generate the mailman message that reports a site’s settings in the Insurance Company Editor for the Billing Provider/Service Facility parameters.

### Miscellaneous Existing Requirements - *Delete* – FEAT444 Default Schedule Mailman Message/Payer Settings for Billing Provider/Service Facility

The Vista system automatically sets the default frequency for the task to generate the mailman message that reports a site’s settings in the Insurance Company Editor for the Billing Provider/Service Facility parameters, upon installation of the patch, to one time per month.

### Miscellaneous Existing Requirements - *Delete* – FEAT445 Mailman Message with Payer Settings/Billing Provider/Service Facility

The Vista IB system generates a mailman message that reports a site’s settings in the Insurance Company Editor for the Billing Provider/Service Facility parameters, when at least one of the Always use main VAMC as Billing Provider parameters is set to ‘Yes’, which includes the following data:

* Insurance Company Name; and
* Insurance Company Address; and
* Date of Report; and
* Station ID; and
* Electronic Transmit; and
* Inst Electronic Bill ID; and
* Prof Electronic Bill ID; and
* Inst Use VAMC as Billing Provider; and
* Prof Use VAMC as Billing Provider.

### Miscellaneous Existing Requirements - *Delete* – FEAT446 Mailman Message with Payer Settings/Billing Provider/Service Facility

The Vista IB system generates an mailman message that reports a site’s settings in the Insurance Company Editor for the Billing Provider/Service Facility parameters, when both of the Always use main VAMC as Billing Provider parameters is set to ‘No’, which includes the following data:

* Date of Report; and
* Station ID

### Miscellaneous Existing Requirements - *Delete* – FEAT573 Security Key for Copy\_Cancel a Claim

The IB system provides the ability for authorized users to assign a security key to a user which will allow them to use the existing Clon – Copy/Cancel a Claim option [IB COPY AND CANCEL].