Integrated Billing

Reasonable Charges Enhancements 2013 Patch

IB\*2.0\*458

Release Notes



**July 2013**

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# Functional Description

This patch contains several updates to Integrated Billing for billable event processing and reports. Enhancements to Claims Tracking are the primary changes, including expanded Release of Information consents. Also included are New Reasons Not Billable, significant changes to the Days Denied Report and an additional option for installing Reasonable Charges. No charges are updated or exported with this patch.

## CLAIMS TRACKING DENIAL REASONS

An Insurance Review that results in a Denial is assigned a reason for that denial from a standard set of reasons. New entries are being added to this standard set of Insurance Review Denial Reasons.

|  |  |
| --- | --- |
| New CLAIMS TRACKING DENIAL REASONS (#356.21): | |
| DELAY IN TREATMENT/SERVICE | DELAY TX |
| OBSERVATION IS MORE APPROPRIATE | OBS |
| ALTERNATE LEVEL OF CARE IS MORE APPROPRIATE | ALT LOC |

## CLAIMS TRACKING REVIEW TYPES

Each Insurance Review is assigned a Type identifying both the type of care and the type of review. New entries are being added to the standard set of Insurance Review Types.

|  |  |  |
| --- | --- | --- |
| New CLAIMS TRACKING REVIEW TYPE (#356.11): | | |
| SNF/NHCU REVIEW | 25 | SNF/NHCU |
| INPT RETROSPECTIVE REVIEW | 35 | RETRO INPT |
| OPT RETROSPECTIVE REVIEW | 55 | RETRO OPT |

Display and Edit with New Review Types:

The Insurance Review Types are used as controls when processing the fields of an Insurance Review to determine the data related to that review. For example the fields displayed and editable for a URGENT/EMERGENT ADMIT REVIEW are different than the fields displayed and editable for an OUTPATIENT TREATMENT review. The new Review Types will manage review data in the same way as existing similar Review Types:

SNF/NHCU REVIEW processed same as a URGENT/EMERGENT ADMIT REVIEW

INPT RETROSPECTIVE REVIEW processed same as a URGENT/EMERGENT ADMIT REVIEW

OPT RETROSPECTIVE REVIEW processed same as a OUTPATIENT TREATMENT Review

## CLAIMS TRACKING REASONS NOT BILLABLE

Each event in Claims Tracking may be assigned a Reason Not Billable to indicate the event is not billable and why. The standard list of Reasons Not Billable is being updated, one entry is changed and several added.

Update CLAIMS TRACKING NON-BILLABLE REASONS (#356.8):

The name of one Reason Not Billable is being changed.

NPI/TAXONOMY ISSUES changed to NPI/TAXONOMY/PPN ISSUES

New CLAIMS TRACKING NON-BILLABLE REASONS (#356.8):

|  |  |  |  |
| --- | --- | --- | --- |
| New CLAIMS TRACKING NON-BILLABLE REASONS (#356.8): | | | |
| NAME | CODE | ECME FLAG | ECME PAPER FLAG |
| APPT CANCELLED/PT NOT SEEN | MC20 |  |  |
| SEEN BY PROVIDER ON SAME DAY | MC21 |  |  |
| NON-BILLABLE DME/PROSTHETIC | MC22 |  |  |
| NON-BILLABLE PROCEDURE | MC23 |  |  |
| EMPLOYEE HEALTH | MC24 | Yes | No |
| ENCOUNTER DURING INPT STAY | MC25 |  |  |
| NO PROSTHETIC COVERAGE | CV22 |  |  |
| NON-COVERED DIAGNOSIS | CV23 |  |  |
| NON-COVERED ROUTINE CARE | CV24 |  |  |
| HDHP PLAN NOT BILLED | CV25 | Yes | No |
| NOT RELATED TO WC/TORT/NF | CV26 |  |  |
| TRICARE PT SEEN AS VETERAN | CV27 | Yes | No |
| COMBINED CHARGES | BL08 |  |  |
| UNBUNDLED SERVICE | BL09 |  |  |

## CLAIMS TRACKING INSURANCE REVIEW CALL REFERENCE AND AUTHORIZATION NUMBER

The INSURANCE REVIEW file CALL REFERENCE NUMBER (#356.2, .09) and AUTHORIZATION NUMBER (#356.2, .28) fields are both being expanded to 35 characters.

Fields Moved:

Due to the additional length required these fields have been moved in the INSURANCE REVIEW file (#356.2). Two new fields are being added as replacements and the two existing fields inactivated:

INSURANCE REVIEW (#356.2) file:

* #.09 CALL REFERENCE NUMBER (15chr) moved to #2.01 CALL REFERENCE NUMBER (35chr)
* #.28 AUTHORIZATION NUMBER (18chr) moved to #2.02 AUTHORIZATION NUMBER (35chr)

Data Copied:

The data in the inactivated fields will be moved to the new fields so there should be no change from the user perspective except the expanded number of characters available.

Data Display:

These two fields are displayed on several Claims Tracking screens and reports. If the number of characters available is too short to display the full extended length then the data will be truncated. A '\*' will be appended to the end of the data to indicate the full data is not displayed. See Example Screens Section.

Call Reference Number as Default:

When a new Insurance Review is created and a Call Reference Number is entered then it is used as the default value for the Authorization Number. This default has been removed. Now when the Authorization Number is presented the Authorization Number of a previous Insurance Review for the event will be used as the default. If there was no previous Insurance Review Authorization Number then no default will be presented.

## CLAIMS TRACKING RELEASE OF INFORMATION SPECIAL CONSENT

The Release of Information (ROI) function within Claims Tracking has been enhanced to include records of the ROI consents received and the sensitive condition they cover.

Currently each event in Claims Tracking may be assigned a Special Consent ROI: Not Required, Obtained, Required, and Refused. This indicates if that specific event may be related to a sensitive condition requiring a Release of Information consent form from the patient. The new option will now allow entry of a record indicating a consent form has been received for a specific sensitive condition.

New CLAIMS TRACKING ROI CONSENT (#356.26) file:

A new file has been created for records of Release of Information obtained from a patient with the following. Note that each sensitive condition will have its own record.

* PATIENT the consent was received from.
* SENSITIVE CONDITION the consent for release covers. Includes the four standard sensitive conditions requiring ROI:
  + DRUG ABUSE
  + ALCOHOLISM/ALCOHOL ABUSE
  + TESTING FOR OR INFECTION WITH HIV
  + SICKLE CELL ANEMIA
* The EFFECTIVE DATE when the consent for release begins.
* The EXPIRATION DATE when the consent for release ends.
* A REVOKED flag indicating the patient revoked the consent. In this case the Expiration date is updated to the date the revocation becomes effective. A consent may be revoked but will be active for the date range assigned.
* COMMENTS associated with ROI, this is intended primarily for entry of the Insurance the release consent covers.

View Patient ROI Special Consent Records:

A new screen has been added to display and manage the ROI consent records. This screen has been added as an action on the main Claims Tracking Editor screen: ROI Consent (RO). See Example Screens Section.

The ROI Special Consent screen will display all ROI consents entered for the Patient. The display order is currently active ROIs first then in reverse effective date order. Most recent active ROIs will be at the top. The Patient, effective date, expiration date and sensitive condition are all displayed. In addition, a flag will indicate which consents are currently active, inactive or inactive/revoked. The comments are displayed; however due to space limitations these are truncated. Use the '>' to shift the view to the right to see the entire comment field, '<' shift the view back to the left.

Option: Claims Tracking Edit [IBT EDIT TRACKING ENTRY], ROI Consent (RO)

Add/Edit ROI Special Consent Records for a Patient:

Actions associated with the new Claims Tracking Editor screen for ROI Special Consent:

* Add ROI Consent (AR) will allow new entries to be added.
* Edit ROI (ER) will allow edit of existing entries.
* Revoke ROI (RV) will allow an ROI consent to be flagged as revoked by the patient. The Expiration date must be updated to the date the revocation takes effect.
* Delete ROI (DR) will allow a ROI record to be deleted. This should only be used if the record was entered in error. Old records that expired should remain.

Users must be assigned the new IB ROI EDIT Security Key to perform any of these actions or to modify the ROI records.

Security Key: IB ROI EDIT (new)

Updates to Claims Tracking Displays for ROI:

Several Claims Tracking screens and reports have been updated to show indicators of the patients active ROI consent, if any.

The main Claims Tracking Editor screen is the list of a patient's events within a timeframe. This screen has been modified in two ways:

* Header of this screen will show indicators of the patient's sensitive conditions that have currently active consents, if any: ROI: AHS
* Each event in the list displays the Special Consent ROI field associated with that event (Not Required, Obtained, Required, Refused). If the Special Consent ROI is Obtained then indicators of the sensitive conditions that have active consents on the date of the event will be appended to the field: OBTAIN(AS)

Several other screens will have the following change to the header depending on the type of screen display:

* Headers of screens that display lists of a patient's events will show indicators of the patient's sensitive conditions that have currently active consents, if any: ROI: AHS.
* Headers of screens that display the extended data of a particular event and have Special Consent ROI set to Obtained will have indicators of the sensitive conditions that have consents active on the date of the event appended: ROI: OBTAINED (AS).

ROI Expired Consent Report:

A new report will list the ROI Special Consents that will expire within a user specified date range. This report has been added to the Management Reports (Billing) Menu.

Option: ROI Expired Consent [IB OUTPUT ROI EXPIRED] (new)

Menu: Management Reports (Billing) Menu [IB OUTPUT MANAGEMENT REPORTS]

## DAYS DENIED REPORT

The Days Denied report lists Inpatient stays that have a Denial Insurance Review. Significant updates have been made to the Days Denied Report:

* The charges displayed as the Amount Denied has been update to the current active charges, Reasonable Charges.
* Social Security Number has been removed and replaced with the last 4.
* The Inpatient Admission's Service is added to each denied stay in the detail section. This is the Service the patient was in at either the admission, if that date is included in the report, or the Service the patient was in on the begin date of the report. This Service is used to provide the summary.
* The Amount Denied has been added to each denied stay in the detail section. This amount is either:
  + if entire admission was denied and the entire stay is within the date range of the report then the Amount Denied is the full charge of the Admission
  + if only a partial denial then the Amount Denied is an average charge based on the full charge and the number of denied days on the report
* Inpatient stays of one day will now be included on the report.
* Events in Claims Tracking not linked to an actual clinical event will now be included on the report. Entries are sometimes manually created so Insurance Reviews can be completed before the event is automatically entered into Claims Tracking. The data on these types of entries will be limited as there is no source clinical event, for example there will be no service or amount displayed.
* Detail and Summary sections are added for other types of care than Inpatient. Any Outpatient, Prescriptions or Prosthetics assigned a denial will be included on the report.

Option: Days Denied Report [IBT OUTPUT DENIED DAYS REPORT]

## REASONS NOT BILLABLE REPORT

An estimated charge for an Inpatient admission is included on the Reasons Not Billable report. Errors were identified in the Reasonable Charges Inpatient Facility charge calculation and have been corrected:

* Every Inpatient stay was assumed to have been a DRG charge. This is updated so Nursing Home Care Treating Specialties will be properly charged the Skilled Nursing per diem.
* Observation care will not be identified with and charged a DRG charge.
* The Inpatient DRG calculation did not recognize the difference between ICU and Non-ICU care and added both DRG charges to the final amount. This is updated so each type will be identified and charged only the corresponding DRG amount.

Option: Reasons Not Billable Report [IBJD REASONS NOT BILLABLE]

## BILL/CLAIMS ENTRY OF REASON NOT BILLABLE (?RNB)

There are cases where an event may only be partially billed and therefore will require both a bill and a Reason Not Billable. To assist processing these types of events a new Help action has been added to Enter/Edit a Bill option. The '?RNB' action will present the Claims Tracking entries related to the bill and allow a Reason Not Billable to be entered. The Reason Not Billable should only be entered if the event is not fully billed.

Option: Enter/Edit Billing Information [IB EDIT BILLING INFO]

## UPDATE FIELD

The INSURANCE REVIEW (#356.2) FINAL OUTCOME OF APPEAL (#.29) field contained a misspelling. This has been corrected (PARITIAL corrected to PARTIAL) and Help Text was added to the field.

## CHARGE MASTER UPLOAD EXPAND DIVISION CHARACTERS

A list of sites is included with each version of Reasonable Charges released. This site number was limited to 5 characters. Actual division numbers are allowed 7 characters. Therefore the Charge Master Upload has been modified to allow 7 character site numbers.

Option: Load Host File into Charge Master [IBCR HOST FILE LOAD]

## CHARGE MASTER REASONABLE CHARGES FACILITY TYPE DESIGNATION

Each VA division is identified as a particular Facility Type for Reasonable Charges, either Provider Based or Non-Provider Based. This designation determines the charges loaded and available for use for that division.

Non-Provider Based Freestanding Charges include Professional charges only.

Provider Base Charges include Institutional and Professional charges for Inpatient, SNF and Outpatient care.

There is the potential that a particular division's Facility Type may change which would require a complete new set of Reasonable Charges to be loaded for the new type. Previously this was only possible when a new version was released.

A new option is added to allow a site's Facility Type to be changed at any time so it is no longer dependent on a version release. The current versions Reasonable Charges are inactivated and a new set loaded for the new Facility Type effective on a specified date.

>>> CBO must approve any Facility Type change.

Option: RC Change Facility Type [IBCR RC FACILITY TYPE] (new)

Menu: Charge Master IRM Menu [IBCR CHARGE MASTER IRM MENU] (link)

# Technical Description

INSURANCE REVIEW (#356.2) file changes:

The length of two free text fields in the INSURANCE REVIEW (#356.2) file were to be extended to 35 characters: CALL REFERENCE NUMBER (#.09) and AUTHORIZATION NUMBER (#.28). These two fields are stored on the zero node of the file and extending the length of these fields would have violated the File Manager standard on node length. Therefore, the fields are replaced rather than modified. All references to the old replaced fields have been updated to reference the new fields. The data is copied to the new fields in the post-init.

The existing two fields are '\*'ed for deletion and no longer used:

* \*CALL REFERENCE NUMBER (#.09) [0;9] INSURANCE REVIEW (#356.2) file - inactivated
* \*AUTHORIZATION NUMBER (#.28) [0;28] INSURANCE REVIEW (#356.2) file - inactivated

Two new fields are created on a new node (2) as replacements:

* CALL REFERENCE NUMBER (#2.01) [2,1] INSURANCE REVIEW (#356.2) file - new
* AUTHORIZATION NUMBER (#2.02) [2,2] INSURANCE REVIEW (#356.2) file - new

The INSURANCE REVIEW (#356.2) field TRACKING ID (#.02) is being released to update its cross reference #4 APRE. The cross reference access to AUTHORIZATION NUMBER has been changed from the inactivated field (#.28) to the replacement (#2.02).

The Pre-Init will delete the INSURANCE REVIEW (#356.2) field AUTHORIZATION NUMBER (#.28) cross reference #1 APRE1. This field is being inactivated so the cross reference is being moved to the replacement AUTHORIZATION NUMBER field (#2.02).

The Post-Init will copy the INSURANCE REVIEW (#356.2) data from the two inactivated fields to the two replacement fields:

* CALL REFERENCE NUMBER (#.09) data copied to CALL REFERENCE NUMBER (#2.01)
* AUTHORIZATION NUMBER (#.28) data copied to AUTHORIZATION NUMBER (#2.02)

Integration Control Reference Update (ICR #5340):

The integration agreement ICR #5340 between IB and the Insurance Capture Buffer (ICB) was updated. The agreement allows ICB access to the INSURANCE REVIEW (#356.2) fields CALL REFERENCE NUMBER (#.09) and AUTHORIZATION NUMBER (#.28). The ICR has been updated to remove those two fields and the two new replacement fields were added.

OPTIONS UPDATED:

Claims Tracking Edit [IBT EDIT TRACKING ENTRY]

Insurance Review Edit [IBT EDIT COMMUNICATIONS]

Appeal/Denial Edit [IBT EDIT APPEALS/DENIALS]

Pending Reviews [IBT EDIT REVIEWS TO DO]

Hospital Reviews [IBT EDIT REVIEWS]

Inquire to Claims Tracking [IBT OUTPUT CLAIM INQUIRY]

Print CT Summary for Billing [IBT OUTPUT BILLING SHEET]

Patient Insurance Info View/Edit [IBCN PATIENT INSURANCE]

Third Party Joint Inquiry [IBJ THIRD PARTY JOINT INQUIRY]

ROI Expired Consent [IB OUTPUT ROI EXPIRED] (new)

Management Reports (Billing) Menu [IB OUTPUT MANAGEMENT REPORTS] (link)

Days Denied Report [IBT OUTPUT DENIED DAYS REPORT]

Reasons Not Billable Report [IBJD REASONS NOT BILLABLE]

Enter/Edit Billing Information [IB EDIT BILLING INFO]

Load Host File into Charge Master [IBCR HOST FILE LOAD]

RC Change Facility Type [IBCR RC FACILITY TYPE] (new)

Charge Master IRM Menu [IBCR CHARGE MASTER IRM MENU] (link)

SECURITY KEY:

A new Security Key IB ROI EDIT is added with this patch. Only users assigned this Security Key will be allowed to Add or Edit ROI Consent Records in the new CLAIMS TRACKING ROI CONSENT (#356.26) file via the new ROI Consent (RO) screen in the Claims Tracking Edit [IBT EDIT TRACKING ENTRY] option. Users that should be allowed this access need to be identified and the key assigned.

Companion patch DSIV\*2.2\*8:

The Insurance Capture Buffer (ICB) patch DSIV\*2.2\*8 is being released as a companion patch to IB\*2\*458. The Insurance Capture Buffer accesses the two INSURANCE REVIEW fields (#356.2, .09 and .28) being replaced in this patch. The ICB patch will update their access to use the two new replacement INSURANCE REVIEW fields (#356.2, 2.01 and 2.02).

New Service Requests (NSRs)

NSR #20080211 - FY 2009 Reasonable Charges Billing Enhancements

NSR #20090110 - FY 2010 Reasonable Charges Billing Enhancement

Pre/Post Installation Overview

The Pre-Init of this patch will complete the following:

1. Deletes the cross reference #1 APRE1 of the INSURANCE REVIEW (#356.2) field AUTHORIZATION NUMBER (#.28) . This cross reference is moved to the replacement field (#2.02).

The Post-Init of this patch will complete the following:

1. Adds 3 new CLAIMS TRACKING DENIAL REASONS (#356.21) entries
2. Adds 3 new CLAIMS TRACKING REVIEW TYPE (#356.11) entries
3. Adds 14 new CLAIMS TRACKING NON-BILLABLE REASONS (#356.8) entries
4. Modifies 1 CLAIMS TRACKING NON-BILLABLE REASONS (#356.8) file entry
5. Copies data from two INSURANCE REVIEW (#356.2) fields being inactivated to two replacement fields:

* #.09 CALL REFERENCE NUMBER copied to #2.01 CALL REFERENCE NUMBER
* #.28 AUTHORIZATION NUMBER copied to #2.02 AUTHORIZATION NUMBER

PATCH COMPONENTS

The following is the list of components exported by this patch.

File Name (Number) Field Name (Number) New/Modified

CLAIMS TRACKING ROI CONSENT (#356.26) New File

CLAIMS TRACKING ROI CONSENT (#356.26) ROI ENTRY (#.01) New

CLAIMS TRACKING ROI CONSENT (#356.26) PATIENT (#.02) New

CLAIMS TRACKING ROI CONSENT (#356.26) SENSITIVE CONDITION (#.03) New

CLAIMS TRACKING ROI CONSENT (#356.26) EFFECTIVE DATE (#.04) New

CLAIMS TRACKING ROI CONSENT (#356.26) EXPIRATION DATE (#.05) New

CLAIMS TRACKING ROI CONSENT (#356.26) REVOKED (#.06) New

CLAIMS TRACKING ROI CONSENT (#356.26) DATE ENTERED (#1.01) New

CLAIMS TRACKING ROI CONSENT (#356.26) ENTERED BY (#1.02) New

CLAIMS TRACKING ROI CONSENT (#356.26) DATE LAST EDITED (#1.03) New

CLAIMS TRACKING ROI CONSENT (#356.26) LAST EDITED BY (#1.04) New

CLAIMS TRACKING ROI CONSENT (#356.26) COMMENT (#2.01) New

INSURANCE REVIEW (#356.2) TRACKING ID (#.02) Modified

INSURANCE REVIEW (#356.2) \*CALL REFERENCE NUMBER (#.09) Modified

INSURANCE REVIEW (#356.2) \*AUTHORIZATION NUMBER (#.28) Modified

INSURANCE REVIEW (#356.2) FINAL OUTCOME OF APPEAL (#.29) Modified

INSURANCE REVIEW (#356.2) CALL REFERENCE NUMBER (#2.01) New

INSURANCE REVIEW (#356.2) AUTHORIZATION NUMBER (#2.02) New

Input Templates File (Number) New/Modified

IBT ACTION INFO INSURANCE REVIEW (#356.2) Modified

IBT ADD APPEAL INSURANCE REVIEW (#356.2) Modified

IBT CONTACT INFO INSURANCE REVIEW (#356.2) Modified

IBT FINAL OUTCOME INSURANCE REVIEW (#356.2) Modified

IBT INS VERIFICATION INSURANCE REVIEW (#356.2) Modified

IBT QUICK EDIT INSURANCE REVIEW (#356.2) Modified

Options Type New/Modified

IB OUTPUT MANAGEMENT REPORTS Menu Use as Link

IB OUTPUT ROI EXPIRED Run Routine New

IBCR CHARGE MASTER IRM MENU Menu Use as Link

IBCR RC FACILITY TYPE Run Routine New

Protocols Type New/Modified

IBCNS EXIT Action Attach to Menu

IBTRE MENU Menu Use as Link

IBTRE ROI CONSENT Action New

IBTRR MENU Menu New

IBTRR ROI ADD Action New

IBTRR ROI DELETE Action New

IBTRR ROI EDIT Action New

IBTRR ROI REVOKE Action New

List Templates New/Modified

IBT ROI SPECIAL CONSENT New

Security Key New/Modified

IB ROI EDIT New

# Example Screens

**Claims Tracking Edit [IBT EDIT TRACKING ENTRY]**

**Claims Tracking Editor** Apr 09, 2013@10:24:28 Page: 1 of 1

Claims Tracking Entries for: IBPATIENT, ONE X0000 ROI: D

for Visits beginning on: 05/01/11 to 04/09/13

Type Urgent Date Ins. UR ROI Bill Ward

1 \*INPT. NO 03/25/13 8:21 am YES OBTAIN(D) YES 13W MED

2 OPT. NO 03/03/13 8:00 am YES YES

3 INPT. NO 10/14/12 11:35 am YES OBTAIN(DA) YES

4 OPT. NO 07/14/12 10:00 am YES REFUSED NO

5 OPT. NO 07/09/12 9:00 am YES NO

6 OPT. NO 07/08/12 8:00 am YES NO

7 OPT. NO 06/02/12 8:00 am YES OBTAIN(DA) NO

5 OPT. NO 11/22/11 9:00 am YES OBTAIN(DA) NO

6 OPT. NO 11/21/11 8:00 am YES NO

7 OPT. NO 10/02/11 8:30 am YES OBTAIN(DAH) NO

6 OPT. NO 10/08/11 8:00 am YES NO

Service Connected: 10% \*=Current Admission >>>

AT Add Tracking Entry HR Hospital Reviews DU Diagnosis Update

DT Delete Tracking Entry IR Insurance Reviews PU Procedure Update

QE Quick Edit SC SC Conditions PV Provider Update

AC Assign Case AE Appeals Edit VP View Pat. Ins.

BI Billing Info Edit CP Change Patient RO ROI Consent

VE View/Edit Episode CD Change Date Range EX Exit

Select Action: Quit//

ROI Special Consent Apr 09, 2013@10:25:29 Page: 1 of 1

ROI Special Consent Entries for: IBPATIENT, ONE

Effective Expires Special Condition Status Comments

1 01/01/13 12/31/13 DRUG ABUSE ACTIVE AETNA, RAILR

2 01/01/12 12/31/12 DRUG ABUSE INACTIVE AETNA, RAILR

3 01/01/12 12/31/12 ALCOHOLISM/ALCOHOL ABUSE INACTIVE AETNA, RAILR

4 01/01/11 12/31/11 DRUG ABUSE INACTIVE RAILROAD US

5 01/01/11 12/31/11 ALCOHOLISM/ALCOHOL ABUSE INACTIVE RAILROAD US

6 01/01/11 11/12/11 TESTING FOR OR INFECTION WITH HIV REVOKED

Enter ?? for more actions >>>

AR Add ROI Consent ER Edit ROI RV Revoke ROI

DR Delete ROI EX Exit

Select Action: Quit//

**Expanded Claims Tracking Entry**Apr 09, 2013@11:12:11 Page: 1 of 3

Expanded Claims Tracking Info for: IBPATIENT, ONE X0000 ROI: OBTAINED (DA)

For: INPATIENT ADMISSION on 10/14/12 11:35 am

Visit Information Treatment Authorization Info

Visit Type: INPATIENT ADMISSION Authorization #: 999X01234-55518-A\*

Admission Date: OCT 14,2012@11:35:58 No. Days Approved: 3

Ward: ICU-M Second Opinion Required:

Specialty: MEDICAL ICU Second Opinion Obtained:

Clinical Information Review Information

Provider: IBPROVIDER,TWO Insurance Claim: YES

Admitting Diag: JAUNDICE Follow-up Type:

Primary Diag: Random Sample: NO

1st Procedure: Special Condition: NONE

2nd Procedure: Local Addition: NO

Ins. Reviewer:

Hospital Reviewer:

Billing Information

Episode Billable: YES Total Charges: $ 19508.2

Non-Billable Reason: Estimated Recv (Pri): $

Next Bill Date: Estimated Recv (Sec): $

Work. Comp/OWCP/Tort: Estimated Recv (ter): $

Initial Bill: K502XXX Means Test Charges: $

Bill Status: PRNT/TX Amount Paid: $ 19508.2

Hospital Reviews Entered

Insurance Reviews Entered

1. INPT RETROSPECTIVE REVIEW Contact APPROVED on 11/12/12

2. INITIAL APPEAL Contact on 10/18/12

3. CONTINUED STAY REVIEW Contact DENIAL on 10/16/12

4. URGENT/EMERGENT ADMIT REVIEW Contact APPROVED on 10/14/12

Service Connected Conditions:

Service Connected: NO

+ Enter ?? for more actions

BI Billing Info Edit IR Insurance Reviews SE Submit Claim to ECME

RI Review Info DU Diagnosis Update EX Exit

TA Treatment Auth. PU Procedure Update

HR Hospital Reviews PV Provider Update

Select Action: Next Screen//

**Insurance Review Edit [IBT EDIT COMMUNICATIONS]**

**Insurance Reviews/Contacts** Apr 09, 2013@11:13:16 Page: 1 of 1

Insurance Review Entries for: IBPATIENT, ONE X0000 ROI: OBTAINED (DA)

for: INPATIENT ADMISSION on 10/14/12 11:35 am

Date Ins. Co. Type Contact Action Auth. No. Days

1 11/12/12 INSCO US HEALTHCAR RETRO INPT APPROVED Retro Aut\* ALL

2 10/18/12 INSCO US HEALTHCAR 1st Appeal-Clin APPROVED Appeal Au\* 2

3 10/16/12 INSCO US HEALTHCAR CONT. STAY DENIAL 1

4 10/14/12 INSCO US HEALTHCAR URG ADM APPROVED 999X01234\* 3

Service Connected: NO >>>

AI Add Ins. Review SC SC Conditions PV Provider Update

DR Delete Ins. Review AE Appeals Edit RW Review Wksheet Print

CS Change Status AC Add Comment CP Change Patient

QE Quick Edit DU Diagnosis Update EX Exit

VE View/Edit Ins. Review PU Procedure Update

Select Action: Quit//

**Expanded Insurance Reviews** Apr 09, 2013@11:13:33 Page: 1 of 2

Expanded Insurance Reviews for: IBPATIENT, ONE X0000 ROI: OBTAINED (DA)

for: INPATIENT ADMISSION on 10/14/12 11:35 am

Contact Information Action Information

Contact Date: 11/12/12 Type Contact: INPT RETROSPECTIVE

Person Contacted: Tony Action: APPROVED

Contact Method: PHONE Authorized From: ENTIRE VISIT

Call Ref. Number: Retro Ref 999X012\* Authorized To: ENTIRE VISIT

Review Date: 12/09/12 Authorized Diag:

Auth. Number: Retro Auth 999X01\*

Insurance Policy Information

Ins. Co. Name: INSCO US HEALTHCARE Subscriber Name: IBPATIENT, ONE

Group Number: GRP NUM Z991 Subscriber ID: Id X999999

Whose Insurance: VETERAN Effective Date: 09/01/02

Pre-Cert Phone: 555-555-0000 Expiration Date: 07/27/15

...

+ Enter ?? for more actions

AA Appeal Address AI Action Info PU Procedure Update

CI Contact Info AC Add Comments PV Provider Update

CS Change Status VP View Pat. Ins. RW Review Wksheet Print

IU Ins. Co. Update DU Diagnosis Update EX Exit

Select Action: Next Screen//

**Appeal/Denial Edit [IBT EDIT APPEALS/DENIALS]**

**Appeal and Denial Tracking** Apr 09, 2013@11:14:25 Page: 1 of 1

Denials and Appeals for: IBPATIENT, ONE X0000 ROI: D

Ins. Co. Group Date Action Visit Visit Date

1 INSCO US HEALTH GRP NUM Z9 10/16/12 DENIAL INPT. 10/14/12 11:35

2 INSCO US HEALTH GRP NUM Z9 10/18/12 1st Appeal INPT. 10/14/12 11:35

Service Connected: NO >>>

VE View Edit Entry DA Delete Appeal/Denial IC Ins. Co. Edit

QE Quick Edit SC SC Conditions EX Exit

AA Add Appeal PI Patient Ins. Edit.

Select Action: Quit//

**Expanded Appeals/Denials** Apr 09, 2013@11:15:06 Page: 1 of 3

Expanded Appeal/Denial for: IBPATIENT, ONE X0000 ROI: OBTAINED (DA)

for: INPATIENT ADMISSION on 10/14/12 11:35 am

Visit Information Action Information

Visit Type: INPATIENT ADMISSION Type Contact: INITIAL APPEAL

Admission Date: OCT 14,2012@11:35:58 Appeal Type: CLINICAL

Ward: ICU-M Case Status: CLOSED

Specialty: MEDICAL ICU No Days Pending:

Attending: IBPROVIDER,TWO Final Outcome: APPROVED

...

User Information Contact Information

Entered By: IBUSER,THREE Contact Date: 10/18/12

Entered On: 04/09/13 10:57 am Person Contacted: Annie

Last Edited By: IBUSER,THREE Contact Method: PHONE

Last Edited On: 04/09/13 11:02 am Call Ref. Number: Appeal Ref 999X01\*

Review Date:

Comments

Service Connected Conditions:

Service Connected: NO

+ Enter ?? for more actions

AA Appeal Address AI Action Info EX Exit

CI Contact Info AC Add Comment

IU Ins. Co. Update EP Edit Pt. Ins.

Select Action: Next Screen//

**Hospital Reviews [IBT EDIT REVIEWS]**

**Hospital Reviews** Apr 09, 2013@11:20:14 Page: 1 of 1

Hospital Review Entries for: IBPATIENT, ONE X0000 ROI: OBTAINED (DA)

for: INPATIENT ADMISSION on 10/14/12 11:35 am

Review Date Type Ward Status Specialty Day Next Review

1 10/14/12 Admission ICU-M COMPLETE MEDICAL ICU 1

Enter ?? for more actions >>>

AN Add Next Hosp. Review VE View/Edit Review CP Change Patient

DR Delete Review DU Diagnosis Update EX Exit

QE Quick Edit PU Procedure Update

CS Change Status PV Provider Update

Select Action: Quit//

**Expanded Hospital Reviews** Apr 09, 2013@11:21:10 Page: 1 of 2

Expanded Review for: IBPATIENT, ONE X0000 ROI: OBTAINED (DA)

for: ADMISSION REVIEW on 10/14/12

Visit Information Review Information

Visit Type: INPATIENT ADMISSION Review Type: ADMISSION REVIEW

Admission Date: OCT 14,2012@11:35:58 Review Date: 10/14/12

Ward: Specialty: MEDICAL ICU

Specialty: Methodology: INTERQUAL

Ins. Action:

Criteria Information

Severity of Ill: 09 - MUSCULOSKELETAL/S

Intensity of Svc: 10 - PERIPHERAL VASCUL

Criteria Met: YES

Prov. Intervwed:

Dec. Influenced:

Non-Acute Reason: 4.01 - ALTERNATIVE BEDS UNAVAILABLE

+ Enter ?? for more actions

RI Review Information CU Criteria Update PV Provider Update

CS Change Status DU Diagnosis Update EX Exit

AC Add Comments PU Procedure Update

Select Action: Next Screen//

**Third Party Joint Inquiry [IBJ THIRD PARTY JOINT INQUIRY]**

Third Party Joint Inquiry

**Insurance Reviews/Contacts** Apr 09, 2013@11:24:57 Page: 1 of 1

Insurance Review Entries for: K502XXX IBPATIENT, ONE X0000

Date Ins. Co. Type Contact Action Auth. No. Days

INPATIENT ADMISSION on 10/14/12 11:35 am

1 11/12/12 INSCO US HEALTHCAR RETRO INPT APPROVED Retro Aut\* ALL

2 10/18/12 INSCO US HEALTHCAR 1st Appeal-Clin APPROVED Appeal Au\* 2

3 10/16/12 INSCO US HEALTHCAR CONT. STAY DENIAL 1

4 10/14/12 INSCO US HEALTHCAR URG ADM APPROVED 999X01234\* 3

Service Connected: NO >>>

BC Bill Charges AR Account Profile VI Insurance Company

DX Bill Diagnosis CM Comment History VP Policy

PR Bill Procedures VR Reviews/Appeals AB Annual Benefits

CI Go to Claim Screen HS Health Summary EL Patient Eligibility

AL Go to Active List EX Exit

Select Action: Quit//

**Print CT Summary for Billing [IBT OUTPUT BILLING SHEET]**

Bill Preparation Report Page 1 Apr 09, 2013@11:21:56

IBPATIENT, ONE 000-000-0001 DOB: Jul 20, 1949

INPATIENT ADMISSION on OCT 14,2012@11:35:58

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

Visit Information

Visit Type: INPATIENT ADMISSION Visit Billable: YES

Admission Date: OCT 14,2012@11:35:58 Second Opinion: NOT REQUIRED

Ward: ICU-M Auto Bill Date:

Specialty: MEDICAL ICU Special Consent: ROI OBTAINED (DA)

Discharge Date: OCT 28,2012@16:45 Special Billing:

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

Insurance Information

Ins. Co 1: INSCO US HEALTHCARE Pre-Cert Phone: 555-555-0000

Subsc.: IBPATIENT, ONE Type: PREFERRED PROVIDER

Subsc. ID: Id X999999 Group: GRP NUM Z991

Coord Ben: PRIMARY Billing Phone: 999/555-0012

Filing Time Fr: VARIES Claims Phone:

Policy Comment:

Group Plan Comments:

THIS PLAN WAS FORMERLY UNDER THE NAME "LY ENTERGY" WHICH

WAS THE EMPLOYERS NAME, BUT THEY HAVE NOW UPDATED THEIR

NAME TO "CHILD MORGAN LIGHTS"

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

Billing Information

Initial Bill: K502XXX Estimated Recv (Pri): $

Bill Status: PRNT/TX Estimated Recv (Sec): $

Total Charges: $ 19508.2 Estimated Recv (ter): $

Amount Paid: $ 19508.2 Means Test Charges: $

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

Eligibility Information

Primary Eligibility: NSC

Means Test Status: MT COPAY EXEMPT

Service Connected Percent: Patient Not Service Connected

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

Diagnosis Information

Nothing on File

Associated Interim DRG Information

Nothing on File

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

Procedure Information

Nothing on File

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

Provider Information

Nothing on File

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

Insurance Review Information

Type Review: INPT RETROSPECTIVE REV Review Date: 11/12/12

Action: APPROVED Insurance Co.: INSCO US HEALTHCARE

Authorized From: ENTIRE VISIT Person Contacted: Tony

Authorized To: ENTIRE VISIT Contact Method: PHONE

Authorized Diag: Call Ref. Number: Retro Ref 999X012345

Auth. Number: Retro Auth 999X0123\* Status: PENDING

Last Edited By: IBUSER,THREE

Comment:

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

Type Review: INITIAL APPEAL Review Date: 10/18/12

Appeal Type: CLINICAL Insurance Co.: INSCO US HEALTHCARE

Case Status: CLOSED Person Contacted: Annie

No Days Pending: Contact Method: PHONE

Final Outcome: APPROVED Call Ref. Number: Appeal Ref 999X0123\*

Status: ENTERED

Last Edited By: IBUSER,THREE

Comment:

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

Type Review: CONTINUED STAY REVIEW Review Date: 10/16/12

Action: DENIAL Insurance Co.: INSCO US HEALTHCARE

Denied From: 10/17/12 Person Contacted: Annie

Denied To: 10/16/12 Contact Method: PHONE

Denial Reasons: ALTERNATE LEVEL OF CAR Call Ref. Number: Ref Second 999X0123\*

Status: PENDING

Last Edited By: IBUSER,THREE

Comment:

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Type Review: URGENT/EMERGENT ADMIT Review Date: 10/14/12

Action: APPROVED Insurance Co.: INSCO US HEALTHCARE

Authorized From: 10/15/12 Person Contacted: Annie

Authorized To: 10/14/12 Contact Method: PHONE

Authorized Diag: Call Ref. Number: 999X012345

Auth. Number: 999X01234-55518-APR Status: COMPLETE

Last Edited By: IBUSER,THREE

Comment:

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

Hospital Review Information

Review Date: 10/14/12 Severity of Ill: 09 - MUSCULOSKELETAL/

Review Type: ADMISSION REVIEW Intensity of Svc: 10 - PERIPHERAL VASCU

Specialty: MEDICAL ICU Criteria Met: YES

Methodology: INTERQUAL Prov. Intervwed:

Status: COMPLETE Dec. Influenced:

Last Edited By: IBUSER,THREE Non-Acute Reason: 4.01 - ALTERNATIVE

Next Review Date: Special Unit SI:

Special Unit IS:

Comment:

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

**Inquire to Claims Tracking [IBT OUTPUT CLAIM INQUIRY]**

Claims Tracking Inquiry

Claim Tracking Inquiry Page 1 Apr 09, 2013@11:22:31

IBPATIENT, ONE 000-000-0001 DOB: Jul 25, 1949

INPATIENT ADMISSION on OCT 14,2012@11:35:58

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

Visit Information

Visit Type: INPATIENT ADMISSION Visit Billable: YES

Admission Date: OCT 14,2012@11:35:58 Second Opinion: NOT REQUIRED

Ward: ICU-M Auto Bill Date:

Specialty: MEDICAL ICU Special Consent: ROI OBTAINED (DA)

Discharge Date: OCT 28,1012@16:45 Special Billing:

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

Billing Information

Initial Bill: K502XXX Estimated Recv (Pri): $

Bill Status: PRNT/TX Estimated Recv (Sec): $

Total Charges: $ 19508.2 Estimated Recv (ter): $

Amount Paid: $ 19508.2 Means Test Charges: $

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

Diagnosis Information

Nothing on File

Associated Interim DRG Information

Nothing on File

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

Procedure Information

Nothing on File

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

Provider Information

Nothing on File

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

Insurance Review Information

Type Review: INPT RETROSPECTIVE REV Review Date: 11/12/12

Action: APPROVED Insurance Co.: INSCO US HEALTHCARE

Authorized From: ENTIRE VISIT Person Contacted: Tony

Authorized To: ENTIRE VISIT Contact Method: PHONE

Authorized Diag: Call Ref. Number: Retro Ref 999X012345

Auth. Number: Retro Auth 999X0123\* Status: PENDING

Last Edited By: IBUSER,THREE

Type Review: INITIAL APPEAL Review Date: 10/18/12

Appeal Type: CLINICAL Insurance Co.: INSCO US HEALTHCARE

Case Status: CLOSED Person Contacted: Annie

No Days Pending: Contact Method: PHONE

Final Outcome: APPROVED Call Ref. Number: Appeal Ref 999X0123\*

Status: ENTERED

Last Edited By: IBUSER,THREE

Type Review: CONTINUED STAY REVIEW Review Date: 10/16/12

Action: DENIAL Insurance Co.: INSCO US HEALTHCARE

Denied From: 10/17/12 Person Contacted: Annie

Denied To: 10/16/12 Contact Method: PHONE

Denial Reasons: ALTERNATE LEVEL OF CAR Call Ref. Number: Ref Second 999X0123\*

Status: PENDING

Last Edited By: IBUSER,THREE

Type Review: URGENT/EMERGENT ADMIT Review Date: 10/14/12

Action: APPROVED Insurance Co.: INSCO US HEALTHCARE

Authorized From: 10/15/12 Person Contacted: Annie

Authorized To: 10/14/12 Contact Method: PHONE

Authorized Diag: Call Ref. Number: 999X012345

Auth. Number: 999X01234-55518-APR Status: COMPLETE

Last Edited By: IBUSER,THREE

Hospital Review Information

Review Date: 10/14/12 Severity of Ill: 09 - MUSCULOSKELETAL/

Review Type: ADMISSION REVIEW Intensity of Svc: 10 - PERIPHERAL VASCU

Specialty: MEDICAL ICU Criteria Met: YES

Methodology: INTERQUAL Prov. Intervwed:

Status: COMPLETE Dec. Influenced:

Last Edited By: IBUSER,THREE Non-Acute Reason: 4.01 - ALTERNATIVE

Next Review Date: Special Unit SI:

Special Unit IS:

**Claims Tracking Edit [IBT EDIT TRACKING ENTRY] Release of Information New**

**ROI Special Consent** Apr 09, 2013@14:38:15 Page: 1 of 1

ROI Special Consent Entries for: IBPATIENT,TWENTYFIVE

Effective Expires Special Condition Status Comments

1 03/12/13 03/12/13 TESTING FOR OR INFECTION WITH HIV INACTIVE

2 01/01/12 12/31/12 DRUG ABUSE INACTIVE AETNA

3 11/01/11 10/31/12 SICKLE CELL ANEMIA INACTIVE RAILROAD US,

Enter ?? for more actions >>>

AR Add ROI Consent ER Edit ROI RV Revoke ROI

DR Delete ROI EX Exit

Select Action: Quit//

**Select Action: Quit// AR Add ROI Consent**

Add a New ROI Special Consent? NO// YES

A New ROI Special Consent has been added for: IBPATIENT,TWENTYFIVE

SENSITIVE CONDITION: S SICKLE CELL ANEMIA

EFFECTIVE DATE: 11 1 12 (NOV 01, 2012)

EXPIRATION DATE: 10 31 13 (OCT 31, 2013)

COMMENT: AETNA

**Select Action: Quit// ER Edit ROI**

Select ROI Entry(s): (1-4): 1

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

ROI Special Consent for IBPATIENT,TWENTYFIVE:

SICKLE CELL ANEMIA 11/01/12 - 10/31/13 ACTIVE

Comment: AETNA

Entered by: IBUSER,THREE Last Edited By: IBUSER,THREE

Date Entered: Apr 09, 2013@14:38 Date Last Edited: Apr 09, 2013@14:38

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

SENSITIVE CONDITION: SICKLE CELL ANEMIA//

EFFECTIVE DATE: NOV 1,2012//

EXPIRATION DATE: OCT 31,2013//

COMMENT: AETNA// RAILROAD US, AETNA

**Select Action: Quit// RV Revoke ROI**

Select ROI Entry(s): (1-4): 3

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

ROI Special Consent for IBPATIENT,TWENTYFIVE:

DRUG ABUSE 01/01/12 - 12/31/12 INACTIVE

Comment: AETNA

Entered by: IBUSER,THREE Last Edited By: IBUSER,THREE

Date Entered: Apr 09, 2013@14:34 Date Last Edited: Apr 09, 2013@14:35

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

REVOKED: Y YES

Update the Expiration Date with the Date the revocation becomes effective.

EXPIRATION DATE: DEC 31,2012// 3 1 12 (MAR 01, 2012)

**Select Action: Quit// DR Delete ROI**

Select ROI Entry(s): (1-4): 2

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

ROI Special Consent for IBPATIENT,TWENTYFIVE:

TESTING FOR OR INFECTION WITH HIV 03/12/13 - 03/12/13 INACTIVE

Comment:

Entered by: IBUSER,THREE Last Edited By: IBUSER,THREE

Date Entered: Apr 09, 2013@14:35 Date Last Edited: Apr 09, 2013@14:35

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

Delete this ROI Special Consent? NO// YES Entry Deleted!

**ROI Special Consent** Apr 09, 2013@14:39:41 Page: 1 of 1

ROI Special Consent Entries for: IBPATIENT,TWENTYFIVE

Effective Expires Special Condition Status Comments

1 11/01/12 10/31/13 SICKLE CELL ANEMIA ACTIVE RAILROAD US,

2 01/01/12 03/01/12 DRUG ABUSE REVOKED AETNA

3 11/01/11 10/31/12 SICKLE CELL ANEMIA INACTIVE RAILROAD US,

Enter ?? for more actions >>>

AR Add ROI Consent ER Edit ROI RV Revoke ROI

DR Delete ROI EX Exit

Select Action: Quit//

**Select Action: Quit// >**

**ROI Special Consent** Apr 09, 2013@15:49:32 Page: 1 of 1

ROI Special Consent Entries for: IBPATIENT,TWENTYFIVE

Effective Expires s

1 11/01/12 10/31/13 D US, AETNA

2 01/01/12 03/01/12

3 11/01/11 10/31/12 D US, AETNA

<<< Enter ?? for more actions

AR Add ROI Consent ER Edit ROI RV Revoke ROI

DR Delete ROI EX Exit

Select Action: Quit//

**ROI Expired Consent [IB OUTPUT ROI EXPIRED] New**

ROI Special Consent Report - Find ROIs about to expire

Start with DATE: T-10 (MAR 30, 2013)

Go to DATE: T+10 (APR 19, 2013)

ROI's that expire between 3/30/13 and 4/19/13 will be included on the report.

Do you want to capture report data for an Excel document? NO//

OUTPUT DEVICE: HOME//

ROI Special Consent To Expire Mar 30, 2013 - Apr 19, 20134/9/13 11:26 PAGE 1

Patient Effective Expires

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

IBPATIENT,FIVE Feb 18, 2013 Mar 30, 2013

IBPATIENT,ONE Jan 01, 2009 Apr 09, 2013

IBPATIENT,TWO Jan 12, 2005 Apr 04, 2013

IBPATIENT,TEN Jan 01, 2013 Apr 03, 2013

**Enter/Edit Billing Information [IB EDIT BILLING INFO] ?RNB**

IBPATIENT,TWENTYTWO 000-00-0000 BILL#: K70Z999 - Outpat/UB04 SCREEN <5>

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

**EVENT - OUTPATIENT INFORMATION**

<1> Event Date : MAR 28, 2013

**[2]** Prin. Diag.: HYPOXEMIA - 799.02

Other Diag.: JOINT PAIN-UP/ARM - 719.42

**[3]** OP Visits : MAR 28, 2013,

Type : ELECTIVE

**[4]** Cod. Method: CPT-4

CPT Code : OFFICE/OUTPATIENT VISIT, EST 99212 MAR 28, 2013

CPT Code : CHEST X-RAY 71020 MAR 28, 2013

CPT Code : X-RAY EXAM OF ELBOW 73070 MAR 28, 2013

**[5]** Rx. Refills: UNSPECIFIED [NOT REQUIRED]

**[6]** Pros. Items: UNSPECIFIED [NOT REQUIRED]

**[7]** Occ. Code : UNSPECIFIED [NOT REQUIRED]

**[8]** Cond. Code : UNSPECIFIED [NOT REQUIRED]

**[9]** Value Code : UNSPECIFIED [NOT REQUIRED]

<RET> to CONTINUE, 1-9 to EDIT, '^N' for screen N, or '^' to QUIT: **?RNB**

Reason Not Billable for Claims Tracking Entries associated with this Bill:

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

Episodes not fully billed may have a Reason Not Billable entered on the Claims

Tracking entry. Only enter an RNB if the episode is not fully billed.

Note: There are 3 associated Claims Tracking entries.

Claims Tracking Entry [1 of 3]

Entry ID#: 44212ZZ701

Type: OUTPATIENT VISIT

Visit Date: MAR 28, 2013 3:11 pm

Clinic: RADIOLOGY OOSID

REASON NOT BILLABLE:

ADDITIONAL COMMENT:

Claims Tracking Entry [2 of 3]

Entry ID#: 44212ZZ705

Type: OUTPATIENT VISIT

Visit Date: MAR 28, 2013 3:41 pm

Clinic: LAB DIV OOSID

REASON NOT BILLABLE: NON-BILLABLE CLINIC

ADDITIONAL COMMENT:

Claims Tracking Entry [3 of 3]

Entry ID#: 44212ZZ658

Type: OUTPATIENT VISIT

Visit Date: MAR 28, 2013 2:00 pm

Clinic: CPL-RT/PFT

REASON NOT BILLABLE:

ADDITIONAL COMMENT:

**Load Host File into Charge Master [IBCR HOST FILE LOAD]**

Select Site to calculate Reasonable Charges v3.12 for load into Charge Master

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

Select Division: 999

1) 999 ANYCITY, MA 021 1

2) 9994PA ANYCITY, MA (PRRTP) 021 1

3) 9999AA ANYCITY, MA (NHCU) 021 1

4) 999A4 ANYTOWN, MA 021 1

5) 999A5 ANYTOWN, MA 024 1

6) 999BY ANYTOWN1, MA 018 2

7) 999BZ ANYCITY, MA (CBOC) 021 2

8) 999GA ANYWHERE, MA 017 2

9) 999GC ANYWHERE, MA 021 2

10) 999GD ANYWHERE1, MA 023 3

11) 999GE ANYWHERE1, MA 021 2

12) 999MA ANYCITY, MA (DES) 021 2

Press return to continue or select a site: (1-12):

**Days Denied Report [IBT OUTPUT DENIED DAYS REPORT]**

MCCR/UR DENIED DAYS INPATIENT Denials Dated Jan 01, 2005 to Apr 09, 2013

Dates of Dates Days Approved

Patient PtID Care Attending Denied Denial Reason Appealed on Appeal SRVS Amount

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

IBPATIENT,TWENTY 0020 01/24/05 to 5206 ALL (3) OBSERVATION IS MORE APPRO NO 0 SURG $19,224

01/27/05

IBPATIENT,FIFTEEN 0015 02/24/05 to 1404 ALL (4) NOT MEDICALLY NECESSARY YES 2 NHCU $2,777

02/28/05

IBPATIENT,FIFTEEN 0015 12/27/04 to 52062 ALL (1) NOT MEDICALLY NECESSARY NO 0 NHCU $629

01/02/05

IBPATIENT,EIGHT 0008 10/15/06 to 4029 ALL (1) VA A NON PROVIDER (OUT OF NO 0 MEDI $3,984

10/16/06

IBPATIENT,TEN 0010 10/26/06 to 9761 ALL (1) VA A NON PROVIDER (OUT OF NO 0 MEDI $0

10/27/06

IBPATIENT,TEN 0010 04/04/06 to 4029 ALL (22) TREATMENT PROVIDED NOT CO NO 0 MEDI $85,807

04/26/06

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32

MCCR/UR DENIED DAYS OUTPATIENT Denials Dated Jan 01, 2005 to Apr 09, 2013

Patient PtID Episode Date Outpatient Treatment Appealed Approved Amount

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

IBPATIENT,TWENTY 0020 2/25/05@13:20 OBSERVAION NO NO $0

IBPATIENT,SIX 0006 8/9/05@08:30 OPT OPHTHALMOLOGY ST YES YES $126

IBPATIENT,EIGHT 0008 6/6/06@10:40 Physical Therapy NO NO $122

IBPATIENT,TWELVE 0012 1/9/12@11:00 Opt Ttrmt 2 NO NO $0

IBPATIENT,NINE 0009 8/7/06@10:00 debridement of wound NO NO $0

IBPATIENT,SIXTEEN 0016 1/2/12@09:00 remove splinter NO NO $0

------

6

MCCR/UR DENIED DAYS PROSTHETIC Denials Dated Jan 01, 2005 to Apr 09, 2013

Patient PtID Episode Date Outpatient Treatment Appealed Approved Amount

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

IBPATIENT,TWENTY 0020 1/27/05 Av Prosth Auto Blood NO NO $25

IBPATIENT,EIGHT 0008 10/17/05 Delivery/Labor NO NO $150

------

2

MCCR/UR DENIED DAYS PRESCRIPTION Denials Dated Jan 01, 2005 to Apr 09, 2013

Patient PtID Episode Date Outpatient Treatment Appealed Approved Amount

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

IBPATIENT,TWENTY 0020 1/27/05 Av RxFill #: 731201 NO NO $0

IBPATIENT,ELEVEN 0011 7/27/06 NO NO $0

IBPATIENT,EIGHT 0008 10/7/05 Rx #:766415 NO NO $45

------

3

MCCR/UR DENIED DAYS Summary Report for Reviews Dated Jan 01, 2005 to Apr 09, 2013

Number Days Amount Days won

Service Denials Denied Denied on Appeal

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

MEDICINE 3 24 $89.791 0

NHCU 2 5 $3,406 2

SURGERY 1 3 $19,224 0

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32

Number Amount Appeals

Service Denials Denied Appealed Approved

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

OUTPATIENT 6 $248 2 1

PRESCRIPTION 3 $45 0 0

PROSTHETICS 2 $175 0 0