Integrated Billing

Reasonable Charges Enhancements 2013 Patch

IB*2.0*458

Release Notes

July 2013
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1. **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.

1.1. **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.

<table>
<thead>
<tr>
<th>New CLAIMS TRACKING DENIAL REASONS (#356.21):</th>
</tr>
</thead>
<tbody>
<tr>
<td>DELAY IN TREATMENT/SERVICE</td>
</tr>
<tr>
<td>OBSERVATION IS MORE APPROPRIATE</td>
</tr>
<tr>
<td>ALTERNATE LEVEL OF CARE IS MORE APPROPRIATE</td>
</tr>
</tbody>
</table>

1.2. **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.

<table>
<thead>
<tr>
<th>New CLAIMS TRACKING REVIEW TYPE (#356.11):</th>
</tr>
</thead>
<tbody>
<tr>
<td>SNF/NHCU REVIEW</td>
</tr>
<tr>
<td>INPT RETROSPECTIVE REVIEW</td>
</tr>
<tr>
<td>OPT RETROSPECTIVE REVIEW</td>
</tr>
</tbody>
</table>

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 an OUTPATIENT TREATMENT Review
## 1.3. 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):

<table>
<thead>
<tr>
<th>NAME</th>
<th>CODE</th>
<th>ECME FLAG</th>
<th>ECME PAPER FLAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPT CANCELLED/PT NOT SEEN</td>
<td>MC20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEEN BY PROVIDER ON SAME DAY</td>
<td>MC21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NON-BILLABLE DME/PROSTHETIC</td>
<td>MC22</td>
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<tr>
<td>NON-BILLABLE PROCEDURE</td>
<td>MC23</td>
<td></td>
<td></td>
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<tr>
<td>EMPLOYEE HEALTH</td>
<td>MC24</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>ENCOUNTER DURING INPT STAY</td>
<td>MC25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO PROSTHETIC COVERAGE</td>
<td>CV22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NON-COVERED DIAGNOSIS</td>
<td>CV23</td>
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<td></td>
</tr>
<tr>
<td>NON-COVERED ROUTINE CARE</td>
<td>CV24</td>
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</tr>
<tr>
<td>HDHP PLAN NOT BILLED</td>
<td>CV25</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>NOT RELATED TO WC/TORT/NF</td>
<td>CV26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRICARE PT SEEN AS VETERAN</td>
<td>CV27</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>COMBINED CHARGES</td>
<td>BL08</td>
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<tr>
<td>UNBUNDLED SERVICE</td>
<td>BL09</td>
<td></td>
<td></td>
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</tbody>
</table>
1.4. 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.
1.5. 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 **REVOVED** 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]
1.6. 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]

1.7. 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]
1.8. 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]

1.9. 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.

1.10. 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]

1.11. 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)
2. 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.

<table>
<thead>
<tr>
<th>File Name (Number)</th>
<th>Field Name (Number)</th>
<th>New/Modified</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLAIMS TRACKING ROI CONSENT (#356.26)</td>
<td>ROI ENTRY (#.01)</td>
<td>New File</td>
</tr>
<tr>
<td>CLAIMS TRACKING ROI CONSENT (#356.26)</td>
<td>PATIENT (#.02)</td>
<td>New</td>
</tr>
<tr>
<td>CLAIMS TRACKING ROI CONSENT (#356.26)</td>
<td>SENSITIVE CONDITION (#.03)</td>
<td>New</td>
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<tr>
<td>CLAIMS TRACKING ROI CONSENT (#356.26)</td>
<td>EFFECTIVE DATE (#.04)</td>
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<td>CLAIMS TRACKING ROI CONSENT (#356.26)</td>
<td>EXPIRATION DATE (#.05)</td>
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<td>REVOKED (#.06)</td>
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<td>CLAIMS TRACKING ROI CONSENT (#356.26)</td>
<td>DATE ENTERED (#1.01)</td>
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<td>CLAIMS TRACKING ROI CONSENT (#356.26)</td>
<td>ENTERED BY (#1.02)</td>
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<td>DATE LAST EDITED (#1.03)</td>
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<td>CLAIMS TRACKING ROI CONSENT (#356.26)</td>
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<td>INSURANCE REVIEW (#356.2)</td>
<td>AUTHORIZATION NUMBER (#2.02)</td>
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Input Templates

<table>
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<tr>
<th>Input Templates</th>
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<td>INSURANCE REVIEW (#356.2)</td>
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<td>IBT FINAL OUTCOME</td>
<td>INSURANCE REVIEW (#356.2)</td>
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<td>IBT INS VERIFICATION</td>
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<tr>
<td>IBT QUICK EDIT</td>
<td>INSURANCE REVIEW (#356.2)</td>
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Options

<table>
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<tr>
<th>Options</th>
<th>Type</th>
<th>New/Modified</th>
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<tr>
<td>IB OUTPUT MANAGEMENT REPORTS</td>
<td>Menu</td>
<td>Use as Link</td>
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<td>IB OUTPUT ROI EXPIRED</td>
<td>Run Routine</td>
<td>New</td>
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<tr>
<td>IBCR CHARGE MASTER IRM MENU</td>
<td>Menu</td>
<td>Use as Link</td>
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<tr>
<td>IBCR RC FACILITY TYPE</td>
<td>Run Routine</td>
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Protocols

<table>
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<tr>
<th>Protocols</th>
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<tr>
<td>IBTRR ROI DELETE</td>
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<td>New</td>
</tr>
<tr>
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<tr>
<td>IBTRR ROI REVOKE</td>
<td>Action</td>
<td>New</td>
</tr>
</tbody>
</table>

List Templates

<table>
<thead>
<tr>
<th>List Templates</th>
<th>New/Modified</th>
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</thead>
<tbody>
<tr>
<td>IBT ROI SPECIAL CONSENT</td>
<td>New</td>
</tr>
</tbody>
</table>

Security Key

<table>
<thead>
<tr>
<th>Security Key</th>
<th>New/Modified</th>
</tr>
</thead>
<tbody>
<tr>
<td>IB ROI EDIT</td>
<td>New</td>
</tr>
</tbody>
</table>
3. Example Screens

Claims Tracking Edit [IBT EDIT TRACKING ENTRY]

<table>
<thead>
<tr>
<th>Type</th>
<th>Urgent</th>
<th>Date</th>
<th>Ins.</th>
<th>UR</th>
<th>ROI</th>
<th>Bill</th>
<th>Ward</th>
</tr>
</thead>
<tbody>
<tr>
<td>*INPT.</td>
<td>NO</td>
<td>03/25/13 8:21 am</td>
<td>YES</td>
<td></td>
<td>OBTAIN(D)</td>
<td>YES</td>
<td>13W MED</td>
</tr>
<tr>
<td>OPT.</td>
<td>NO</td>
<td>03/03/13 8:00 am</td>
<td>YES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INPT.</td>
<td>NO</td>
<td>10/14/12 11:35 am</td>
<td>YES</td>
<td></td>
<td>OBTAIN(DA)</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>OPT.</td>
<td>NO</td>
<td>07/14/12 10:00 am</td>
<td>YES</td>
<td></td>
<td>REFUSED</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>OPT.</td>
<td>NO</td>
<td>07/09/12 9:00 am</td>
<td>YES</td>
<td></td>
<td></td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>OPT.</td>
<td>NO</td>
<td>07/08/12 8:00 am</td>
<td>YES</td>
<td></td>
<td></td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>OPT.</td>
<td>NO</td>
<td>06/02/12 8:00 am</td>
<td>YES</td>
<td></td>
<td>OBTAIN(DA)</td>
<td>NO</td>
<td></td>
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<tr>
<td>OPT.</td>
<td>NO</td>
<td>11/22/11 9:00 am</td>
<td>YES</td>
<td></td>
<td>OBTAIN(DA)</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>OPT.</td>
<td>NO</td>
<td>11/21/11 8:00 am</td>
<td>YES</td>
<td></td>
<td></td>
<td>NO</td>
<td></td>
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<tr>
<td>OPT.</td>
<td>NO</td>
<td>10/02/11 8:30 am</td>
<td>YES</td>
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<tr>
<td>OPT.</td>
<td>NO</td>
<td>10/08/11 8:00 am</td>
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<td></td>
<td></td>
<td>NO</td>
<td></td>
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</table>

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

Select Action: Quit//

ROI Special Consent [IBT ROI SPECIAL CONSENT ENTRY]

<table>
<thead>
<tr>
<th>Effective Expire</th>
<th>Special Condition</th>
<th>Status</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/13</td>
<td>12/31/13 DRUG ABUSE</td>
<td>ACTIVE</td>
<td>AETNA, RAILR</td>
</tr>
<tr>
<td>01/01/12</td>
<td>12/31/12 DRUG ABUSE</td>
<td>INACTIVE</td>
<td>AETNA, RAILR</td>
</tr>
<tr>
<td>01/01/12</td>
<td>12/31/12 ALCOHOLISM/ALCOHOL ABUSE</td>
<td>INACTIVE</td>
<td>AETNA, RAILR</td>
</tr>
<tr>
<td>01/01/11</td>
<td>12/31/11 DRUG ABUSE</td>
<td>INACTIVE</td>
<td>RAILROAD US</td>
</tr>
<tr>
<td>01/01/11</td>
<td>12/31/11 ALCOHOLISM/ALCOHOL ABUSE</td>
<td>INACTIVE</td>
<td>RAILROAD US</td>
</tr>
<tr>
<td>01/01/11</td>
<td>11/12/11 TESTING FOR OR INFECTION WITH HIV</td>
<td>REVOKED</td>
<td></td>
</tr>
</tbody>
</table>

Enter ?? for more actions >>>

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
- **Visit Type:** INPATIENT ADMISSION  
- **Admission Date:** OCT 14, 2012@11:35:58  
- **Ward:** ICU-M  
- **Specialty:** MEDICAL ICU

### Treatment Authorization Info
- **Authorization #:** 999X01234-55518-A*  
- **No. Days Approved:** 3

### Clinical Information
- **Provider:** IBPROVIDER, TWO  
- **Admitting Diag:** JAUNDICE  
- **Primary Diag:**

### Billing Information
- **Episode Billable:** YES  
- **Total Charges:** $19508.2  
- **Non-Billable Reason:**
- **Next Bill Date:**
- **Work. Comp/OWCP/Tort:**
- **Initial Bill:** K502XXX  
- **Bill Status:** PRNT/TX  
- **Means Test Charges:**

### Hospital 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**

<table>
<thead>
<tr>
<th>BI</th>
<th>Billing Info Edit</th>
<th>IR</th>
<th>Insurance Reviews</th>
<th>SE</th>
<th>Submit Claim to ECME</th>
</tr>
</thead>
<tbody>
<tr>
<td>RI</td>
<td>Review Info</td>
<td>DU</td>
<td>Diagnosis Update</td>
<td>EX</td>
<td>Exit</td>
</tr>
<tr>
<td>TA</td>
<td>Treatment Auth.</td>
<td>PU</td>
<td>Procedure Update</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR</td>
<td>Hospital Reviews</td>
<td>PV</td>
<td>Provider Update</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Select Action: Next Screen//
### Insurance Reviews/Contacts

Date | Ins. Co. | Type Contact | Action | Auth. No. | Days
---|---|---|---|---|---
1 | 11/12/12 | INSCO US HEALTHCARE | RETRO INPT | APPROVED | Retro Aut* ALL
2 | 10/18/12 | INSCO US HEALTHCARE | 1st Appeal-Clin | APPROVED | Appeal Au* 2
3 | 10/16/12 | INSCO US HEALTHCARE | CONT. STAY | DENIAL | 1
4 | 10/14/12 | INSCO US HEALTHCARE | URG ADM | APPROVED | 999X01234* 3

Service Connected: NO

**Expanded Insurance Reviews**

Contact Information: Action Information
- Contact Date: 11/12/12
- Person Contacted: Tony
- Contact Method: PHONE
- Call Ref. Number: Retro Ref 999X012*
- Review Date: 12/09/12

Action Information
- **Type Contact:** INPT RETROSPECTIVE
- **Action:** APPROVED
- **Authorized From:** ENTIRE VISIT
- **Authorized Diag:**
- **Auth. Number:** Retro Auth 999X01*

Insurance Policy Information
- **Ins. Co. Name:** INSCO US HEALTHCARE
- **Group Number:** GRP NUM Z991
- **Whose Insurance:** VETERAN
- **Pre-Cert Phone:** 555-555-0000

Effective Date: 09/01/02
Expiration Date: 07/27/15

Enter ?? for more actions

Select Action: Quit//
### Appeal and Denial Tracking

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

<table>
<thead>
<tr>
<th>Ins. Co.</th>
<th>Group</th>
<th>Date</th>
<th>Action</th>
<th>Visit</th>
<th>Visit Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>INSCO US HEALTH</td>
<td>GRP NUM Z9</td>
<td>10/16/12</td>
<td>DENIAL</td>
<td>INPT.</td>
<td>10/14/12 11:35</td>
</tr>
<tr>
<td>INSCO US HEALTH</td>
<td>GRP NUM Z9</td>
<td>10/18/12</td>
<td>1st Appeal</td>
<td>INPT.</td>
<td>10/14/12 11:35</td>
</tr>
</tbody>
</table>

Service Connected: NO


Select Action: Quit//

### Expanded Appeals/Denials

Expanded Appeal/Denial for: IBPATIENT, ONE X0000  
for: INPATIENT ADMISSION on 10/14/12 11:35 am

Visit Information
- Visit Type: INPATIENT ADMISSION
- Admission Date: OCT 14, 2012@11:35:58
- Ward: ICU-M
- Specialty: MEDICAL ICU
- Attending: IBPROVIDER, TWO

Action Information
- Type Contact: INITIAL APPEAL
- Appeal Type: CLINICAL
- Case Status: CLOSED
- No Days Pending:
- Final Outcome: APPROVED

User Information
- Entered By: IBUSER, THREE
- Entered On: 04/09/13 10:57 am
- Last Edited By: IBUSER, THREE
- Last Edited On: 04/09/13 11:02 am

Contact Information
- Contact Date: 10/18/12
- Person Contacted: Annie
- Contact Method: PHONE
- Call Ref. Number: Appeal Ref 999X01*

Comments

Service Connected Conditions:
Service Connected: NO

+ Enter ?? for more actions


Select Action: Next Screen//
### Hospital Reviews

<table>
<thead>
<tr>
<th>Review Date</th>
<th>Type</th>
<th>Ward</th>
<th>Status</th>
<th>Specialty</th>
<th>Day</th>
<th>Next Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/14/12</td>
<td>Admission</td>
<td>ICU-M</td>
<td>COMPLETE</td>
<td>MEDICAL ICU</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

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

**Visit Information**
- Visit Type: INPATIENT ADMISSION
- Admission Date: OCT 14, 2012@11:35:58
- Ward:
- Specialty:

**Review Information**
- Review Type: ADMISSION REVIEW
- Review Date: 10/14/12
- Specialty: MEDICAL ICU
- Methodology: INTERQUAL
- Ins. Action:

**Criteria Information**
- Severity of Ill: 09 - MUSCULOSKELETAL/S
- Intensity of Svc: 10 - PERIPHERAL VASCUL
- Criteria Met: YES
- Prov. Intervewed:
- 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

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

Insurance Review Entries for: K502XXX  IBPATIENT, ONE X0000

<table>
<thead>
<tr>
<th>Date</th>
<th>Ins. Co.</th>
<th>Type Contact</th>
<th>Action</th>
<th>Auth. No.</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/12/12</td>
<td>INSCO US HEALTHCAR</td>
<td>RETRO INPT</td>
<td>APPROVED</td>
<td>Retro Aut* ALL</td>
<td></td>
</tr>
<tr>
<td>10/18/12</td>
<td>INSCO US HEALTHCAR</td>
<td>1st Appeal-Clin</td>
<td>APPROVED</td>
<td>Appeal Au* 2</td>
<td></td>
</tr>
<tr>
<td>10/16/12</td>
<td>INSCO US HEALTHCAR</td>
<td>CONT. STAY</td>
<td>DENIAL</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>10/14/12</td>
<td>INSCO US HEALTHCAR</td>
<td>URG ADM</td>
<td>APPROVED</td>
<td>999X01234* 3</td>
<td></td>
</tr>
</tbody>
</table>

Service Connected: NO

Select Action: Quit//
Print CT Summary for Billing [IBT OUTPUT BILLING SHEET]

Bill Preparation Report

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"

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  
**Status:** PENDING  
**Last Edited By:** IBUSER,THREE  
**Auth. Number:** Retro Auth 999X0123*  
**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:**  
**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  
**Denied From:** 10/17/12  
**Denied To:** 10/16/12  
**Insurance Co.:** INSCO US HEALTHCARE  
**Person Contacted:** Annie  
**Contact Method:** PHONE  
**Denied Reasons:** ALTERNATE LEVEL OF CARE  
**Call Ref. Number:** Ref Second 999X0123*  
**Status:** PENDING  
**Last Edited By:** IBUSER,THREE  
**Auth. Number:** 999X01234-55518-APR  
**Comment:**

**Type Review:** URGENT/EMERGENT ADMIT  
**Review Date:** 10/14/12  
**Action:** APPROVED  
**Authorized From:** 10/15/12  
**Authorized To:** 10/14/12  
**Insurance Co.:** INSCO US HEALTHCARE  
**Person Contacted:** Annie  
**Contact Method:** PHONE  
**Authorized Diag:**  
**Call Ref. Number:** 999X012345  
**Status:** COMPLETE  
**Last Edited By:** IBUSER,THREE  
**Auth. Number:** 999X01234-55518-APR  
**Comment:**

Hospital Review Information

**Review Date:** 10/14/12  
**Review Type:** ADMISSION REVIEW  
**Severity of Ill:** 09 - MUSCULOSKELETAL/  
**Specialty:** MEDICAL ICU  
**Intensity of Svc:** 10 - PERIPHERAL VASCU  
**Criteria Met:** YES  
**Methodology:** INTERQUAL  
**Special Unit SI:**  
**Special Unit IS:**  
**Comment:**

---------------------------------------------------------------------------------------------------
### Claims Tracking Inquiry

**Claim Tracking Inquiry**

**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:**  
    - **Auth. Number:** Retro Auth 999X0123*  
    - **Call Ref. Number:** Retro Ref 999X012345  
    - **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  
  - **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 CARE  
    - **Call Ref. Number:** Ref Second 999X0123*  
    - **Status:** PENDING  
    - **Last Edited By:** IBUSER,THREE
<table>
<thead>
<tr>
<th>Type Review: URGENT/EMERGENT ADMIT</th>
<th>Review Date: 10/14/12</th>
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<tbody>
<tr>
<td>Action: APPROVED</td>
<td>Insurance Co.: INSCO US HEALTHCARE</td>
</tr>
<tr>
<td>Authorized From: 10/15/12</td>
<td>Person Contacted: Annie</td>
</tr>
<tr>
<td>Authorized To: 10/14/12</td>
<td>Contact Method: PHONE</td>
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<tr>
<td>Authorized Diag:</td>
<td>Call Ref. Number: 999X012345</td>
</tr>
<tr>
<td>Auth. Number: 999X01234-55518-APR</td>
<td>Status: COMPLETE</td>
</tr>
<tr>
<td></td>
<td>Last Edited By: IBUSER,THREE</td>
</tr>
</tbody>
</table>

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
- Special Unit SI:
- Special Unit IS:
### ROI Special Consent

<table>
<thead>
<tr>
<th>Effective Expires</th>
<th>Special Condition</th>
<th>Status</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/12/13</td>
<td>TESTING FOR OR INFECTION WITH HIV</td>
<td>INACTIVE</td>
<td></td>
</tr>
<tr>
<td>01/01/12</td>
<td>DRUG ABUSE</td>
<td>INACTIVE</td>
<td>AETNA</td>
</tr>
<tr>
<td>11/01/11</td>
<td>SICKLE CELL ANEMIA</td>
<td>INACTIVE</td>
<td>RAILROAD US, AETNA</td>
</tr>
</tbody>
</table>

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

---

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

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

---

## Additional Information

**SENSITIVE CONDITION:** SICKLE CELL ANEMIA
**EFFECTIVE DATE:** NOV 1,2012
**EXPIRATION DATE:** OCT 31,2013
**COMMENT:** AETNA// RAILROAD US, AETNA

**SENSITIVE CONDITION:** DRUG ABUSE
**EFFECTIVE DATE:** 01/01/12 - 12/31/12
**EXPIRATION DATE:** INACTIVE
An entry is revoked by selecting YES at the prompt. The expiration date is updated 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:

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

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]

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//

<table>
<thead>
<tr>
<th>Patient</th>
<th>Effective</th>
<th>Expires</th>
</tr>
</thead>
<tbody>
<tr>
<td>IBPATIENT,FIVE</td>
<td>Feb 18, 2013</td>
<td>Mar 30, 2013</td>
</tr>
<tr>
<td>IBPATIENT,ONE</td>
<td>Jan 01, 2009</td>
<td>Apr 09, 2013</td>
</tr>
<tr>
<td>IBPATIENT,TWO</td>
<td>Jan 12, 2005</td>
<td>Apr 04, 2013</td>
</tr>
<tr>
<td>IBPATIENT,TEN</td>
<td>Jan 01, 2013</td>
<td>Apr 03, 2013</td>
</tr>
</tbody>
</table>
Enter/Edit Billing Information [IB EDIT BILLING INFO] ?RNB

IBPATIENT,TWENTYTWO 000-00-0000 BILL#: K702999 - Outpat/UB04 SCREEN <5>

EVENT - OUTPATIENT INFORMATION

<1> Event Date : MAR 28, 2013

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

Type : ELECTIVE

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


<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: 523

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>523</td>
<td>BOSTON, MA</td>
<td>021</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>5234PA</td>
<td>BOSTON, MA (PRRT)</td>
<td>021</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>5239AA</td>
<td>BOSTON, MA (NHCU)</td>
<td>021</td>
<td>1</td>
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<tr>
<td>4</td>
<td>523A4</td>
<td>WEST ROXBURY, MA</td>
<td>021</td>
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<tr>
<td>5</td>
<td>523A5</td>
<td>BROCKTON, MA</td>
<td>024</td>
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<tr>
<td>6</td>
<td>523BY</td>
<td>LOWELL, MA</td>
<td>018</td>
<td>2</td>
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<tr>
<td>7</td>
<td>523BZ</td>
<td>BOSTON, MA (CBO)</td>
<td>021</td>
<td>2</td>
</tr>
<tr>
<td>8</td>
<td>523GA</td>
<td>FRAMINGHAM, MA</td>
<td>017</td>
<td>2</td>
</tr>
<tr>
<td>9</td>
<td>523GC</td>
<td>QUINCY, MA</td>
<td>021</td>
<td>2</td>
</tr>
<tr>
<td>10</td>
<td>523GD</td>
<td>FLYMOUTH, MA</td>
<td>023</td>
<td>3</td>
</tr>
<tr>
<td>11</td>
<td>523GE</td>
<td>DORCHESTER, MA</td>
<td>021</td>
<td>2</td>
</tr>
<tr>
<td>12</td>
<td>523MA</td>
<td>BOSTON, MA (DES)</td>
<td>021</td>
<td>2</td>
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</table>

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

<table>
<thead>
<tr>
<th>Patient</th>
<th>PtID</th>
<th>Dates of Care</th>
<th>Dates Denied</th>
<th>Attending</th>
<th>Denied Reason</th>
<th>Appealed</th>
<th>Days on Appeal</th>
<th>Service</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>IBPATIENT,TWENTY</td>
<td>0020</td>
<td>01/24/05 to 5206</td>
<td>ALL (3)</td>
<td>OBSERVATION IS MORE APPRO</td>
<td>NO</td>
<td>0</td>
<td>SURG</td>
<td>$19,224</td>
<td></td>
</tr>
<tr>
<td>IBPATIENT,CITY</td>
<td>0015</td>
<td>02/24/05 to 1404</td>
<td>ALL (4)</td>
<td>NOT MEDICALLY NECESSARY</td>
<td>YES</td>
<td>2</td>
<td>NHCU</td>
<td>$2,777</td>
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</tr>
<tr>
<td>IBPATIENT,FIFTHEN</td>
<td>0015</td>
<td>12/27/04 to 52862</td>
<td>ALL (1)</td>
<td>NOT MEDICALLY NECESSARY</td>
<td>NO</td>
<td>0</td>
<td>NHCU</td>
<td>$629</td>
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</tr>
<tr>
<td>IBPATIENT,EIGHT</td>
<td>0008</td>
<td>10/15/05 to 4029</td>
<td>ALL (1)</td>
<td>VA A NON PROVIDER (OUT OF</td>
<td>NO</td>
<td>0</td>
<td>MEDI</td>
<td>$3,984</td>
<td></td>
</tr>
<tr>
<td>IBPATIENT,SEVEN</td>
<td>0010</td>
<td>04/04/06 to 4029</td>
<td>ALL (22)</td>
<td>TREATMENT PROVIDED NOT CO</td>
<td>NO</td>
<td>0</td>
<td>MEDI</td>
<td>$85,807</td>
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</table>

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

<table>
<thead>
<tr>
<th>Patient</th>
<th>PtID</th>
<th>Episode Date</th>
<th>Outpatient Treatment</th>
<th>Appealed</th>
<th>Approved</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>IBPATIENT,TWENTY</td>
<td>0020</td>
<td>2/25/05@13:20</td>
<td>OBSERVAION</td>
<td>NO</td>
<td>NO</td>
<td>$0</td>
</tr>
<tr>
<td>IBPATIENT,SIX</td>
<td>0006</td>
<td>8/9/05@08:30</td>
<td>OPT OPHTHALMOLOGY ST</td>
<td>YES</td>
<td>YES</td>
<td>$126</td>
</tr>
<tr>
<td>IBPATIENT,EIGHT</td>
<td>0008</td>
<td>1/9/12011:00</td>
<td>OPT Ttrmt 2</td>
<td>NO</td>
<td>NO</td>
<td>$0</td>
</tr>
<tr>
<td>IBPATIENT,NINE</td>
<td>0009</td>
<td>10/17/05</td>
<td>Delivery/Labor</td>
<td>NO</td>
<td>NO</td>
<td>$150</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Patient</th>
<th>PtID</th>
<th>Episode Date</th>
<th>Outpatient Treatment</th>
<th>Appealed</th>
<th>Approved</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>IBPATIENT,SEVEN</td>
<td>0008</td>
<td>8/7/06@06:00</td>
<td>Av Prosth Auto Blood</td>
<td>NO</td>
<td>NO</td>
<td>$25</td>
</tr>
<tr>
<td>IBPATIENT,SEVEN</td>
<td>0016</td>
<td>1/2/12009:00</td>
<td>remove splinter</td>
<td>NO</td>
<td>NO</td>
<td>$0</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Patient</th>
<th>PtID</th>
<th>Episode Date</th>
<th>Outpatient Treatment</th>
<th>Appealed</th>
<th>Approved</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>IBPATIENT,TWENTY</td>
<td>0020</td>
<td>1/27/05</td>
<td>Av RxFill #: 731201</td>
<td>NO</td>
<td>NO</td>
<td>$0</td>
</tr>
<tr>
<td>IBPATIENT,ELEVEN</td>
<td>0011</td>
<td>7/27/06</td>
<td>Rx #1766415</td>
<td>NO</td>
<td>NO</td>
<td>$45</td>
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#### MCCR/UR DENIED DAYS Summary Report for Reviews Dated Jan 01, 2005 to Apr 09, 2013

<table>
<thead>
<tr>
<th>Service</th>
<th>Number Denials</th>
<th>Days Denied</th>
<th>Amount</th>
<th>Days won</th>
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</thead>
<tbody>
<tr>
<td>MEDICINE</td>
<td>3</td>
<td>24</td>
<td>$89,791</td>
<td>0</td>
</tr>
<tr>
<td>NHCU</td>
<td>2</td>
<td>5</td>
<td>$3,406</td>
<td>2</td>
</tr>
<tr>
<td>SURGERY</td>
<td>1</td>
<td>3</td>
<td>$19,224</td>
<td>0</td>
</tr>
<tr>
<td>--------</td>
<td>----------------</td>
<td>-------------</td>
<td>--------</td>
<td>----------</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service</th>
<th>Number Denials</th>
<th>Amount</th>
<th>Appeals</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUTPATIENT</td>
<td>6</td>
<td>$248</td>
<td>2</td>
</tr>
<tr>
<td>PRESCRIPTION</td>
<td>3</td>
<td>$45</td>
<td>0</td>
</tr>
<tr>
<td>PROSTHETICS</td>
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<td>$175</td>
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