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.

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

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.

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

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):

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		

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:

    o   DRUG ABUSE

    o   ALCOHOLISM/ALCOHOL ABUSE

    o   TESTING FOR OR INFECTION WITH HIV

    o   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]

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:

  o   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

  o   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.

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

3.   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"

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

 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:
                    ------------------------------------
     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:
                    --------------------------------
    --------------------------------------------------------------------

  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:

                    --------------------------------
    --------------------------------------------------------------------
```

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

                                       ------
                                         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
                           --------
                              32

                 Number                 Amount                  Appeals
Service          Denials                Denied       Appealed  Approved
------------------------------------------------------------------------
OUTPATIENT          6                    $248            2         1
PRESCRIPTION        3                     $45            0         0
PROSTHETICS         2                    $175            0         0
```