

ArcBI TS Newsletter

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ArcSys Hot Tip

You already know that pressing the Tab key is the most efficient (fastest, better than the Enter key) way to move the cursor to the next field.

Did you know that pressing Shift Tab(s) moves the cursor back one field (or more)? This is much faster to use than taking your hand off the keyboard and finding the mouse

Lost in Space

Recently, a client contacted us about a problem with their claims. As it turned out, a certain insurance company had been flagged as receiving ELECTRONIC claims but the ECSID had not been assigned to the insurance. The Posting process makes a decision as to whether a charge goes into an ELECTRONIC queue or PAPER queue based on the claim type as defined in the insurance master screen. BUT, the process which prepares the ELECTRONIC claims looks for the presence of the ECSID. Thus, no claims were being prepared for this insurance. (This problem has now been remedied with a new edit check that occurs during posting and is available in release 2.2.15 of Red Planet.)

However, the bigger question becomes, "If you are relying on a report or a function to produce an outcome or event, how do you know that all of your patient accounts are being selected?" Or, more simply, "What accounts are lost in space?"

The real power of Red Planet comes in being able to run ad-hoc reports that allow you to perform one-time reports to do some quick and simple data analysis. For instance, to know if you have insurances that are assigned as ELECTRONIC but have no ECSID, you can type in the following command *at the menu*:

```
SORT IM BY NAME NAME WITH CLAIMTYPE "ELECTRONIC" AND NO ECSID
```

How about knowing which clients owe you more than \$1000.00?

```
SORT CM BY LAST WITH RUNBAL > "1000." LAST FIRST RUNBAL
```

Which transactions are older than 180 days?

```
SORT TX WITH BALANCE > "0" AND WITH DATE < "2/1/15" AND WITH  
PRIM BY LAST BY FIRST PATIENT LAST FIRST DATE SCODE BALANCE
```

How much is outstanding by payment class?

```
SORT TX WITH BALANCE > "0" BY PCL BREAK-ON PCL TOTAL BALANCE  
ID-SUPP DET-SUPP
```

Which medical records have not been signed?

```
SORT MR BY DATE WITH SIGNED NE "Y" AND WITH DOC "70" AND WITH  
TYPE "PHYSICAL" "FOLLOWUP" PATIENT LAST FIRST TYPE
```





Negative Logic

You may not like it, but in order to thrive in a Red Planet world you need to learn and understand geek speak—especially when it comes to logic.

Let's say you have a field in a screen called SEX and it has two possible values: F or M. If you wanted to find all records where SEX was set to F, there are two ways it can be done. One approach seems natural and the other not so much.

Method 1: SORT CM WITH SEX EQ "F" (with gender equal to female—positive logic)

Method 2: SORT CM WITH SEX NE "M" (with gender not equal to male—negative logic)

The subtle difference here is that with Method 1, only records with SEX set to F will be selected. The second method is assuming that all records have been filled with only F or M. That is, leaving the field blank would/might be a no-no.

So what happens here is that at some point in time in the evolution of a system, a report is created to find all patient records with a SEX of F. The report now works flawlessly for years. Then, as the times change (and people), we need to add another code or two to the list of genders—U for unknown, T for transgender, etc. What about **all** the reports and processes that have ever been written? Do we re-write the reports to look for a specific gender (positive logic), or do we resort to negative logic? As you can appreciate, the implications can be profound.

It is interesting that if you had a field that had 3 or more choices, the reports that have been written have already taken into account the variability. Fields like gender (two choices) or fields that accept a Y or N choice that may be in the most trouble.

Last Call for ICD-10

One month to go before the big transition to ICD-10.

If you haven't become trained on ICD-10, have no interest in learning ICD-10, want to keep your super bill/charge slip as is or don't think the change will ever occur, Red Planet is here to rescue you.

If you do absolutely **nothing**, all claims that have a service date of October 1 or later will be auto-converted from ICD-9 to ICD-10 when submitted electronically or on paper. (The mapping *may* be incorrect.) You will see this reported on your posting report. Your system has been upgraded in all aspects to support ICD-10, it is your choice as to when you want to transition.

Insurance denials will be coming. Watch your EOBs for:

- *9 The diagnosis is inconsistent with the patients age.
- *10 The diagnosis is inconsistent with the patients gender.
- *11 The diagnosis is inconsistent with the procedure.
- *12 The diagnosis is inconsistent with the provider type.
- *47 This (these) diagnosis(es) is (are) not covered, missing, or are invalid.
- *146 Payment denied because the diagnosis was invalid for the date(s) of service reported.
- *167 This (these) diagnosis(es) is (are) not covered.
- *240 The diagnosis is inconsistent with the patient's birth weight.
- *B22 This payment is adjusted based on the diagnosis.
- *D18 Claim/Service has missing diagnosis information.
- *D21 This (these) diagnosis(es) is (are) missing or are invalid