

Patient Category (PATCAT):

Assignment, Usage and More . . .

Tuesday November 16, 2021 0800-0900 Thursday November 18, 2021 1400-1500

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- Understanding PATCATs
- PATCAT Assignment
- PATCAT Table
- Changing PATCATs
- Common and Unusual PATCATs
- Using the Finder Guide
- Helpdesk Questions/Scenarios
- PATCATs in ABACUS & MHS GENESIS
- Summary
- Resources



- What is a Patient Category (PATCAT) code?
 - PATCAT Codes are closely linked to a patient's entitlement
 - A code to determine whether a patient is billable and what type of billing is appropriate for each episode of care
- Basic code covers a 'category' of interest

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A11 = USA ACTIVE DUTY K53 = OTHER FED AGENCY/DEPT EMPLOYEE
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Sub-categories segment the group

A11 A = USA ACTIVE DUTY OFFICER	K53 A = TREASURY DEPARTMENT
A11 B = USA ACTIVE DUTY ENLISTED	K53 B = HEALTH AND HUMAN SERVICES

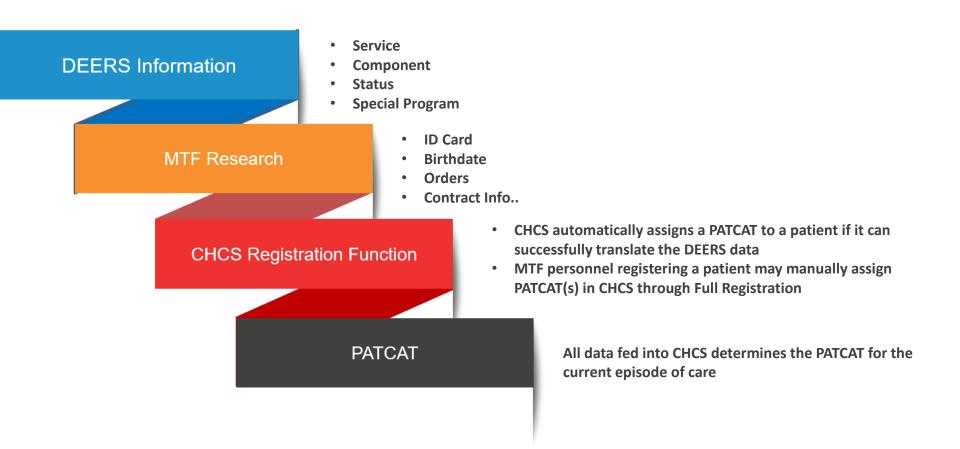
- Four is the maximum number of positions in a PATCAT code
- Correct placement of all four positions is critical for billing



1 st Position	2 nd Position	3 rd Position	4 th Position
Sponsor Service	Identifies/groups the patient according to entitlement	Delineates the 2nd position regarding status or agency	Specific information about the patient
A = Army B = NOAA C = Coast Guard F = Air Force K = "Katch-all" ("Other" and "Special" categories) M = Marine Corps N = Navy P = USPHS R = Reciprocal Agreements S = Space Force	1x = Extended Active Duty Sponsors 2x = ROTC; Inactive Duty Guard/Reserves, THC/TRS, Former Members, Applicants 3x = Retirees 4x = Family Members, Former Spouses and Family Members 5x - 9x = Used to segment "K" Codes	x2= Reserve	Location of the patient (CONUS vs OCONUS) Condition of the patient (K61 5 = Catastrophically Disabled VA Beneficiary) More detailed status (*22 A In line of Duty vs. *22 B Not In Line of Duty)

PATCAT Assignment



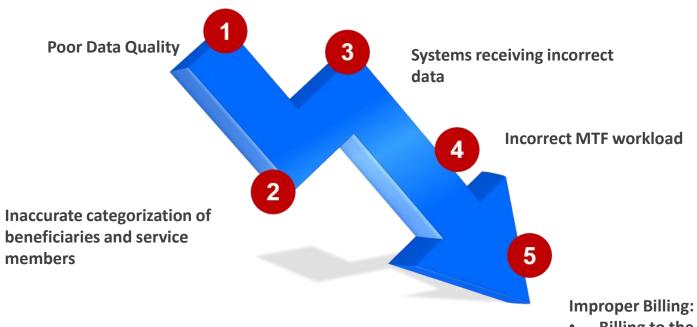




- Many functions and systems rely on PATCATs
 - Revenue cycle activities and systems (medical services coding, billing and collections)
 - Patient classification by Beneficiary Category
 - Admission & Disposition Reports
 - Patient Record Extracts (CAPER and SIDR)
 - Workload reports (MEPRS, WWR)
- PATCATs can affect additional functional areas outside of billing
 - Categorizing the enrolled population
 - Workload accountability
 - Outpatient records, retirement procedures, and multiple other areas



Consequences of Incorrect PATCATs



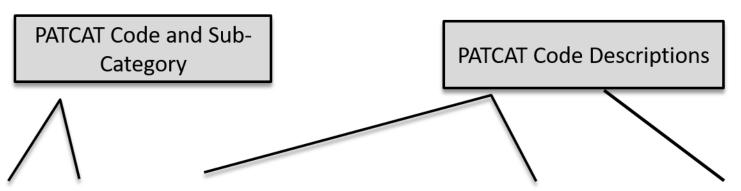
- Billing to the wrong source
- Billing at the wrong rate
- Not billing when you should



The PATCAT Table

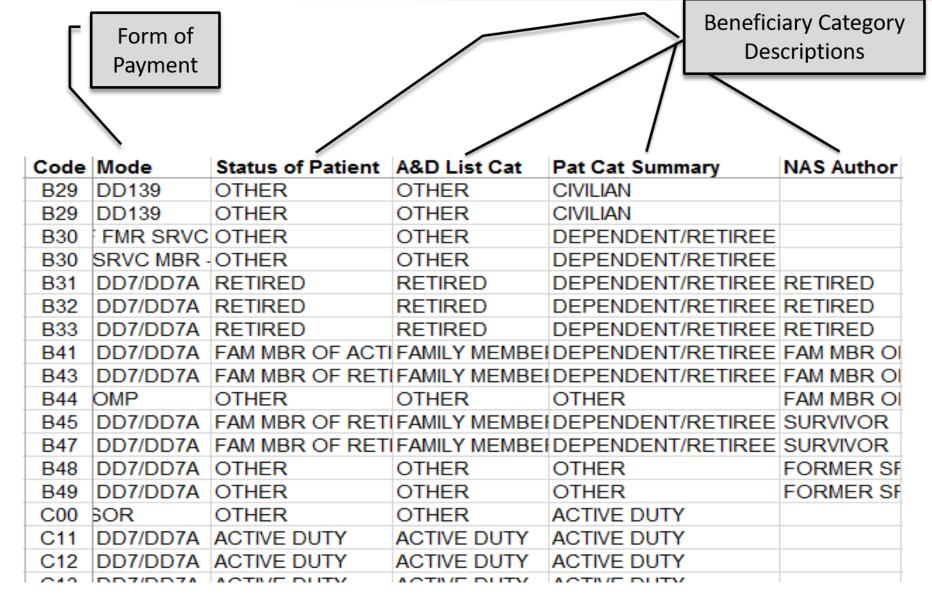




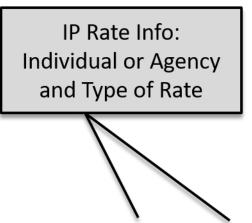


Code	Subcat	Name	Short Descr	Third Level Descr
A00		USA DECEASED SPONSOR	USA DEC SPONSOR	USA DECEASED SPONSO
A11	1	USA ACTIVE DUTY OFFICER	USA AD (OFF)	USA ACTIVE DUTY
A11	2	USA ACTIVE DUTY ENLISTED	USA AD (ENL)	USA ACTIVE DUTY
A12	1	USA AD RES OFFICER	USA AD RES (OFF)	USA AD RES
A12	2	USA AD RES ENLISTED	USA AD RES (ENL)	USA AD RES
A12	3	USA RES-30 DAYS OR LESS, NOT	USA RES <30, NOT L	USA AD RES
A13		USA AD RECRUIT	USA AD RECRUIT	USA AD RECRUIT
A14		USA CADET	USA CADET	USA CADET
A15	1	USA NG OFFICER	USA NG (OFF)	USA NATIONAL GUARD
A15	2	USA NG ENLISTED	USA NG (ENL)	USA NATIONAL GUARD
A15	3	USA NG-30 DAYS OR LESS, NOT IN	USA NG <30, NOT LO	USA NATIONAL GUARD
A21		USA ROTC	USA ROTC	USA ROTC
A22	1	USA RES INACT DUTY TRG OFFICE	USA RES INACT (OFF	USA RES INACT DUTY TR
A22	2	USA RES INACT DUTY TRG ENLIST	USA RES INACT (ENL	USA RES INACT DUTY TR
A22	3	USA RES INACT DUTY TRG - NOT I	USA RES INACT NOT	USA RES INACT DUTY TR









OP Rate Info: Individual or Agency and Type of Rate

Sponsor or Family Categorization

Code	Ipnt Indiv	Ipnt Agency	Opnt Indiv	Opnt Agency	Sponsor	Family Member
F11	NC	NC	NC	NC	YES	NO
F12	NC	NC	NC	NC	YES	NO
F12	FRR	NC	FOR	NC	YES	NO
F13	NC	NC	NC	NC	YES	NO
F14	NC	NC	NC	NC	YES	NO
F15	NC	NC	NC	NC	YES	NO
F15	FRR	NC	FOR	NC	YES	NO
F21	NC	NC	NC	NC	YES	NO
F22	NC	NC	NC	NC	YES	NO
F22	FRR	NC	FOR	NC	YES	NO
F23	NC	NC	NC	NC	YES	NO
F23	FRR	NC	FOR	NC	YES	NO
F24	FMR	NC	NC	NC	YES	NO
F25	FMR	NC	NC	NC	NO	YES
F26	NC	NC	NC	NC	YES	NO
F27	FMR	NC	NC	NC	YES	NO
F27	FMR	NC	NC	NC	ИО	YES



NO

NO

NO

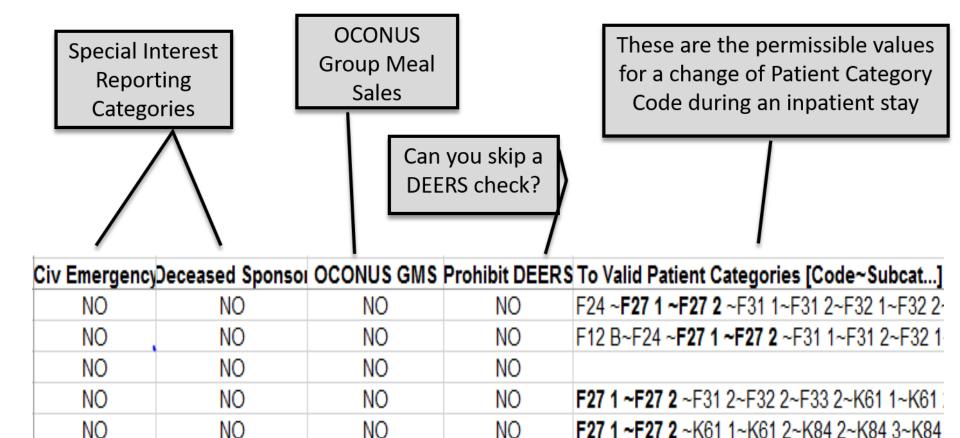
NO

NO

NO

NO

NO



NO

NO

NO

NO

F11

NO

NO

NO

NO

F15 B~F24 ~**F27 1 ~F27 2** ~F31 1~F31 2~F32 1

F11 ~F12 A~F22 B~F31 1~F31 2~F32 1~F32 2~



Changing PATCATs

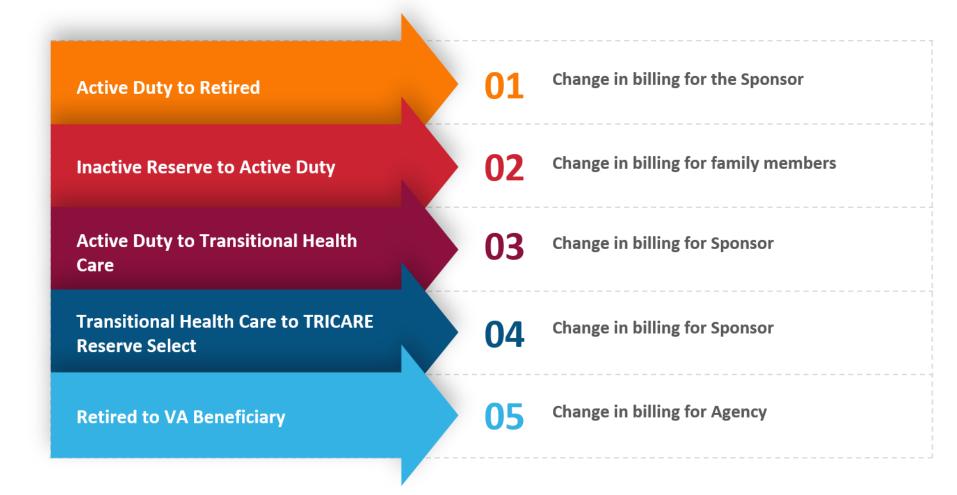




- Mission requirements and changes in benefits lead to lags in updating DEERS and CHCS
 - Activation/Deactivation of Reserve/Guard personnel
 - Entry into Transitional Health Care (THC)
 - Entry into TRICARE Reserve Select (TRS)
 - Move from Active Duty (AD) to Retiree status
- Certain types of care require a specific PATCAT
 - Occupational Health Services; Workers Compensation related care;
 Line of Duty = "No" for Reserve/Guard
- When you change a PATCAT Code to track specific care for a patient, (e.g., a Worker's Compensation visit), be sure to restore the patient's prior PATCAT Code in CHCS
- DEERS eligibility has changed





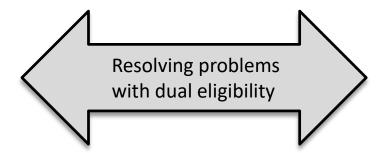




- Dual eligible beneficiaries
 - MHS Beneficiaries (Retirees, Family Members of AD or Retirees) who are also Civil Service Employees; Contractors; DoD Dependent School System Employees
 - Multiple Entitlements
- VA Beneficiaries receiving a VA authorized benefit in an MTF
 - Required PATCAT change prior to VA episode of care
 - PATCAT should be changed from *31 (Retiree) to K61 (Veterans Admin Beneficiary)
 - Once VA services are rendered, the PATCAT should be changed back to the previous eligible PATCAT



- MTFs should avoid creating duplicate patients
 - Register patients under the highest level of eligibility
 - Move patient between sponsors if possible
 - Manually address billing data if it is not possible to change sponsorship to apply correct PATCAT in episode of care
- Double-check the PATCAT data in the billing system, CHCS, against all gathered data
- Perform a DEERS eligibility check for the patient's Dates of Service
 - DEERS may have been updated since the last time the patient was seen for care





Common and Unusual PATCATs





- 11 = Active Duty
- 12 = Active Reservist
- 31 = Retiree (Length of Service)
- 41 = Family Member of AD
- 43 = Family Member of Retiree
- K53 = DoD Civilian Employee
- K57 = DoD Contractor
- K61 = VA Sharing Agreement
- K83 = Secretarial Designee
- K92 A = Civilian Emergency



- Supernumeraries (53 U) are SECDEF Designees...and they include:
 - President and Vice President of the US
 - Members of the Cabinet
 - Article III Federal Judges
 - US Court of Military Appeals Judges
 - Secretary, Deputy Secretary, Assistant, and Undersecretaries of Defense
 - DoD General Counsel
 - Director of Operational Test & Evaluation for OSD
 - Secretaries, Undersecretaries, Assistant Secretaries, and General Counsels of the Military Departments



- When can we charge members of Congress and the other Supernumeraries?
 - Outpatient care provided in National Capital Region (NCR) MTFs
 - Charges waived
 - Outpatient care provided in MTFs outside the NCR
 - Members of Congress = Full Reimbursement Rate (FRR)
 - All others = Interagency Rate
 - Inpatient Care in MTFs anywhere
 - Members of Congress = FRR
 - All other Supernumeraries = Interagency Rate



IAR

Rate Type

Mate Type	<u> </u>	
FLEX	Flexible Benefit Rate (IP)	
FLXO	Flexible Benefit Rate (OP)	
FMR	Family Member Rate	
FOR	Full Outpatient Rate	
FRR	Full Reimbursement Rate (IP)	
GBI	Guantanamo Bay Rate (IP)	
GBO	Guantanamo Bay Rate (OP)	

Description

IMET International Military Education and Training (IP)
IMO International Military Education and Training (OP)

Inter-Agency Rate (IP)

IOR Inter-Agency Rate (OP)

NC No Charge

SR Subsistence Rate



- Flexible Rates are MTF-specific rate calculations used for specialized PATCATs
- Example: K76 C GTMO
 - Care for local national civilians at the NH Guantanamo Bay requested by Navy/SG in Letter of 14 Jan 02
 - Inpatient Day Charge = \$45.00
 - Outpatient Visit Charge = \$15.00



PATCAT Table 2020 Version 8.0 Updates

• Space Force added to PATCAT table in 2020, updated in systems beginning 2021

Patient Categories - Summary		
Code	Description	
S00	USSF DECEASED SPONSOR	
S11	USSF ACTIVE DUTY	
S12	USSF AD RES	
S13	USSF AD RECRUIT	
S14	USSF ACADEMY CADET	
S15	USSF NG	
S21	USSF ROTC	
S22	USSF RES INACT DUTY TRG	
S23	USSF NG INACT DUTY TRG	
S24	USSF FRM AD-TAMP	
S25	USSF FAM MBR FAD-TAMP	
S26	USSF APPLICANT/REGISTRANT	
S27	USSF FRM MEMBER-MATERNITY CARE	
S28	USSF NEWBORN OF FRM SRVC MBR	
S29	USSF NEWBORN OF SPONSOR'S DAUGHTER	
S30	USSF NB OF SPOUSE OF FMR SRVC MBR	
S31	USSF RET LOS	
S32	USSF RET PDRL	
S33	USSF RET TDRL	
S36	USSF TRICARE RES SEL/RET RES-MBR	
S37	USSF TRICARE RES SEL/RET RES-FM MBR	
S41	USSF FAM MBR AD	
S43	USSF FAM MBR RET	
S44	USSF FAM MBR TRANSITIONAL COMP	
S45	USSF FAM MBR DECEASED AD	
S47	USSF FAM MBR DECEASED RETIRED	
S48	USSF UNREMARRIED FRM SPOUSE	
S49	USSF FAM MBR UNREMAR FRM SPOUSE	



PATCAT Finder Guide

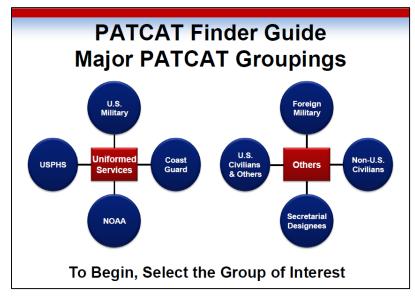




- An interactive tool that will assist you in choosing the correct PATCAT code for a patient.
 - Select a major grouping of interest on the Major PATCAT Groupings screen
 - Follow the instructions for the grouping of interest in order to move through the PATCAT categories and hierarchy
 - As you make selections the categories will become more focused, and you will be guided to a specific PATCAT for the patient
 - The PATCAT is shown in a box as the last step in each PATCAT logic flow

To search for a new PATCAT, select "Return to the Beginning" to start the process over

again





PATCAT Finder Guide

This interactive guide will assist you in choosing the correct Patient Category (PATCAT) code for a patient.

Please Click to Continue









Reserve Periodic Medical Exams

Question: Do inactive reserve members have orders showing their reserve status or how would it be determined that they are on reserve status and that their unit was not available to do an exam on them?

DEERS shows him as USA RES INACTIVE DUTY TRNG ENLISTED.

Answer: For the care to be covered, the individual should have orders of some sort to report for reserve duty or to have lab tests performed. If the billing office is uncertain of the existence of orders, a bill should be prepared for the patient. In turn the patient should be given an opportunity to return and show that he/she was on training status (under orders) or under other orders to report for lab testing. If the patient can show such orders, the bill should be canceled.



DoD employee classified as a Civilian Emergency

Question: If a DoD employee is being seen at an MTF for minor problems and they do not have an assigned eligibility, should they be billed as a Civilian emergency?

Answer: If the employee is being seen for occupational health visits or workman's compensation visits, they should be a K57. Minor problems (routine appointments) do not constitute a civilian emergency. If the employee is not eligible for care and the care provided is not work related, more than likely the DoD employee would not be seen at the MTF.

If the DoD employee has a true emergency, then the PATCAT should be entered as a civilian emergency to ensure the appropriate rates are charged.



Dual Eligible Beneficiaries

Question: If you have a DoD Civ (K57) who is also a VA Beneficiary (K61), am I correct to assume that this patient's PATCAT should always be K57, since it is what shows up in DEERS?

Answer: No, it is not correct to assume the PATCAT should always be a K57. The patient may be authorized to be seen at an MTF that has a VA Sharing Agreement. If the patient has an authorized appointment under VA status for a specific episode of care, the PATCAT should be K61. Once VA services are rendered, the PATCAT should be changed to the previous eligible PATCAT.

Question: If a dependent spouse is a DoD employee, but is seen as a dependent, should the PATCAT remain as a dependent?

Answer: The patient should be registered only once under their highest level of eligibility. In this scenario, the highest level of eligibility is the dependent.



Dual Eligible Beneficiaries for NAF Pre-employment Physicals

Question: Several dual-eligible (AD AF family members) individuals came through our facility for NAF pre-employment physicals.

 Patient admin was unable to change the PATCAT to NAF CONUS or NAF OCC Health

What is the proper way to bill NAF for the services after the appointment has been closed? Should a one-time charge be created at the IOR? If so, under what PATCAT should the charge be made?

Answer: Yes, a one-time charge will need to be created with PATCAT K57 3 (NAF EMPLOYEE OCC HEALTH CONUS) at the interagency rate.

- The full PATCAT table has the billing rules for each PATCAT
- Since CHCS sees this encounter as completed under a non-billable PATCAT, the claim will have to be generated manually.



PATCATs in ABACUS & MHS GENESIS



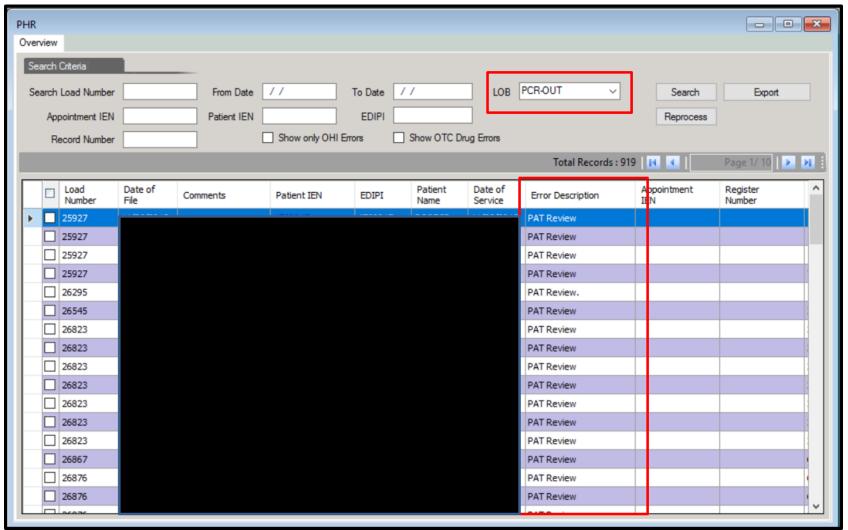


Interface > Load Error Maintenance > Error Buckets

Interface
Interface Load Error Maintenance ADM CPT PHR LAB/RAD OHI OHI Load Conflict Resolution Providers SIT Inpatient Claim Patient Record Appointment Removed Records Interface Load Edits



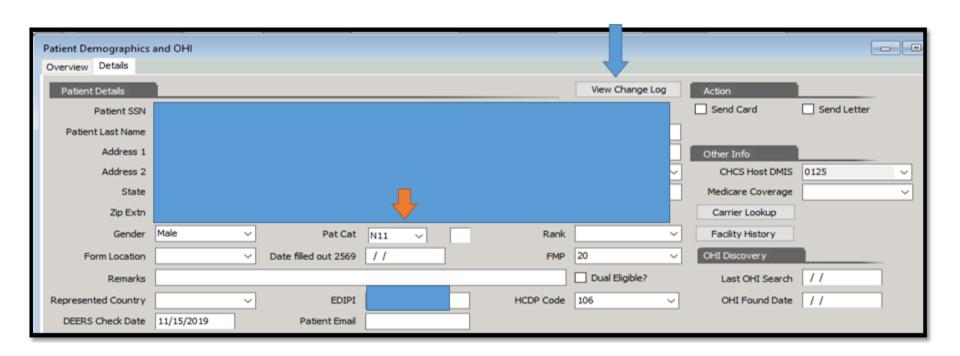
- Filter LOB to PCR-OUT
- Look for PATCAT error descriptions





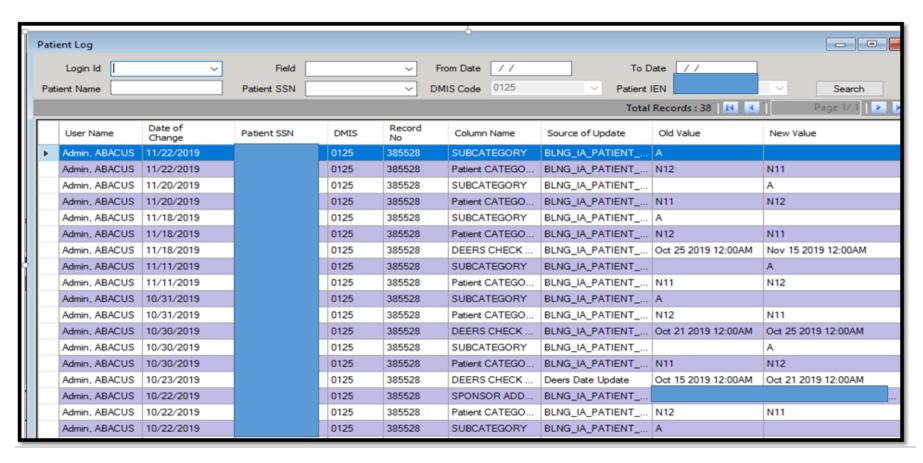


- Patient Demographics and OHI shows last PATCAT uploaded into ABACUS
- Patients > Patient Account > Patient Demographics and OHI



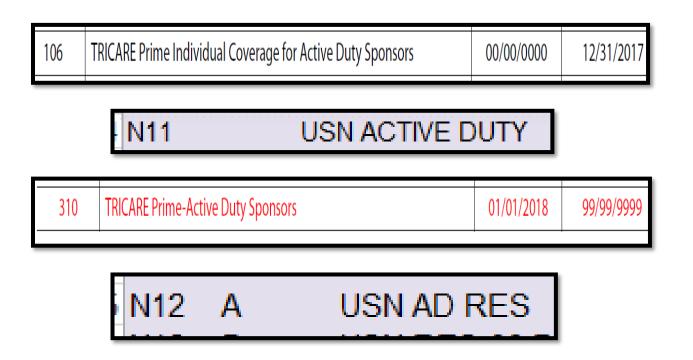


- Select "View Change Log" to see changes to patient PATCAT over time via the Patient Log
- Patient shown below is switching between N11 and N12





- Verify patient eligibility information in DEERS
- In this example, N12 A is the correct PATCAT

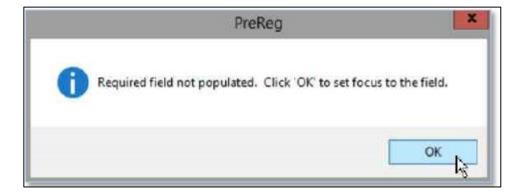




 Select correct Insurance Profile and navigate to the Patient Information tab.

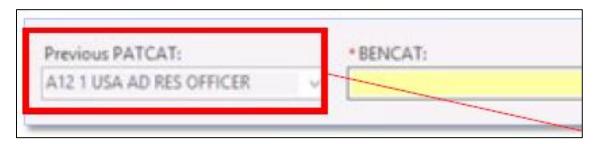


BENCAT is required to be selected.





 If you are unsure of the patient BENCAT, you can use the previous PATCAT to determine.



 There will be six options to select from; these options will then narrow down the available PATCATs for selection

BENCAT	PATCAT Will Generally Include
1 Active Duty	"AD," "ACTIVE DUTY," "RES," "CADET," or "INACT DUTY"
2 Fam Mbr of Active Duty	"FAM MBR AD"
3 Retired	"RET"
4 Fam Mbr of Retired	"FAM MBR RET," "FAM MBR DEC RET," or FAM MBR DEC AD"
5 Other	No standard naming convention
9 Not Reported	Only use this BENCAT if it is not possible to obtain the patient's PATCAT or BENCAT



- PATCAT selection dictates billable or non-billable encounters and supports tracking, reporting and billing.
 - Closely linked to entitlements
 - Allow identification and grouping of patients by 'types' of interest
- PATCATs should always be assigned at the highest-level eligibility
 - Changed according to episodic level of care
- Incorrect Assignment
 - Can lead to improper billing, rework, poor data quality, loss of revenue, etc.
- Resources and Tools
 - Download the Current PATCAT Table for use
 - Use Finder Guide and Training Module
 - Rely on Former Service/NCR MD specific resources



- MTF Colleagues
- Former Service and NCR MD UBO Points of Contact
- DHA UBO Helpdesk: UBO.Helpdesk@intellectsolutions.com
- DHA UBO LaunchPad (CAC-enabled):
 https://info.health.mil/bus/brm/ubo/SitePages/PatientCategories.aspx



- Current PATCAT Table (v 8.0)
 - Includes Space Force PATCATS
- PATCAT Training Module (In process of updating)
 - Provides detailed information for understanding the purpose of PATCAT codes and about how PATCATs are structured and assigned.
 - Signed Certificate of Completion
- PATCAT Finder Guide (In process of updating)
 - Interactive tool to help user choose the correct PATCAT

Questions?



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