Billing Basics: All About Claims

ICAHN Healthcare Billing Webinar Series

Session 1 – March 18th, 2020

ICAHN
Illinois Critical Access Hospital Network

efficientC
developed by OS inc.

Introduction

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Learning Objectives

- Overview of UB04 & 1500 Fields and Requirements
- Billing Compliance – Standards of Conduct
- Working Edits
- Secondary Billing/Medicare Crossover Claims
- Overlapping/Conflicting Service Dates
- Illinois Medicaid/MCO Billing
- Helpful Resource Documents

Be Sure to Note & Submit Questions!

What is Revenue Cycle Management?

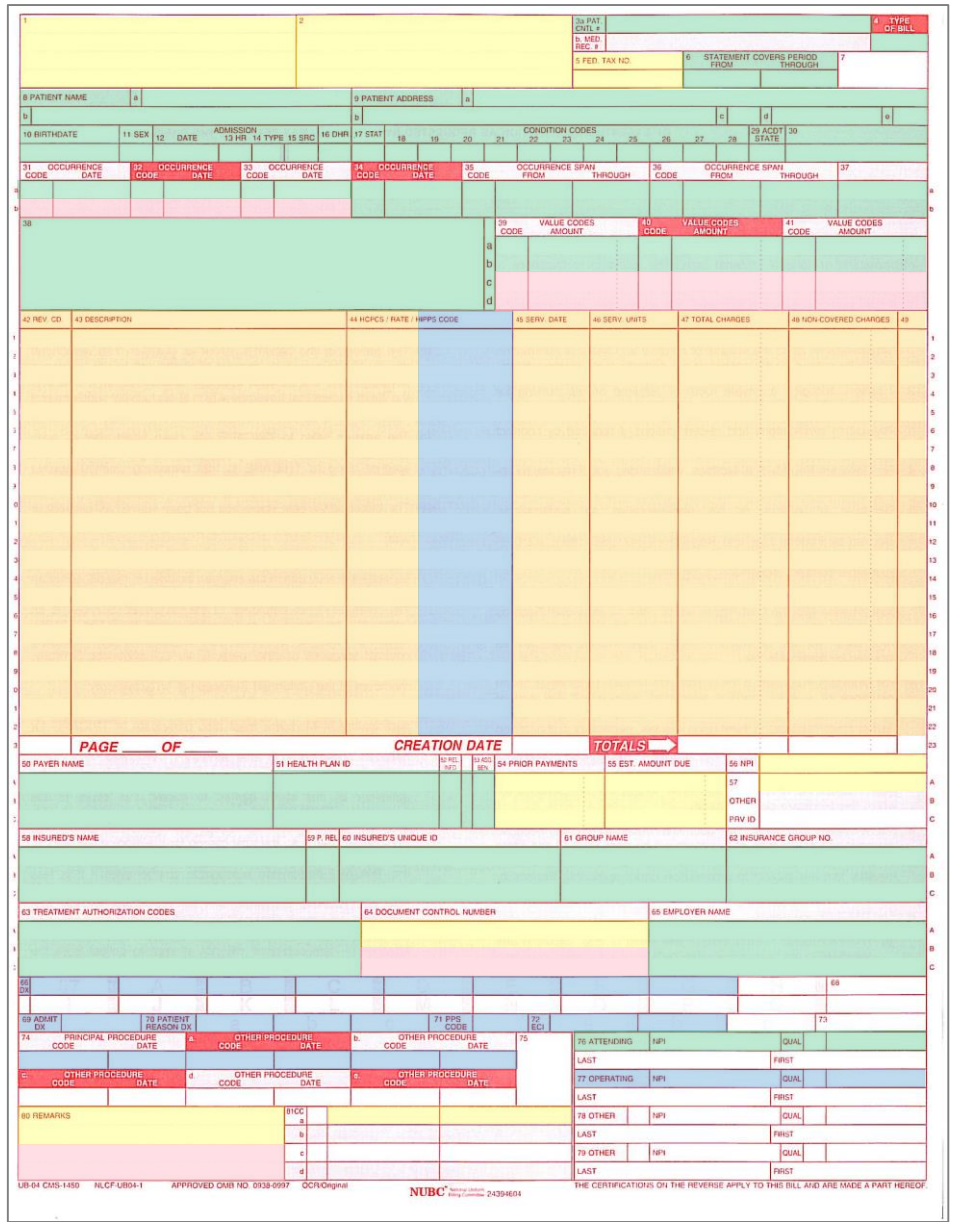
"All administrative and clinical functions that contribute to the capture, management, and collection of patient service revenue."

- The Healthcare Financial Management Association (HFMA)

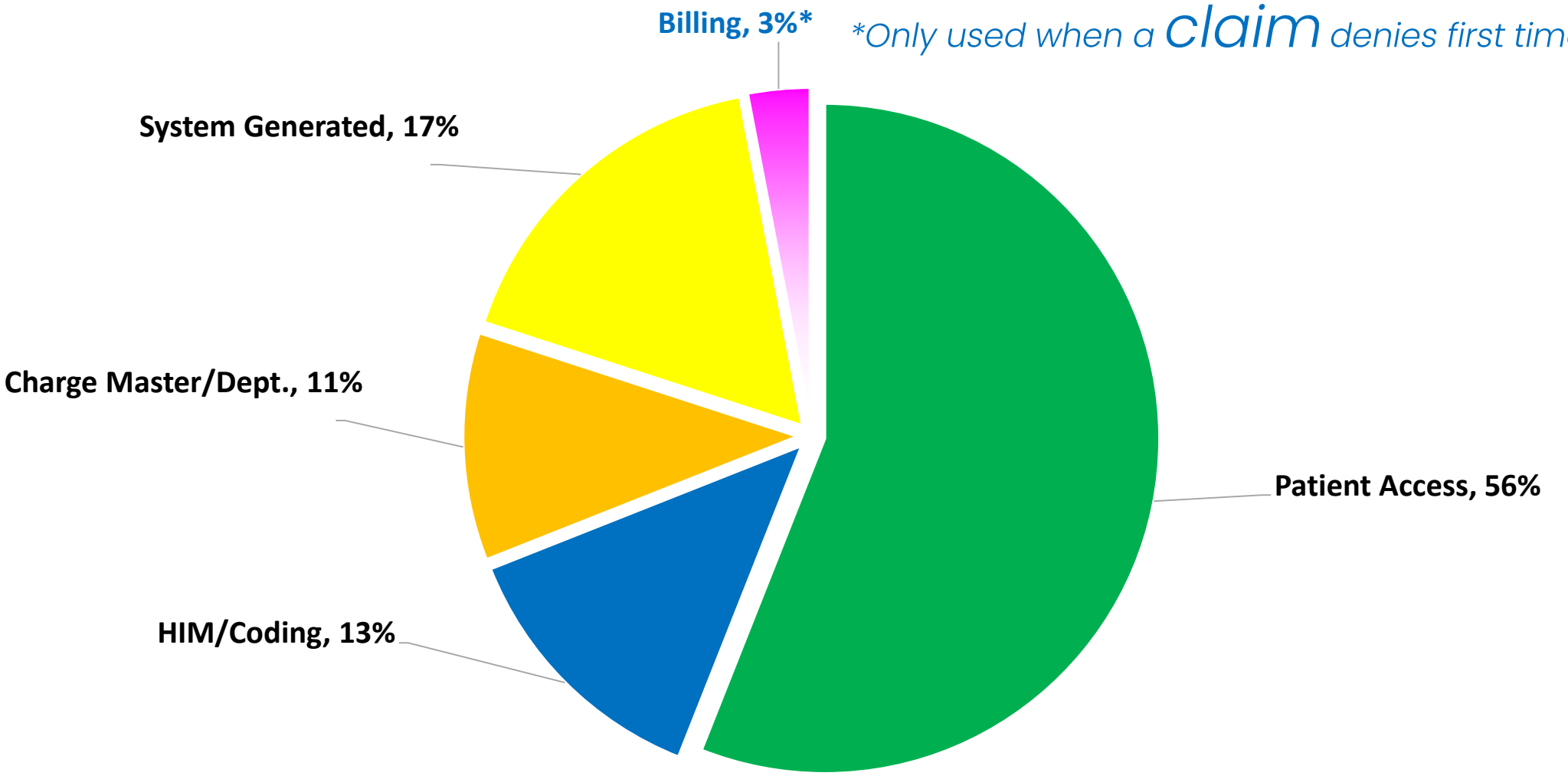
Revenue Cycle Overview

Who Really Bills Claims?

Green	Patient Access
Blue	HIM/Coding
Orange	Charge Master
Yellow	System Generated
Pink	Billing



Not the Billing Department



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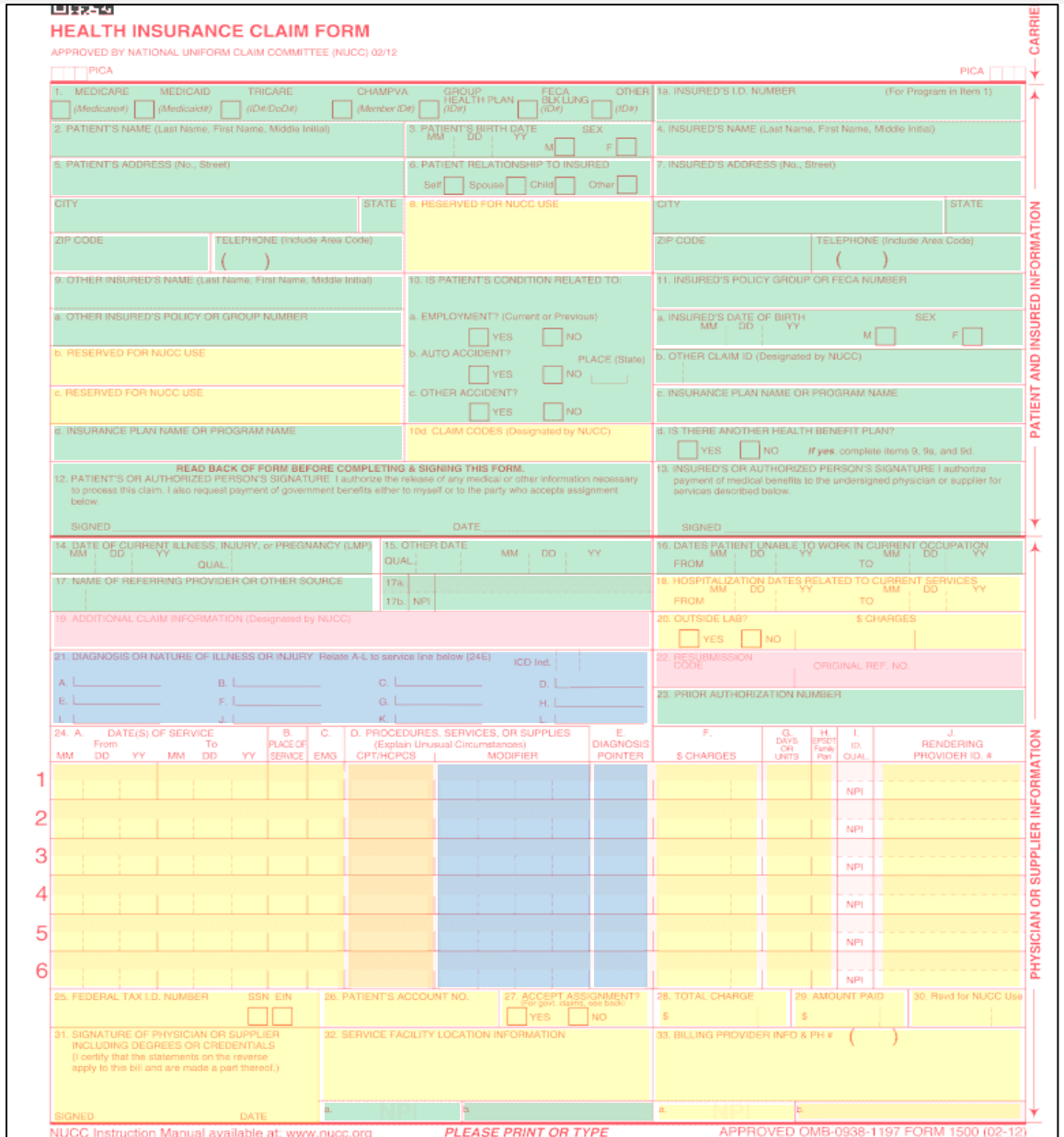
Green	Patient Access
Blue	HIM/Coding
Orange	Charge Master
Yellow	System Generated
Pink	Billing



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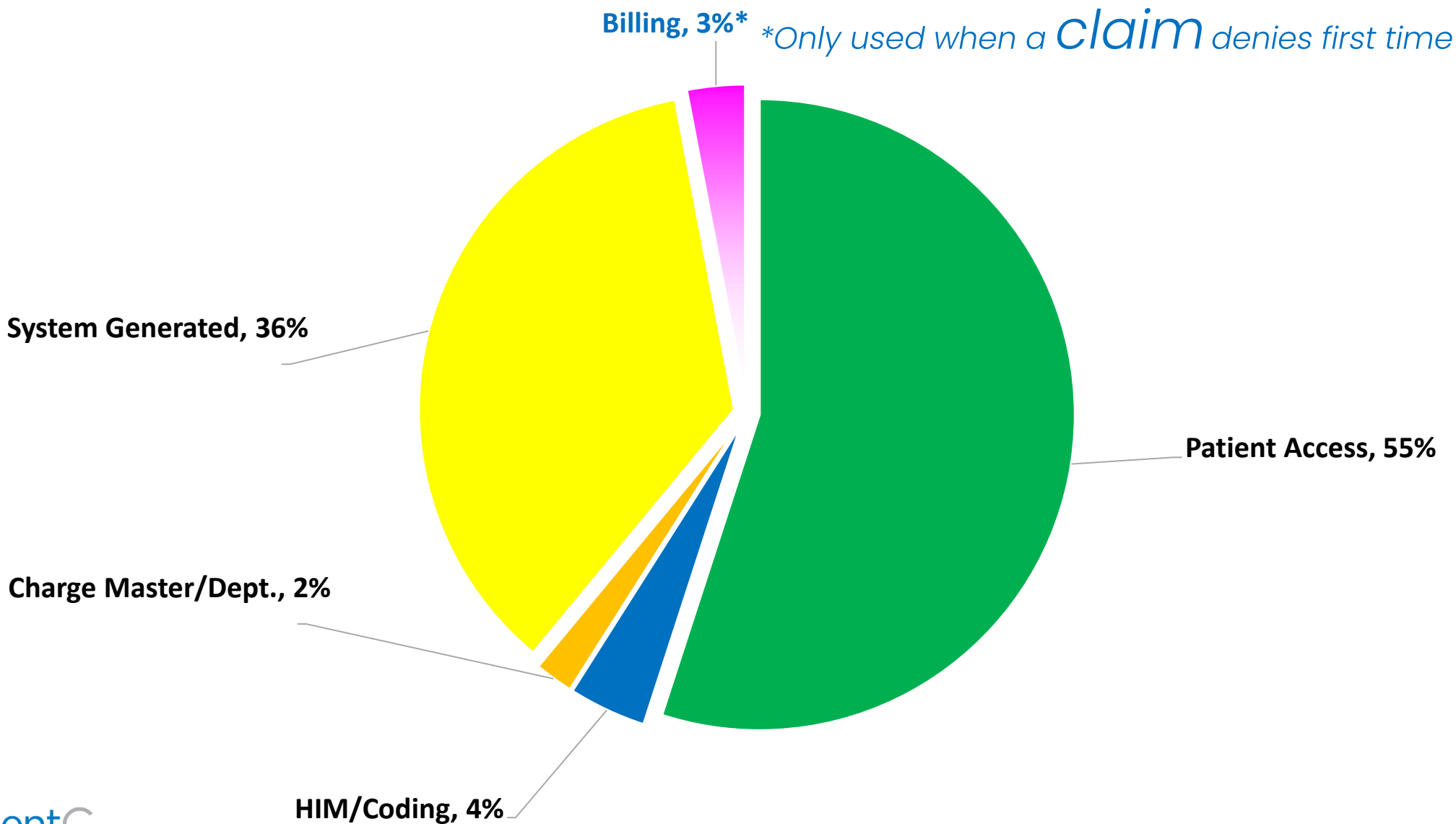

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Claim Forms

Institutional

- Typically charges for services in a “facility”
- Room charges, equipment, labs, x-ray’s, supplies, etc.
- Claim form type:
  - 837I Electronic claim
  - UB04 Paper claim

Professional

- Typically billing for a professional’s time
- Services by physicians, suppliers and other non-institutional providers
- Claim form type:
  - 837P Electronic claim
  - CMS 1500 Paper claim

Claim Forms – Illinois Medicaid & MCO's

Institutional

- Inpatient Claims
- Outpatient claims that contain a code from the APL listing
- ER/OBS Claims
- Claim form type:
  - 837I Electronic claim
  - UB04 Paper claim

Professional

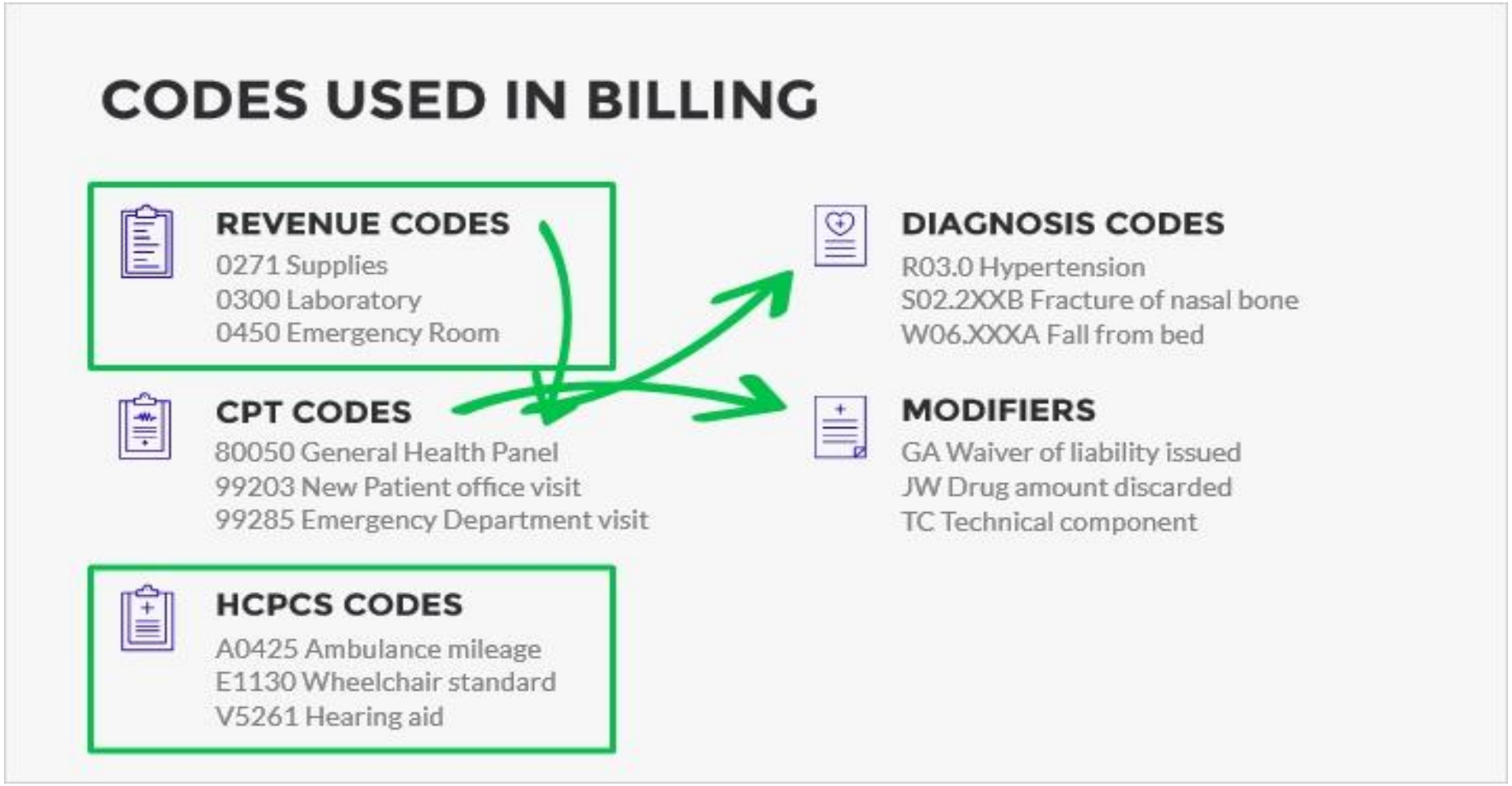
- Services by physicians and other non-institutional providers
- Non-APL outpatient charges
- Therapy services
- Rural Health Claims
- Claim form type:
  - 837P Electronic claim
  - CMS 1500 Paper claim

Common Forms- Electronic Claims

- Over 90% of claims are sent electronically to insurance companies in EDI (Electronic Data Interchange) format which is a standard for exchanging information between systems.
- The standard EDI form for healthcare claims is 837 and this is what it looks like.

ISA*00* *00* *ZZ*BTS-SENDER *ZZ*RECEIVE-PARTNER*150210*1525*U*00401*002829417*0*T*:~**GS***HC*BTS-SENDER*RECEIVE-APP*20150210*1525*2829414*X*004010X096A1~**ST***837*2829412*005010X223A2~**BHT***0019*00*00257A1D085336526793*20140614*0853*CH~**NM1***41*2*DEMO PROVIDER*****46*9999999995~**PER***IC**TE*4149616800~**NM1***40*2*DEMO PROVIDER*****46*9999999995~**HL***1**20*1~**PRV***BI*PXC*282N00000X~**NM1***85*2*DEMO PROVIDER*****XX*9999999995~**N3***100 HOSPITAL DRIVE~**N4***DEMOTOWN*WI*532121234~**REF***EI*392015655~**PER***IC*SUE YORK*TE*2624460240*FX*2625444433~**NM1***87*2~**N3***PO BOX 1234~**N4***MILWAUKEE*WI*532880878~**HL***9*1*22*1~**SBR***P**702014******CI~**NM1***IL*1*FLINSTONE*FRED*C***MI*860857124~**N4***MUSKEGO*WI*531500000~**REF***SY*391627445~**NM1***PR*2*UNITED HEALTHCARE*****PI*999990000~**N3***ELECTRONIC CLAIMS*PO BOX 740800~**N4***ATLANTA*GA*303740000~**REF***2U*00000~**REF***G2*2076664~**HL***10*9*23*0~**PAT***01~**NM1***QC*1*FLINSTONE*WILMA~**N3***S72 W19306 BEDROCK~**N4***MUSKEGO*WI*531500000~**DMG***D8*19581013*F~**CLM***9232406S1C6500*343.3***13:A:1**A*Y*Y~**DTP***434*RD8*20140606-20140606~**CL1***3*1*01~**REF***EA*803-76-75~**HI***BK:V7263~**HI***PR:V7263~**HI***BF:V7286~**HI***BH:11:D8:20140101~**NM1***71*1*WATSON*DOCTOR*E***XX*1790791713~**LX***1~**SV2***0300*HC:36415:::::ROUTINE VENIPUNCTURE*20.81*UN*1~**DTP***472*D8*20140606~**REF***6R*1~**LX***2~**SV2***0305*HC:86850:90::::RBC ANTIBODY SCREEN*254.81*UN*1~**DTP***472*D8*20140606~**REF***6R*2~**LX***3~**SV2***0305*HC:86900:90::::BLOOD TYPING ABO*33.84*UN*1~**DTP***472*D8*20140606~**REF***6R*3~**LX***4~**SV2***0305*HC:86901:90::::BLOOD TYPING RH D*33.84*UN*1~**DTP***472*D8*20140606~**REF***6R*4~**SE***57*2829412~**GE***1*2829414~**IEA***1*002829417~

Codes Used in Billing



UB Code Definitions

Condition Codes

- Used to identify a condition or conditions relating to the patient or billing process.
- UB04: Box 18-28; 2300: 837I: HI01-02 through HI12-02

Occurrence Codes/Spans

- Code indicating a specific event on a specific date. For an event taking place across multiple days see Occurrence Span codes.
- UB04: Box 31-34; 2300: 837I: HI01-02 through HI12-02
- Spans - UB04: Box 35-36; 837I: 2300: HI01-02 through HI12-02

Value Codes

- Code to identify a monetary amount or value necessary for claim processing.
- UB04: Box 39-41; 837I: 2300: HI01-02 through HI12-02

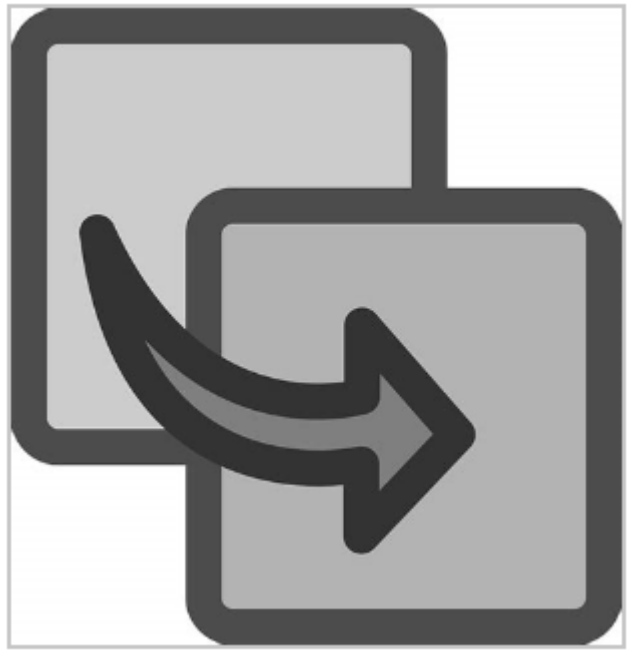
Billing Compliance

- Revenue Codes
- ICD-10-CM procedure and diagnosis codes
- HCPCS codes
- CPT-4 Codes
- Discharge Status
- Type of Bill
- Place of Service
- Dates of Service
- Modifiers
- Condition Codes
- Occurrence Codes
- Value Codes

Working Edits

- Responsible departments should work their own edits
  - Coding
  - Registration
  - Charge issues
  - Billing – A/R Reps
- efficientC Billing Guide
- Types of edits to work
  - Failed Edits – Hard errors
  - Warnings
  - Conflicting claims (Duplicate, Overlap, 72 hour)

Overlapping Claims



Duplicate claims

The #1 rejection for 75% of providers

In the top 3 of 100% of providers

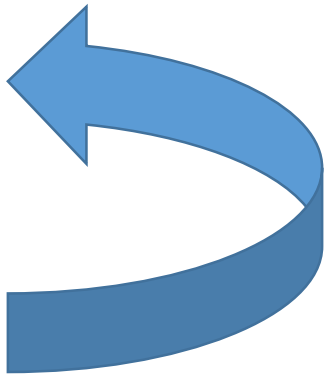
- Work daily reports of patients with multiple visits to move/combine charges
- HIM department involvement for combined coding
- Claim scrubber should have conflict checking prior to billing

Combining Claims - Medicare

Two Outpatient Services in one day (NOT Recurring)

When determining which account to move charges to or combine, use this hierarchy excluding recurring accounts. This means, always move charges up to a higher ranked account.

- Same day surgery
- Observation
- ER
- Clinic
- Lab/diagnostics



If the accounts to combine are from the same level in the hierarchy, and one is already billed, move charges to the one already billed.

Overlapping Services – Recurring Accounts

Services repeated over a span of time and billed with the following revenue codes are defined as repetitive services. Repetitive services are required to be billed monthly or at the end of treatment.

REVENUE CODE (S)	TYPE OF SERVICE
290-299	DME Rental
410, 412,419	Respiratory Therapy
420-429	Physical Therapy
430-439	Occupational Therapy
440-449	Speech Pathology
550-559	Skilled Nursing
943	Cardiac Rehabilitation Services
820-859	Kidney Dialysis Treatments

Recurring Accounts – When to Combine

- Hospital outpatient services should NOT be combined into recurring claims – EVER
- Recurring accounts containing charges with non-repetitive rev codes can be split around other visits and/or charges transferred off of the recurring account.
- Or report occurrence span code 74 on the recurring claim to encompass any inpatient stay dates, day of outpatient surgery, or outpatient hospital services to avoid denials
- Two recurring accounts with different repetitive rev codes should be billed separately. Example – PT and OT
- Two recurring accounts with the same repetitive rev codes must be combined
- One recurring account with repetitive rev codes and one without repetitive rev codes should be billed separately. Example – PT and Infusion Therapy
- When combining recurring, make sure to look at the From/Thru dates to confirm which “base” account to use.

Illinois Medicaid – MCO Billing

- APL Listing

  https://www.illinois.gov/hfs/SiteCollectionDocuments/APLSortedInCodeOrder1119.pdf

- Practitioner Fee Schedule & Key

  https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/Practitioner.aspx

- New complaint procedure for MCO's

  https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/ManagedCareComplaints.aspx

Secondary Billing - IDPA

- In addition to CAS information for the primary payer, IDPA requires a 5-digit TPL code on EDI claims.
- 3 digits identifying the primary payer
- 2 digits for the payment status
- https://www.illinois.gov/hfs/SiteCollectionDocuments/8.23.16%20TPL%20Codes.pdf

The TPL Status Codes are:

01 – TPL Adjudicated – total payment shown: TPL Status Code 01 is to be entered when payment has been received from the patient's third party resource. The amount of payment received must be entered in the TPL amount box.

02 – TPL Adjudicated – patient not covered: TPL Status Code 02 is to be entered when the practitioner is advised **by the third party resource** that the patient was not insured at the time services were provided.

03 – TPL Adjudicated – services not covered: TPL Status Code 03 is to be entered when the practitioner is advised **by the third party resource** that services provided are not covered.

04 – TPL Adjudicated – spenddown met: TPL Status Code 04 is to be entered when the patient's HFS 2432 shows $0.00 liability.

05 – Patient not covered: TPL Status Code 05 is to be entered when a patient informs the practitioner that the third party resource identified on the Identification Card is not in force.

06 – Services not covered: TPL Status Code 06 is to be entered when the practitioner determines that the identified resource is not applicable to the service provided.

07 – Third Party Adjudication Pending: TPL Status Code 07 may be entered when a claim has been submitted to the third party, 60 days have elapsed since the third party was billed, and reasonable follow-up efforts to obtain payment from the TPL have failed.

10 – Deductible not met: TPL Status Code 10 is to be entered when the practitioner has been informed **by the third party resource** that non-payment of the service was because the deductible was not met.

Reference Tools

Uniform Billing Editor

National Uniform Billing Committee - Subscription Information

CMS - MUE Tables

CMS - LCD Look Up

Questions

Thank you for joining us today!

Don’t hesitate to get in touch with any follow up questions. We’ll be happy to address them or incorporate responses into the rest of this series.

Please make sure to add the next three sessions of this series to your calendar!

Wednesday, April 29th | 12:00 pm - 1:30 pm Central

Follow Up: Resolving Unpaid Insurance Balances

Wednesday, May 20th | 12:00 pm - 1:30 pm Central

Denials: Overview & Resolution Strategies

Wednesday, June 17th | 12:00 pm - 1:30 pm Central

Collections & Customer Service

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