

Advanced Billing



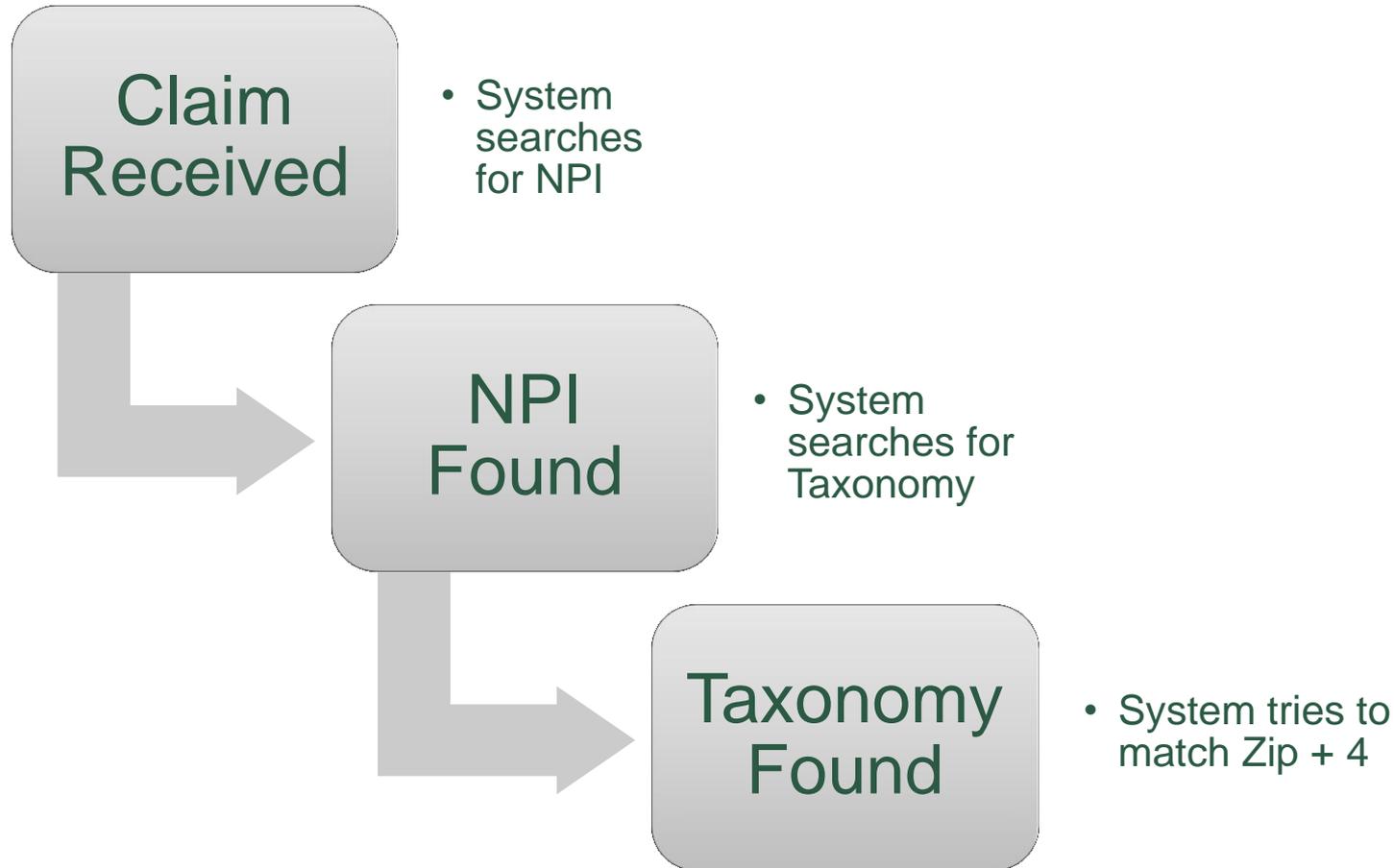
Overview

- Error Prevention
- Billing
- Top 8 Denials
- Third Party Liability
- Contacts

Error Prevention Starts with You!

- Check member eligibility every visit
- Stay up-to-date
- Notice common denials
- Be proactive

Claim System



Electronic Billing

- Claims can be submitted through clearinghouse, billing agent, WINASAP, direct submission.
- Common errors are:
 - Missing or invalid taxonomy & qualifiers
 - Missing or invalid ZIP + 4

Electronic Billing

- **Multiple provider enrollments**
 - Claim will be rejected if unable to match an indicator.
 - Claim will deny if not able to match provider, or will select the unintended provider.

Electronic Dental Billing

- Clearinghouse dropping claims to paper.
- Billing provider, rendering dentist NPI and taxonomy code must match provider enrollment.
- Group NPI versus individual NPI enrollment.

Billed Amount & Fee Schedules

- Bill your usual and customary rate (UCR).
- “PA” indicator.
- Medicaid agreement.

Indian Health Service (IHS) Billing

- Cost share indicator in Box 30 of UB-04.
- No Passport referral needed if eligible for IHS.
- Referral needed if IHS refers member to a non-IHS provider.

Medicare Paper UB Billing

- **Institutional**

- Use form locators 39–41 for Medicare coinsurance and/or deductible.
- Place Medicare paid amount in form locator 54.
- No EOB required for paid claims.
- Denials must have Medicare EOB with reason and remark codes description attached to the claim.

Medicare Paid Amount

**Medicaid Only
Required Fields are Highlighted**

Take Time Medical Center 104 Time Square Helena, MT 59601-0104		GR PLAN # 4806 MEMBER # Grisw97531 5 FID. TAX NO.		131	9912345
PATIENT NAME: Griswold, Clark		PATIENT ADDRESS: 1313 Mockingbird Lane, Metropolis, MT 59601-1313			
10 BIRTH DATE: 03/26/30	11 SEX: M	12 DATE OF BIRTH: 02/01/11	13 TYPE: 11	14 SPEC: 1	15 DHR: 01
26 GRISWOLD, CLARK 1313 MOCKINGBIRD LANE METROPOLIS, MT 59601-1313					
450 ER	46 NDC	47 NDC CODE	48 NDC DESCRIPTION	49 NDC PRICE	50 NDC QUANTITY
636 Other Pharmacy N4 00409909332 UN 5		90760		020109	4
270 General Class Medical/Surgical Supplies		J3010		020109	1
300 General Class Laboratory		81001		020109	4
				51 TOTAL CHARGES: 4903.00	52 NON COVERED CHARGES:
50 PAYER NAME: Medicaid		51 HEALTH PLAN ID: Medicare	52 PRIOR PAYMENTS: 52.00	53 EST. AMOUNT DUE: 1876543210	54 OTHER PRV ID:
55 INSURED'S NAME: Griswold, Clark		56 INSURED'S LANGUAGE ID: 123456789	57 GROUP NAME:	58 INSURANCE GROUPING:	
59 TREATMENT AUTHORIZATION CODES: 10987645321		60 DOCUMENT CONTROL NUMBER:			
61 OTHER PROCEDURE CODES: 780-39		62 OTHER PROCEDURE CODES:			
63 OTHER PROCEDURE CODES: 5400		64 OTHER PROCEDURE CODES:			
65 OTHER PROCEDURE CODES:		66 OTHER PROCEDURE CODES:			
67 OTHER PROCEDURE CODES:		68 OTHER PROCEDURE CODES:			
69 REMARKS: B313631P0222X		70 ATTENDING: Munster			
		71 OPERATING: Adams			
		72 OTHERS: Herman			
		73 OTHERS: John			
		74 OTHERS:			
		75 OTHERS:			
		76 OTHERS:			
		77 OTHERS:			
		78 OTHERS:			

PAGE OF CREATION DATE 04/01/11 TOTALS 4903.00

UB04 CMS-1450 © 2010 NUBC

Fill Colors:

- Required Fields
- Conditional Fields
- Other

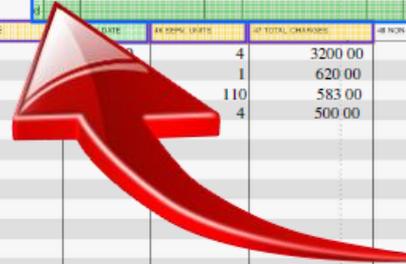
Border Colors:

- Client Fields
- Provider Fields
- Billing Fields

Medicare Deductible and Coinsurance

Medicaid Only
Required Fields are Highlighted

1 Take Time Medical Center 104 Time Square Helena, MT 59601-0104		2 4806		3 131	
4 Griswold, Clark		5 Grisw97531		6 9912345	
7 111001111		8 1313 Mockingbird Lane, Metropolis, MT 59601-1313			
9 03/26/30		10 M		11 02/01/11	
12 11		13 1		14 01	
15 A1 66.00		16 A2 15.00			
17 450 ER		18 90760		19 4 3200.00	
20 636 Other Pharmacy N4 00409909332 UN 5		21 J3010		22 1 620.00	
23 270 General Class Medical/Surgical Supplies		24 81001		25 110 583.00	
26 300 General Class Laboratory		27 81001		28 4 500.00	
29 PAGE OF		30 CREATION DATE 04/01/11		31 TOTALS 4903.00	
32 Medicaid		33 1876543210		34 OTHER PFM ID	
35 Griswold, Clark		36 111001111		37 GROUP NAME	
38 10987645321		39 780.39		40 540.00	
41 B3 363LP0222X		42 1766554433		43 ZZ 363LP0000X	
44 Adams		45 1253456789		46 ZZ 363LP0000X	
47 Munster		48 Herman		49 John	



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 NUBC
 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

Fill Colors:	Border Colors:
 Required Fields	 Client Fields
 Conditional Fields	 Provider Fields
 Other	 Billing Fields

Medicare Paper CMS-1500 Billing

A. DATE(S) OF SERVICE				B. FROM SERVICE	C. TO SERVICE	D. PROCEDURE	E. SERVICES OR SUPPLIES	F. CHARGES	G. DAYS OF QUOTA	H. ICD-9-CM	I. ICD-9-CM	J. RENDERING PROVIDER ID #
MM	DD	YY	MM	DD	YY	ICD-9-CM	ICD-9-CM	\$				NPI
01	01	11	01	01	11	0	99231					ZZ 36LP00000X NPI 1213456789
2												NPI
3												NPI
4												NPI
5												NPI
6												NPI

25. FEDERAL TAX ID NUMBER 99-9999999	26. PATIENT'S ACCOUNT NO. BV12345	27. ACCEPT ASSIGNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	28. TOTAL CHARGE \$ 100.00	29. AMOUNT PAID \$ 85.00	30. BALANCE DUE \$ 100.00
31. SIGNATURE OF PHYSICIAN OR SUPPLIER (I certify that the statements on the reverse apply to this bill and are made a part thereof.) Rocky Shalston, MD 01/01/11		32. SERVICE FACILITY LOCATION INFORMATION NPI		33. BILLING PROVIDER INFO & PH # Yabba-Dabba Center 2121 Granite Slab Dr. Bedrock, BC 54321-1234 1876543215 ZZ (406) 555-1234	

NUCC Instruction Manual available at: www.nucc.org APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)

- **CMS-1500 claim form**

- Do not enter Medicare information on the CMS-1500.
- No Medicare paid amount in Field 29 (unless a Medicare replacement plan).
- Attach a copy of the Medicare EOB for all paper claims submitted.
- Include reason and remark code description for all Medicare denials.

Medicare Crossovers

- **How do claims cross over?**
 - Claims crossover automatically from the Coordination of Benefits Contractor – Government Healthcare Incorporated (COBC-GHI).
- **What does cross over?**
 - Institutional claims
 - Professional claims
- **What doesn't cross over (exempt)?**
 - Part C – Medicare replacement plans / Advantage Plans
 - Hospice
 - Non-assigned Medicare claims
 - Adjustments from Medicare
 - NCPDP Claims

Medicare Crossovers

- **Options for claims that do not crossover**
 - Bill electronically with appropriate Medicare qualifiers and data included in transaction.
 - Bill electronically with PWK indicator and send/fax Medicare EOB as paperwork attachment.
 - Bill on paper forms.
 - Call Provider field reps.

Top 8 Denials

1. HIPAA 5010
2. Eligibility
3. Duplicate
4. Passport
5. TPL
6. Medicare
7. Prior authorization
8. National Drug Codes (NDC)

1. HIPAA 5010

- Rejection Reasons
 - Submitting HIPAA 4010 information
 - Pay-to address is a post office box
 - ZIP code + 4 missing or not on file
 - Invalid qualifiers

2. Eligibility

- Denial Reasons
 - Member is not eligible for Montana Health Care Programs
 - Date of service outside eligibility span
 - Not eligible for service type
 - Member ID invalid or missing
 - Service limits exceeded

3. Duplicate

- **You have already been paid for this service/or a similar service**
 - Verify claim information on remittance advice to ensure accuracy.
 - Review past remittance advice for payment of service.
 - Overlapping date of service, or similar procedure code.
 - Call Provider Relations for assistance.

4. Passport

- Primary care services require Passport referral.
- Specialty services do not require Passport referral.
- Denial Reasons
 - Passport referral missing or invalid.
 - Passport referral number invalid for date of service. Passport provider can change monthly.

5. Third Party Liability (TPL)

- Denial Reasons
 - Member has TPL and no EOB is attached.
 - Claim information and EOB do not match.
 - TPL denial does not contain reason/remark codes.
 - IHS listed in other insurance field.

24. A. DATES OF SERVICE							B. PLACE OF SERVICE	C. ICD-9 PROCEDURE	D. PROCEDURE	E. SERVICES OR SUPPLIES	F. DIAGNOSIS	G. CHARGES	H. DROPS OR LEADS	I. UNITS	J. RENDERING PROVIDER ID #
From	To						ICD-9	ICD-9	DESCRIPTION	ICD-9					
MM	YY	MM	YY	MM	YY	TIME	DIAGNOSIS	DIAGNOSIS	NUMBER	NUMBER	\$ CHARGES	PER UNIT	PER UNIT		
01	01	11	01	01	11	0	99231			1	100.00	1	6	ZZ 36LP00000X NPI 1213456789	
2															
3															
4															
5															
6															

25. FEDERAL TAX ID NUMBER 99-9999999	SSN EIN <input type="checkbox"/> <input checked="" type="checkbox"/>	26. PATIENT'S ACCOUNT NO. BV12345	27. ACCEPT ASSIGNMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	28. TOTAL CHARGE \$ 100.00	29. AMOUNT PAID \$ 406.55	30. BALANCE DUE \$ 555.1234	100.00
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on this invoice apply to this bill and are made as a professional.) Rory Shalitzov, MD 01/01/11 SIGNED DATE		32. SERVICE FACILITY LOCATION INFORMATION NPI		33. BILLING PROVIDER INFO & PI # Yabba-Dabba Center 2121 Granite Slab Dr. Bedrock, BC 54321-1234 1876543215 ZZ 400RT			

NUCC Instruction Manual available at: www.nucc.org APPROVED OMB-0938-0999 FORM 100 (08/05)

- **406 Edit**

- CMS recommended font size is 10 picca
- Paper feed issue
- Common issue automatically resolved by Xerox

ZIP CODE 54321-1234	TELEPHONE (Include Area Code) (406) 765-4321	Employed <input checked="" type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>	ZIP CODE ()	TELEPHONE (Include Area Code) ()
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:		11. INSURANCE POLICY GROUP NUMBER
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous)		a. INSURED'S DATE OF BIRTH
b. OTHER INSURED'S DATE OF BIRTH		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State)		b. EMPLOYER'S NAME OR SCHOOL NAME
c. EMPLOYER'S NAME OR SCHOOL NAME		c. OTHER ACCIDENT?		b. INSURANCE PLAN NAME OR PROGRAM NAME
c. INSURANCE PLAN NAME OR PROGRAM NAME		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Medicaid
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.		104. RESERVED FOR LOCAL USE 123456789		d. IS THERE ANOTHER HEALTH BENEFIT PLAN?
SIGNED _____ DATE _____		SIGNED _____ DATE _____		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>If yes, return to and complete item 9 and 10.</i>

- **Medicaid entered as TPL**
 - Field 11c reserved for TPL policies.
 - Delay claim processing.
 - Medicare is not considered TPL (Unless Medicare Replacement Plan— Advantage Plan).

6. Medicare

- Member has Medicare on file, and no Medicare information is present on claim.
- Medicare EOB and claim do not match.
- EOB for other insurance states Medicare in the header.
- Medicare denied service as: not medically necessary, duplicate, billing error, timely filing, services not paid separately.

Medicare

- **HMO Part C Plans**
 - Need Medicare paid amount if a coinsurance is present
 - Medicare paid and deductible/coinsurance are considered in pricing formula.

- **Member coverage levels determine claim payment:**
 - \$0.00 payment on claims
 - **QMB only coverage**

Medicare

- **Crossover Issues**
 - NPI and Taxonomy
 - ZIP + 4
 - Multiple enrollments for single NPI

7. Prior Authorization

- **Procedure requires prior authorization**
 - Prior authorization number missing or invalid.
 - Prior authorization and claim doesn't match.
 - Billed units or dollars exceed approved amount.
 - Prior authorization used previously.
 - Diagnosis codes does not match.
 - Modifiers must be present on claim if listed on the prior authorization.

8. National Drug Codes (NDC)

- **Denial Reasons**
 - NDC required, but not present.
 - Invalid.
 - Units missing.
 - Qualifier missing (N4).
 - Not covered or rebateable.