



## Centralized Billing Unit Post Implementation Update




LaTonya Jackson, MPA,CPM  
Cindy Ashley, BSN, RN, CPC-A  
Justin Tyson, BBA  
Kyle Odom

Produced by the Alabama Department of Public Health  
Video Communications and Distance Learning Division



## Introduction

Ensure that employees assisting and/or providing clinical services are aware of all changes and processes, as it relates to eligibility, income assessments of patients, documentation, billing and corrections for services rendered.



**Objective**

The training was created to assist with coding accuracy for services rendered to patients seen at the ADPH county health departments only. It is the responsibility of the clinician to use his or her professional discretion to document for appropriate services rendered.

**Disclaimer**



## Demographics

- **Reminders**
  - **Demographics** should match payer source
    - Ensure the spelling of names, sex, date of birth, etc. is the same as eligibility check
  - **Location**
    - Should always reflect where services are being rendered for the date of service
  - **Household Income**
    - Every patient should be income assessed to determine eligibility

**Demographics**

- Reminders
  - Consents
  - Patient Declaration must be signed once a year, or when income is updated
  - Authorization for Services and Billing should be completed at every visit.

**Demographics**

- Be sure the location is correct **before** printing your label. If not, services rendered could be billed and paid to the wrong county health department.

**Demographics**

- Eligibility Validation
  - Our recommendation is eligibility should be checked via the Medicaid or BCBS Portal.
  - All other insurances, at this time, are considered and treated as "Self Pay".

**Medicaid BCBS Demographics**

- Enter the correct insurance information, in its entirety

**Demographics**

**eDaysheet**

- Updates
  - Ledger Card:
    - An option has been added to select a specific date or range of dates on the ledger card. This was added so that staff could easily view all charges created on a specific date(s) of service.

**eDaysheet**

**• Updates**

- "Patient/Client Copy" statement has been added to all receipts/invoices

**eDaysheet**

**• Updates**

- The "Notes" section has been removed from family planning entries to protect the privacy of the patient. The date of service that corresponds with each entry may be documented in the "Payer" field.

**eDaysheet**

**• Reminders**

- Self Pay:
  - An entry must be made for **each** service provided using the applicable corresponding fee code for patients who are greater than or equal to 25% on the sliding fee scale.

**eDaysheet**

**• Reminders**

- Blue Cross Blue Shield:
  - An entry must be made to charge for each non-billable service provided to patients who are greater than or equal to 25% on the sliding fee scale and whose only form of insurance is BCBS.
  - Our recommendation is this be completed at the time the patient is checked out of the clinic on the date of service.
  - Examples include:
    - 106Sa – Oral Contraceptives
    - 106Sd – Vaginal Rings
    - 106F – HIV Pre Test Counseling
    - 106G – HIV Post Test Counseling
    - 107 – Pregnancy Test\*

**Complying With Medical Record Documentation Requirements**

**• Common Problems**

- The type of visit is not clearly documented: Initial/Annual/Revisit
- Acronym usage: RTHD, LWOBS, +470, +200, +900
- Rx for Depo, no documentation of site administered
- Clinical note not signed
- Mismatch of billed DOS and actual DOS in the chart

**Complying With Documentation**

**• Chief Complaint**

- The medical record should clearly reflect the chief complaint for every encounter
- The chief complaint should be the reason for today's visit. This can include symptom, problem, condition, diagnosis, "return to" ordered by physician, or other factor that is the reason for the visit.
- "Follow Up" is not a chief complaint, if no problem is documented that needed a follow up

**Complying With Documentation**

**• Guidelines**

- General Principles (CMS) for your charts
- The documentation of each patient encounter must include:
  - Reason for the encounter and relevant history, physical, and prior health examination results
  - Assessment, clinical impression, or diagnosis
  - Plan of care; and,
  - Date and identity of the observer

**Complying With Documentation**

**• Guidelines**

- All services rendered to a patient **MUST** be properly documented. For example, if a patient receives depo and condoms, the documentation should reflect both methods. However, in this example ADPH would only bill for the depo, because it is the primary method.
- Positive or negative pregnancy test?

**Complying With Documentation**

**• Guidelines**

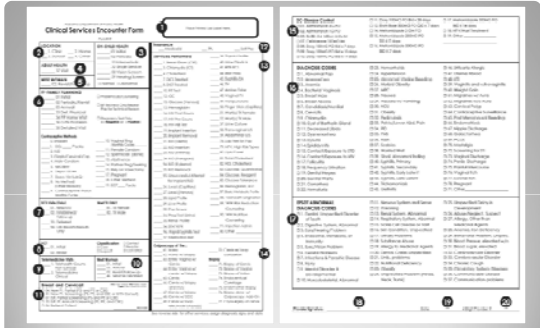
- If it wasn't written, it wasn't done:
  - This also includes:
    - "If you can't read it, it wasn't done"
    - "If you can't find it, it wasn't done"
    - "If it is not filed in the record, it wasn't done"
    - "If it was not ordered, it wasn't necessary"

**Complying With Documentation**

United Healthcare, 2019, Evaluation and Management Coding



**Encounter Form**



**Encounter Form**

- **Quicktips**
  - A visit type must be selected, based on the program guidelines. See handout for details
- **Family Planning Common Issues**
  - **GYN Problems** (see Program Service Updates)
    - If patient is pregnant, be sure to mark "17. Pregnant" under Contraceptive Methods and Diagnosis "78. Pregnant"
  - **Contraceptive Method**
    - Only select a method that was given on the day of service
    - Seasonique is administered in 91 day cycles  
1 cycle = 3 packs

**Encounter Form**

- **Quicktips**
  - **DCS Visits (Only)**
    - Must select visit based on guidelines, outlined in handout
  - Only use "81 or 82 Wart TX Only" if no other services were performed with the visit. Otherwise, use TX options under Services Performed
  - A diagnosis must be selected for all DCS Visits


**Encounter Form**

- **Quicktips**
  - **Immunizations**
    - If the administered vaccine's NDC number is not listed on the encounter form or CLAIMS Integration, send NDC to your CBU Representative
  - Hold all encounters until you receive confirmation that the new NDC has been added to the system
- **EPSDT**
  - Be sure to select any abnormal diagnosis discovered during the screening
  - Document the PCCM# that Medicaid has listed on eligibility screen

**Encounter Form**

- **Quicktips**
  - All encounters must be signed and dated by the highest level provider rendering service for the date of service
  - 4 Digit Provider numbers are required for Medical Doctors and Nurse Practitioners
  - If a new Medical Doctor or Nurse Practitioner need a 4 Digit Provider number, contact Cindy Ashley in the Centralized Billing Unit

**Encounter Form**




**CLAIMS Integration**

- **Quicktips**
  - Do not create **two** encounters if FP and DCS services are provided on the same date of service (DOS).
  - DCS medications will not be entered if administered during a FP visit
  - Complete **two** encounters if EPSDT and Immunization(s) are provided on the same DOS
  - Encounters should be entered on a daily basis. We ask that all encounters are entered within 5 days from the DOS.

**CLAIMS Integration**

- Search Options**
  - Exhaust all search options before creating a new patient

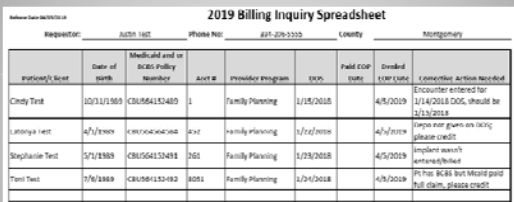


**CLAIMS Integration**



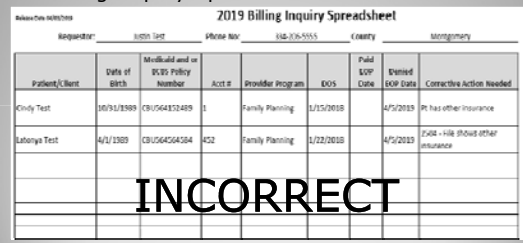
**Corrective Billing**

- New BIS Template**
  - BIS descriptions should be detailed and clear
  - Wait at least 3 check writes before placing non-payments on BIS



**Billing Corrections**

- New BIS Template**
  - Descriptions shown below, should not be on a Billing Inquiry Spreadsheet



**Billing Corrections**

- BIS Corrections**
  - The following should be placed on a BIS
    - Paid for Incorrect DOS
    - Unperformed services billed and paid
    - Services Performed but not billed
    - If Medicaid paid full claim and patient has BCBS
- Errors**
  - If services performed are included in the global fee, make correction on encounter form and initial change. Do not place on a BIS

**Billing Corrections**

- Representative Emails for Corrections**
  - Amy Gordon
    - Email: CBU-AmyGordon/DPH
  - LaTonya Jackson
    - Email: CBU-LaTonyaJackson/DPH
  - Toni Russell
    - Email: CBU-Antionette(TONI)Russell/DPH
  - Justin Tyson
    - Email: CBU-JustinTyson/DPH

**Billing Corrections**