

Centralized Billing Unit Refresher For Clerical Staff

October 11, 2018
2:00 PM – 3:30 PM



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This video presentation 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 and bill for appropriate services rendered.

Disclaimer

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Upon completion of this presentation, Administrative Support Staff will have an Understanding of documentation and coding Guidelines used for billing at the Alabama Department of Public Health

Objective



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- At the conclusion of this presentation, participants should be able to:
 - Outline variables that can affect reimbursement
 - Global Fee
 - Medicaid requirements
 - Illustrate how the documentation of a patient encounter is converted into revenue
 - Utilize common coding/billing terms
 - List common reasons claims are denied

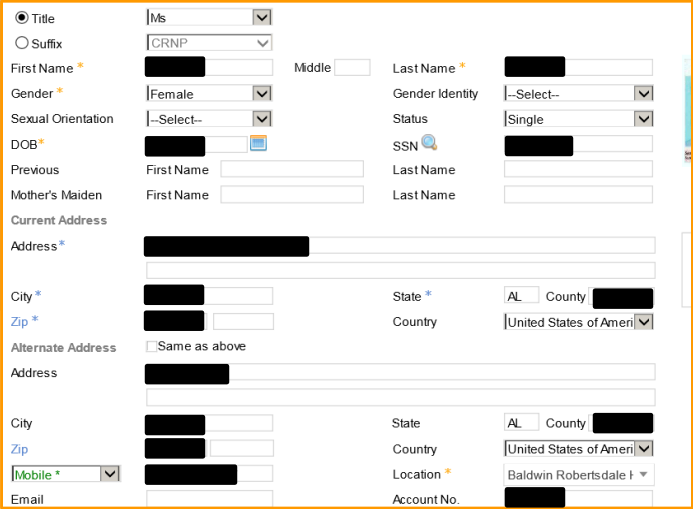
Conclusion

4



Patient Registration

5



Profile

6

Insurance

Plan* [--Select--] Active Default

Address* [--Select--] Referral Required

Priority [Secondary] Copay 0.00

Subscriber Policy No.* [] Patient Policy No. []

Group Number [] Group Name []

Sign On File* 10/8/2018 Release Information [Yes]

Effective Date [] Termination Date []

Exception Code [] Person Code []

WCB Carrier Code W []

Insurance Code (P) [HMO Health Maintenance Organization (HMO)]

Comments []

Claim File Indicator* [] **Insured Party** Self

Insurance

7

Family Profile Household Income Add

Save

Income \$0.00 House Hold Size 1 Program All x As of Date [] Termination Date [] Sliding Scale Applies

Income Source	Amount	Period	Verification Source	Verification Date	Employer
[]	0.00	Twice a week	W2	[]	[]

[Add Other Income Source](#)

Comments [] Characters left: 2000

Income Assessment

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Coding

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- A process of transforming descriptions of medical encounters, diagnoses, procedures, diagnostic tests and supplies provided to a patient into **universal code numbers**, often referred to as CPT (Current Procedural Terminology)
- For every ailment, injury, diagnosis, and medical procedure, there is a corresponding code.



What is Coding?

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Forms Used In Billing Review

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Provider Notes Progress Note

Save Print Assign Send File Review Letters Create eSuperbill Change Cas

Arial Black

Alabama Department of Public Health
Family Planning Assessment Record
Revisit

Reason for Visit:
 Chaperone Name: Translator Name/Number:

Accepted Well Woman Additional Services: N/A Yes No

<< Complaints >>

LMP/Method:

Ob/Gyn History:
 Breastfeeding: No
 Pap Smear: Normal, 2017 2015, 2009,2003 NEg
 Uterine Anomaly: No
 Genital Herpes: No
 Dysmenorrhea: No
 Fibroids: No

Provider Note

Documentation for all services and additional notes rendered during the encounter

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Evaluation and Management (E&M) How E&M is calculated?

Encounter: 10/03/2018 Time: 11:15 AM Location: Montgomery Co Health Department Provider: Greene-McIntyre, Mary

Diagnoses-ICDs Templates | Last Visit

1. 2.
 3. 4. ICD-10 ICD-9

Procedures-CPTs

E&M: 99211 99212 99213 99214 99215

	Program	Modifier	Qty	Dx. Ptr *	Unit	Charge	Amount
<input type="checkbox"/>	EST OFFICE OUTPATIEN	<input type="text"/>	1	1		PU	
<input type="checkbox"/>	HIV PRE TEST COUNSEL	<input type="text"/>	0	1		PU	
<input type="checkbox"/>		<input type="text"/>	0			PU	

eSuperbill

Summary of all services rendered, based on documentation (CPT Codes) from the Provider Note.

1.3

Insurance - Appointment - Provider Place of Service [71. Public Health Clinic] Accept Assignment

Primary Plan: MEDICAID PLAN FIR: Referral: PAN Copay: 0.00 Paid Allocate
 Secondary: --Select-- Referral: PAN Adv: --Reason--

Location: Houston Co Health D Start DOS: 10/03/2018 End DOS: 10/03/2018 Transaction: 10/3/2018

Claim Type: Original Original Ref #: Admission: Discharge: Dates: Add New Dates

Rendering: --Select-- Billing: --Select-- Referring: Billing Entity: --Select--

Diagnosis & Procedure Last Visit | Template

Diagnosis: 1. ICD-10 2. ICD-10 ICD-9
 3. ICD-10 4. ICD-10 ICD-9

Procedures	Start DOS	End DOS	Modifier	Dx. Ptr *	Units	Patient \$	Plan \$	Ordering Provider
<input type="checkbox"/>					1	0.00	0.00	--Select--
Total:						0.00	0.00	0.00

Notes & Comments

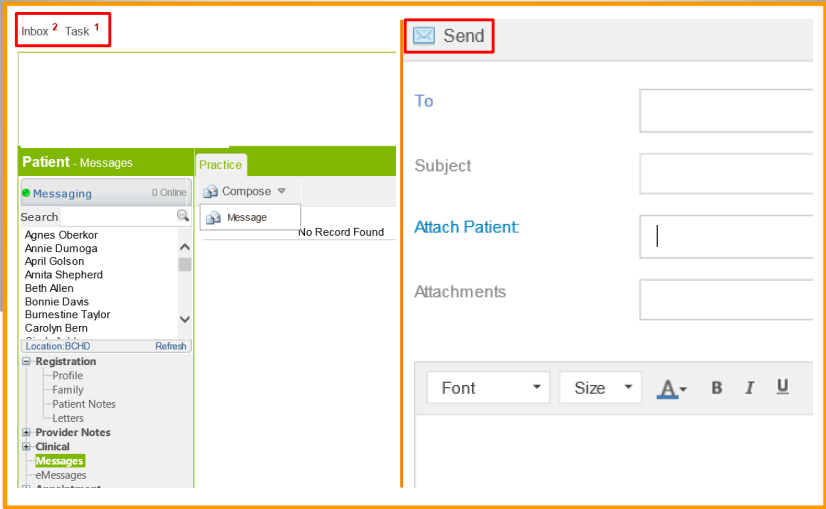
Claim Status: [7. Never been billed] Responsible Plan: [P.MEDICAID PLAN FI]

Comments:

Charge Screen

Billing component used in creating a bill file to submit to payer source


1.4



Messaging

Module used to send messages, charts, etc. to other user within the application.

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Common Problems on the Provider Note

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FP Documentation:
Documentation:
Counseling
 PT+3 Yes
 Counseling done/protocol Yes
Topics Indicated
 1) Key Topic Areas: Discussed s/s of method
 2) Key Topic Areas: discussed risk of STD's
 3) Key Topic Areas: Discussed importance of calcium and Vit D intake daily
Supplies Given:
Details:
 Previous documentation/record reviewed No contraindication noted Order for medication in chart
 Medication: Depo Provera
 Site: Left Deltoid
 Patient Tolerated Well Yes; RTC for FPS depo Oct 5- 19

Required Consent(s) reviewed and signed by patient

Prescription:
 MedroxyPROGESTERone Acetate 150 MG/ML Intramuscular Suspension: 150 Milligram(s) every 12 weeks , Start 07/20/2018, Qty 1 Vial For 90 Day(s), ICD: Z30.42

Diagnoses:
 Encounter for surveillance of injectable contraceptive - Z30.42

Procedures:
 MEDROXYPROGESTERONE ACETATE (CPT-J1050), Units: 1.
 INJECTION SUBQ/IM (CPT-96372), Units: 1.

Patient / Guardian Education:
 Patient verbalizes understanding for ADPH Depo Provera Shots Fact Sheet Nov 16. Provided by Peggy McGraw on 07/20/2018 10:39 AM

Incorrect

E&M Visit Code – Not Selected as a Procedure Code

E/M codes **MUST** be selected under “Procedures” on the provider note in order to bill for the visit.

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Current Medications:
Past Medications:
 Depo-Provera 400 MG/ML Intramuscular Suspension: 0.4 Milliliter(s) every 12 weeks , Qty 4 Vial For 90 Day(s) , - Past by Jones, Lisa on 04/20/2018

Vital Signs:
 Weight 157 lbs 4 oz, Height 5' 2", BMI 28.76 kg/m sq, Category Overweight, BP 128/60 mm/Hg - Sitting - Right Arm - Standard Cuff Size - Manual Recording, Urine Pregnancy Test Negative Taken on Apr 20, 2018 at 1:23 PM by Truesdale, Christine

IMM Screening Checklist

Lab Order:
 URINE PREGNANCY TEST (CPT-81025) [Urine]

Required Consent(s) reviewed and signed by patient

Diagnoses:
 Encounter for surveillance of injectable contraceptive - Z30.42

Procedures:
 INJECTION SUBQ/IM (CPT-96372), Units: 1.
 EST OFFICE OUTPATIENT VISIT 15 MINUTES (CPT-99213), Units: 1.

FP Documentation:
Documentation:
Counseling
 PT+3 Yes
 Counseling done/protocol Yes
Topics Indicated
 1) Key Topic Areas: calcium with Vitamin D
 2) Key Topic Areas: Praised for abstinence
 3) Key Topic Areas: Return July 6 - July 20

Correct


E&M Visit Code – Selected as a Procedure Code

E/M codes **MUST** be selected under “Procedures” on the provider note in order to bill for the visit.

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Lab Result:
 Specimen collected on 04/04/2018 4:05PM
 04/04/2018 81025 - URINE PREGNANCY TEST
 Urine Pregnancy Test

Diagnoses:
 Encounter for surveillance of injectable contraceptive - Z30.42
 Encounter for pregnancy test, result negative - Z32.02

 **Procedures:**
 EST OFFICE OUTPATIENT VISIT 15 MINUTES (CPT-99213), Units: 1.
 INJECTION SUBQ/IM (CPT-96372), Units: 1.
 MEDROXYPROGESTERONE ACETATE (CPT-J1050), Units: 1.
 URINE PREGNANCY TEST (CPT-81025), Units: 1. **Incorrect**

Ordering Labs and/or Prescriptions

All Labs MUST be ordered under "Lab Order" and all medications MUST be ordered under "Prescription".
DO NOT enter labs or prescriptions under "Procedures"

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Lab Order:
 HEMOGLOBIN (CPT-85018) [No Specimen Selected]
 URINE PREGNANCY TEST (CPT-81025) [Urine]

Lab Order:
 CT-GC-TV (Chlamyd/Gonor/Trich) (Lab-CT-GC-TV) [Cervical Swab]

Lab Order:
 SYPHILIS SCREEN (Lab-SYPH_SCRN) [Blood]

Lab Order:
 HIV SCREEN AG-AB BIOPLEX (Lab-HIV-SCRN) [Blood] **Correct**

Prescription:
 Depo-Provera 400 MG/ML Intramuscular Suspension: 0.4 Milliliter(s) every 12 weeks , Start 06
 year

Ordering Labs and/or Prescriptions

All Labs MUST be ordered under "Lab Order" and all medications MUST be ordered under "Prescription".
DO NOT enter labs or prescriptions under "Procedures"

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Lab Order:

Pap Lb, HPV-hr (Lab-195050) [Cervix]

Lab Order:

URINE PREGNANCY TEST (CPT-81025) [Urine]
HEMOGLOBIN (CPT-85018) [Blood capillary]

Lab Order:

CT-GC-TV (Chlamyd/Gonor/Trich) (Lab-CT-GC-TV) [Cervical Swab]

Lab Order:

HIV SCREEN AG-AB BIOPLEX (Lab-HIV-SCRN) [Blood]

Lab Order:

SYPHILIS SCREEN (Lab-SYPH_SCRN) [Blood] **Incorrect**

Documentation – Labs Not Resulted

It is required that all labs must be resulted before they can be billed.

Lab Order:

URINE PREGNANCY TEST (CPT-81025) [Urine]

Lab Result:

Specimen collected on 06/27/2018 2:23PM

06/27/2018 81025 - URINE PREGNANCY TEST

Urine Pregnancy Test	negative	Range Negative
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Lab Result:

Specimen collected on 08/09/2018 3:48PM

08/09/2018 87210 - VAGINAL WET MOUNT

WBC	20-30 /HPF	Range 0-3
-----	------------	-----------

Clue Cells	absent	Range Absent
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Yeast	absent	Range Absent
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Trichomonas	absent	Range Absent
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RBC		
-----	--	--

Bacteria		Range Absent
----------	--	--------------

ph		
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WIFF	Positive	Correct
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Documentation – Labs Resulted

It is required that all labs must be resulted before they can be billed.

Lab Result:
 Specimen collected on 10/05/2018 11:36AM
 10/05/2018 81025 - URINE PREGNANCY TEST
 Urine Pregnancy Test

Acknowledged:	Wooten, Kim 10/05/2018 11:38AM	positive	Range Negative
Reviewed:	Wooten, Kim 10/05/2018 11:38AM		
Modified:	Wooten, Kim 10/05/2018 11:38AM		
Added:	Wooten, Kim 10/05/2018 11:38AM		

Assessment and Plan:

Diagnoses:
 Encounter for pregnancy test, result positive - Z32.01

Procedures:
 EST OFFICE OUTPATIENT VISIT 5 MINUTES (CPT-99211), Units: 1. ←

Positive Pregnancy Test

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Family Planning				Additional Family Planning Diagnoses	
	CPT	MOD	ICD-10	Breast Conditions	
Contraceptive Pills					
Annual	99214	FP	Z30.41	Mastitis without abscess	N61.0
Def Physical / Revisit	99213	FP	Z30.41	Abscess of the breast and nipple	N61.1
Initial Visit	99205	FP	Z30.41	Unspecified lump or mass in breast	N63.0
Injectable Contraceptive				Galactorrhea (not assoc. w/childbirth)	N64.3
Annual	99214	FP	Z30.42	Nipple discharge	N64.52
Def Physical / Revisit	99213	FP	Z30.42	Retraction of nipple	N64.53
Initial Visit	99205	FP	Z30.42	Mastitis, postpartum, unspecified	O91.23
Checking of Intrauterine Contraceptive Devi		MOD	ICD-10	Mastodynia	N64.4
Annual	99214	FP	Z30.431		
Def Physical / Revisit	99213	FP	Z30.431		
Initial Visit	99205	FP	Z30.431		
Insertion of Intrauterine Device				Cervix	
Annual	99214	FP	Z30.430	Cervical Polyp	N84.1
Initial Visit	99205	FP	Z30.430	AGC cytology	R87.619
Revisit	99213	FP	Z30.430	ASC-US cytology	R87.610
Removal of Intrauterine Device		MOD	ICD-10	ASC-H cytology	R87.611
Annual	99214	FP	Z30.432	LSIL cytology	R87.612
Initial Visit	99205	FP	Z30.432	High Risk HPV DNA positive	R87.810
Revisit	99213	FP	Z30.432	Cytologic evidence of malignancy	R87.614
Removal & Reinsertion				Unsatisfactory cytology	R87.615
Annual	99214	FP	Z30.433	Lacking transformation zone	R87.616
Initial Visit	99205	FP	Z30.433	Chlamydia	
				Chlamydia, unspecified	A56.00

CPT Codes with Diagnosis (Dx) Codes

The Coding Guide should be used to reference Dx that correspond to the correct CPT code(s)

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Diagnoses:

Encounter for surveillance of injectable contraceptive - Z30.42
 Encounter for pregnancy test, result negative - Z32.02

Procedures:

INJECTION SUBQ/IM (CPT-96372), Units: 1.
 EST OFFICE OUTPATIENT VISIT 15 MINUTES (CPT-99213), Units: 1.

Administration Code

Whenever an injection is administered, document the appropriate administration code shown on the ADPH Coding Guide

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Electronically signed by Nurse 1 RN. on Tuesday, May 1, 2018 at 10:58 AM

append; add 99213 under procedure

Appended By: Nurse 1 RN on 10/3/2018 at 07:51 AM

Add FP 99213.

Appended By: NP CRNP on 9/25/2018 at 04:45 PM

Patient in for supply visit, but hx of ASCUS pap without f/u. In 2012-ASCUS neg, 2014-normal. She did not go for colpo. 2018-pap normal, but since no HPV was done. HPV done today. Importance of abn pap f/u. Patient verbalized understanding.

Appended By: NP CRNP on 5/1/2018 at 12:47 PM

Wrong Provider Signing the Note

The highest level clinician providing services should sign the provider note and create the superbill

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Electronically signed by | Nurse 1 | RN. on Tuesday, May 1, 2018 at 10:58 AM

append; add 99213 under procedure

Appended By: Nurse 1 RN on 10/3/2018 at 07:51 AM

Add FP 99213.

Appended By: NP | CRNP on 9/25/2018 at 04:45 PM

Patient in for supply visit, but hx of ASCUS pap without f/u. In 2012-ASCUS neg, 2014-normal. She did not go for colpo. 2018-pap normal, but since no HPV was done. HPV done today. Importance of abn pap f/u. Patient verbalized understanding.

Appended By: NP CRNP on 5/1/2018 at 12:47 PM

Addendum – Wrong Person Appending the Record

Only the Clinician that created the Provider Note or eSuperbill can append it.

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DO NOT:

- Delete
- Remove
- Copy and Paste documentation into a patient's record

Terminology NOT to Use When Appending

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YOU CAN USE:

- Add CPT code
 - Ex: Add CPT code 99211, as 99213 was used in error
- Add Dx code
 - Ex: Add Dx code Z32.02

Terminology to Use When Appending

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eSuperbill

Summary of all services rendered, based on documentation (CPT Codes) from the Provider Note.

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E&M
E&M Detail

99213 EST OFFICE OUTPATIENT VISIT 15 MINUTES

Diagnosis (ICD-10)

1. Z30.42 Encounter for surveillance of injec...(V25.49)
2. Z32.02 Encounter for pregnancy test, resu...(V72.41)
3. Z11.3 Encounter for screening for infect...(V74.5)

Procedures	Program	Modifiers	Qty	Dx Pointers	Unit	Charge	Amount
99213 - EST OFFICE OUTPATIENT VISIT 15 MINUTES	FP	FP	1	1	1.000	PU	282.00
81025 - URINE PREGNANCY TEST	FP		1	2	1.000	PU	3.12
85018 - HEMOGLOBIN	FP	90	1	1	1.000	PU	2.90

Comments

bleeding problem

Signed by RN. [redacted] on Monday, July 9, 2018 at 9:29 AM

remove Z11.36remove 85018

Appended by RN. [redacted] on Tuesday, August 21, 2018 at 2:09 PM Review

eSuperbill

When a clinician appends the eSuperbill, the system will request that the appended note is reviewed, typically by the clerk that is creating/submitting the charges.

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Charge Screen

Billing component used in creating a bill file to submit to payer source

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- Alabama Medicaid Agency (AMA)
- Blue Cross Blue Shield (BCBS)
- Different payers have different rules.
- Different health departments programs have different rules.
- Coding only applies to services provided in the Health Department.
- Certain services are included in the global fee for Medicaid.
- Health Department is not considered a pharmacy provider therefore we can not bill certain birth control methods to BCBS.
- Patients are unique and coding should reflect this.



All Payers Are Not Alike

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Hemoglobin	Injection Administration
Venipuncture	Pap Smear
Capillary	HIV Test
Thyroid Profile	GC/CT/TV
Liver Profile	MMG
Urinalysis	
Wet Prep	

Medicaid Family Planning Global Fee

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Insurance - Appointment - Provider Place of Service | 71. Public Health Clinic Accept Assignment

Primary Plan | MEDICAID PLAN FIRS Referral PAN Copay 0.00 Paid Allocate

Secondary --Select-- Referral PAN Adv. --Reason--

Location | Houston Co Health D Start DOS | 05/04/2018 End DOS | 05/04/2018 Transaction | 05/04/2018

Claim Type | Original Original Ref #

Admission Discharge Dates | Add New Dates

Rendering | Thomas, Grace Billing | Thomas, Grace Referring Billing Entity | Houston County Heal

Diagnosis & Procedure Last Visit Template

Diagnosis 1. Z30.42 Encounter for surveillance of in V25.49 2. Z32.02 Encounter for pregnancy test, result neg V72.41

3. ICD-10 ICD-9 4. ICD-10 ICD-9

Procedures

	Start DOS	End DOS	Modifier	Dx. Ptr *	Units	Patient \$	Plan \$	Ordering Provider
<input checked="" type="checkbox"/> 99213 FP	05/04/2018	05/04/2018	FP	1	1	UN	\$ 0.00 235.00	--Select--
<input checked="" type="checkbox"/> 81025 FP	05/04/2018	05/04/2018		0	2	UN	\$ 0.00 3.00	--Select--
<input type="checkbox"/>				0	1	UN	\$ 0.00 0.00	--Select--
<input type="checkbox"/>				0	1	UN	\$ 0.00 0.00	--Select--
Total:							0.00 238.00	238.00

Notes & Comments Validate

Claim Status | 2. Billed To Prim plan (EDI) Responsible Plan | P.MEDICAID PLAN FI

Key Elements of the Charge Screen

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Insurance - Appointment - Provider Place of Service | 71. Public Health Clinic Accept Assignment

Primary Plan | MEDICAID PLAN FIRS Referral PAN Copay 0.00 Paid Allocate

Secondary --Select-- Referral PAN Adv. --Reason--

Location | Baldwin Robertsdale Start DOS | 08/13/2018 End DOS | 08/13/2018 Transaction | 08/15/2018

Claim Type | Original Original Ref #

Admission Discharge Dates | Add New Dates

Rendering | Thomas, Grace Billing | Thomas, Grace Referring Billing Entity | Baldwin County Health Split

Diagnosis & Procedure Last Visit Template

Diagnosis 1. Z32.02 Encounter for pregnancy test, r V72.41 2. Z30.42 Encounter for surveillance of injectable o V25.49

3. ICD-10 ICD-9 4. ICD-10 ICD-9

Procedures

	Start DOS	End DOS	Modifier	Dx. Ptr *	Units	Patient \$	Plan \$	Ordering Provider
<input checked="" type="checkbox"/> 99213 FP	08/13/2018	08/13/2018	FP	1	1.2	UN	\$ 0.00 235.00	--Select--
<input checked="" type="checkbox"/> J1050 FP	08/13/2018	08/13/2018	UD	1	2	UN	\$ 0.00 18.00	--Select--
<input checked="" type="checkbox"/> 81025 FP	08/13/2018	08/13/2018		0	1	UN	\$ 0.00 3.00	--Select--
<input type="checkbox"/>				0	1	UN	\$ 0.00 0.00	--Select--
Total:							0.00 256.00	256.00

Notes & Comments Validate

Claim Status | 6. Hold Claim Responsible Plan | P.MEDICAID PLAN FI

Splitting of Charges

You should ONLY split charges if the method is billed back to the family planning state level NPI (ex. Rings, depo, IUDs)

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Split Charge X

Split

CPT	Description	Program	Billing Entity
99213	OFFICE OUTPATIENT VISIT 15 MINUTES	FP	Baldwin County Health Dept Robertsdale FP CLINIC
J1050	MEDROXYPROGESTERONE ACETATE	FP	Ala Dept of Public Health Statewide FP Baldwin RO
81025	URINE PREGNANCY TEST VISUAL COLOR CMPRSN...	FP	Baldwin County Health Dept Robertsdale FP CLINIC

Total Records: 3

Splitting of Charges

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Insurance - Appointment - Provider
Place of Service [71. Public Health Clinic] v Accept Assignment

Primary Plan	MEDICAID PLAN FIR	Referral	PAN	Copsy	0.00	Paid Allocate
Secondary	--Select--	Referral	PAN	Adv.		--Reason--

Location	Baldwin Robertsdale	Start DOS	08/13/2018	End DOS	08/13/2018	Transaction	10/05/2018
Claim Type	Original	Original Ref#					
Admission		Discharge		Dates	Add New Dates		
Rendering	Thomas, Grace	Billing	Thomas, Grace	Referring		Billing Entity	Ala Dept of Public He

Diagnosis & Procedure
Last Visit v Template

Diagnosis	1. Z32.02 Encounter for pregnancy test, r	V72.41	2. Z30.42 Encounter for surveillance of injectable o	V25.49
	3. ICD-10	ICD-9	4. ICD-10	ICD-9

Procedures	Start DOS	End DOS	Modifier	Dx. Ptr*	Units	Patient \$	Plan \$	Ordering Provider
<input checked="" type="checkbox"/> J1050	FP	08/13/2018	08/13/2018	UD	1 2	150	UN	\$ 0.00 18.00 --Select--
<input type="checkbox"/>					0	1	UN	\$ 0.00 0.00 --Select--
Total:						0.00	18.00	18.00

This charge was created from another charge that includes these services: (81025) and (99213)

Notes & Comments
Validate

Claim Status	[7. Never been billed] v	Responsible Plan	P.MEDICAID PLAN FI
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Splitting of Charges

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The screenshot shows a medical billing software interface. At the top, it displays 'Insurance - Appointment - Provider' and 'Place of Service | 71. Public Health Clinic'. Below this, there are several dropdown menus for 'Primary Plan' (MEDICAID PLAN FIR), 'Secondary' (-Select-), 'Location' (Houston Co Health D), 'Claim Type' (Original), 'Admission', and 'Rendering' (Thomas, Grace). A 'Validate' button is highlighted with a red box at the bottom right of the main form area.

Validate Button

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The screenshot shows a 'Claim Validation' window with a title bar and a close button. It has two tabs: 'Validate' (selected) and 'History'. The main content area lists two validation entries:

- Scrub**: 10/09/2018 10:49:43 AM. Status: Scrubber is Passed, No Errors were found.
- BRE**: 10/09/2018 10:49:35 AM. Status: BRE is Passed, No Errors were found.

Each entry has a green checkmark icon and a refresh icon.

Validate Button

Two green bars as shown above, indicated charge is ready to be billed, based on info on charge screen

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Payer and Payment Method

Payment By: Payment Date: 10/9/2018

Payment Method: Cash Deposit Date:

Claim Control #: Reversal

Advances and Allocation

Total Unapplied:

Current Visit Unapplied:

Allocate from Unapplied:

Crossover Claim Interest Amount: 0.00 Copay: \$0.00

CPT	St. DOS	Charged	Balance	Allowed	Paid/Refund	Transfers	Copay	Write Off	Details	Pat Bal	Plan Bal
99214	10/1/2018	260.00	-40.00							-40.00	0.00
Transaction: 10/1/2018 (Patient)				0.00	100.00	0.00	0.00	0.00			
Transaction: 10/9/2018 (Patient)				0.00	100.00	0.00	0.00	0.00			
Transaction: 10/9/2018 (Patient)				0.00	100.00	0.00	0.00	0.00			
99401	10/1/2018	17.99								17.99	0.00
S4993	10/1/2018	30.00	30.00							30.00	0.00
81025	10/1/2018	3.00	3.00							3.00	0.00
Total:		310.99	10.99	0.00	0.00	0.00	0.00	0.00		10.99	0.00


Notes & Comments

Claim Status: 1 Billed To Patient / Self Pay Next Responsible:

Comment:

Double Payment Charges

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Problem Lists

Claims that have been flagged for errors in demographics or Billing Rules Engine

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- Located in the Billing Module
- Used to communicate billing issues with designated district and county staff
- Ex. Demographics, eligibility, patient has undocumented insurance, claims flagged of billing error, etc.
 - Messages that identifies the issue will be found in CureMD

Problem Lists

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Recap for Clerks

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CAN

- Update units on the charge screen, if correct on the provider note and/or eSuperbill
- Add/Delete modifiers
- Update diagnosis pointers
- Utilize training materials for coding, provided by **CBU Only**
- Make sure correct primary plan is selected
- Make sure correct Billing Entity is selected based on the service

CAN'T

- Can not add, delete, or change CPT code selections on charge screen
- Can not add, delete, or change diagnosis codes on charge screen
- Can not append eSuperbill or documentation
 - Ex: The clinician must append eSuperbill if changes need to be made before a charge is created and submitted.

Recap for Clerks

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- Clear and accurate documentation
- Reviewing Provider Documentation
 - Documentation must match the billed services – every billed service and its corresponding diagnosis code must be clearly documented in the medical record
 - Services must be **medically necessary** for the treatment of the patient's condition
 - If it wasn't documented – it did not happen and can not be coded or billed

Recap for Clerks

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- Select the "**Zip Code**" hyperlink to populate the address properly. If you do not, your address will not save
- Enter all accurate patient demographics
- Ensure that the Sliding Scale Fee is checked and that programs show **ALL**
- Review Provider Note thoroughly
- **Refresh Charges.** Make sure that the appropriate insurance carrier is selected, if any. Then add your modifiers. Lastly, tab through each line of the eSuperbill and the charge screen to ensure the system is pulling in the correct rate and/or activating the sliding fee scale.

Quick Tips

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- Highest level provider **MUST** sign the provider note and the eSuperbill
- Be sure that we are using the ALFP1 for Emergency Contractive not S4993
- Refer to the policy for correcting documentation for retired/separated employees
- Incomplete exams are not to be billed to a payer.
- Questions? Contact your District or CBU Representative

Quick Tips

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Questions