

Authorization Bill-To-Insurance

Prepared for

myUnity Essentials Financial



Netsmart

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Overview

The patient authorization allows a Bill-To-Insurance can be specified. Using this feature can eliminate the need to enter insurance rates for payers to indicate which services aren't covered. The system can handle multiple payer billing scenarios since now the authorized charges for the Bill-To-Insurance will automatically post to that payer on a Billing Audit.

Insurance Setup

In **Clinical**, go to the **Insurance** library. Select the payer and make sure **Authorization** is set to **Required**.

Home > Insurances > Modify Insurance

Name Government Employees Heal **Street** P.O. Box 4665

Suite/Apt # **City** Independence

State Select a State/Province **Zip Code** 64051

Phone **Category** (Select an Insurance Cate...)

Type (Select a Type) **Code** GEHA

Authorization Required Not Required

Visibility Active Inactive **PDGM Effective Date** 01/01/2020

To view this setting in the Billing Module, go to **File > File Maintenance > Entity**, press **Change Type** and set the radio button to **Insurance**. Press **Find** to search for and select the payer that issues authorizations. Go to the **Insurance** Tab and view the Authorization setting under Billing Requirements.

Entity Maintenance: Insurance GEHA - Government Employees Health Associatio...

Name/Address Insurance Ins-Rate Contact Notes

Insurance Type: Commercial

Financial Class: Commercial Class

Bill Type: UB04

Provider #:

Payor/Submitter #:

GL A/R Account #:

GL Revenue Account #:

GL Discount Account #:

PPS Billing: Bill Method: Normal

Payor Type:

Requires EW: Timely Filing: 0

Billing Unit Overrides:

#	Modality	Units
1	Skilled Nursing	N/A
2	Physical Therapy	N/A
3	Speech Therapy	N/A

* Revenue Based on Calculated Time/Units

Billing Requirements:

Plan of Care HIPPS Code

Authorization

When this option is selected, the Billing Pre-Audit will show a Failure message if charges not linked to an authorization are found.

To allow charges to be billed without an authorization, the user can enter an authorization record with the words “No Auth Req” in the Authorization Number field.

Patient Authorizations

In the Clinical Patient Schedule, add an authorization with the Bill-To Insurance specified.

^ Authorizations Refresh Add Modify						
Authorization	Type	Insurance	From	To	Auth #	
Authorization	Active	Government Employees Heal	03/29/2021	04/29/2021	GH482829	
Discipline	Billing Code	Authorized	Applied	Remaining		
PT/PTA		6	0	6		

To view the authorization in the Billing Module, go the Patient file Authorize tab.

Patient: 000000262 - Auth, Sallylynn Admit: 3/29/2021

Patient | Admit | Diagnosis | Assign | Insurance | Certify | **Authorize** | Docs | Other | Notes

Start-Date	End-Date	Authorized-By	Authorization-#	Bill-To-Insurance
3/29/2021	4/29/2021		GH482829	Government Employees Health Asso

Notes:

Authorizations for Period: 3/29/2021 4/29/2021 Hide Stopped Authorizations

Care-Type	Min	Max	Basis	Period	Duration	Total	Charge-Description
Physical Therapy	0	6	Visits	Year	1	6.00	

?

Billing Process

Run the **Billing Pre-Audit for Failures Found** and correct any errors (the Charge > [Authorization Report](#) can be run with Auto-Correct selected to attach charges entered prior to authorization entry).

Run the **Billing Pre-Audit for Ready to Bill** to review charge and authorization information. It is recommended to choose the insurance Financial Class.

1/30/2017 11:37:27 AM Ins/Patient Sequence	Billing Pre-Audit - Bills Ready Patient(s) From:11/1/2016 To:1/31/2017	Page 1 Home Health Care Services Medicaid Class	
Allred, Andrea R - 131366	Prim-Ins: Medicare	Auth-Req	
Admit: 11/22/2016	Cert-From: 11/22/2016 To: 01/20/2017		
Insurance 1-Info: 60016 - Medicare Insurance 2-Info: 60001 - Aging Waiver Total Charges: 667.50	Effective: 1/1/2014 - 12/31/2099 Effective: 1/1/2000 - 12/31/2099 First-Visit: 11/22/2016 Last-Visit: 12/2/2016	Auth-Req	
Charges To Be Billed:	Time	Chg-Amt	Bill-To-Ins
11/22/2016 SNADM SN Admission	2.80	200.00	No-Auth
11/22/2016 HM Homemaker	2.00	93.50	Aging Waiver
11/23/2016 HHA HHA Visit	4.00	93.50	No-Auth
11/28/2016 HHA HHA Visit	2.00	93.50	No-Auth
11/30/2016 HM Homemaker	4.00	93.50	Aging Waiver
12/2/2016 HHA HHA Visit	4.00	93.50	No-Auth
Totals:	18.80	667.50	

When done viewing the Pre-Audit, close the preview window and press the **Bill Audit** window to jump to the Billing Audit.

In the example below, Medicare is primary but the Homemaker visits are going to the secondary insurance (Payor 2 column) because the authorization for those visits has that insurance specified as the Bill-To-Insurance.

Prior to the Bill-To-Insurance functionality, a zero \$ insurance rate for the Homemaker charge would have been entered for the Medicare payer to force that charge to go to the secondary insurance.

1/30/2017 12:00:58 PM Normal	Billing Audit Report From:11/1/2016 To:1/31/2017 Bill Date: Chg-Month	Medicaid Class Page 1 Home Health Care Services								
Patient: Allred, Andrea R 410 South 500 West Red Bank NJ 84701	Code: 131366 Admit: 11/22/2016	Admit No: 131366 Birth: 9/28/1933 Unit: Home Health Care Services								
Payor	Code/Plan	Contract	Start	Stop	Class	CoPay	Method			
1 Medicare	60016/Master	999999999A	01/01/2014	12/31/2099	Medicare Class	0.00	MCR-PPS			
2 Aging Waiver	60001/Master	5345345	01/01/2000	12/31/2099	Medicaid Class	0.00	Normal			
Order Diagnosis:										
1 J99 Respiratory disorders in disea										
Date	Description	Employee	Qty	Time	Total	Payor1	Payor2	Payor3	Payor4	Allow
Homemaker										
11/22/2016	Homemaker	Default, Employee	1	2.00	93.50	0.00	93.50	0.00	0.00	0.00
11/30/2016	Homemaker	Default, Employee	1	4.00	93.50	0.00	93.50	0.00	0.00	0.00
	Totals:		2	6.00	187.00	0.00	187.00	0.00	0.00	0.00
	Pat Totals:		2	6.00	187.00	0.00	187.00	0.00	0.00	0.00

After previewing the Billing Audit, close the preview window and **Post**.

Go to **Billing > Electronic Claims** to generate claims as usual.