Electronic Submission Exceptions Guide

Prepared for

myUnity Essentials Financial

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Overview

When generating a claim file under **Billing>Electronic Claims**, if data required for claim output is missing (as specified in Insurance set-up or the Option Set), an exception message is shown on the Electronic Claim Submission report and that claim will NOT pull to the submission file until it is corrected. This guide includes a list of the most common failures and resolutions. Information originating from your clinical system should be corrected there and resent to Billing.

Exception Messages

Agency Contact, Phone or Zip Missing

If your option set is configured to pull information by Unit, go to **File > File Maintenance > Entity,** press **Change Type** and set the radio button to Unit. Search for and select the Unit. On the **Address** tab, a 9-digit zip code needs to be present. On the **Contact** tab, ensure a phone number and contact name are present.

If your option set is configurated to pull from System Settings, go to **File > File Maintenance > System Settings** and on the **Agency** tab, make sure a 9-digit zip, phone number and billing signature are present.

Make sure the option set locator **9000.40 Zip Code** is set to pull a zip code.

Authorization/Claim Code Missing or Bad UTN Length

For PDGM Final claims with UTN, it indicates the Patient Authorization in the Clinical Schedule isn't present with a valid 14-digit UTN (authorization number) for the claim period.

For non-PPS (Per Visit) claims requiring an authorization, confirm it is present on the **Patient** file **Authorize** tab. If the authorization has not posted from Clinical, resend it. If all authorization information is present, go to **Charge > Authorization Report** and run the report with the **Auto-Correct** option checked.

For PPS or Medicare Advantage claims requiring a PPS HIPPS, this indicates the OASIS Claim Key is missing. This is typically due to M0110 Episode Timing or M2200 Therapy Need being answered NA. Make corrections to the assessment and re-export the OASIS from Clinical. The OASIS may need to be unlocked in the Billing Module Patient file Certify tab before reexporting.

Charge Units Cannot be Zero

Charges for which claim Units are time-based (hourly or ¼ Hrs for example) will fail if the Visit time is missing. Un-bill any charges that show zero units. Correct the visit time in Clinical, repost the Visit Note and run and post a new Billing Pre-Audit/Audit using the original Bill Date. Missing visit time shows as a Warning on the Pre-Audit.

COB Payor ID Missing

The 5-digit payer ID used to identify the COB payer for electronic claims is missing.

Go to **File>File Maintenance > Entity**, press **Change Type** and set the radio button to **Insurance**. On the **Insurance** tab, enter the **payor ID** into the Payor/Submitter# field. If contracted with Netsmart for RevConnect or Zirmed/Waystar clearinghouse functionality, choose it from the Payor drop-down instead.

Date of Death Missing

For Medicare claims, if the patient has a Discharge Reason status code that indicates the patient has expired, the Death Date must be present in the Patient file Patient tab. If missing, enter it in the Clinical Patient Profile.

Doctor NPI, UPIN or License Missing

Attending and Certifying Physician identifiers can be configured in the option set to pull the License Number from the Doctor>Renewal tab and the NPI or UPIN from the Doctor>Other-Info tab.

Check the patient's Assigned/Order Doctors in Clinical and confirm they exported to Billing successfully via the Integration Log.

Confirm the physician ID numbers are present for each of the patient's assigned doctors in the applicable fields. The NPI and UPIN originate from Clinical Physician Library and the License Number, if required, must be updated directly in Billing.

HCPCS/Hipps or RevCode Missing

If the payer requires a HIPPS but one is not present on the claim, ensure the OASIS with HIPPS is present for the patient claim period in the Patient file Certify tab on the OASIS/HIS sub-tab.

A missing HIPPS is typically due to M110 Episode Timing or M2200 Therapy Need being answered NA. Make corrections to the assessment and re-export the OASIS from your clinical software. The OASIS may need to be unlocked before resending. Reference the OASIS Unlocking FAQ if necessary.

If the Rev or HCPCS columns have zeroes or are blank for any visit charges, the charge setup needs to be completed for the Insurance Revenue Type.

Go to **File > File Maintenance > Entity** to check the Insurance Type on the **Insurance** tab for that payer.

Go to **File > File Maintenance > Charge Codes** and for any visits missing the setup, add the **Insurance Type** on the **Revenue Code** tab along with the Revenue Type, HCPCS and modifiers (as needed) for the charge.

Reference the Revenue and HCPCS correcting FAQ for more detailed instructions.

Insurance Payor ID Missing

The 5-digit payer ID used to identify the payer for electronic claims is missing.

Go to **File>File Maintenance > Entity**, press **Change Type** and set the radio button to **Insurance**. On the **Insurance** tab, enter the **payor ID** into the Payor/Submitter# field. If contracted with Netsmart for RevConnect or Zirmed/Waystar clearinghouse functionality, choose it from the Payor drop-down instead.

Insurance Payor Type Missing

Go to **File > File Maintenance > Entity**, press **Change Type** and set the radio button to **Insurance**. On the **Insurance** tab, select the **Payor Type** for the insurance from the Payor Type drop-down. This should be done for each active insurance the patient has.

Mismatched NOA/Cert-Start

The patient's admit date doesn't match the first certification Start Date in the patient record. Go to the Clinical Patient Profile and correct the SOC date if needed. If the certification dates in the Clinical Patient Chart don't match those in the Billing Patient file > Certify tab, correct the dates so they match. This edit check only runs for admits starting 1/1/2022 and later.

Negative-Charges, No-Charges or No-Units Found

This indicates a claim was found that doesn't have any charges associated with it (typically because all charges were Un-billed from the Payments screen and the zero balance AR record wasn't deleted), the Option Set isn't configured to include the modality the charges are linked to, or Units (time) is missing.

Confirm that the correct Option Set was selected and that the charges entered for the patient are correct for that payer (via **Payments**).

On the Electronic Claims window, click the **Options** button for the Option Set in question, scroll to **Locator 2390.15 Charge Itemizations** and confirm the modalities are selected that correspond to the charges on the claim.

Under Payments, un-bill any charges that have zero units. Correct the visit time for the Visit Note in Clinical and run and post a new Billing Pre-Audit/Audit using the original Bill Date.

If this message appears for a "no visit" 30-day period for a PDGM payer, it can be ignored since Medicare doesn't require submitting the Final claim in that case.

Order Doctor Requires Order Diags

The selected option set is configured to pull the doctor information from the Order record, but the diagnosis isn't set to pull from the Order.

Confirm Locator 2300.60 HI*BK/BF Diagnosis Codes is set to "Treatment Plan Diagnosis Code (PPS Default)" if Locator 2310.20 NM1*71 Attending Physician/Facility Info is set to pull the Order Doctor.

Patient Insurance Contract Code Missing

Go to the **Patient** file **Insurance** tab and ensure the patient's insurance ID/MBI is present in the Contract # field. If missing, enter into the clinical Patient Profile. Make sure the information is present for each of the patient's insurances on file. Also make sure the effective dates of the payer cover the service dates and bill date of the claim.

Patient Unit/Provider-Unit Mismatch

This indicates the option set being used to create the electronic claim file is configured to pull provider information from the Unit file instead of from System Settings, but the claim was generated without specifying a specific unit. Recreate the claim file choosing a specific unit from the Unit drop-down selection.

Primary Diagnosis Missing or Incorrect Diagnosis Version

Claims are typically set to pull Diagnosis Codes from the Plan of Care in the Patient file Certify tab for the cert period(s) covering the charge dates. Resend the Diagnosis Export from Clinical and confirm via the Clinical log report that it posted successfully.

Primary Doctor Missing

For Hospice claims, the patient must have an active PECOS enrolled doctor (not an NP or PA) either on the Order record or in the Patient > Assign tab. Resend the Patient Profile from Clinical to update the patient's doctor information in Billing and confirm via the Clinical log report that it posted successfully.