IN Medicaid HH Claims

Prepared for

myUnity Essentials Financial



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Overview

Indiana Medicaid Home Health services are billed on the UB04 form. Multiple visits for the same date and type of service will be combined into one detail line on the claim to prevent denials for duplicates. For detailed billing instructions and regulatory compliance information, visit the Indiana Medicaid website:

https://www.in.gov/medicaid/providers/files/home-health-services.pdf

Setup

Overhead Rate Modality

Go to File > File Maintenance > System Settings.

On the **Modality** tab, pick an unused Modality or press the + button to add a new row.

Description: Overhead Charge

Is-Visit: checked

Care-type: Other

Cost-Type: Visit

Cost-Amt: leave blank

Seq Description	Is-Visit	Care-Type	Cost-Type	Cost-Amt	<u>▲</u>
12 Chaplain		Other	Visit	0.00	<u> </u>
13 HHA Extended	•	Other	Visit	0.00	
14 Continuous Care		Other	Visit	0.00	
15 PDN	•	Regular Nursing	Visit	0.00	
16 LPN		Regular Nursing	Visit	0.00	
17 Respite		Other	Visit	0.00	
18 Inpatient		Other	Visit	0.00	
19 Physician	•	Other	Visit	0.00	
20 Modali y Number 20		Other	Hour	0.00	
21 Non-Visit Time Tracking		Non-Visit	Hour	0.00	
22 Pharmacy		Supplies	Charge	0.00	
23 CNA		Personal Care Aide	Visit	0.00	
24 Co-Pay/Co-Insurance		Nutritional Therapy	Charge	0.00	
25 Overhead Charge	~	Other	Visit	0.00	•

Add Revenue/Procedure/Modifier Codes

Go to File >File Maintenance > Category, press Change Type and set to Revenue Code.

Press the **Add** button to add a new code combination. Enter the data in the corresponding fields as they are listed in Table 1.



Repeat this step for each code combination needed.

Table 1:

Revenue Code	Description	CPT/HCPCS	Other Code
055299600TD	Registered Nurse	99600:TD	TD
055299600TE	Licensed Practical Nurse	99600:TE	TE
057299600	Home Health Aide	99600	
0420G0151	Physical Therapy	G0151	
042497001	PT Evaluation	97001	
0430G0152	Occupational Therapy	G0152	
043497003	OT Evaluation	97003	
0440G0153	Speech Therapy	G0153	

Example:

👻 Category Maintenance: Revenue Co	ode - Browse
Category	
Code: 055299600TD ▼ Active: ▼ Description: Registered Nurse CPT/HCPCS: 99600:TD Other Code: TD	Category Type: C Acuity C PayRate Type C County C Priority C Denial Reason C Program C Diagnosis Grp C Race C Disch Reason C Referral Type C Disch Condition C Religion C Document Type C Renewal Type C Insurance Class C Revenue Code C Insurance Type C Schedule Group C Language C Schedule Zone C Marital Status C Team Group C Municipality C Unmade Visit
	C Optional C Work Shift C Payment Type
♣ Eind ☐ Save X Cancel	d – Delete 🤇 🌏

Attach Revenue Codes to Hourly Charges

Go to **File > File Maintenance > Charge Code**. Select the hourly Charge Code and go to the **Revenue-Codes** tab. Click the **Add** button to add a new row.

Type: Medicaid Rev Type

Code: enter the associated Revenue Code for the service (reference Table 1 if needed)

Start Date: enter the effective date for the revenue code

End Date: enter 12/31/2099



*		Charge: SNH - SN Vi	isit Hourly - I	Browse		- • ×
Charge Bill-Rate	Pay-Rate Rev	enue-Codes				
Туре	Code	Description	Start-Date	End-Date	GL-Account	-
Medicare Rev Type	0550G0154	SN Evaluation	1/1/2000	12/31/2015		
Medicare Rev Type	0551G0299	RN Visit	1/1/2016	12/31/2099		
Medicaid Rev Type	055000154	SN Evaluation	1/1/2000	12/31/2015		
Medicaid Rev Type	0550G0154	SN Evaluation	1/1/2016	12/31/2099		
Commercial Rev Ty	0550G0154	SN Evaluation	1/1/2000	12/31/2099		
Self Pay Rev Type	0551G0154	SN Visit	1/1/2015	12/31/2099		
S Code Rev Type	0551S9123	SN VISIT	1/1/2000	12/31/2099		
Carecentrix Rev Ty	S9123SQTD	RN Hour Vst Ccentrix	1/1/2000	12/31/2099		
Medicare Hospice	0550G0154	SN Evaluation	1/1/2000	12/31/2099		
Z Code Rev Type	0551Z6900	SN Visit Z	1/1/2000	12/31/2099		
Medicaid Rev Type(055299600TD	Registered Nurse	1/1/2000	12/31/2099		
VA Rev Type	0551-RN	VA RN VISIT	1/1/2000	12/31/2099		
		·				
📕 Eind 🛛 🕄 S	ave 🗙 <u>C</u> ano	el 🎯 Print 🕴 🕂 Add 📔 — 1	Delete		?	

Repeat the steps for each hourly charge code your agency bills to Medicaid.

Create Overhead Charge Code

In File > File Maintenance > Charge Code, on the Charge tab, press the Add button.

Code: Overhead

Description: Overhead Rate

Modality: Overhead Charge

Non-Billable: leave unchecked.

On the **Bill-Rate** tab, add the Overhead reimbursement amount in the Gross and Net fields with the applicable Start and End Dates. Basis is set to 'Visit'.

☆ Charge: OVERHEA	D - Overhead	d - Browse	-	. D X			
Charge Bill-Rate Pay-Rate Re	venue-Codes		1				
Code: OVERHEAD	✓ Activ	e: 🔽					
Description: Overhead							
Modality: Overhead Charge	e	•					
Non-Billable:				Cha	rge: OVERHEA	D - Overhead	d - Browse
	Charge Bill	-Rate Pay-Ra	te Reven	ue-Codes			
	Start-Date	End-Date	Basis	Gross	Net	Cost	Net-Ovr
	7/1/2016	12/31/2099	Visit	29.62	29.62		
H Eind Save X Ca							



Setup the Indiana Medicaid insurance

Go to File > File Maintenance > Entity, click Change Type and set to Insurance.

On the Insurance tab for the Indiana Medicaid payer, confirm the following:

Insurance Type: Medicaid Rev Type

Financial Class: Medicaid Class

Bill Type: UB04

Payor/Submitter: enter the payor's 5-digit electronic claim payor ID.

Payor Type : 3-Medicaid (Fee for Service)

Billing Unit Overrides: SN, LPN and HHA modalities are set to "*Hrs Rounded." Therapy modalities should be set to "*1/4 Hrs" (see <u>Option Set Configuration</u> regarding *Hrs Rounded unit calculation).

👻 Entity Maintenance: Insurance INHH	- Indiana Medicaid HH: Browse
Name/Address Insurance Ins-Rate Contact Notes	
	Billing Unit Overrides:
	# Modality Units
Financial Class: Medicaid Class 🗸	1 Skilled Nursing *Hrs Rounded
	2 Physical Therapy *1/4 Hrs
	3 Speech Therapy *1/4 Hrs
Provider #:	* Revenue Based on Calculated Time/Units
Payor/Submitter #: 12345 GLA/R Account #:	
GL Revenue Account #:	
GL Discount Account #:	Billing Requirements:
PPS Billing: 🗖 Bill Method: Normal 💌	Plan of Care HIPPS Code Authorization
Payor Type: 3-Medicaid (Fee for Service) 💌	J
Requires EVV:	Timely Filing: 0 🛨
Find Save X Cancel Print	?

On the **Ins-Rate** tab, add the hourly rates for charges billed to Indiana Medicaid.

Review the Indiana Medicaid Fee Schedule for a list of rates: http://provider.indianamedicaid.com/ihcp/Publications/MaxFee/fee_schedule.asp

or

https://www.in.gov/medicaid/providers/files/bulletins/BT202354.pdf



PNH	7/1/2017			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and the second second second	
	11 11 20 11		F	27.82		
IVT	7/1/2016	6/30/2017	F	66.68		
IVT	7/1/2017		F	68.84		
IVT	7/1/2016	6/30/2017	F	67.72		
IVT	7/1/2017		F	74.52		
ΓA	1/1/2000		F	72.24		
١H	7/1/2017		F	43.34		
IVT	7/1/2016	6/30/2017	F	71.72	•	
IVT	7/1/2017		F	75.12		
	TVT TVT TA NH TVT TVT	TVT 7/1/2017 TVT 7/1/2016 TVT 7/1/2017 TA 1/1/2000 NH 7/1/2017 TVT 7/1/2017 TVT 7/1/2017 TVT 7/1/2017 TVT 7/1/2017 TVT 7/1/2016 TVT 7/1/2017	TVT 7/1/2017 TVT 7/1/2016 6/30/2017 TVT 7/1/2017 7/1/2017 TA 1/1/2000 1/1/2017 NH 7/1/2017 7/1/2017 TVT 7/1/2016 6/30/2017 TVT 7/1/2016 6/30/2017	TVT 7/1/2017 F TVT 7/1/2016 6/30/2017 F TVT 7/1/2017 F TA 1/1/2000 F NH 7/1/2017 F TVT 7/1/2017 F TVT 7/1/2017 F TVT 7/1/2016 6/30/2017 F TVT 7/1/2016 F F	TVT 7/1/2017 F 68.84 TVT 7/1/2016 6/30/2017 F 67.72 TVT 7/1/2017 F 74.52 TA 1/1/2000 F 72.24 NH 7/1/2017 F 43.34 TVT 7/1/2016 6/30/2017 F 71.72 TVT 7/1/2016 6/30/2017 F 71.72 TVT 7/1/2017 F 75.12	TVT 7/1/2017 F 68.84 I TVT 7/1/2016 6/30/2017 F 67.72 I TVT 7/1/2017 F 74.52 I TA 1/1/2000 F 72.24 I NH 7/1/2017 F 43.34 I TVT 7/1/2016 6/30/2017 F 71.72 TVT 7/1/2016 6/30/2017 F 75.12 I

Configure the Indiana Medicaid Option Set(s)

Go to Billing > Electronic Claims and select the Option Set for IN Medicaid 837I.

Click **Options** and using the Locator dropdown, set the following:

2300.73 Occurrence Code/Date A: Patient Certification From Date and enter "27" in the text box.

2300.78 Occurrence Span: Charge Visit Occurrence Dates (Special Billing Only). Pulls a '61' occurrence code for services prior to the Core MMIS 2/13/17 implementation date (formerly 12/5/16 implementation) or '73' for dates of service 2/13/17 and after. (Note: do not bill services that span the 2/13/17 date on the same claim).

2390.12 Charge Itemized Consolidation Options: Revenue Code/Date Consolidation (for *Hrs Rounded modalities, this will total time for the day and then round units).

9000.50 Include Pat-Ins-Bill Data: Include All Patient-Insurance Bill Data Items

*UB04 hard copy claims are not currently supported for Overhead Billing. Please contact Netsmart Support if this is needed.

Process

Billing Overhead Rate

Prior to running the Billing Pre-Audit/Audit, the Indiana Medicaid Overhead Rate charge must be created to update the A/R with the overhead amount when the Billing Audit is posted.

Go to **Charge > Auto Charge Generation** (or File > Report Groups if setup).



General Options tab

Auto Generation Type: Charge Create

Selection Type: Insurances (select Indiana Medicaid on the 'Specific Includes' tab)

Date Selection: current billing period

Data Applicable to Each Charge Generated: Overhead Rate code

Employee: choose the Default Employee

*	Auto Charge	Generation	×
General Options Specific	ncludes More Options		
Auto Generation Type: Charge Create Charge Create Charge Split Charge Split Charge Replace Date Selection: From: 8/1/2015	Selection Type: C All Records C Patients Insurances C Units C Ins-Classes To: 8/31/2015	Charge Detail: (C) One Per Day (C) One Per Patient (C) One Per Period Financial Class: Use: [] Time: 0	Primary Ins Only Preview Charges
Employee: Nurse, Test	•	Batch #: 0	
	Paninin.		
	0		
Start M Eind	Bernove	X Cancel	?

More Options tab

Add Charge for Each Day That a Billable Visit is Found: checked.

Only 1 per Household: checked. When checked, the system evaluates patient Address 1, Address 2 and City fields for the same address and only creates one Overhead charge per day per household.



More Options tab:

☆ Auto Charge Generation - IN Medicaid Overhead ×
General Options Specific Includes More Options
Charge Create Options: Add Charge for Each Day That a Billable Visit is Found Only 1 per Household
Institution Stay (Room and Board) Options:
Fix Charge Override Rates when Charges were Created with Incorrect Rates
Charge Split Options:
Charge Replace Options:
🗖 Only Non-Institutionalized Patients w/LOS Days Greater or Equal to: 0 🚔
Only Replace Charges with Time Less Than or Equal to: 0
💈 Start 👫 Eind – Remove 🥸 Print 🗶 Cancel 🔛 Alter

Press **Start** and select **Yes** on the confirmation windows if the number of charges to be created is accurate.

If not, select **No** and adjust the selection criteria.

After the **Auto Charge Generation** routine has been run, proceed with running the **Billing Pre-Audit**.

Bypassing the Prior Auth for post-discharge services

Indiana Medicaid allows providers to bill certain types of services without a prior authorization following a discharge from the hospital. An occurrence code 42 (used for DOS prior to the 2/13/17 CoreMMIS implementation date) or 50 needs to be present on the claim with the DC date to indicate the authorization requirement should be bypassed.

Go to Patient > Insurance > Bill Data.

Press the '+' button to add a row.

Type: Occurrence2

Bill Date: Enter the claim bill date from the billing audit

Code: '42' for DOS on or after 2/13/17 CoreMMIS implementation date or '50' for DOS prior.

Date: enter hospital discharge date.

Amount: leave blank

Note/Text: leave blank



Insurance	Name	-		Sta	art-Date	End-Date	Seg	•
INHH	Indiana Medica	id HH		12/	24/2014	12/31/2099	1	+
3	Medicaid Room	and Board		1/1	8/2017	12/31/2099	2	
Guarantor Info	Bill Rates Bi	II Data		1.				
Guarantor Info Type	Bill Rates Bill-Date	I Data	Date	Amount	Note / Tex	t.		 _] _+
Guarantor Info Type Occurrence2	Bill Rates Bi Bill-Date 9/30/2017	I Data Code 42	Date 1/17/2017	Amount	Note / Tex	đ		
Guarantor Info Type Occurrence2	Bill Rates Bi Bill-Date 9/30/2017	I Data Code 42	Date 1/17/2017	Amount	Note / Tex	d		

