

IN Medicaid HH Claims

Prepared for

myUnity Essentials Financial



Netsmart

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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.

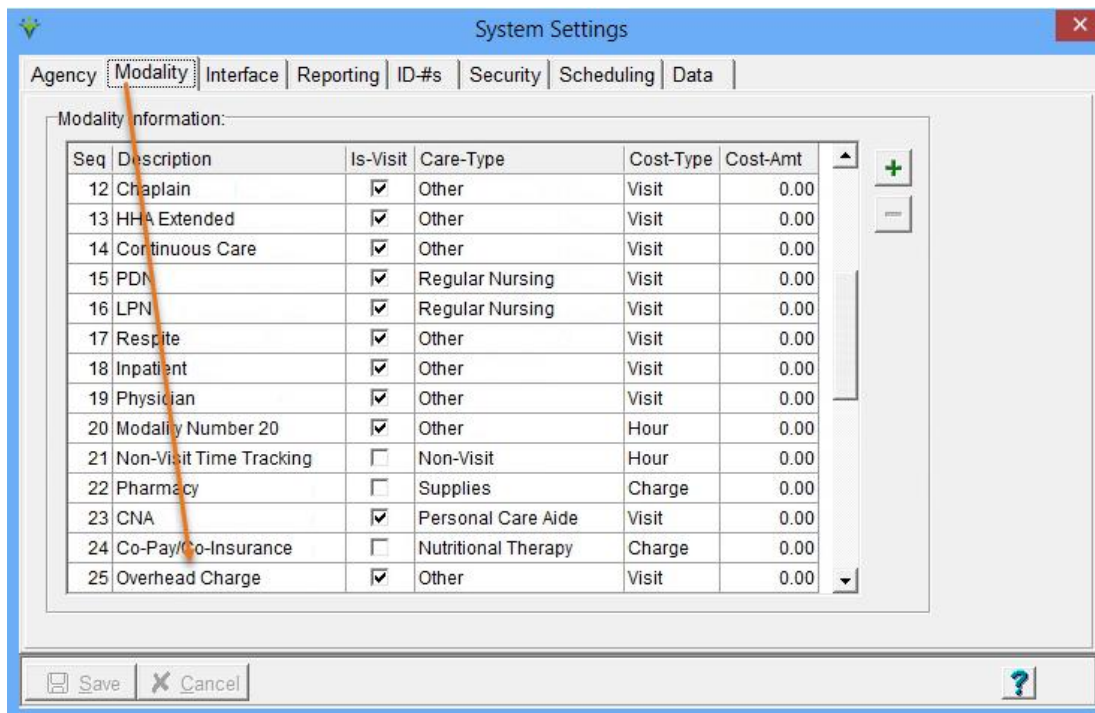
Description: Overhead Charge

Is-Visit: checked

Care-type: Other

Cost-Type: Visit

Cost-Amt: leave blank



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:

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

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

Type	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	0550G0154	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 F	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	

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: OVERHEAD - Overhead - Browse

Code: OVERHEAD Active:

Description: Overhead

Modality: Overhead Charge

Non-Billable:

Start-Date	End-Date	Basis	Gross	Net	Cost	Net-Ovr
7/1/2016	12/31/2099	Visit	29.62	29.62		<input type="checkbox"/>

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 [Option Set Configuration](#) regarding *Hrs Rounded unit calculation).

#	Modality	Units
1	Skilled Nursing	*Hrs Rounded
2	Physical Therapy	*1/4 Hrs
3	Speech Therapy	*1/4 Hrs

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>

Charge-Description	Charge-Code	Start-Date	End-Date	Type	Rate	Allow
LPN Visit Hourly	LPNH	7/1/2017		F	27.82	<input checked="" type="checkbox"/>
OT Visit	OTVT	7/1/2016	6/30/2017	F	66.68	<input checked="" type="checkbox"/>
OT Visit	OTVT	7/1/2017		F	68.84	<input checked="" type="checkbox"/>
PT Visit	PTVT	7/1/2016	6/30/2017	F	67.72	<input checked="" type="checkbox"/>
PT Visit	PTVT	7/1/2017		F	74.52	<input checked="" type="checkbox"/>
PTA Visit	PTA	1/1/2000		F	72.24	<input checked="" type="checkbox"/>
SN Visit Hourly	SNH	7/1/2017		F	43.34	<input checked="" type="checkbox"/>
Speech Therapy Visit	STVT	7/1/2016	6/30/2017	F	71.72	<input checked="" type="checkbox"/>
Speech Therapy Visit	STVT	7/1/2017		F	75.12	<input checked="" type="checkbox"/>

Rev-Code: 0551T1005TEL LPN TCW HCPC/Other: T1005:TE:U7

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

The screenshot shows the 'Auto Charge Generation' dialog box with the 'General Options' tab selected. The 'Auto Generation Type' section has 'Charge Create' selected. The 'Selection Type' section has 'Insurances' selected. The 'Charge Detail' section has 'One Per Day' selected. The 'Date Selection' section shows 'From: 8/1/2015' and 'To: 8/31/2015'. The 'Data Applicable to Each Charge Generated' section shows 'Charge: Overhead', 'Employee: Nurse, Test', and 'Batch #: 0'. The 'Financial Class' section is empty. The 'Primary Ins Only' and 'Preview Charges' checkboxes are unchecked. The dialog box has a status bar at the bottom with buttons for Start, Find, Remove, Print, and 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:

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

Patient: 131389 - Medicaid, Indy Admit: 1/18/2017

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

Insurance	Name	Start-Date	End-Date	Seq
INH	Indiana Medicaid HH	12/24/2014	12/31/2099	1
3	Medicaid Room and Board	1/18/2017	12/31/2099	2

Guarantor Info | Bill Rates | **Bill Data**

Type	Bill-Date	Code	Date	Amount	Note / Text
Occurrence2	9/30/2017	42	1/17/2017		

End Save Cancel Print ?