Non-PPS Secondary Claims with Coordination of Benefits

FAQ

Contents

Billing Secondary Payer Claims (Non-Medicare)

Non-Medicare secondary payer claims that include Coordination of Benefits (COB) information can be billed from HAS by transferring balances from the primary payer to the secondary payer after the primary denial or payment is received. The Payments/Transfers 'Billing Codes' tab is used to enter claim specific information. This document lays out the one-time setup of non-Medicare secondary Option Sets and steps on transferring charges and entering claim Billing Codes.

One-Time Setup

Create a Secondary Payer Option Set

- Go to **Billing > Electronic Claims.**
- Select the **Commercial or Medicaid Electronic Claims Option Set**.
    - o Click '**Options'**
    - o Select '**Copy'**
    - o Select a **Destination ID #** and enter a Description
        - ▪ example **Commercial with COB.**
    - o Close and reopen Electronic Claims.
- Select the **new Secondary Payer option set**.
    - o Click '**Options'** and change the following locators:
        - ▪ **2320.30 COB Coordination of Benefit Loops (Secondary Ins):** 'Patient Bill Data Value1 Amount' or choose 'Payment Amount from First Other Insurance'.
            - • If all payments from the primary have been posted in HAS but claim balance edits in Payment, Billing Codes tab will not apply.
        - ▪ **2320.32 COB Insurance Sequence:** 'Billed Insurance is secondary (COB insurance is primary)'
        - ▪ **2320.33 COB SBR*09 Claim Indicator:** 'Default Value to (MA, CI) based on prior paid'
        - ▪ **2320.34 COB CAS*01/02 Claim Adjustment Group/Reason:** 'Patient-Ins Bill Data Adjustment Reason(s)'
        - ▪ **2320.37 COB AMT*EAF Remaining Responsibility:** 'Default to Total Claim Amount'
        - ▪ **2330.10 COB NM1*PR Insurance Payor ID:** 'Insurance Submitter Number (Default)'
        - ▪ **2330.20 DTP*03 Claim Adjudication Date:** 'Pat-Ins Bill Data Occurrence1 Date'
        - ▪ **9000.50 Include Pat-Ins-Bill Data:** set to 'Bypass this Data Element' (unless Value, Occurrence or Condition codes are required for a particular payer).
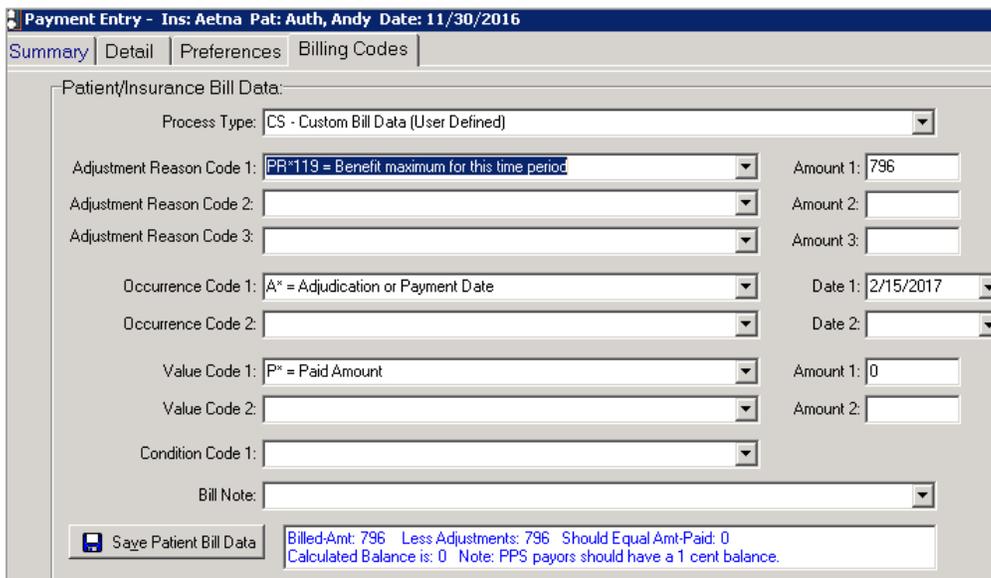
Billing Process

Transfer Balance Due from Primary to Secondary Payer

- In **A/R > Payments/Transfers**, transfer the balance to the secondary insurance from the primary after the primary payment has been applied or a denial received.
- On the '**Detail**' tab, check '**Allow Transfer.'**
    - Leave today's date as the '**To Bill Date.'**
    - Set the '**To Insurance'** to the secondary insurance.
    - If that payer is not shown, add it to the patient's record in HAS or your Clinical system with the correct effective dates.
- In the **Transfer** column enter the balance amount to be billed to the secondary insurance.
    - If the visit was paid in full, transfer $0 for that visit.

Tip: if transferring the Net amount for all charges, check the 'Xfer All Chgs' box, then press the 'Xfer' button.

- Once the transfer completes successfully a new bill record for the specified bill date will be created for the secondary payer.

Enter Claim Data

- In **A/R > Payments/Transfers**.
    - Select the secondary payer claim record that was created in previous step and click the "**Billing Codes**" tab.
    - Select "Custom Bill Data" from the **Process Type** drop-down.
        - **Adjustment Reason Code 1:** select the Patient Responsibility (PR) Claim Adjustment Reason Code (CARC) from the drop-down based on the primary payer EOB. If more than one Patient Responsibility CARC needed, use additional Adjustment Reason Code(s).

- **Amount 1:** enter the Adjustment Reason Code 1 Patient Responsibility (PR) amount based on the information provided on the primary payer EOB (required if Adjustment Reason Code 1 is used).
- **Adjustment Reason Code 2:** if needed, select additional CARC from the drop-down based on the primary payer EOB.
- **Amount 2:** enter the Adjustment Reason Code 2 amount based on the information provided on the primary payer EOB (required if Adjustment Reason Code 2 is used).
- **Adjustment Reason Code 3**: if needed, select additional CARC from the drop-down based on the primary payer EOB.
- **Amount 3**: enter the Adjustment Reason Code 3 amount based on the information provided on the primary payer EOB (required if Adjustment Reason Code 3 is used).
- **Occurrence Code 1:** Choose 'A* - Adjudication or Payment Date'
- **Date 1:** enter date the primary payer adjudicated the claim (required if Occurrence Code 1 is used).
- **Occurrence Code 2:** Optional.
- **Date 2:** enter the Occurrence date for Occurrence Code 2 (required if Occurrence Code 2 is used).
- **Value Code 1:** Choose 'P* Paid Amount'
- **Amount 1:** enter the amount paid by the primary payer. If no payment received, enter '0'. (required if Value Code 1 is used).
- **Value Code 2:** Optional.
- **Amount 2:** enter the Value 2 amount (required if Value Code 2 is used).
- **Condition Code 1:** Optional.
- **Bill Note:** Optional. Select a Bill Note from the drop-down or type in the desired claim note.

Important note: If any billing code is not listed in a drop-down the user should contact HAS Support to request the code's addition to the list. To use an unlisted code the user should enter it via the Patient> Insurance> Billing Codes tab.

Create Secondary Payer Electronic Claim(s)

- Go to **Billing > Electronic Claims**.
  - Select the Secondary Payer Option set and follow the standard process for creating claims.
  - Review the Electronic Claim Submission report for COB Payer information.

| | | Electronic Claim Submission | | Institutional | Page 1 |

12/6/2017 11:48:28 AM
0200 - Commercial HH 837I (UB04) w/COB 2
11/30/2016 - 11/30/2016
\\tsclient\C\Users\Kristin\Desktop\200.x12
Institutional
Home Health Care Services
Page 1

Patient #	Patient Name	Admit Date	Bill Date	Bill Type	Payor
1012	Auth, Andy	11/2/2016	11/30/2016	NonPPS	Aetna

Adm-Src: 1 Status: 30   Contract: contract
TOB: 322   Stmt From: 11/02/2016 To: 11/19/2016
Diagnosis: 1:I00
Order/Refer-Doctor: Lance Allen 1609188713

Authorization: 999999
COB Payor1: Care Centrix National Cla

Rev	Description	Code	Date	Units	Hours	Amount	Other
0571G0156	Hha Visit	Hha	11/02/16	1	3.00	93.50	G0156
0571G0156	Hha Visit	Hha	11/05/16	1	3.00	93.50	G0156
0421G0151	Pt Visit	Ptvt	11/10/16	1	0.38	235.00	G0151
0571G0156	Hha Visit	Hha	11/11/16	1	2.00	93.50	G0156
0571G0156	Hha Visit	Hha	11/14/16	1	2.00	93.50	G0156
0571G0156	Hha Visit	Hha	11/16/16	1	2.00	93.50	G0156
0571G0156	Hha Visit	Hha	11/19/16	1	2.00	93.50	G0156
0001	Total Charges			7		796.00	

Grand Totals:

| | Patients: 1 | Claims: 1 | Charges: 796.00 | Errors: 0 |