Colorado Medicaid

Prepared for

myUnity Essentials Financial

Netsmart

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Overview

Colorado Medicaid Home Health services are billed on the UB04 form. PDN visits spanning midnight must be split into separate service detail lines for time prior to and after midnight before billing the claim. Home Health Aide (CNA) Acute and Long-Term visits are billed with different revenue codes for time up to an hour and time exceeding an hour of service. Both requirements are handled via the Charge Split feature.

Multiple visits for the same date and type of service should be combined into one detail line on the claim to prevent denials for duplicates. (Note, due to new EVV changes, this requirement may change).

It is recommended to create unique insurances for Acute, Long Term, and PDN services to handle different billing requirements, such as authorizations and payment rates. Long Term care always requires authorizations, but Acute may differ per MCO.

For detailed billing requirements visit the Colorado Medicaid website:
https://www.colorado.gov/pacific/hcpf/billing-manuals

Setup

Modalities

A separate modality needs to be setup for billing HHA Extended Time units.

Go to **File > File Maintenance > System** Settings and click on the Modality tab.

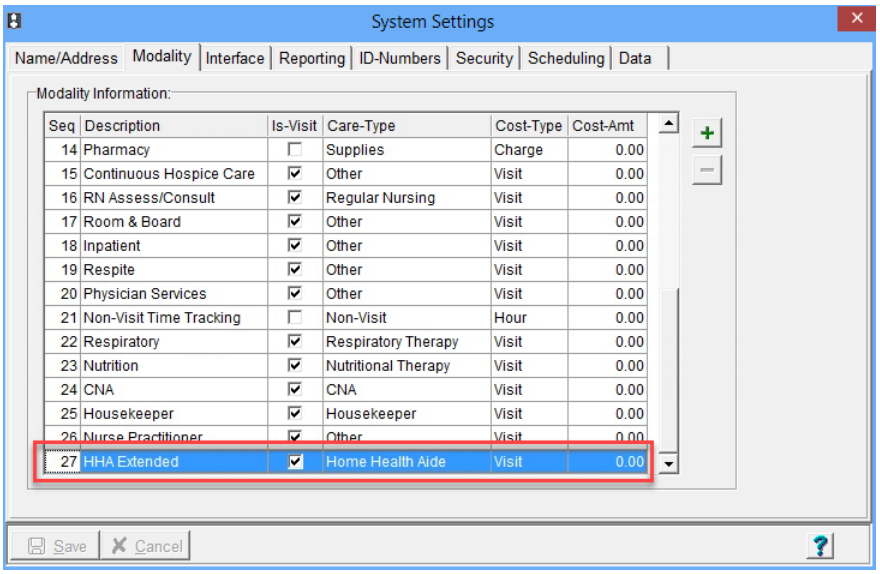
Press the **+** button to add a new row.

Description: HHA Extended

Is-Visit: checked

Care-Type: Home Health Aide

Cost Type: Visit



Create Acute Insurance Rev Type

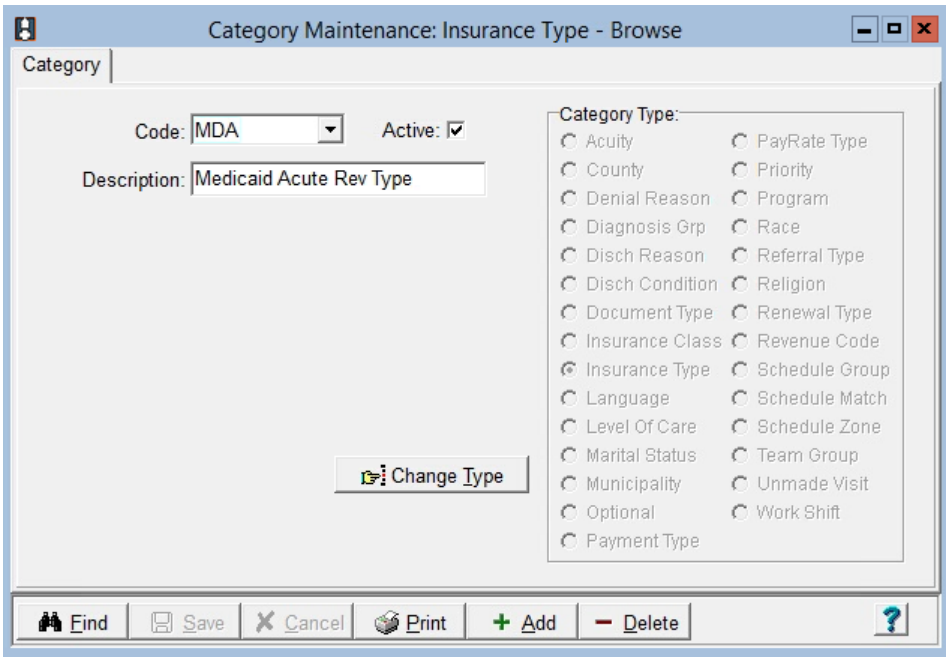
Since Acute and Long Term bill with different Revenue codes, create a unique Acute Insurance Revenue Type in Billing.

Go to **File > File Maintenance > Category**, press **Change Type** and set the Category Type to **Insurance Type**. Click in the Code field, press **Add** and enter the following:

Code: MDA

Description: Medicaid Acute Rev Type

If billing for PDN, press **Add** and create a code for MDPDN with a Description of Medicaid PDN Rev Type. The Long Term insurance will utilize the existing Medicaid Rev Type so a new one doesn't need to be added here.



Revenue/HCPCS/Modifiers

Go to **File>File Maintenance>Category**. Press **Change Type** and set the radio button to **Revenue Code**.

Press **Add** to create a new code combination.

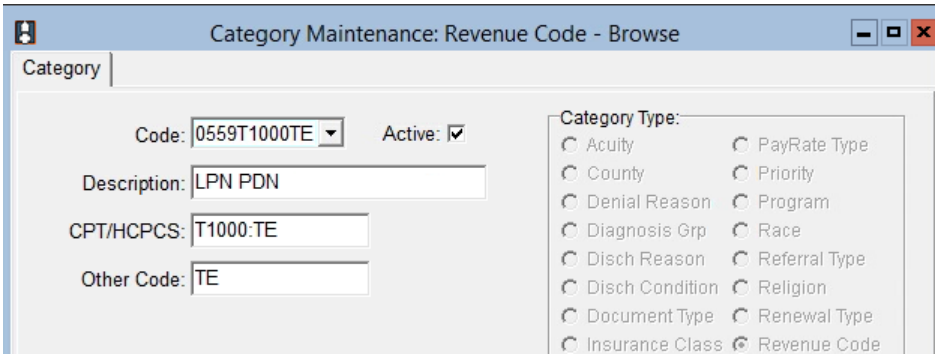
Enter the data in the corresponding fields as listed below, depending on services being provided (Acute, Long Term and/or PDN).

Table 1: Revenue/HCPCS codes

Revenue Code	Description	CPT/HCPCS	Other Code
0550	RN/LPN Acute		
0570	HHA Basic Acute		
0572	HHA Extended Acute		
0420	PT Acute		

0430	OT Acute		
0440	ST Acute		
0551	RN/LPN Long Term		
0590	Uncomplicated Nursing Visit 1		
0599	Uncomplicated Nursing Visit 2+		
0571	HHA Basic Long Term		
0579	HHA Extended Long Term		
0421	PT Long Term Pediatric		
0431	OT Long Term Pediatric		
0441	ST Long Term Pediatric		
0552T100TD	RN PDN	T1000:TD	TD
0559T1000TE	LPN PDN	T1000:TE	TE
058398969TG	Telehealth Setup Acute	98969:TG	TG
058398969	Telehealth Monitoring Acute	98969	
078098969TG	Telehealth Setup LT	98969:TG	TG
078098969	Telehealth Monitoring LT	98969	

PDN Example:



Charge Codes

Go to **File>File Maintenance>Charge Codes**. Press **Add** to create new HHA Extended Time and Uncomplicated Nursing charge codes along with a **Description** and **Modality**.

For HHA Extended, enter:

Charge Code: HHAEXT

Description: HHA Extended

Modality: HHA Extended

For Uncomplicated Nursing 1st Visit, enter:

Charge Code: RNVT1

Description: RN Brief 1st of Day

Modality: Skilled Nursing

For Uncomplicated Nursing Visit 2+, enter:

Charge code: RNVT2

Description: RN Brief 2nd or >

Modality: Skilled Nursing

On the **Bill-Rate tab**, enter the agency's Usual & Customary rate for the service in the **Gross** and **Net** fields with the applicable start date and the system end date of 12/31/2099. If the charge is Hourly, enter the Hourly rate with a basis of "Time."

On the **Revenue-Code tab**, enter the associated **Revenue Code** combination for the service. Add a row for each of the Medicaid Acute, Medicaid (for Long Term) and Medicaid PDN Rev Types with the applicable revenue code for each type.

Go back to the **Charge** tab to select the next code and repeat the steps for each charge code that your agency bills to Medicaid. When done, associate these codes to the forms via the Billing Codes library in Clinical (the Extended time charges do NOT need to be added in Clinical).

For existing charge codes your agency will be billing to Medicaid (SNADM, SNVT, PTVT, HHA, etc.), add or update the information on the **Bill-Rate tab** and **Revenue-Code tab** as was done for new charge codes above.

Insurances

Go to **File>File Maintenance>Entity**, press **Change Type** and set the radio button to **Insurance**. Double click in the Code field to search for and select the insurance. This section needs to be completed for each Colorado Medicaid and Medicaid MCO payer your agency will be billing. Insurances are created in Clinical via the Insurance library and billing setup gets completed in the Billing Module.

On the **Insurance** tab, set the following:

Insurance Type: Medicaid Acute Rev Type (for Acute insurances) or Medicaid Rev Type (for Long Term insurances) or Medicaid PDN Rev Type (for PDN insurances).

Financial Class: Medicaid Class

Bill Type: UB04

Payor/Submitter#: enter the clearinghouse Payor ID for this insurance.

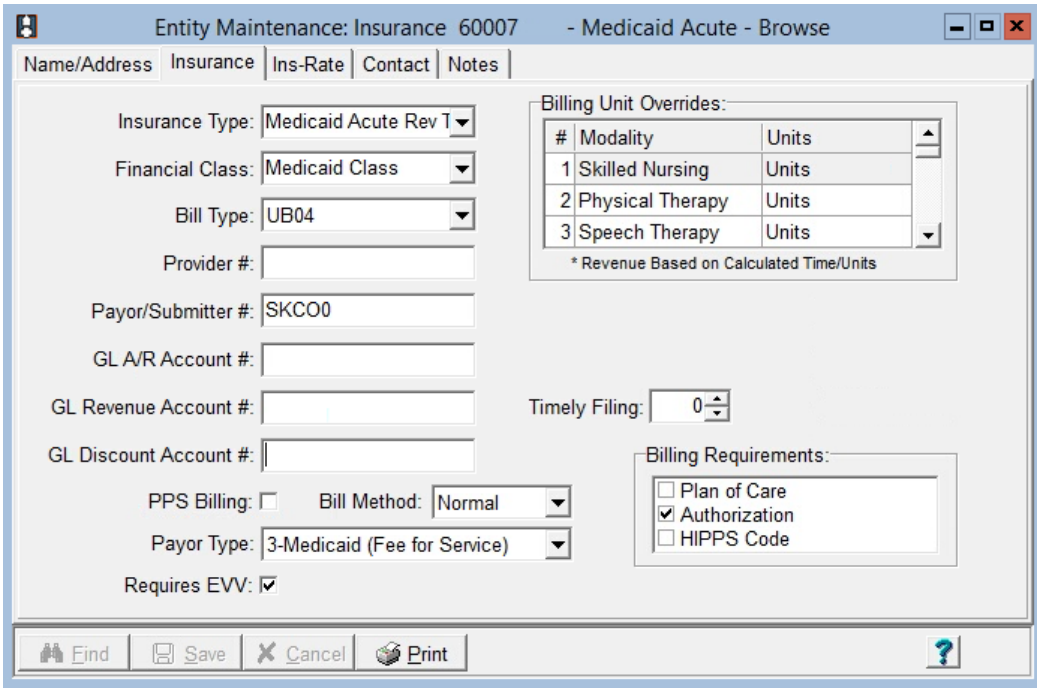
Payor Type: 3-Medicaid Fee for Service (or 4-Medicaid HMO as appropriate for HMO payer)

Requires EVV: check this box if using Netsmart's Electronic Visit Verification solution.

Billing Unit Overrides: For Long-Term and Acute payers, set SN, PT, OT, ST, HHA and LPN modalities to "Units." Set the HHA Extended modality to "*1/2 Hours."

For PDN only, SN and LPN modalities should be set to "*Hrs Rounded" to bill units by totaling the time for the day and then rounding for same Rev code/dates of service or "*Hrs Round Up" to bill each visit with time rounded up to the next hour and then totaled. (NOTE: please contact Colorado Medicaid for confirmation on their billing requirements prior to setup).

Example Medicaid Acute Insurance:



Go to the **Ins-Rate** tab and add rates for charges being billed to Colorado Medicaid. EVV services must be added here if using Netsmart as your EVV solution. Otherwise, if billing the U&C rate from the Charge Code library it's not required. Review the Colorado Medicaid Fee Schedule for a list of current rates.

Claim Option Set

Go to **Billing > Electronic Claims** and select the Baseline Option set from **Option Set Selection** drop-down. Press **Options,** then **Copy** and copy it to a new unused option set number (enter Destination ID '330' for HH and '332' for PDN if available).

Close and reopen Billing > Electronic Claims. Select the newly created option set for Medicaid created in the step above, press **Options** and use the Locator drop-down to set the following:

2300.05 CLM*05 Type of Bill: set to 32S.

2300.43 CL1*03 Patient Status: Default w/Discharge Reason Status Code Override

2300.51 REF*G1 Treatment Authorization Edit: for Acute, set to Claim Created even if Treatment Authorization Missing. For Long Term and PDN, set to Error No Claim Created if Treatment Auth Missing.

2300.73 HI*BH Occurrence Code/Date A: Patient Certification From Date (pulls Code 27 regardless of Certification start and claim dates.

2390.12 Charge Itemized Consolidation Options: Revenue Code/Date Consolidation (note, due to new EVV changes, this requirement may change.)

2390.15 Charge Itemizations: check Use for each Modality being billed. Be sure to include LPN and HHA Extended modalities. Service Units will pull based on Ins-Rate Billing Unit Override setup. Itemization should be Visit, except for Supplies.

2390.18 Charge Gross When Rounding Hours: Bypass this Data Element

9000.15 Clearing House: set to Bypass if submitting directly to Medicaid or if using a clearinghouse other than the Zirmed (Waystar) interface.

9000.40 Format Zip Code: Format full 9-digit zip no dash

Process

Splitting HHA and PDN Visits

Prior to running the Billing Pre-Audit or Audit, the Charge Split routine must be run to split HHA visits that are longer than one hour and PDN visits spanning midnight.

Splitting HHA Visits over 1 Hour

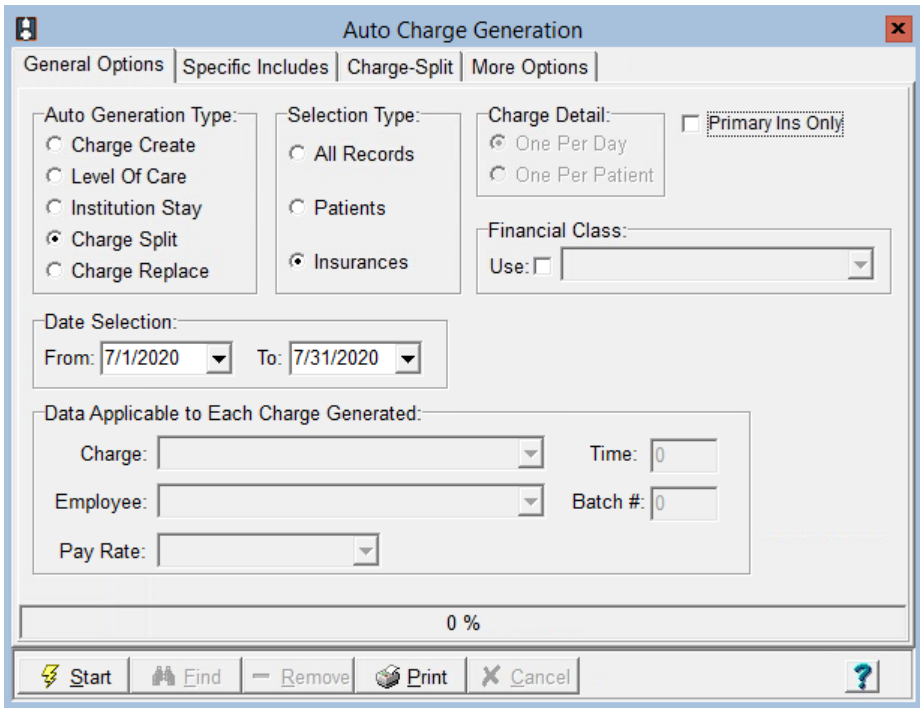
To split HHA visits longer than 1 hour, go to **Charge > Auto Charge Generation** (or **File > Report Groups** if setup).

General Options tab

Auto Charge Generation Type: Charge Split

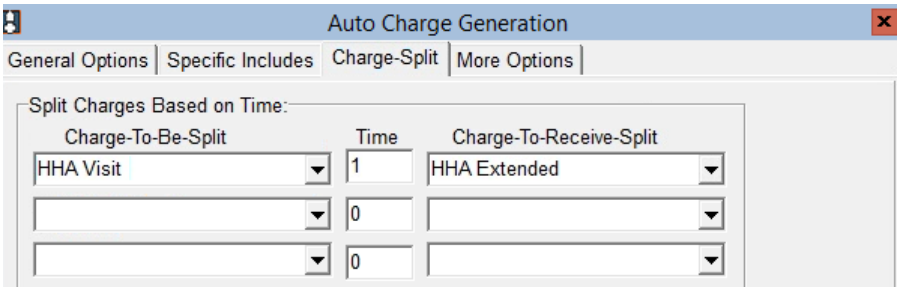
Selection Type: Insurances (select the Medicaid Insurances on the 'Specific Includes' tab)

Date Selection: set to the current billing date range



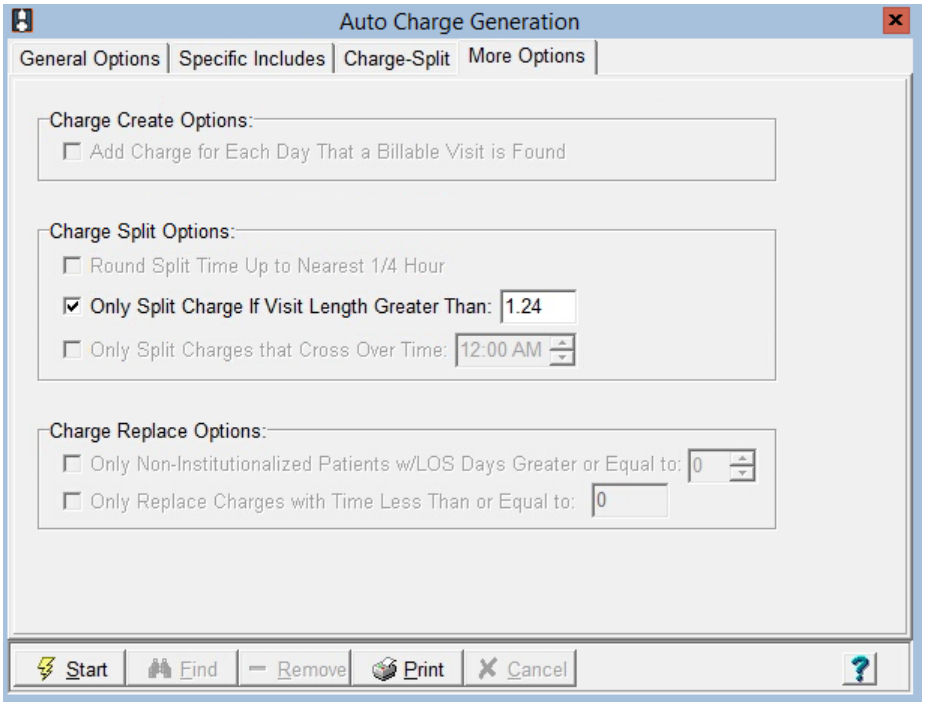
Charge-Split tab

Enter the HHA Visit charge code as the "**Charge-To-Be-Split**." Enter the Time as "**1**." Enter the HHA Extended charge code as the **Charge-To-Receive Split**.



More Options tab

Check the option for **Only Split Charge If Time Greater Than:** and enter **1.24** in the text box.



Press **Start**.

A confirmation window displays the number of charges that will be split. Press **Yes** to continue if the number of charges is accurate.

Confirm the number of charges to be split and post the changes. Press **Yes** to continue.

Click **OK** when done and proceed with the normal billing process or if billing for PDN visits that span midnight, proceed to next section.

Splitting PDN Visits that span Midnight

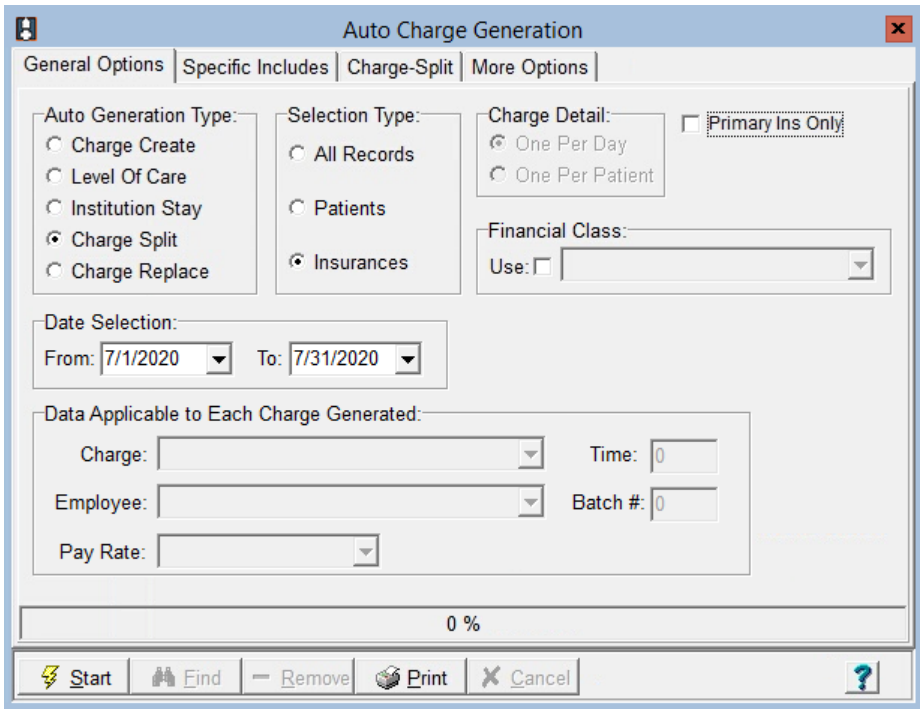
To split PDN visits spanning midnight, go to **Charge > Auto Charge Generation** (or **File > Report Groups** if setup).

General Options tab

Auto Charge Generation Type: Charge Split

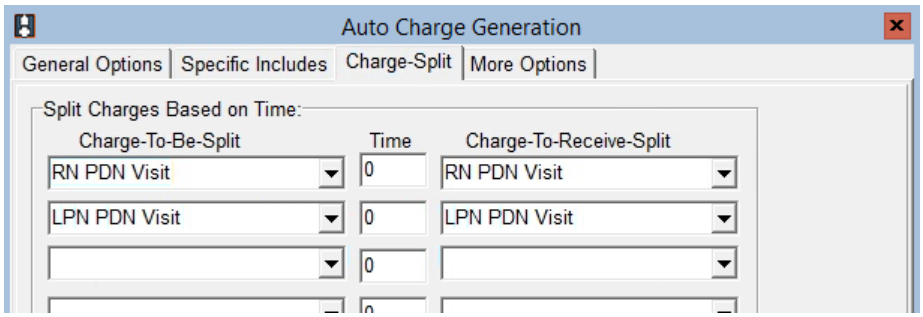
Selection Type: Insurances (select the Medicaid Insurances on the 'Specific Includes' tab)

Date Selection: set to the current billing date range



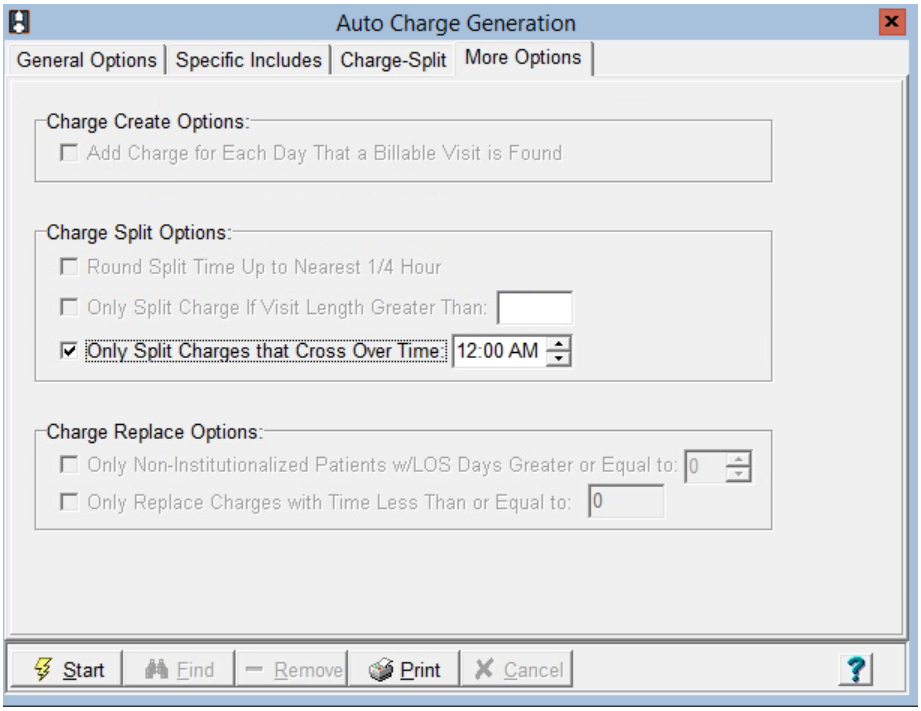
Charge-Split tab

Enter the RN PDN and LPN PDN charge codes as both the **Charge-To-Be-Split** and **Charge-To-Receive Split** and enter '**0'** the Time field.



More Options tab

Check the option for **Only Split Charges that Cross Over Time: 12:00AM**.



Press **Start**.

A confirmation window displays the number of charges that will be split. Press **Yes** to continue if the number of charges is accurate.

Confirm the number of charges to be split and post the changes. Press **Yes** to continue.

Click **OK** when done and proceed with the normal billing process.