Billing Non-Covered Charges to Medicare

Prepared for

myUnity Essentials Financial

Netsmart

www.ntst.com
11100 Nall Avenue
Overland Park, KS 66211
800.842.1973

© 2020 Netsmart Technologies, Inc. Confidential and Proprietary to Netsmart Technologies, Inc.

Table of Contents

Setup 1
Non-Covered Modality Setup 1
Charge Code Setup 1
Option Set Setup 3

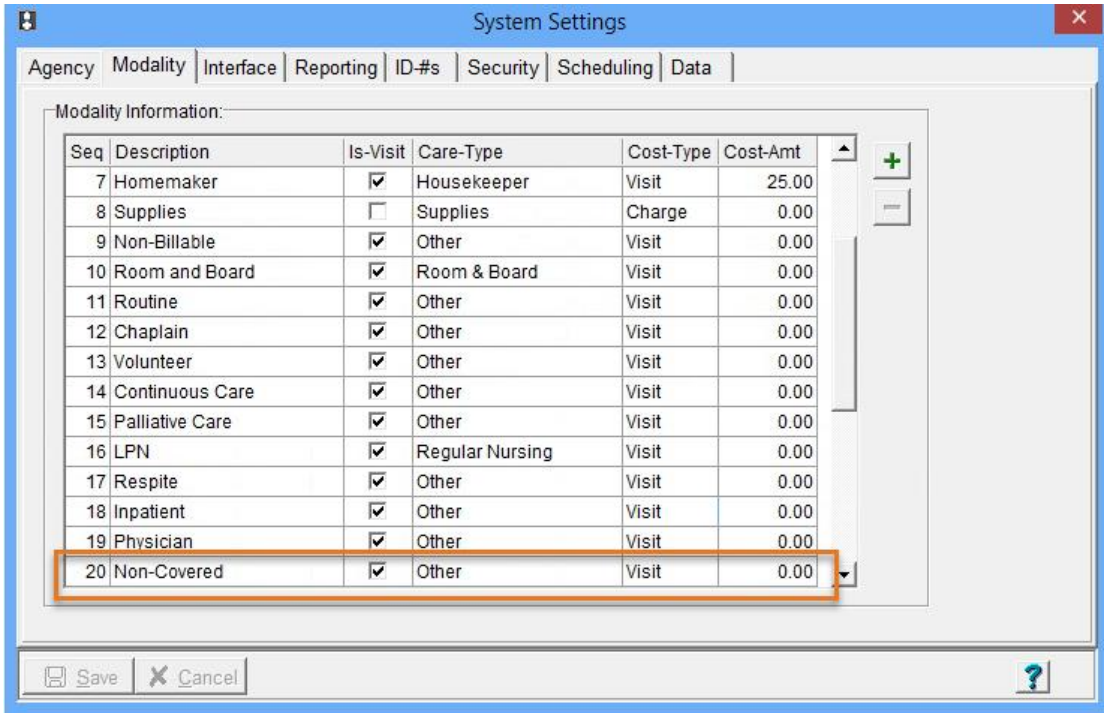
Setup

Modality Setup

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

If a Non-Covered modality isn't present, press the **+** button to add a new row.

Description: Non-Covered
Is-Visit: checked
Care-Type: Other
Cost-Type: Visit
Cost-Amt: enter the average agency cost for these services (optional - used for Margin reporting)
Alternatively, a separate Non-Covered modality can be created for each visit type if you wish to separate these for reporting purposes (ex. RN Non-Covered, PT Non-Covered, etc.)



Seq	Description	Is-Visit	Care-Type	Cost-Type	Cost-Amt
7	Homemaker	☑	Housekeeper	Visit	25.00
8	Supplies	☐	Supplies	Charge	0.00
9	Non-Billable	☑	Other	Visit	0.00
10	Room and Board	☑	Room & Board	Visit	0.00
11	Routine	☑	Other	Visit	0.00
12	Chaplain	☑	Other	Visit	0.00
13	Volunteer	☑	Other	Visit	0.00
14	Continuous Care	☑	Other	Visit	0.00
15	Palliative Care	☑	Other	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	Non-Covered	☑	Other	Visit	0.00

Charge Code Setup

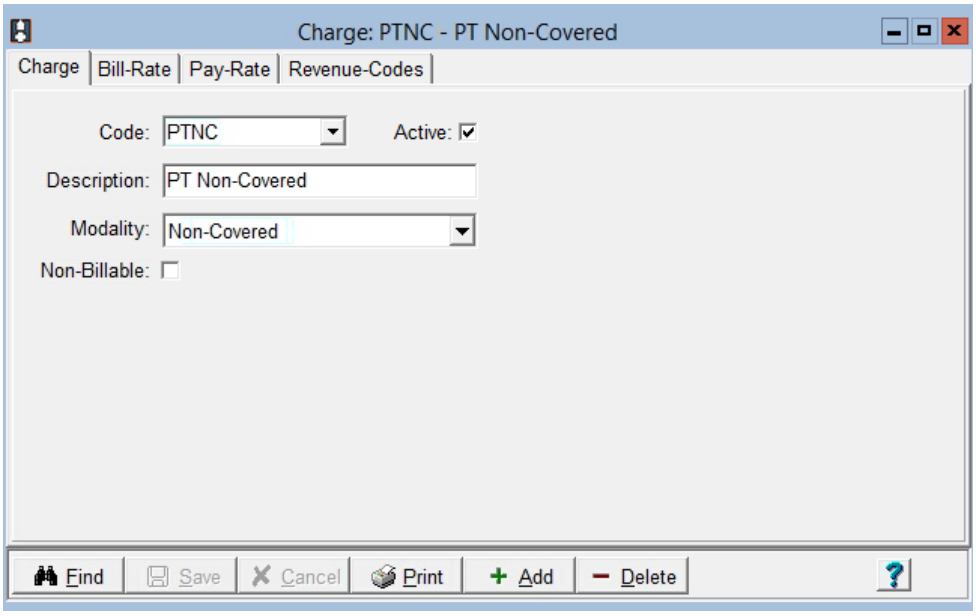
Create Non-Covered charge codes for each HCPCS code that needs to be submitted on the claim. These codes must also be setup in your clinical system.

Go to **File > File Maintenance > Charge Code.**

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

Code: enter a code (max 12 alphanumeric characters).
Description: enter a charge description
Modality: Non-Covered (or if you setup non-covered modalities by discipline, select the discipline-specific non-covered modality)

Non-Billable: unchecked.



Go to the **Bill Rate** tab and press **+** to add a new row.

Start-Date: enter the earliest date for which Non-Covered charges will be billed.

End-Date: enter 12/31/2099

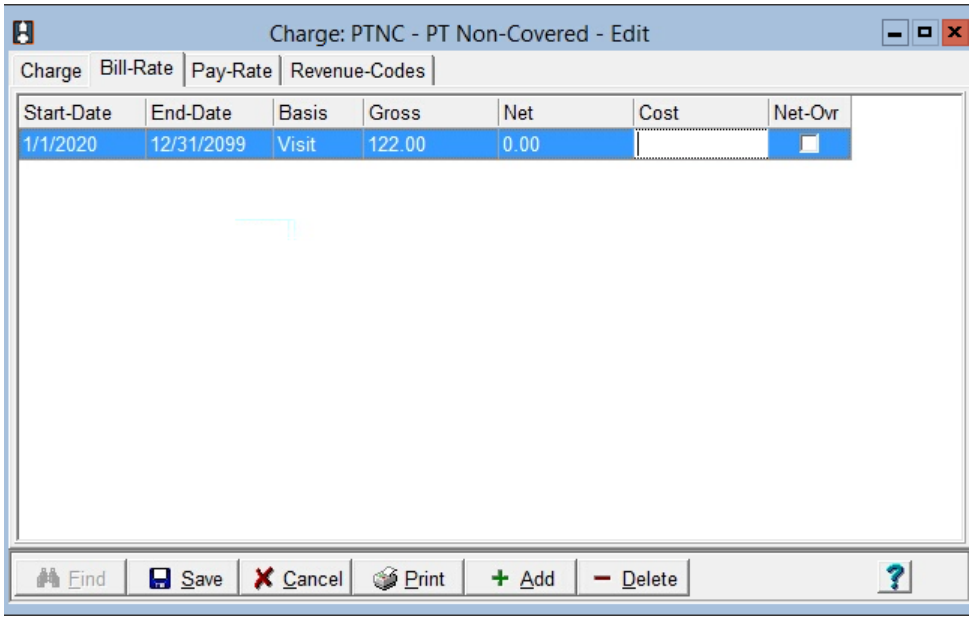
Basis: Visit

Gross: enter your agency's Usual & Customary amount for this service.

Net: enter 0.00

Cost: leave blank (unused field)

Net-Over: unchecked



Go to the **Revenue-Codes** tab and press **+Add** to add a new row.

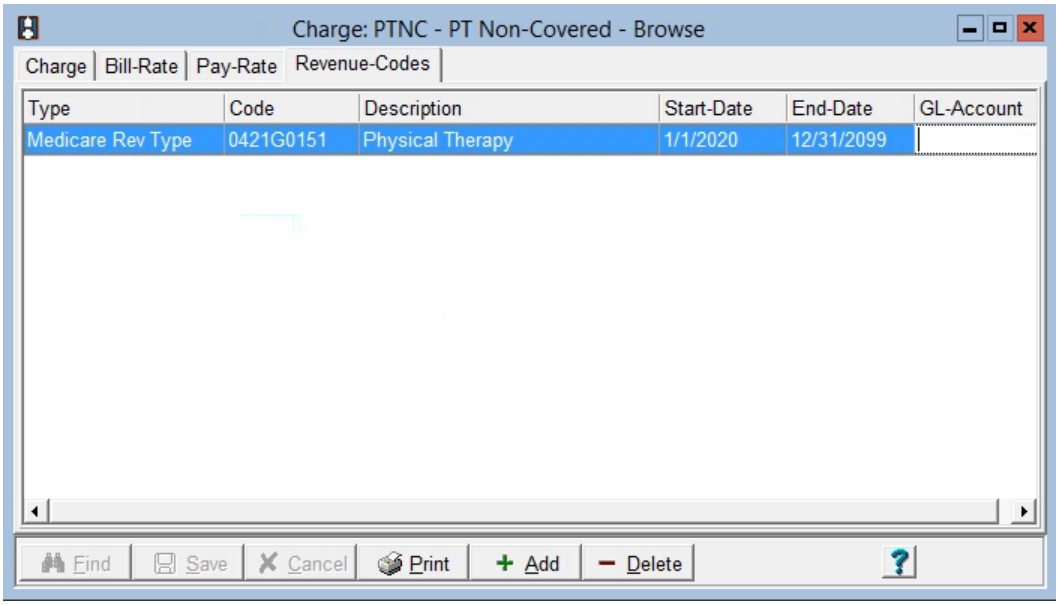
Type: Medicare Rev Type

Code: enter the Revenue/HCPCS combination for this service type.

Start-Date: enter the earliest date for which the code combination is in effect.

End-Date: 12/31/2099

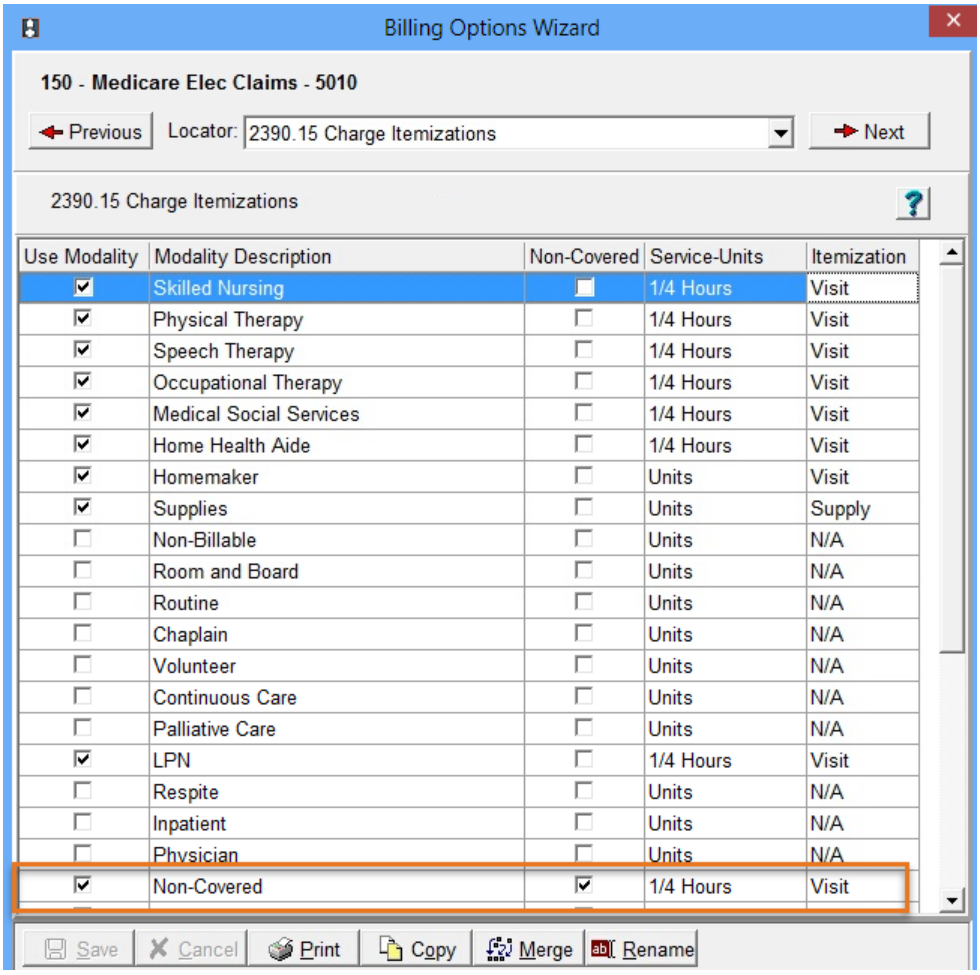
GL-Account: enter the GL Account code for this service (optional; determined by your agency's Accounting Department).



Option Set Setup

Go to **Billing > Electronic Claims**. From the Option Set Selection drop-down, select the Medicare Electronic Claims Option Set. Click **Options** and use the Locator dropdown to set the following:

2390.15 Charge Itemizations: for the Non-Covered modality (or each discipline-specific non-covered modality if setup that way), check Use Modality, Non-Covered, Service-Units = ¼ Hours, and Itemization = Visit.



2400.07 SV2*07 Non-Covered Charges: Charge Amount (Non-Covered for Selected Modalities)

Save the changes and repeat the Option Set setup steps for any other Medicare Option Sets where Non-Covered charges need to be reported (e.g. MSP Final, Medicare Demand, etc.)