Billing Non-Covered Charges to Medicare

Prepared for

myUnity Essentials Financial



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Table of Contents

Se	tup	.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.)

Sea	Description	Is-Visit	Care-Type	Cost-Type	Cost-Amt	-	-1	
7	Homemaker		Housekeeper	Visit	25.00		<u>+</u>	
8	Supplies	Γ	Supplies	Charge	0.00		-	
9	Non-Billable	•	Other	Visit	0.00	1	_	
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	V	Other	Visit	0.00			
20	Non-Covered	2	Other	Visit	0.00	-1		

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.

8	Charge: PTNC - PT Non-Covered	- - ×
Charge Bill-Ra	te Pay-Rate Revenue-Codes	
' Code: Description: Modality: Non-Billable:	PTNC Active: PT Non-Covered Non-Covered	
A Eind	🗄 Save 🗶 Cancel 🐲 Print 🕂 Add 🗕 Delete	?

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

Start-Date: enter the earliest date for which Non-Covered	Charge: PTNC - PT Non-Covered - Edit Charge Bill-Rate Pay-Rate Revenue-Codes							1 <mark>x</mark>
charges will be billed.	Start-Date	End-Date	Basis	Gross	Net	Cost	Net-Ovr	
End-Date: enter 12/31/2099	1/1/2020	12/31/2099	Visit	122.00	0.00			
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	M Eind	🔜 Save 🗙	<u>C</u> ancel		+ <u>A</u> dd - <u>D</u>	elete	?	

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).

Charge Bill	Charge: PTNC - PT Non-Covered - Browse							
Туре		Code	Description	Start-Date	End-Date	GL-Account		
Medicare Re	ev Type	0421G0151	Physical Therapy	1/1/2020	12/31/2099			
•						>		
H Eind	<u> S</u> av	re X <u>C</u> ance	Print + Add	- Delete	?	<u>'</u>		

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.



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Save

Physician

X Cancel

@ Print

Non-Covered

8	Billing Option	s Wizard			>
150 - Medic	care Elec Claims - 5010				
+ Previous	Locator: 2390.15 Charge Itemizations		•	➡ Next	
2390.15 Cł	narge Itemizations			?	
Use Modality	Modality Description	Non-Covered	Service-Units	Itemization	1
V	Skilled Nursing		1/4 Hours	Visit	
V	Physical Therapy		1/4 Hours	Visit	
V	Speech Therapy		1/4 Hours	Visit	
V	Occupational Therapy		1/4 Hours	Visit	
v	Medical Social Services		1/4 Hours	Visit	
•	Home Health Aide		1/4 Hours	Visit	
V	Homemaker		Units	Visit	
•	Supplies		Units	Supply	
	Non-Billable		Units	N/A	
	Room and Board		Units	N/A	
	Routine		Units	N/A	
	Chaplain		Units	N/A	
	Volunteer		Units	N/A	
	Continuous Care		Units	N/A	
	Palliative Care		Units	N/A	
v	LPN		1/4 Hours	Visit	
	Respite		Units	N/A	
	Inpatient		Units	N/A	

Units

1/4 Hours

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Copy Merge Rename

N/A

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.)

