

Palliative Care

Prepared for

myUnity Essentials Financial



Netsmart

www.ntst.com

11100 Nall Avenue
Overland Park, KS 66211
800.842.1973

Table of Contents

Overview.....	2
One-Time Setup	2
Medicare Part B Palliative Care Insurance Setup	2
Modality Setup	2
Revenue Code Setup.....	3
Charge Code Setup	4
Doctor/Physician Assistant/Nurse Practitioner Setup	4
Medicare Part B Palliative Care Claim Setup	5
Medicaid Palliative Care Claim Setup	6
Billing Process.....	6
Updating Charges	6
Billing Process	7

Overview

This document details how to setup for Medicare and Medicaid Palliative Care home care claim requirements. Palliative Care professional claim forms require diagnosis and place of service information for each service.

For detailed billing instructions and regulatory compliance information, visit CMS or your State Medicaid websites.

If your agency is new to billing Palliative Care in myUnity Essentials, contact Support at <https://netsmartconnect.com> to set your agency up with a Palliative Care Unit. If not creating a Palliative Care Unit separate from the Hospice Unit, it is recommended to create a separate Palliative Insurance Class. The Palliative Billing Option Sets must be configured with the Palliative agency ID numbers.

One-Time Setup

Medicare Part B Palliative Care Insurance Setup

From the Clinical Home page, go to the Insurance library to add a Medicare Part B Palliative Care insurance. Add it to the patient record under the Patient Profile. Complete the setup for the Palliative Care insurance via the Clinical Billing Module link.

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 Palliative Care Insurance.

Click on the **Insurance** tab.

Insurance Type: Medicare Hospice Rev Type (creating a new type specific to Palliative Care should not be necessary)

Financial Class: Medicare Hospice Class (a unique class can be created for Part B or Palliative Care if needed for reporting purposes via File > File Maintenance > Category, Insurance Class).

Bill Type: 1500

Bill Method: Normal

Payor Type: 1-Medicare (Fee for Service)

Billing Unit Overrides: Leave all N/A for Medicare

Modality Setup

Create a Palliative Care modality. If your agency only bills for Physician Services and that modality is already configured, it may be used instead.

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

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

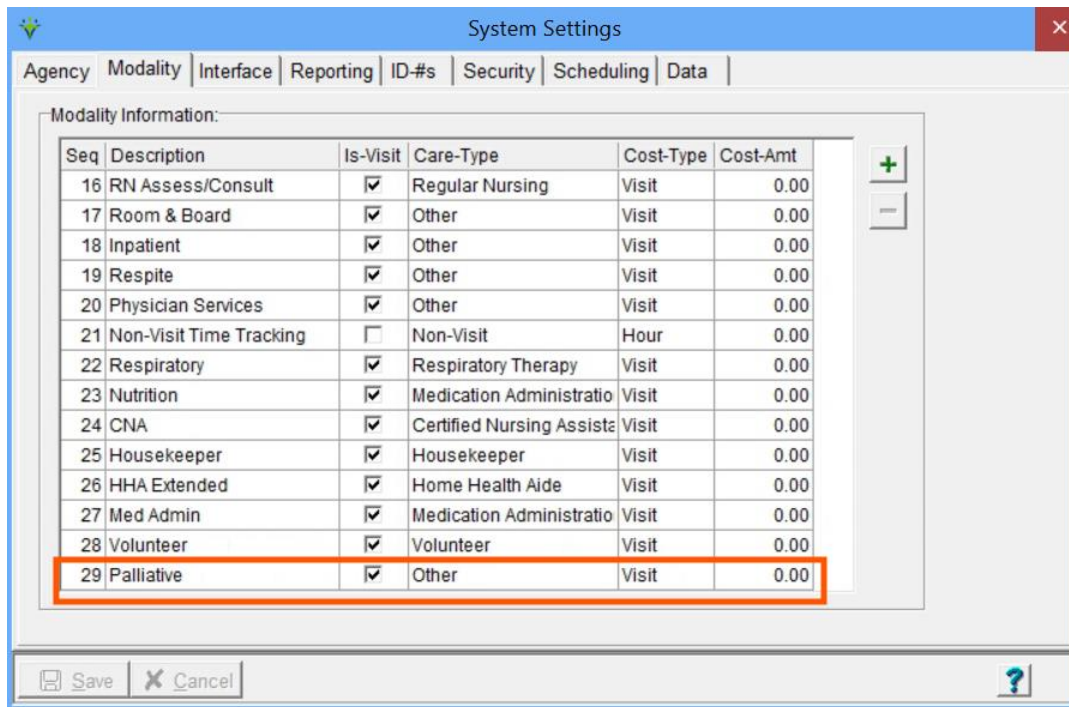
Description: Palliative Care

Is-Visit: check this box

Care-Type: Other

Cost-Type: Visit

Cost-Amt: enter the average agency cost for these services (optional - used for Margin reporting)



Revenue Code Setup

For initial home visits Evaluation/Management Codes 99341-99345 (based on time of 20-75 minutes) should be entered. Follow-up visits for established patients use Evaluation and Management Codes 99347-99349 (15, 25, 40-minute visits).

Although professional claims do not use revenue codes, it is recommended to include revenue code 0657 in the set-up as many of these codes may also be used in some institutional claims such as physician services on hospice claims.

Go to **File > File Maintenance > Category**, press **Change Type** and set the radio button to **Revenue Codes** to configure the code combinations.

Add Revenue, CPT, and Modifier combinations for each set of therapy services that will be provided.

Code: enter revenue code 0657 followed by the CPT code with the appropriate modifiers (no spaces).

Description: enter the service description for the code combination entered.

CPT/HCPCS: enter the CPT code and any modifiers for the service with a colon (:) to separate each code.

Other Code: enter the modifiers only. Use spaces instead of colons to separate the codes here (used for paper claims).

Charge Code Setup

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

Add Charge Codes for each CPT/Modifier combination to be billed. These will align with the list of revenue/CPT/modifier combinations created in the prior step. Some of these codes may have already been pre-loaded in your database. These charge codes must match the billing codes in Clinical.

Code: recommend to enter the code as the CPT followed by visit time (e.g. **99221-30** for CPT Code 99221 Initial Hospital Visit 30 minutes).

Description: enter the CPT description with time (e.g. Initial Hospital Visit 30 Min).

Modality: Palliative Care (or Physician Services if your agency has that setup)

Go to the **Bill-Rate** tab and click the **Add** button.

Start Date: enter the rate effective date

End Date: enter the system default of 12/31/2099

Basis: Visit

Gross and Net: enter the amount from the [CMS Physician Fee Schedule](#).

Go to the **Revenue-Codes** tab and click **Add**.

Type: Select the Insurance Revenue Type for the Palliative Care insurance (e.g. Medicare Hospice Rev Type or Medicaid Hospice Rev Type, etc.)

Select the appropriate Code/Description for that charge.

Doctor/Physician Assistant/Nurse Practitioner Setup

The Billing Module Employee library is utilized to pull the Doctor, PA and NP information to the service detail lines of the claim.

Go to **File > File Maintenance > Entity**, press **Change Type** and set the radio button to **Employee**.

Select or add the Doctor, PA or Nurse Practitioner associated with Palliative Care Services.

Go to the Employee **Other Info** tab and enter the 10-digit NPI in the **Federal Tax ID** field.

If submitting Palliative Care services to Medicaid, enter the state-assigned Medicaid number in the **Medicaid No** field.

Save changes.

Medicare Part B Palliative Care Claim Setup

Go to **Billing > Electronic Claims** to create Professional (1500) option sets.

Select the **Baseline** option set in the **Option Set dropdown**. Click **Options** and then **Copy** to copy to #940 (or any unused option set number). Name the option set **Medicare Part B Palliative Care**.

Close and reopen Electronic Claims, select the new option set number created above and click **Options**. Using the Locator dropdown, select the following:

0100.06 ISA*06 Interchange Sender ID: Constant Value and enter your agency Sender ID

0100.08 ISA*08 Interchange Receiver ID: Enter the payer Receiver ID

2010.05 NM1*85 Billing Provider Name/Address: Provider Information Based on First Patient Unit

2010.09 NM1*85 Billing Provider NPI: Unit NPI Number Based on First Patient in X12 File

2010.12 REF*02 Billing Provider Secondary ID: Unit Federal Tax ID Based on Patient

2010.30 SBR*09 Subscriber Payor Qualifier: Constant Value (Entered) and enter MB

2300.05 CLM*05 Type of Bill: enter 121

2300.06 CLM*06: Constant (Y)

2300.30 DTP*434 Claim Covered Period: Charge First and Last Visit Dates

2300.33 DTP*435 Admission Date: Patient Admit Date w/No Time

2300.41CL1*01 Institutional Claim Code: Bypass

2300.50 REF*G1 Treatment Authorization Codes: Bypass this Data Element

2300.65 - 2300.75 Codes: Bypass

2310.20 NM1*71 Attending Physician/Facility Info: Physician Info (Order Doctor) – Use for PPS

2310.26 NM1*XX Secondary Physician Info: Charge Employee w/ID based on 2420A NM1*82

2390.12 Charge Itemized Consolidation Options: Each Charge

2390.15 Charge Itemizations: check only the modalities which will be billed on the claim (e.g. Palliative Care or Physician Services). Service Units = Units. Itemization = Visit.

2420.20 NM1*XX Charge Specific Provider: Charge Employee FedTaxID

9000.15 Clearing House: set to Bypass this Data Element or Use Ability Clearinghouse or Use Zirmed (Waystar Clearinghouse) as appropriate for your agency.

9000.20 Claim Format: Professional

9000.30 Bill Processing Type: Non-PPS

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

Medicaid Palliative Care Claim Setup

If billing Medicaid Palliative Care claims, refer to the state Medicaid regulations to confirm Claim Format type (Professional or Institutional), Type of Bill (ex. 12 or 81) and any other claim requirements. If billing professional claims refer to the instructions above (except for 2420.20 select Charge Employee Medicaid No.).

Billing Process

Updating Charges

Go to **Charge > Enter/Maintain**. In the **Preferences** tab, check the Diagnosis Code and POS Code (if billing services for multiple locations) options in the Visible Grid Columns.

In the **Summary** tab, enter the **Employee** and/or **Patient** code at the top of the window and locate the charge records. Choose the DX Codes in the Dx-Ptr (Diagnosis Pointer) field and select the POS (Place of Service) Code from the drop-down list (if not 12 for home) or enter the two-digit code. The diagnosis codes pull from the plan of care record.

Summary | Preferences

Employee: E908 Alldisciplines, Employee Patient: All Patients
MedRec: 131345 Admit: 1/2/2020 Disch: 4/15/2020

Date	Chg-Code	Chg-Description	Qty	Vis-Time	Start-Time	End-Time	Pat-Code	Pat-Name	Emp-Code	Batch	Price-Ovr	Verified	Held	Dx-Ptr	POS
4/1/2020	PTVT	PT Visit	1	0.75	11:00 AM	11:45 AM	131345	Allen, Yolanda	E908	0		<input checked="" type="checkbox"/>	<input type="checkbox"/>	1:3	02

- I12.0
- S72.025B
- J01.21
- M00.19
- A22.1
- I70.231

Billing Process

After charges have been entered, go to **Billing > Pre-Audit** to review any Failures Found. After exception messages have been addressed, run the Ready to Bill option. When done previewing the report, close the preview window and press the **Billing Audit** button to run and **Post** the audit report.

Go to **Billing > Electronic Claims**, select the **Palliative Care** option set for the payer being billed and create claims following the typical per visit steps.