Billing & Reimbursement for Joslin Affiliates

Introduce yourself - front end clinic & operations staff need to meet hospital chargemaster, coding & billing operations staff along with professional billing staff if applicable.
Important Things to Remember

• Make sure that you have a good working relationship with the chargemaster team to review your chargemaster annually at a minimum

• Professional and hospital coders should review your encounter forms for correct ICD9 (diagnosis codes), CPT (services & procedure codes) and HCPCS (alphanumeric) codes annually to insure accuracy and compliance

• Work with the hospital billing operations team to set up a monthly denials meeting to determine if there are trends in denials that can be addressed for your cost center

• Involve professional billing team (if separate) in encounter form review and denial meetings
Payer Credentialing

• It is very important to work with the hospital credentialing staff to determine what the respective payer rules are regarding physician, NP and RD credentialing and claims submission
• Most payers require the physician, NP and RD to obtain their own NPI (National Provider Identification) number for claims submission
• Work with the credentialing staff and with your managed care contracting department to determine what the rules are for correct claim submission
Payer Credentialing continued

• Payers have various rules and forms for credentialing providers
• For example, some payers don’t want the name or the provider number of the NP submitted on the claim form, only the name of the ordering or supervising attending physician
• Understand the rules for correct claim submission
• Medicare has specific forms that need to be submitted when credentialing MDs, NPs and RDs – these forms are called the CMS Form 855I and CMS Form 855R and the links on the next slide will direct you to these forms
Payer Credentialing continued


Medicare Definition of “Certified Providers” for Provision of DSMT

300.2 - Certified Providers
(Rev. 72, Issued: 05-25-07; Effective: 07-01-07; Implementation: 07-02-07)

A designated certified provider bills for DSMT provided by an accredited DSMT program. Certified providers must submit a copy of their accreditation certificate to the contractor. The statute states that a “certified provider” is a physician or other individual or entity designated by the Secretary that, in addition to providing outpatient self management training services, provides other items and services for which payment may be made under title XVIII, and meets certain quality standards. The CMS is designating all providers and suppliers that bill Medicare for other individual services such as hospital outpatient departments, renal dialysis facilities, physicians and durable medical equipment suppliers as certified. All suppliers/providers who may bill for other Medicare services or items and who represent a DSMT program that is accredited as meeting quality standards can bill and receive payment for the entire DSMT program. Registered dietitians are eligible to bill on behalf of an entire DSMT program on or after January 1, 2002, as long as the provider has obtained a Medicare provider number. A dietitian may not be the sole provider of the DSMT service.

The CMS will not reimburse services on a fee-for-service basis rendered to a beneficiary under Part A.

NOTE: While separate payment is not made for this service to Rural Health Clinics (RHCs), the service is covered but is considered included in the all-inclusive encounter rate. Effective January 1, 2006, payment for DSMT provided in a Federally Qualified Health Clinic (FQHC) that meets all of the requirements identified in Pub. 100-04, chapter 18, section 120 may be made in addition to one other visit the beneficiary had during the same day.
Billing Language & Forms

• There are two types of claims that can be generated by a patient visit – a hospital/facility claim and a professional claim.

• Hospital/Facility claims are generally submitted electronically to the payer in a format that complies with the ASC X12N Institutional Guidelines.

• Providers billing professional claims are generally submitted electronically to the payer in a format that complies with the ASC X12N 837 Professional Guidelines.

• For those entities not submitting claims electronically facility claims are submitted on a UB04 form and professional claims are submitted on a 1500 form.
New UB 04 Claim Form – Facility (And Sometimes Professional) Claims
Hospital/Facility Billing

• Hospital/Facility claims are submitted with Uniform Billing Codes (UBC codes) also referred to as Revenue Codes.
• Revenue Codes represent a 4 digit classification system and are set up in your hospital chargemaster with CPT and HCPCS (alphanumeric) codes appended to them.
• The revenue code is submitted on the hospital bill as a line item that correlates to the CPT or HCPCS code for services rendered.
Hospital/Facility Billing continued

• For Joslin Affiliates, physicians and NPs are generally billing for evaluation and management CPT codes (for example, 99204 New patient level 4 code & 99214 followup patient level 4 code)

• For facility billing these codes are generally set up in the chargemaster with the following revenue codes (depending on payer requirements):
  • 0510 – Clinic
  • 0761 – Treatment or observation room
Hospital/Facility billing continued

• When an NP or a physician is employed by the hospital, the hospital is also billing a professional claim for the provision of E&M services.

• If the payer requires that the professional physician or NP service be submitted in an electronic format or on a UB04, then the E&M code is also generally set up in the chargemaster with the following revenue code:

  - 0983 – Professional Fees – Clinic

• Sometimes the payer wants the physician or NP claim to be submitted in a 1500 format.
Hospital/Facility Billing continued

• If the payer requires that the physician or NP claim be submitted on a 1500 form, then it is important to determine what the appropriate “place of service” code is for claim submission.

• Professional billing forms generally are submitted with a “place of service” code:
  - eleven (11 – physician office)
  - twenty-two (22 – hospital outpatient clinic)

• It is important that the correct place of service is selected as professional reimbursement is impacted by site of service.
### Place of Service Codes for Professional Claims

**Database (last updated September 10, 2007)**

Listed below are place of service codes and descriptions. These codes should be used on professional claims to specify the entity where service(s) were rendered. Check with individual payers (e.g., Medicare, Medicaid, other private insurance) for reimbursement policies regarding these codes. If you would like to comment on a code(s) or description(s), please send your request to posinfo@cms.hhs.gov.

<table>
<thead>
<tr>
<th>Code</th>
<th>Place of Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Office</td>
<td>Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.</td>
</tr>
<tr>
<td>22</td>
<td>Outpatient Hospital</td>
<td>A portion of a hospital which provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.</td>
</tr>
</tbody>
</table>
• For Medicare, program must be recognized before billing for DSMT
• RN/CDE and RD/CDE bill for the provision of diabetes self-management training services (DSMT) – these services are billable in 30 minute increments and are represented by the following HCPCS codes:
  ▪ G0108 Diabetes outpatient self-management training services, individual, per 30 minutes
  ▪ G0109 – Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes
• G0108 & G0109 are set up in the hospital chargemaster with the following revenue code
  ▪ 0942 – Education/Training includes diabetes related dietary therapy
• RDs can bill for the provision of Medical Nutrition Therapy services (MNT) – these services are represented by the following CPT codes:
  ▪ 97802 – Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
  ▪ 97803 – Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
  ▪ 97804 – Medical nutrition therapy, group (2 or more individuals), each 30 minutes
Hospital/Facility billing continued

- Medical Nutrition Therapy codes are set up in the hospital chargemaster with the following revenue code -
  - 0942 – Education/Training includes diabetes related dietary therapy
- It is important to note that RD/CDEs do submit claims with their individual NPI number on the claim while RN/CDEs do not have their own NPI numbers
- Maximize revenue opportunities – remember that the patient has 10 hours of DSMT and an additional 3 hours of MNT
Other CPT & HCPCS Codes to Consider

• G0270 – Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes

• G0271 – group (2 or more individuals), each 30 minutes
Other CPT & HCPCS Codes to Consider continued

• 98960 – Education and training for patient self-management by a qualified, nonphysician professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient

• 98961 – 2-4 patients, initial or followup
• 98962 – 5-8 patients, initial or followup
• These education and training codes are not covered by Medicare
• A physician must prescribe the education and training
• A qualified healthcare professional must provide the services using a standardized curriculum
• The nonphysician’s qualifications and the program’s contents must be consistent with guidelines or standards established or recognized by a physician society, nonphysician healthcare professional society or association or other appropriate source – (according to CPT’s introductory patient self-management education and training notes)
Proposed 2008 Work, Practice & Malpractice Expense RVUs for CPT 98960-98962 (note no work RVUs for these codes)

| CPT/HCPCS | Mod | Status | Description | Physician Work RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVUs | Full-Immunomodulating Fac. PC RVUs | Year 2008 Full-Immunomodulating Fac. PC RVU
Proposed 2008 Work, Practice & Malpractice Expense RVUs for HCPCS codes G0270 and G0271 (codes have work RVUs)
Remember Downstream Revenues Occur for your Hospital from Joslin Affiliate referrals to other services (graphic used with permission of Dr. Arvind R. Cavale)
Other Billing issues to be Aware Of

• Coverage - who checks with insurer – you or the patient?
• How do you validate if a referral is needed and if one is, who obtains it?
• Has the patient already used their DSMT & MNT hours for the year?
• Not all insurers follow Medicare rules – work with your managed care contracting team and payer representatives to understand billing and claim submission rules
• What about patients who can’t afford to pay for services they need?
• Advanced Beneficiary Notice (ABN)