

How to Reduce your Medicaid Denials?

Part IV



ANTHC | Business Resource Center

IHS/Tribal Providers: Medicaid Claims Submission Summary Report

Monthly Report

Tax Identification Number:

Submitter Name:

Pended Claim Error Information

Cycle Date - March, 2010

Provider Type: 08

Current Month Information

Previous Month Information

Provider Number: *CL*

Error Count	Error Amount	Error Code	Error Description	Error Count	Error Amount	Error Code	Error Description
1	\$54	297	DIAGNOSIS ON REVIEW	3	\$222	355	ATTACHMENT INDICATOR REVIEW CHECK
1	\$105	355	ATTACHMENT INDICATOR REVIEW CHECK	1	\$54	297	DIAGNOSIS ON REVIEW

Provider Type: 21

Current Month Information

Previous Month Information

Provider Number: *MDO*

Error Count	Error Amount	Error Code	Error Description	Error Count	Error Amount	Error Code	Error Description
10	\$434	297	DIAGNOSIS ON REVIEW	3	\$258	004	CLAIM TYPE CANNOT BE DETERMINED

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V68.81

- ▶ Referral of patient without exam or treatment
- ▶ **Denial Code**
 - 297** – *DX on review*
 - 289** - Medical justification/Medical records required
- ▶ **Solution?**

WIC Screening – Follow up visits or re-checks. Referral to another MD or specialist for evaluation esp. for pain management

V65.49

- ▶ Other specified coding; Health promotion – Parenting information
- ▶ **Solution?**
Documentation - DOCUMENTATION!

V65.3

- ▶ Dietary surveillance and counseling (NOS); Diabetes obesity
- ▶ **Solution?**
Documentation - DOCUMENTATION!

Reminder!

- ▶ *February 1, 2009, the “SA” modifier was deleted! A slip will be costly and timely. Medicaid will pay the claim then come back for a refund and you’ll be months awaiting a settled claim to rebill. (without the modifier)*



CHA/P Reimbursement FAQ

- ▶ ***There are so many different Medicaid billing numbers, can you clarify the difference?***
- ▶ A tribal clinic should bill their physician, nurse practitioner and physician assistant claims under a clinic number with the following format: CLXXXX. These claims are paid at an encounter rate.
- ▶ A physician who enrolls in State of Alaska Medicaid will be assigned a billing number that has the following format: MDXXXX. Claims billed to Medicaid under this number will be paid fee-for-service (typically is it advantageous to bill the physician services under the CL XXXX to get the encounter rate for outpatient services).
- ▶ CHA/P claims are billed under a number with the following format: MDGXXXX that is tied to a supervising physician and paid at 85% of the Medicaid physician fee schedule

CHA/P Reimbursement FAQ

- ▶ ***When the CHA/P in a remote clinic sends a record via a telemedicine mode of delivery to a supervising provider at their regional hub and the supervising provider responds via a telemedicine mode of delivery with a recommendation for treatment, is that billable?***
- ▶ Yes, when documentation guidelines are met to support code assignment, the encounters on both ends are billable. It is important to note that Medicaid does not pay for telephone calls, so if instead of the regional hub provider responding to the CHA/P via telemedicine, they pick up the phone to instruct the CHA/P, the consult is not billable.

CHA/P Reimbursement FAQ

- ▶ ***Do CHA/Ps have to get their own NPIs?***
- ▶ No, CHA/Ps do not have to obtain individual NPIs. However, a group CHA/P NPI needs to be obtained for billing with the MDGXXXX Medicaid billing number. This NPI number and associated taxonomy code will populate 33a and 33b on the CMS-1500 billing claim form.

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CHA/P Reimbursement FAQ

- ▶ *When we use the U1 modifier on a CHA/P claim, does it go just with the E/M code or all codes we submit on the claim form?*
- ▶ All codes on a CHA/P claim form have to be appended with the U1 modifier, not just the E/M codes.

Sterilization Consent Form

■ CONSENT TO STERILIZATION ■

I have asked for and received information about sterilization from _____ . When I first asked for
(doctor or clinic)
the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be

- ▶ For this blank, you need the actual facility or physician. *MCH, MD, PHN, CHA are not acceptable.*

I am at least 21 years of age and was born on _____
Month Day Year
I, _____, hereby consent
of my own free will to be sterilized by _____
(doctor)
by a method called _____. My consent
expires 180 days from the date of my signature below.

- ▶ Again the actual physician needs to be in the blank marked (doctor) *Tribal or ANMC MD is not acceptable.*

...lastly

<i>Signature of person obtaining consent</i>	<i>Date</i>
<i>Facility</i>	
<i>Address</i>	

This portion must have:

- ▶ the **signature** of the person who went over the procedure with the recipient and **dated** (the date needs to match the date the recipient signed).
- ▶ the name of the facility
- ▶ the **full** address

Signature Requirements

- ▶ *“ANMC allows for the responsible service chief signing for their physicians in their absence to complete a delinquent record. ”*

- Richard Clinch, Compliance Analyst ANTHC

- ▶ **42 CFR 482.24 Condition of participation: Medical record services.**

(c) *Standard: Content of record.* The medical record must contain information to justify admission and continued hospitalization, support the diagnosis, and describe the patient's progress and response to medications and services.

(1) All patient medical record entries must be legible, complete, dated, timed, and authenticated in written or electronic form by the person responsible for providing or evaluating the service provided, consistent with hospital policies and procedures.

Questions? Comments?

Any denials you would like the BRC to research for you?

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