



Understanding How Billing Practices Impact APCD Data

NAHDO Virtual Presentation

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Billing Practices

- **Facility Claims – Reporting of HCPCS/CPT Codes**
- Professional Claims – Variable Data on Each Service Line
- Admission Date vs. First Date of Service
- Use of Modifiers
- Quantities & Penny Charges

Facility Claims - Reporting of HCPCS/CPT Codes

UB-04

The image shows a UB-04 form with various sections. The top section (rows 1-10) contains patient information such as patient name, address, birth date, sex, admission date, and discharge date. The middle section (rows 11-35) is the Service Lines section, which includes columns for occurrence code, date, and amount. The bottom section (rows 36-50) contains provider information, including provider name, unique ID, and group name. The form is annotated with blue arrows and brackets on the right side, indicating different sections: 'Header' for the top and bottom sections, and 'Service Lines' for the middle section.

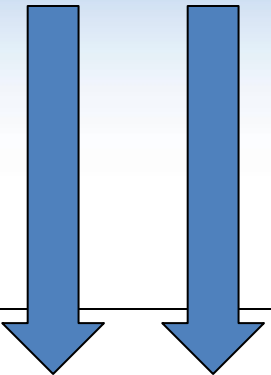
Header

Service Lines

Header

Facility Claims - Reporting of HCPCS/CPT Codes

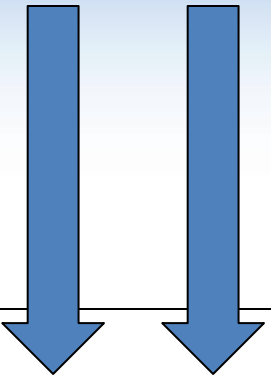
UB-04 Revenue Codes



012x	<u>Room & Board - Semi-private (Two Beds)</u>			
	Routine service charges for accommodations in a semi-private room (2 beds)			
<u>SubC</u>	<u>Subcategory Definition</u>	<u>Standard Abbreviation</u>	<u>Unit</u>	<u>HCPCS</u>
0	General Classification	ROOM-BOARD/SEMI	Days	N
1	Medical/Surgical/GYN	MED-SURG-GY/SEMI	Days	N
2	Obstetrics (OB)	OB/SEMI-PVT	Days	N
3	Pediatric	PEDS/SEMI-PVT	Days	N
4	Psychiatric	PSYCH/SEMI-PVT	Days	N
5	Hospice	HOSPICE/SEMI-PVT	Days	N
6	Detoxification	DETOX/SEMI-PVT	Days	N
7	Oncology	ONCOLOGY/SEMI	Days	N
8	Rehabilitation	REHAB/SEMI-PVT	Days	N
9	Other	OTHER/SEMI-PVT	Days	N

Facility Claims - Reporting of HCPCS/CPT Codes

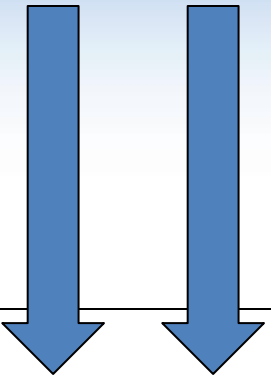
UB-04 Revenue Codes (cont.)



030x	<u>Laboratory</u>			
	Charges for the performance of diagnostic and routine clinical laboratory tests.			
<u>SubC</u>	<u>Subcategory Definition</u>	<u>Standard Abbreviation</u>	<u>Unit</u>	<u>HCPCS</u>
0	General Classification	LAB		
1	Chemistry	CHEMISTRY TESTS	Tests	Y
2	Immunology	IMMUNOLOGY TESTS	Tests	Y
3	Renal Patient (Home)	RENAL - HOME	Tests	Y
4	Non-Routine Dialysis	NON-RTNE DIALYSIS	Tests	Y
5	Hematology	HEMATOLOGY TESTS	Tests	Y
6	Bacteriology & Microbiology	BACT & MICRO TESTS	Tests	Y
7	Urology	UROLOGY TESTS	Tests	Y
8	RESERVED			
9	Other Laboratory	OTHER LAB TESTS	Tests	Y

Facility Claims - Reporting of HCPCS/CPT Codes

UB-04 Revenue Codes (cont.)



045x	<u>Emergency Room</u>			
	Charges for emergency treatment to those ill and injured persons who require immediate unscheduled medical or surgical care.			
<u>SubC</u>	<u>Subcategory Definition</u>	<u>Standard Abbreviation</u>	<u>Unit</u>	<u>HCPCS</u>
0	General Classification	EMERG ROOM	Visit	Y
1	EMTALA Emergency Medical Screening	ER/EMATALA	Visit	Y
2	ER Beyond EMTALA	ER/BEYOND EMTALA	Visit	Y
3-5	RESERVED			
6	Urgent Care	ER/URGENT	Visit	Y
7-8	RESERVED			
9	Other Emergency Room	OTHER EMERG ROOM	Visit	Y

Billing Practices

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- **Professional Claims – Variable Data on Each Service Line**
- Admission Date vs. First Date of Service
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- Quantities & Penny Charges

Professional Claims – Variable Data on Each Service Line

CMS-1500

Diagnosis

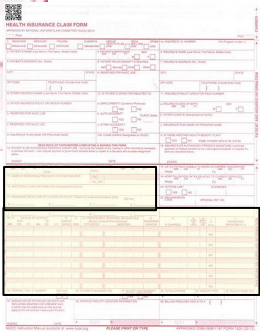
Header

Service Line

Professional Claims – Variable Data on Each Service Line

Reporting Service Dates, Place of Service Codes, & Providers

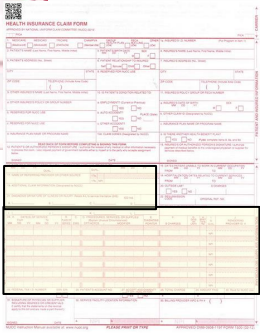
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind. 0		22. RESUBMISSION CODE		ORIGINAL REF. NO.					
A. Z000		B. Z418		C. Z23		D.		E.		F.		G.		H.		I.		J.	
E.		F.		G.		H.		I.		J.		K.		L.		23. PRIOR AUTHORIZATION NUMBER			
I.		J.		K.		L.													
24 A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER	F. \$ CHARGES		G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #			
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER										
02	23	19	02	23	19	11		99386		A	200	00	1		NPI	9534633311			
02	23	19	02	23	19	11		90703		B	100	00	1		NPI	9534633311			
02	23	19	02	23	19	11		90471		B	75	00	1		NPI	9534633311			
02	23	19	02	23	19	11		90710		C	100	00	1		NPI	9534633311			
02	23	19	02	23	19	11		90472		C	75	00	1		NPI	9534633311			
															NPI				



Professional Claims – Variable Data on Each Service Line

Reporting Diagnosis

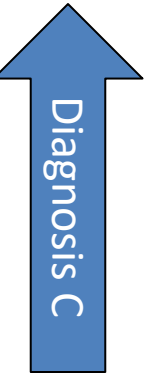
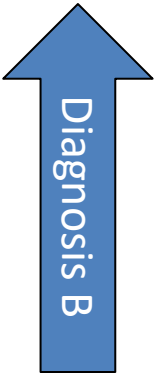
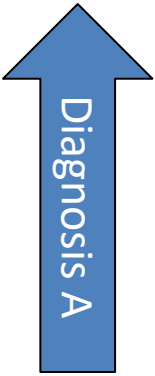
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)											ICD Ind. 0		22. RESUBMISSION CODE		ORIGINAL REF. NO.							
A. Z0000			B. Z418			C. Z23			D.		E.		F.		G.		H.		I.		J.	
E.			F.			G.			H.		I.		J.		K.		L.		23. PRIOR AUTHORIZATION NUMBER			
24 A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS POINTER	F. \$ CHARGES		G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #						
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER													
1	02	23	19	02	23	19	11	99386		A	200	00	1		NPI	9534633311						
2	02	23	19	02	23	19	11	90703		B	100	00	1		NPI	9534633311						
3	02	23	19	02	23	19	11	90471		B	75	00	1		NPI	9534633311						
4	02	23	19	02	23	19	11	90710		C	100	00	1		NPI	9534633311						
5	02	23	19	02	23	19	11	90472		C	75	00	1		NPI	9534633311						
6															NPI							



Professional Claims – Variable Data on Each Service Line

Reporting Diagnosis – Scenario 1

Claim #	Date of Service	CPT Code	ICD Version Indicator	Charge Amount	Principal Diagnosis	Diagnosis Other (1)	Diagnosis Other (2)
123	20190223	99386	0	200.00	Z0000	Z418	Z23
123	20190223	90703	0	100.00	Z0000	Z418	Z23
123	20190223	90471	0	75.00	Z0000	Z418	Z23
123	20190223	90710	0	100.00	Z0000	Z418	Z23
123	20190223	90472	0	75.00	Z0000	Z418	Z23



Professional Claims – Variable Data on Each Service Line

Reporting Diagnosis – Scenario 2

Claim #	Date of Service	CPT Code	ICD Version Indicator	Charge Amount	Principal Diagnosis	Diagnosis Other (1)	Diagnosis Other (2)
123	20190223	99386	0	200.00	Z0000	← Diagnosis Pointer A	
123	20190223	90703	0	100.00	Z418	← Diagnosis Pointer B	
123	20190223	90471	0	75.00	Z418		
123	20190223	90710	0	100.00	Z23	← Diagnosis Pointer C	
123	20190223	90472	0	75.00	Z23		

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Admission & First Service Dates

- **Admission Date:** The date on which the patient was admitted to an inpatient facility
- **Date of Service (From):** The earliest date of service reported on the claim

Admission & First Service Dates

Interim Claims

Claim Reporting Period	Admit Date	From Date	Through Date
January	1/5/2019	1/5/2019	1/31/2019
February	1/5/2019	2/1/2019	2/28/2019
March	1/5/2019	3/1/2019	3/12/2019



Admission & First Service Dates

Outpatient Services Provided Within 72 Hours Prior to Admission

Claim Reporting Period	Admit Date	From Date
March	3/6/2019	3/4/2019



Admission & First Service Dates

Admission from Emergency Room

Claim Reporting Period	Admit Date	From Date
April	4/8/2019	4/7/2019



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Using Modifiers

Two E&M Visits on a Claim

CPT/HCPCS	Code Description	Modifier	Modifier Description
99396	Preventive Visit		
99213	Office Visit	25	Significant, separately identifiable E&M service performed on the same session/day of a minor procedure or other service

Using Modifiers

Duplicate CPT Codes

CPT/HCPCS	Code Description	Modifier	Modifier Description
87635	SARS-COV-2 COVID-19 AMP PRB		
87635	SARS-COV-2 COVID-19 AMP PRB	59	Distinct Procedural Service

Using Modifiers

Duplicate CPT Codes (cont.)

CPT/HCPCS	Code Description	Modifier	Modifier Description
70450	CT Head or Brain	26	Reading only – Identifying professional components only for a service/procedure
70450	CT Head or Brain	TC	Test only – Identifying technical components only for a service/procedure
70450	CT Head or Brain		Global (both reading and test)

Using Modifiers

Duplicate Services

CPT/HCPCS	Code Description	Provider	Modifier	Modifier Description
27447	Total Knee Arthroplasty	Dr. Jane Smith		
27447	Total Knee Arthroplasty	Dr. John Snow	80	Assistant Surgeon

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Understanding Variation in Quantity Units

Code	Description	Unit	Quantity	Instance
99213	Office Visit	Visit	1	1
97110	Therapeutic Procedure/Exercises	15 Minutes	3	1
00700	Anesthesia for procedures on upper anterior abdominal wall; not otherwise specified	Minutes	240	1
A0425	Ambulance Services (via Ground)	Mile	100	1
A0426	Ambulance Services (via Air)	Mile	9,000	1
J1110	Injection, Dihydroergotamine Mesylate	Per 1 mg.	2	1
A4556	Electrodes	Per Pair	1	1
S5125	Attendant Care Services	15 Minutes	16	1

Understanding \$0.01 Charge Amounts

- Use case: \$0.01 charge amounts are used to report vaccinations not purchased by the provider
- Examples
 - State-supplied vaccinations
 - » 90715 (TDP, 7 Years or Older)
 - Member-purchased vaccinations
 - » 90649 (HPV)



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