

THE CITY OF ROSES INVITES YOU TO CULTIVATE, BLOOM AND FLOURISH.

# 2019 IARP ANNUAL CONFERENCE & 25TH ANNUAL IALCP SYMPOSIUM

HILTON – PORTLAND DOWNTOWN  
PORTLAND, OREGON

IALCP SYMPOSIUM  
OCTOBER 30 - 31

IARP CONFERENCE  
OCTOBER 31 - NOVEMBER 2

## Navigating the Healthcare Reimbursement Process

REBECCA M. S. BUSCH, *RN, MBA, CCM, CFE, CPC, CHPA-IV, CRMA, CICA, FIALCP, FHFMA*

MEDICAL BUSINESS ASSOCIATES, INC.

SESSION 304: 2:45 PM – 4 PM

**Session Details:** Price Transparency is transcending into healthcare. As of January, Centers for Medicaid and Medicare Services (CMS) will be enforcing regulations enacted under the Affordable Care Act (ACA) requiring hospitals to disclose their standard charges via the internet. How this will impact professionals who rely on charge data when preparing a Life Care Plan.

## **Learning Objectives:**

- Understand current reimbursement trends including new provisions under the ACA
- Considerations for the Life Care Plan when projecting costs
- Review case examples on costing



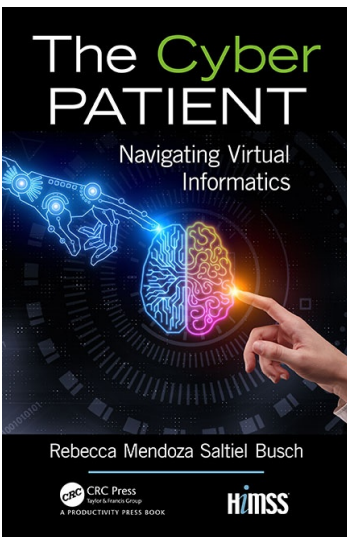
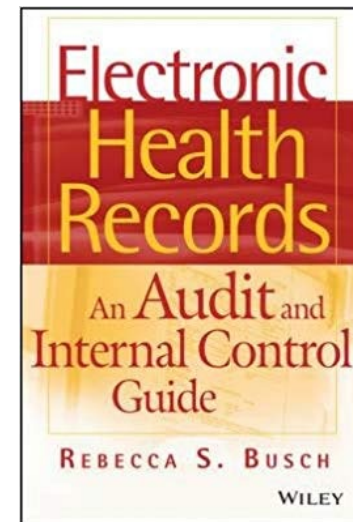
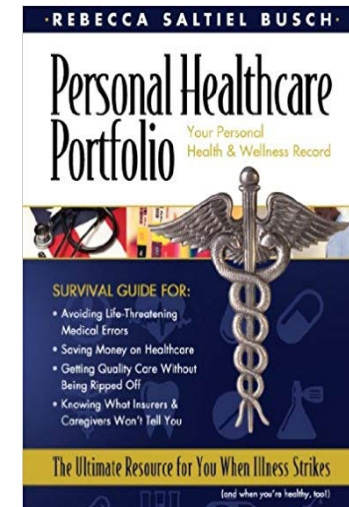
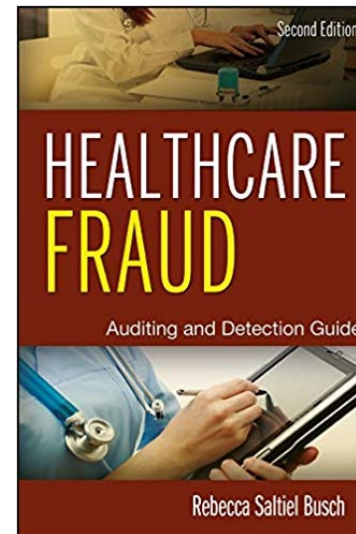
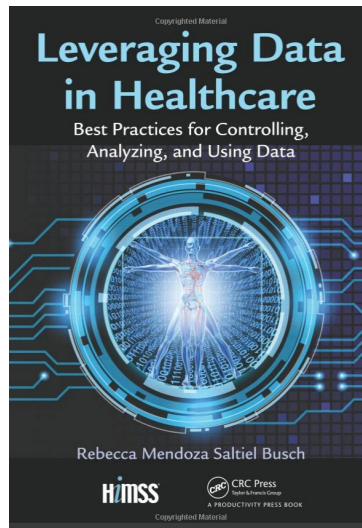
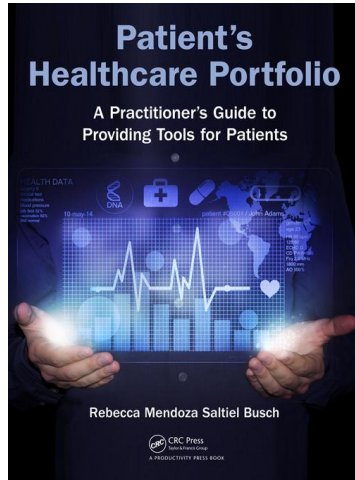
# Bio

## Who Am I?

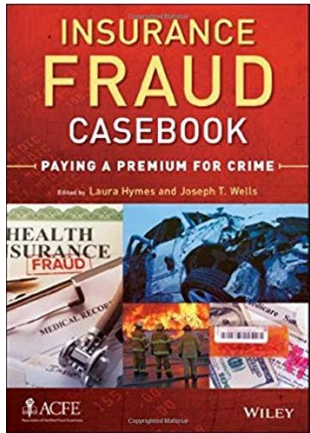
- Daughter, Niece, Aunt, Wife, Mom, Grandmother Wannabe....
- Canine Fan, Nature Enthusiast
- Nurse, Patient Advocate
- Auditor, Investigator
- Educator, Trainor, Author
- Compliance Officer
- Data Scientist
- Amateur Chef
- Fixer



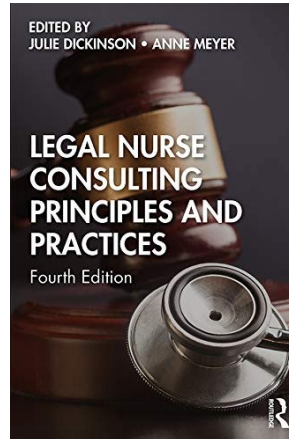
# What Have I Learned?



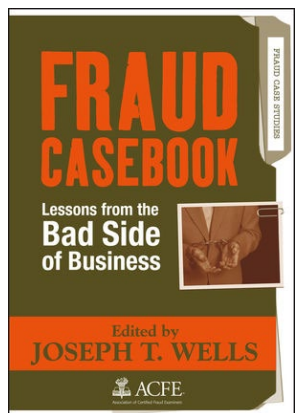
# More Stuff.....



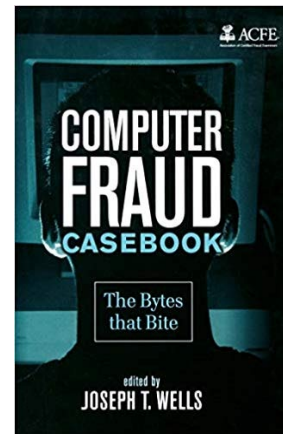
*Insurance Fraud Casebook: Paying a Premium for Crime* by Joseph T. Wells (editor), Chapter 25 **“Ignorance is Bliss, While it Lasts”** Case Study on Insurance Fraud by Rebecca Busch (contributing author) John Wiley & Sons, Inc., June 2013.



*Legal Nurse Consulting: Principles and Practices*, Chapter 12 **“Government Sponsored Healthcare Plans and General Case Evaluations”** AALNC CRC Press, February 2010 3<sup>rd</sup> edition. Chapter 25 **Government and Private Sponsored Healthcare Plans and General Case Evaluations”** 4<sup>th</sup> edition 2019



*Fraud Casebook: Lessons from the Bad Side of Business* by Joseph T. Wells (editor), Chapter 59 **“Bodies for Rent”** by Rebecca Busch, John Wiley & Sons Publications, July 2007.



*Case Studies in Computer Fraud: The Bytes that Bite* by Joseph T. Wells (editor) **“I Due”** Case Study on Identity Theft by Rebecca Busch John Wiley & Sons, Inc., August 2008.



## Learning Objective

Understand current reimbursement trends including new provisions under the ACA



# Reimbursement trends since the implementation of ACA

- ✓ Insurance premiums have increased
- ✓ Out of pocket expenses have increased
- ✓ Payers have opted out of exchanges
- ✓ Drive for transparency in both financial and quality aspects
- ✓ The market is still experiencing gaps in coverage
- ✓ Accountable Care Organizations (ACO)
- ✓ Strive for consumer engagement



# Reimbursement trends since the implementation of ACA

- ✓ Increase in high deductible health plans
- ✓ Reduction in choices within the private exchanges
- ✓ Opioid epidemic
- ✓ Increasing use of telemedicine, consumer wearables, and use of smart phones to monitor health
- ✓ Employer creating organization, health and awareness including access to health clinics, exercise facilities, and eat at work options
- ✓ Population health metrics as focal point for healthcare delivery systems



# Reimbursement trends since the implementation of ACA

**KEY Message....New Sources of Data Metrics**

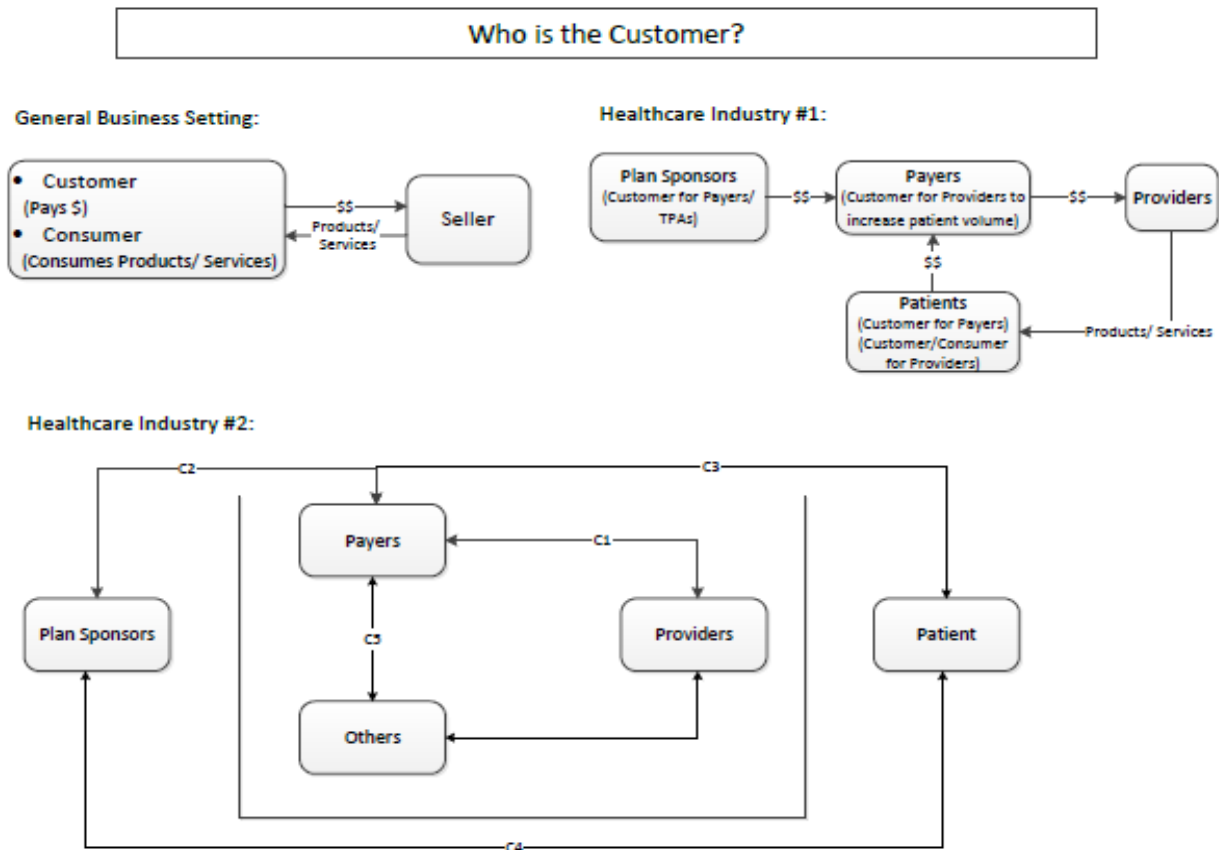


## Learning Objective

Considerations for the Life Care Plan when  
projecting costs



# Who is the Customer?



# What Drives the Medical Billing Process?

*...the relationship between a healthcare provider and the healthcare payor...*



# Professional Billing Claim Form Review

The National Uniform Claim Committee (NUCC) is a voluntary organization that replaced the Uniform Claim Form Task Force in 1995.

The committee was created to develop a standardized data set for use by the non-institutional health care community to transmit claim and encounter information to and from all third-party payers.

It is chaired by the American Medical Association (AMA), with the Centers for Medicare and Medicaid Services (CMS) as a critical partner.

<http://nucc.org/>



# Professional Billing Claim Form Review

The NUCC was formally named in the administrative simplification section of the HIPAA of 1996 as one of the organizations to be consulted by the American National Standards Institute's accredited Standards Developing Organization (SDOs) and the Secretary of Health and Human Services (HHS) as they develop, adopt, or modify national standards for health care transactions.

NUCC is intended to have an authoritative voice regarding national standard content and data definitions for non-institutional health care claims in the United States.



# Professional Billing Claim Form - Front

**HEALTH INSURANCE CLAIM FORM**  
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PACA  (For Programs in Item 1)

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input checked="" type="checkbox"/> FECA (FELORS) <input type="checkbox"/> OTHER <input type="checkbox"/>		13. INSURED'S I.D. NUMBER 1	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) J		4. INSURED'S NAME (Last Name, First Name, Middle Initial) 1	
5. PATIENT'S ADDRESS (Res., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)		7. INSURED'S ADDRESS (Res., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) a. OTHER INSURED'S POLICY OR GROUP NUMBER b. RESERVED FOR NUCC USE c. RESERVED FOR NUCC USE d. INSURANCE PLAN NAME OR PROGRAM NAME		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) b. AUTO ACCIDENT? c. OTHER ACCIDENT? 10d. CLAIM CODES (Designated by NUCC)	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE SIGNED: Signature on file DATE: 08/18/2015		11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH b. OTHER CLAIM ID (Designated by NUCC) c. INSURANCE PLAN NAME OR PROGRAM NAME d. IS THERE ANOTHER HEALTH BENEFIT PLAN?	
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (EMP) 10/27/2009 QWAL 431		15. OTHER DATE QWAL 439 MM/DD/YY 10/27/2009	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. NPI 17b. NPI		16. DATE(s) PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM TO 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM TO 20. OUTSIDE LAB? \$ CHARGES YES NO 0 00	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Recode A-L to service line below (24E)) A. V58.89 B. C. D. E. F. G. H. I. J. K. L.		19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 22. PRIOR AUTHORIZATION NUMBER	
24. A. DATE(S) OF SERVICE FROM TO 04/20/2011 04/20/2011 B. PLACE OF SERVICE 22 C. PROCEDURE(S), SERVICE(S), OR SUPPLIES (Specify Unusual Circumstances) 72295 26 D. DIAGNOSIS (ICD-9-CM) A E. \$ CHARGES 695 23 F. G. H. I. J. K. L.		23. PRIOR AUTHORIZATION NUMBER 1538248729	
25. FEDERAL TAX I.D. NUMBER 465013644		26. PATIENT'S ACCOUNT NO. 98500411	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (If entity does not statements on the reverse apply to this field and are made a part thereof) MICHAEL, RONALD		27. ACCEPT ASSIGNMENT? YES NO 28. TOTAL CHARGE \$ 47664.19 29. AMOUNT PAID \$ 0.00 30. BILLING PROVIDER INFO & PII # MICHAEL RONALD ILLINOIS NEUROSPINE INSTITUTE 608 165TH ST. SUITE 201 HAMMOND IN 463241351	

NUCC Instruction Manual available at: www.nucc.org     
 PLEASE PRINT OR TYPE     
 APPROVED OMB-0938-1197 FORM 1500 (02-12)



# Professional Billing Claim Form - Front

**HEALTH INSURANCE CLAIM FORM**  
APPROVED BY NATIONAL UNIFORM CLAIMS COMMITTEE (NUCC) 6/2012

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN (GHP) FECA (LAW) FECA (DOD) CBP

2. PATIENT'S NAME (Last, First, Middle Initial) 3. PATIENT'S BIRTH DATE SEX  
 4. INSURED'S NAME (Last Name, First Name, Middle Initial) 5. INSURED'S ADDRESS (In. Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)

6. PATIENT'S ADDRESS (In. Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)

7. PATIENT RELATIONSHIP TO INSURED  
 Spouse  Child  Other

8. RESERVED FOR NUCC USE

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED TO  
 YES  NO

11. INSURED'S POLICY GROUP OR FECA NUMBER

12. OTHER INSURED'S POLICY OR GROUP NUMBER 13. EMPLOYMENT (Current or Previous)  
 YES  NO

14. RESERVED FOR NUCC USE 15. AUTO ACCIDENT (7) PLACE (State)  
 YES  NO IL

16. RESERVED FOR NUCC USE 17. OTHER ACCIDENT (7) PLACE (State)  
 YES  NO

18. INSURANCE PLAN NAME OR PROGRAM NAME 19. CLAIM CODES (Designated by NUCC)

20. IS THERE ANOTHER HEALTH BENEFIT PLAN?  
 YES  NO

21. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits for the emergency physician or supplier for services described below.)  
 SIGNED: Signature on file DATE: 08/18/2015

22. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) FROM MM/DD/YY TO MM/DD/YY QUAL. 439 10/27/2009 04/31  
 23. OTHER DATE FROM MM/DD/YY TO MM/DD/YY QUAL. 10/27/2009

24. NAME OF REFERRING PROVIDER OR OTHER SOURCE 25. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM/DD/YY TO MM/DD/YY

26. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 27. OUTSIDE LAB? \$ CHARGES  
 YES  NO 0 00

28. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Report A.L. to service lines below (ICD-9-CM))  
 A. V5849 B. D. L. G. F. H. I. J. K.

29. RESUBMISSION CODE ORIGINAL REF. NO. 30. PRIOR AUTHORIZATION NUMBER

LINE	A. DATE(S) OF SERVICE		B. PLACE OF SERVICE	C. PROCEDURE, SERVICE, OR SUPPLY (Report Unusual Circumstances)	D. ICD-9-CM	E. DRUGS/BIOPRODUCTS	F. CHARGES	G. PAID BY INSURER	H. PAID BY PATIENT	I. IS QUAL.	J. RENDERING PROVIDER ID #
	From MM/DD/YY	To MM/DD/YY									
1	04/20/2011	04/20/2011	22	63055	A	20670 61	1	NPI	1538248729		
2	04/20/2011	04/20/2011	22	63054	A	20670 61	1	NPI	1538248729		
3	04/20/2011	04/20/2011	22	63055	A	20670 61	1	NPI	1538248729		
4	04/20/2011	04/20/2011	22	62290	A	2528 04	1	NPI	1538248729		
5	04/20/2011	04/20/2011	22	62290	A	2528 04	1	NPI	1538248729		
6	04/20/2011	04/20/2011	22	62290	A	2528 04	1	NPI	1538248729		

31. FEDERAL TAX ID NUMBER 32. PATIENT'S ACCOUNT NO. 33. ADULT ASSIGNMENT? YES  NO   
 485013844 98500411

34. SIGNATURE OF PHYSICIAN OR SUPPLIER (Include degrees or credentials) 35. SERVICE FACILITY LOCATION INFORMATION ON  
 MICHAEL RONALD HIND 101 WEST AVE HOBBS IN 483426449

36. BILLING PROVIDER INFO & PII# (210) 8525255 MICHAEL RONALD HIND ILLINOIS NEUROSPINE INSTITUTE 608 105TH ST SUITE 201 IN 463241351

37. TOTAL CHARGE \$ 87596 55 ± 0 00 38. AMOUNT PAID \$ 00 39. PAID TO NUCC Use

SIGNED: 08/18/2015 DATE 1538248729 1538248729

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER  
PATIENT AND INSURED INFORMATION  
PHYSICIAN OR SUPPLIER INFORMATION

NPI# Ronald Michael, MD

No NPI# band for Illinois Neurospine Institute

NPI# of Ronald Michael, MD

Hind Genome Hospital, LLC  
NPI# 1972636041

Ronald Michael, MD NPI#



# Professional Billing Claim Form - Back

BECAUSE THIS FORM IS USED BY VARIOUS GOVERNMENT AND PRIVATE HEALTH PROGRAMS, SEE SEPARATE INSTRUCTIONS ISSUED BY APPLICABLE PROGRAMS.

**NOTICE:** Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

### REFERS TO GOVERNMENT PROGRAMS ONLY

**MEDICARE AND CHAMPUS PAYMENTS:** A patient's signature requests that payment be made and authorizes release of any information necessary to process the claim and certifies that the information provided in Blocks 1 through 12 is true, accurate and complete. In the case of a Medicare claim, the patient's signature authorizes any entity to release to Medicare medical and nonmedical information, including employment status, and whether the person has employer group health insurance, liability, no-fault, worker's compensation or other insurance which is responsible to pay for the services for which the Medicare claim is made. See 42 CFR 411.24(a). If item 9 is completed, the patient's signature authorizes release of the information to the health plan or agency shown. In Medicare assigned or CHAMPUS participation cases, the physician agrees to accept the charge determination of the Medicare carrier or CHAMPUS local intermediary as the full charge, and the patient is responsible only for the deductible, coinsurance and noncovered services. Coinsurance and the deductible are based upon the charge determination of the Medicare carrier or CHAMPUS local intermediary if this is less than the charge submitted. CHAMPUS is not a health insurance program but makes payment for health benefits provided through certain affiliations with the Uniformed Services. Information on the patient's sponsor should be provided in those items captioned in "insured", i.e., items 1a, 4, 6, 7, 8, and 11.

### BLACK LUNG AND FECA CLAIMS

The provider agrees to accept the amount paid by the Government as payment in full. See Black Lung and FECA instructions regarding required procedure and diagnostic coding systems.

### SIGNATURE OF PHYSICIAN OR SUPPLIER (MEDICARE, CHAMPUS, FECA AND BLACK LUNG)

I certify that the services shown on this form were medically indicated and necessary for the health of the patient and were personally furnished by me or were furnished incident to my professional service by my employee under my immediate personal supervision, except as otherwise expressly permitted by Medicare or CHAMPUS regulations.

For services to be considered as "incident" to a physician's professional service, 1) they must be rendered under the physician's immediate personal supervision by his/her employee, 2) they must be an integral, although incidental part of a covered physician's service, 3) they must be of kinds commonly furnished in physician's offices, and 4) the services of nonphysicians must be included on the physician's bill.

For CHAMPUS claims, I further certify that I (or any employee) who rendered services am not an active duty member of the Uniformed Services or a civilian employee of the United States Government or a contract employee of the United States Government, either civilian or military (refer to 5 USC 6535). For Black Lung claims, I further certify that the services performed were for a Black Lung-related disorder.

No Part B Medicare benefits may be paid unless this form is received as required by existing law and regulations (42 CFR 424.32).

**NOTICE:** Any one who misrepresents or falsifies essential information to receive payment from Federal funds requested by this form may upon conviction be subject to fine and imprisonment under applicable Federal laws.

### NOTICE TO PATIENT ABOUT THE COLLECTION AND USE OF MEDICARE, CHAMPUS, FECA, AND BLACK LUNG INFORMATION (PRIVACY ACT STATEMENT)

We are authorized by CMS, CHAMPUS and OWCP to ask you for information needed in the administration of the Medicare, CHAMPUS, FECA, and Black Lung programs. Authority to collect information is in section 205(a), 1862, 1872 and 1874 of the Social Security Act as amended, 42 CFR 411.24(a) and 424.5(a) (6), and 44 USC 3101.41 CFR 101. et seq and 10 USC 1078 and 1088; 5 USC 6101 et seq; and 50 USC 901 et seq; 96 USC 613; E.O. 9307.

The information we obtain to complete claims under these programs is used to identify you and to determine your eligibility. It is also used to decide if the services and supplies you received are covered by these programs and to insure that proper payment is made.

The information may also be given to other providers of services, carriers, intermediaries, medical review boards, health plans, and other organizations or Federal agencies, for the effective administration of Federal provisions that require other third parties payers to pay primary to Federal programs, and as otherwise necessary to administer these programs. For example, it may be necessary to disclose information about the benefits you have used to a hospital or doctor. Additional disclosures are made through routine uses for information contained in systems of records.

**FOR MEDICARE CLAIMS:** See the notice modifying system No. 05-70-0501, titled, "Carrier Medicare Claims Record," published in the Federal Register, Vol. 65 No. 177, page 37649, Wed. Sept. 12, 1990, or as updated and republished.

**FOR OWCP CLAIMS:** Department of Labor, Privacy Act of 1974, "Republishing of Notice of Systems of Records," Federal Register Vol. 65 No. 40, Wed Feb. 28, 1990. See ESA-6, ESA-8, ESA-12, ESA-13, EOP, 30, or as updated and republished.

**FOR CHAMPUS CLAIMS: PRINCIPLE PURPOSES:** To evaluate eligibility for medical care provided by civilian sources and to issue payment upon establishment of eligibility and determination that the services/supplies received are authorized by law.

**ROUTINE USES:** Information from claims and related documents may be given to the Dept. of Veterans Affairs, the Dept. of Health and Human Services and/or the Dept. of Transportation consistent with their statutory administrative responsibilities under CHAMPUS/CHAMPVA; to the Dept. of Justice for representation of the Secretary of Defense in civil actions, to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment claims; and to Congressional Offices in response to inquiries made at the request of the person to whom a record pertains. Appropriate disclosures may be made to other federal, state, local, foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, claims adjudication, fraud, program abuse, utilization review, quality assurance, peer review, program integrity, third-party liability, coordination of benefits, and civil and criminal litigation related to the operation of CHAMPUS.

**DISCLOSURES:** Voluntary, however, failure to provide information will result in delay in payment or may result in denial of claim. With the one exception discussed below, there are no penalties under these programs for refusing to supply information. However, failure to furnish information regarding the medical services rendered or the amount charged would prevent payment of claims under these programs. Failure to furnish any other information, such as name or claim number, would delay payment of the claim. Failure to provide medical information under FECA could be deemed an obstruction.

It is mandatory that you tell us if you know that another party is responsible for paying for your treatment. Section 1128B of the Social Security Act and 31 USC 3801-3812 provide penalties for withholding this information.

You should be aware that P.L. 100-503, the "Computer Matching and Privacy Protection Act of 1988," permits the government to verify information by way of computer matches.

### MEDICAID PAYMENTS (PROVIDER CERTIFICATION)

I hereby agree to keep such records as are necessary to disclose fully the extent of services provided to individuals under the State's Title XIX plan and to furnish information regarding any payments claimed for providing such services as the State Agency or Dept. of Health and Human Services may request.

I further agree to accept, as payment in full, the amount paid by the Medicaid program for those claims submitted for payment under that program, with the exception of authorized deductible, coinsurance, co-payment or similar cost-sharing charge.

**SIGNATURE OF PHYSICIAN (OR SUPPLIER):** I certify that the services listed above were medically indicated and necessary to the health of this patient and were personally furnished by me or my employee under my personal direction.

**NOTICE:** This is to certify that the foregoing information is true, accurate and complete. I understand that payment and satisfaction of this claim will be from Federal and State funds, and that any false claims, statements, or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0026. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PMA Reports Clearance Officer, 7600 Security Boulevard, Baltimore, Maryland 21244-1850. This address is for comments and/or suggestions only. DO NOT MAIL COMPLETED CLAIM FORMS TO THIS ADDRESS.



# Facility Billing Claim Form Review

National Uniform Billing Committee <http://www.nubc.org/>

Formed in 1975

In 1982, after many years of debate and discussion on data/policy issues, the NUBC voted to accept the UB-82 data set for implementation as a national uniform bill.

The final regulations from the Health Insurance Portability Act of 1996 include a prominent role for the NUBC of helping to define the data content associated with each of the electronic transactions mentioned in the legislation.

Current version is UB-04 (CMS-1450)



# Facility Claim Form- Front

## INPATIENT

1 Any Hospital 123 Any Street Philadelphia PA 19103		2 Any Hospital 456 Any Street Philadelphia PA 19103		3 ICD-9 1234 98765		4 TYPE 0111	
PATIENT NAME Doe, John		PATIENT ADDRESS 1234 Main Street		5 FID TAX NO 221234567		6 STATEMENT COVERS PERIOD 11 03 06 11 04 06	
7 BIRTHDATE 03 20 1971		8 SEX M		9 AGE 33		10 COUNTY PA	
11 OCCURRENCE DATE 11 03 06		12 OCCURRENCE DATE 08 3 3 12		13 OCCURRENCE DATE 01		14 OCCURRENCE DATE RESERVED	
15 Occurrence and Occurrence Span Codes may be used to define a significant event that may affect payer processing							
16 JOHN DOE 1234 Main Street Philadelphia, PA 19111				17 VALUE CODES AND AMOUNTS A1 952:00			
18 VALUE CODES AND AMOUNTS REQUIRED WHEN NECESSARY TO PROCESS CLAIM							
19 ICD-9 CODES		20 DESCRIPTION		21 ICD-9 CODES		22 AMOUNT	
0129	Semi-Private	200.00		2	400:00	0:00	Future Use
0280	Pharmacy			1	50:00	0:00	
0360	OR Services				100:00	0:00	
23 PAGE 1 OF 1		24 CREATION DATE		25 TOTALS		26 650:00 0:00	
27 PAYER NAME Independence Blue Cross Secondary Payer Tertiary Payer		28 HEALTH PLAN ID Report HIPAA National Health Plan Identifier when mandatory		29 PRIOR INDEMNITY Y Y		30 EST. AMOUNT DUE Amount estimated to be due	
31 INSUREE'S NAME Doe, John Secondary Tertiary		32 INSUREE'S UNIQUE ID 18 ABC1234567800		33 GROUP NAME Watch Repair, Inc.		34 INSURANCE GROUP NO 1234	
35 TREATMENT AUTHORIZATION CODES 02468 Secondary Tertiary		36 DOCUMENT CONTROL NUMBER 491234		37 EMPLOYER NAME Watch Repair, Inc.			
38 3910 Use A through Q to report "Other Diagnosis" if applicable							
39 ICD-9 CODE 4280		40 ICD-9 CODE 3749		41 ICD-9 CODE 11 03 06		42 ICD-9 CODE 282N00000X	
43 ATTENDING Smith		44 ATTENDING David		45 ATTENDING 222222222		46 ATTENDING 16 1234569822	
47 OTHER Secondary		48 OTHER Tertiary		49 OTHER NPI		50 OTHER NPI	



# Facility Claim Form- Back

**UB-04 NOTICE:** THE SUBMITTER OF THIS FORM UNDERSTANDS THAT MISREPRESENTATION OR FALSIFICATION OF ESSENTIAL INFORMATION AS REQUESTED BY THIS FORM, MAY SERVE AS THE BASIS FOR CIVIL MONETARY PENALTIES AND ASSESSMENTS AND MAY UPON CONVICTION INCLUDE FINES AND/OR IMPRISONMENT UNDER FEDERAL AND/OR STATE LAW(S).

Submission of this claim constitutes certification that the billing information as shown on the face hereof is true, accurate and complete. That the submitter did not knowingly or recklessly disregard or misrepresent or conceal material facts. The following certifications or verifications apply where pertinent to this Bill:

1. If third party benefits are indicated, the appropriate assignments by the insured /beneficiary and signature of the patient or parent or a legal guardian covering authorization to release information are on file. Determinations as to the release of medical and financial information should be guided by the patient or the patient's legal representative.
2. If patient occupied a private room or required private nursing for medical necessity, any required certifications are on file.
3. Physician's certifications and re-certifications, if required by contract or Federal regulations, are on file.
4. For Religious Non-Medical facilities, verifications and if necessary re-certifications of the patient's need for services are on file.
5. Signature of patient or his representative on certifications, authorization to release information, and payment request, as required by Federal Law and Regulations (42 USC 1935f, 42 CFR 424.36, 10 USC 1071 through 1086, 32 CFR 199) and any other applicable contract regulations, is on file.
6. The provider of care submitter acknowledges that the bill is in conformance with the Civil Rights Act of 1964 as amended. Records adequately describing services will be maintained and necessary information will be furnished to such governmental agencies as required by applicable law.
7. For Medicare Purposes: If the patient has indicated that other health insurance or a state medical assistance agency will pay part of his/her medical expenses and he/she wants information about his/her claim released to them upon request, necessary authorization is on file. The patient's signature on the provider's request to bill Medicare medical and non-medical information, including employment status, and whether the person has employer group health insurance which is responsible to pay for the services for which this Medicare claim is made.
8. For Medicaid purposes: The submitter understands that because payment and satisfaction of this claim will be from Federal and State funds, any false statements, documents, or concealment of a material fact are subject to prosecution under applicable Federal or State Laws.
9. For TRICARE Purposes:
  - (a) The information on the face of this claim is true, accurate and complete to the best of the submitter's knowledge and belief, and services were medically necessary and appropriate for the health of the patient;
  - (b) The patient has represented that by a reported residential address outside a military medical treatment facility catchment area he or she does not live within the catchment area of a U.S. military medical treatment facility, or if the patient resides within a catchment area of such a facility, a copy of Non-Availability Statement (DD Form 1251) is on file, or the physician has certified to a medical emergency in any instance where a copy of a Non-Availability Statement is not on file;
  - (c) The patient or the patient's parent or guardian has responded directly to the provider's request to identify all health insurance coverage, and that all such coverage is identified on the face of the claim except that coverage which is exclusively supplemental payments to TRICARE-determined benefits;
  - (d) The amount billed to TRICARE has been billed after all such coverage have been billed and paid excluding Medicaid, and the amount billed to TRICARE is that remaining claimed against TRICARE benefits;
  - (e) The beneficiary's cost share has not been waived by consent or failure to exercise generally accepted billing and collection efforts; and,
  - (f) Any hospital-based physician under contract, the cost of whose services are allocated in the charges included in this bill, is not an employee or member of the Uniformed Services. For purposes of this certification an employee of the Uniformed Services is an employee, appointed in civil service (refer to 5 USC 2105), including part-time or intermittent employees, but excluding contract surgeons or other personal service contracts. Similarly, member of the Uniformed Services does not apply to reserve members of the Uniformed Services not on active duty.
- (g) Based on 42 United States Code 1395cc(a)(1)(i) all providers participating in Medicare must also participate in TRICARE for inpatient hospital services provided pursuant to admissions to hospitals occurring on or after January 1, 1987; and
- (h) If TRICARE benefits are to be paid in a participating status, the submitter of this claim agrees to submit this claim to the appropriate TRICARE claims processor. The provider of care submitter also agrees to accept the TRICARE determined reasonable charge as the total charge for the medical services or supplies listed on the claim form. The provider of care will accept the TRICARE-determined reasonable charge even if it is less than the billed amount, and also agrees to accept the amount paid by TRICARE combined with the cost-share amount and deductible amount, if any, paid by or on behalf of the patient as full payment for the listed medical services or supplies. The provider of care submitter will not attempt to collect from the patient (or his or her parent or guardian) amounts over the TRICARE determined reasonable charge. TRICARE will make any benefits payable directly to the provider of care, if the provider of care is a participating provider.

SEE <http://www.nubc.org/> FOR MORE INFORMATION ON UB-04 DATA ELEMENT AND PRINTING SPECIFICATIONS



# Dental Claim Form

## ADA American Dental Association® Dental Claim Form

HEADER INFORMATION																		
1. Type of Transaction (Mark all applicable boxes) <input type="checkbox"/> Statement of Actual Services <input type="checkbox"/> Request for Predetermination/Preauthorization <input type="checkbox"/> EPSDT / Title XIX																		
2. Predetermination/Preauthorization Number						POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance Company Named in #3)												
INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION																		
3. Company/Plan Name, Address, City, State, Zip Code																		
4. Dental? <input type="checkbox"/> Medical? <input type="checkbox"/> (If both, complete 5-11 for dental only.)						12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code			13. Date of Birth (MM/DD/CCYY)			14. Gender <input type="checkbox"/> M <input type="checkbox"/> F		15. Policyholder/Subscriber ID (SSN or ID#)				
OTHER COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank.)																		
5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)						16. Plan/Group Number			17. Employer Name			PATIENT INFORMATION						
6. Date of Birth (MM/DD/CCYY)			7. Gender <input type="checkbox"/> M <input type="checkbox"/> F		8. Policyholder/Subscriber ID (SSN or ID#)			18. Relationship to Policyholder/Subscriber in #12 Above <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Other			19. Reserved For Future Use							
9. Plan/Group Number			10. Patient's Relationship to Person named in #5 <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other						20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code									
11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code																		
21. Date of Birth (MM/DD/CCYY)			22. Gender <input type="checkbox"/> M <input type="checkbox"/> F		23. Patient ID/Account # (Assigned by Dentist)													
RECORD OF SERVICES PROVIDED																		
24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag Pointer	29b. Qty	30. Description				31. Fee						
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
33. Missing Teeth Information (Place an "X" on each missing tooth.)					34. Diagnosis Code List Qualifier <input type="checkbox"/> (ICD-9 = B; ICD-10 = AB)					31a. Other Fee(s)								
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16			
34a. Diagnosis Code(s)												A	C					
32. 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17												(Primary diagnosis in 'A')		B	D		32. Total Fee	
35. Remarks																		
AUTHORIZATIONS						ANCILLARY CLAIM/TREATMENT INFORMATION												
36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim.						38. Place of Treatment <input type="checkbox"/> (e.g. 11=office; 22=OIP Hospital) (Use "Place of Service Codes for Professional Claims")			39. Enclosures (Y or N) <input type="checkbox"/>									
X Patient/Guardian Signature _____ Date _____						40. Is Treatment for Orthodontics? <input type="checkbox"/> No (Skip 41-42) <input type="checkbox"/> Yes (Complete 41-42)			41. Date Appliance Placed (MM/DD/CCYY)									
37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.						42. Months of Treatment Remaining <input type="checkbox"/> No <input type="checkbox"/> Yes (Complete 44)			44. Date of Prior Placement (MM/DD/CCYY)									
X Subscriber Signature _____ Date _____						45. Treatment Resulting from <input type="checkbox"/> Occupational illness/injury <input type="checkbox"/> Auto accident <input type="checkbox"/> Other accident			46. Date of Accident (MM/DD/CCYY)									
BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)						TREATING DENTIST AND TREATMENT LOCATION INFORMATION												
48. Name, Address, City, State, Zip Code						53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.  X _____ Signed (Treating Dentist) _____ Date _____												
49. NPI		50. License Number		51. SSN or TIN		54. NPI		55. License Number		56. Address, City, State, Zip Code		56a. Provider Specialty Code						
52. Phone Number ( ) -		52a. Additional Provider ID		57. Phone Number ( ) -		58. Additional Provider ID												

© 2012 American Dental Association  
 J430 (Same as ADA Dental Claim Form - J431, J432, J433, J434, J430D)

To reorder call 800.947.4746  
 or go online at [adacatalog.org](http://adacatalog.org)



# Pharmacy Claim Form



## PRESCRIPTION DRUG CLAIM FORM

DIV **NGC**

Cardholder's Name (Last, First, MI) Date of Birth Gender	(circle) M F	Cardholder ID Number
<input type="checkbox"/> Check if new address Address Street _____ City/State _____ Zip Code _____ Daytime Telephone (____) _____		
Employer	Insurance Carrier	Group Number

**PLEASE SIGN AND DATE HERE:** I certify that all information provided is correct and that the prescription(s) submitted are for me or members of my family who are eligible. The patient(s) listed below has (have) received the medication, and I authorize release of all information contained on this claim to Express Scripts, Inc. and my Plan Sponsor. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or consents for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Cardholder's Signature
  Date

### Patient Information (please list information for each patient submitting claims)

<b>1</b> Patient's Name Relationship to	Cardholder?(circle) Self, spouse, dependent	Gender (circle) M F	Date of Birth	Total number of receipts attached:
Pharmacy Name and Address: Physician Name (name of prescribing Doctor) and DEAF:				

<b>2</b> Patient's Name Relationship to	Cardholder?(circle) Self, spouse, dependent	Gender (circle) M F	Date of Birth	Total number of receipts attached:
Pharmacy Name and Address: Physician Name (name of prescribing Doctor) and DEAF:				

<b>3</b> Patient's Name Relationship to	Cardholder?(circle) Self, spouse, dependent	Gender (circle) M F	Date of Birth	Total number of receipts attached:
Pharmacy Name and Address: Physician Name (name of prescribing Doctor) and DEAF:				

Is claim for **DIABETIC SUPPLY?**  No  Yes. Please provide receipt stating: Pharmacy Name/Address • Date Filled • Type of Insulin and/or Type of supply • Quantity • Days Supply • Price • Patient's Name. Cash register receipts are acceptable but **Pharmacist Signature** is required if any information is handwritten. \*\*\*Ask your pharmacist how you can purchase diabetic supplies with your prescription card\*\*\*

Does the patient reside in an assisted living facility?  Yes  No  Is this claim for allergy serum?  Yes  No   
 Does the patient have primary prescription drug coverage through another insurance carrier?  Yes  No   
 Did the patient submit this claim to the other carrier?  Yes  No  *yes, please attach an explanation of benefits from your primary carrier.*

### Prescription Information

**IMPORTANT** All prescription claims must have prescription receipts/labels which include:  
 • Pharmacy Name/Address • Date Filled • Drug Name, Strength and NDC • Rx Number • Quantity • Days Supply • Price • Patient's Name  
**Claims received missing any of the above information may be returned or payment may be denied or delayed**

- Please tape receipts to separate piece of paper.
- Patient history print outs from the pharmacy are also acceptable but **MUST** be signed by the Pharmacist.
- CASH REGISTER RECEIPTS ARE NOT ACCEPTABLE FOR ANY PRESCRIPTIONS.**  
 (With the exception of diabetic supplies)

REASON FOR CLAIM SUBMISSION OR SPECIAL NOTES: \_\_\_\_\_

EST USE ONLY

## PHARMACY BENEFIT SERVICES PRESCRIPTION DRUG CLAIM FORM

FOR OFFICE USE ONLY			
Claim Number			
A. SUBSCRIBER INFORMATION			
ID #	Claim #		
Subscriber's Name: <i>last</i>	<i>first</i>	<i>initial</i>	
Street Address			
City	State	ZIP	
SUBSCRIBER'S SIGNATURE			
B. PATIENT INFORMATION			
Patient's Name: <i>last</i>	<i>first</i>	<i>initial</i>	
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Patient's ID #	
Patient's relationship to insured/subscriber: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent			
I certify that all Subscriber and Patient Information is correct and the medication has been dispensed. I authorize release of any information relating to this claim to Eschelon Health and all necessary third parties for purposes of claims investigation and payment, utilization review and audit.			
PATIENT'S SIGNATURE			
C. PHARMACY INFORMATION			
NABDP#		Telephone #	
Pharmacy Name			
Pharmacy Address			
City	State	ZIP	
PHARMACEUTICAL SIGNATURE			
D1. PRESCRIPTION INFORMATION			
Date Dispensed	Rx #	<input type="checkbox"/> New <input type="checkbox"/> Refill	Name of Medication
NDC #	Qty Dispensed	Days Supply	Strength
Pharmacist's Name	Pharmacist's State License #	Prescription Cost \$ _____	
D2. PRESCRIPTION INFORMATION			
Date Dispensed	Rx #	<input type="checkbox"/> New <input type="checkbox"/> Refill	Name of Medication
NDC #	Qty Dispensed	Days Supply	Strength
Pharmacist's Name	Pharmacist's State License #	Prescription Cost \$ _____	



# Verify NPI (National Provider Identifier)

First step is to validate **Who** the parties are involved with a claim.

## Both Professional and Facility

- Billing provider
- Service provider
- Attending physicians and other professionals
  - MD
  - DO
  - PA
  - PT/MPT/DPT
  - Etc.



# What is an NPI number?

A **National Provider Identifier** or **NPI** is a unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS). The NPI has replaced the unique provider identification number (UPIN) as the required identifier for Medicare services, and is used by other payers, including commercial healthcare insurers.




# Search Engine: NPI Look UP

## Provider Information for 1972636041

[Search \(/registry/\)](#) / [Back to Results](#) / [NPI View](#)


**HIND GENERAL HOSPITAL, LLC**

Organization Subpart: NO

 **NPI: 1972636041**

 Last Updated: 2007-07-08

### Details

Name	Value
NPI	1972636041
Enumeration Date	2007-03-14
NPI Type	2- Organization
Status	Active
Mailing Address	101 W 61ST AVE HOBART, IN 46342-6486 United States  Phone: 219-947-3030   Fax: View Map (/registry/map-view?q=101 W 61ST AVE, HOBART, IN, 463426486, United States) 



# Search Engine: NPI Look UP

NPI REGISTRY

NPPES NPI Registry

Page 2 of 2

Name	Value								
Primary Practice Address	101 W 61ST AVE HOBART, IN 46342-6486 United States  Phone: 219-947-3030   Fax: View Map ( <a href="/registry/map-view?q=101%20W%2061ST%20AVE,%20HOBART,%20IN,%20463426486,%20United%20States">/registry/map-view?q=101 W 61ST AVE, HOBART, IN, 463426486, United States</a> )								
Authorized Official Information	Name: DR. NAVIN BAROT MD Title: CEO Phone: 219-947-3030								
Taxonomy	<table border="1"> <thead> <tr> <th>Primary Taxonomy</th> <th>Selected Taxonomy</th> <th>State</th> <th>License Number</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>282N00000X - General Acute Care Hospital</td> <td>IN</td> <td></td> </tr> </tbody> </table>	Primary Taxonomy	Selected Taxonomy	State	License Number	Yes	282N00000X - General Acute Care Hospital	IN	
Primary Taxonomy	Selected Taxonomy	State	License Number						
Yes	282N00000X - General Acute Care Hospital	IN							
Other Identifiers	<table border="1"> <thead> <tr> <th>Issuer</th> <th>State</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Issuer	State	Number					
Issuer	State	Number							



# Details of NPI #


## Provider Information for 1538248729

[Search \(/registry/\)](#) / [Back to Results](#) / [NPI View](#)

NPI REGISTRY

DR. RONALD MICHAEL M.D.

Gender: MALE

 NPI: 1538248729

 Last Updated: 2007-07-08

### Details

Name	Value
NPI	1538248729
Enumeration Date	2006-11-06
NPI Type	1 - Individual
Sole Proprietor	YES
Status	Active



# Details of NPI #

NPI REGISTRY

Name	Value								
Mailing Address	<p>455 W COURT ST SUITE 404 KANKAKEE, IL 60901-3679 United States</p> <p>Phone: 815-936-5160   Fax: 815-936-5163 View Map (/registry/map-view?q=455 W COURT ST, KANKAKEE, IL, 609013679, United States) 📍</p>								
Primary Practice Address	<p>455 W COURT ST SUITE 404 KANKAKEE, IL 60901-3679 United States</p> <p>Phone: 815-936-5160   Fax: 815-936-5163 View Map (/registry/map-view?q=455 W COURT ST, KANKAKEE, IL, 609013679, United States) 📍</p>								
Taxonomy	<table border="1"> <thead> <tr> <th>Primary Taxonomy</th> <th>Selected Taxonomy</th> <th>State</th> <th>License Number</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>174400000X - Specialist</td> <td>IL</td> <td>36-079025</td> </tr> </tbody> </table>	Primary Taxonomy	Selected Taxonomy	State	License Number	Yes	174400000X - Specialist	IL	36-079025
Primary Taxonomy	Selected Taxonomy	State	License Number						
Yes	174400000X - Specialist	IL	36-079025						
Other Identifiers	<table border="1"> <thead> <tr> <th>Issuer</th> <th>State</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td>MEDICARE UPIN</td> <td>IL</td> <td>E42258</td> </tr> </tbody> </table>	Issuer	State	Number	MEDICARE UPIN	IL	E42258		
Issuer	State	Number							
MEDICARE UPIN	IL	E42258							



A federal government website managed by the  
 (http://hhs.gov) U.S. Centers for Medicare & Medicaid Services (http://cms.hhs.gov)  
 7500 Security Boulevard, Baltimore, MD 21244



# Details of NPI #

**NO NPI # FOUND FOR ILLINOIS NEUROSPINE INSTITUTE**

NPPES NPI Registry

[NPPES](#) [Downloads](#) [API](#) [Help](#)

## Search NPI Records

NPI Number	NPI Type	Taxonomy Description	
<input type="text"/>	Any <input type="checkbox"/>	<input type="text"/>	
for individuals		for organizations	
First Name	Last Name	Organization Name	Doing Business As
<input type="text"/>	<input type="text"/>	Illinois Neurospine Institute	<input type="text"/>
City	State	Country	Postal Code
<input type="text"/>	Illinois <input type="checkbox"/>	Any <input type="checkbox"/>	<input type="text"/>
Clear	Search		

## Results:

[Search](#) / [Table View](#)

**Attention: No matching records found.**



A federal government website managed by the  
**U.S. Centers for Medicare & Medicaid Services**  
7500 Security Boulevard, Baltimore, MD 21244

The NPI Registry Public Search is a free directory of all active **National Provider Identifier (NPI)** records. Healthcare providers acquire their unique 10-digit NPIs to identify themselves in a standard way throughout their industry.

Individuals or organizations apply for NPIs through the **CMS National Plan and Provider Enumeration System (NPPES)**. After we supply an NPI, we publish the parts of the NPI record that have public relevance, including the provider's name, specialty (taxonomy) and practice address.

CMS provides this service based on federal law (45 CFR Part 162). We also supply this directory in a [full download](#) file, or through an [Application Programming Interface \(API\)](#).

If you are a provider with questions about your record, our Enumerator can assist you. 800.465.3203 | 800.692.2326 TTY | [email](#).

NPPES NPI Registry



# CPT (Procedure) Codes Professional Services

Current Procedural Terminology <https://www.ama-assn.org/>

Developed by the American Medical Association (AMA) in 1966

In 2000, the CPT code set was designated by the Department of Health and Human Services as the national coding standard for physician and other healthcare professional services and procedures under the Health Insurance Portability and Accountability Act (HIPAA). All financial and administrative health care transactions sent electronically must use the CPT code set. <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/Code-Sets/index.html>



# CPT Codes: “What” Was Done

**CPT** (*Current Procedural Terminology*) **Codes** (or *procedure codes*) are 5-digit codes assigned for reporting a procedure performed by the physician. The **CPT** code describes medical, surgical, and diagnostic services. They are used to tell insurance companies what kind of procedure or service was performed on the patient. They also sometimes denote pharmacy and supply items, as well as capture physician visit times. CPT codes must match up with diagnosis (ICD) codes in order to get claims paid.

The **CPT** code does not actually have to be a procedure. It can be what is known as an evaluation (*E&M-Evaluation & Management*), or visit code, which denotes the time, place of service, or type of patient a physician has seen a patient. It can also be a lab test, which is considered a procedure even though sometimes the patient may not have been at the facility that tested the sample.



# CPT Code Examples

CPT codes are a 5-digit number:

- 20600 Arthrocentesis, aspiration and/or injection; small joint or bursa
- 20605 Arthrocentesis, aspiration and/or injection; intermediate joint or bursa
- 20610 Arthrocentesis, aspiration and/or injection; major joint or bursa



**CPT Code Modifiers** - a service or procedure code can be further described by adding a two digit *modifier*

**CPT Code Modifiers** can be two digit numbers ranging from 21 to 99, two character modifiers, or alphanumeric. More than one modifier may be used with a **CPT** code.

**CPT Code Modifiers** are not applicable to every category of the CPT Codes. Some **CPT Code Modifiers** are only used with a particular category.



# Illustration

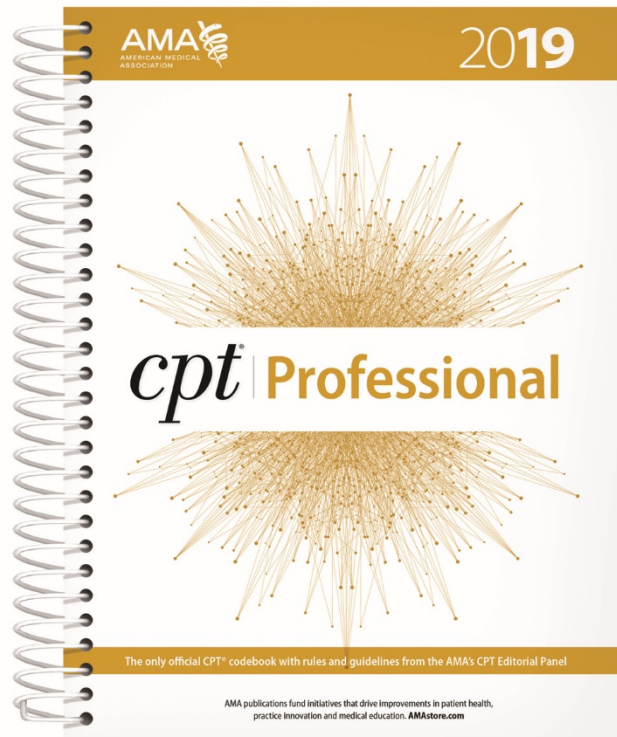
## CPT Code Modifier Examples

CPT Code Modifiers are a two digit number or letters:

<b>50</b>	Bilateral procedure
<b>80</b>	Assistant SURGEON (physician)
<b>AS</b>	Assistant <i>AT</i> surgery (physician assistant, nurse practitioner, clinical nurse specialist)
<b>LT</b>	Left side
<b>RT</b>	Right side



# Illustration



# Illustration

<p><b>20808</b> Replantation, hand includes hand through metacarpophalangeal joints), complete amputation (To report replantation of incomplete hand amputation, see specific code[s] for repair of bone[s], ligament[s], tendon[s], nerve[s], or blood vessel[s] with modifier 52)</p> <p><b>20816</b> Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation @ CPT Assistant Oct 96:11 (To report replantation of incomplete digit amputation, excluding thumb, see specific code[s] for repair of bone[s], ligament[s], tendon[s], nerve[s], or blood vessel[s] with modifier 52)</p> <p><b>20822</b> Replantation, digit, excluding thumb (includes distal tip to sublimis tendon insertion), complete amputation (To report replantation of incomplete digit amputation, excluding thumb, see specific code[s] for repair of bone[s], ligament[s], tendon[s], nerve[s], or blood vessel[s] with modifier 52)</p> <p><b>20824</b> Replantation, thumb (includes carpometacarpal joint to MP joint), complete amputation (To report replantation of incomplete thumb amputation, see specific code[s] for repair of bone[s], ligament[s], tendon[s], nerve[s], or blood vessel[s] with modifier 52)</p> <p><b>20827</b> Replantation, thumb (includes distal tip to MP joint), complete amputation (To report replantation of incomplete thumb amputation, see specific code[s] for repair of bone[s], ligament[s], tendon[s], nerve[s], or blood vessel[s] with modifier 52) (To report replantation of complete leg amputation. See specific code[s] for repair of bone[s], ligament[s], tendon[s], nerve[s], or blood vessel[s] with modifier 52) (To report replantation of incomplete leg amputation, see specific code[s] for repair of bone[s], ligament[s], tendon[s], nerve[s], or blood vessel[s] with modifier 52)</p> <p><b>20838</b> Replantation, foot, complete amputation (To report replantation of incomplete foot amputation, see specific code[s] for repair of bone[s], ligament[s], tendon[s], nerve[s], or blood vessel[s] with modifier 52)</p>	<p><b>20902</b> major or large @ CPT Assistant Dec 00:15; CPT Changes: An Insider's View 2008</p> <p><b>20910</b> Cartilage graft; costochondral @ CPT Changes: An Insider's View 2008</p> <p><b>20912</b> nasal septum @ CPT Changes: An Insider's View 2008 (Forear cartilage, use 21235)</p> <p><b>20920</b> Fascia lata graft; by stripper @ CPT Assistant Aug 99:5, Jan 05:8; CPT Changes: An Insider's View 2008</p> <p><b>20922</b> by incision and area exposure, complex or sheet @ CPT Assistant Jan 05:8; CPT Changes: An Insider's View 2008</p> <p><b>20924</b> Tendon graft from a distance (e.g., palmaris, toe extensor, plantaris) @ CPT Changes: An Insider's View 2008</p> <p><b>20926</b> Tissue grafts, other (e.g., paratenon, fat, dermis) @ CPT Assistant Summer 91:12, Aug 99:5, Nov 99:10, May 06:16; CPT Changes: An Insider's View 2008 (For injection(s) of platelet rich plasma, use 02321)</p> <p><b>+ 20930</b> Allograft, morselized or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) @ CPT Assistant Feb 96:6, Mar 96:4, Sep 97:8, Nov 99:10, Feb 02:6, Jan 04:27, Dec 07:1, Feb 08:8; CPT Changes: An Insider's View 2008, 2011 (Use 20930 in conjunction with 22319, 22532, 22533, 22548-22558, 22590-22612, 22630, 22800-22812, 01951, 0196T)</p> <p><b>+ 20931</b> Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure) @ CPT Assistant Feb 96:6, Feb 02:6, Feb 05:15, Feb 08:8; CPT Changes: An Insider's View 2008, 2011 (Use 20931 in conjunction with 22319, 22532-22533, 22548-22558, 22590-22612, 22630, 22800-22812)</p>
---	---



# HCPCS Codes

**HCPCS – Healthcare Common Procedure Coding System – are billing codes used by Medicare and based upon AMA CPT codes used by all payers. They provide a greater degree of specificity than CPT codes, and are considered “Level II” as opposed to the “Level I” status of CPT codes.**

## **HCPCS Code Examples**

HCPCS Codes begin with a letter followed by four digits

**J2270**      Injection, morphine sulfate, up to 10 mg

**K0001**      Wheelchair, standard

**L8699**      Prosthetic implant, not otherwise specified



# ICD Codes: “Why” the Service Was Provided

## ICD (International Classification of Diseases)

The coding system has many statistical, abstracting, and reimbursement purposes

- Including:

- Standard diagnostic tool for epidemiology, health management and clinical purposes, including analysis of the general health situation of population groups.
- Used to monitor the incidence and prevalence of diseases and other health problems, proving a picture of the general health situation of countries and populations.
- Used by physicians, nurses, other providers, researchers, health information managers and coders, health information technology workers, policy-makers, insurers and patient organizations to classify diseases and other health problems recorded on many types of health and vital records, including death certificates and health records.
- In addition to enabling the storage and retrieval of diagnostic information for clinical, epidemiological and quality purposes, these records also provide the basis for the compilation of national mortality and morbidity statistics by WHO Member States.
- Finally, ICD is used for reimbursement and resource allocation decision-making by many countries.



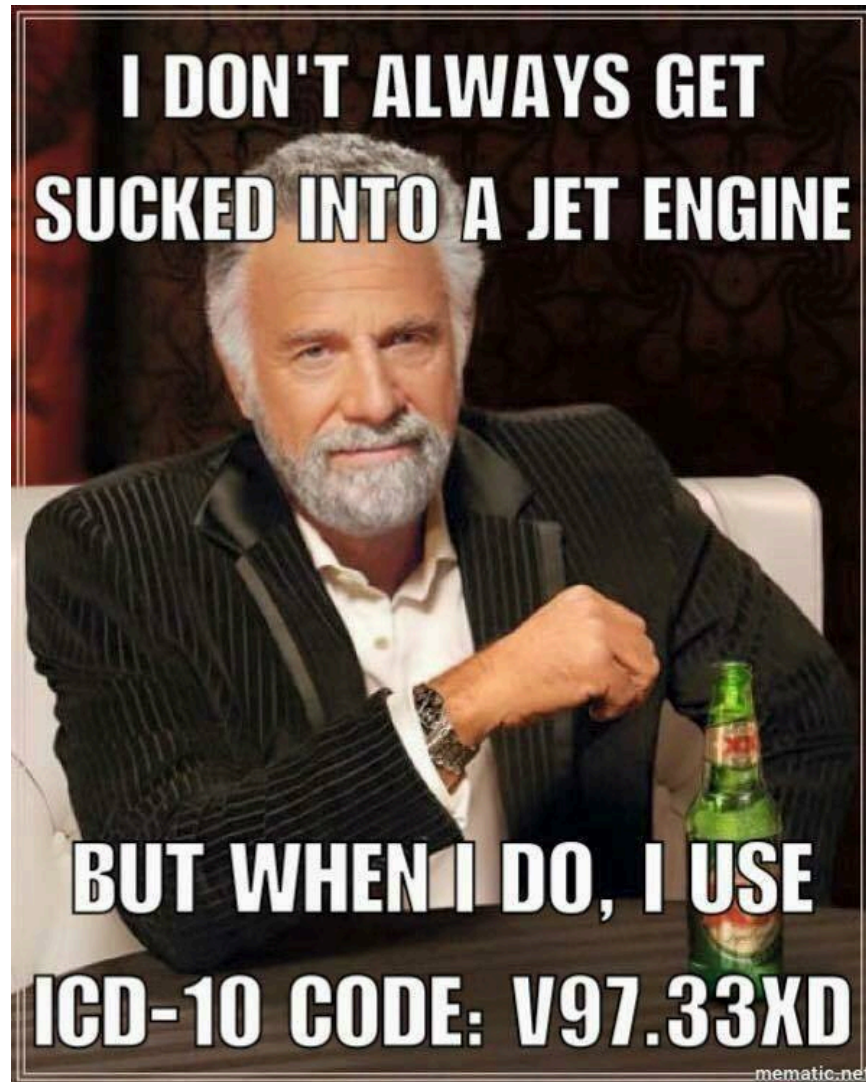
# ICD (Diagnosis) Codes

**ICD Codes** classifies diseases and a wide variety of signs, symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or disease. Under this system, every health condition can be assigned to a unique category and given a alphanumeric code, up to six characters long.

Permits the separation of charges by Nature of Health Condition (NHC).



# ICD (Diagnosis) Codes



# ICD-9 and ICD-10

**ICD-9:** 3-digit to 5-digit number; codes with 4 or 5-digit numbers have 3-digits followed by a decimal, and then 1 or 2-digit numbers

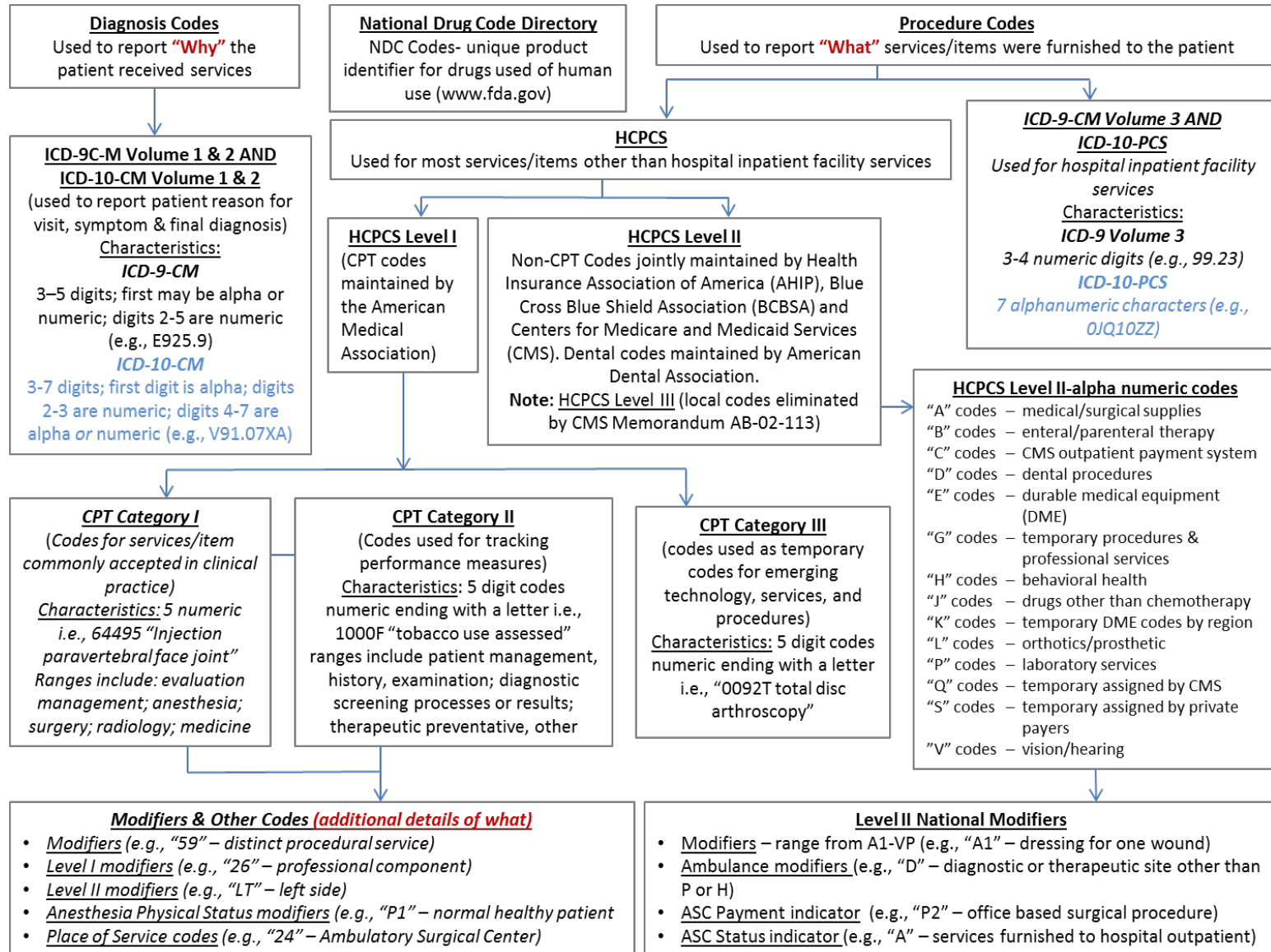
- E.g., 724.01 – Spinal stenosis, unspecified region
- **V-codes** (Supplementary Classification of Factors Influencing Health Status and Contact with Health Service) and **E-codes** (External causes injuries and poisoning) start with a V and an E, respectively
- Released in 1975

**ICD-10:** 3 to 7 characters. The first character is alphabetic, the 2nd through 7th are either alphabetic or numeric, and a decimal after 3 characters

- E.g., M48.04 - Spinal stenosis, unspecified region
- Released in 2015
- Injury Codes are under External Causes of Morbidity (V01-Y99).



# Coding Chart



# CCI (NCCI) Edit

The National Correct Coding Initiative (NCCI) is a CMS program designed to prevent improper payment of procedures that should not be submitted together. (unbundling).

There are two categories of edits:

Physician Edits apply to

physicians, non-physician practitioners; Ambulatory Surgery Centers Hospital Outpatient  
Prospective Payment System Edits

Apply to the following types of bills

Hospitals, Skilled Nursing Facilities, Home Health Agencies Part B, Outpatient Physical  
Therapy and Speech Language Pathology Providers, and Comprehensive Outpatient  
Rehabilitation Facilities

<https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html>



# MUE Edit

The CMS developed Medically Unlikely Edits (MUEs)

An MUE for a HCPCS/CPT code is the maximum units of service that a provider would report under most circumstances for a single beneficiary on a single date of service.

<https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE.html>



# Learning Objective

Review Case Examples on Costing



# Usual, Customary, and Reasonable (UCR)

Usual, Customary and Reasonable analysis involves the review of billing(s) in the context of the services provided and supported within the medical records.

The bill is reconciled against relevant clinical, billing practice standards, and geographic considerations, as well as any legislative requirements.

The reconciliation of these attributes supports opinions and determination of UCR healthcare charges.



# Usual, Customary, and Reasonable (UCR)

A healthcare service(s) or product(s) charge is considered

- “Usual” if it is a professional charge(s) for an in scope of practice service/procedure by an appropriately licensed and credentialed professional or; If it is a facility (e.g. hospital, outpatient, nursing home, rehabilitation, long term care) for a defined facility based licensed scope of services/procedure, and
- “Customary” if it is within the range of fees, quantity, volume, and/or coding that most professionals (CMS-1500) or facilities (UB-04, CMS-1450), in the geographic area charge for a given procedure; if it is a facility within a ranges of fees, quantity, volume, and/or coding (UB-04, CMS-1450), in scope facility license; and
- “Reasonable” if it is Usual and Customary and/or if it is clinically relevant, with informed consent, and clinically justified. Any special condition (e.g. a difficult procedure) will be articulated based on current practice standards. (Busch, Rebecca M. S. (2017). Managing The Notion of UCR in a Life Care Plan. *Journal of Life Care Planning Volume 15, Number 3 p. 9*)



# (UCR) – Authoritative Sources

- The National Uniform Claim Committee (NUCC) <http://nucc.org/>
- Universal Billing Committee [www.nubc.org](http://www.nubc.org).
- International Classification of Disease Index (ICD) <https://www.who.int/>
- Current Procedural Terminology (CPT) <https://www.ama-assn.org/>
- Healthcare Common Procedural Coding System (HCPCS)  
<https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/>
- CMS National Correct Coding Initiative Program (NCCI) [www.cms.gov-correctcodinginitiative](http://www.cms.gov-correctcodinginitiative).
- National Plan & Provider Enumeration System (NPI #s) <https://npiregistry.cms.hhs.gov/>
- Health Insurance Portability and Accountability Act of 1996 (HIPAA)  
<https://aspe.hhs.gov/report/health-insurance-portability-and-accountability-act-1996>



# (UCR) –Authoritative Sources

- CMS Code Sets <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/Code-Sets/index.html>
- Administrative Simplification Provisions On Electronic Healthcare Transactions and Code Sets [www.hhs.gov/hipaa/for-professionals/index.html](http://www.hhs.gov/hipaa/for-professionals/index.html);
- OIG's Compliance Guidance For Billing Professionals [www.oig.hhs.gov/fraud/docs/complianceguidance/thirdparty.pdf](http://www.oig.hhs.gov/fraud/docs/complianceguidance/thirdparty.pdf);
- Coding practices (§ 162.1002 Medical Data Code Sets) and use of code sets [www.aspe.hhs.gov/report/health-insurance-portability-and-accountability-act-1996](http://www.aspe.hhs.gov/report/health-insurance-portability-and-accountability-act-1996);
- HIPAA Fraud Statutes (18 U.S. Code § 1347 - Health Care Fraud);
- Anesthesia Base Codes and Conversion Factors [www.cms.gov/Center/Provider-Type/Anesthesiologists-Center.html?redirect=/center/anesth.asp](http://www.cms.gov/Center/Provider-Type/Anesthesiologists-Center.html?redirect=/center/anesth.asp)



# (UCR) –Resources

- Payment basics <http://medpac.gov/-documents-/payment-basics>
- MedPar Data <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareFeeforSvcPartsAB/MEDPAR.html>
- Basic Stand Alone (BSA) Medicare Claims Public Use Files (PUFs) <https://www.cms.gov/Research-Statistics-Data-and-Systems/Downloadable-Public-Use-Files/BSAPUFS/index.html>
- National Fee Analyzer
- Workers compensation fee schedule data by applicable state
- [Vendors such as ResDAC https://www.resdac.org/cms-data/PUF?page=1](https://www.resdac.org/cms-data/PUF?page=1); FairHealth;
- The Nationwide Emergency Department Sample (NEDS) <https://www.hcup-us.ahrq.gov/db/nation/neds/nedsdbdocumentation.jsp>
- The National (Nationwide) Inpatient Sample (NIS) <https://www.hcup-us.ahrq.gov/db/nation/nis/nisdbdocumentation.jsp>
- Drug Pricing: GoodRX.com; Red Book



# Determining Usual, Customary and Reasonable

**EXAMPLE -UCR prices benchmarked against Ingenix “National Fee Analyzer”, (*Wisconsin*) pricing for 2015, Commercial Geographic Adjustment Factor *1.296*, applicable coding system(s), and prior auditing experience.**

**UCR prices benchmarked against ILWC 2015 fee analyzer for HCPCS with 46.80% adjustment factor for geo code 60050, applicable coding system(s), and prior auditing experience.**



CPT Code	Description	Medicare RVU	50th Percentile	75th Percentile	90th Percentile	Medicare Average
76770 26	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete	3.19 1.04	382.00 126.06	468.14 154.52	579.49 191.19	114.21 37.23
76775 26	limited	1.62 0.81	284.00 99.40	348.04 121.84	430.83 150.80	58.00 29.00
76776 26	Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation	4.42 1.08	384.00 115.20	470.59 141.12	582.53 174.72	158.24 38.67
76800 26	Ultrasound, spinal canal and contents	3.89 1.61	436.00 218.00	534.32 267.27	661.41 330.71	139.27 57.64
76801 26	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation	3.51 1.45	359.31 136.47	476.13 180.89	651.54 247.62	125.66 51.91
+ 76802 26	each additional gestation (List separately in addition to code for primary procedure)	1.85 1.22	203.00 101.50	269.00 134.50	368.10 184.10	66.23 43.68
76805 26	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation	4.02 1.45	359.31 136.47	476.13 180.89	651.54 247.62	143.92 51.91
+ 76810 26	each additional gestation (List separately in addition to code for primary procedure)	2.68 1.44	203.00 105.60	269.00 139.90	368.10 191.40	95.95 51.55
76811 26	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation	5.17 2.82	609.00 243.60	807.00 322.80	1104.30 441.60	185.09 100.96
+ 76812 26	each additional gestation (List separately in addition to code for primary procedure)	5.85 2.65	385.70 243.01	511.10 322.05	699.39 440.61	209.44 94.87
76813 26	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation	3.43 1.74	334.95 150.81	443.85 199.82	607.37 273.24	122.80 62.29
+ 76814 26	each additional gestation (List separately in addition to code for primary procedure)	2.30 1.46	223.30 127.27	295.90 168.63	404.91 230.78	82.34 52.27



Year	Category	Region	Code	Description	Total	Conver
2015	ASTC	IL01	36478		\$4,933.46	
2015	ASTC	IL02	36478		\$4,713.40	
2015	ASTC	IL03	36478		\$3,614.28	
2015	ASTC	IL04	36478		\$3,879.04	

Conversion Factor	PC Amount	TC Amount	Modifier
	NA	NA	
	NA	NA	
	NA	NA	
	NA	NA	

<https://iwcc.optum.com/download.asp>

Year	Category	Region	Code	Description	Total
2015	Outpatient	IL01	70545		POC53.2
2015	Outpatient	IL02	70545		POC53.2
2015	Outpatient	IL03	70545		\$1,177.49
2015	Outpatient	IL04	70545		POC53.2
2015	Outpatient	IL05	70545		POC53.2
2015	Outpatient	IL06	70545		POC53.2
2015	Outpatient	IL07	70545		POC53.2
2015	Outpatient	IL08	70545		\$1,177.49
2015	Outpatient	IL09	70545		POC53.2
2015	Outpatient	IL10	70545		POC53.2
2015	Outpatient	IL11	70545		\$1,177.49
2015	Outpatient	IL12	70545		POC53.2
2015	Outpatient	IL13	70545		POC53.2
2015	Outpatient	IL14	70545		\$1,177.49



6/16/15

P	01992	Anesthesia for therapeutic nerve blocks and injections			\$1,575.00	2	\$0.00	WC Anesthesia (CCI edit rule)
F	0490	Ambulatory Surgical Care	64493	50	\$5,925.00	1	\$2,530.43	ASC - price not UCR
F	0490	Ambulatory Surgical Care	64494	50	\$5,925.00	1	\$0.00	ASC - CCI Edit
F	0490	Ambulatory Surgical Care	64495	50	\$5,925.00	1	\$0.00	ASC - CCI Edit
F	0490	Ambulatory Surgical Care	64490	50	\$5,925.00	1	\$1,878.00	ASC
F	0490	Ambulatory Surgical Care	64491	50	\$5,925.00	1	\$0.00	ASC - CCI Edit
F	0490	Ambulatory Surgical Care	64492	50	\$5,925.00	1	\$0.00	ASC - CCI Edit
F	0490	Ambulatory Surgical Care	64492	50	\$5,925.00	1	\$0.00	ASC - CCI Edit
F	0490	Ambulatory Surgical Care	64492	50	\$5,925.00	1	\$0.00	ASC - CCI Edit
F	0636	Drugs requiring detailed coding	A4649		\$462.50	1	\$0.00	ASC - CCI Edit
F	0636	Drugs requiring detailed coding	J2001		\$55.00	1	\$0.00	ASC - CCI Edit
F	0636	Drugs requiring detailed coding	J2250		\$77.00	1	\$0.00	ASC - CCI Edit
F	0636	Drugs requiring detailed coding	J3301		\$390.50	1	\$0.00	ASC - CCI Edit
F	0636	Drugs requiring detailed coding	J3490		\$172.25	1	\$0.00	ASC - CCI Edit
F	0636	Drugs requiring detailed coding	Q9967		\$273.70	1	\$0.00	ASC - CCI Edit
P	64490	Inj paravert f jnt c/t 1 lev-2015		50	\$4,272.00	1	\$1,126.80	PR
P	64491	Inj paravert f jnt c/t 2 lev-2015		50	\$1,728.00	1	\$737.45	PR
P	64492	Inj paravert f jnt c/t 3 lev-2015		50	\$1,728.00	1	\$737.45	PR
P	64493	Inj paravert f jnt l/s 1 lev-2015		50	\$4,272.00	1	\$1,012.17	PR
P	64494	Inj paravert f jnt l/s 2 lev-2015		50	\$1,728.00	1	\$624.95	PR
P	64495	Inj paravert f jnt l/s 3 lev-2015		50	\$1,728.00	1	\$624.95	PR
P	77003	Fluoroscopic guidance		TC	\$183.57	1	\$0.00	ASC
P	A4670	Automatic bp monitor, dial-2015			\$150.00	2	\$0.00	WC Anesthesia (CCI edit rule)
P	E0445	Oximeter non-invasive-2015			\$300.00	2	\$0.00	WC Anesthesia (CCI edit rule)
<b>SubTotal:</b>					<b>\$66,495.52</b>	<b>27</b>	<b>\$9,272.20</b>	



# Check The Math

## Submitted bills for review

Facet Injections total Charges for 6/15/15	\$66,495.52
Total time in surgical suite on 6/15/15	22 minutes
Procedure charge	\$3,022 per minute
Hourly Rate	\$181,322 per hour

## UCR Analysis

- ✓ Demographic Data
- ✓ Coding and license standards
- ✓ Healthcare Bill/Medical Record Standards
- ✓ CCI edits
- ✓ Pricing demographic

## UCR Recommendation

Facet Injections total Charges for 6/15/15	\$9,272.20
Total time in surgical suite on 6/15/15	22 minutes
Procedure charge	\$421.46 per minute
Hourly Rate	\$25,287.81 per hour



THE CITY OF ROSES INVITES YOU TO CULTIVATE, BLOOM AND FLOURISH.

# 2019 IARP ANNUAL CONFERENCE & 25TH ANNUAL IALCP SYMPOSIUM

HILTON – PORTLAND DOWNTOWN  
PORTLAND, OREGON

IALCP SYMPOSIUM  
OCTOBER 30 - 31

IARP CONFERENCE  
OCTOBER 31 - NOVEMBER 2

## Navigating the Healthcare Reimbursement Process

REBECCA M. S. BUSCH, *RN, MBA, CCM, CFE, CPC, CHPA-IV, CRMA, CICA, FIALCP, FHFMA*

MEDICAL BUSINESS ASSOCIATES, INC.

SESSION 304: 2:45 PM – 4 PM

