

Appendix A – Institutional Nursing Facility

# **BUREAU OF TENNCARE**

# Long Term Care -User Manual

BUREAU OF TENNCARE

# Long Term Care User Manual – Appendix A

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# **Overview**

This document is specifically designed for Level I, formerly ICF/Intermediate Care Facilities, ICFs-MR/Intermediate Care Facilities for the Mentally Retarded; Level II, formerly SNF/Skilled Nursing Facilities and Medicare/Medicaid Cross-Over institutional claims.

The responsibility of this division is to assist all of the Medicaid and, in many instances, Medicare participating providers in the submission of claims, the resolution of same and the education of the correct completion of claims submitted to the State of Tennessee for processing and payment.

This document will provide guidance and education to the providers on the correct submission of claims. Included will be procedures and processes on how to submit Level 1 Care Claims via an online web portal. There will also be a review of Level II billing, via the web using the UB04 format.

# **Getting Started - Internet**

Before you can access the system, you must obtain a user ID and temporary password from TennCare's systems administrator. If you do not already have a **Tenneesee.Gov** Provider ID and password, the Internet address below will provide instructions on how to obtain and submit an application:

#### http://www.tennesseeanytime.org/tncr

Once you have received your user ID and temporary password you can use the above Internet address to gain access to the system.

#### TennCare Online Services Login Page

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DESCRIPTION       Construction         Description       Services         Here renn Care providers and trading partners can:       Services         Perify Tenn Care eligibility       Enter, review, and submit or adjunct claims         Polyado or download HIPAA transactions       Submit or inquire about pre-admission evaluation status         Polyado re download HIPAA transactions       Submit or inquire about pre-admission evaluation status         Use Tenn Care messaging system       Evaluation of the services subscriber.         Lyse Tennessee Anytime Premium Services Subscripter.       Evaluation of subscripter         Log In here it       Services Subscripter         Powers envert subscripter       Performer subscripter         Powers envert subscripter       Performer subscripter         Providers for previously logged in with your subscripter       Performer logged in with your subscripter	
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1) If you're a first time user, you will type your user name and passcode in the "First Time Users" section and click "First Time Login"

#### Change Passcode screen

Change Password - Microsoft Internet Explorer	- T - X
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	<ul> <li>Internet</li> </ul>

- 1) Type your assigned passcode in the "Passcode" field
- 2) In the new password field, key in the new password. The password must be between 6-8 characters, at least two characters must be numeric. The confirmed password has to match the new password.

# Instructions for Completing Level 1 – ICF Claims



- 1) Log on using the Log-On ID (usually the provider ID) and password.
- 2) Click on the "Level 1 Nursing Facility Claim" link listed at the bottom of the **Provider Home Page.**

#### Monthly Claim Inquiry Search Page

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Report Fraud	
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Criteria	
New Submission: C Inquiry: Month/Year: October V / 2003 New Month Search	
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- 1) Click on "New Month" for new submission of claims. As a default the new month will display the current billing summary. See the Online Claim Summary window below.
- 2) To view any previous month's activity, click "Inquiry" and select the month and year
- 3) Click on "Search"

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This window displays the current online claims summary for your facility prior to submission of claims. The majority of your edits will be performed in this window. A UB04 claim form is associated with each summary line. Below is a list of data elements to include brief descriptions that can be modified for each individual claim:

- Edit Provides access to all data elements associated with the UB04
- **Recipient Last, First Name** Recipient's last name = two alpha characters and recipient's first name = three alpha characters
- MC ID# Recipient 11 digit Medicaid ID number
- Hospital From Date Date resident admitted to the hospital
- Diagnosis Code Primary diagnosis code for recipient
- **Physician Visit** Federally mandated physician visit for Level I and Level II NF residents
  - a) Physician Recertification Date Federally mandated physician recertification date for Level I, ICF-MR residents
- Admit Date Date of admission into the nursing facility
- Patient Status Resident status at the time of claim submission
- Admission Code Source of admission
- **Type of Bill** Three digit number, 663, for Level 1 participating nursing facilities

- From Date of Service The begin date of the date of service being billed
- Level Level of care code associated with this claim
- Total Days Total days being billed
- Facility Days Number of days the LTC resident was in-house
- Hospital Leave Days Number of days the LTC resident was hospitalized
- Therapeutic Leave Days Number of days resident was on home leave
- Non-Covered Days Number of days nursing facility is not being paid
- Claims Status Status of the claim being Paid, Denied or Suspended

# **Online Claims Summary Edit**

#### Online Claims Summary (top) section

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	edit	r-	fir	01008369207		290	10/01/2003	10/26/1999	30	3	663	11/01/2003	A	30	30	0	0	0	
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Within this window, a user can select data elements to modify a claim.

- 1) Review the summary of claims to be submitted and check for discrepancies
- 2) Click on a particular data element to modify the information within the claim

#### Examples:

- 1) Billing for Hospital Leave Days
  - a) Modify the number of hospital leave days located in the "HSP LV" column
  - b) Modify the facility days located in the "Facility Days" column
  - c) Add your admit date in the "Hospital From Date" column
- 2) Modifying the Physician Visit Date
  - a) Click the "Physician Visit" field
  - b) Modify the date displayed

## **UB04 Claim Edits**

There are data elements that cannot be modified through the online summary screen. To access the UB04, click the "Edit" link on the far left column of the online summary page. The pre-populated UB04 will open a new window and take a few seconds to load recipient data.

UB04 Claims Submission window (top sect	on)
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🚰 Institutional Claim Submission - Microsoft Internet Explorer		×
TENNCARE INTERCHANGE	A New Direction in Health Care	
Bureau of TennCare Manny Martins, Deputy Commissioner		
Main EVS   RA   Profile   PAE   Files   Messages	Claims   Logout   Change Password   Help	
UB92 Claim Submission	Report Frand	
Billing Information	Service Information	
Provider Number 1000001 A	Claim Type* Long Term Car	
Recipient ID* 01008368749	Type of Bill* 663	
Last Name	From Date* 11/01/2003	
	Thru Date* 11/30/2003	
First Name fir	Covered Days 30	
Patient Account #	Non-Covered Days 0	
Attending Phys	Patient Status Still a patient	
Referring Phys	Admit Source HMO Referral	
Facility Number	Admission Type 3 Elective	
	Admission Date 10/14/1996	
	Admission Hour	
	Discharge Time	<b>_</b>

The window above displays a pre-populated UB04. The data elements displayed can be modified for submission. An example, billing for the date of death is a common change often seen to an existing claim. To modify the **date of death**, the user must change the following fields:

Top Section:				
Thru Date	Patier	nt Status		
Covered Days	Disch	arge Time		
Bottom Section:				
Item 1:	To DOS	Units		
Item 2: Click "Add"	From DOS	To DOS	Revenue Code=224	Units=1

Note: ICFs-MR that bills multiple levels of care during a month will do so by that level of care.

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Referring Phys				Admit Source	HMO Referral 💽	
Facility Number				Admission Type	3 Elective 💌	
Other Physician				Admission Date	10/14/1996	
Insurance Denied?	•			Admission Hour		
				Discharge Time	0	
Billing Codes				Charges		
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× Other 1	25001					
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UB04 Claims Submission window (middle section)

#### UB04 Claims Submission window (bottom section)

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Status				Allowed Amount	0.00				
Units Allowed	0.00			Paid Amount	0.00				
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Upon completion of the UB04 edit, click the "Close" button, which will take you back to the **Online Claims Summary window**.

# Submit a Level 1 Online Claims Summary

#### Online Claims Summary (bottom) section

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Once you have completed all of your modification, click "Submit" listed at the bottom of the page.

#### PLEASE NOTE: DO NOT SUBMIT A NEW UB04 WITH THE SAME MONTH OF SERVICE UNTIL AFTER YOUR ON-LINE CLAIMS SUMMARY (TAD) HAS BEEN SUBMITTED.

A small window will indicate that your claims are being processed.

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After you click "OK", your **Provider Home Page** will be displayed. To check the status on your claims, click on the "Level 1 Nursing Facility Claims" link or the "Claims Inquiry" link. Both functions are listed in separate sections of this document.

**PLEASE NOTE**: To ensure your claims have been submitted, **ALWAYS** re-enter the "Level 1 Nursing Facility Claims". After submission, the "Edit/Delete" selections will show as "View".

# **Online Claims Status - Level 1**

To check the status of your level 1 claims, select "Level 1 Nursing Facility Claims" from the **Provider Home Page**.

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The window above displays an online summary page that has been submitted to TennCare. On far right column (C Stat) displays the status of each claim. Below is list of characters found in the C Stat column:

P = Paid D = Denied S = Suspended

Click "View" on the far left column to display the UB04 claim, which provides details of the claim status. For additional information on how to adjust a paid claim, please refer to the section, <u>Adjusting/Voiding a Previously Paid Claim</u>. To correct a denied status, please refer to sections, <u>Online Claims Summary Edit</u> and <u>UB04 Claim Edits</u>. For information regarding a suspended claim, see the <u>Initial Claim Status</u> section.

# Instructions for Completing a New Level 1 Claim

This section outlines the process of creating a new UB04 claim for a new recipient.

# **Creating a New Level 1 Claim**



To create a new claim, click the "New UB04 Claim" link located at the bottom of the **Provider Home Page** or click on "Claims" listed in the menu bar.

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UB04 Claim Submission (top section)

The UB04 claim form consist of three sections (top, middle and bottom)

The following fields will need to be completed under the billing information section located at the upper left side on the claim form:

- 1) Provider number is populated based on sign-in (required)
- 2) Enter recipient ID#, and press tab key. Upon pressing the tab key the recipient's first and last name will populate. (required)
- 3) Enter the patient account # (optional)
- 4) Attending physician ID (required). The number can be the practitioner's state ID # or Medicaid ID number.
- 5) Referring physician ID (optional)

The following fields will need to be completed under the service information section located on the upper right side of the claim form:

- 6) Claim type (required) from the drop down box select Long Term Care claim
- 7) Type of bill, 663 is used for all Level 1 claims
- 8) Enter the from and thru date (required) this is the statement covered period
- 9) Covered Days is a (required) field

- 10) Patient Status (required) select the status from the drop down box
- 11) Admit Source (required) select the status from the drop down box
- 12) Admission Type (required) select the status from the drop down box
- 13) Admission date (required) cannot be later than "from date"
- 14) Discharge Time must be entered in military hours, if attempting to be paid for date of death

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UB04 Claim Submission (middle section)

The following fields will need to be completed under the billing code section located on the middle left side of the claim form:

- 1) Enter diagnosis code in the shaded box (required)
- 2) Occurrence/Span Code Occurrence Code 54 and the physician visit date is required on all Level I Medicaid billing.

Occurrence Code 51 and the physician recertification visit date is required on all Level I, ICF-MR Medicaid billing

Occurrence Code 24 is required when there is TPL/Third Party Liability, also known as other insurance, and the insurance denied. Complete the field with the code and the date the insurance carrier denied.

Occurrence Code 25 is required when there is TPL/Third Party Liability, also known as other insurance, and the insurance policy has been cancelled. Complete the field with the code and the date the insurance carrier terminated the policy.

You may use the drop-down arrows for the Occurrence Codes.

 Payer Code – Click on 'Add' to choose the appropriate payer. Enter 'Prior Payment'. 4) If additional 'Line Items' are needed, you may proceed to that area and click on 'Add'. After clicking on 'Add', you will return to the 'Detail Information' area of the claim and proceed to populate the relevant fields.

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UB04 Claim Submission (bottom section)

The following fields will need to be completed under the Detail Information Section:

- 1) Enter the from and thru dates of service (DOS) (required)
- 2) Enter revenue code (required)
- 3) Enter HCPCS/Rates (as required for HCBS Claims)
- 4) Enter the unit(s) (required)
- 5) To enter the unit of measure, click on the drop down box and select "Day" or "Unit" (optional)
- 6) Enter co-pay and/or TPL amount, if applicable
- 7) Once all of the required fields are entered, click on "Submit"

Please refer to the <u>Initial Claim Status</u> section of this document to view the status and reason codes of the adjudicated claim.

# Instructions for Completing Level 2 – SNF Claims

To submit a Level 2 claim, a user can select one of two options:

- 1) Copying/modifying a previously paid claim from an existing recipient
- 2) Creating a new claim

## **Creating a Claim on an Existing Recipient**

This section outlines the process to copy a previously paid claim (from a previous month) and create a claim for the current month. Below is an example of this process:



1) Click "Claim Inquiry", listed at the bottom of the Provider Home Page

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Criteria	
Recipient ID:     Claim Status:     Any Status       Patient Acct. #:     ICN:       From Date:     Thru Date:	
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A user can perform a claim inquiry by selecting any of the options listed below. Utilize as many options as possible to refine your search.

- 1) Enter recipient ID #
- 2) Claim status from drop down box
- 3) Patient Account Number
- 4) Enter ICN, if available
- 5) Enter from and thru date
- 6) Click on the "Search" button

#### **Claims Inquiry Result Window**

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1) Click on the "ICN" field listed above. This will display a previously adjudicated UB04 claim.

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#### UB04 Claim Window (bottom section)

Verify the information displayed on the entire UB04 form is correct

1) Click "Copy Claim" listed at the bottom section of the page

The new claim window will load the previous month's information. Make any modifications (i.e. DOS, Days, Units, Type of Bill, etc.) necessary throughout the claim.

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Copied – UB04 Claim Window (bottom section)

1) Click "Re-Submit"

To verify the status of the claim, please refer to the <u>Initial Claim Status</u> section of this document.

# **Creating a New Level 2 Claim**

#### **Provider Home Page**



To create a new claim, click on "New UB04 Claim" link located at the bottom of the **Provider Home Page** or click on "Claims" listed in the menu bar.

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UB04 Claim Submission (top section)

The UB04 claim form consists of three sections (top, middle and bottom)

The following fields will need to be completed under the billing information section located at the upper left side on the claim form:

- 1) Provider number (or NPI Number) is populated based on sign-in (required)
- 2) Enter recipient ID#, and press tab key. Upon pressing the tab key the recipient's first and last name will populate. (required)
- 3) Enter the patient account # (optional)
- 4) Attending physician ID (required). The number will be the practitioner's NPI number.
- 5) Referring physician ID (optional)

The following fields will need to be completed under the service information section located on the upper right side of the claim form:

- 6) Claim type (required) from the drop down box select Long Term Care claim
- 7) Type of bill, a three digit code indicates the specific type of bill (required)
  - 211----Admit through discharge claim
  - 212----Initial Claim
  - 213----Continuing Claim
  - 214----Final Claim
  - 217----Replacement of a prior claim (Adjustment)

218----Void or cancellation of a prior claim

**Note:** Type of Bill – for Medicare/Medicaid Part A Room and Board Cross-Over claims the same bill types will be used as reflected above for the Level II Care/SNF billing.

However, for Medicare/Medicaid Part B Institutional Inpatient Cross-Over Claims, the type of bill will be the same as in the past:

221 - Admit through Discharge Claim

222 – Initial Claim

223 – Continuing Claim

224 – Final Claim

And, for the Medicare/Medicaid Part B Institutional Outpatient Cross-Over Claims, the type of bill will be the same as in the past. Remember the middle digit for this 'type of bill' is a '3'.

- 8) Enter the from and thru date (required) this is the statement covered period
- 9) Covered Days is a (required) field, except for Medicare/Medicaid crossover claims.
- 10) Patient Status (required) select the status from the drop down box
- 11) Admit Source (required) select the status from the drop down box
- 12) Admission Type (required) select the status from the drop down box
- 13) Admission date (required) cannot be later than "from date"
- 14) Discharge Time must be populated if attempting to be paid for date of death

# PLEASE NOTE: MEDICARE CROSSOVER CLAIMS CANNOT BE BILLED USING THIS WEB APPLICATION.

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UB04 Claim Submission (middle section)

The following fields will need to be completed under the <u>Billing Code</u> section located on the middle left side of the claim form:

- 1) Enter diagnosis code in the shaded box (required)
- 2) Condition Code Condition Code 39 may be required if billing private room charge.
- Value Code This field is used to report Medicare Co-Insurance and/or the Deductible and the amounts associated with them. You may use the drop-down boxes to populate these fields.
- 4) Occurrence/Span Code Occurrence Code 54 and the physician visit date is required on all Level II, SNF/Straight Skilled Medicaid billing.

Occurrence Code 24 is required when there is TPL/Third Party Liability, also known as other insurance, and the insurance denied. Complete the field with the code and the date the insurance carrier denied.

Occurrence Code 25 is required when there is TPL/Third Party Liability, also known as other insurance, and the insurance policy has been cancelled. Complete the field with the code and the date the insurance carrier terminated the policy.

You may use the drop-down arrows for the Occurrence Codes.

5) Payer Code – Click on 'Add' to choose the appropriate payer. Enter 'Prior Payment'. 'Estimated Amount' field is optional.

6) If additional 'Line Items' are needed, you may proceed to that area and click on 'Add'. After clicking on 'Add', you will return to the 'Detail Information' area of the claim and proceed to populate the relevant fields.

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UB04 Claim Submission (bottom section)

The following fields will need to be completed under the detail information section:

- 1) Enter the from and thru dates of service (DOS) (required)
- 2) Enter revenue code/s (required)
- 3) Enter HCPCS/Rates (as required for HCBS claims)
- 4) Enter the unit(s) (required)
- 5) To enter the unit of measure, click on the drop down box select "Day" or "Unit" (optional)
- 6) Enter charges (required)
- 7) Enter co-pay and/or TPL amount, if applicable
- 8) Once all of the required fields are entered, click on "Submit"

Please refer to the <u>Initial Claim Status</u> section of this document to view the status and reason codes of the adjudicated claim.

# **Initial Claims Status**

Once the claim has been submitted, the Claim Status Information section will list the current status of the claim as being paid, denied or suspended. The assigned ICN number will also appear.

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UB04 Claim Submission Form (bottom section) paid

The window above indicates a **paid** status

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8 SERVICE "TO" DATE LESS THAN SERVICE "FROM" DATE						
9998 CLAIM WAS PRICED IN ACCORDANCE WITH CURRENT TENNCARE PROGRAM POLICIES						
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UB04 Claim Submitted (bottom section) denied

The window above indicates a **denied** status

Note: When a claim is denied, the reason(s) for the denial should be reviewed, corrected and then the claim submitted. If further assistance is needed to resolve a denied claim, please contact the Long Term Care Claims Unit at 877-224-0219 or 615-507-6944. Below is the fax number for the Long Term Care Claims and HCBS Claims Unit. Fax

615-253-3179

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Detail Information         Item       I         From DOS*       11/01/2005         Revenue       120         HCPCS / Rates       Modifiers         Units*       30.00         Units of Measurement       Modifiers	30/2005
Charges 3516.95 Co-Pay TPL Amount 0.00 Status P Allowed Amount 0.00 Units Allowed	
Claim Status Information Claim Status Suspended Claim ICN 2003343000038 Paid Date 0 Allowed Amount 0.00	
Header EOB Description 9998 CLAM WAS PRICED IN ACCORDANCE WITH CURRENT TENNCARE PROGRAM POLICIES 0331 NO PAE AVAILABLE FOR RECIPIENT ADMISSION	
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UB04 Claim Submitted (bottom section) suspended

The window above indicates a **suspended** status

Note: If further assistance is needed to resolve a suspended claim, please contact the Long Term Care Claims Unit at 877-224-0219 or 615-507-6944.

# **Claim Inquiry**

This feature allows the user to search on previously submitted claims within the system. From the bottom of **Provider Home Page**, you may click the "Claim Inquiry" link from the top menu, which will display the following window.



A user can perform a claim inquiry by selecting any of the options listed below. Utilize as many options as possible to refine your search.

- 1) Enter recipient ID #
- 2) Claim status from drop down box
- 3) Patient Account Number
- 4) Enter ICN, if available
- 5) Enter from and thru date
- 6) Click on the "Search" button

Note: You may also click on the "Claims" link from the top menu to obtain the same result.

# Adjusting/Voiding a Previously Paid Claim

It may be determined that a claim was billed and paid in error. Therefore, an Adjustment or Void may be needed. Outlined below is the process to Adjust/Void a previously paid claim.

#### **Provider Home Page**

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Welcome to the Provider Home Page			
Provider Number 2300LTCA			
To look up information under another provider number <u>click here</u>			
You have 0 unread messages			
Eligibility Verification This page will allow you to perform an Eligibility Verification Search on Recipients.			
RAInquiry This page will allow you to check the status of an RA.			
Profile This page will allow you to view your current Provider Profile on file with TennCare, and if necessary download a Change Information Form.			
PreAdmission Evaluation You can Submit any of the following PAE's <u>Nursing Facility Care</u> , Nursing Facility Transfer, Non-Medicaid PASARR, ICE/MR, or ICE/MR Transfer.			
Trade Files You can Upload or Download your HIPAA compliant Trade Files.			
Claims You can submit a <u>New UB92 Claim</u> or perform a <u>Claims Inquiry</u> on your existing claims or submit Lovel 1 Nursing Facility Claims.			
Messages You can create a <u>New Private Message</u> or view <u>Private and Global Unread</u> Messages.			
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1) Click "Claims Inquiry"

#### **Claims Inquiry Window**

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A user can perform a claim inquiry by selecting any of the options listed below. Utilize as many options as possible to refine your search.

- 1) Enter recipient ID #
- 2) Claim status from drop down box
- 3) Patient Account Number
- 4) Enter ICN, if available
- 5) Enter from and thru date
- 6) Click on the search button

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	ICN	Client ID A	cct. # Date	Date	Paid	Amount	Amount	Status				
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	4003336001568	01008369706	20031001	20031031	20031101	4640.36	4908.23	Paid				
	4003336002196	01008368499	20031001	20031031	20031101	5144.85	3957.93	Paid				
	4003336001874	01008369911	20031001	20031031	20031101	7884.93	4497.35	Paid				
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1) Click on the ICN link of the claim that requires an adjustment or void. Please note: If adjusting a previously adjusted claim, the adjustment must be made to the previous adjustment.

Below is an example of adjusting for a claim for a Date of Service.

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UB92 Claim Submission		
Billing Information	Service Information	_
Provider Number 1000012 A	Claim Type* Long Term Car Y	
Recipient ID* 01008368725	Type of Bill* 213	
Let Name	From Date* 10/01/2003	
	Thru Date* 10/31/2003	
First Name fir	Covered Days 31	
Patient Account #	Non-Covered Days	
Attending Phys	Patient Status Still a patient	
Referring Phys	Admit Source	
Facility Number	Admission Type 3 Elective V	
Other Physician	Admission Date 07/13/1999	
Insurance Denied?	Admission Hour 13	
	Discharge Time 0	
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UB04 Paid Claim Window (top)

- 1) Change the "From Date" (if applicable)
- 2) Change the "Thru Date" (if applicable)
- 3) Change the "Covered Days"
- 4) Change "Patient Status"

Note: Level 2 claims may require a change in the "Type of Bill" Note: Medicare/Medicaid claims must be voided and a new paper claim submitted

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3 270 171.00 486.77 P 486.77	
Detail Information	
tem 1 From DOS' 10/01/2003 To DOS 10/31/2003	
Code HCPCS / Rates Modifiers	
Units* 31.00 Units of Veasurement	
Charges 4526.00 Co-Pay 0.00 TPL Amount 0.00	
Status P Allowed Amount 4526.00	
Units Allowed	
Adjust Void Copy Claim	
Claim Status Information Claim Status Paid	
Claim ICN 400336001566	
Allowed Amount 4908.23	
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UB04 Paid Claim Window (bottom)

- 1) Verify that the DOS (from/to) match the information in the upper and lower section of the claim
- 2) Change "Units"
- 3) Click the "Adjust" button

To verify the status of a claim, please refer to the Initial Claim Status section of this document.

# Instructions for Completing Paper Claims for Level 1 & Level 2

Upon implementation of the online bill system, TADs (Turnaround Documents) will be eliminated. If you elect to submit your Level 1 care billing, via paper, you must use a UB04 claim form. The fields indicated below are used for Level 1 & 2 paper claims submission.

<u>BILLING ON THE UB-04</u>. The following identifies the required fields.

## **UB04 REFERENCE Table**

NUMBER	LOCATOR	REMARKS
1 required	Provider Name, Address, and Telephone Number	Provider name must appear the same as on the enrollment form
2 situational	Provider Pay to Address	Use only if the pay to address is different from the location address
3a optional	Patient Control Number	Will be carried in the system and reported on the Remittance Advice The number may be the medical record account number
3b optional	Medical Record Number	This is the Medical Record number of the patient
4 required	Type of Bill	A 3-digit code indicates the specific type of bill For Part A crossovers: 211—Admit through discharge 212—Initial or First time Billing 213—Intermediate ongoing/continuing 214—Intermediate final billing (discharge or death) For Part B inpatient crossovers, replace the middle number to a "2" For Part B outpatient crossovers, replace the middle number to a "3" 663—Intermediate Care Billing
5 required	Federal Tax ID #	This is the Federal Tax ID number of the billing provider
6 REQUIRED	Statement covers Period	This billing period must include only that period for which the patient is an eligible recipient Cannot be earlier than the Admission Date in Form Locator 12
7	Blank	New field - Blank
8a required (if applicable)	Patient ID Number	This field is used if the subscriber/recipient ID is different as reported in Form Locator 60
8b required	Patient Name	Report name by using last, first and middle initial
9a-e required	Patient Street Address	Use to report the patient's address, P O Box, City, State and zip code
10 required	Patient Birth date	Required format = MM/DD/CCYY

#### TENNCARE MANAGEMENT INFORMATION SYSTEM

11	Patient Sex	Field should be reported as either "F" or "M"
LI REQUIRED		1
12	Admission Date	Cannot be later than 'From' date of Form Locator 6 Format = MM/DD/YY
REQUIRED		
13	Admission Hour	Used to report the time a patient entered a facility or institution
OPTIONAL		
14	Admission Type	This code indicates the priority of the admission
REQUIRED		1 – Emergency
		2 – Orgent 3 – Elective
		4 – Newborn
		5- Trauma Center
		6-8 – Reserved for National Assignment
15	Admission Source	9 – Information Not Available This field is used to report the source of a referral
15	Thumbolon bouree	1 – Physician Referral
REQUIRED		2 – Clinic Referral
		3 – Managed Care Plan Referral
		4 - 1 ransfer from a Flospital (or different facility) 5 - Transfer from a SNF
		6 – Transfer from Another Health Care Facility
		7 – Emergency Room
		8 – Court/Law Enforcement
		A – Transfer from a Critical Access Hospital
		B – Transfer from Another Home Health Agency
		C – Readmission to Same Home Health Agency
		D – Transfer from Hospital Inpatient in the Same Facility Resulting in a Separate
		E - Z - Reserved from National Assignment
16	Discharge Hour	This field reports the time a person discharges
TU *OPTIONAL		*It is only required when billing for date of death, using 224 revenue code for
	Patient Status	late discharge
17	r aucht Status	30—Still a Patient or Expected to Return
REQUIRED		20—Expired (deceased)
		07Left against medical advice
		06Discharged/Transferred to home under care of organized home health service organization in anticipation of covered skills care
		05—Discharged to another type of Institution (PACE, hospice, etc.)
		04—Discharge/Transfer to Level I
		03—Discharge/Transfer to Level II
		01Discharged
18 - 28	Condition Codes	This field describes conditions or events that apply to this billing period
*REQUIRED		*Required for cross over billing only
20	Accident State	Data entered will be ignored
27 NOT USED		
20	Untitled	Data entered will be ignored
<b>JU</b> NOT USED		
31_36	Occurrence Codes and Date	Codes must be accompanied by dates
JI-JU DECUUDED		*51—Physician Last Certification/Re-certification Date
(FL 35 & 36		*54—Physician Visit Date
Represent		has addressed this issue with CMS and at this time are waiting for a set of
Occurrence Span		alternate codes
Codes and Dates)	Untitled	Data entered will be ignored
37	Onuucu	Data entered will be ignored
NOT USED		
38	Responsible Party Name and Address	Used for claims that involve payers of higher priority than Medicare

#### TENNCARE MANAGEMENT INFORMATION SYSTEM

OPTIONAL		
39 - 41 REQUIRED	Value Codes and Amounts Required	Field is used to report codes related to dollar or unit amounts 80 – Covered Days 81 – Non-Covered Days 82 – Co-Insurance Days A1 – Medicare Part A Deductible A2 – Medicare Part A Co-Insurance B1 – Medicare Part B Deductible B2 – Medicare Part B Co-Insurance
42 rows 1-22	Revenue Code	Relevant Revenue Codes are used in this field including 001—Indicating Total Charges, must be placed at the bottom of the column
REQUIRED	Persona Cala Decementaria	
43 NOT REQUIRED	Revenue Code Description	Room and Board)
44	HCPCS/Rate/HIPPS Code	This field is used to enter the HCPCS codes of services provided For inpatient
REQUIRED		use, the accommodation rate can be reported here
45	Service Dates	Used to report the date(s) of service(s) that each reported revenue code or
43 REQUIRED		HCPCS was provided
16	Service Units	Enter the number of units provided for the statement covered period for each
40 REQUIRED		reported Revenue or HCPCS
17	Total Charges	Enter the total charges for each Revenue or HCPCS code
T A Z	~	
48	Non-Covered Charges	This field is used to report the total of non-covered charges pertaining to relevant
REOUIRED		revenue codes
/10	Untitled	Data entered will be ignored
NOT USED		
Line 23	Pageof	If billing requires the use of multiple UB04 forms, information for all items on
REQUIRED	Creation Date	line 23 must be reported on all pages (Creation date is the date the form was filled out)
50	Payer Identification	If Medicaid is the primary payer, Medicaid will be entered on the form
		Additional payers will be listed in the order in which they paid
REOUIRED		A – Primary B – Secondem
		C - Tertiary
51	Health Plan ID	This field is used to report the national health plan identifier when one is
A –REQUIRED B – SITUATIONAL C – SITUATIONAL		established; otherwise report the "number" Medicare has assigned
.52	Release of Information	Valid codes for these fields are "Y" – provider has on file a singed statement
(A, B & C)		permitting it to release data to other organizations in order to adjudicate the
REQUIRED		"I" – Indicates Informed Consent to release medical information for conditions
		or diagnoses regulated by federal statues Required when the provider has not
		collected a signature and state or federal laws do not supersede the HIPAA
E 2	Assignment of Benefits	Data entered will be ignored
<b>33</b> NOT USED	Certification Indicator	
54	Prior Payments	Required only if another payer source is involved If no prior payments, leave
		blank
SITUATIONAL		
55	Estimated Amount Due	This field is usually not applicable to Medicaid patients However, if a non-
(A, B & C)	From Patient	covered Medicaid service is billed, this field may be used to report the amount of
OPTIONAL	17 1 15 11 W AV-	
56	National Provider ID (NPI)	Required effective 5/23/2007 to be reported on all billing (electronic, paper, etc)
REQUIRED		
57	Other Provider ID (primary,	Use this field to report other provider identifiers as assigned by a health plan
SITUATIONAL	secondary and/or tertiary)	(legacy provider ID's)

#### TENNCARE MANAGEMENT INFORMATION SYSTEM

58	Insured's Name	The name must be the same as it appears on the ID card (Last name, First name)
(A, B & C)		
REQUIRED		
59	Patient's Relationship to	Code used to identify patient to insured 01 – Spouse
(A, B & C)	insured	18 – Self
REQUIRED		19 – Child
		20 – Employee 21 – Unknown
		39 – Organ Donor
		53 – Life Partner
60	MID Number or SSN	Enter the unique identification number exactly as shown on the Medicaid ID
		card
REQUIRED		
61	Insurance Group Name	This field is for patients who have a Third Party payer, to report the name of the
(A, B & C)		group
SITUATIONAL (2)	Insurance Group Number	This field is for patients who have a Third Party paver, to report the group
	I	number
SITUATIONAL		
63	Treatment Authorization	This field is used to report a prior authorization or referral number assigned by a
SITUATIONAL	Code	payer
64	Document Control Number	The control number assigned to the original bill by the health plan or the health
SITUATIONAL	(DCN)	pian's fiscal agent as part of their internal control
65	Employer Name	This field is used to report the employer
SITUATIONAL		
66 <b>&amp;</b> 67	Principal Diagnosis Code Other Diagnosis Codes	Enter the valid ICD-9-CM code
(67 A-Q) REQUIRED		
68	Not Used	Data entered will be ignored
NOT USED		
69	Admitting Diagnosis	Enter the diagnosis to identify the reason for admission
REQUIRED	Dationt's Passon for Visit	Derived for all up asheduled outpatient visits for outpatient hills
70	Fatient's Reason for visit	Required for an un-scheduled outpatient visits for outpatient bins
(A-C) SITUATIONAL		
71	Prospective Payment System	Data entered will be ignored
NOT USED	Code	
72	External Cause of Injury	Data entered will be ignored
NOT USED	Codes	
73	Not Used	Data entered will be ignored
NOT USED		
74	Principal Procedure Code and Date	Required on inpatient claims when procedures must be reported. Not used on outpatient claims
(74 A-E)	74 A-E – Other Procedure	Required on inpatient claims when additional procedures must be reported Not
SITUATIONAL	Codes and Dates	used on outpatient claims
75	Not Used	Data entered win be ignored
76	Attending Provider Name	Required when claim/encounter contains any services other than nonscheduled
7 U SITUATIONAI	and Identifiers (including	transportation services The attending provider is the individual who has overall
SHOMIONAL	NPI)	responsibility for the patient's medical care and treatment reported on this claim/encounter
		Secondary Identifier Qualifiers:
		0B – State License Number

1G – Provider UPIN Number	
G2 – Provider Commercial Number	

## **Other Features & Functionality**

Please refer to Long Term Care – User Manual for information about additional features and functionality.

#### **Revenue Codes**

All revenue codes can be found in the UB04 manual, which is produced by CMS. Below is the URL to the CMS organization: http://www.cms.gov/

#### **Program Integrity – Fraud and Abuse**

• Deficit Reduction Act of 2005

Effective 1/1/07 – All health care providers that receive or make annual Medicaid payments of \$5 million or more per year, are required to educate employees, contractors or agents about certain fraud and abuse laws.

- Federal False Claims Act
  - Submitting or causing to be submitted a false claim to the United States Government for payment or approval;
  - Making, using or causing to be made or used, a false record or statement to get a false claim paid or approved by the Government;
  - Conspiring to get a false claim allowed or paid by the Government; or
  - Making, using or causing to be made or used, a false record to conceal, avoid or decrease an obligation to pay money or transmit property to the Government.
  - Whistleblower Protection
    - Prohibits retaliation against public employees who report official wrongdoing, along with possible rewards for the Whistleblower.
- Tennessee Medicaid False Claims Act (TMFCA)
  - State law designed to apply solely to false claims under the Medicaid program.
  - Liability and Damages Actions that violate TMFCA

- Submitting a false claim for payment
- Making or using a false record to get a false claim paid
- Conspiring to make a false claim or get one paid, or
- Making or using a false record to avoid payments owed.
- Benefiting from a mistakenly submitted false claim that is not disclosed soon after he or she discovers the error.

Both Federal and State False Claims Acts may impose a civil penalty per claim, plus three times the amount of damages to the state may be imposed for violations.

Please call, fax, e-mail or mail to: Vicki Guye, Chief Audit Executive TennCare Internal Audit 615-507-6407 Fax: 615-253-5441 Vicki.Guye@tn.gov 310 Great Cirlce Road Nashville, TN 37243 OR Call or Fax: The Office of Inspector General TennCare Fraud and Abuse Hot-Line 1-800-433-3982 Fax: 615-256-3852 **YOU ARE NOT REQUIRED TO PROVIDE YOUR NAME**  **Comments Questions and Answers**