

Family Planning Clinics

ACS Representatives:
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&
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What is a Family Planning Clinic?

- Provides services prescribed to clients of child bearing age for the purpose of enabling them to freely determine the number and spacing of their children
- Taxonomy - 261QA0005X



What types of services does EqualityCare reimburse for?

Covered Services

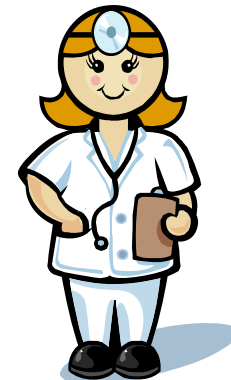
- Appropriate office visits according to CPT guidelines
- Contraceptive supplies and devices (limited to 3 months at a time)
- Pap smears
- Pregnancy Tests

Limitations

- Evaluation and Management should not be billed with:
 - Insertion or Removal of implantable capsules
 - Remover or insertion of intrauterine devices (IUDs)

Non-Covered Services

- Reversal of sterilizations
- Artificial insemination
- Fertility testing
- Infertility counseling



Procedure Codes

- Standardized codes found in the CPT and HCPCS books available from bookstores
- Can only be billed by allowed taxonomies
- Examples for Family Planning Clinics (refer to hand out for full listing of allowed codes)
- Fees are updated nightly on the EqualityCare web site, please refer to web fee schedule for most accurate fee and code coverage information!

Procedure Code Examples

- 99212
 - Office visit for established patient
 - Current fee is \$44.71
- 57452
 - Colposcopy
 - Current fee is \$129.76
- A4267
 - Condom, male, each
 - Current fee is based on invoice

Website Fee Schedule Information

- Information is updated nightly
- Can search by code OR description
- Clearly shows if code is covered or not and current fee
- Indicates limitations such as age, sex, or number of units

Web Site Example

1 record(s) returned where the Procedure Code= A4266

Procedure Code : A4266	Fee Schedule: M01 - Master Fee Schedule
Code Type: HCPCS Procedure Code	
Description: DIAPHRAM FOR CONTRACEPTIVE USE	
Rate Begin Date: 02/01/08	Conversion Factor Amt: N/A
Factor Code: M; Manual pricing usually requires invoice	RVU: N/A
Rate: 0.00	
Prior Authorization : N	Follow Up Days: N/A
Min Age: 10	Max Age: 50
Max Units of Service: 1.00	ASC Group: N/A
OPPS Status Indicator: 03	Multiple Surgery: N
Medicare Covered: Y	Nursing Home Covered: Y
Valid Sex: B	Referral Indicator: N

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Eligibility Verification

- Services can only be billed to EqualityCare for eligible clients
- Contact ACS via the AVR to verify eligibility (800-251-1270)
 - AVR is available 24 hours a day, 7 days a week!
 - AVR provides eligibility with client ID OR SSN
 - AVR provides TPL coverage information, too!

What do I do if my provider number has become inactive?

- Contact ACS Provider Relations for an application
- Indicate your old provider number on the application
- Enter Family Planning Clinic taxonomy - 261QA0005X (this will not be a choice on the list!)
- Once received it will be sent to the state for approval
- When returned approved, your provider number will be reactivated with your requested begin date (up to 1 year prior)
- You will now be able to bill!



How do I bill EqualityCare?

- Paper Claims
 - CMS-1500 claim forms
- Electronic Claims
 - WINASAP 2003 software (free!)
 - Web Portal (free!)
 - Billing Agent
 - Clearing House



CMS 1500 Claim Form

[1500]

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 03/03

1. MEDICARE MEDICAID TRICARE CHAMPVA RESERVE PLAN BENEVOLENCE OTHER

2. PATIENT'S NAME (Last, First, Middle Initial) Smith, Michelle B

3. PATIENT'S ADDRESS (No. and St.) 123 Main ST

4. PATIENT'S CITY, STATE AND ZIP CODE Townville WY 82111

5. PATIENT'S BIRTH DATE 03/15/1970

6. PATIENT'S RELATIONSHIP TO INSURED Spouse

7. INSURED'S ADDRESS (No. and St.)

8. OTHER INSURED'S NAME (Last, First, Middle Initial)

9. OTHER INSURED'S POLICY OR GROUP NUMBER

10. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (Required for "Medicare" necessary to process certain payments) Signature on File DATE 1-1-08

11. EMPLOYEE'S SIGNATURE (Required for "Medicare" necessary to process certain payments) Signature on File

12. DATE OF BIRTH (MM/DD/YY) 01/01/2008

13. NAME OF REFERRING PROVIDER OR OTHER SOURCE

14. DATE OF REFERRAL (MM/DD/YY)

15. PATIENT HAS A CHANGE OF BILLING ADDRESS (YES/NO)

16. DATE WHEN CHANGE TO WORKING EMPLOYEE OCCURRED (MM/DD/YY)

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

18. RESERVED FOR LOCAL USE

19. EMPLOYEE OR NATURE OF CLAIM OR CURATIVE MEASURES (E.g., 90 - Initial Care)

20. DATE WHEN RESUBMISSION IS REQUIRED (OPTIONAL FOR NO.)

21. FROM AUTHORITY TO NUMBER

22. DATE OF SERVICE (MM/DD/YY)

23. PROCEDURE, SERVICE, OR SUPPLY (ICD-9-CM, CPT-4, HCPCS, etc.)

24. NUMBER OF UNITS

25. CHARGE

26. HEALTH CARE PROVIDER ID NUMBER

27. TOTAL CHARGE

28. AMOUNT PAID

29. BALANCE DUE

30. SERVICE FACILITY LOCATION INFORMATION: Family Planning office, 126 N. 3rd Ave, Hometown WY 82101

31. SERVICE FACILITY LOCATION INFORMATION: Family Planning office, 126 N. 3rd Ave, Hometown WY 82101

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CARRIER
PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION

Important tips: CMS-1500 claim form

- Box 1a – EqualityCare 10 digit client ID
- Box 17 – Referring physician information
- Box 21 – Diagnosis codes
- Box 24: Line item information
 - NDC / HCPCS information (if required)



Important tips: CMS-1500 claim form

- Box 28 – Total charges
- Box 29 – Third Party Liability payments
- Box 33 – Provider information
 - Box 33a – NPI number
 - Box 33b – Taxonomy code (261QA00005X)
- <http://www.nucc.org> for more information on CMS-1500 claim instructions



WINASAP 2003 Software (free!)

Requirements

- Uses an analog phone line and a dial up modem
- Must be separately installed on each computer from which it will be used

Advantages

- Stores client Ids, procedure codes, provider information, etc, for future use in claims building



WINASAP 2003 Software (free!)

Resources

- Website – <http://wyequalitycare.acs-inc.com>
 - Step by step tutorial
 - Found under WINASAP
- EDI Help Desk – 800-672-4959
 - Installation problems
 - File status
 - Rejected files



ACS Web Portal (free!)

Requirements

- Uses your internet connection (dial-up, DSL or cable)

Advantages

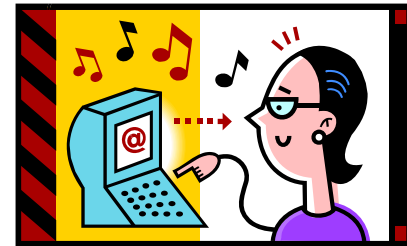
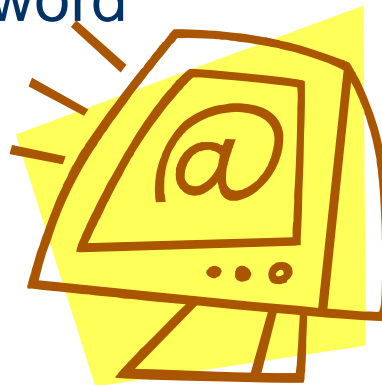
- Allows you to enter claims from any computer connected to the internet
- Stores copies of submitted claims, but not individual client Ids or procedure codes
- Web Portal also grants access to stored copies of Remittance Advices.



ACS Web Portal (free!)

Resources

- Website – <http://wyequalitycare.acs-inc.com>
 - Step by step tutorials
 - Found under Web Portal Tutorials
- EDI Help Desk – 800-672-4959
 - Forgotten password
 - File status
 - Rejected files





EqualityCare Web Site

- Web Site – <http://wyequalitycare.acs-inc.com>
- Bulletins and Newsletters
- Fee Schedule, updated nightly
- Tutorials for Web Portal and WINASAP 2003
- Billing Manuals
- Payment Schedule Changes and Updates
- Important News and Policy Changes
- NDC/HCPSCS Crosswalk



How to read an RA – Paid claims

REMITTANCE ADVICE
WYMC8000-R001 (CP-O-12)
AS OF 04/16/08

WYOMING DEPARTMENT OF HEALTH
MEDICAID MANAGEMENT INFORMATION SYSTEM

RUN DATE 04/16/08

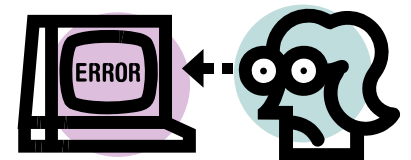
REMITTANCE ADVICE

TO: THE FAMILY PLANNING CLINIC R.A. NO.: 111222 DATE PAID: 04/16/08 PROVIDER NUMBER: 111111100/1234567890 PAGE: 1

LI	TRANS-CONTROL-NUMBER SVC-DATE PROC/MODS	BILLED UNITS	AMT.	MCARE PAID	COPAY AMT.	OTHER INS.	DEDUCT- IBLE	COINS AMT.	MCAID PAID	WRITE OFF	TREATING PROVIDER S PLAN
	*** CLAIM TYPE: HCFA 1500				*** CLAIM STATUS: PAID						
	ORIGINAL CLAIMS:										
* SMITH	JANE	RECIP ID: 0600123456	PATIENT ACCT #:000011111								
01	0-08094-33-706-0049-00 10/17/07 81025 QW	1	85.00 20.00	0.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00	60.94 0.00	24.06 0.00	1234567890 K MATR
	LINE EOB(S): 3										
	PREVIOUS-DATE-PAID: 03/12/08 CONFLICTING-TCN: 3-08072-00-707-0000-01										
02	10/17/07 99213	1	65.00	0.00	0.00	0.00	0.00	0.00	60.94	4.06	1234567890 F MATR
* JONES	ERICA	RECIP ID: 0600181111	PATIENT ACCT #:000122221								
01	0-08102-33-701-0022-00 02/27/08 99212	1	50.00 30.00	0.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00	7.96 0.00	42.04 0.00	1234567890 K KIDA
	LINE EOB(S): 1										
	PREVIOUS-DATE-PAID: 03/12/08 CONFLICTING-TCN: 0-08067-33-702-0044-00										
02	02/27/08 81025 QW	1	20.00	0.00	0.00	0.00	0.00	0.00	7.96	12.04	1234567890 F KIDA

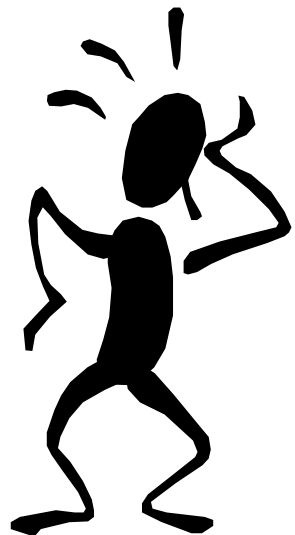
What do I do if I need to correct a claim – or How do I do an adjustment?

- Print a copy of the Void/Adjustment form from the EqualityCare Website
- Fill out the form with the information from the incorrect claim
- Write a clear, concise description of what changes need to be made to the claim
- Indicate ALL changes that need to be made (i.e. units and amounts, if necessary)
- Attach a corrected paper claim or a copy of the RA with corrections made on it
- Mail to ACS, PO Box 547, Cheyenne, WY 82003
- Contact Provider Relations with questions!



Common Reasons For Adjustments

- Incorrect dates of service
- Incorrect number of units
- Incorrect charges billed
- Incorrect client ID number used
- Third Party Liability payment made after claim has processed



How to read an RA – EOB codes

REMITTANCE ADVICE

TO: THE FAMILY PLANNING CLINIC R.A. NO.: 111222 DATE PAID: 04/16/08 PROVIDER NUMBER: 111111100/1234567890 PAGE: 5

REMITTANCE T O T A L S

PAID ORIGINAL CLAIMS:	NUMBER OF CLAIMS	6 -----	398.00	295.78
PAID ADJUSTMENT CLAIMS:	NUMBER OF CLAIMS	0 -----	0.00	0.00
DENIED ORIGINAL CLAIMS:	NUMBER OF CLAIMS	8 -----	1,435.00	0.00
DENIED ADJUSTMENT CLAIMS:	NUMBER OF CLAIMS	0 -----	0.00	0.00
PENDED CLAIMS (IN PROCESS):	NUMBER OF CLAIMS	6 -----	703.05	0.00
AMOUNT OF CHECK:	-----		295.78	

---- THE FOLLOWING IS A DESCRIPTION OF THE EXPLANATION OF BENEFIT (EOB) CODES THAT APPEAR ABOVE:

COUNT:

1 THIS IS AN EXACT DUPLICATE OF A PREVIOUSLY PAID CLAIM.	8
3 THE CLAIM IS IN POSSIBLE CONFLICT WITH A PREVIOUSLY PAID CLAIM.	1
45 THE LINE ITEM DIAGNOSIS CODE IS MISSING. CORRECT THE DIAGNOSIS CODE AND RESUBMIT THE CLAIM.	7
81 SERVICE IS COVERED BY MEDICARE AND NO MEDICARE DENIAL ATTACHED OR MEDICARE DENIED AND MEDICAID DOES NOT COVER EITHER.	4
147 THE TREATING PROVIDER TYPE IS NOT VALID WITH THE PROCEDURE CODE.	1
171 A LAB CODE (80000-89999) CANNOT BE BILLED WITHOUT A VALID CLIA CERTIFICATE TYPE.	1
172 THE RECIPIENT'S AGE IS NOT ALLOWED FOR THE PROCEDURE CODE.	1
201 TWO OFFICE VISITS ON THE SAME DAY BY THE SAME PROVIDER REQUIRES DOCU-	6
243 YOUR NPI IS EITHER MISSING FROM THE CLAIM OR IS NOT ON FILE WITH ACS OR YOU NEED TO BILL WITH AN APPROPRIATE TAXONOMY CODE.	1
245 ONLY ONE UNIT OF SERVICE IS ALLOWED PER RECIPIENT EVERY 3 YEARS.	1
900 THE CLAIM IS IN SUSPENSE. DO NOT RESUBMIT THE CLAIM.	14

What do I do if a claim denies?

- Determine the reason for denial
- Correct the error
- Resubmit the claim
- Contact Provider Relations
 - Understanding EOB codes
 - Help correcting claim



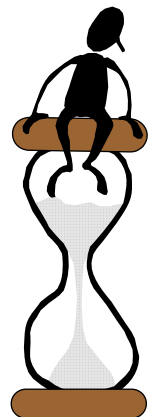
Common denial reasons

- Client not eligible
 - Cannot bill for non-eligible client
- Exact duplicate of a previously paid claim
 - Review RA for TCN of previous payment, do adjustment if changes are necessary
- Incorrect provider NPI or taxonomy entered
 - Verify NPI is entered correctly before billing
- Procedure code cannot be billed with a family planning taxonomy
 - Bill only those procedure codes allowed for Family Planning Clinics
- Lab code billed with an invalid CLIA certificate on provider's file
 - Bill only those codes for which your CLIA is valid



What do I do if a claim is “In process”

- Do NOT resubmit the claim
- Do NOT adjust the claim
- Wait for your next RA and review the claim status
- Be patient, some claims may take up to 30 days to resolve
- Claims “In Process” are not yet paid or denied



Top Reasons Claims are “In Process”

- Items on the claim need to be manually priced from an invoice
- Client does not currently have eligibility for the date of service
- Possible conflict or duplicate claim
- Client has primary insurance
- Procedure requires review of attachments

How do I handle clients with Third Party Liability (Insurance)?

- Refer to General Provider Manual – Chapter 7
- Will other insurance cover client?
 - Yes? Bill other insurance
 - No? Provide information to ACS
- Indicate payment in box 29 of CMS 1500 form
- Attach a copy of the other insurance company's EOB
- No response from insurance in 90 days?
 - After 2 attempts to bill, include a letter documenting with claim to ACS
- If you do not bill other insurance, include a letter stating such in place of the EOB



Customer Service



- AVR – 800-251-1270
 - Eligibility, check status, lock-in status, insurance information
- Provider Relations – 800-251-1268, option 2
 - Questions concerning claims, codes, eligibility, payments, Remittance Advices, enrollment, etc
- EDI Help Desk – 800-672-4959
 - EDI enrollment, technical support for electronic billing



Questions?

