Provider Electronic Solutions Software Example of a Routine Long Term Care Facility Stay

This claim example shows a claim where a patient was in the facility for 31 days.

837 Institutional Nursing Home	
otal Charge 01 Amount 00 Billed Amount 00 Services	
Header 1 Header 2 Header 3 Header 4 Header 5 Service	2
Type Of Bill 212 Original Claim #	Add
Provider ID 1245450154 Taxonomy Code 208800000K	Сору
Last/Org Name SMITH	Delete
Client ID 001234568 Account # PESV381	Undo All
Last Name AYALATEST First Name ELVIS MI	Save
Patient Status 30 Medical Record # ROUTINE CLAIM Release of Medical Data Y Benefits Assignment Y Report Type Code	<u>E</u> dit All
Report Transmission Code Attachment Ctl	
Client ID Last Name First Name Billed Amount Last Submit Dt Status	Find
	Print
	Close

Header 1 Tab

- If the patient status billed is:
- 20 Expired
- 30 Still a patient 40 Expired at Home
- 41 Expired in Medical Facility
- 42 Expired Unknown

Provider Electronic Solutions Software Example of a Routine Long Term Care Facility Stay

otal Charge	UI Amount	Billed Amount	UI Services
leader 1 Header 2	Header 3 Header 4	Header 5 Service	
Admission			Add
Date 07/0	01/2014 Hour	00 • Type 4	<u><u> </u></u>
From DOS 07/0	01/2014 To DOS	07/31/2014	Delet
Attending		Referring	<u>U</u> ndo
Provider ID 1245	5450154	Provider ID 001316414	Save
Last/Org Name SMI	TH	Last/Org Name BROWN	<u>E</u> dit /
Client ID L	ast Name First N	ame Billed Amount Last S	ubmit Dt Status Find. Prin
			Close

Header 2 Tab

In the example above the number of Covered days is equal to the number of days elapsed between the From and To Dates of Service (i.e. 07/01/2014-07/31/2014).

Provider Electronic Solutions Software Example of a Routine Long Term Care Facility Stay

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Header 5 Tab

Use the value code '80' to report the number of Covered Days. In this example, the patient was covered for 31 days.

Value Codes: 80-Covered Days 81-Non-Covered Days

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837 Institutio	onal Nursing Home				0 8
otal Charge	1.550.00 OI A	mount	Billed Amount	1100 Services 1	
Header 1 H	eader 2 Header	3 Header 4 He	ader 5 Crossover Serv	ice	
Date Of Serv	ice 07/01/2014	Revenue Code	100 Billed Amount	1.550.00	∆dd
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Referring	r ID	-			Delete
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01234568	AYALATEST	ELVIS	1,120.00	R	Print
11730568			1-5666 610		

Service Tab

In the example above the number of Units is equal to the number of Covered days in Header 5. ***Note: In this example the Date of Service on the Service Tab is the same as the From Date of Service on Header 2.

This is an example of a claim where the client has died and explains how to bill the appropriate number of covered days or units through the client's date of death.

837 Institutional Nursing Home	
otal Charge 1.550.00 OI Amount 00 Billed	Amount Services
Header 1 Header 2 Header 3 Header 4 Header 5	Service
Type Of Bill 212 Original Claim	n # Add
Provider ID 1336139500 Taxonomy Co	оde 282N00000Х Сору
Last/Org Name YALE NEW HAVEN HOSPITAL	Delete
Client ID 001234568 Account	at # PESV381
Last Name AYALATEST First Na	me ELVIS MI Save
Patient Status 20 Medical Record # Release of Medical Data Y Benefits Assignment	ROUTINE CLAIM
Report Transmission Code Attachment Ctl	
Client ID Last Name First Name Bill	ed Amount Last Submit Dt Status Find
001234568 AYALATEST ELVIS	1,500.00 R Print
	Close

Header 1

In the example above the Patient Status is 20 – Expired.

otal Charge 155000 OI Amount	00 Billed Amount 155000 Services	
Header 1 Header 2 Header 3 Heade	er 4 Header 5 Service	-
Admission		Add
Date 01/01/2001 Ho	ur 00 💌 Type 4	<u>С</u> ору
From DOS 03/01/2003 To DO	IS 03/08/2003	Delete
Attending	Referring	Undo Al
Provider ID 1245450154	Provider ID 001316414	Save
Last/Org Name SMITH	Last/Org Name BROWN	<u>E</u> dit All
Client ID Last Name Fin	st Name Billed Amount Last Submit Dt Status	Find
U1234568 AYALATEST ELVIS	1,500.00 R	Print
		Close

Header 2 Tab

In the example above the Patient Expired 03/08/03.

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Header 5 Tab

In this example, Value Code 80 is used to report the number of Covered Days as 8 based on the From DOS 03/01/2003 and TO DOS 03/08/2003 shown on Header 2 tab.

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otal Charge	1,120.00 01	Amount	Billed Amount 1.12	20.00 Services	
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Date Of Ser	vice 03/01/2003	Revenue Code	100 Billed Amount	1,120.00	Add
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Referring Provide	er ID	_			Delete
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Service Tab

In the example above the number of Units is equal to the number of Covered days. ***Note: In this example the Date of Service on the Service Tab is the same as the From Date of Service on Header 2.

The following is an example of a claim being submitted for a client with a Non-covered reserve day. This is represented by the revenue center code of 189 on the service date of 03/15/2003 on the service tab.

837 Institutional Nursing Home		
Total Charge 01 Am	ount Billed Amount Service	es 🚺
Header 1 Header 2 Header 3	Header 4 Header 5 Service	
Type Of Bill 212	Original Claim #	Add
Provider ID 1245450154	Taxonomy Code 208800000X	Сору
Last/Org Name SMITH		Delete
Client ID 001234568	Account # PESV381	Undo All
Last Name AYALATEST	First Name ELVIS MI	<u><u>S</u>ave</u>
Patient Status 30 Release of Medical Data Y	Medical Record # ROUTINE CLAIM Benefits Assignment Y Report Type Code	
Report Transmission Code	· Attachment Ctl	
Client ID Last Name	First Name Billed Amount Last Submit Dt Sta	tus Find
		Print
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Header 1 Tab

In the example above the Patient Status is 30 – Still a Patient.

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From DOS	3/01/2003	To DOS IT	3/15/2003					Delete
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Client ID	Last Name	First Nar	ne	Billed Amor	unt L	ast Submit D	t Status	Find
01234568 AYA	LATEST	ELVIS		1,5	00.00		R	Print

Header 2 Tab

In the example above there are 14 covered days beginning with From DOS 3/1/2003 through To DOS of 03/15/2003.

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Header 5

Value code 80 is entered to show 14 Covered Days and Value Code 81 is entered to show 1 Non-Covered Day.

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Service Tab

In the example above the number of Units for Service Line 1 is equal to the number of Covered days as shown on Header 2 and Service 2 is equal to the number of Non-Covered Days as shown on Header 5 Value Code 81.

The following is an example of a claim being submitted for a client who went on Home Leave for 3 days on 03/15/2003. This is represented by the revenue center code of 183 on the service date of 03/15/2003 with 3 units on the service tab.

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837 Institutional Nursing Home	- 0 ×
otal Charge 2,100.00 OI Amount .00 Billed Amount 2,100.00 Services 2	
leader 1 Header 2 Header 3 Header 4 Header 5 Service	
Type Of Bill 212 Original Claim #	Add
Provider ID 1336139500 Taxonomy Code 282N00000X	Сору
Last/Org Name YALE NEW HAVEN HOSPITAL	Delete
Client ID 001234568 Account # PESV381	Undo A
Last Name AYALATEST First Name ELVIS MI	Save
Patient Status 30 Medical Record # ROUTINE CLAIM	Edit Al
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Report Transmission Code 🔄 Attachment Ctl	
Client ID Last Name First Name Billed Amount Last Submit Dt Status	Find
01234568 AYALATEST ELVIS 1,500.00 R	Print
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Header 1 Tab

In the example above the Patient Status is 30 – Still a Patient.

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Header 2 Tab

In the example above there are 31 covered days for From DOS 3/1/2003 through To DOS 03/31/2003.

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Header 5 Value Code 80 shows 31 covered days

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Service Tab

In the example above the number of Units on Line Item 1 is equal to the period before the client went on Home Leave.

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J1234568										and the second sec

Service Tab

In the example above, the Date of Service on Line Item 2 is equal to the day the client went on Home Leave and the number of Units is equal to the number of days the client was on Home Leave from DOS 3/15/2003.

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Header 1 He	eader 2 Head	er 3 Header 4 He	ader 5 Crossover S	ervice	
Date Of Ceru	ice 102/01/2002	Revenue Code	100 Rilled Amount	1 960 00	Add
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Service Tab

In the example above, the number of Units on Line Item 3 is equal to the period after the client returned from Home Leave.

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Header 5

Value Code 80 is used to enter the number of covered days when revenue code is 183 (Patient Went Home) as shown on the Service Tab for Service Line 2.

Provider Electronic Solutions Software Example of claim with Client Discharged to Home

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01234568 AYALATEST ELVIS 1,500,00 R	Print

Header 1 Tab

If the patient status billed is:

- 01 Discharged to home
- 02 Discharged to another short term, general hospital
- 03 Discharged to a skilled nursing facility
- 04 Discharged to intermediate care facility
- 05 Discharged to another type of institution
- 06 Discharged to home under the care of an organized home health service organization
- 07 Left against medical advice
- 08 Discharged to home under care of IV Provider
- 50 Hospice
- 51 Hospice Medical Facility
- 61 -Discharge to another institution for outpatient services as specified by the discharge plan of care

The number of covered plus non-covered days will be equal to the number of days elapsed between the From and To Dates of Service minus one.

(i.e. 03/01/03 to 03/05/03 = 5 days minus 1 day, because patient status is '01')

Provider Electronic Solutions Software Example of claim with Client Discharged to Home

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Header 2 Tab

In the example above there are 4 covered days.

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Header 5 Tab

Value Code 80 is used to report 4 covered days before the client was discharged home.

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Service Tab

In the example above the number of Units is equal to the period before the client was discharged to Home.

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Header 1 Tab In the example above the Patient Status is 30 – Still a Patient.

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Header 2 Tab

In the example above there are 31 covered days.

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Header 4 Tab

In the example above the Occurrence codes is 42 and the date the client was discharged to a General Hospital.

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Header 5 Tab

In the example, Value Code 80 is reflected to show there were a total of 26 Covered Days and value code 81 shows that there were 5 Non Covered days.

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Service Tab

In the example above the number of Units on Line Item 1 with Revenue Code 100 is equal to the number of Covered Days before the client was discharged to the Hospital.

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01234068	ATALATEST	ELVIS	1.550.00	В	Clean
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Service Tab

In the example above the number of Units on Line Item 2 with Revenue Code 185 is equal to the period the client was discharged to the Hospital for 5 Covered Days.

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Service Tab

In the example above the number of Units on Line 3 with Revenue Code 100 is equal to the period after the client returned back to the Long Term Care Facility.

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837 Institutional Nursing Home	
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001234568 AYALATEST ELVIS 4,260.00 R	Print
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Header 1 Tab

In the example above the Patient Status is 30 – Still a Patient.

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Header 2 Tab

In the example above there are 30 covered days.



Header 3 Tab

In the example above select 'Yes' in the Crossover Indicator field to indicate a crossover claim and the Crossover Tab will then appear.

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Header 4 Tab

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837 Instituti	onal Nursing Hon	ne					_ 🗆 🗙
Total Charge	3,225.00 01 /	Amount	5.00 Billed Amo	ount	3,220.00 Service	es 2	
Header 1 He	ader 2 Header	3 Header 4	Header 5 OI	Service			
Value Codes	Amounts	-		_			<u>A</u> dd
1 A2	1,216.00	2 <u> </u>	.00	3 6		.00	<u>С</u> ору
7	.00	8	.00	9		.00	<u>D</u> elete
10	.00	11	.00	12		.00	<u>U</u> ndo All
							<u>S</u> ave
							<u>E</u> dit All

Header 5 Tab Enter Value codes A1 and A2 for crossover claims.

A1 – Deductible Payer A (not required for this example) A2 – Coinsurance Payer A

N <mark>H</mark> 837 Institut	ional Nursing Home					
Total Charge	3,225.00 OI Am	ount .00 B	illed Amount	3,225.00 <mark>S</mark>	ervices 2	
Header 1 He	eader 2 Header 3	Header 4 Head	er 5 Crossover	Service		
Release of Me	edical Data 🍸 💌	Benefits Assignme	nt 🍸 🔻 Claim	Filing Ind Cod	e MA 🔻	Add
Medicare I	CN 1120112551125	Paid Amount	2,009.00 Pai	d Date <u>11/01</u> /	/2015	<u>С</u> ору
Adjustment		P			1 010 00	<u>D</u> elete
Group Co		Reason Lode 1002	43 F	Amount	1,216.00	Undo All
Amounts	ble .00	Coinsurance	1,216.00			Save
- Policy Holde	er		.,			Edit All
Carrier Co	de MPA					
Last Na	me BURT	First I	Name ADAM			
Client ID	Last Name	First Name	Billed Amount	Last Submit Dt	Status 🔺	Find
003569068	BOUND	HOME	3,220.00			Print
003569068	BOUND	HOME	3,220.00	9/3/2014	F	
003569068	BOUND	HOME	3,220.00	9/3/2014	F	<u> </u>
003569068	BOUND	HOME	3,220.00	8/4/2011	F 🚽	

Crossover Tab

The Crossover Tab will appear if 'Yes' is chosen for the Crossover Indicator on the Header 3 Tab.

This tab should only be used when the intent is to obtain coinsurance and deductible payments from a claim already paid by Medicare. Use this tab for the following situations:

- Claims that do not crossover from Medicare can be submitted electronically with Provider Electronic Solutions software.
- After claims have been submitted to other insurance, providers can submit the Connecticut Medical Assistance claim electronically with Provider Electronic Solutions software.

NOTE: DSS conducts monthly Electronic Claims Submission (ECS) audits, therefore, providers must retain the Explanation of Medicare Benefits (EOMB) for auditing purposes.

Fields that are populated automatically:

Release of Medical Data – Defaults to a Y Benefits Assignment – Defaults to a Y

Required Fields:

Claim Filing Indicator Code: Indicate MA for Medicare Part A; MB for Medicare Part B

Medicare ICN: Enter the claim number assigned to the claim by Medicare. The Medicare number must be 14 characters in length. If the number is less than 14 digits, enter leading zeros.

Adjustment Group Code: Select the appropriate value from the drop down box that identifies the general category of payment adjustment by Medicare.

Adjustment Reason Code: Enter the code identifying the reason the adjustment was made by Medicare.

Adjustment Amount: Enter the difference between the billed amount and paid amount. This field is required if a value is entered in the Reason Code field on the Crossover tab.

Paid Amount: Enter the dollar amount paid by Medicare. **Paid Date**: Enter the date of the Medicare EOMB. Enter the date in MM/DD/CCYY format.

Amounts:

Deductible: Enter the deductible amount as it appears on the Medicare EOMB. **Coinsurance:** Enter the coinsurance amount as it appears on the Medicare EOMB.

Policy Holder:

Carrier Code: Select the carrier code (MPA or MPB) that corresponds to the policyholder for this

claim.

Note: Providers must complete the policy holder list, before completing a claim with Medicare. Last Name: Auto plugged when the carrier code is selected. First Name: Auto plugged when the carrier code is selected.

Provider Electronic Solutions Software

N H837 Institutional Nursing Home	- D ×
Total Charge 3,225.00 OI Amount .00 Billed Amount 3,225.00 Services 1	
Header 1 Header 2 Header 3 Header 4 Header 5 Crossover Service	
Date Of Service 08/01/2015 Revenue Code 121 Billed Amount 3,225.00	Add
Units 15.0 Basis of Measurement DA - Unit Rate 215.00	<u>С</u> ору
Referring Provider ID 1407845282	<u>D</u> elete
Last/Org Name MERCY First Name INPATIENT	<u>U</u> ndo All
A LLC Coutte Date Of Country Date of the Lloits Dilled Assess	<u>S</u> ave
Add Siv # Date of Service Revenue Code Onits Billed Amount 1 08/01/2015 121 15.0 3,225.00	<u>E</u> dit All
Delete Srv	N

Example of a Medicare Crossover Claim

Service Tab

Complete this section as though you were submitting this claim to Medicare to obtain coinsurance and deductible payments for a claim paid by Medicare.

Required Fields:

Date of Service: Enter the date on which service(s) were provided for this claim in MM/DD/CCYY format.

Revenue Code: Enter the revenue code as submitted to Medicare.Billed Amount: Enter the amount that was billed to Medicare.Units: Enter the number of days being billed for the Revenue Center Code (RCC).Basis of Measurement: Enter DA for days.