HOME HEALTH BILLING QUICK REFERENCE GUIDE

September 2022

/Axxess

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BILLING CENTER
Billing/Billing Center

Filter by Branch, Date Range, Status, Type, Payer, Search, Patient Status and NOA/RAP Aging Tool.

Once the specific claim is found, the following columns are shown when filtered for an NOA/RAP: Age, MRN, Patient Name, Episode Start Date, Billing Period, Claim Status, Expected Claim Amount, Payer, OASIS status, Billable Visit status, Verified claim status, Notes, Actions, and Print.

Verify an NOA/RAP
1. Select the **Open Claim** hyperlink after OASIS Status and First Billable Visit Status has been confirmed. **NOTE:** Patient Name hyperlink will open patient's chart.
2. Select the **Claim Notes** button at the top to add claim notes.
3. Review and make necessary edits to NOA/RAP.
4. Select **Verify**.

Generating Claims
1. Select claim by checking box to the left.
2. Select **Generate Selected,** once Verified the column has ✔.
3. Choose either **Download Claim(s)**, **Mark Claim(s) as Submitted** or **Submit Electronically** depending on how claims are submitted.
4. Select 📄 to add, edit, or delete comments to claims depending on use permissions.
5. Select 🖨 to print individual claims.

Quick Links
- **Learn More** - takes users to the Help Center.
- **Watch** - shows a brief tutorial video on how to use the Billing Center.
- **Pending Claims** - takes users to the Pending Claims page.
- **Claims History** - takes users to the Claims History section depending on the claim type selected.

PENDING CLAIMS
Billing/Pending Claims

Filter by Branch, From/Through Date, Status, Type, Payer, Search and Patient Status or Aging Metrics bar.

Once the specific claim is identified the following columns are shown: Age, Patient Name, MRN, Insurance ID, Billing Period, Payer, Status, Claim Amount, Total Payments, +Adj, -Adj, Balance and Notes.

Aging Metrics

These metrics are calculated from the claim's bill date to the current date. The calculations are split into the following categories, which can be filtered by selecting the color code:

- 0-7 days old - Blue
- 8-30 days old - Green
- 31-60 days old - Yellow
- 61-90 days old - Orange
- Over 90 days old - Red

Edit

1. Select the icon to update claim posting and adjustments.
2. Verify that the Bill Status, Payer and Date (auto generated) are correct.
3. Enter Check Number and Check Amount.
    a. Add a Payment.
        i. Enter Amount and Comments.
        ii. Select **Add**.
    b. Add an Adjustment.
        i. Enter Amount, choose Code and enter Comments.
        ii. Select **Add**.
    c. Select to remove.
4. Select **Save**.

VERIFYING FINAL CLAIMS

Billing/Billing Center

Outstanding Orders and Billable Visits

Select any red **X** in the Orders column to view outstanding orders. The Episode Orders screen will open and list the order number, type, status, assigned user, physician, order date, sent date, and received date.

- For orders in Saved or Returned for Review status, users should rectify the issue with the clinician in the Assigned To column.
- For orders in Submitted (Pending QA Review) status, users should resolve the issue with the QA team.
- For orders in Sent to Physician status, users should reconcile the issue with the Orders Management team.

Select any red **X** or green check mark in the Visits column to populate a Billable Visits window. The window lists all billable visits within the billing period sorted by discipline. The visit type, scheduled date, actual visit date, assigned user, HCPCS, rev code, status, units, and charge are listed for each billable visit

Final Claim

Filter for Final then select the Open Claim hyperlink. There are four steps to verifying Final:

1. Demographics - Verify * red asterisk items are correct.
    a. Select the **Claim Notes** button at the top of the screen to document a claim note. Select **Add Comment** to save.
    b. At the bottom of the page, select **Verify and Next**.
2. Verify Visits - Verify visits that were done for a patient within the episode date range.
    a. This page is split up into three sections: Billable Visits, Missed Visits, and Incomplete Visits.
    b. Choose either **Back** for the previous step or **Verify and Next** for Step three.
3. Verify Supplies - If the organization is not billing for supplies, check the box in the top left.
    a. Check the box next to the supply and select **Mark as Non-Billable** or **Delete** if applicable. Non-billable supplies are in the lower section.
    b. Select **Edit** to update.
        i. Select **Add New Supply** for missing supplies. Enter supply Description, Revenue Code, HCPCS (will pull automatically based on the Description selected), Date, Unit, Unit Cost and Total Cost. Select **Add Supply**.
    c. Select **Verify and Next** for Step four.
4. Summary - Verify information is correct then select **Complete**.

Once the Final has been verified, a check box will appear to the left of the patient's name. Select the check box and select **Generate Selected**.

Submissions
Electronic

- **Submit Claims and Exit** - If claims are submitted through Axxess.

Manual

- **Download Claim(s)** - If the organization has a clearinghouse that submits their claims or prints the claim to manually mail to the insurance provider.
- **Mark Claim(s) as Submitted** - Will mark the claims as submitted once the user has downloaded the RAP and uploaded or printed it.

Once submitted, an alert will appear stating, "The claim(s) were processed successfully." The final moves to *Billing/Claims History*.

POSTING PAYMENTS AND ADJUSTMENTS
Billing/Medicare Medicare HMO (PPS)/Billing Claims History

To post payments:

1. Search for the patient by Branch, Status, Filter and/or Find.
2. Select the claim.
3. Select **Post Payment**.
4. Change Claim Status to Paid.
5. Enter the Payment Amount.
6. Enter the Payment Date.
7. Select **Save**.

To make an adjustment if there is a balance amount on the claim:

1. Search for Patient by Branch, Status, Filter and/or Find.
2. Select claim that needs adjustment.
3. Select **Post Adjustment**. If there is a positive balance, make an adjustment selecting a negative Adjustment Code orvice versa.
4. Enter the Adjustment Amount.
5. Enter the Adjustment Date (auto-generates to today's date).
6. Choose Adjustment Code. Based on code, Adjustment Type will autogenerate.
7. Enter any Comments (optional).
8. Select **Post Adjustment**.

NOTE: Go to *Admin/Lists/Adjustment Codes/New Adjustment Code* to make the organization's own Adjustment Codes.

ALL CLAIMS

Billing/All Claims

NOTE: Claims with a start date on/after January 1st, 2020, are required to be billed from Billing Center.

1. Filter by Branch, Bill Type, Insurance and/or Patient Status.
2. Select **Refresh**.
3. This section works the same as the Billing Center allowing all claims in one window. Like the Billing Center, check marks must be green before being able to bill claims.

CLAIM SUBMISSION HISTORY - MEDICARE

Billing/Claim Submission History/Medicare_Medicare HMO

1. Filter by Claim Type and Date Range.
2. Select **Generate**.
   a. Select **View Claims** to show every claim in the batch.
      i. Select **Export** to save a spreadsheet.
   b. Select **Response** for 999 electronic responses.
      i. Select **Print** to print the response.

CLAIM SUBMISSION HISTORY - OTHER

Billing/Claim Submission History/Managed Care Other Insurances

1. Search By either Batch ID number, Payer Name, Submission Date, Submitted By and/or the number of Claims.
2. Claims can be viewed three ways:
   a. Select ⊞ icon.
   b. Select **# of Claims**.
   c. Select **View Claims**.
3. The expanded claim will list the MRN, Patient, Type, Episode, Date Created and Claim Amount.
4. To view the submitted form, select the **UB-04/HCFA-1500** hyperlink to the far right of the claim, which will download a PDF copy.

5. The **Export** hyperlink will create an Excel spreadsheet of just that batch.

REMITTANCE ADVICE
Billing/Remittance Advice (uploaded from Medicare)

NOTE: Organization must be linked to Axxess to receive Remittance Advice.

1. Select Remittance Date Range.
2. Choose Insurance.
3. Select **Generate**.
4. Select the **EDI Files** (for raw EDI files).
5. Select checkboxes and choose **Download Selected** or **Download** individual raw files.

To upload Remittance Advice:
1. Select **Upload**.
2. Select **Choose File** and locate file on computer.
3. Select **Upload**.

MANAGED CARE
New Claim
Billing/Managed Care - Other Insurances

Users must manually add claims for patients who have a managed care/other insurance payer.

Go to *Managed Care/Create Claims* or *Managed Care/Claims History/New Claim*.

1. Select the Patient
2. Select **New Claim**.
3. Choose the Insurance.
4. Enter the Date Range.
5. Select **Add Claim.**

NOTE: See Admin Manual for how to add new insurance.

Verify Claim

1. Select **Open Claim** hyperlink.

2. Complete the five-step claim verification process.
   a. Demographics - Confirm information that pulls from the Patient Chart.
      i. Select the **Claim Notes** button at the top of the screen to document a claim note.
      ii. Select **Verify and Next**.
   b. Verify Insurance - Add locator information as needed.
      i. Select **Reload Insurance** to update payer information (if changes were made at the payer level).
      ii. Select **Verify and Next**.
   c. Verify Visits - All billable visits are defaulted with a check mark in the Billable check box. Deselect any visits not wished to be billed. Select **Verify and Next**.
   d. Verify Supplies - Review, add, edit, and delete supply items from the bill. **NOTE**: Most insurance companies include supply cost in the visit rate. Most supplies are non-billable - unless the organization received authorization to bill supplies or has a contract specifying supplies may be billed. Select **Verify and Next**.
   e. Summary - Summary of the claim and is broken down into sections. Verify information from previous steps. Select **Complete**.
3. Verification columns will have a green check mark.
4. Select the **Claim type** hyperlink which opens the claim.
5. Select the **Download** hyperlink which puts the claim in a text format for uploading to a payer website become available.
6. Update claim information by selecting **Update** hyperlink.
   a. Update Claim Status, Billed Date, and/or Comments.
   b. Select **Save**.

Electronic Claim Submission

Inside Create Claims window:

1. Select the check box(es) next to MRN.
2. Select **Generate Selected**.
3. Select **Submit Electronically**.

If the organization has chosen not to electronically submit claims through Axxess Home Health:
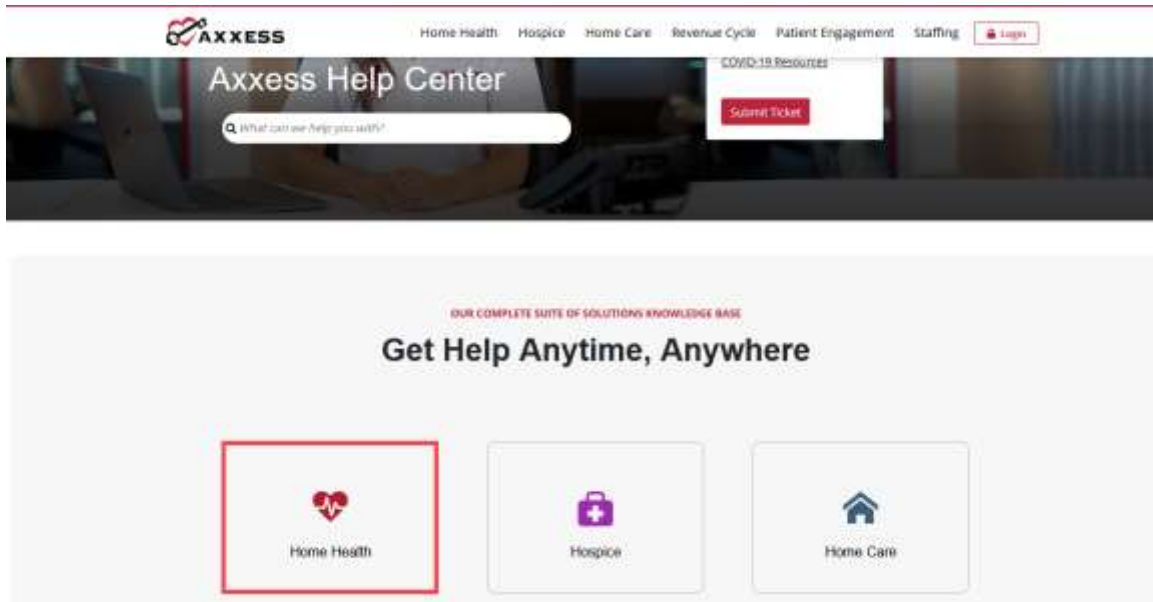
1. Select **Download Claim(s)**.
2. Save to computer.
3. Upload to payer.

4. Select **Mark Claim(s) as Submitted**.

Drops off *Managed Care Other Insurance/Create Claim*s screen.

HELP CENTER

A great resource available any time, any day is our Help Center. Get answers to frequently asked questions and watch tutorial videos on all our Axxess products. Our Help Center can be accessed by going to *Help/Help Center* or https://www.axxess.com/help/