Family Planning Clinics

ACS Representatives:
Amy Buxton
&
Denise Olson
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
<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Fee Schedule</th>
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</thead>
<tbody>
<tr>
<td>A4266</td>
<td>M01 - Master Fee Schedule</td>
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**Code Type:** HCPCS Procedure Code  
**Description:** DIAPHRAM FOR CONTRACEPTIVE USE

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<tr>
<td>Factor Code: M; Manual pricing usually requires invoice</td>
<td>RVU: N/A</td>
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<tr>
<td>Rate: 0.00</td>
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<table>
<thead>
<tr>
<th>Prior Authorization</th>
<th>Follow Up Days</th>
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<tbody>
<tr>
<td>N</td>
<td>N/A</td>
</tr>
</tbody>
</table>

| 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
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](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

  - 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/HCPCS Crosswalk
# How to read an RA – Paid claims

**REMITTANCE ADVICE**

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

**TRANS-CONTROL-NUMBER**  
**BILLED**  
**MCARE**  
**COPAY**  
**OTHER**  
**DEDUCTIBLE**  
**COINS**  
**MCAD**  
**WRITE**  
**TREATING PROVIDER S PLAN**

**ORIGINAL CLAIMS:**

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<tr>
<th><strong>SMITH JANETTE</strong></th>
<th><strong>RECIP ID:</strong> 0600123456 PATIENT ACCT #:000011111</th>
<th><strong>10/17/07</strong></th>
<th><strong>81025 QW</strong></th>
<th><strong>UNITS</strong></th>
<th><strong>AMT.</strong></th>
<th><strong>PAID</strong></th>
<th><strong>AMT.</strong></th>
<th><strong>INS.</strong></th>
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<th><strong>PAID</strong></th>
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<th><strong>AMT.</strong></th>
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<th><strong>INS.</strong></th>
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**CLAIM TYPE:** HCFA 1500  
**CLAIM STATUS:** PAID  
**LINE EOB(S):** 3  
**PREVIOUS-DATE-PAID:** 03/12/08  
**CONFLICTING-TCN:** 3-08072-00-707-0000-01  
**LINE EOB(S):** 1  
**PREVIOUS-DATE-PAID:** 03/12/08  
**CONFLICTING-TCN:** 0-08067-33-702-0044-00  
**LINE EOB(S):** 1
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!
# Adjustment/void Request Form

## EXHIBIT 6.9

### ADJUSTMENT/VOID REQUEST FORM

<table>
<thead>
<tr>
<th>SECTION A: CHECK BOX 1a, 1b OR 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 1a) CLAIM ADJUSTMENT: Attach a copy of the claim with corrections made in red ink. DO NOT USE HIGHLIGHTER</td>
</tr>
<tr>
<td>□ 1b) VOID CLAIM: Attach a copy of the claim or Remittance Advice. Complete Sections B and C. If attaching a check, the check should be payable to Office of Healthcare Financing.</td>
</tr>
<tr>
<td>□ 2) CANCELLATION OF THE ENTIRE REMITTANCE ADVICE. Every claim on the Remittance Advice must be incorrect. This option should only be used in rare instances. Complete Section C only. Attach RA and Remittance check</td>
</tr>
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</table>

### SECTION B

TO FACILITATE CLAIM ADJUSTMENT PROCESSING, PLEASE COMPLETE THE FOLLOWING:

1. 10-DIGIT TIN: 
2. PAYMENT DATE: 
3. 9-DIGIT PROVIDER OR 10-DIGIT NPI NUMBER: 
4. PROVIDER NAME: 
5. 10-DIGIT CLIENT NUMBER: 
6. 10-DIGIT PA NUMBER: 
7. REASON FOR ADJUSTMENT OR VOID: 

### SECTION C: SIGNATURE AND DATE REQUIRED

| PROVIDER SIGNATURE: | DATE: |

RETURN ALL REQUESTS TO:
ACS
P.O. BOX 147
CHEYENNE, WY 82003-0547

REMARKS/STATUS: (FOR ACS USE ONLY) 
CASH CONTROL NUMBER: 
ADJUSTED BY: DATE: 

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 – Denied claims

REMITTANCE ADVICE

TO: THE FAMILY PLANNING CLINIC  R.A. NO.: 111222    DATE PAID: 04/16/08   PROVIDER NUMBER: 11111100/1234567890    PAGE:  2

<table>
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<th>COPAY AMT.</th>
<th>OTHER INS.</th>
<th>DEDUCTIBLE</th>
<th>COINS AMT.</th>
<th>MCAID PAID</th>
<th>WRITE OFF</th>
<th>PROVIDER'S PLAN</th>
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</thead>
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**CLAIM TYPE:** HCFA 1500  **CLAIM STATUS:** DENIED

* ROSS M DIANNA  RECIP ID: 0600222444 PATIENT ACCT #:0000121212

01 08/07/07 909091  LINE EOB(S): 172 45

02 08/07/07 907090  LINE EOB(S): 1

PREVIOUS-DATE-PAID: 11/13/07 CONFLICTING-TCN: 0-07305-33-703-0022-00

03 08/07/07 92024  LINE EOB(S): 201
**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: 11111100/1234567890  PAGE: 5

<table>
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<th>REMITTANCE TOTALS</th>
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<tr>
<td>PAID ORIGINAL CLAIMS:</td>
<td>NUMBER OF CLAIMS</td>
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<tr>
<td>PAID ADJUSTMENT CLAIMS:</td>
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</tr>
<tr>
<td>DENIED ORIGINAL CLAIMS:</td>
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<tr>
<td>DENIED ADJUSTMENT CLAIMS:</td>
<td>NUMBER OF CLAIMS</td>
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</tr>
<tr>
<td>PENDED CLAIMS (IN PROCESS):</td>
<td>NUMBER OF CLAIMS</td>
<td>6</td>
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<tr>
<td>AMOUNT OF CHECK:</td>
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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
2. THE CLAIM IS IN POSSIBLE CONFLICT WITH A PREVIOUSLY PAID CLAIM. 1
3. THE LINE ITEM DIAGNOSIS CODE IS MISSING. CORRECT THE DIAGNOSIS CODE AND RESUBMIT THE CLAIM. 7
4. SERVICE IS COVERED BY MEDICARE AND NO MEDICARE DENIAL ATTACHED OR MEDICARE DENIED AND MEDICAID DOES NOT COVER EITHER. 4
5. THE TREATING PROVIDER TYPE IS NOT VALID WITH THE PROCEDURE CODE. 1
6. A LAB CODE (80000-89999) CANNOT BE BILLED WITHOUT A VALID CLIA CERTIFICATE TYPE. 1
7. THE RECIPIENT'S AGE IS NOT ALLOWED FOR THE PROCEDURE CODE. 1
8. TWO OFFICE VISITS ON THE SAME DAY BY THE SAME PROVIDER REQUIRES DOCUMENTATION. 6
9. 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
10. ONLY ONE UNIT OF SERVICE IS ALLOWED PER RECIPIENT EVERY 3 YEARS. 1
11. 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
## How to read an RA – In process

**REMITTANCE ADVICE**

TO: THE FAMILY PLANNING CLINIC  
R.A. NO.: 111222  
DATE PAID: 04/16/08  
PROVIDER NUMBER: 11111100/1234567890  
PAGE: 4

### TRANS-CONTROL-NUMBER
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<th>DEDUCT-</th>
<th>COINS</th>
<th>MCAID</th>
<th>WRITE</th>
<th>TREATING</th>
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### CLAIM TYPE: HCFA 1500

**Claim Status: IN PROCESS**

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<td>01 03/10/08 S4993</td>
<td>17.00</td>
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<tr>
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</table>
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?