

PruittHealth Premier Billing Training

Updated December 2019



Statement of Medicare Benefits



Pruitt Health Premier is a Medicare Advantage Institutionalized Special Needs Plan and Dual Eligible Special Needs Plan designed to improve the care of the residents living in one of our contracted facilities.

Our Members are Medicare beneficiaries who meet the requirements for long-term care eligibility.



Plan Benefits



PruittHealth Premier offers a number of added benefits in addition to Original Medicare.

Check out the plan **Evidence of Coverage** or **Summary of Benefits** for details about plan benefits [on our website](#).





Utilization Management Process

Prior Authorization of Services



- Prior authorization is required for all elective admissions to the acute setting.
- Notification to plan utilization management of emergency admission is required for admission to acute setting within 1 business day.
- We do not require prior notification for emergency admissions.

Inpatient and Observation Admissions



- PruittHealth Premier requires providers receive prior authorization for inpatient and observation admissions by calling 1-844-224-3659 (TTY 711), including:
 - Admissions following outpatient procedures or observation status-notification
 - Observation status
- Expedited requests will be determined within 72 hours of receipt of the request, or as expeditiously as the member's health requires.
- Routine requests will be processed no later than 14 calendar days following the receipt of the request.

Services Requiring Prior Authorization



Service Type	Requirement	Notes
<u>Hospitalization: Inpatient Emergent</u> (Medical and Psychiatric)	Notification	Within 1 business day.
<u>Hospitalization: Inpatient Elective</u> (Medical and Psychiatric)	Prior Authorization	
<u>Hospitalization: Partial Day</u>	Prior Authorization	
<u>Hospitalization: Observation</u>	Prior Authorization	
Ambulatory Surgery Center	Prior Authorization	

Services Requiring Prior Authorization



Service Type	Requirement	Notes
Cardiac and Pulmonary Rehab Services	Prior Authorization	
Certain Prescription Drugs	Prior Authorization	Limited number of drugs require authorization.
Chiropractic Services	Prior Authorization	
Comprehensive Dental	Prior Authorization	
Diabetic Supplies/Services	No Authorization Required	
Dialysis	Prior Authorization	
Durable Medical Equipment	Prior Authorization	
Genetic Testing/Screening Labs	Prior Authorization	
Hearing Aids	Prior Authorization	
Home Health Services	Prior Authorization	
Laboratory Services	No Authorization Required	
Medicare Part B Drugs and Step Therapy	Prior Authorization	For chemotherapy: Only initial administration requires authorization.

Services Requiring Prior Authorization



Service Type	Requirement	Notes
Mental Health Specialty Services	Prior Authorization	
Opioid Treatment Services	Prior Authorization	
Other Healthcare Professionals (SW/NP/PA)	Prior Authorization	For services outside the nursing facility.
All Out of Network Services	Prior Approval Required	
Outpatient Hospital Services	Prior Authorization	Infusion therapy only.
Outpatient Diagnostic Procedures and Tests	Prior Authorization	Performed outside of a physician office or nursing facility.
Outpatient Diagnostic/Therapeutic Radiology	Prior Authorization	MRI, MRA, CT, CTA, PET, nuclear medicine all require authorization in all places of services. X-rays do not require authorization.
Prosthetics/Medical Supplies	Prior Authorization	
Part A Skilled Nursing Facility Services - Skill in Place or Treat in Place services	Prior Authorization	
Part A Skilled Nursing Facility: Post-Acute	Prior Authorization	*Per policy
Part B Therapy - Occupational, Physical or Speech Therapy Services	No Authorization Required	
Substance Abuse Services	Referral	
Telehealth	Referral & Authorization	

DATE: January 2020

Authorization Contact Information



Authorizations can be requested via:

1. **UM Department Phone:** 1-844-224-3659, option 3
2. **UM Department Fax:** 1-800-489-9518
3. **UM Email:** UmInquiryRequest@PruittHealthPremier.com

Claims Submission



- PruittHealth Premier follows all Medicare guidelines in regard to timely filing requirements (12 months from date of service)
 - Cannot bill future dates of service
 - Bill PruittHealth Premier as you would bill Medicare in 30-day increments
- Acceptable claims forms:
 - CMS 1500 for Professional Claims
 - UB04 for Facility Claims
- Claims can be submitted via paper, EZ-NET, or EDI
 - EDI Payer ID: PH001
- Mail paper claims to: P.O. Box 908 Addison, TX, 75001

Claims Submission



CMS 1500 for Professional Claims

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 04/00/0012

Insurance Company Name
Address
Payer ID

1. PATIENT'S NAME (Last, First, Middle Initial)
Smithwick, John
2. PATIENT'S DATE OF BIRTH (MM/DD/YYYY)
03/12/1999
3. PATIENT'S ADDRESS (Street, City, State, ZIP+4)
4433 Pub Street, Anycity, TN 37777
4. PATIENT'S PHONE NUMBER (Area Code, Number)
(444) 44-4444

5. PROVIDER'S NAME (Last, First, Middle Initial)
Smithwick, John
6. PROVIDER'S ADDRESS (Street, City, State, ZIP+4)
4433 Pub Street, Anycity, TN 37777
7. PROVIDER'S PHONE NUMBER (Area Code, Number)
(444) 44-4444

8. DATE OF SERVICE (MM/DD/YYYY)
9/26/16

9. SERVICE FACILITY LOCATION INFORMATION
Therapist Name: [Redacted]
Address: [Redacted]
City, State, Zip: [Redacted]

10. BILLING PROVIDER IDENTIFICATION NUMBER (NPI)
146777777

11. TOTAL CHARGE (Gross of discounts)
125.00

12. PAYOR'S ALLOWANCE (Net of discounts)
25.00

13. NET AMOUNT BILLED TO PAYOR
100.00

14. SIGNATURE OF PROVIDER OR SUPPLIER
Therapist Name: [Redacted]
Address: [Redacted]
City, State, Zip: [Redacted]
Date: 9/26/16

15. SIGNATURE OF BILLING PROVIDER
Therapist Name: [Redacted]
Address: [Redacted]
City, State, Zip: [Redacted]
Date: 9/26/16

UB04 Claim Form

Sample UB-04 Claim Form — INFUSION ROOM/CHEMOTHERAPY SERVICES
Single Drug with unique separately payable HCPCS
Drug classification supports assignment of Chemotherapy Administration
- HCPCS has "K" status indicator meaning that the drug is separately payable under OPPS -

1. PATIENT NAME: Smith, Jane, D.
2. PATIENT ADDRESS: 123 Main Street, Anytown, Anystate, 12345
3. PATIENT CITY/STATE/ZIP: ANYTOWN, TN, 37777
4. PATIENT PHONE NUMBER: (444) 44-4444

5. PROVIDER NAME: Smith, Jane, D.
6. PROVIDER ADDRESS: 123 Main Street, Anytown, Anystate, 12345
7. PROVIDER CITY/STATE/ZIP: ANYTOWN, TN, 37777
8. PROVIDER PHONE NUMBER: (444) 44-4444

9. DATE OF SERVICE: 9/26/16

10. SERVICE FACILITY LOCATION INFORMATION
Therapist Name: [Redacted]
Address: [Redacted]
City, State, Zip: [Redacted]

11. BILLING PROVIDER IDENTIFICATION NUMBER (NPI): 146777777

12. TOTAL CHARGE: 125.00

13. PAYOR'S ALLOWANCE: 25.00

14. NET AMOUNT BILLED TO PAYOR: 100.00

15. SIGNATURE OF PROVIDER OR SUPPLIER
Therapist Name: [Redacted]
Address: [Redacted]
City, State, Zip: [Redacted]
Date: 9/26/16

16. SIGNATURE OF BILLING PROVIDER
Therapist Name: [Redacted]
Address: [Redacted]
City, State, Zip: [Redacted]
Date: 9/26/16

Column 42 — Revenue Code(s)
Enter appropriate revenue codes for services provided.

Column 44 — Product/Procedure Code(s)
Enter appropriate HCPCS or CPT codes plus modifiers (if applicable) to clarify the product/service administered.

Column 46 — Service Units
Enter the number of units of each product/service administered.

Column 47 — Total Charges
Indicate the facility's actual charges for products and procedures.

Product Revenue Codes:
• Enter appropriate HCPCS or CPT codes plus modifiers (if applicable) to clarify the product/service administered (Refer to Detail Coding)

Procedure Revenue Codes:
• Enter appropriate revenue code for type of semiprocedure

National Provider Identifier (Box 56)
• Enter appropriate NPI as assigned by CMS (Note: see also Boxes 76, 77, 78, 79)

Diagnosis Codes (Box 67)
• Enter appropriate ICD-9-CM diagnosis code corresponding to a particular patient's diagnosis.

Billing Resources: EZ-NET



- EZ NET Provider Portal offers Providers secure, web-based access to healthcare information, including claims, eligibility, benefits.
- Functionality:
 - Member eligibility and benefits lookup
 - Claims submittal and inquiry
 - Authorization and referral inquiry
 - Look up procedure codes, diagnostic codes, and other general reference information
- User guide and training video are available through [EZ NET](#).

Billing Resources: Electronic Billing



- Providers may submit claims through their clearinghouse and receive electronic remits.
- Contact your clearinghouse to request the Payer ID if not shown on your clearinghouse payer list.
- If your clearinghouse has any questions, please have them contact Exchange EDI helpdesk 888-635-0009, option 2.

Note: This helpdesk does not provide EZ-NET support, instead, contact eznetsupport@allyalign.com

Part A and Part B Encounter Billing



Part A

- **Skilled Days** – should reflect PDPM billing for Medicare FFS
- **Other** – may include: blood products, wheelchair cushions, vaccines, drugs more than \$200 per dose per day, Level 1 and 2 bed surfaces, some radiology and lab services provided in the building.

Part B

Services provided above and beyond therapy cap:

- Semi annual therapy screenings – PT, OT, ST (as appropriate).
- Medically necessary, PCP/NP ordered services, such as internal feedings, specialty beds, blood transfusions, IV pumps, wound vacs, blood glucose point of service checks.

Payments



- PruittHealth Premier runs a bi-weekly payment cycle.
- We encourage all providers to sign up for Electronic Funds Transfer (EFT). To Enroll:
 - Complete the [EFT Form](#) and email to NetworkSupport@PruittHealthPremier.com
 - Or call 1-844-224-3659, option 4 to request an EFT form
- 835s, RAs, and payments will be sent within 30 days* of the date from receiving a complete claim per Medicare requirements for all claims paid or denied with explanation of status.
 - Interest will be paid if a received complete claim is not paid within a 30-day (30 calendar days) time frame.
- An Explanation of Benefits will be provided to all members.

*Payment within 30 days, or per contracted terms.

Summary of Important Contacts



- UM Department Contact
 - Phone: 1-844-224-3659, option 3
 - Fax: 1-800-489-9518
 - UmInquiryRequest@PruittHealthPremier.com
- Claims Contact
 - 1-844-224-3659, option 4
- Provider Services Contact
 - 1-844-224-3659, option 5

Helpful provider information is available on the provider page at [PruittHealthPremier.com](https://www.PruittHealthPremier.com)

Thank you.

