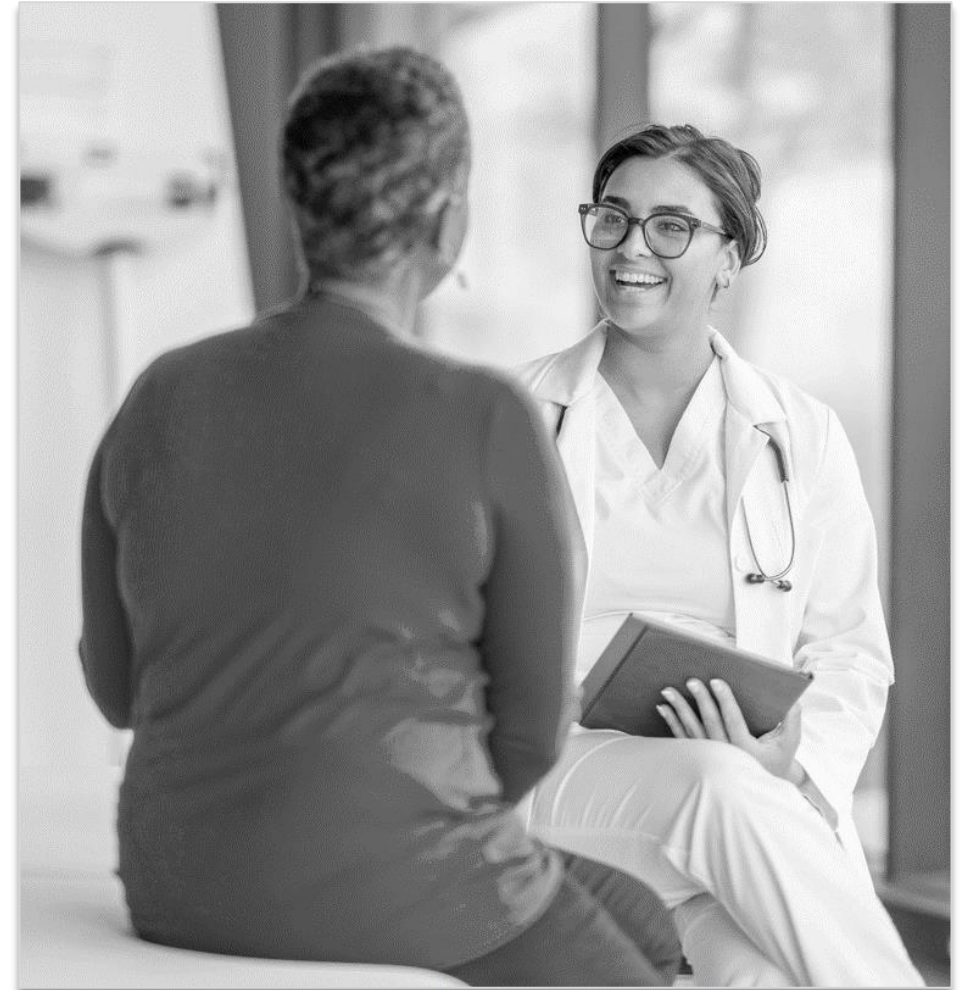


Improving Provider Encounter Data: Claims & Billing

November 2023

Agenda

1. Billing reminders:
 - General
 - Administrative days
 - Skilled Nursing Facilities (SNF)
2. National drug code (NDC) processing changes
3. Provider Connection updates
4. Q&A



Your presenters



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Medi-Cal Operations Manager,
Claims



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Claims



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Systems Analyst/Consultant,
Encounters Performance



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Billing reminders



General claims billing reminders

1. When billing, enter a taxonomy code in field 33B to ensure the correct provider record is selected within our system.
2. The *Rendering Provider ID Number* is field 24J.
 - When billing under a group NPI, enter the NPI for a rendering provider.
 - When NOT billing under a group NPI, leave this field blank or the claim(s) will not reimburse correctly.
 - This applies to all services, including LTC. Refer to [CMS-1500 Completion](#) on the Medi-Cal website for additional billing guidelines.



General claims billing reminders continued

3. Submitted EOB: When submitting claims for secondary reimbursement, attach a primary insurance EOB that includes:
 - Member information
 - Provider information
 - Denial reason and code
 - Paid amount (if any)

4. Timely filing reminder: Blue Shield Promise timely filing rules are 180 days from date of service (includes corrected claims).
 - Refer to your contract for timely filing details as well as the [Medi-Cal Provider Manual](#) (October 2023) on Provider Connection – no log in required.
 - See the [Provider Manuals](#) page on Provider Connection for change notifications – no log in required.

5. Bill valid procedure/modifier combinations to avoid denials.



Facility billing reminders

1. Interim billing: Interim claims are accepted for hospital stays exceeding 29 days.
 - These claims are only reimbursable with a patient status code of 30 (still a patient).
 - Interim claims submitted with a bill code of 112 or 113 are allowable. Refer to [Diagnosis-Related Groups \(DRG\): Inpatient Services](#) on the Medi-Cal website.
2. Skilled Nursing Facilities: For billing help, see the [Blue Shield Promise Nursing Facilities Reference Guide](#) (2022) located on Provider Connection's [Provider Manuals](#) page – no log in required.
3. Revenue codes for administrative days cannot be billed on a claim with other revenue codes for providers with DRG reimbursement.
 - Revenue codes: Level 1 administrative day = 169 / Level 2 administrative day = 190 and 199.
 - Refer to the [HCS Administrative Day Rate Level 1](#) for additional information.



Emergency room billing

1. Evaluation and Management (E&M) CPT codes 99281 thru 99285 are physician service codes. Under most circumstances, only physicians may submit claims for these codes.
 - The treating physician and the emergency department may not submit separate claims using these codes for the same recipient and date of service.
 - Refer to [Evaluation & Management \(E&M\)](#) on the Medi-Cal website for additional billing information including place of service and type of bill requirements for specific codes.
2. Facilities billing for use of the emergency room should bill using Z7502.
 - Refer to the [Rates: Maximum Reimbursement for Outpatient Room Rates Manual](#) on the Medi-Cal website for additional information.



Behavioral health billing

1. Carelon (Beacon) is no longer responsible for processing Medi-Cal behavioral health claims. For mild-to-moderate diagnoses codes, bill Blue Shield Promise for dates of service beginning 4/1/23.
 - Bill the county directly for moderate-to-severe diagnoses codes.
2. If behavioral health is not intended to be the primary diagnosis, it should not be submitted in the first position on the claim form or electronically.



NDC billing frequently asked questions (FAQs)

The Federal Deficit Reduction Act of 2005 (DRA) requires all state Medicaid agencies to collect rebates from drug manufacturers for physician-administered drugs.

1. Are the NDC and unit of measurement required on a crossover claim when billing with either the *UB-04* or *CMS-1500* claim forms?
 - A Yes, crossover claims require NDC and unit of measurement information.
2. If the required NDC information is missing, will the entire claim be denied or just the claim line for the physician-administered drug?
 - A Only the claim line for the physician-administered drug will be denied if the NDC information is missing or invalid. Other claim lines will not be impacted.
3. If the HCPCS Level I, II or III code, units, and/or NDC is entered correctly but the unit of measurement is not, will that line item be denied?
 - A Yes. An incorrect or missing unit of measurement will result in a denial. (Blue Shield provider communication sent 8/3/2022 with the subject "Billing Reminder: Entering correct National Drug Codes for physician-administered drugs").

* [Medi-Cal: National Drug Code: FAQs](#)

National drug code (NDC) updates



Our Medi-Cal NDC processing is changing!

Blue Shield Promise has reached out to many of you to help us correct Medi-Cal encounters flagged with missing and/or invalid National Drug Code (NDC) values to comply with Department of Health Care Services (DHCS) requirements.

Exciting news! Effective 9/28/2023, Blue Shield Promise relaxed front-end edits to allow easier processing, and we are continuing to make enhancements to our encounters processing logic to improve your billing experience.

Past

1. Strict EDI rules meant claims/encounters would reject for invalid or missing NDCs.
2. We used the FDA 240 list to validate NDCs.
3. We contacted you with requests to correct invalid or missing NDCs.



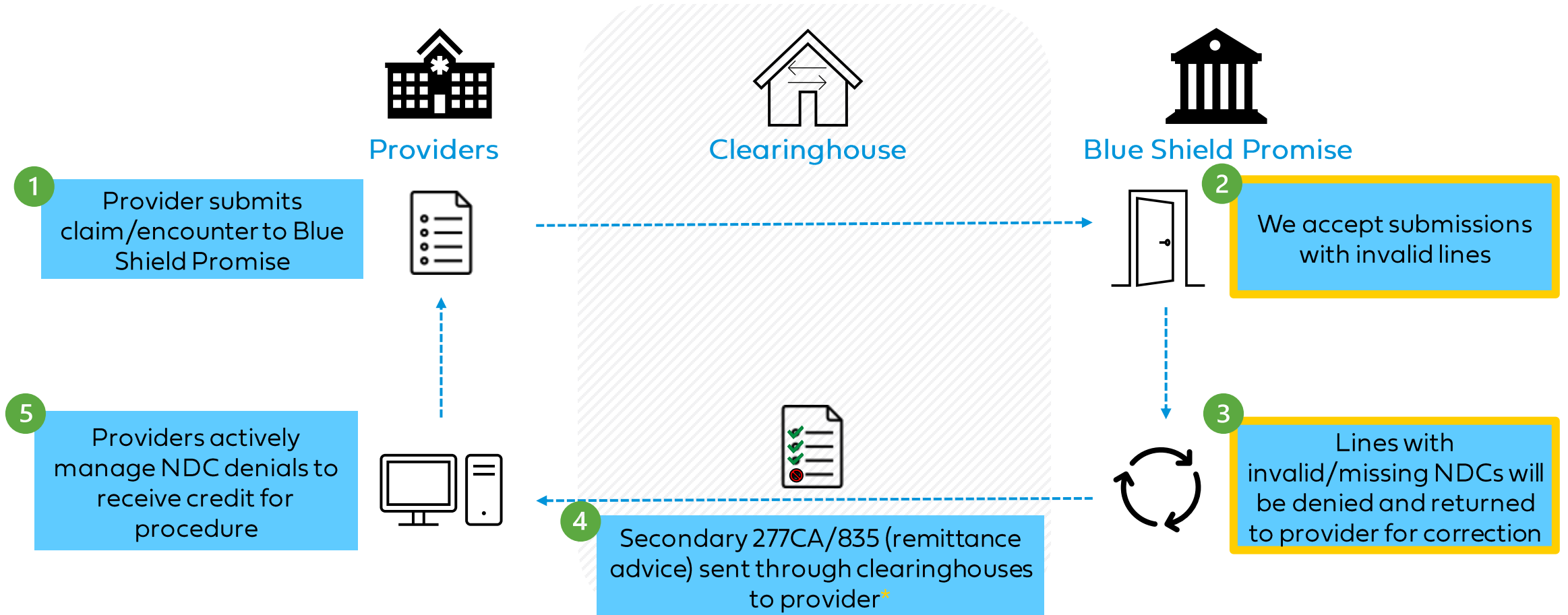
Future

1. You will experience fewer rejections.
 - Processing result will be the same regardless of whether records are submitted via paper or electronically.
2. We will validate NDCs using the [DHCS Approved NDC List](#).
 - Submitted NDCs not on this list will be returned for correction, while the rest of the encounter will be processed separately.
3. Starting in Spring 2024, you will receive automatic reports of all invalid NDC lines requiring attention.
 - Until then, we will continue to reach out for corrections to ensure you are able to receive credit for submissions.



Updated Medi-Cal encounter process flow

Blue Shield is relaxing our Medi-Cal encounters processing logic to reduce the frequency of rejections caused by line-level NDC issues. Below is a visual of how we will address Medi-Cal NDC issues moving forward with **two key enhancements**:



* If you submit your claims/encounters through a clearinghouse, reach out to them to receive your rejection notices.



Provider Connection overview



Online filing for provider dispute resolution now live for Medi-Cal

Step-by-step instructions coming soon but guidance is built into the tool.

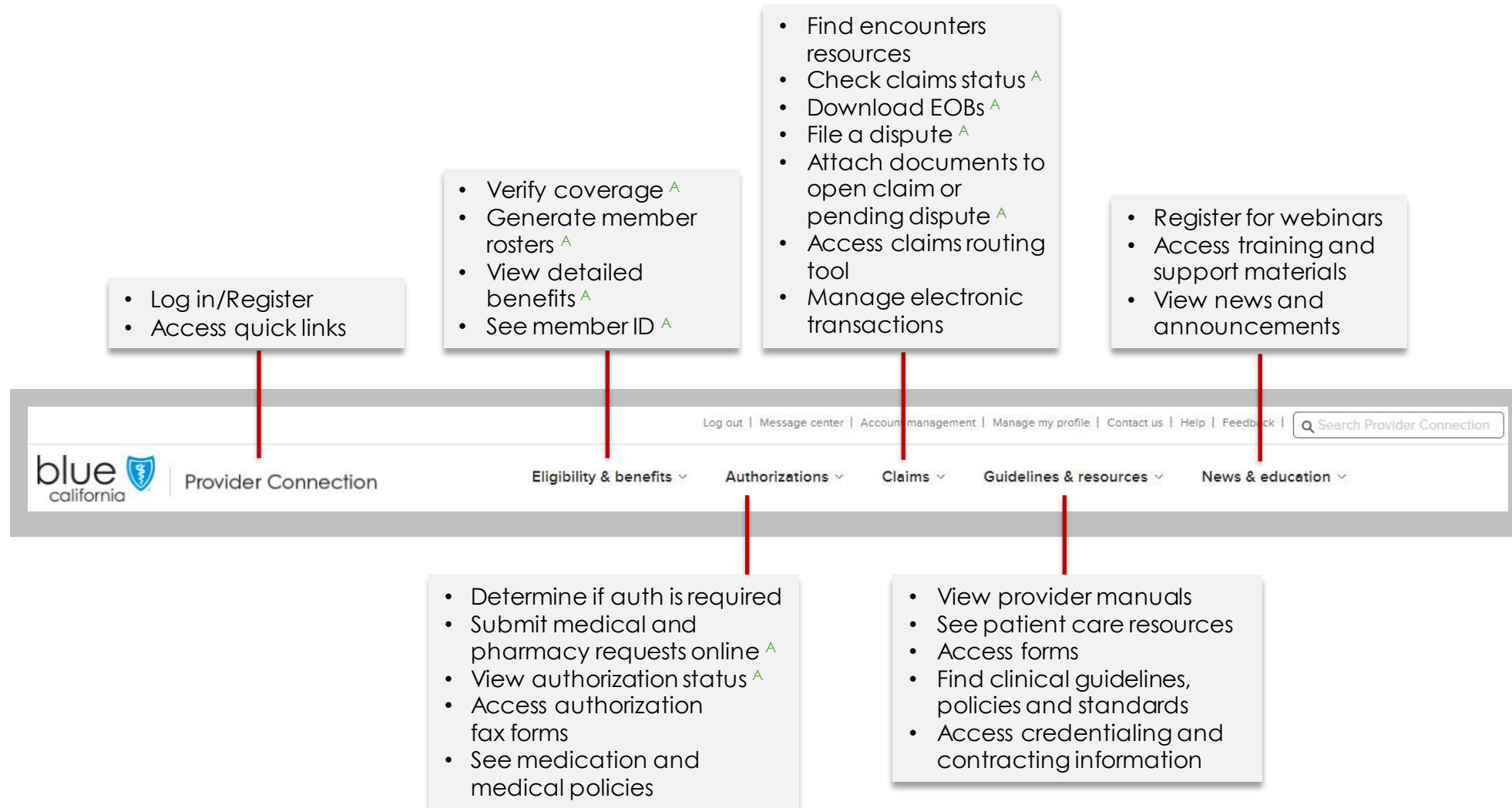
Click these links for step-by-step instructions.

Online Activities	From the Claims page	Plan types
File a provider dispute online *	<i>Check claims status > Claims detail page</i>	<ul style="list-style-type: none"> Blue Shield Promise Medi-Cal ^{New} Blue Shield Medicare ^{New} Federal Employee Program (FEP) ^{New} Blue Shield Commercial Shared Advantage® BlueCard®
<ul style="list-style-type: none"> View the status of a provider dispute submitted online or by mail 	<i>Claims issues & disputes</i>	
Attach documents to a pending dispute	<i>Claims issues & disputes</i>	
Attach documents to a finalized claim	<i>Check claims status</i>	

*** Do not use the online provider dispute workflow for anything other than what it is intended. If you use it to attach documentation to a finalized claim or to add documentation to a pending dispute, your submission will be rejected.**

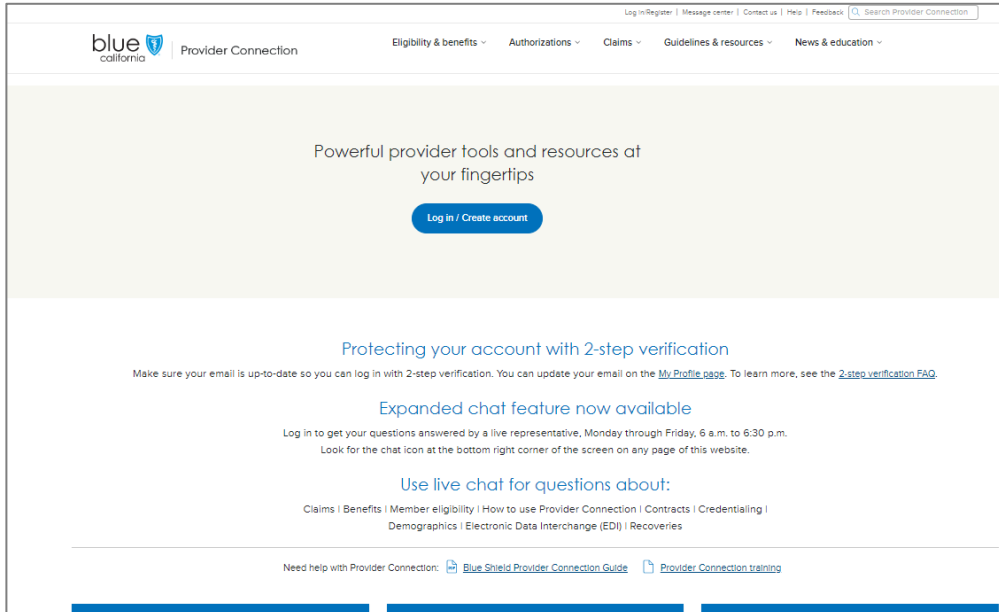
Provider Connection overview

Blue Shield Promise resources that do not require log in are integrated throughout Provider Connection. **A** = authenticated, requires log in.

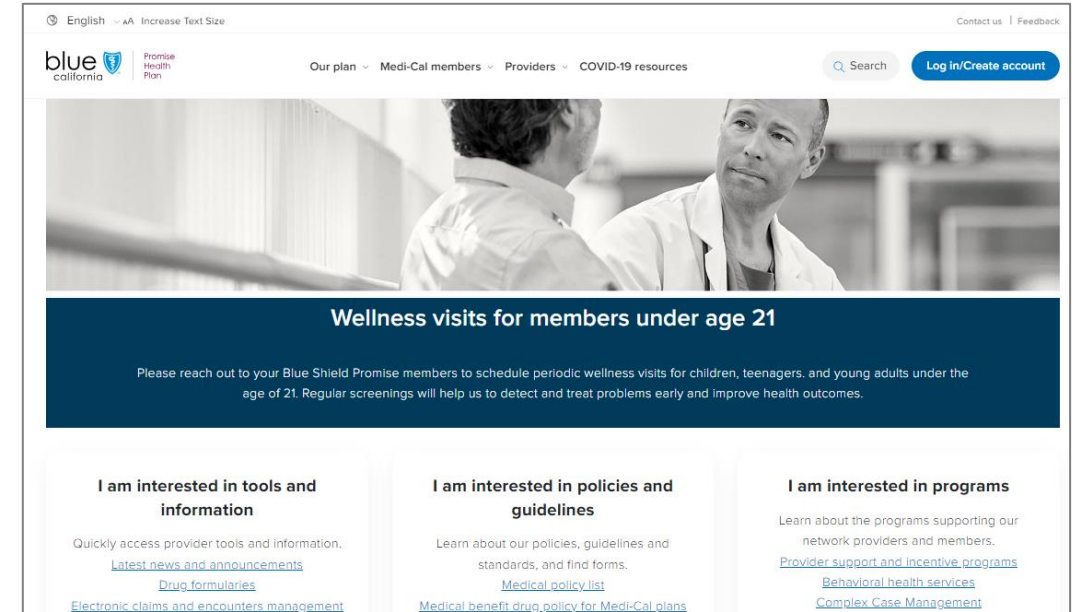


Blue Shield Promise resources are also available from the Blue Shield Promise Provider Portal. Links in the footer of each page on the two websites allow you to move between the two.

Provider Connection



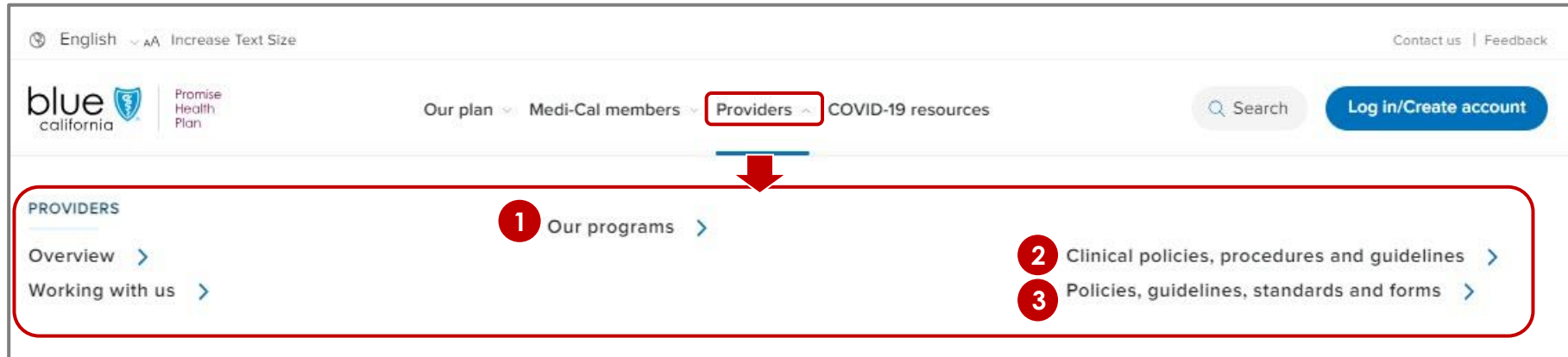
Blue Shield Promise Provider Portal



Footer

<p>Provider tools</p> <ul style="list-style-type: none"> Become a Blue Shield Provider Sign up for webinars Provider manuals Provider referral News and announcements Contact us 	<p>Quick links</p> <ul style="list-style-type: none"> About Provider Connection Register for Provider Connection Forgot username/password Change password Compatible browsers Blue Shield Promise provider resources 	<p>Our company</p> <ul style="list-style-type: none"> About Blue Shield of California Blue Shield member home page Blue Shield news 	<p>Legal notices</p> <ul style="list-style-type: none"> Nondiscrimination notice Privacy Terms of use
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Blue Shield Promise Provider Portal navigation – no log in required



1 OUR PROGRAMS

Our provider programs provide opportunities for us to collaborate with and support our healthcare providers in offering our members access to high-quality care.

Here are program resources you will find in this section:

- [Medi-Cal provider incentive program](#)
- [Complex Case Management](#)
- [Transitional Care Management](#)
- [Maternity Program](#)
- [Behavioral health services](#)
- [Population Health Management Program](#)
- [Quality Improvement Program](#)
- [Health education for Providers](#)
- [California Children's Services](#)

2 CLINICAL POLICIES, PROCEDURES, AND GUIDELINES

Learn about our policies, requirements, criteria for evaluating and applying new technologies, and comprise our medical care solutions:

- Medical policies and guidelines
- Medical care solutions
- Prior authorization list
- Prior authorization and referral forms
- Pharmacy services information and drug formularies

3 POLICIES, GUIDELINES, STANDARDS AND FORMS

In this section you will find these resources:

- Access to care standards
- All Plan Letter summaries
- Health assessment guidelines for Medi-Cal providers
- Healthcare fraud prevention guidelines
- Medical records documentation standards
- Medi-Cal bulletin summaries
- Nursing facilities reference guide
- Physicians' site review policy and procedures
- Provider dispute policies and procedures
- Provider manuals

Resources

Item	Contact information
<p>Encounter-related questions Email: EPE@blueshieldca.com</p>	<ul style="list-style-type: none"> • Provider Connection Encounters resources page • Unsolicited 277C Transaction for Adjudicated Encounters Standard Companion Guide • EDI Blue Shield Promise Companion Guide • EDI Blue Shield Companion Guide
<p>Provider Connection (Log in for authenticated tools) Blue Shield Promise Provider Portal</p>	<p>Provider Connection training (No log in required)</p> <ul style="list-style-type: none"> • Reference Guide and Quick-Reference Tutorials (with screenshots)
<p>Provider Customer Service (For general help.)</p>	<ul style="list-style-type: none"> • Blue Shield Promise Phone: (800) 468-9935 <ul style="list-style-type: none"> • Live chat from Provider Connection available from all pages after login.
<p>Provider Information & Enrollment (For network inquiries, credentialing, etc.)</p>	<ul style="list-style-type: none"> • Email: bscproviderinfo@blueshieldca.com • Phone: (800) 258-3091
<p>AuthAccel Online Authorization System training – no log in required. Claims section – log in required.</p>	<ul style="list-style-type: none"> • Blue Shield Promise prior authorization list • Attach documents to a finalized claim instructions • File a dispute online instructions • Attach documents to a pending dispute instructions
<p>HCS Medi-Cal Providers & Partners</p>	<ul style="list-style-type: none"> • CMS-1500 Completion • HCS Administrative Day Rate Level 1 • Diagnosis-Related Groups (DRG): Inpatient Services • Evaluation & Management (E&M) • Rates: Maximum Reimbursement for Outpatient Room Rates Manual • Medi-Cal: National Drug Code: FAQs
<p>Blue Shield Promise Provider Manuals</p>	<ul style="list-style-type: none"> • Blue Shield Promise Medi-Cal Provider Manual • Blue Shield Promise Nursing Facility reference guide





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