

# Improving Provider Encounter Data

January 2023

# Welcome



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# Agenda

1. Claims update
2. HEDIS overview and measures of focus
3. Top five EDI encounter and claim rejections
4. Guidance: Secondary 277CA denials and corrected replacement encounters/claims
5. Q&A



# Claims update



**Aldo Dizon**

Senior Business Analyst  
Promise Health Plan MediCal & Claims Operations



# Review: Billing reminders for Medi-Cal facilities

- ER facility billing for E&M code
  - Use CPT code Z7502 for facility, not 99xxx codes
  - Use CPT 99xxx for professional services billed on HCFA
- Outpatient facility
  - When billing for facility portion of claims, use proper modifiers
  - Laboratory, pathology, and radiology billing on UB-04 bills with “TC” modifier
- Inpatient facility claims
  - For claims paid at DRG rates
    - If all days are not approved, bill with itemized statement
    - If contract has exclusions (high-cost drugs, implants, etc.), bill with itemized statement



# Review: Billing reminders for providers

- **Contracted providers**

- Billing NPI
  - Billing of NPI should match contract NPI
  - Billing incorrect NPI not with contract may cause incorrect payments or delays in payment
  - Bill with rendering provider NPI on the claims if billing under group NPI
  - [CMS-1500 Completion Form \(ca.gov\)](#)

«Explanation of Form Items Table (continued)»	
Item	Description
24I	ID Qualifier for Rendering Provider. Not required by Medi-Cal
24J	Rendering Provider ID Number. Enter the NPI for a rendering provider (unshaded area) if the provider is billing under a group NPI. If the provider is not billing under a group NPI, leave this field blank in order for claims to be reimbursed correctly. This applies to all services.

- **All providers**

- Billing for incontinence and medical supplies
  - Bill with UPN in the required 837 fields (only applicable to PROFESSIONAL (837P) services)



# Review: General billing reminders



- **Newborn claims**

- Submitting claims for newborn services
  - Newborn claims should be billed with baby's information as patient and mother as subscriber for the month of birth and the month after, unless baby has their own subscriber ID
- **Newborn face sheets**
  - Face sheets are to be submitted to the clinical service team (UM)
  - Face sheet should include mother's name and subscriber ID
  - Non submission will cause delay in adding baby to mother's profile for nursery payment

- **Authorizations**

- IPA approved services
  - Include IPA authorizations on claim billing
  - If available, submit approved authorization approvals with claim
- Retro authorization requests
  - High volume of authorization requests
  - Working on authorization reviews



# Review: General billing reminders continued



- **Applied behavior analysis (ABA) claims:** Providers billing a few units on one claim, which Blue Shield Promise reimburses, and bills another claim with additional units with no notes
  - Providers should bill as a corrected claim, otherwise the second claim will be denied as a duplicate
  - To avoid duplicate billing, bill the entire claim at one time when services are completed
- **Local code reminder**
  - Providers should bill using the Medi-Cal local code until code conversion is released from DHCS
  - [Medi-Cal: HIPAA: Code Conversions](#)
- **Surgery code reminder**
  - Bill with Medi-Cal approved/required modifiers
  - [List of surgery modifiers](#) can be found on Blue Shield Promise website





# Review: General billing reminders continued



- **Medicare/Other Health Coverage (OHC)**

- Bill using Medi-Cal approved HCPCS/CPT codes and modifiers
  - Do not bill with HCPCS codes: CPT codes or modifiers where OHC paid but which Medi-Cal does not recognize or allow
  - [Other Health Coverage \(ca.gov\)](#)
- California law limits Medi-Cal's reimbursement of coinsurance and deductibles billed on a crossover claim to an amount that, when combined with the Medicare payment, should not exceed Medi-Cal's maximum-allowed amount for similar services. (Page 7 in the [Medicare/Medi-Cal Crossover Claims Workbook](#))

- **Timely filing reminder**

- Blue Shield Promise has updated timely filing guidelines for Medi-Cal to 180 days as found in the [Blue Shield Promise Medi-Cal Provider Manual](#) (section 14, page 2)
- EOB/RA received from OHC should be submitted to Blue Shield Promise within 60 days of OHC payment/denial date.
- This timely filing is for FFS claims submissions and not related to performance guidelines/contracts

- **By report procedures**

- Claims need to be submitted with medical records or invoice for codes pricing 0.00 or 0.01 on fee schedule
  - Procedure codes not submitted with appropriate documentation will be denied and request records



# Review: Billing reminders for dialysis



- **Dialysis - general**

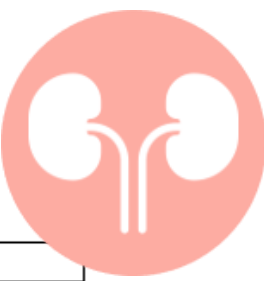
- Avoid duplicates - providers initially bill claim with 90999 or another daily dialysis code then rebill claim with Z6030 or another code for monthly dialysis, this causes a duplicate claim
  - 90999 should be avoided and providers should submit a more specific code (unless specified in contract)
- Submit claims for a full month (considered 1 unit)
  - Refer to [provider manuals](#) for more detail regarding how to bill for dialysis

- **Home dialysis codes for ESRD - bill for full month**

<b>CPT Code</b>	<b>Description</b>
90963	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age
90964	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2 thru 11 years of age
90965	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12 thru 19 years of age
90966	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older



# Review: Billing reminders for dialysis continued



## **Professional Reimbursement Method: Per Full-Month**

The following ESRD-related professional services are reimbursable per full month and should be billed using the “from-through” method.

<b>CPT Code</b>	<b>Description</b>
90951	End-stage renal disease (ESRD) related services monthly, for patients under 2 years of age; with 4 or more physician visits per month
90952	End-stage renal disease (ESRD) related services monthly, for patients under 2 years of age; with 2 to 3 face-to-face physician visits per month
90953	End-stage renal disease (ESRD) related services monthly, for patients under 2 years of age; with 1 face-to-face physician visit per month
90954	End stage renal disease (ESRD) related services monthly, for patients 2 thru 11 years of age; with 4 or more physician visits per month
90955	End stage renal disease (ESRD) related services monthly, for patients 2 thru 11 years of age; with 2 to 3 face-to-face physician visits per month
90956	End stage renal disease (ESRD) related services monthly, for patients 2 thru 11 years of age; with 1 face-to-face physician visit per month
90957	End-stage renal disease (ESRD) related services monthly, for patients 12 thru 19 years of age; with 4 or more physician visits per month
90958	End-stage renal disease (ESRD) related services monthly, for patients 12 thru 19 years of age; with 2 to 3 face-to-face physician visits per month
90959	End-stage renal disease (ESRD) related services monthly, for patients 12 thru 19 years of age; with 1 face-to-face physician visit per month
90960	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more physician visits per month
90961	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2 to 3 face-to-face physician visits per month
90962	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face physician visit per month

# Updates for Skilled Nursing Facility (SNF) providers

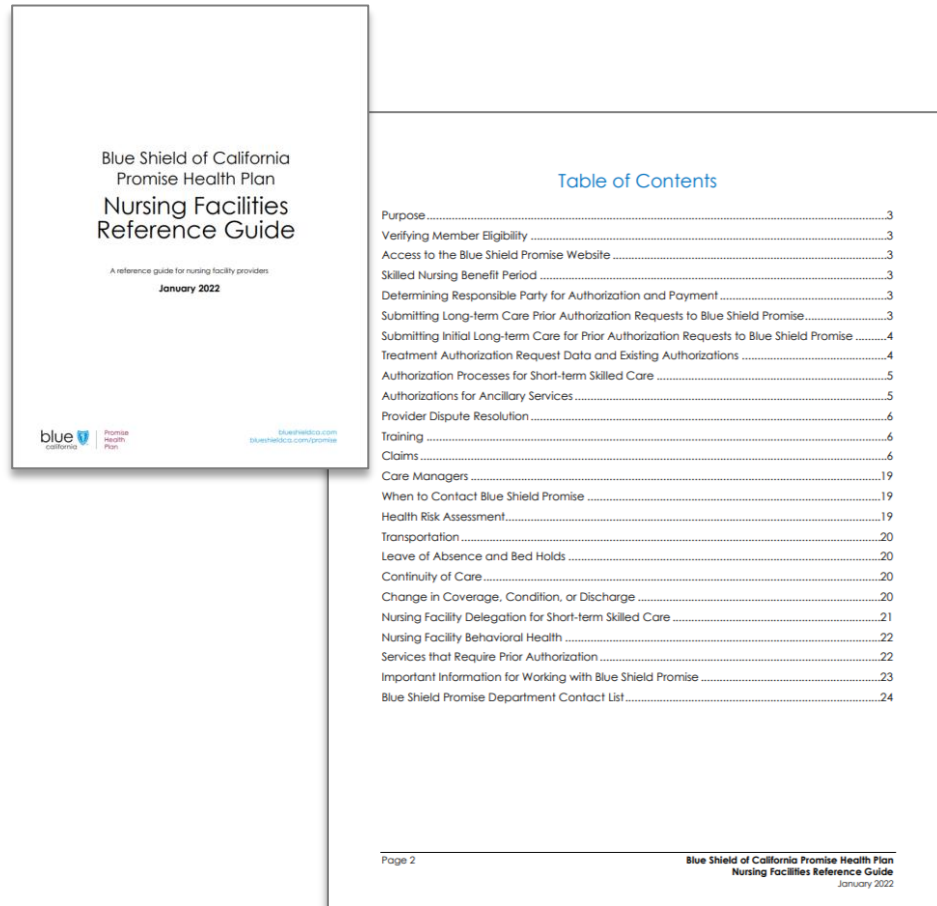


## Provide information to help you:

- Submit SNF and long-term care (LTC) authorization requests
- Submit claims that can be processed in a timely manner
- Understand APL 22-018 as part of Cal AIM initiatives



# Nursing Facilities Reference Guide



- One-stop resource
- Quicker than calling Blue Shield Promise Provider Customer Care
- Located on [Provider Connection](#):
  - Click Guidelines & resources at the top of the website
  - Click Provider Manuals in the blue sub-menu bar
  - Scroll to and click the blue box titled Blue Shield Promise Nursing Facility reference guide
  - This opens a page with a PDF of the guide
  - Direct link: [Blue Shield Promise Nursing Facility reference guide](#)



# HEDIS measures overview



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Medi-Cal Quality Improvement



**Pamela Hislop, BSHS, MBA**  
Program Manager, Consultant  
Medi-Cal Quality Improvement







## What is HEDIS<sup>®</sup>

The Healthcare Effectiveness Data and Information Set (HEDIS<sup>®</sup>) is the performance measurement tool used by the National Committee of Quality Assurance (NCQA).



- Medi-Cal Managed Care Plans are mandated by the state of California to participate in HEDIS<sup>®</sup>.
- HEDIS provides a way to evaluate the services and clinical care to a member.

HEDIS<sup>®</sup> includes 96 measures across six domains of care:

- Effectiveness of care.
- Access/availability of care.
- Experience of care.
- Utilization and risk adjusted utilization.
- Health plan descriptive information.
- Measures collected using electronic clinical data systems.





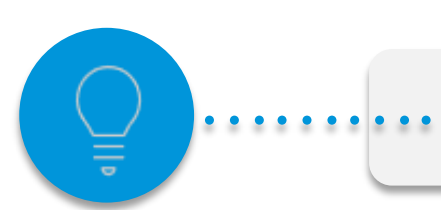
## HEDIS metrics of focus overview

Blue Shield Promise is focused on 15 measures with a Minimum Performance Level (MPL) currently the **50<sup>th</sup> percentile**

- HEDIS rates are measured by using either administrative or hybrid data.
  - Administrative measures are calculated based on claims or encounter data submitted to the health plan.
  - Hybrid measures are calculated using administrative data plus a sample of medical record data.
    - A random sample of member medical records are reviewed to abstract data for services that were rendered but not reported through claims or encounter data.
  - Accurate and timely submission of administrative data reduces the necessity of medical record review.







## 2022 HEDIS metrics of focus

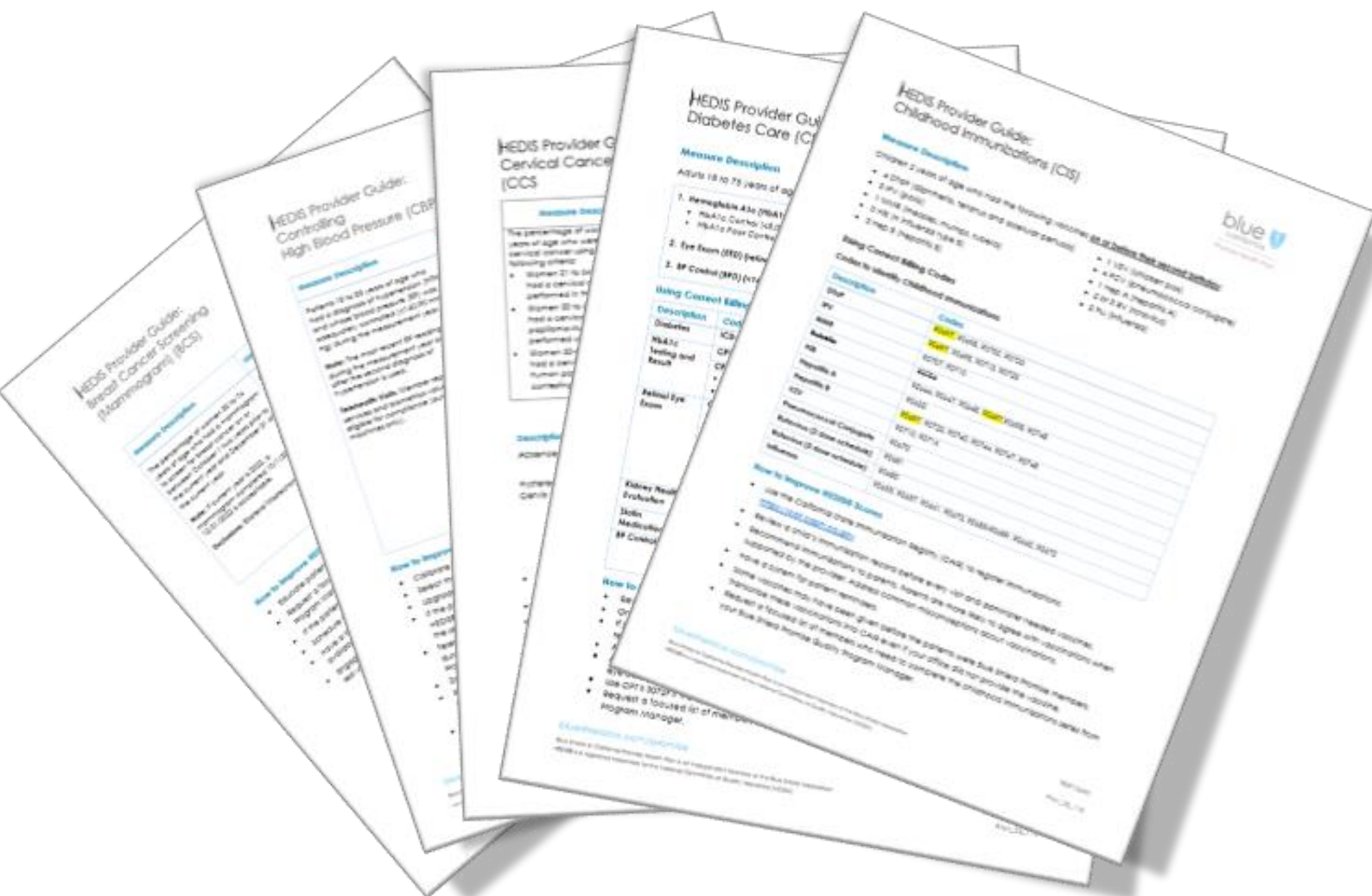
Code	HEDIS measure	Code	HEDIS measure
<b>BCS</b>	Breast Cancer Screening	<b>PPC-Pre</b>	Timeliness of Prenatal Care
<b>CHL</b>	Chlamydia Screening	<b>PPC-Post</b>	Postpartum Care
<b>LSC</b>	Lead Screening for Children	<b>FUA-30</b>	Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence - Total follow up within 30 days
<b>CCS</b>	Cervical Cancer Screening	<b>FUM-30</b>	Follow-up After Emergency Department Visit for Mental Illness - Total follow up within 30 days
<b>CIS-10</b>	Childhood Immunizations	<b>W30-1</b>	Well-Child Visits in the First 30 Months of Life (0-14 months) 6 + visits
<b>CBP</b>	Controlling High Blood Pressure	<b>W30-2</b>	Well-Child Visits in the First 30 Months of Life (15-30 months)
<b>HBD</b>	Diabetes HbA1c Poor Control	<b>WCV</b>	Child and Adolescent Well-Care Visits
<b>IMA-2</b>	Immunizations for Adolescents		



# HEDIS tip sheets

[HEDIS® Guides](#) available from Blue Shield Promise's *Our programs* section – no log in required.

- Applicable to all lines of business.
- Each guide includes:
  - ✓ Measure description
  - ✓ Billing codes
    - ICD-10
    - CPT
    - CPT-II
    - HCPCS
  - ✓ Exclusions
  - ✓ Impacts by telehealth
  - ✓ Tips to improve score





# HEDIS Guides

Measure description ●

Billing codes ●

Exclusions (if applicable)

Impacted by telehealth ●

Tips to improve score ●

## HEDIS Provider Guide: Controlling High Blood Pressure (CBP)



Measure Description	Using Correct Billing Codes																				
<p>Patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (&lt;140/90 mm Hg) during the measurement year.</p> <p><b>Note:</b> The most recent BP reading during the measurement year on or after the second diagnosis of hypertension is used.</p> <p><b>Telehealth Visits:</b> Member reported services and biometrics values are eligible for compliance (automated machines only).</p>	<p><b>Codes to identify hypertension</b></p> <table border="0"> <tr> <td><b>Description</b></td> <td><b>ICD-10 Code</b></td> </tr> <tr> <td>Hypertension</td> <td>I10</td> </tr> </table> <p><b>Codes to record systolic results</b></p> <table border="0"> <tr> <td><b>Description</b></td> <td><b>CPT II Codes</b></td> </tr> <tr> <td>Most recent systolic blood pressure less than 130 mm Hg</td> <td>3074F</td> </tr> <tr> <td>Most recent systolic blood pressure 130 – 139 mm Hg</td> <td>3075F</td> </tr> <tr> <td>Most recent systolic blood pressure greater than or equal to 140 mm Hg</td> <td>3077F</td> </tr> </table> <p><b>Codes to identify diastolic results</b></p> <table border="0"> <tr> <td><b>Description</b></td> <td><b>CPT II Codes</b></td> </tr> <tr> <td>Most recent diastolic blood pressure less than 80 mm Hg</td> <td>3078F</td> </tr> <tr> <td>Most recent diastolic blood pressure 80-89 mm Hg</td> <td>3079F</td> </tr> <tr> <td>Most recent diastolic blood pressure greater than or equal to 90 mm Hg</td> <td>3080F</td> </tr> </table>	<b>Description</b>	<b>ICD-10 Code</b>	Hypertension	I10	<b>Description</b>	<b>CPT II Codes</b>	Most recent systolic blood pressure less than 130 mm Hg	3074F	Most recent systolic blood pressure 130 – 139 mm Hg	3075F	Most recent systolic blood pressure greater than or equal to 140 mm Hg	3077F	<b>Description</b>	<b>CPT II Codes</b>	Most recent diastolic blood pressure less than 80 mm Hg	3078F	Most recent diastolic blood pressure 80-89 mm Hg	3079F	Most recent diastolic blood pressure greater than or equal to 90 mm Hg	3080F
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### How to Improve HEDIS® Scores

- Calibrate the sphygmomanometer (BP monitor) annually.
- Select the proper BP cuff size. Ensure patients have their feet flat on the floor during the reading.
- Upgrade to an automated blood pressure machine.
- If the patient's BP is high at the office visit (140/90 or greater), take it again at the end of the visit. HEDIS® allows us to take the lowest systolic and the lowest diastolic readings in the same day, and the second reading is often lower.
- Telehealth visits can be used to capture member reported BP readings. Submit an authorization for durable medical equipment for a BP monitor if member needs one or contact your Blue Shield Promise Quality Program Manager to learn about our remote BP monitoring program.
- Do Not round BP values up. If you are using an automated machine, record exact values.
- Review hypertension medication history and patient medication adherence. Consider modifying treatment plans for uncontrolled blood pressure as needed. Follow-up with patient in monthly intervals until control is achieved.
- The 2017 guidelines from ACC/AHA recommend two BP drugs of different classes started at first visit if BP is ≥ 140/90 mm Hg and is unlikely to respond to a single drug and lifestyle modification.

[blueshieldca.com/promise](https://blueshieldca.com/promise)

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HEDIS® is a registered trademark for the National Committee of Quality Assurance (NCQA)

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# Contact us

Thank you for your commitment and dedication to delivering high quality care to our patients.

- Please contact us via email for questions and/or additional support. You may also access our HEDIS® Toolkit or the Medi-Cal HEDIS® Reference Guides for further details on HEDIS® and quality improvement.
  - General questions regarding Medi-Cal: [QIMediCal@blueshieldca.com](mailto:QIMediCal@blueshieldca.com)
  - Questions regarding HEDIS® Quality Improvement:
    - Vannie Figueroa
    - Program Manager, Senior | Medi-Cal Quality Improvement
    - [Vannie.Figueroa@BlueShieldca.com](mailto:Vannie.Figueroa@BlueShieldca.com)
    - Pam Hislop, Program Manager
    - Program Manager, Consultant | Medi-Cal Quality Improvement
    - [Pamela.Hislop@BlueShieldca.com](mailto:Pamela.Hislop@BlueShieldca.com)



# Top five EDI encounter and claim rejections



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# Top 5 EDI rejections: Encounters

Volumes	Rejection reason	Action needed
13,693	Value of element LIN03 is incorrect. Expected value is from external code list – NDC (0x393933b)	For Blue Shield Promise*: The submitted NDC is incorrect. It must be the code found on the package, 11 digits and valid according to the Food and Drug Administration (FDA) NDC list.
8,396	Duplicate of a previously accepted record (DUPRej_02)	For Blue Shield Promise*: Record is a duplicate of a previously accepted within the last 365 days submission.
5,959	NDC code is missing or invalid for the submitted PAD (0xe0277)	For Blue Shield Promise*: Claims and encounters reporting Physician Administered Drugs (PADs) must include both the Healthcare Common Procedure Coding System (HCPCS) code and a valid National Drug Code (NDC).
5,939	Patient policy and date of service is found as Blue Shield of California member, please submit appropriately (PNVRej_01)	For Medicare Advantage (Blue Shield): Dates of services after January 1, 2021, must submitted as a Blue Shield submission.
1,329	Patient not eligible for submitted date of service (MLRej_02)	For Blue Shield Promise*: Patient is not eligible for the date of service.

\* Medi-Cal and CMC

# Top 5 EDI rejections: Claims (fee-for-service)

Volumes	Rejection reason	Action needed
17,749	We are unable to identify the patient who received the services with the information submitted (MLRej_01)	<b>For Blue Shield &amp; Blue Shield Promise:</b> A valid, eligible member ID number, name and date of birth must be submitted.
16,249	Duplicate of a previously accepted record (DUPRej_02)	<b>For Blue Shield Promise*:</b> Record is a duplicate of a previously accepted within the last 365 days submission
10,245	Value of element LIN03 is incorrect. Expected value is from external code list – NDC (0x393933b)	<b>For Blue Shield Promise*:</b> The submitted NDC is incorrect. It must be 11 digits and valid according to the Food and Drug Administration (FDA) NDC list
6,322	Referring, service facility, ordering or supervising provider NPI must be submitted (0xe00009)	<b>For Medi-Cal:</b> An NPI must be present if a referring, service facility, ordering or supervising provider is submitted.
3,971	Patient policy and date of service is found as Blue Shield of California member, please submit appropriately (PNVRej_01)	<b>For Medicare Advantage (Blue Shield):</b> Dates of services after January 1, 2021, must submitted as a Blue Shield submission.

\* Medi-Cal and CMC

# Secondary denials & replacement encounters



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Systems Analyst, Senior  
Encounters Performance Organization



Melanya Saghatelyan  
Systems Analyst, Senior  
Encounters Performance Organization





# Secondary 277CA Denials\*

- Original 277CAs are created when an 837 encounter file has processed through EDI with an *“Accepted”* or *“Accepted with errors status.”*
  - *Accepted* encounters will pass through to our processing system
  - Rejection codes start with the letter A
    - Example: A3:54 – Duplicate to a previously processed claim
- Secondary 277CAs are created after encounters adjudicate in our processing system.
  - All encounters have been accepted in EDI
  - Denial codes start with the letter F
    - Example: F2:796 – Procedure code not valid for date of service

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\* See the [Unsolicited 277C Transaction for Adjudicated Encounters Standard Companion Guide](#) for additional information and support on secondary 277CA transaction procedures.



# Replacement or Corrected Encounters

How to resubmit encounters that have been:

- Accepted in EDI *and* our processing system.
- Accepted in EDI *but* denied in our processing system.
  - Denials returned on secondary 277CA

## Encounters

- How to correct/resubmit a denied or accepted encounter from a 277CA.
  - The Claim Control Number must be unique in CLM01.
  - A value of either "7" (replacement) or "8" (void) must be placed in CLM05-03.
  - Blue Shield's original 12-numeric claim ID must be populated in REF02 (REF01 = F8)
    - If Blue Shield's claim ID is unknown, enter 123456789000

## Data elements

- CLM05 - 3 = 7 or 8
- REF02 (REF01 Qualifier = F8) = Original Payer Claim Control Number or 123456789000

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- [EDI Blue Shield Promise Companion Guide](#)
  - [EDI Blue Shield Companion Guide](#)



# Resources

Action	Contact information
Encounter-related questions Email: <a href="mailto:EPE@blueshieldca.com">EPE@blueshieldca.com</a>	<ul style="list-style-type: none"> <li>• <a href="#">Unsolicited 277C Transaction for Adjudicated Encounters Standard Companion Guide</a></li> <li>• <a href="#">EDI Blue Shield Promise Companion Guide</a></li> <li>• <a href="#">EDI Blue Shield Companion Guide</a></li> </ul>
Provider incentives questions	Email: <a href="mailto:providerincentives@blueshieldca.com">providerincentives@blueshieldca.com</a>
Blue Shield Provider Connection website	<a href="https://blueshieldca.com/provider">blueshieldca.com/provider</a> (Log in required for authenticated tools.)
Provider Connection Reference Guides (No log in required) <ul style="list-style-type: none"> <li>• How to use tools and resources on the website.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Blue Shield</a></li> <li>• <a href="#">Blue Shield Promise</a></li> </ul>
Provider Customer Service (For general help.)	<ul style="list-style-type: none"> <li>• Blue Shield Phone: <b>(800) 541-6652</b></li> <li>• Blue Shield Promise Phone: <b>(800) 468-9935</b> <ul style="list-style-type: none"> <li>• Live chat from Provider Connection <a href="#">Contact us</a> page after login.</li> </ul> </li> </ul>
Provider Information & Enrollment (For network inquiries, credentialing, etc.)	<ul style="list-style-type: none"> <li>• Email: <a href="mailto:bscproviderinfo@blueshieldca.com">bscproviderinfo@blueshieldca.com</a></li> <li>• Phone: <b>(800) 258-3091</b></li> </ul>
Medi-Cal Rx provider portal	<a href="https://medi-calrx.dhcs.ca.gov/provider">https://medi-calrx.dhcs.ca.gov/provider</a>
Medi-Cal billing guidelines.	<ul style="list-style-type: none"> <li>• <a href="#">Dialysis: Chronic Dialysis Services (ca.gov)</a></li> <li>• <a href="#">Dialysis: End Stage Renal Disease Services (ca.gov)</a></li> </ul>
Blue Shield Promise resource for nursing facility providers.	<a href="#">Blue Shield Promise Nursing Facility reference guide</a>
Blue Shield & Blue Shield Promise	<a href="#">HEDIS® Guides</a> – no log in required.





Thank you

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Blue Shield of California and Blue Shield of California Promise Health Plan  
are independent licensees of the Blue Shield Association