

HNS Network News

Billing News

December 6, 2010

This section includes the following 10 articles:

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OOPS!

Too Many Electronic Claim Errors? Too Many Returned Paper Claims?

OOPS!

Let HNS help you resolve your claim issues!

When HNS transmits your claims each day to our contracted payors, many claims are rejected by the payor's "front end system edits". These front end edits are designed to prevent the submission of claims with inaccurate information. When payors reject these claims, HNS then notifies you of the rejection, as well as the reason the payor rejected the claim. HNS wants to help you improve your cash flow by reducing the number of claims that cannot be forwarded to payors for adjudication.

Below are some of the most common reasons claims are rejected by the payors and returned to you for correction.

Invalid/Incorrect Member ID Numbers

The # 1 reason the vast majority of claims are rejected by the payors is an invalid/incorrect member ID number on the claim.

To reduce the number of your claims that are rejected due to invalid patient ID:

- Be sure to ask if there has been any change to the patient's insurance information at each visit, and if so, be sure to update your billing software with the correct ID number.
- Make sure the ID number you enter in your software system **includes the suffix**, if applicable.

Incorrect Patient Name

Make sure the patient's name on the claim is exactly as it appears on the patient's insurance card.

Incorrect Patient Date of Birth

Make sure the date of birth on the claim is the correct date of birth for that patient.

Claim Submitted to Incorrect Payor/Carrier

Claims are submitted to the payor using the information shown in the address header on your claim, much like if you were mailing the claim by paper this same method is used for electronic claims.

For example, if you file a MedCost claim to HNS with the address header showing HNS/CIGNA, HNS will send the claim to CIGNA. CIGNA's front end edits will cause the claim to reject for invalid patient ID since that patient does not have health insurance with CIGNA.

It is VERY important your address header must clearly show HNS and the correct name of the payor for the claim being submitted, as shown below:

HNS/CIGNA

PO Box 2368
Cornelius, NC 28031

HNS/BCBS

PO Box 2368
Cornelius, NC 28031

HNS/Inclusive Health

PO Box 2368
Cornelius, NC 28031

Duplicate Claim Error

If you receive this notice through HNSConnect or the remark code on the EOB indicates a duplicate claim, then you have previously submitted this claim to the payor for adjudication.

If a claim has been submitted to a payor but has not been processed or was processed incorrectly, please do not file a duplicate claim. Please submit a request for claim status to your HNS Provider Rep using your HNS Fax Inquiry Form. Your Rep will research the claim and let you know what action needs to be taken in order for the claim to be adjudicated.

Box 11 (Insured's Policy Group or FECA Number)

If you receive an error regarding the information in box 11, this error indicates you have:

1. entered an invalid group number on the claim form; or
2. the group number is missing from the claim

The group number is shown on the patient's insurance card under "Group Number", "Plan Number" or "Account Number". If you receive this error, please contact the patient to obtain updated/accurate group number information.

When Box 6 is Marked "SELF"

If box 6 on the claim is marked "Self", the patient and insured's name on the claim must be identical or the claim will be rejected by the payor.

Box 14 (Date of Current Illness)

There are specific times when box 14 must be completed. In these instances, the date of current illness must be on or before the date(s) of service shown on the claim form, otherwise the claim will be rejected by the payor.

Box 14 must be completed with a date on or before the date(s) of service shown on the claim form when:

- Reporting diagnoses in the 800-900 series of ICD-9 codes.
- When the claim is a secondary claim with Medicare as primary
- When any of the options in box 10 are marked "yes".

Units must be greater than '1' when billing modifier 50

When reporting modifier 50 on a claim form, the units reported for that code must be greater than 1 or the claim will be rejected by the payor. This frequently occurs when billing L3020 (orthotics). If billing for more than one orthotic on the same date of service, (i.e. – both feet), you should report L3020 with 2 units and the modifier 50. For example:

Code	Modifier	Units
L3020	50	2

*"The hallmark of a well-managed organization
is not the absence of problems,
but whether or not problems are effectively resolved."
~ Steve Ventura*

Update on HNS and HNS Payor Policies

Your participation in our network is very important to your patients, to HNS and to our contracted payors and we want to assure that all network providers have the tools and resources needed to properly comply with the policies and practice guides of applicable state licensing boards, HNS and HNS payor policies.

HNS has revised the sections of our website to make it easier to find important information regarding HNS and HNS payor policies and the policies of the N.C. State Board of Chiropractic Examiners.

Please review the listings under the “Provider” tab on the home page of the website. The section titled “HNS/Payor Policies” includes HNS documentation policies, HNS payor policies, as well as the N.C. BOCE Practice Guides. We hope you find this to be a great resource.

If you have questions about any of the policies included on our website, please contact your HNS Provider Rep for assistance.

New HNS EOBs and HNS Check Packets

HNS is excited to bring you improvements to your HNS provider check packets!

Your HNS check packet includes your HNS check, provider statement, multiple remittance summaries, and because we receive different types of EOBs from various payors, you receive various types of EOBs from HNS. Additionally, to comply with HIPAA requirements, HNS has had to “black out” information on certain EOBs before sending these to you.

As part of our ongoing effort to improve our services to you, HNS has redesigned our provider check packets. Within the next few months, all HNS providers will be converting to EFTs and web-based EOBs. Despite the new electronic solutions coming soon, we are excited to bring you these new features!

Your new HNS check packets will include:

- One Remit Number per check packet
- Uniformity of all EOBs
- Each date of service will have its own “total” line
- Summaries and totals for each payor
- Only one remittance summary sheet per payor (BCBSNC, CIGNA, MedCost, etc...)
- EOB remark codes which will be consistent for ALL HNS payors

We will be implementing the “new” check packets in late December. As always, please contact your HNS Provider Rep if you have any questions.



The time of year for RE-VERIFYING BENEFITS is almost here again!

While some insurance plans renew throughout the year, the majority of plans renew at the beginning of each calendar year.

Beginning January 1, 2011, you will need to obtain new copies of patient insurance cards, check the effective dates of the plan, and if the plan renewed on January 1, you will need to call and verify eligibility and plan benefits.

When plans renew, benefits can change including number of visits allowed, co-payment amounts, co-insurances and deductibles.

Are you using a Verification of Benefits form?

To assure that you are properly paid for the services you provide, please remember you must verify benefits prior to providing treatment. HNS has provided you with a Verification of Benefits form that is available on the HNS website: www.healthnetworksolutions.net. All HNS forms can be accessed from the home page of our website under the heading "HNS Forms".

Billing for Electrodes with Electrical Stimulation



Please remember it is inappropriate to bill for electrodes when billing electrical stimulation (97014, 97032). The relative value of the applicable codes includes reimbursement for electrodes.

If you inadvertently bill and receive payment for electrodes, these funds must be promptly returned to the payor. If you have inadvertently billed a HNS contracted payor for electrodes, you must file a corrected claim to have these funds recouped by the payor. Please contact your HNS Rep if you have any questions or need assistance.

Update on CIGNA Bundling Edits

In August of this year, HNS announced that CIGNA HealthCare had implemented the use of certain CCI edits that resulted in the bundling of 97140 and 97012 when performed on the same patient on the same date of service. We also informed you this was inconsistent with the HNS/CIGNA fee schedule and we were working with CIGNA to get this issue resolved.

Since that time, HNS has been working with CIGNA HealthCare network management to have these edits removed. We are pleased to announce that while the edits have not yet been removed from the CIGNA payment system, **CIGNA has agreed to reprocess all HNS claims impacted by this edit.** CIGNA is continuing to work with HNS on this issue and we believe these edits may be removed by early 2011. In the interim, all claims impacted by these edits will be correctly reprocessed by CIGNA.

Please do not file any corrected claims associated with this issue. CIGNA is identifying these claims from information submitted by HNS and will internally correct these claims - so again, please do not file corrected claims. These claims must be manually reprocessed by CIGNA, so it will be several weeks before all claims are reprocessed.

We are also pleased to report that CIGNA has corrected their erroneous system edit that resulted in the inappropriate denial of certain E/M codes billed by HNS providers and CIGNA has now correctly reprocessed these claims.

If you have any questions about this issue, please contact your HNS Provider Rep for assistance.

To stay *In the Know...*
check out the “What’s New” section
of our website at:

www.HealthNetworkSolutions.net

HNS CIGNA TPA Update

As you know, CIGNA HealthCare leases their provider network to several Third Party Administrators (TPA).

All CIGNA TPA claims must be submitted to HNS, however, some TPA claims can be sent electronically through HNSConnect while others must be sent as a paper claim via the CMS 1500 claim form.

HNS has created the following CIGNA TPA guide that includes the TPA telephone number and also indicates how the claim must be filed to HNS.

Note: you can also find the telephone number of the TPA on the back of the member's insurance card.

CIGNA TPA Quick Reference Guide

TPA	Telephone #	File TPA claims to HNS via
American Maritime Officers	800-348-6515	HNSConnect
APWU	800-222-2798	HNSConnect
Boiler Makers	866-342-6555	HNSConnect
NALC	888-636-6252	HNSConnect
Plumbers & Pipefitters	888-741-2673	HNSConnect
SAMBA	800-638-6589	HNSConnect
Seafarers Health & Benefit Plan	800-252-4674	HNSConnect
Sheet Metal Workers	615-859-0131	HNSConnect
FDA (JCP)	866-337-8417	Fax or by mail
Health Partners	800-444-4558	Fax or by mail
MVP	888-687-6277	Fax or by mail
MVP Kodak	800-999-3920	Fax or by mail
MVP Preferred Care	888-851-8030	Fax or by mail
Starbridge Select	800-308-5948	Fax or by mail
Tufts Health Plan	888-884-2404	Claims can only be mailed to HNS



BCBSNC Enforcing Timely Filing Deadline!

While BCBSNC has always had a timely filing deadline of 180 days, they have occasionally paid claims received after the 180 days.

BCBSNC has informed HNS that they are now denying ALL claims (in-state, out-of-state, federal, state plan, etc...) that are not filed within the 180 day timely filing deadline.

To assure you are properly paid for all services you provide, please make sure all primary, secondary and corrected claims are filed within the 180 day time frame!

**5th
Annual**

**The 5th Annual
HNS Free CE Seminar
March 4-6, 2011**

**5th
Annual**

SAVE THE DATE!!

HNS is excited to announce our 5th annual “Free CE from HNS” seminar program, designed to assist you with meeting your annual continuing education requirements.

Our 2011 annual CE seminar will again be held at the Sheraton Resort at the Four Seasons/Koury Convention Center in Greensboro, NC and will be held on **MARCH 4 - 6, 2011.**

In addition to great speakers for our providers, this year’s seminar will include a special program for providers, practice managers and billing CA’s.

Online registration for the seminar will be announced within the next few weeks, but please mark your calendars for **MARCH 4 - 6, 2011** and SAVE THE DATE for our 5th annual “FREE CE from HNS” Seminar.



HNS Electronic Solutions to Save You TIME & MONEY



HNS is committed to providing the most advanced electronic solutions to our providers and after more than 2 years of design, development and testing, we are preparing to launch our newest electronic solutions.

These new electronic solutions will allow you to receive funds from HNS payors more quickly and allow you to retrieve your EOBs from our secure website.

Our new electronic solutions include:

- Replace HNS “paper” checks with Electronic Fund Transfers (EFTs), directly to your bank account via secure, online transactions.
- Providing you with two electronic options to receive your HNS EOBs:
 1. You will be able to print your HNS EOBs directly from the HNS website and continue to post payments just as you currently do.
 2. If your software has the capability to post payments from the information provided to you by HNS in the electronic payment file, and can interpret the data contained in this file, you will be able to download the HIPAA ERA/835 payment file to your practice management software system *for automatic posting directly to your patient accounts*. To take advantage of this new feature, you will need to contact your software vendor to determine if your software can correctly interpret the data contained in this file and obtain their assistance in setting up and testing these 835 files.

We encourage you to contact your software vendor and find out if your software can accept a HIPAA 835 file to automatically post payments to your patient accounts.

The registration process for these new electronic solutions will begin shortly and continue through the end of April, 2011. By the end of April, all HNS payments will be issued via EFTs and your EOBs will need to be printed from our website OR downloaded to your billing software if your billing software can accept HIPAA 835 files.