

# HNS Network News

## *Billing News*

Quarter 3, 2010

### **This section includes the following 8 articles:**

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### **Update on EFTs and HIPAA ERA/835 Files**

HNS is committed to providing the most advanced electronic solutions to our providers.

We are currently working to complete the final phases of our latest electronic solution which will:

- Replace HNS “paper” checks with Electronic Fund Transfers (EFTs)
- Provide you with two options to receive your HNS EOBs:
  1. 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, it can be downloaded 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 also for set-up assistance.

We expect to have these electronic solutions available to you by the end of 2010 or early 2011. Once these projects have been completed, all HNS payments will be issued via EFTs and HNS will no longer send paper checks or paper EOBs to our providers. EOBs can be printed from our website **OR**, if possible, downloaded to your billing software.

## YOUR HNS PROVIDER REP CAN HELP

Each HNS provider has been assigned a personal HNS Provider Representative. Each Rep is assigned approximately 250 physicians. A large part of your Provider Rep's day is spent making phone calls to insurance companies on behalf of the providers assigned to her. If you call your Provider Rep and reach her voice mail, she is very likely on the phone with an insurance company researching an issue for a provider. **PLEASE** leave a detailed message and she will call you back as soon as possible. She cannot assist you if she does not know you are trying to reach her! All messages left on our voice mail system are logged into our message center and messages are checked frequently throughout the day to ensure the timely return of all calls. If you leave a message for your Rep, you will receive a return phone call as soon as possible - but no later than the next business day.

Our Provider Reps are experienced healthcare professionals trained to assist you in many ways, including (but not limited to) the following:

- How to bill for services provided by a "fill-in" or "temp" provider while you are out of the office
- How to correct errors on ***HNSConnect***
- To act as a liaison between you and the insurance companies
- How to credential a new physician in your practice
- How to properly code for the services you provide
- When to use modifiers and which modifier to use
- How to file corrected claims and secondary claims
- Assist when a payor incorrectly processes a claim
- Where to find the HNS fee schedules
- Where to find the HNS documentation and billing policies
- Where to find the HNS payor corporate medical policies
- What to do if you change your EIN
- What to do if you change the location of your practice
- To help you understand why you have received a request for medical records
- Review of your aging reports to assist with reducing your receivables

Your HNS Provider Rep is here to help in any way possible so please call us any time we can be of assistance. If you do not know who your HNS Provider Rep is, please contact us at (877) 426-2411, ext 142 and we will gladly direct you to your personal HNS Provider Rep and provide you with her phone number and extension, as well as her email address.

## Requests for Patient Records

We have several complaints from patients indicating that a few network providers have not responded in a timely manner to their requests for copies of their healthcare records. Please remember that all requests for copies of healthcare records must be responded to promptly. The HNS and payor policy concerning requests for healthcare records is included in the HNS Practice Protection Plan.

Requests for Patient Records - **ALL** requests for patient healthcare records should be responded to in a prompt and courteous manner. Any requests for copies of healthcare records should be clearly documented in the healthcare record and should include the date of the request and the name of the person or entity that requested the records, as well as the date the copies were released.

- **Requests from Payors**

Network providers must immediately respond to any requests for healthcare records from a HNS contracted payor and if a Due Date is provided in the request, the payor must receive the records by the stated due date. If a Due Date is not provided, records should be submitted to the payor within 10 days of receipt of request.

- **Requests from HNS**

Network providers must immediately respond to any requests for healthcare records from HNS. Records must be submitted to HNS by the Due Date stated.

- **Requests from Patients**

If requested by a patient, network providers must promptly provide patient with copies of the healthcare record. In all cases, records must be provided within 10 days of receipt of request from patient.

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

**[www.HealthNetworkSolutions.net](http://www.HealthNetworkSolutions.net)**

## Billing E/M Consultation Codes

Consultation E/M codes should **ONLY** be billed when the opinion or advice of another physician, insurer, employer, or other appropriate source has requested your opinion or advice.

Please remember that "Report of Findings" appointments should never be billed as "consults".

A referral from a patient and/or friend or family member of a patient that did not originate from a physician or other appropriate source (as indicated above) should not be reported using an E/M consultation code.

### **HNS DOCUMENTATION REQUIREMENTS for E/M Consultation visits:**

- The verbal or written request from the appropriate source requesting the advice or opinion of the provider must be clearly documented in the patient's healthcare record and must include the name of the provider or organization requesting the advice or opinion and the date the request was received.
- A copy of the provider's written report back to the requesting physician or appropriate organization, including his opinion, advice and/or any services ordered or performed, must be clearly documented in the patient's healthcare record. A copy of this report must be maintained in the patient's healthcare record.
- Documentation must clearly reflect the level of the E/M service rendered.
- E/M documentation must include all information necessary to support the level of E/M service reported.

## Update on BCBSNC Payment Corrections from Incorrect Fee Schedule

On January 14th, 2010, HNS notified you that BCBSNC had identified an internal system glitch which resulted in network providers receiving BCBSNC payments that were inconsistent with the HNS contracted fee schedule. While many providers received payments that were less than the contracted fee schedule, many providers received payments that were in excess of the contracted amounts.

BCBSNC has just notified HNS that a "settlement" check will be issued to HNS within the next few weeks to resolve this issue. This check will include the net difference of any underpayments and overpayments incorrectly paid to you. As soon as HNS receives these funds, we will include them in the next scheduled HNS provider check packet.

Please refer to the "**What's New**" section of the HNS website for any new updates on this issue.

# ABSOLUTE TOTAL CARE

HNS providers now represent Absolute Total Care as in-network participating providers. This contract became effective on 6/1/10 and all claims for Absolute Total Care and Health Connection Kids must be filed electronically through **HNSConnect**.

Prior to providing care to Absolute Total Care members, you will need to call for a pre-authorization number and that number must be included on your claim when filed to HNS. When completing these claims, please remember to include the following:

- Group or policy number must be in box 11; if the ID card does not have a group or policy number, please put ATC.
- In box 11c, please put HNS/Absolute Total Care or HNS/ATC.
- The prior authorization number must be in box 23
- The claim must be identified as an Absolute Total Care claim in the address section at the top of the CMS 1500 claim form (HNS/ATC is an acceptable format) using the example below:

Example: HNS/ATC  
PO Box 2368  
Cornelius, NC 28031

You can find more information about this contract on the HNS web site, [www.healthnetworksolutions.net](http://www.healthnetworksolutions.net), in the “**All About Claims**” section or just call your HNS Provider Representative and she will be happy to assist you.

*“There are no real secrets to success. Success in anything has one fundamental aspect - effort...Take action with commitment.”*

*~Sam Parker*

# CIGNA HealthCare Updates

## Fee Schedule Reminder

HNS wants to be sure you are paid for all services you provide to your CIGNA HealthCare patients. As a reminder, only those fees listed on the CIGNA HealthCare fee schedule will be considered for payment by CIGNA HealthCare. This fee schedule is posted on the secure portion of the HNS website.

Please remember to **ALWAYS** verify benefits by calling CIGNA HealthCare directly. Please note that the inclusion of a service code on the CIGNA HealthCare Fee Schedule does not mean it is covered by the member's plan. Also, if a service is not covered by the payor, in order to bill the patient directly, you must obtain a signed "Non-Covered Service Waiver" **PRIOR** to performing the service and this waiver must be maintained at all times in the member's healthcare record. A template for the non-covered services waiver is available on our website for your convenience.

## IMPORTANT Notice regarding bundling

CIGNA HealthCare has recently implemented Medicare's Correct Coding Initiative (CCI) which prevents the payment for Manual Therapy (97140) when billed together with mechanical traction (97012) on the same date of service. The new CIGNA HealthCare CCI edit considers 97140 and 97012 to be a comprehensive code set and will bundle these codes even when a Modifier -59 is used. Additionally, certain CIGNA plans are bundling E/M codes when billed on the same date of service as CMT codes.

CCI is a system of coding edits that Medicare and some commercial payors use to determine if codes should be paid separately or bundled together.

HNS will continue the fight against this and other CCI edits that negatively impact reimbursement for network providers.

## DME for CIGNA HealthCare members

Providers must use the CIGNA HealthCare National Vendors for DME and orthotics. These items cannot be billed to CIGNA HealthCare through HNS. The DME vendor is CareCentrix and the orthotics vendor is Linkia. More information about the CIGNA National Vendors is located on the HNS web site, [www.healthnetworksolutions.net](http://www.healthnetworksolutions.net), in the "CIGNA HealthCare Guide" under "**All About Claims**".

If you have any questions regarding the CIGNA HealthCare Fee Schedule, please contact your HNS Provider Rep for assistance.

## Update on Inclusive Health

North Carolina HNS providers are now able to file their Inclusive Health claims electronically via **HNSConnect!!!** Effective immediately, primary claims for Inclusive Health should no longer be filed by paper to HNS.

In order for claims to process quickly and accurately, please note the following:

- Group or policy number must be in box 11
- Inclusive Health must be in box 11c
- Even when filing electronically, the claim must be identified as Inclusive Health in the address section at the top of the CMS 1500 claim form (HNS/Inclusive Health is an acceptable format) using the example below:

Example: HNS/Inclusive Health  
P. O. Box 2368  
Cornelius, NC 28031

More information regarding Inclusive Health can be found on our website, [www.healthnetworksolutions.net](http://www.healthnetworksolutions.net), under “**All About Claims**”. As always, if you have any questions about this information, please contact your HNS Provider Representative.

*Please visit our web site:*

**[www.HealthNetworkSolutions.net](http://www.HealthNetworkSolutions.net)**