

The Provider System

Provider-Managed Billing Diagnoses Codes Training

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Agenda



➤ — Background Information

➤ — Edit Link in Patient Authorization

➤ — Billing Diagnosis Codes on Invoice Details

➤ — Billing Diagnosis Code Limits and Invalid Billing Codes

➤ — System Demo



Background Information

Billing Diagnosis Codes are determined by the Payer and sent in the Authorization at the time of placement. Providers servicing Linked Contracts receive Billing Diagnosis Codes as *read-only*, unable to edit if/as needed for billing purposes.

A Payer-based permission will be available to allow Providers to add and manage Billing Diagnosis Codes for any Linked Contract; whether the ones assigned by the Payer or the one entered/edited by the Provider. This enhancement applies to all Linked Contracts.

Update the Billing DX Code on the:

- Authorization
- Invoice Details



Edit Link in Patient Authorization

(1)

| Authorization | | | | | | | |
|---------------|------------|------------|--------------|--------------|------------------|-------|---------------------------------------------|
| Auth. # | From Date | To Date | Service Type | Service Code | Service Category | Notes | Visits/ Invoice |
| Z00458 | 03/01/2021 | 04/30/2021 | HHA | HHA_Hourly | Home Health | | Edit Update |

Edit Link on the Authorization Window

- Once a Payer enables a Provider to edit or add Billing Diagnosis Codes for an Authorization (located at (**Patient > Authorization**)), an [Edit](#) link appears on the applicable row of the **Authorization** window (see image 1).
- The [Edit](#) link only appears if the Provider has permission to add Billing Diagnosis Codes.

(2)

Authorization

Service Category: Home Health Service Type: HHA Authorization Number: 10001360 From Date: 10/02/2017 To Date: 10/23/2023 Service Code: HHA Hourly Service Code Type: Hourly Authorization Type: Daily

Hours: Master Start Time: ANY Saturday: 5.00 Sunday: 8.00 Monday: 8.00 Tuesday: 8.00 Wednesday: 8.00 Thursday: 8.00 Friday: 8.00

Blackout Dates: No Blackout Date Entered.

Document: Billing Diagnosis Code(s):

| Code | Description | Admit. | Primary | Add |
|-------|------------------------------------------------|--------|---------|-------------------|
| L40 | Arteriospasm and similar manifestations | | Yes | + |
| D03.0 | Malformations of aspect of styliis. | | | + |
| C02.0 | Malignant neoplasm of dorsal surface of tongue | | | + |

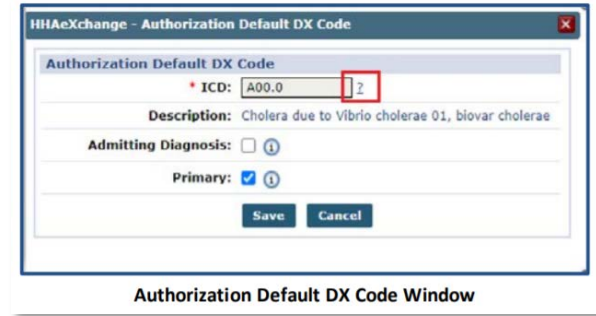
Patient Authorization Window

Providers who are enabled to change Billing Diagnosis Codes are presented with an **Add** button in the *Billing Diagnosis Code(s)* section of the Patient Authorization window (see image 2).

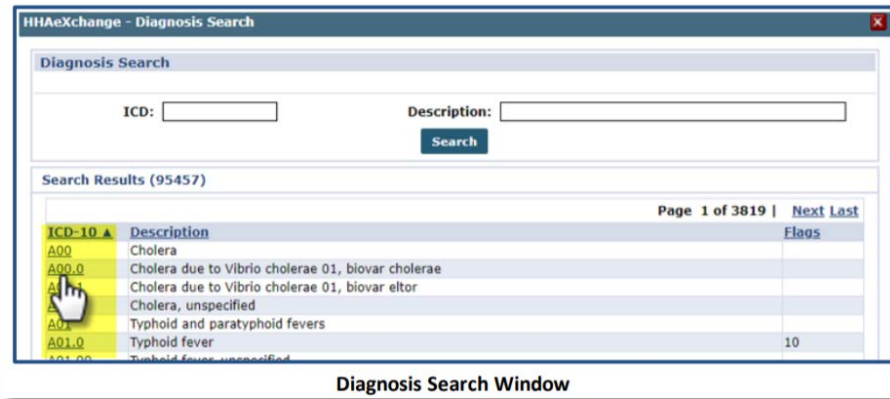


Choosing a Billing Diagnosis Code

- On the Authorization Default DX Code window, select the [?](#) (question mark) link to access the ICD-10 Diagnosis search (see image 1).
- Once the ICD code is selected, determine if this is an Admitting Diagnosis and/or a Primary Diagnosis by selecting the appropriate checkboxes.
- Click **Save** to finalize.



(1)



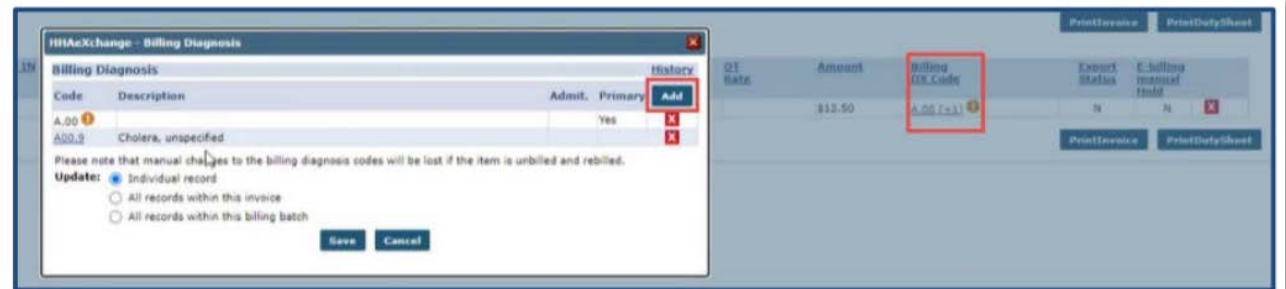
(2)

Use the Diagnosis Search window to search for and select an ICD-10 Code. To add an **ICD** code, click on the respective [ICD-10](#) link (see image 2).



Billing Diagnosis Codes on the Invoice Details Page

- On the *Invoice Details* page, click on the [Billing DX Code](#) link to open the Billing Diagnosis window (as illustrated in the image below). To edit an existing code, click on the [Code](#) link and make the changes. To add a Billing Dx Code, click on the **Add** button and follow the instructions above.
- Click **Save** to finalize.

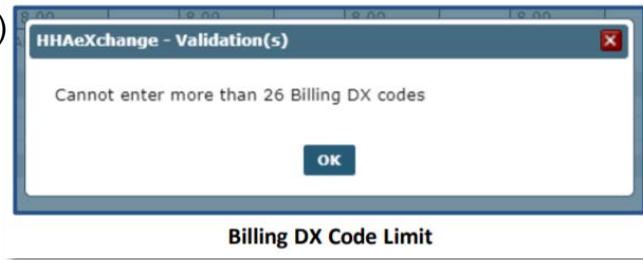


Invoice Details Page: Billing Diagnosis Window



Billing Diagnosis Code Limits and Invalid Billing Codes

- Up to 26 unique Billing Diagnosis Codes are allowed per Patient, with one defined as Primary. (1)
- When attempting to add more than 26 codes, the system issues a validation not allowing further entries (see image 1).



Billing DX Code Limit

(2)

| Code | Description | Admit. | Primary | Add |
|---------------------|-------------|--------|---------|-----|
| A.00 | DXTest | | Yes | X |
| Invalid ICD-10 code | | | | |

Invalid Billing Diagnosis Code on the Authorization Window

At times, a Payer may send an invalid Billing Diagnosis Code. Invalid codes are denoted with an orange exclamation point (!) icon (see image 2) indicating that it must be corrected.

System Demo





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Provider Information Center and FAQ

<https://hhaexchange.com/nc-lme/>