
**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO
MEDICAL PRACTICE INCOME PLAN POLICY AND PROCEDURE**

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MPIP Executive DirectorDepartment: **BIS-Business Information Services**TITLE: **GE Centricity Business (CB) Charge corrections**Policy#: **BIS 19**

Policy: The purpose of this policy is to document the guidelines for the creation of charge corrected patient invoices in the athenahealth practice management system. This policy conforms to Texas Insurance Code Chapter 1301, Section 1301.132.

Procedure:

- 1) Charge Corrections are initiated by coders in the Consolidated Coding Unit. Charge correction requests are submitted via the MPIP SharePoint website. <https://sharepoint16.elpaso.ttuhscc.edu/support/mpip/Lists/Charge%20Correction%20Request/Current%20active.aspx#InplviewHashe6444878-0aa8-4f0a-a967-e9aa956cd5e5=FilterField1%3DAssigned%255F0020%255Fto-FilterValue1%3D>
- 2) Complete charge correction requests are processed daily up to a maximum number of sixty-five SharePoint requests. Exceptions are made for those brought forth where filing/appeals deadlines are close. Processing of charge corrections can exceed the 7 business day limit depending on the type of correction needed along with the specific transactions that are already entered into the invoice.
- 3) Incomplete charge corrections are flagged in SharePoint as "Pending Review from Department" and a comment is made by MBA Supervisor specifying the corrections needed from department. An alert is then emailed to the requester to make the necessary corrections. In the event that a response is not received within 7 business days the MBA Supervisor will forward incomplete requests to the Unit Manager for Medical Coding. If no response is received from the Unit Manager for Medical Coding in 7 business days the matter is escalated to the Director of Medical Coding with a CC to The AVP of Institutional Compliance.

- 4) The following schedule of production will be applied to finalizing complete charge correction requests when large numbers of requests are posted en masse or for compliance audits:

Number of Items	Timeframe for Finalization/Resolution in Business Days
0 - 50 items	7 Days
51-100 items	14 Days
101-150 items	21 Days
151-200 items	28 Days
201-250 items	35 Days

Increments of 7 business days for each additional 50 items

Compliance audits requiring charge corrections are processed as follows:

- Spreadsheet received from Compliance department is uploaded to SharePoint by MPIP billing managers
 - Invoices are reviewed by billing managers for any missing information or clarification needed
 - Post-review spreadsheet is uploaded to SharePoint and charge corrections are approved and processed; Compliance Audit Tracking Form is completed
 - Post-review spreadsheet and completed Compliance Audit Tracking Form is sent to the Refund Team for processing. Refer to Policy ACC 26 for additional information.
- 5) The (MBA) Medical Billing Associate Supervisor is responsible for reviewing all Charge Correction requests before they are processed. A unique workflow evolves following Supervisor review. Those workflows are described in Exhibit (A).
- 6) After the request is reviewed by the MBA Supervisor, the Senior Specialist of (MPIP) Imaging is responsible for processing the charge correction transactions in the athenahealth practice management system. The original invoice is charge corrected and a new invoice is created. The original invoice will appear as a credit balance because all of the charges are reversed but none of the payments are transferred to the new invoice. The creation of the credit balance is required so that upon further auditing the Explanation of Benefits will be associated to the original invoice. This is a Compliance Department requirement. The credit balance remains on the original invoice until the new invoice is adjudicated.
- 7) Charge corrections are submitted for any of the following reasons:
- a. Add/Change: CPT codes, Provider, Modifier, Diagnosis, Referring Physicians, Location, Hospital, Facility, Billing area, Date of service, Units, NDCs, NOC description, dollar amount.
 - b. Duplicate charges
 - c. Deletion/void (Billed in error)
 - d. Wrong patient
 - e. Split invoices/combine invoices

- 8) New invoices are added to the ETM Invoice No Activity workflow and assigned to MBA and Senior MBA billers for review and submission to the payer with the appropriate indicator code of 7-Replacement or 8-Void and prior claim number when applicable. The claim resubmission may be performed electronically through CBIZ, via a payer online portal, by fax or regular mail, based on payer preference.
- 9) Original invoices with payments which are now appearing as credits are added to the ETM Invoice Credit Balance workflow, Charge Corrected Credit Stage, and placed on a 60 day hold using the Outcome of 'Pending Charge Correction Recoup' to allow the payer time to process the new corrected invoice. After the 60 day hold, the original and new invoices are reviewed by Refund team. If the new invoice is processed by the payer, a determination is made to either adjust the original invoice with paycode 109 Valid Original Charge Correction Payment or issue a refund check to the payer, which reverses the credit balance. If a recoupment is received the transaction is posted to the invoice accordingly.
- 10) In the event an original invoice in the ETM Invoice Credit Balance workflow returns to the Refund Clerk after a 60 day hold without any resolution on the new invoice, the following steps are followed:
- Refund Team assigns the original invoice to a Billing MBA or Sr. MBA for review by selecting Assign to A/R Collector
 - Billing staff will review the new invoice and take one of the following actions.
 1. New invoice is pending adjudication or requires appeal or additional processing: invoice is placed on hold for 45 days Pending Adjudication
 2. New invoice was adjudicated - invoice will be appropriately resolved, which may include adjusting duplicate charges on the new invoice to zero using adjustment code 1035 Duplicate Charge Correction W/O. The original invoice is returned to the Refund Clerk with task note instructions.
- 11) Payments remaining on voided invoices are not placed on a 60 day hold and are refunded to the payer.

Definitions

Charge Correction – a transaction in the Athenahealth practice management application that is required to make corrections to an original invoice and generate a new invoice with updated information. Charge corrections are required and not limited to the following errors: coding, charge amount, billing area, division, date of service, diagnosis pointer, location, modifier, provider, referring provider, and wrong patient account. The process consists of the original invoice, the reversal invoice, and the new invoice. The invoices for these transactions are linked in CBIZ

Complete charge correction request – the item posted in SharePoint contains all the necessary and accurate information to process the charge correction transaction – patient name, account number, invoice number, visit number, FSC, date of service, diagnosis, reason for charge correction, and precise instructions on what action is required.

Incomplete charge correction request - the item posted in SharePoint is missing or contains inaccurate information needed to process the charge correction transaction – patient name, account number, invoice number, visit number, FSC, date of service, diagnosis, reason for charge correction, and precise instructions on what action is required.

New invoice – the corrected invoice that is created as a result of a charge correction transaction.

Original invoice – the initial invoice that required a correction. This invoice will be adjusted to zero and any insurance payments posted towards this invoice will remain as a credit on the account. When the

original invoice is charge corrected, all patient co-payments are transferred to the new invoice. The FSC on this invoice is changed and permanently remains at 112 Charge Correction.

Reversal invoice – a duplicate of the original invoice except that the dollar amounts for each transaction are negatives of the original values which reduces the original invoice to zero. The FSC on this invoice is 112 Charge Correction.

Void – an invoice is deleted and a new invoice is not created. Reasons include but are not limited to the service was not provided or the wrong patient account was billed.

