

How to find and Adjust Outpatient Hospital Claims billed with Professional Revenue Codes

What are Professional Revenue codes? (096x, 097x and 098x)

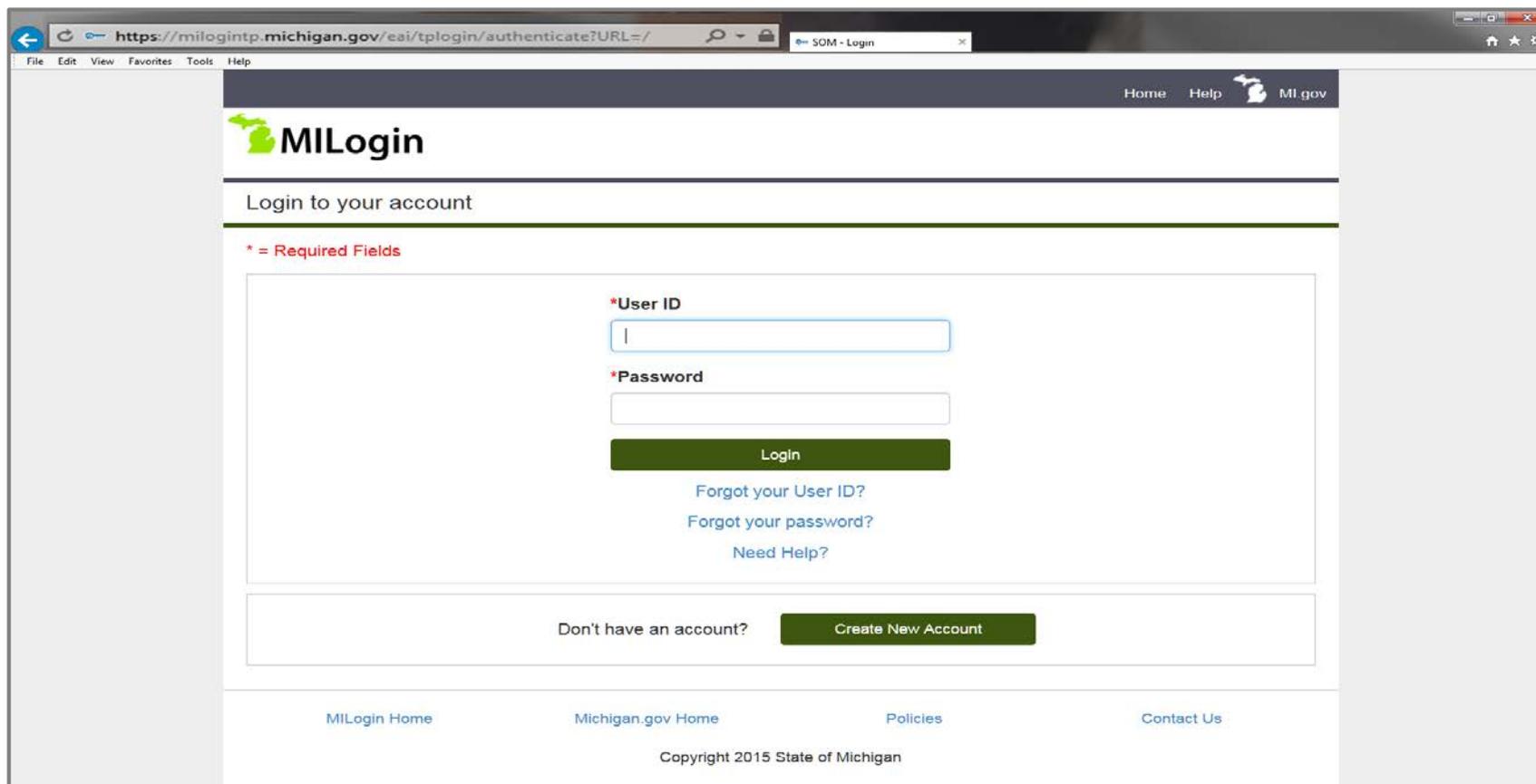
Charges for medical professionals that the institutional health care provider along with the third-party payer require professional fee component to be billed on the UB. The professional fee component is separately identified by this revenue code. Generally used by Critical Access Hospitals (CAH) which bill both the technical and professional service components on the UB claim format. In general the professional revenue codes are reported on Medicare Crossover claims billed by Critical Access Hospitals. MDHHS does not differentiate any specialty hospitals or facilities referenced in the CMS policy (i.e., critical access hospital [CAH], cancer, rehab, etc.). (NOTE: This policy does not apply to ambulance providers and freestanding dialysis centers.). As such the professional provider would bill the professional charges on their CMS-1500 claim form.

Why should providers adjust these claims?

MDHHS monitors these claims and systematically will void claims paid with these revenue centers. By adjusting the claims and removing the professional revenue center you are allowing the remainder of the claim to process and adjudicate correctly. If providers wait for MDHHS to conduct the void you will have to re bill the entire claim which is time consuming and could result in timely filing denials.

How to identify the claims in CHAMPS

1. Access CHAMPS via your State of Michigan MILogin user ID and Password.



The screenshot shows a web browser window with the URL <https://milogintp.michigan.gov/esi/tplogin/authenticate?URL=/>. The page title is "MILogin" and the main heading is "Login to your account". Below the heading, there is a red asterisk followed by the text "* = Required Fields". The login form contains two input fields: "*User ID" and "*Password". Below the password field is a green "Login" button. Underneath the login button are three links: "Forgot your User ID?", "Forgot your password?", and "Need Help?". At the bottom of the form, there is a link "Don't have an account?" and a green "Create New Account" button. The footer of the page includes links for "MILogin Home", "Michigan.gov Home", "Policies", and "Contact Us", along with the text "Copyright 2015 State of Michigan".

2. Click the Claims tab and choose “Claim Inquiry” from the listed options.

The screenshot displays the CHAMPS Provider Portal interface. At the top, there is a navigation bar with tabs for 'My Inbox', 'Provider', 'Claims', 'Member', and 'PA'. The 'Claims' tab is active, and a dropdown menu is open, showing options under 'CLAIM SUBMISSION', 'MANAGE CLAIMS', 'INQUIRE CLAIMS', and 'RA LIST'. The 'Claim Inquiry' option under 'INQUIRE CLAIMS' is highlighted with a blue bar and a mouse cursor. Below the navigation bar, the main content area includes a 'System Notification' section with the heading 'Attention All Providers:' and a 'My Reminders' section with a table of alerts. The table has columns for 'Alert Type', 'Alert Message', 'Alert Date', 'Due Date', and 'Read'. At the bottom of the page, there are navigation controls for the reminders table, including 'View Page: 1', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1' with navigation buttons for 'First', 'Prev', 'Next', and 'Last'.

- Choose from the “Filter By “option Claim type enter F “AND “ filter enter Revenue code professional revenue code “With Status” choose paid. You will have to change the revenue code for each separate professional revenue code billed (095x, 096x, 097x and 098x).

☰ Inquire Claim
▲

Claim Type	▼ F	And	Revenue Code	▼ 0981	And	Filter By	▼	And								
Filter By	▼	And	Filter By	▼	Paid	▼	In	▼	Claim	▼	All	▼	Go	⌂	Save Filters	My Filters ▼

4. Once the query has stopped running you will then see the list of claims, you can also save this to an excel spreadsheet by clicking the Save To XLS option.

CHAMPS My Inbox Provider Claims Member PA

Note Pad External Links My Favorites Print Help

Provider Portal > Inquire Claims

Inquire Claim

Claim Type: F And Revenue Code: 0981 And Filter By: [] And

Filter By: [] And Filter By: [] Paid In Claim: All Go Save Filters My Filters

TCN	From Date	To Date	Submitted Charges	Claim Status	Approved Amount	Pay Cycle Date	Claim Type	Revenue Code
3114 000	06/17/2014	06/17/2014	\$5,654.02	Paid	\$0.00	10/22/2014	F-Outpatient OPPS	0981
3114 000	07/04/2014	07/05/2014	\$9,319.45	Paid	\$0.00	10/22/2014	F-Outpatient OPPS	0981
3213 000	12/15/2012	12/15/2012	\$1,019.00	Paid	\$0.00	01/24/2013	F-Outpatient OPPS	0981
3213 000	12/21/2012	12/22/2012	\$2,401.56	Paid	\$0.00	01/24/2013	F-Outpatient OPPS	0981
3213 000	12/17/2012	12/18/2012	\$5,654.26	Paid	\$0.00	02/21/2013	F-Outpatient OPPS	0981
3213 000	01/01/2013	01/02/2013	\$6,074.04	Paid	\$0.00	02/21/2013	F-Outpatient OPPS	0981
3213 000	01/20/2013	01/21/2013	\$4,288.69	Paid	\$0.00	02/28/2013	F-Outpatient OPPS	0981
3213 000	02/11/2013	02/11/2013	\$9,419.18	Paid	\$0.00	04/04/2013	F-Outpatient OPPS	0981
3213 000	03/06/2013	03/06/2013	\$1,195.79	Paid	\$0.00	04/11/2013	F-Outpatient OPPS	0981
3213 000	04/03/2013	04/03/2013	\$2,428.75	Paid	\$0.00	05/09/2013	F-Outpatient OPPS	0981

View Page: 2 Go Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

Once you have the list of paid status claims you will want to adjust/replace these claims to remove the professional revenue code from the claim so that the entire claim is not voided by MDHHS. This will allow the professional revenue payment amount to be returned to MDHHS and allow the remainder of the claim to process correctly.

How to adjust the paid claims removing the professional revenue code

1. Click the claims tab and click “Adjust/Void claim Provider” from the listed options

The screenshot shows the CHAMPS Provider Portal interface. At the top, there are navigation tabs: My Inbox, Provider, Claims, Member, and PA. The 'Claims' tab is selected, and a dropdown menu is open, showing options under three categories: CLAIM SUBMISSION (Submit Professional, Submit Institutional, Submit Dental, Search Template), MANAGE CLAIMS (Adjust/Void Claim Provider, which is highlighted with a mouse cursor), and INQUIRE CLAIMS (Claim Inquiry). Below the menu, there is a 'System Notification' section with a message titled 'Attention All Providers:'. At the bottom, there is a 'My Reminders' section with a table of alerts.

Alert Type	Alert Message	Alert Date	Due Date	Read
BROADCAST_MESSAGE	Attention All Providers: Due to CHAMPS major release and system maintenance, the CHAMPS system will be down between 2:00 PM on Saturday, December 13th 2014 to 06:00 AM on Sunday, December 14th 2014. This outage will affect CHAMPS system acc....	12/03/2014	12/15/2014	

2. Enter the paid header TCN number which will end in 00 then click

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo and menu items: My Inbox, Provider, Claims (selected), Member, and PA. Below the navigation bar is a user profile dropdown. The main content area is titled 'Provider Portal' and contains a 'Close' button. The primary section is 'Adjust Claims', which includes a form with a 'TCN:' label and two input fields containing '3214' and '000'. To the right of these fields is a 'Go' button with a magnifying glass icon, which is highlighted by a red arrow.

3. Once in the claim “header detail screen” click the lines icon which is the “service line list”

Header TCN: 3214 000
Beneficiary ID: _____ Name: _____

TCN Error Description Erroneous Data
No Records Found!

Header Details Upload/View Documents 0 0 0

TCN: 3214 000 Claim Type: F - Outpatient OPPTS Source: Xover Part A
Original TCN: _____ No of Lines: 3 Related Cause: NO
Bill Type: 0 β 5 1 Adjustment Source: _____ Medicare: Y Commercial: N
Pricing Rule: APC Pricing Claim Status: Paid

Beneficiary ID: _____ Last Name: _____ First Name: _____
Gender: F-Female DOB: _____ Age: _____
Patient Control Number: _____ Medical Record Number: _____

Benefit Plan: _____
Billing Provider ID: _____ Type: NPI From Date: 08/16/2014 To Date: 08/16/2014
Billing Provider Taxonomy: _____ Referral #: _____ PRO #: _____
Attending Provider ID: _____ Type: NPI
Attending Provider Taxonomy: _____

Adjust Void Save Cancel

4. Once within the service line click the check box in front of the service line with the professional revenue code click delete and then click ok

Print Help

Header TCN: 3214 000
Beneficiary ID:

Service Lines

Filter By [] And Filter By []

TCN	Revenue Code	Procedure Code
<input type="checkbox"/> 3214 001	0361	41800
<input type="checkbox"/> 3214 002	0450	99283
<input checked="" type="checkbox"/> 3214 003	0981	41800

Show Page: 1 Go Page Count SaveToXLS

+ Add Delete Cancel

Message from webpage

Are you sure you want to delete service line?

OK Cancel

5. You should then have a claim with only the remaining lines needing to be reimbursed (note that you will now have a new TCN number which begins with a 4)

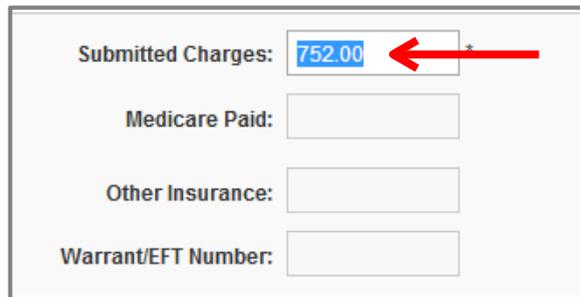
The screenshot shows a software interface with a dark blue header bar containing 'Print' and 'Help' icons. Below this, the 'Header TCN: 4114' and '000' are displayed. A red arrow points to the 'Header TCN: 4114' text. Below the header, there is a 'Beneficiary' field. The main section is titled 'Service Lines' and contains a table with columns for 'TCN', 'Revenue Code', and 'Procedure Code'. The table has two rows of data. At the bottom, there are controls for 'View Page: 1', 'Go', 'Page Count', and 'SaveToXLS'.

TCN	Revenue Code	Procedure Code
4114 001	0361	41800
4114 002	0450	99283

6. Once complete click “Claim Header Detail” from the ‘Show’ dropdown window

The screenshot shows a dropdown menu with a 'Show' button at the top. The menu is open, displaying a list of options. 'Claim Header Detail' is highlighted in blue. Other options include 'Claim Cutbacks', 'Claim Enhancement Amounts', 'Claim Notes', 'Codes List', 'Diagnosis Codes', 'Indicators', 'Other Payers Information', 'Related Causes', and 'Situational Information'.

7. The “submitted charges” will need to be updated on the header detail page as the submitted charges should only reflect the charges left remaining on the claim. (This example shows original submitted charges of \$1,034.00, professional revenue center removed now submitted charges would be \$752.00)



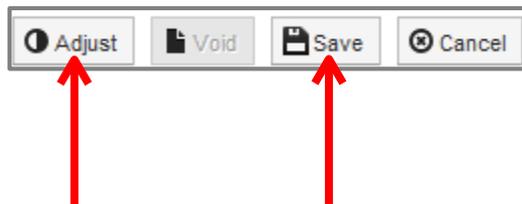
Submitted Charges: ←

Medicare Paid:

Other Insurance:

Warrant/EFT Number:

8. Once corrected and all other necessary changes are made to the claim click “save” then “adjust”



9. Choose “PIA-Provider Initiated ADJ” from the dropdown and enter a note as to why this claim is being adjusted.

The screenshot shows a web application window titled "Adjust Claim". At the top, there are "Print" and "Help" icons. Below that, the header information includes "Header TCN: 4114 000", "Beneficiary ID:", and "Name:". The main section is titled "Adjust Claim" and contains the instruction "Please enter the following information". There are two input fields: "Adjustment Source:" with a dropdown menu showing "PIA-Provider Initiated ADJ", and "Comment:" with a text area containing the placeholder text "Enter a note as to why the claim is being adjusted". At the bottom right, there are "OK" and "Cancel" buttons. Three red arrows point to the dropdown menu, the comment text area, and the OK button.