



Third Party Liability Training for School Districts With a Billing Company

SCDE and SCDHHS

December 12, 2016

Molly M. Spearman – State Superintendent of Education

School-based Rehabilitative Services (SBRS)

Consent and Annual Notification

The following consent forms will be needed:

- Notification of Use of Public Benefits or Private Insurance To Pay For Services Under the IDEA**

- Consent Form: (Effective, January 1, 2017)**
 - **General Consent Form**

- The Annual Notification and General Consent Forms may be retrieved at the SCDE Website link: <http://ed.sc.gov/districts-schools/medicaid/medicaid-program-quality-assurance/school-based-rehabilitative-services/>**

- NOTE:* Nursing and Transportation Services are Exempt from TPL requirements.**

Third Party Liability (TPL) - Billing Process

□ The steps in completing the TPL process:

- Check the child's Medicaid *eligibility status monthly* by using the Medicaid's Web Tool or the Special Needs Transportation (SNT) claims monthly report file (not in service at this time).
- Make sure you have the most recent consent form(s) signed. The General Consent and the Notification form can be found in ENRICH.
- The consent form(s) must be signed before you can bill services to Medicaid and any other insurance. A copy of the General Consent form must be kept in the client's file.

Third Party Liability (TPL) - Billing Process cont'd.

- Check for any other insurance policies listed on the SNT claims monthly report or **the Medicaid Web Tool**.

Note: Recommend that you create a **cheat** sheet with the child's insurance information.

Note: Ask the parent to provide a copy of the insurance card to verify insurance information and make a copy for the child's file, if applicable.

Example of Eligibility of Verification

Selection Criteria for response 1

[Add Beneficiary](#) [Back...](#) [Add All Beneficiaries](#) [Print Response](#) [Print All](#)

Date Of Service: 02/21/2017 Provider ID: [REDACTED] SC Medicaid: [REDACTED]

Beneficiary Data

Name: [REDACTED] ID Number: [REDACTED]
Gender: MALE Birth Date: [REDACTED]
Address: [REDACTED] City/State/Zip: [REDACTED]

Eligibility or Benefit Information

Beneficiary is:	ELIGIBLE	Qualified Medicare Beneficiary:	N/A
Payment Category:	TEFRA	Home visits remaining:	50
CoPay Exempt:	YES	Ambulatory visits remaining:	N/A
Deductible:	\$0.00	Chiropractic visits remaining:	6
Coinsurance:	0.0%	Mental Health services remaining:	12
Limited Benefit:	N/A	Rehabilitative services remaining:	317
Qual. Category:	DISABLED		

Beneficiary Special Programs Data

Description: N/A
Message: N/A

TPL - Third Party Liability

Medicare A: N/A Medicare B: N/A Medicare ID: N/A

HEALTH - NO RESTRICTION

Policy Number: [REDACTED]
Carrier: 333 - EXPRESS SCRIPTS
Maternity Insured: No
Eligibility Date: 01/01/2016
Eligibility To: N/A
Policy Holder: [REDACTED]

HEALTH - NO RESTRICTION

Policy Number: [REDACTED]
Carrier: 400 - STATE EMPLOYEES HEALTH PLAN
BLUE CROSS
Maternity Insured: No
Eligibility Date: 01/01/2011
Eligibility To: N/A
Policy Holder: [REDACTED]

HEALTH - NO RESTRICTION

Policy Number: [REDACTED]
Carrier: 401DN - BLUE CROSS AND BLUE SHIELD
OF SC
Maternity Insured: No
Eligibility Date: 01/01/2008
Eligibility To: N/A
Policy Holder: [REDACTED]

Third Party Liability (TPL) - Billing Process

□ The next steps in completing the TPL process:

- Check the list of procedure codes on the TPL list provided by DHHS to determine which codes must be filed through the TPL process.
- **Always Note:** Medicaid is the payer of last resort, which means that Medicaid will not pay a claim until all insurance companies have been filed (i.e. BCBS and Tricare etc.). **Note:** Nursing Services and SNT are excluded under the TPL process.
- If the child's insurance is a Managed Care Organization (MCO), you do not have to file a claim to the MCO for services (i.e., OT, PT, O&M, Speech, and etc.). MCOs are excluded for School-Base Rehabilitative Therapy Services. (MCO - Select Health, WellCare, Molina, Absolute Total Care, and BlueChoice).

Procedure Code List To Use When Billing Third Party Liability

TPL Procedure Codes Effective January 1, 2017

90460	90837	92508	97530	HD001	S9446
90461	90846	96101	99366	HD005	V5011
90791	90847	97001	99367	L3999	V5090
90792	90849	97003	99381	S5102	V5264
90832	90853	97110	99391	S8185	
90834	92507	97150	99420	S9445	

Third Party Liability (TPL) - Billing Process

□ **The next steps in completing the TPL billing process when the child *does not have another insurance policy* – how do you file for service(s)?**

- Inform the billing company of the children with a TPL.
- Children without a TPL, inform the billing company to file the claim(s) directly to Medicaid through the *Medicaid Web Tool*.
- The billing company should file the claim to Medicaid on your behalf. You should be receiving direct payment from Medicaid.
- The RBHS program should continue to file claims as advised through the MCOs.

Next Steps for Billing TPL

□ **When the child has another insurance policy, what are the next steps?**

- You have verified and determined there is another insurance. Now, you will need the following information to file a claim with the insurance company:
 - The child's insurance member ID number
 - The insurance company's name
 - Carrier number of the insurance company

Note: The insurance information will be found on the policy card or check the Eligibility Verification system through the Medicaid Web Tool.

TPL Billing Options Process

- ❑ **When the child has another insurance policy, how do you file your claim for services? What you need to know to get started: You have two options:**

To contract or not to contract with the insurance company to file claims for the service(s). *Check with your billing company to determine, if they have business arrangements with other insurance companies.* If not, you are responsible for the following:

- **Option # 1** To contract with the insurance company.
 - You will need to contact each insurance company(ies). Follow their process to become a provider.
 - Contact them to determine what paperwork is needed for credentialing. They usually require:
 - Contract
 - Disclosure of Ownership
 - W-9 form
 - Credential Application
 - Always check for other stipulations.

TPL - Billing Process – Option One

- ❑ **When the child has another insurance policy, how do you file a claim for services? The process to bill for TPL.**

Next steps:

Option # 1 To contract with the insurance company

- The insurance company reimbursement rule is generally 100% of the market base reimbursement rate of the procedure code.

Note: The insurance company does not pay the same rates as Medicaid.

- The insurance company will inform you of their fee schedule and how to file a claim for their services. They may offer an online tutorial on their billing process and/or provide a contact person to assist you with their process.

Third Party Liability (TPL) - Billing Process

□ When the child has another insurance policy, how do you file your claim for services?

Next steps:

Option # 1 To contract with the insurance company.

▪ Timely Filing:

- You will need to set up a system on how you would like to be reimbursed.
 - Hard copy checks or
 - Direct deposit, if contracted
- File claims on a weekly or monthly basis.
- File all claims within a timely manner. **Note:** Timely filing differs with each company *30-60-90-120-180* days.

TPL – File The Claim Process – Option One

□ When the child has another insurance policy, how do you file your claim for services?

Next steps:

Option # 1 To contract with the insurance company.

▪ Timely Filing:

➤ You may have to submit a HCFA-1500 (paper claim) by mail.

❖ If you use a paper claim, you will need to purchase the red line copy from approved vendor(s) (see the LEA Manual Section 5 for a list of vendors).

TPL - Billing Process – Option Two

□ When the child has another insurance policy, how do you file your claim for services?

What you need to know to get started:

Option # 2 If you choose *not* to contract with an insurance company.

- You may want to contact the insurance company to discuss the option of not being a contracted provider and being a **non-participant provider**.
- The insurance *may not* pay the 100% of the market base reimbursement rate of the procedure code or the same rate as Medicaid.

TPL - Claim Process - Option Two

□ When the child has another insurance policy, how do you file your claim for services?

What you need to know to get started:

Option # 2 If you choose not to contract with an insurance company.

▪ **Timely Filing:**

- You will need to set up a system on how you would like to be reimbursed. (It is usually a hard copy check)
 - Hard copy checks or
 - Direct deposit, if applicable.
- File claims on a weekly or monthly basis.
- Submit a HCFA-1500 (paper claim) by mail.
 - ❖ If you must use a paper claim, you will need to purchase the red line copy from an approved private vendor (see the LEA manual section 5 for a list of vendors).

TPL - File The Claim Process – Option Two

□ When the child has another insurance policy, how do you file your claim for services?

What you need to know to get started:

Option # 2 If you choose not to contract with an insurance company.

- **Note:** The insurance companies may not have the same billing/filing policy as Medicaid which allows you 365 days to bill for service. Check the billing policy of each insurance company.
- **File all claims within a timely manner. Note: Timely filing differs with each company *30-60-90-120-180* days.**

Filing To Other Insurance Companies

TPL - Billing Process

- **Now it is time to file the claim to the other insurance company using the TPL process:**
 - **The following information is needed before filling the claim:**
 - Once you have determined the proper insurance company to bill.(Checking the Eligibility Verification – Medicaid Web Tool).
 - The school district billing office or finance person should set up a tracking process to track the reimbursement by:
 - Hard copy check or
 - Direct deposit, if applicable.
 - Client’s reimbursement of services
 - Add your recommended *cheat* sheet of the child’s insurance information for tracking purposes.

Items Needed For The TPL Billing Process

- **Now it is time to file the claim to the other insurance company using the TPL process:**
 - **The following *service* information is needed to complete the claim:**
 - ❖ Name of the service, if applicable
 - ❖ Procedure Code
 - ❖ Date of Service
 - ❖ Location/Place of Service
 - ❖ Any information regarding the service(s)
 - ❖ Amount of the service (see fee schedule)
 - ❖ Diagnosis Code
 - ❖ Number of Units
 - ❖ NPI number of the LPHA providing the service or co-signing the service

Items Needed For The Billing Process cont'd.

- **Now it is time to file the claim to the other insurance company using the TPL process:**
 - **The following *school district* information is needed to complete the claim:**
 - ❖ School District Name
 - ❖ Address Information (physical address)
 - ❖ NPI #
 - ❖ Federal tax ID number
 - ❖ Banking Information, if applicable
- All information should be submitted to the insurance company.
- Note: All insurance forms are formatted differently. You should include the school district's pay-to information on claims.

Next Steps After Filing the Claim

- **What happens after filing your claim for services to the other insurance?**
 - You should receive an Explanation of Benefits (EOB) from the insurance company, the EOB will explain the reimbursement or denial of each service(s) filed.
 - Keep this documentation in your student's file under the financial section (this information may be needed later). DHHS may request further documentation to prove a denial or reimbursement amount for the service(s).
 - In order to maintain a systematic process, you may need to create an electronic or paper system to display reimbursement of payments by the third party payer.
 - This is ***IMPORTANT*** due to the fact that it is subject to QA Reviews and Medicaid Audits.

Filing the Claim to Medicaid - Billing Process

□ **Now it is time to file your claim to Medicaid.**

- If you have a billing company that does not offer TPL services, but files claim(s) to Medicaid on your behalf, follow these steps:
 - Provide a copy of the EOB to the billing company. The billing company should file claims to Medicaid showing the denial or reimbursement for service(s).
 - **Note:** Always file claims to Medicaid in the amount that is shown on the fee schedule.
 - **Note:** Regardless of how long the TPL takes to reply, school district must still meet Medicaid's timeliness requirements. Delays by other TPL's are not a sufficient excuse for timeliness extensions.

Note: If the billing company does TPL, they will complete the TPL process and bill directly to Medicaid.

Information the School District Needs to Know About the Claim From the Billing Company

- ❑ **When the billing company files the claim to Medicaid, SCDE recommends the school district follows these steps:**
 - Request that the billing company provide you with a record of all services billed to Medicaid on a monthly basis.
 - Items to request:
 - Name of student
 - Medicaid # of the student
 - Date of Service
 - Procedure Code
 - Diagnosis Code
 - Charge Amount
 - Amount Reimbursed
 - Co-payment, Deductibles, Coinsurance

CMS-1500 Form (HCFA-paper claim)

On the next page is a copy of the HCFA 1500 paper claim form. You may use this form to submit claims.

- You can submit paper claims to Medicaid
- You can submit paper claims to other insurance companies.

An Example of the CMS-1500 Form (HCFA-paper claim)



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

<input type="checkbox"/> PICA										<input type="checkbox"/> PICA									
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN (ID#) <input type="checkbox"/> FECA BENEFIT (ID#) <input type="checkbox"/> OTHER (ID#) <input type="checkbox"/>					1a. INSURED'S I.D. NUMBER (For Program in Item 1)					4. INSURED'S NAME (Last Name, First Name, Middle Initial)									
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)					3. PATIENT'S BIRTH DATE MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>					7. INSURED'S ADDRESS (No., Street)									
5. PATIENT'S ADDRESS (No., Street)					6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>					11. INSURED'S POLICY GROUP OR FECA NUMBER									
CITY STATE ZIP CODE TELEPHONE (Include Area Code)					6. RESERVED FOR NUCC USE					CITY STATE ZIP CODE TELEPHONE (Include Area Code)									
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)					10. IS PATIENT'S CONDITION RELATED TO:					11. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>									
a. OTHER INSURED'S POLICY OR GROUP NUMBER					a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO					a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>									
b. RESERVED FOR NUCC USE					b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State)					b. OTHER CLAIM ID (Designated by NUCC)									
c. RESERVED FOR NUCC USE					c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO					c. INSURANCE PLAN NAME OR PROGRAM NAME									
d. INSURANCE PLAN NAME OR PROGRAM NAME					10d. CLAIM CODES (Designated by NUCC)					d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, complete items 9, 9a, and 9d.</i>									
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.									
SIGNED DATE					SIGNED DATE					SIGNED DATE									
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL					15. OTHER DATE MM DD YY QUAL					16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE					17a. NPI					18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY									
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.										22. SUBMISSION CODE ORIGINAL REF. NO.									
A. L. E. I.										23. PRIOR AUTHORIZATION NUMBER									
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE		C. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		D. DIAGNOSIS POINTER		E. \$ CHARGES		F. \$ CHARGES		G. DAYS UNITS		H. ICD-9-CM PROC. CODE		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
25. FEDERAL TAX I.D. NUMBER SSN EIN		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$		29. AMOUNT PAID \$		30. Rcvd for NUCC Use		31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)		32. SERVICE FACILITY LOCATION INFORMATION		33. BILLING PROVIDER INFO & PH # ()			
SIGNED DATE		SIGNED DATE		SIGNED DATE		SIGNED DATE		SIGNED DATE		SIGNED DATE		SIGNED DATE		SIGNED DATE		SIGNED DATE			

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER
PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION

1
2
3
4
5
6

Vendors that offer the HCFA 1500-Claim Form

- Government Printing Office
- Superintendent of Documents
- PO Box 979050 St. Louis, MO 63197-9000
- (866) 512-1800 Toll Free
- Fax: (202) 512-2104
- <http://bookstore.gpo.gov>

- RR Donnelley
- 1210 Key Road
- Columbia, SC 29201
- (803) 576-1304
- Fax: (803) 252-7748

Vendors that offer the HCFA 1500-Claim Form Cont'd.

Government Printing Office

(800) 512-1800

TFP Data Systems

(800) 482-9367 ext. 1770

1500form@tfpdata.com

American Medical Association

Attention: Orders Department

PO Box 930876

Atlanta, GA 31193-0876

(800) 621-8335

Fax: (312) 464-5600

<https://commerce.ama-assn.org/store/>

Note: You may also purchase the form at Home Depot.

Contacts

Deitrich Drayton

Education Associate

Medicaid Services

SC Department of
Education

803-734-6116

ddryaton@ed.sc.gov

Rhudene Toomer

Education Associate

Medicaid Services

SC Department of
Education

803-734-8778

rtoomer@ed.sc.gov

Jocelin Dawson

Education Associate

Medicaid Services

SC Department of Education

803-734-6030

jdawson@ed.sc.gov