

Important update for home health providers

Keystone First would like to remind you that we are required to follow all Department of Human Services (DHS) and national billing guidelines. This requirement is applicable to claims that have additional services and/or partial services and the submission of duplicate claims.

Effective January 1, 2018 Keystone First will deny claims that are not submitted as replacement claims for services or hours of service that are split from the original claim submission.

Example 1:

- Dates of service are: 10/1/2017 to 10/4/2017
- Visits authorized:
 - 10/1= 1 visit
 - 10/2 = 1 visit
 - 10/3 = 2 visits
 - 10/4 = 1 visit
- The original claim is submitted with the appropriate skilled nursing visit code, i.e., G0299 but only for 4 visits (did not submit for the second visit for 10/3).
- When the bill is submitted for the second visit that occurred for 10/3 on a separate claim, that claim will deny for duplication.

Example 2:

Dates of service are: 10/1/2017 to 10/3/2017

Hours authorized – 8 hours/day

Holding claim submission for notes for 4 hours on 10/3/2017

- The original claim is submitted with the appropriate skilled nursing visit code, i.e., S9123, with 8 hours on 10/1 and 10/2 but only 4 hours on 10/3.
- When the bill for the remaining 4 hours for 10/3 is submitted on a separate claim, that claim will deny for duplication.

Action required

Option 1: Send a replacement claim with each date of service/hours of service on its own line.

Use one of the following resubmission or frequency codes to indicate that the claim is a corrected, replacement, or voided claim:

- 6 = Correction to prior claim (For CMS-1500 claims only.)
- 7 = Replacement of prior claim
- 8 = Void prior claim

Include the **resubmission or frequency code and original claim number** in the correct location(s) on your claim. (for complete claims filing instructions please refer www.keystonefirstpa.com→providers→claims and billing).

Check to make sure the corrected claim contains a valid Member ID and Billing Provider Tax ID that match the original claim. If the Member ID or Billing Provider Tax ID need to be corrected, the procedure is to VOID the original claim (using resubmission or frequency code 8) and to submit a new, clean claim using the correct Member ID or Billing Provider Tax ID.

Option 2: Only bill for services for a day once all the necessary information is available to bill for **all services** provided on that day.

For example:

Dates of service are: 10/1/2017 to 10/4/2017

10/1= 8 hours

10/2 = 8 hours

10/3= 8 hours but only have notes for 4 hours

10/4 = 8 hours

- Submit a claim for dates of service 10/1, 10/2 and 10/4.
- Submit a claim for date of service 10/3 separately once all the notes are recorded.

If you have any questions about this notification please contact your Provider account executive.