

REGISTRATION ALERT

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For those who do Registration

Salutations and Commendations!

A big tip of the hat goes to the following registrars who have maintained a consistently high accuracy rate for the previous month! Be sure to give these fellow employees a round of applause, especially if they work in your area!

Latosha Jones, Senior Health Center
Catina Charles, Cardiology
Carla Elmore, Gastroenterology/UPMG
Mary Harris, Gastroenterology
Maxine Torrence, Gastroenterology
Jacqueline Carter, CWC
Rosie Shelton, CWC

We also want to recognize those who have made tremendous improvement in the past month. Great job! Keep up the good work!

Alison Isgrig, Laser and Cosmetic Surgery Center
Carmenlita Autry, Surgery Clinic

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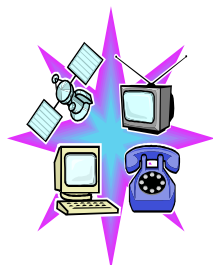
Renal Patient Inservice Revisited

Revenue Integrity Specialists

If a possible kidney donor's pre-transplant workup begins in a primary care clinic (UPMG, Medicine Clinic, or Family Medical Center), the patient **should** be treated the same, from a registration perspective, as if they were being seen in the Renal Transplant clinic. Insurance Plan Code A28, Renal Donor Pre-Txp, should be entered on the patient's account and it should be selected and COB'd primary over the patient's insurance. This will ensure that proper billing results. Please review Question #12 of the Renal Q&A for specific information about the registration of kidney donors. Call your Revenue Integrity Specialist for further assistance.

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Did you know. . .



Hospital Cashier's office hours will be changing soon. Effective September 9, 2002, the new hours will be from 7:00am to 3:30pm.

UAMS Hardship Discount Info is now documented in Comments by Michelle Farmer instead of Mary Elliott.

Beech Street

Anita Allaben

Effective August 27, 2002, patients who have Beech Street could be in-network for services provided at UAMS under our contract with AMCO. In order for the AMCO insurance master (A25) to be assigned for these Beech Street accounts, the patient's insurance card must have the AMCO logo on it. It is also possible that an out of state patient may bring an authorization letter that will have the AMCO logo on it. The bottom line is that if the patient does not present documentation with the AMCO logo on it, the insurance master code should be Z99 and contractual discounts will not be applied. Always use the address that is printed on the ID card for the "mail claims to" address. Prior to August 26, 2002, Beech Street accessed services here through our contract with American LifeCare. American LifeCare has terminated their relationship with Beech Street. If you have any questions about this change, please call Anita Allaben, UAMS Managed Care Office, at 614-2124.

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CIGNA Plan Codes C85 vs. H72

Anita Allaben

There have been several examples of CIGNA insurance cards that have both "PPO" printed on the card and "Connecticut General Life Insurance Company." The "PPO" suggests that plan code C85, CIGNA PPO/PPN-CC, should be used. However, the "Connecticut General Life Insurance Company" suggests that plan code H72, CIGNA Conn General POS-CC, is the correct plan code.

QUESTION: What is a registrar to do when confronted with this situation?

ANSWER: If the patient's PCP is printed on a CIGNA card as described above, you should use plan code H72, CIGNA Conn General POS-CC. If the PCP is not printed on a CIGNA card as described above, you should use plan code C85, CIGNA PPO/PPN-CC. If you have any questions, contact a Revenue Integrity Specialist.

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Renal Patient Questions & Answers

QUESTION	ANSWER
1. What is a “Renal patient”?	1. ▪ a Renal patient is a patient who has begun dialysis and/or has had a kidney transplant (at any facility, not simply UAMS, and at any time)
2. What registration “signals” should I look for when registering a patient that will alert me to the fact that this is a Renal patient?	2. ▪ look for Corporate Level User Codes “Y” or “BY” ▪ review the patient’s visit history to see if the patient has been seen at the Renal-Freeway Clinic (location code RENN) or the Renal Transplant Clinic (location code RENT) ▪ look for insurance plan codes A55 and A56 (Medicare-Renal Part A and Part B) ▪ look in CPI comments for notes that the patient is a possible kidney transplant candidate
3. What is the difference between the Corporate Level User Codes “Y” and “BY”?	3. ▪ “Y” should be used for patients who are Renal patients ▪ “BY” should be used for patients who are both Renal patients <u>and</u> BMT patients
4. When a patient is being evaluated for a possible kidney transplant, what issues are unique about the registration of that patient?	4. ▪ there should be documentation in CPI comments that the patient is being evaluated for possible transplant ▪ <i>Corporate Level User Code:</i> “Y” or “BY” ▪ <i>Guarantor:</i> the recipient of the kidney is the guarantor for both the kidney donor and himself ▪ <i>Visit Level User Code:</i> “TP” ▪ <i>Financial Class Code:</i> A ▪ <i>Insurance Plan Code:</i> A29 (Kidney Acq-Txpl Eval) is used for the <u>recipient only</u> and is COB’d primary over other insurance plans for the initial visit; THOUGH after the initial visit, only the A29 (Kidney Acq-Txpl Eval) plan code should be selected and COB’d for pre-transplant evaluation visits
5. When should the Visit Level User Code “TP” be used?	5. ▪ Visit Level User Code “TP” should be used only for Renal transplant patients and should be entered for each visit to any clinic.
6. How do I determine when the patient has Medicare-Renal (plan code A55-Part A, plan code A56-Part B)?	6. ▪ if a patient is on dialysis, has had a transplant, or has had a transplant and has returned to dialysis, the patient will have Medicare-Renal Part A (A55) <u>and</u> Part B (A56)
7. What does “Once a Renal, always a Renal” refer to?	7. ▪ this statement refers to the fact that if a patient has the Medicare-Renal plan codes (A55/A56), they will always have the Medicare-Renal plan codes and they can be used in any clinic, no matter the reason the patient is being seen
8. How should question number 8 of the Medicare Secondary Payer Questionnaire (MSPQ), the reason for entitlement, be answered for Renal patients?	8. ▪ for Renal patients, no matter their entitlement reason, it is recommended that the reason for entitlement be “E”, ESRD ▪ NOTE: you should continue to use Medicare-Renal (Plan Codes A55 and A56) and Transplant and/or Dialysis start dates must be entered.
9. What does the “30 month coordination period” refer to in question number 20 of the MSPQ?	9. ▪ this means that if a patient enrolls because of ESRD and has a GHP (Group Health Plan) coverage through any party, then Medicare is the secondary payer for the first 30 months that the patient qualifies for Medicare. Medicare is primary thereafter.

<p>10. When should the insurance plan code A29, Kidney Acquisition, be used ? NOTE: use this code only for Kidney recipients</p>	<p>10. ▪ <u>only</u> when the patient is being seen for a visit pertaining to a kidney transplant evaluation</p> <p>▪ Insurance Plan Code A29 (Kidney Acq-Txpl Eval) is COB'd primary over other insurance plans for the initial visit; THOUGH after the initial visit, <u>only</u> the A29 (Kidney Acq-Txpl Eval) plan code should be selected and COB'd for pre-transplant evaluation visits.</p>
<p>11. What Patient Class Codes should be used for Renal patients?</p>	<p>11. ▪ there are numerous, specific Patient Class Codes for Renal patients—do a <u>thorough</u> search!!!</p> <p>▪ the two most common codes are “Y” and “YX”</p> <p>▪ “Y” refers to Renal patients who are currently on dialysis, or those who have had a transplant and have returned to dialysis (key point: currently on dialysis)</p> <p>▪ “YX” refers to Renal patients who have had transplants and are NOT currently on dialysis</p> <p>▪ the code “YR” is a Renal-Global code that is used by MCPG and PBS ONLY!</p>
<p>12. What issues are unique about the registration of a patient who is a Kidney Donor (or possible donor)?</p> <p>NOTE: The pre-transplant donor evaluation can begin in a primary care clinic (UPMG, Medicine Clinic, or Family Medical Center). When this occurs, the guidelines shown to the right should be followed.</p> <p>ALSO, use of the donor insurance plan codes discussed at the right is limited to authorized personnel only, such as: Inpatient, ER, and Surgery Clinic registrars, as well as certain employees of PBS and MCPG.</p>	<p>12. ▪ <i>Corporate Level User Code:</i> “P” (other donors)</p> <p>▪ <i>Guarantor:</i> the guarantor for a Kidney Donor will <u>always</u> be the patient who is the recipient of the kidney</p> <p>▪ <i>Patient Class Code:</i> “Z” (donor)</p> <p style="text-align: center;">Insurance Plan Codes for:</p> <p>Pre-Transplant Donor Evaluation</p> <p>▪ Insurance Plan Code: A28, Donor-Pre/TXP should be selected and COB'd primary for transplant-related visits that occur <u>before</u> the transplant</p> <p>▪ (<i>specifics of Plan Code A28:</i>)</p> <p><i>Effective Date:</i> initial date patient is seen regarding donation of kidney</p> <p><i>Insured:</i> Recipient of the kidney</p> <p><i>ID#:</i> Recipient's SSN</p> <p><i>Group Name:</i> Renal</p> <p><i>Group Number:</i> UA</p> <p style="text-align: center;">Insurance Plan Codes for:</p> <p>Actual Donation and Follow-up Care</p> <p>▪ Insurance Plan Code: should be selected and COB'd Primary according to the recipients type of insurance ... Select these codes for the actual txp and for follow up care post txp.</p> <p>D81 - Donor – Mcare Recipient</p> <p>D82 - Donor – Mcaid Recipient</p> <p>D83 - Donor – Qualchoice Recipient</p> <p>D84 - Donor – BCBS Recipient</p> <p>D85 - Donor – Managed Care/Comm Recipient</p> <p>(<i>specifics of Donor Plan Codes:</i>)</p> <p><i>Effective Date:</i> initial date patient is seen regarding donation of kidney (eff date of A28)</p> <p><i>Insured:</i> Recipient of the kidney</p> <p><i>ID#:</i> Recipient's Ins ID number</p> <p><i>Group Name:</i> Recipient's Group Name or if none: Renal</p> <p><i>Group Number:</i> Recipient's Group # or if none listed: UA</p> <p><i>Mail Claim To:</i> same address listed on recipient's insurance</p> <p>▪ enter a memo in CPI comments of the <u>Donor's account</u> noting the name and Med. Rec. number of the recipient.</p>

If you have any questions at all related to Renal patients, please feel free to call your Revenue Integrity Specialist.