

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.

Michigan.gov

HELP CONTACT US

MILogin for Third Party

Login to your account

User ID

Password

LOGIN

SIGN UP

[Forgot your User ID?](#) [Need Help?](#) [Forgot your password?](#)

Copyright 2015-2017 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 are navigation tabs: My Inbox, Provider, Claims, Member, and PA. The 'Claims' tab is active, and a dropdown menu is open, showing the following options: CLAIM SUBMISSION (with sub-items: Submit Professional, Submit Institutional, Submit Dental, Search Template), MANAGE CLAIMS (with sub-item: Adjust/Void Claim Provider), INQUIRE CLAIMS (with sub-item: Claim Inquiry, which is highlighted and has a mouse cursor over it), and RA LIST (with sub-item: RA List). The main content area on the left shows a 'System Notification' titled 'Attention All Providers:'. Below this is a 'My Reminders' section with a filter box and a table with columns for Alert Type, Alert Message, Alert Date, Due Date, and Read. The bottom of the page shows pagination controls, including 'View Page: 1', 'Page Count', 'SaveToXLS', and 'Viewing Page: 1' with navigation buttons for First, Prev, Next, and Last.

3. 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 And Revenue Code And Filter By

Filter By And Filter By Paid In Claim

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.

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

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, highlighted), 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 dark blue header with a user profile icon. The main content area shows a breadcrumb trail: Home > Provider Portal. A 'Close' button is visible. The 'Adjust Claims' section contains a form with a 'TCN:' label, an input field containing '3214' and '000', and a 'Go' button. A red arrow points to the 'Go' button.

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

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

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

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)

Print Help

Header TCN: 4114 000

Beneficiary

Service Lines

Filter By [] And Filter By []

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

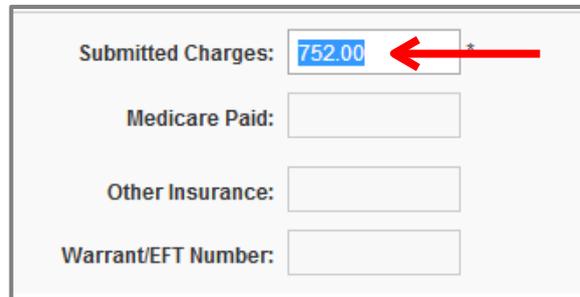
View Page: 1 Go Page Count SaveToXLS

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

Show

- Claim Cutbacks
- Claim Enhancement Amounts
- Claim Header Detail**
- Claim Notes
- Codes List
- Diagnosis Codes
- Indicators
- Other Payers Information
- Related Causes
- 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)



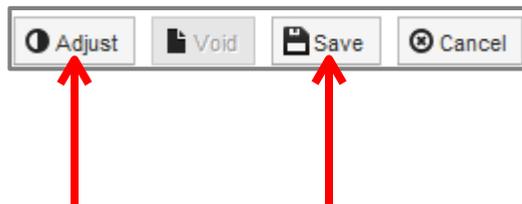
Submitted Charges: ←

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.

Print Help

Header TCN: 4114 000

Beneficiary ID: Name:

Adjust Claim

Please enter the following information

Adjustment Source: PIA-Provider Initiated ADJ

Comment: Enter a note as to why the claim is being adjusted

OK Cancel