



Provider Billing Review-
JANUARY 8, 2024

NBES Provider Billing Education



- Invoice Summary
- Billing Grid
- Consultations
- Travel Log
- Organizing

INVOICE SUMMARY



- This page should always have your company name and information filled in at the top.
- When entering the total on the left-hand side – include the month and year **ONLY**. When entering the total on the right-hand side – **ONLY** include the total due. Please note that the Services Provided section is blank on the sample provided as you do not need to break down the individual therapies, NESF, or travel on this particular form.
- Please sign and date the form.

EXAMPLE

EASTERSEALS
1219 DUNN AVE
DAYTONA BEACH, FL 32114
386-868-1643
Kesia Sumpter
wsumpter@esnecef.org

Date (Month/Year)	Service Provided	Total Amount
Feb-23		250.00
Mar-23		75.00
Apr-23		150.00
May-23		40.00
Jun-23		8,000.00
Invoice Total		8,515.00

• Company Name and Information at top

• TOTAL AMOUNT on right side

• DATE (Month/Year) on left side

• Individual Services are not broken down



Prepared By:

Kesia Sumpter

Name
Lead Billing/Data Specialist
Title

Provider Officials

Signature

Signature

Date 6/30/2023

Date

• Signed and dated

EASTERSEALS OF NORTHEAST CENTRAL FLORIDA



The invoice has been reviewed, adjusted, if necessary, and entered in the database system.

Date entered _____

Check # _____

Staff Signature _____

Date Payment Mailed _____

Program Director Approval Signature _____

BILLING GRID



- ALWAYS alphabetize your grid.
- Make sure you fill in the child's date of birth. If we cannot find the child by name, we search for them by date of birth.
- Fill in the correct location code for service. (These codes are in the training letter.)
- **Each individual provider has an assigned NBES-specific billing code.** If you need a list of provider codes for your agency, please contact NBES Provider Relations Specialist, Tami Kruger at tkruger@esnecfl.org for assistance.
- REMINDER: Always use the assigned service provider that is on the Form G of the IFSP. If you need to change the assigned service provider to someone else, you should always contact the child's service coordinator to have the Form G updated to the new provider as the Service Coordinator is required to get a parent signature every time that a change is made to the IFSP.
- If the assigned provider is on vacation and someone else is covering, please make note of that on your invoice.
- Fill in the correct service code for the service that was provided.

**See attached
for updated
rates**

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Agency Name:	THERAPY AGENCY
Month / Year:	JANUARY 2024
Total Due:	485.88



**External Agency Services
Therapy Sessions**

Submit Via MOVEIT

LAST NAME, FIRST	DOB	L	PROV	SVC	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	UNITS	PAYOR	\$ AMT	
BROWN, CHARLES	01/01/22	1	JB	97530			1									1									1											CONT	215.88		
comment:				EPIC			1									1									1											CONT	45.00		
				TRAV																																			
DOE, JUNE	04/01/22	1	GL	97530HM			1									1									1												MED	0.00	
comment:				NESF			1									1									1												CONT	36.00	
				TRAV																																			
GINGER, RUTH	02/01/21	1	MK	97110HM							1										1																	MED	0.00
comment:				EPIC							1										1																CONT	30.00	
				TRAV																																			
GREEN, EVERETT	03/02/20	1	KD	T1027SC					1								1							1														MED	0.00
comment:				NESF				1									1							1													CONT	48.00	
				TRAV																																			
ROSE, HARLEM	06/10/20	1	AB	92507																	1							1										TPIN	0.00
comment:				NESF																	1							1									CONT	36.00	
				TRAV																																			
WOODS, HOLLY	02/12/23	1	LJ	97110	1						1														1													MED	0.00
comment:				EPIC	1						1														1												CONT	75.00	
				TRAV																																			
comment:				NEF																																			
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See attached for updated rates

Agency Name:	THERAPY AGENCY
Month / Year:	JANUARY 2024
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External Agency Services
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LAST NAME, FIRST	DOB	L	PROV	SVC	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	UNITS	PAYOR	\$ AMT		
BROWN, CHARLES	01/01/22	1	JB	97530			1									1										1												CONT	215.88	
comment:				EPIC			1									1										1												CONT	45.00	
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DOE, JUNE	04/01/22	1	GL	97530HM			1									1										1												MED	0.00	
comment:				NESF			1									1										1												CONT	36.00	
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comment:				EPIC							1										1																	CONT	30.00	
				TRAV																																				
GREEN, EVERETT	03/02/20	1	KD	T1027SC					1								1								1													MED	0.00	
comment:				NESF					1								1								1													CONT	48.00	
				TRAV																																				
ROSE, HARLEM	06/10/20	1	AB	92507																	1						1								1		TPIN	0.00		
comment:				NESF																	1						1								1		CONT	36.00		
				TRAV																																				
WOODS, HOLLY	02/12/23	1	LJ	97110	1						1									1						1									1		MED	0.00		
comment:				EPIC	1						1									1						1									1		CONT	75.00		
				TRAV																																				

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SVC	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	UNITS	PAYOR	\$ AMT				
97530			1									1										1															CONT	215.88
EPIC			1									1										1															CONT	45.00
TRAV																																						

BILLING GRID (continued)

- Please review the training letter about how to report units under each date of service. The total units at the end of the row should reflect total of units.

Example: 1 hour is 4 units. You report the 1 under the date of service and the 4 under the total units at the end of the row.

- Please review the payer codes on the training letter.
- The amount column should only have a dollar figure in it IF you are expecting Early Steps contract (CONT) funds as payment for those services. If another payer is responsible, then the dollar figure will be zero.
- Make sure that you provide one billing grid for each month that you have included in your invoice. September cannot be on the same grid as October.
- REMINDER: ALL claims must be reported within 60 days from the date of service no matter who the payer is. Items such as consults, NESF and travel should be reported every month as contract funds cover those services.



BILLING GRID

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Make sure you fill in the Child's date of birth.

ALWAYS alphabetize your grid

Correct service code

Agency Name: THERAPY AGENCY		Month / Year: SEPTEMBER 2015		Total Due: 636.57		Submit Via MOVEIT		
LAST NAME, FIRST	DOB	L	PROV	SVC	1	2	3	
CLOTH, GEORGIA comment:	02/25/13	1	GM	97530 NEF TRAV				
CUP, JUNE comment:	05/01/13	5	DL	95730HM NEF TRAV				
EVER, GREEN comment:	06/08/16	1	JB	CONIF NEF TRAV	.50	1		
HILLS, BEVERLY comment:	04/19/13	1	LB	97110 NEF TRAV			.75 1 5	
JACKSON, FIVE comment:	08/02/15	7	MK	CONSP NEF TRAV				
SMITH, JOE comment:	01/01/14	1	AB	92507 NEF TRAV			.50 1 3	

Correct location code for service

Location Codes

- 1 = Home
- 2 = Early Steps Office
- 5 = Childcare facility
- 7 = Outpatient facility and
- A= Outside agency center.

NBES assigned Provider billing code

Units of Service

- 0.25 = 15 minutes
- 0.50 = 30 minutes
- 0.75 = 45 minutes
- 1 unit = 1 hour.

BILLING GRID

1 hour = 4 units.

SVC	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	UNITS	PAYOR	\$AMT
97530				1								1								1								1			16	CONT	285.76	
NEF				1								1								1								1		4	CONT	40.00		
TRAV				0								0								0								0		0	CONT	0.00		

- The "1 hour" is reported as "1" under the date of service
- The "4 units" are reported under the total units at the end of the row
- In this example 4 dates of service x 4 units each = 16 Total units

- The amount column should only have the dollar figure in it IF you are expecting CONT payment for the service.
- If another payer is responsible, then the dollar figure will be zero.

MED	0.00
CONT	50.00
CONT	11.13
CONT	6.25
TPIN	0.00
CONT	50.00
CONT	6.68

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BILLING GRID - TRAINING LETTER

FRONT PAGE OF BILLING INVOICE

1. Create your own Agency Information at top of page with all needed information.
2. When filling in the monthly totals due please list the month and year and total due.
If you have more than one month that you are billing for please list the month's totals due on separate lines. (See attached example.) Do not break down per service.
3. Remember to fill out the Prepared By: Name, title signature and date.

BILLING LOG

1. Make sure you fill in the top portion of first page with your agency name, month/year and Amount due for total invoice.
2. Must report all services no matter who the payer is. Payer codes are listed at the bottom of the first page of the billing log.
3. Billing log location codes. Please make sure to fill in what location you are seeing the child
In. 1 = Home, 2 = Early Steps Office, 5 = Childcare facility and 7 = Outpatient facility and A = Outside agency center.
4. When entering units of service please use: .25 = 15 minutes, .50 = 30 minutes, .75 = 45 minutes and 1 unit = 1 hour. Must be filled in on each date of service. Please do not put Xs in each box. (This could cause your invoice to be returned.) In the Units box you will need to fill in the total units for the month. (Please see example attached.)
5. If there is another payer that you have billed for services please DO NOT fill in amount due column. This makes it look like you are requesting money from Early Steps.
6. When billing services please use the Early Steps Taxonomy that is included in your packets.
7. If you are a member of MOVE IT you can send your monthly invoices to me at the email address wsumpter@esnecfl.org. Do not send directly to my email address as this is a HIPPA violation. Send it through MOVE IT which is a secure website.

CONSULTATIONS

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Consultation Documentation
(To be completed by those participating in consultation session)

Parent was notified and invited to participate on _____ by (method) _____

If the consultation meeting will potentially result in change of outcomes or services, the Primary Service Provider will contact Service Coordinator prior to meeting. Service Coordinator contacted on _____ by (method) _____

Child's Name: _____ DOB: _____
 Service Coordinator: _____ Date of Consultation: _____
 Start Time: _____ End Time: _____ Location: _____

- Successes to implementing strategies and achieving goals for Outcome # _____

- Challenges to implementing strategies and achieving goals for Outcome # _____

The team (family, caregivers, primary service provider and supporting providers) will continue or modify the following strategies to achieve goals for Outcome # _____

IFSP Team meeting is needed to discuss recommended changes in services, frequency, and/or duration of services:
 YES NO

Participating Team Members/Signatures: (PSP indicated with *)

Parent/ Guardian: _____		ITDS	_____
	Face-to-Face	Phone	
OT _____		PT	_____
	Face-to-Face	Phone	
SLP _____		EI	_____
	Face-to-Face	Phone	
Service Coordinator: _____		Other	_____
	Face-to-Face	Phone	

*When reporting consults, PLEASE make sure that the form is attached and has both provider signatures on them.



TRAVEL LOG

STATE OF FLORIDA
VOUCHER FOR REIMBURSEMENT
OF IN-STATE TRAVEL EXPENSES

TRAVELER MARY SMITH
Address 123 PARK AVE., DELTONA, FL
CHECK ONE: OFFICER/EMPLOYEE NONEMPLOYEE IND. CONTRACTOR OPS

Social Security No. N/A
HEADQUARTERS EARLY STEPS
RESIDENCE (CITY) DELTONA

DATE	Travel Performed From Point of Origin To Destination	Child's Name Purpose = Therapy	Hour of Departure And Hour of Return	Meals for Class A & B Travel	Per Diem or Actual Lodging Expenses	Map Mileage Claimed	Vicinity Mileage Claimed	Other Expenses		PCARD Charges
								Amount	Type	
11/1/2016	123 PARK AVE, DELTONA, FL (Home Base)		8:00 am							
11/1/2016	458 HEAVEN ST, DELAND	JANE DOE				8				
11/1/2016	456 HEAVEN ST, DELAND	JANE DOE	9:30 am							
11/1/2016	96 SOUTH ST, PORT ORANGE	BILLY BOOP				15				
11/1/2016	96 SOUTH ST, PORT ORANGE	BILLY BOOP	11:00 am							
11/1/2016	123 PARK AVE, DELTONA, FL (Home Base)	RETURN TO BASE ADDED FROM BILLY BOOP	12:00 pm			20				
11/2/2016	123 PARK AVE, DELTONA, FL (Home Base)		8:00 am							
11/2/2016	45 NICKEL AVE, DELAND	SUZY SALT				10				
11/2/2016	45 NICKEL AVE, DELAND	SUZY SALT	8:30							
11/2/2016	7815 NW SUN ST, SOUTH DAYTONA	WALLY MART				15				
11/2/2016	7815 NW SUN ST, SOUTH DAYTONA	WALLY MART	11:30 am							
11/2/2016	123 PARK AVE, DELTONA, FL (Home Base)	RETURN TO BASE ADDED FROM WALLY MAR	12:30 pm			20				

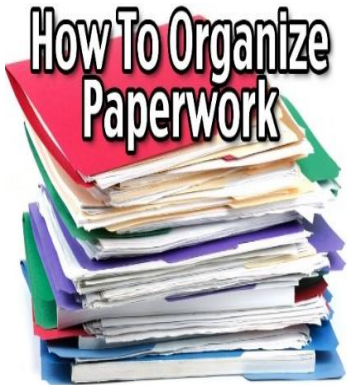


EXAMPLE

- Please fill out your travel logs like the example I have included.
- Report the total miles traveled. We then subtract the 22 miles allowed under the Natural Environment fee from that total and process the difference.
- Just a reminder that we only allow one return trip to your base at the end of the day IF that child is an Early Steps child.

SUBMISSION ORGANIZATION

- When putting together EOBs or Consult forms, please put them behind the proper page of your billing grid that they belong with.
- If we receive billing grids and a bunch of denials not in order, we have to take the time to organize everything before we can begin to process your invoice.
- This slows down processing!
- The more organized your invoice is the quicker we can get through them.
- If you have any questions when processing your claims, please feel free to contact **Wakesia Sumpter at 1673 Mason Avenue, Daytona Beach, FL 32117. Email wsumpter@esnecfl.org. Phone (386)868-1643 and Fax (386)873-0366.**
- For questions regarding checks, please email Melissa Chesley, Easterseles CFO, at MChesley@esnecfl.org



NBES Provider Billing Education

