



Provider Billing Training

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. If you need me to email the form to you so you can back out the example information and enter your own let me know and I will do so.
- When entering totals all that is required is the month and year on the left hand side and the total due on the right hand side. You DO NOT need to break down the individual therapy/therapies, NEF, or travel.
- Please make sure to sign and date form. If this is not done then your invoice could get sent back

BILLING GRID

E
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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	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
CLOTH, GEORGIA		02/25/13	1	GM	97530					1							1								1											16	CONT	285.76	
comment:					NEF					1							1								1										1	4	CONT	40.00	
					TRAV					0							0								0										0	0	CONT	0.00	
CUP, JUNE		05/01/13	5	DL	95730HM				.50								.50								.50					.50			.50			10	CONT	143.00	
comment:					NEF				1								1								1					1			1	5	CONT	50.00			
					TRAV				0								0								0					0			0	0	CONT	0.00			
EVER, GREEN		06/08/16	1	JB	CONIF	.50																													2	CONT	25.00		
comment:					NEF		1																												1	1	CONT	10.00	
					TRAV																																		
HILLS, BEVERLY		04/19/13	1	LB	97110		.75								.75											.75					.75			.75			15	MED	0.00
comment:					NEF		1								1										1					1			1	5	CONT	50.00			
					TRAV		5								5										5					5			5	25	CONT	11.13			
JACKSON, FIVE		08/02/15	7	MK	CONSP								25																							1	CONT	6.25	
comment:					NEF																																		
					TRAV																																		
SMITH, JOE		01/01/14	1	AB	92507		.50						.50												.50					.50			.50			10	TPIN	0.00	
comment:					NEF		1						1												1					1			1	5	CONT	50.00			
					TRAV		3						3												3					3			3	15	CONT	6.68			



External Agency Services Therapy Sessions

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 by date of birth and usually find them.
- We need you to fill in the correct location code for service. (These codes are in the training letter.)
- We have assigned a billing code for each provider. Please do not make up what you think it is. If you need a list of provider codes for your agency, please contact NBES Provider Relations Specialist, Tami Kruger, for assistance.
- Please make sure to use the correct service code that you are providing. If the code is incorrect, this could cause your claim to be denied.
- Always use the assigned provider that is on your form G. If you feel the need to change the provider to someone else then contact the child's service coordinator to have the form G updated to new provider. If the assigned provider is on vacation and someone else is covering please make note of that in your invoice. If you report a different provider than what was assigned your claim can be denied.



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 training letter.
- 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.
- Make sure that you provide one billing grid for each month that you have included in your invoice. May cannot be on the same grid as June.
- Must report ALL claims within 60 days from the date of service no matter who the payer is. Items such as consults, NEF and travel should be reported every month as contract funds cover those services. You would not be waiting for any denials.



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 of tborzner@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

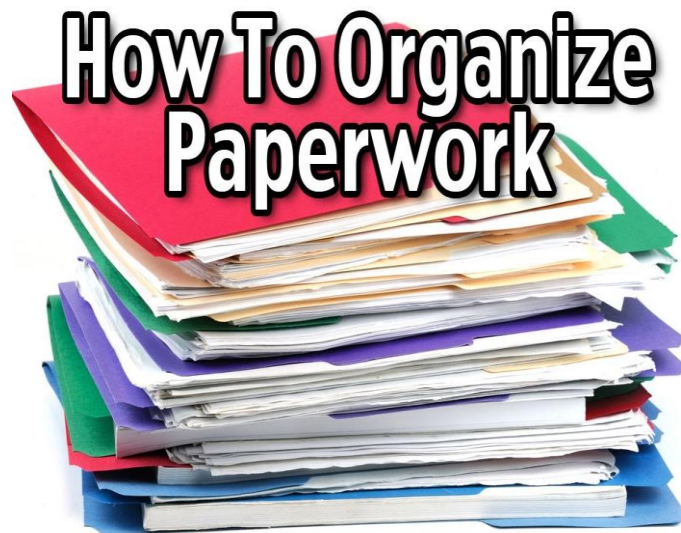
Social Security No. N/A
HEADQUARTERS EARLY STEPS
RESIDENCE (CITY) DELTONA

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 call Teri Borzner at 386-944-7813



NBES Provider Billing Education

