Consolidated Billing Claims Processing Instructions

**VALIDATION**
Does the bill contain all of the following:
- [✓] Invoice number
- [✓] HCPCS codes
- [✓] Patient name
- [✓] Description of services
- [✓] Dates of service
- [✓] Charges

[NO] Send back to vendor or call vendor to rectify

[YES]

Were the service dates within the Part A stay?

[NO] Send back or rectify with the vendor

[YES]

Is the bill pre-bankruptcy?

[YES] Do not pay: consult Senior Management Team

[NO] Review with regional Senior Management Team for Instruction

Is the date of the bill over 1 year?

[YES] Review with regional Senior Management Team for Instruction

[NO]

Determine SNF Responsibility
Verify HCPCS code by the SNF quarterly and annual updates to determine if included in consolidated billing

[NO]

Check site of service:
Did service occur at an outpatient hospital?

[NO]

Unable to locate HCPCS Code
For invalid codes, call the vendor to verify code and then contact ___ for next step

[YES]

Is service listed below?
MRI  ER  visit  CT Scan  Cardiac Caths  Ambulatory Surgery  Angiography  Radiation  Lymp & Venus procedures

[NO]

Site of Service Specific
Verify where service was provided and send back to vendor or call vendor to rectify

[YES]

Calculate payment:
Pay __% of fee screen – __% administrative fee
Medications: Using the Single Drug Pricer (SDP) (the SDP is __% of the Average Wholesale Price (AWP)) – __% administrative fee
Payment should never be higher then what was charged

[NO]

DETERMINING PAYMENT

Processing Bill

Send to ___ for payment and add charges to UB-92