**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

Send back to vendor or call vendor to rectify if NO

YES

Were the service dates within the Part A stay?

Send back or rectify with the vendor if NO

Is the service pre-bankruptcy?

YES

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

NO

Review with regional Senior Management Team for Instruction if NO

Determining 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?

Unable to locate HCPCS Code

For invalid codes, call the vendor to verify code and then contact ___ for next step if NO

YES

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

Site of Service Specific
Verify where service was provided and send back to vendor or call vendor to rectify if NO

YES

DETERMINING PAYMENT
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 than what was charged

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