



Division of Public and Behavioral Health Policy

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1.0 Policy

It is the Policy of the Division of Public and Behavioral Health (DPBH), Substance Abuse, Prevention, and Treatment Agency (SAPTA) that all providers, in accordance with 505 (a) of the Public Health Service Act (42 US code 290aa-4) which directs the Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA), to collect items including admission and discharge data.

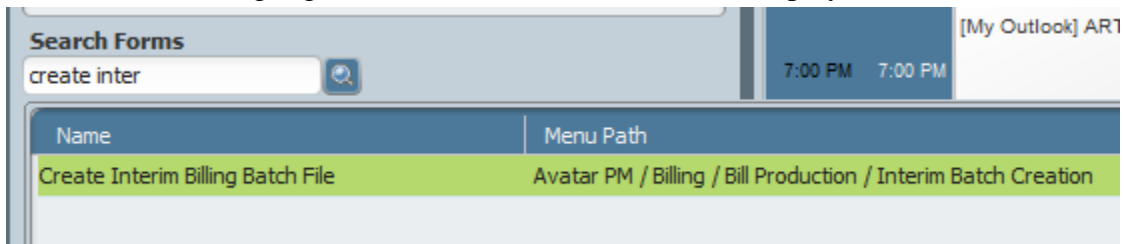
The billing process includes the following forms, in the following order:

1. **Create Interim Billing Batch File**
2. **Print Bill – to view charges**
3. **Close Charges**
4. **Print Bill – to claim charges**

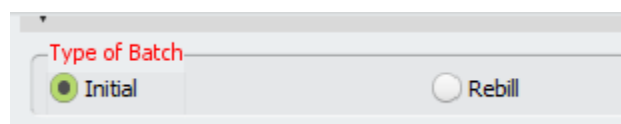
2.0 Procedure

CREATE INTERIM BILLING BATCH FILE

1. The billing process begins with the **Create Interim Billing Batch File** form.
2. From the Avatar Home Screen, search for the **Create Interim Billing Batch File** form in the **Search Forms** widget.
 - a. Double-click the highlighted item in order for the form to display.



3. In the **Type of Batch** field, choose **Initial**.



4. In the **Create, View, Edit Or Delete Batch** field, choose **Create Batch**:
 - a. **Create** – choose this to create a new batch



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- b. **View** – choose this to view a previously created batch
- c. **Edit** – choose this to edit the batch if clients need to be taken out (questions contact the Avatar HelpDesk) (this takes the place of the form **Edit Interim Billing Batch.**)
- d. **Delete** – choose this to delete a previously created batch (be very careful batches are not deleted if they've been closed and claimed)

- 5. In the **Batch Description** field, name your batch.
 - a. Include the Guarantor Name, Date (or time period), and your initials. This will help track previous batches.

- 6. Enter the **From Date**.
- 7. Enter the **Through Date**.
 - a. **This is the last date of the billing period that you will be batching claims from.**
 - b. Use **T** for today if you want to pull all open claims without a strict end date.

- 8. Choose **Individual Guarantors** in the **Individual Or All Guarantors Or Financial Class** field.
 - a. Always sort the billing batches by guarantor. Never group them together. (Except for SAPTA RFRs)
 - b. See separate policy and procedure for processing the SAPTA RFRs.



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- Choose the specific guarantor in the **Guarantor** box.
 - Scroll down as needed.

Guarantor

- (7) ANTHEM BLUE CROSS
- (39) Medicaid FFS
- (52) SAPTA BG

- Choose **All Programs** in the **All Or Individual Or Treatment Settings** field, unless there is a specific need by the facility to break out the billing by programs.
 - All Programs** – choose this

All Or Individual Or Treatment Settings

All Programs Grouped Programs

Individual Program(s)

- In the **Create Batch Criteria** field, do not check any of the choices. LEAVE THEM ALL UN-CHECKED.

Create Batch Criteria

- Exclude Clients With Missing Admission Diagnosis
- Exclude Discharged Clients With Missing Discharge Diagnosis
- Exclude Clients With Missing Subscriber Policy #
- Exclude Active Clients
- Exclude Active Clients Based On Through Date Of Batch

- In the **Include Zero Balanced Services** field, click **NO**.

- Click **Process** on the left hand side.

Create Interim Billing Batch

Create Interim Billing B...

Process



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14. Once the batch has processed, it will generate a report of all pending charges for that specific guarantor for the specific timeframe requested. Report will reflect the following data:
- a. **Batch #** - located in the header of the report. This number will be very important to complete the rest of the billing processes.
 - b. **Name of Batch** – located in the header of the report.
 - c. **Batch Created For** – this is the **through date** for the batched file
 - d. **Guarantor** – based on the guarantor selection in step 6.
 - e. **EP #** - episode number for the service
 - f. **Program** – level of service
 - g. **Client** – client ID and name will display
 - h. **First Service Date** – date of service for the charge specified
 - i. **# of Days** – number of days that service was billed for

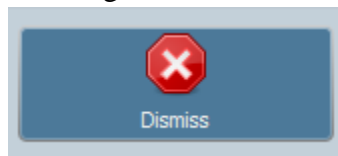
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Quest Counseling and Consulting Inc
3500 Lakeside Court, Suite 101
Reno , NV 89509-4843
INTERIM GUARANTOR BILLING FILE
BATCH # : 27
Test Medicaid FFS Batch-AUGUST 2015-SR
BATCH CREATED FOR : 08/30/2015

RUN DATE : 09/22/15

GUARANTOR	EP #	PROGRAM	CLIENT	FIRST SERV DT	# OF DAYS
39 - Nevada M	1	1 - Level 1 - Outpatient S	41 - SMITH, JOHNNIE	07/10/2015	1
39 - Nevada M	2	1 - Level 1 - Outpatient S	42 - BLOW, JOSEPH	08/06/2015	1 D
39 - Nevada M	2	1 - Level 1 - Outpatient S	44 - WILSON, OWEN	08/06/2015	1

15. Print or save as needed.
- a. **File** – save document
 - b. **Print** – print document
16. When complete, click **Dismiss** at the bottom right hand corner of the screen.

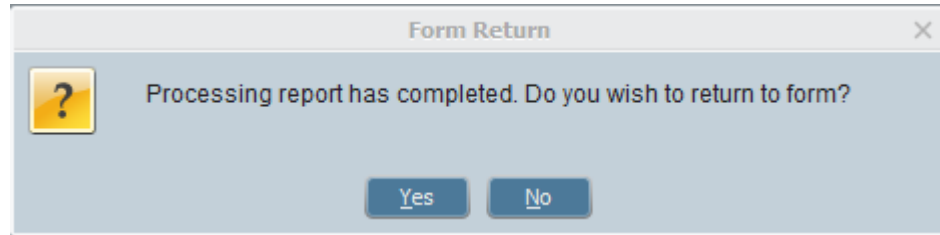


17. The **Form Return** box will appear. Click **NO**.



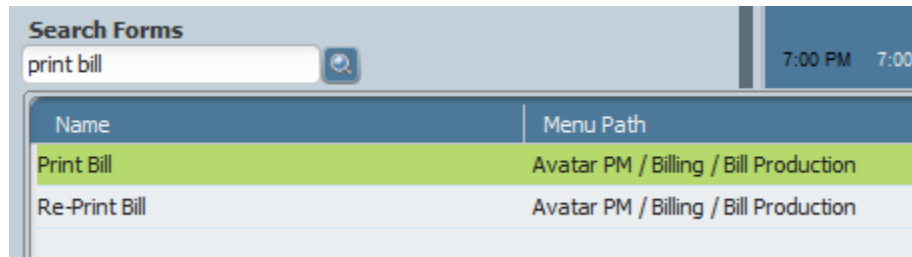
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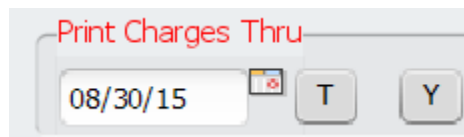


PRINT BILL – TO VIEW THE CHARGES

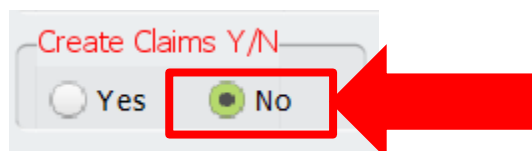
18. From the Avatar Home Screen, search for the **Print Bill** form in the **Search Forms** widget.
 - a. Double-click the highlighted form.



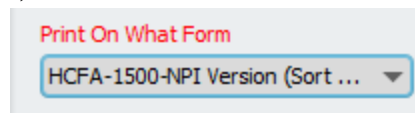
19. The **Print Charges Thru** date must match the date selected on the **Create Interim Billing Batch File** in step 5 above.



20. In the **Create Claims Y/N** field, choose **NO**.
 - a. Claiming the charges will be done in a further step. First, the charges must be viewed. It's crucial that you choose NO here.



21. In the **Print On What Form** field, always choose **HCFA 1500 – NPI Version (Sort by Practitioner/Service Consolidation)**.





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22. In the **Print For Interim Batch** field, choose **YES**.

a. This will open up the field **Interim Batch Number**.

Print For Interim Batch

Yes No

23. In the **Interim Batch Number** field, choose the interim batch that was created in the previous steps.

a. Double-check the batch number, batch name, date/timeframe, and initials to ensure you are selecting the correct batch. If the wrong batch is selected, it will cause problems.

Interim Batch Number

27 Test Medicaid FFS Batch-AUGUST 2015-SR

24. Click **Process** on the left hand side.

Print Bill

Print Bills

Process

25. The screen will populate with the HCFA 1500 forms for the various claims. Notice the page counts at the bottom. These can be printed onto HCFA 1500 forms from the **Print** button.

a. If the fields do not match up properly on the HCFA 1500 form, or the data is not populating correctly, contact the Avatar Support HelpDesk. (SAPTA.avatar@health.nv.gov)

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26. These printed HCFA 1500s will need to be entered into existing systems in order to bill.

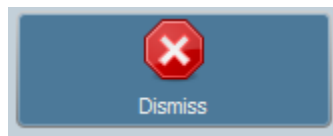


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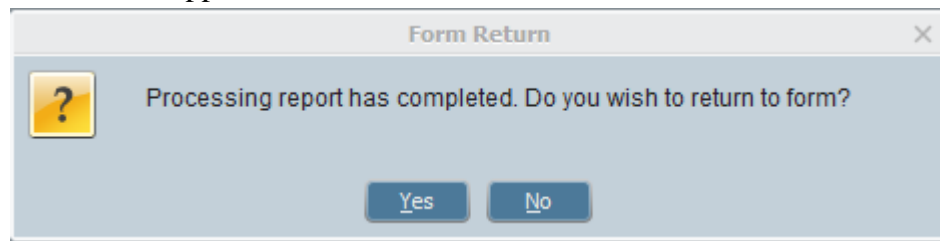
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- a. Medicaid – if your facility uses Payerpath to bill Medicaid, this data on the 1500 will need to be entered into that system.
- b. Other Insurance Companies – if your facility uses Availity to bill other private insurance companies, this data on the 1500 will need to be entered into that system.
- c. **DON'T COMPLETE THIS STEP UNTIL CHARGES HAVE BEEN CLOSED AND CLAIMED.**

27. Click **Dismiss** when complete.



28. The **Form Return** box will appear. Click **NO**.

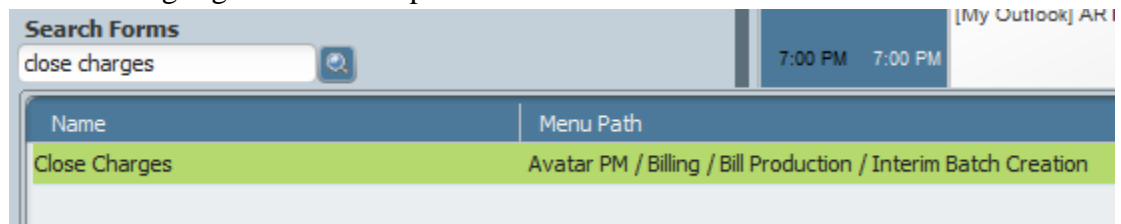


CLOSE CHARGES

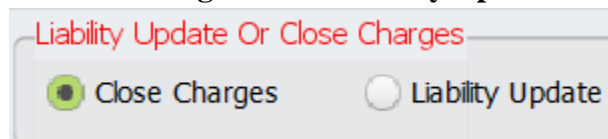
29. Closing charges prepares the services to be claimed.

30. From the Avatar Home Screen, search for the **Close Charges** form in the **Search Forms** widget.

- a. Double-click the highlighted form to open.



31. In order to close charges, click **Close Charges** in the **Liability Update Or Close Charges** field.



32. Enter the same **Thru Date** that has been entered in the following steps above:

- a. Steps **7** and **19**.



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Thru Date
08/30/2015 T Y

33. Always choose **Interim Batch Cycle** from the **Individual, All, Or Interim Batch Cycle** field.
a. This will open up the **Interim Batch Number** field.

Individual, All, Or Interim Batch Cycle

All Clients Interim Batch Cycle Quick Billing Batch
 Individual

Interim Batch Number

34. Choose the **Interim Batch Number** from the dropdown menu.
a. Ensure this is the correct batch that you've been working with on previous steps. Double-check the batch #, batch name, date/time period, and initials.

Interim Batch Number

27 Test Medicaid FFS Batch-..

35. Click **Submit** on the left hand side of the form to complete the **Close Charges** form.

Close Charges

Close Charges

Submit

PRINT BILL – TO CLAIM THE CHARGES

36. After charges have been closed, they are ready to be claimed. This step takes place in the **Print Bill** form.



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37. From the Avatar Home Screen, search for **Print Bill** in the **Search Forms** widget.
- Double-click the highlighted selection to open the form.

The screenshot shows a 'Search Forms' widget with a search bar containing 'print bill'. Below the search bar is a table with two columns: 'Name' and 'Menu Path'. The table has two rows: 'Print Bill' and 'Re-Print Bill'. The 'Print Bill' row is highlighted in green. The 'Menu Path' for 'Print Bill' is 'Avatar PM / Billing / Bill Production'. The 'Menu Path' for 'Re-Print Bill' is 'Avatar PM / Billing / Bill Production'. The widget also shows a clock icon and the time '5:00 PM'.

38. The **Print Charges Thru** date must match the date selected on the **Create Interim Billing Batch File** in step 5 above.

The screenshot shows a 'Print Charges Thru' field with a date picker set to '08/30/15'. There are two buttons, 'T' and 'Y', next to the date.

39. In the **Create Claims Y/N** field, choose **YES**.

The screenshot shows a 'Create Claims Y/N' field with two radio buttons: 'Yes' and 'No'. The 'Yes' radio button is selected and highlighted with a red box. A red arrow points to the 'Yes' radio button. To the right of the 'Create Claims Y/N' field is a 'Date Of Claim' field with a date picker set to '09/23/2015' and two buttons, 'T' and 'Y'. A red arrow points to the 'Date Of Claim' field.

40. The **Date of Claim** will always be the LAST DAY OF THE MONTH OF THE THROUGH DATE.
- If the claims are through 04-15-16, the **Date of Claim** will be 04-30-16.
 - If the claims are through 04-30-16, the **Date of Claim** will be 04-30-16.
 - If the claims are through 05-02-16, the **Date of Claim** will be 05-31-16.

41. In the **Print On What Form** field, always choose **HCFA 1500 – NPI Version (Sort by Practitioner/Service Consolidation)**.

The screenshot shows a 'Print On What Form' field with a dropdown menu set to 'HCFA-1500-NPI Version (Sort ...)'.

42. In the **Print For Interim Batch** field, choose **YES**.
- This will open up the field **Interim Batch Number**.

The screenshot shows a 'Print For Interim Batch' field with two radio buttons: 'Yes' and 'No'. The 'Yes' radio button is selected.



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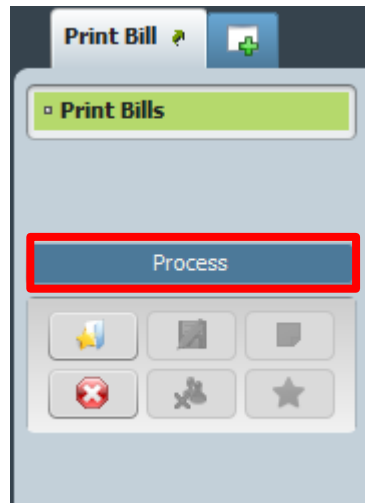
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43. In the **Interim Batch Number** field, choose the interim batch that was created in the previous steps.
- b. Double-check the batch number, batch name, date/timeframe, and initials to ensure you are selecting the correct batch. If the wrong batch is selected, it will cause problems.

Interim Batch Number

27
Test Medicaid FFS Batch-AUGUST 2015-SR
▼

44. Click **Process** on the left hand side.



45. The screen will populate with the HCFA 1500 forms for the various claims. Notice the page counts at the bottom. These can be printed onto HCFA 1500 forms from the **Print** button.
- b. If the fields do not match up properly on the HCFA 1500 form, or the data is not populating correctly, contact the Avatar Support HelpDesk. (SAPTA.avatar@health.nv.gov)

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46. These printed HCFA 1500s will need to be entered into existing systems in order to bill.
- d. Medicaid – if your facility uses Payerpath to bill Medicaid, this data on the 1500 will need to be entered into that system.
 - e. Other Insurance Companies – if your facility uses Availity to bill other private insurance companies, this data on the 1500 will need to be entered into that system.
 - f. **YOU CAN NOW COMPLETE THIS STEP. ALL CHARGES HAVE BEEN CLAIMED.**
47. Once payments are received from the various guarantors, see the **Posting Payments Policy and Procedure** for instructions on entering the payments.