

## Crisis Billing Module Overview

Revised 3/16/2020

The Crisis Billing workflow will be completed in the Dane County Crisis Billing Module. The workflow, start to finish, will be as follows:

- *Dane County submits and approves authorizations for claims where an authorization is required.*
- *Client receives Crisis Services from Provider.*
- *Provider enters claims through the Dane County Crisis Billing Module > Add/Edit Claim tab.*
  - ❖ *Provider can edit claims up until the point they are submitted.*
- *Provider submits claims for processing through the Dane County Crisis Billing Module > Submit Claims tab.*
- *Dane County processes claims to Forward Health.*

# Add Claims

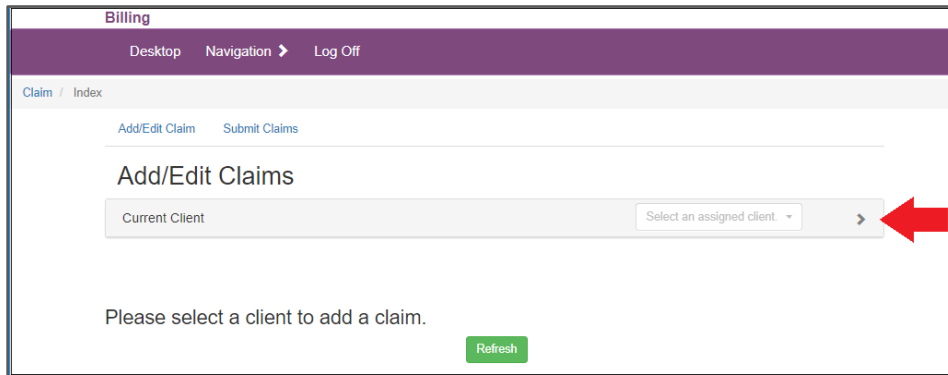
From Citrix, select the apps icon “DCHS Crisis Billing”.

From the Crisis Billing Module navigation bar, select Navigation > Claims.

There are two sub-navigation tabs: Add/Edit Claim and Submit Claims

The application will default to the Add/Edit Claim tab when first navigating to Crisis Billing Module.

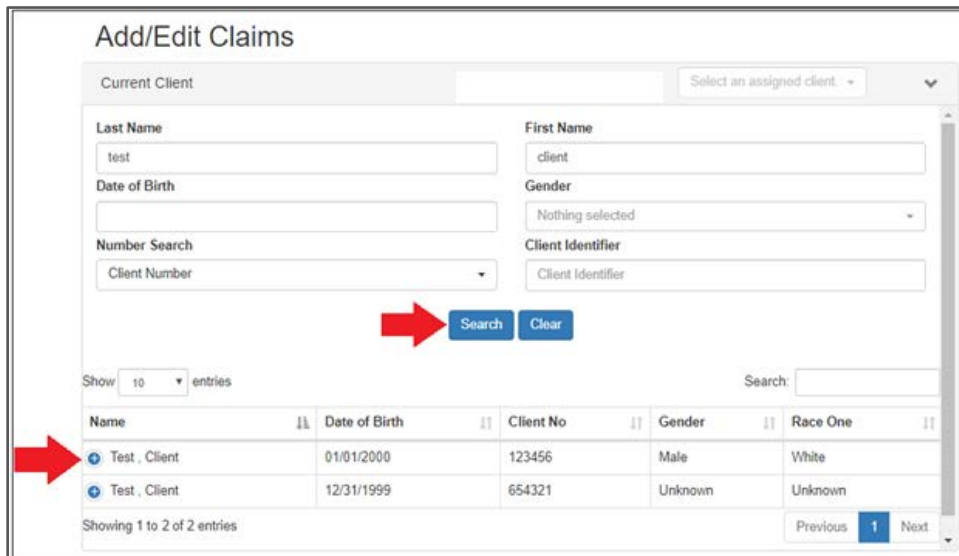
On the current client row, click the  icon to open the client search fields.



Enter your client search criteria in the search forms below. Available search fields include Client Last and First Name, Date of Birth, Gender, Client Number, Social Security Number, and MA Number.

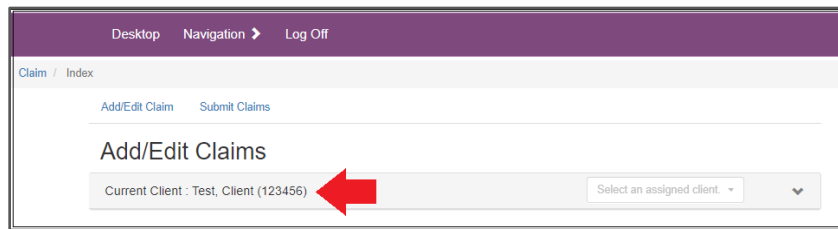
To search by Client Number, Social Security Number, or MA Number, select a search type from the Number Search field and enter the corresponding search value in the client identifier search field.

Click the Search button to search for clients within the selected search criteria.



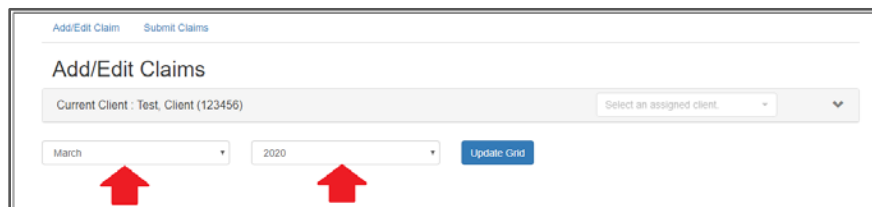
Click on the desired client from the search results. For searches where only one record is found, this step is skipped and the client is automatically selected.

Before entering a claim, verify that the current client is correct. If incorrect, conduct another search:



When the claim form loads, it will display a grid of previously entered claims with dates of service entered for the current month and year, otherwise a popup message will appear stating “No Claims were found for the specified Client during this month.”

To view previously entered claims with dates of service from a prior month and year, select the month and year dropdown fields above the grid to the desired month and year and click the “Update Grid” button.



If the selected client displays claims previously entered for the current month, the previously entered claims will appear in the grid above the Claim Entry form. Otherwise, a popup message will appear stating “No Claims were found for the specified Client during this month.”


Before entering new claims, adjust the month and year dropdown fields to the month and year of the date of service of claims you will be entering. If you have several claims to enter that span more than one month/year, enter them together by month so that you do not have to frequently update month/year filter.

Complete the following fields on the Claims Entry Form displayed below the section labeled “Fill out form to add a new claim.” All fields are required. Fields must be completed in the numbered order below in order for dropdown menus to display selection options.

1. Program Area – this field defaults to a value of “Behavioral Health”.
2. Date of Service – use the calendar picker to select a date of service or type a date in MM/DD/YYYY format. A future Date of Service is not permitted.
3. Program – enter a program from the dropdown menu.
4. Service Provider – select a service provider from the dropdown menu.
  - Only service providers with a billable degree within date of service are available to select from in the dropdown menu.
5. HCPCS Code – select a HCPCS Code from the dropdown menu.
6. Hours and Minutes – enter a number of hours and minutes. A minimum of 1 minute is required and a maximum of 24 hours (a calculated total of hours and minutes) is permitted.
  - For per diem claims, these fields will automatically grey out and no value is required to be entered.
7. Place of Service – select a place of service from the dropdown menu.
8. Diagnosis Code – select a diagnosis code from the dropdown menu.
  - The dropdown menu will automatically default to the diagnosis code entered from the previously entered claim and for the selected client. If there is no history of previously entered claim(s) for the selected client, no diagnosis code will default in the dropdown menu. If the default diagnosis code is incorrect, you can select a different diagnosis code from the dropdown menu.

Fill out form to add a new claim

- 1 Program Area \* Behavioral Health
- 2 Date of Service (mm/dd/yyyy) \*
- 3 Program \* Select a program...
- 4 Service Provider \* Select a service provider...
- 5 HCPCS Code \* Select a code...
- 6 Hours \* 0 Minutes \* 0
- 7 Place of Service \* Select a place of service...
- 8 Diagnosis Code \* Select a diagnosis...



Click the Save button to enter the claim.

To cancel entry of the claim, click the Cancel button.

If required fields are empty upon submission, the empty field will become highlighted.

If you receive an error message when clicking the Save button, make the necessary correction and click the Save button again. Errors include form validation rules where a future date of service is entered and where hours/minutes total is not within the range of required values.

A popup message displaying message “Claims table updated” will appear at the top of the screen once the claim has been successfully entered. The entered claim will appear in the claim grid above the claim entry form with an auto-generated transaction number (displayed as “Tran Number”). This value is the claim form entry number and not the actual claim number. The claim will display in the grid up until the claim has been submitted.

To proceed with entering additional claims, fill out the claim entry form below the grid, repeating the steps outlined on page 3 and above.

**Add/Edit Claims**

Current Client : Test, Client (123456) Select an assigned client

March 2020

Click on a claim to edit.

Show  entries Search:

Tran Number	Date of Service	Status	Hours	Minutes	HCPCS Code
12345	03/01/2020	Pending	2	30	S9484

Showing 1 to 1 of 1 entries Previous  Next

To edit a previously entered claim, continue to page 6 for instructions.

Previously entered claims are listed in the grid by based on current selected month/year filter and in a default sort order of oldest to newest, with the most recent entered claim as the last record in the grid.

The claim grid defaults to a view of 5 records per page. To view additional entered claims, click the Next button. You can also adjust the "Show \_\_\_ entries" field to display more than 5 records on each page, up to a maximum of 100 per page.

If you have entered a claim in error and cannot correct it by editing and you want to remove it, continue to page 7 for instructions on how to withdraw a previously entered claim.

To search for a previously entered claim, enter a search value in the search field. The search value will filter the claim grid accordingly.

## Edit Claims

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To edit a previously entered claim, click the Tran Number in the claim grid for the claim you want to edit.

The claim edit form will display below the claim grid. The following fields may be edited:

1. Service Provider
2. HCPCS Code
3. Hours and Minutes
4. Place of Service
5. Diagnosis Code

Fields shaded in grey cannot be edited, including Program Area, Date of Service, and Program. If you need to edit these fields, you will need to enter a new claim and follow the steps on page 7 to withdraw this claim.

Click the Save button to record your changes/edits. A popup message stating “Claim \_\_\_\_\_ has been updated” will appear as confirmation that the claim was successfully edited. The claim will appear in the claim grid with status “Pending” until it has been submitted (updating to status “Submitted” – refer to page 7). Claims cannot be edited once submitted. When attempting to edit a submitted claim, users will receive system message “Claim \_\_\_\_\_ is not editable due to leaving Pending status.”

If you receive an error message, make the necessary correction and click the Save button again.

To cancel editing the claim, click the Cancel button.

To cancel editing the claim and enter a new claim instead, click the Add New Button.

The screenshot shows a web interface for editing a claim. At the top, there is a table with columns: Tran Number, Date of Service, Status, Hours, Minutes, and HCPCS Code. The table contains one row with the following data: Tran Number 12345, Date of Service 03/01/2020, Status Pending, Hours 2, Minutes 30, and HCPCS Code S9404. Below the table, there are navigation buttons: Previous, 1, Next. The form below the table has the following fields:

- Tran Number \* (text input, value: 12345)
- Program Area \* (dropdown menu, value: Behavioral Health)
- Date of Service \* (text input, value: 03/01/2020)
- Program \* (dropdown menu, value: Behavioral Health (12069))
- Service Provider \* (dropdown menu, value: Smith, Jane (1234))
- HCPCS Code \* (dropdown menu, value: Crisis intervention mental health services, per hour (S9404))
- Hours \* (text input, value: 2) and Minutes \* (text input, value: 30)
- Place of Service \* (dropdown menu, value: School (03))
- Diagnosis Code \* (dropdown menu, value: Educational maladjustment and discord with teachers and classmates (Z55.4))

At the bottom of the form are three buttons: Add New (blue), Save (blue), and Cancel (green). On the left side of the form, there are five numbered circles (1 through 5) pointing to the Service Provider, HCPCS Code, Hours/Minutes, Place of Service, and Diagnosis Code fields respectively.

# Claims Submission


Once claims have been entered, providers submit the claims on a monthly basis. The claim submission function allows providers to submit one or more claims together through a multi-select checkbox action.

Below are the steps to submit claims:

From the navigation bar, select Navigation > Claims. Select the “Submit Claims” tab from the sub-navigation menu. The claim grid defaults to a view of 100 records per page. To view additional entered claims, click the Next button.

Checkmark the claim(s) that you would like to submit or withdraw:

- To select a single claim, click on the row’s checkbox.
- To select multiple individual claims, hold down CTRL button on your keyboard and click on the checkboxes for each row.
- To select a list of claims, hold down SHIFT button on your keyboard and click on the start and end checkboxes on the rows.

To view claim details, hover over the  icon in the Info column of the grid.

Next, under the Options section, select the appropriate radio button option:

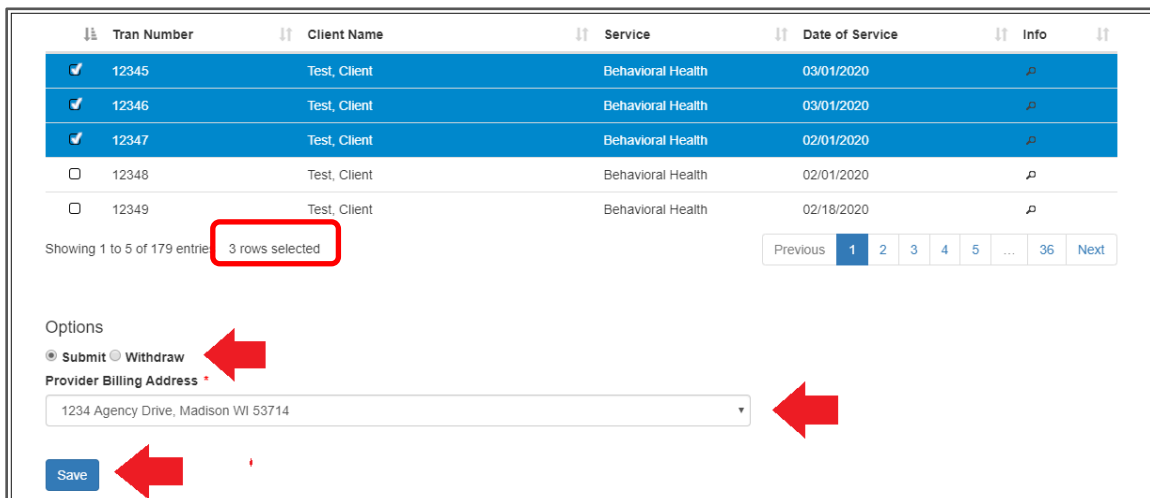
- Submit – submit the claim form for processing and bill claim.
- Withdraw – retract the claim form submission and do not bill claim.






The application will display the number of claims check-marked for submission or withdrawal, displaying a message of “\_\_\_ row(s) selected” below the claim grid.

Verify that the desired radio button option is selected before continuing. If you withdraw claim(s) in error, you will need to re-enter the claim(s) in order to properly submit them.

Select your agency’s billing address from the Provider Billing Address dropdown field. If your agency has only one address on file, it will default in the dropdown field.

Click the “Save button. This button will only appear when at least one claim has been check-marked.



Tran Number	Client Name	Service	Date of Service	Info
<input checked="" type="checkbox"/> 12345	Test, Client	Behavioral Health	03/01/2020	
<input checked="" type="checkbox"/> 12346	Test, Client	Behavioral Health	03/01/2020	
<input checked="" type="checkbox"/> 12347	Test, Client	Behavioral Health	02/01/2020	
<input type="checkbox"/> 12348	Test, Client	Behavioral Health	02/01/2020	
<input type="checkbox"/> 12349	Test, Client	Behavioral Health	02/18/2020	

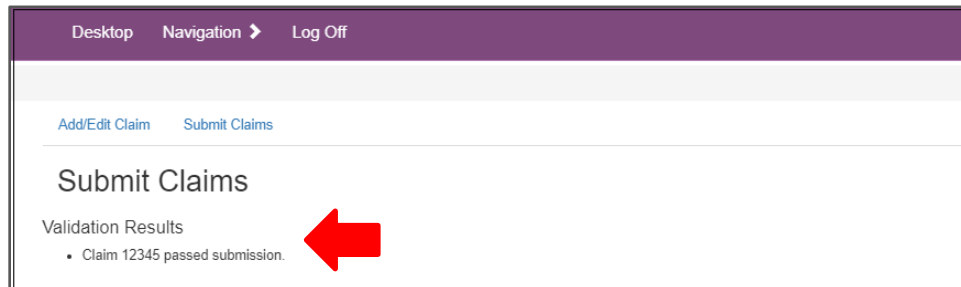
Showing 1 to 5 of 179 entries **3 rows selected** Previous 1 2 3 4 5 ... 36 Next

Options  
 Submit  Withdraw  
Provider Billing Address \*  
1234 Agency Drive, Madison WI 53714  
Save

The application will return a response for each claim, ensuring that each claim has passed system validation rules. When the claim has passed validation and has been successfully submitted, the following message will appear above the claims grid:

#### Validation Results

- Claim \_\_\_\_\_ passed submission.

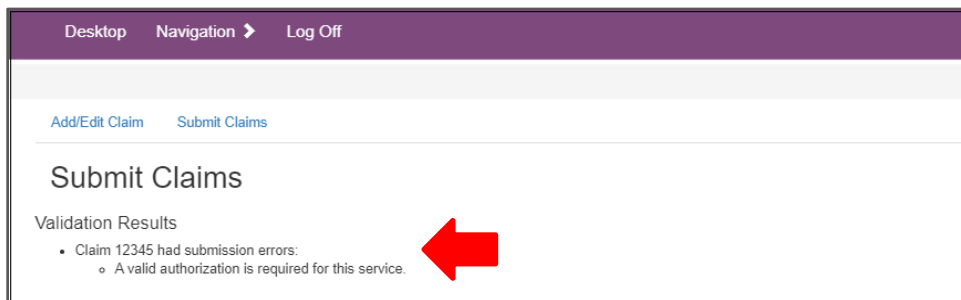


When submitting multiple claims at the same time, claim validation results will appear for each submitted claim, displaying in a list subsequently below each claim's validation result.

If a claim submission does not pass system validation rules, the validation results will display a message of "claim \_\_\_\_\_ had submission errors" and will include descriptive reason(s). If you are unable to resolve the error(s), please email [crisisbillingsupport@countyofdane.com](mailto:crisisbillingsupport@countyofdane.com) and provide the claim number(s) and specific system message(s) you are receiving. Below is an example of a system validation error message:

#### Validation Results

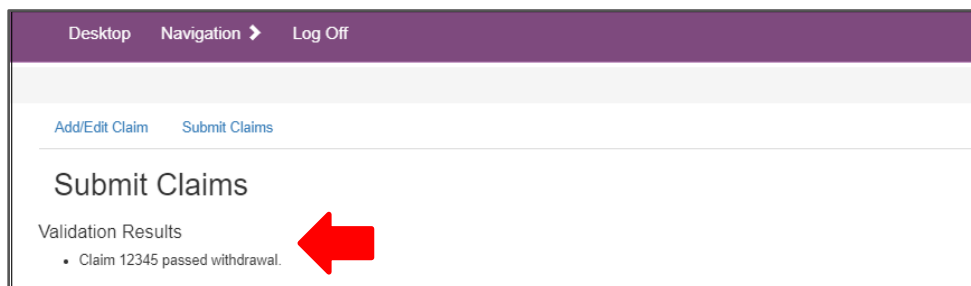
- Claim \_\_\_\_\_ had validation errors:
  - A valid authorization is required for this service.



When successfully withdrawing a claim, the following message will appear above the claims grid:

#### Validation Results

- Claim \_\_\_\_\_ passed withdrawal.





Once claims have been submitted or withdrawn, they will no longer display in the submit claims grid view.

Submitted claim(s) cannot be withdrawn. If you have submitted claim(s) in error, please email [crisisbillingsupport@countyofdane.com](mailto:crisisbillingsupport@countyofdane.com) and provide the claim number(s).

Submitted claims will display a status of "Submitted" when viewing them in the Add/Edit Claim tab. Withdrawn claims are no longer visible in the application.

Logout of the Crisis Billing Module when you are not actively using it by clicking "Log Off" from the navigation menu. The application will automatically logout after 60 minutes of form inactivity.