

Entering and Generating Billing from Attendance - for Linked Providers

Nebraska provider users can now generate a single Billing data for all attendance data entered within a specific date range. With this feature, two consecutive Billing data can be submitted for the first and second half of a month, given that the dates do not overlap.

- To enter Attendance Data and generate billing for the first part of the month, go to **Attendance Data Search** page.
 - Enter the appropriate service **date range**
 - Select the appropriate attendance type, service Description and Program and click on the **Search** button.

To Do	Attendance
Individual	Attendance New Search Summary Archive
Health	Professional Claim
Agency	Billing Data New Search Summary Detail Report ISP Billing
Billing	

Attendance Data Search

Required

Start Date
End Date

Attendance Type Name ▲▼
 Daily Billing
 Hourly Billing

Service Description (Code) ▲▼
 Adult- Day Hab Hourly (7090)
 In Hm Res Hab Hourly (8891)

Program (Site) ▲▼
 a-40685 (a-31799)

Service Authorization Status ▼
 Approved

Optional

Individual First Name Last Name

Cancel
Search

2. To enter attendance for all individuals for the 15 day period, check the **Select All Attendance** box in the **Input** tab.

- To enter attendance for the 15 day period for a single individual, check the box to the left of their name.
- Having selected all of the 15 days, individual days can be de-selected by clicking the box for each date.

Attendance

Program(Site):a-40685(a-31799)
 Service Description (Code): Adult- Day Hab Hourly(7090)
 Attendance Type Name: Hourly Billing
 Start Date: October, 01, 2015, End Date: October, 15, 2015
October, 2015

Incomplete In Prep Approved Submitted for Billing New
Attendance Type Details

Input
Update
Approve
Generate Billing Data

Change Service: Adult- Day Hab Hourly

New * Attendance Options: - Please Select -

Incomplete General Comment:

350 characters left

Time In: « Now

Time Out: « Now

Service Provider: - Please Select -

Non Billable:

Select All Attendance

Show All: Incomplete In Prep Approved Submitted for Billing

Individual Name	✓	1 Thu	✓	2 Fri	✓	3 Sat	✓	4 Sun	✓	5 Mon
<input checked="" type="checkbox"/> Doe, John <small>Unit Rate (\$): 0.22</small>	✓	<input type="checkbox"/>								
<input checked="" type="checkbox"/> Mary, Active <small>Unit Rate (\$): 10.67</small>	✓	<input type="checkbox"/>								
<input checked="" type="checkbox"/> Smith, Jane <small>Unit Rate (\$): 10.89</small>	✓	<input type="checkbox"/>								

- To select all available attendance data for approval, check the **Select All Attendance** box on the **Approve** tab.
 - To enter attendance for 15 day period for a single individual, check the box to the left of their name.

Attendance

Program(Site):a-40685(a-31799)
 Service Description (Code): Adult- Day Hab Hourly(7090)
 Attendance Type Name: Hourly Billing
 Start Date: October, 01, 2015, End Date: October, 15, 2015
October, 2015

Incomplete
 In Prep
 Approved
 Submitted for Billing
 New

[Attendance Type Details](#)

Input
 Update
 Approve
 Generate Billing Data

Change Service: Adult- Day Hab Hourly

Select All Attendance
Show All: Incomplete In Prep Approved Submitted for Billing

Individual Name		1 Thu	2 Fri	3 Sat	4 Sun	5 Mon
<input type="checkbox"/> Doe, John <small>Unit Rate (\$): 0.22</small>	<input type="checkbox"/>	<input type="checkbox"/> P 1	<input type="checkbox"/> P 1	<input type="checkbox"/> P 1		<input type="checkbox"/> P 1
<input type="checkbox"/> Mary, Active <small>Unit Rate (\$): 10.67</small>	<input type="checkbox"/>	<input type="checkbox"/> P 1	<input type="checkbox"/> P 1			<input type="checkbox"/> P 1
<input checked="" type="checkbox"/> Smith, Jane <small>Unit Rate (\$): 10.89</small>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> P 1	<input checked="" type="checkbox"/> P 1	<input checked="" type="checkbox"/> P 1	<input checked="" type="checkbox"/> P 1	<input type="checkbox"/> P 1

« Back
Cancel
Approve

4. In the **Generate Billing Data** tab, the selection checkbox will not be visible if there are non-approved data for an individual for that date range.

- To generate billing for an individual, all the attendance data in a given date range must be in 'Approved' status.
- You will see a warning sign beside each individual's name when there are non-approved Attendance data for an individual for a given date range.

Attendance

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 Attendance Type Name: Hourly Billing
 Start Date: October, 01, 2015, End Date: October, 15, 2015
October, 2015

Incomplete
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Attendance Type Details

Input
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Generate Billing Data

Change Service: Adult- Day Hab Hourly

Select All Attendance
Show All: Incomplete In Prep Approved Submitted for Billing

Individual Name		1 Thu	2 Fri	3 Sat	4 Sun	5 Mon
<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #d9534f; color: white; padding: 2px 5px; font-weight: bold;">Attendance can not be selected</div> </div> <div style="background-color: #fff3cd; padding: 2px 5px; font-weight: bold; font-size: xx-small;"> Unapproved/blank or billed attendance data found between Start Date and End Date of the Attendance grid. </div>						
<input checked="" type="checkbox"/> Smith, Jane <small>Unit Rate (\$): 10.89</small>	<input type="checkbox"/>	P	P	P	P	P

« Back Cancel
Generate Billing Data

5. To generate **Billing Data**, you will need to select all **Approved** attendance data for an individual in a given date range.
 - To select all available attendance for generating Billing Data, check the **Select All Attendance** box while on the **Generate Billing Data** tab.

Attendance

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 Service Description (Code): Adult- Day Hab Hourly(7090)
 Attendance Type Name: Hourly Billing
 Start Date: October, 01, 2015, End Date: October, 15, 2015
October, 2015

Incomplete
 In Prep
 Approved
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 New
 Attendance Type Details

Input
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Approve
Generate Billing Data

Change Service: Adult- Day Hab Hourly

Select All Attendance
Show All: Incomplete In Prep Approved Submitted for Billing

Individual Name		1 Thu	2 Fri	3 Sat	4 Sun	5 Mon
Doe, John <small>Unit Rate (\$): 0.22</small>	<input checked="" type="checkbox"/>	P 1	P 1	P 1		P 1
Mary, Active <small>Unit Rate (\$): 10.67</small>	<input checked="" type="checkbox"/>	P 1				P 1
<input checked="" type="checkbox"/> Smith, Jane <small>Unit Rate (\$): 10.89</small>	<input checked="" type="checkbox"/>	P 1	P 1	P 1	P 1	P 1

- You will get the following error message if all the approved data for an individual are not selected when the 'Generate Billing Data' button is clicked.

Attendance

Program (Site): a-40685(a-31799)
Service Description (Code): Adult- Day Hab Hourly(7090)
Attendance Type Name: Hourly Billing
Start Date: October, 01, 2015, **End Date:** October, 15, 2015
October, 2015

Incomplete
 In Prep
 Approved
 Submitted for Billing
 New
Attendance Type Details

Input
Update
Approve
Generate Billing Data
Change Service: Adult- Day Hab Hourly ▼

Select All Attendance
Show All: Incomplete In Prep Approved Submitted for Billing

Individual Name		1 Thu	2 Fri	3 Sat	4 Sun	5 Mon
Doe, John <small>Unit Rate (\$): 0.22</small>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> P
Mary, Active <small>Unit Rate (\$): 10.67</small>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> P
<input type="checkbox"/> Smith, Jane <small>Unit Rate (\$): 10.85</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> P

« Back
Cancel
Generate Billing Data

Therap :: Attendance (ERROR)

Please select all the Attendance Data for an Individual

OK

7. Once the attendance data for an individual are submitted for billing, a single **Billing Data** will be generated for the selected 15 day period.
 - The Total Billable units for these days will be calculated by summing up all the units for each day within that date range.

Billing Data

Form ID: BILL-VSINE-DDD4LQJHPED8H

Created By: Antony Forbes, Therap Admin
Create Date: Wed, 11 Nov 2015 10:31:28 PM

Service Authorization Information

Authorization ID	SA-VSINE-DDC2AUXCEED8Y
Program Name	a-40685
Individual Name	Jane Smith
Authorization Number	
Funding Source	Nebraska
Funding Provider Number	
Begin Date	07/01/2015
End Date	12/30/2015
Service Coordinator Organization	
Service Coordinator	
Service Coordinator Number	

Service Information

Service Code	7090
Service Description	Adult- Day Hab Hourly
Unit of Measure	Hourly
Unit Rate (\$)	\$10.89
Total Authorized Amount (\$)	\$1089.00
Number of Units	100.00
Billing Provider Organization Name	Demo Service Provider

Billing Data Input

Service Date From	<input type="text" value="10/01/2015"/>	Service Date To	<input type="text" value="10/15/2015"/>
Total Billable Units	<input type="text" value="15"/>		
Remaining Units	100.00		
Unit Rate (\$)	10.89		
Total Non-billable Units	<input type="text" value="0"/>		
Procedure Modifiers	<input type="text" value="11"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>		
Primary Diagnosis Code	ICD-10: <input type="text" value="R69"/>		
Diagnosis Code Pointer	<input type="text" value="1"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>		
Service Provider	<input type="text" value="Select"/>		

Comments

3000 characters left

System Message : Used date range grouping. Calculated total units by adding units of each day

8. Once the Claim is generated, the dates entered in the Billing Data will also reflect on the Claim form.

Professional Claim

Form ID: CLM-VSINE-DDD4LX64NED88

Status: Pending Approval
Created By: Stacey Hernandez, -None-
Create Date: Wed, 11 Nov 2015 10:35:00 PM

Claim Information

Payer	NFOCUS
Billing Provider	Demo Service Provider (EIN: 50660378)
Pay-to Provider	Demo Service Provider (EIN: 50660378)
Rendering Provider	Demo Service Provider (EIN: 50660378)
Individual Name	Smith, Jane
Individual ID	22995656
Signature On File	Yes
Place Of Service	99-Other Unlisted Facility
Claim Frequency Type Code	1-Original (Admit thru Discharge Claim)
Original TCN/ICN Number	
Medicare Assignment Code	C-Not Assigned
Release of Information Code	Y-Yes, Provider has a Signed Statement Permitting Release of Medical Billing Related to a Claim
Patient Signature Source Code	P-Signature generated by Provider because the Patient was not Physically Present for Services
Claim Filing Indicator	Medicaid
Assignment of Benefits Indicator	No
Payer Responsibility	Primary
Relationship to Individual	Self
Special Program Code	-
Primary Diagnosis Code	ICD-10: R69
Delay Reason Code	-
Prior Authorization Number	IBSA-DDDNE-DDC2AFEVGD7K

Service Lines

#	Billing Data ID	Date of Service	Service Code	Service Description	Procedure Modifiers	Primary Diagnosis Code	Diagnosis Code Pointer	Unit Rate (\$)	Billable Units	Unit of Measure	Amount Billed (\$)	Paid
1	BILL-VSINE-DDD4LQJHPED8H	10/01/2015 - 10/15/2015	7090	Adult- Day Hab Hourly	11	R69	1	\$10.89	31	Hourly	\$337.59	No

Total Claim Amount (\$)	337.59
Amount Paid (\$)	0.00
Patient Responsibility Amount (\$)	

Note Reference Code -

Comments

Attachment

Type Code	-
Transmission Code	-
Control Number	

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- You can repeat the process for the second half of the month by specifying the appropriate date range in the **Attendance Search** page, making sure that the date range does not overlap with the first half of the month for which billing was already generated.

Attendance Data Search

Required

Start Date **End Date**

Attendance Type Name

Service Description (Code)

Program (Site)

Service Authorization Status

Optional

Individual First Name

Last Name