

# Billing Companion Guide

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BabyNet State Office  
January 2020

# BabyNet Billing Companion Guide – January 2020

<u>Child's Coverage Based on Date of Service</u>	<u>IFSP Status</u>	<u>Date of Service Time Frame</u>	<u>Payor 1</u>	<u>Payor 2</u>	<u>Provider Claim Processing in Service Account Payable - Pending Status</u>
<u>Part C</u>	IFSP has been updated during regeneration.	DOS after 10/16/19	Medicaid/Part C	Blank	Approve Service Account Payable (pending at top): Provider to enter Medicaid/Part C or Part C <b>Billed Amount</b> , click <b>Approve</b> and <b>Save</b> . Claim will transfer to Service Account Payment History and will be considered for payment.
<u>Private Insurance and Part C, without consent</u>	IFSP has been updated during regeneration.	DOS after 10/16/19	Medicaid/Part C	Blank	Approve Service Account Payable (pending at top): Provider to enter Medicaid/Part C or Part C <b>Billed Amount</b> , click <b>Approve</b> and <b>Save</b> . Claim will transfer to Service Account Payment History and will be considered for payment.
<u>Private Insurance and Part C, with consent</u>	IFSP has been updated during regeneration.	DOS after 10/16/19	Private Insurance	Medicaid/Part C	<b>Providers must wait to receive their EOBs from the third-party payors before submitting claims into BRIDGES.</b> Approve Service Account Payable (pending at top): Provider to enter Private Insurance TPL <b>Billed Amount</b> , TPL <b>Allowed Amount</b> , TPL <b>Paid Amount</b> and Medicaid/Part C or Part C <b>Billed Amount</b> . <b>The Billed Amount entered needs to be the same amount Billed for TPL.</b> Click <b>Approve</b> and <b>Save</b> . Claim will transfer to Service Account Payment History and will be considered for payment.
<u>Private Insurance, Medicaid (FFS), and Part C</u> <b>1</b>	IFSP has been updated during regeneration.	DOS after 10/16/19	Private Insurance	Medicaid/Part C	<b>Providers must wait to receive their EOBs from the third-party payors before submitting claims into BRIDGES.</b> Approve Service Account Payable (pending at top): Provider to enter Private Insurance TPL <b>Billed Amount</b> , TPL <b>Allowed Amount</b> , TPL <b>Paid Amount</b> and Medicaid/Part C or Part C <b>Billed Amount</b> . <b>The Billed Amount entered needs to be the same amount Billed for TPL.</b> Click <b>Approve</b> and <b>Save</b> . Claim will transfer to Service Account Payment History and will be considered for payment.
<u>Private Insurance, Medicaid (MCO), and Part C</u>	IFSP has been updated during regeneration.	DOS after 10/01/19	Private Insurance	Medicaid/Part C	DOS 10/01/2019 and after will not generate an Accounts Payable after full integration. Pending A/P's generated prior to full integration with a DOS greater than 10/01, may be requested to be disapproved to retransfer from the pending status.
<u>Medicaid (FFS) and Part C</u>	IFSP has been updated during regeneration.	DOS after 10/16/19	Medicaid/Part C	Blank	Provider to enter Medicaid/Part C <b>Billed Amount</b> , and click <b>Approve</b> and <b>Save</b> . Claim will transfer to Service Account Payment History and will be considered for payment.
<u>Medicaid (MCO) and Part C</u>	IFSP has been updated during regeneration.	DOS After 10/01/19	Medicaid	Part C	Balanced Billing is no longer accepted. DOS 10/01/2019 and after will not generate an Accounts Payable after full integration. Pending A/P's generated prior to full integration with a DOS greater than 10/01, may be requested to be disapproved to retransfer from the pending status.
<b>Please Note!</b>	<b>Service Coordination and Special Instruction should never have Payor 1 as Private Insurance, even if family provides consent.</b>				
	<b>Foreign Language Interpretation and Foreign Language Translation is always Part C or after integration Medicaid/Part C.</b>				
	<b>MCO DOS 10/01/2019 and after will not generate an Accounts Payable for MCO after full integration. Pending A/P's generated prior to full integration with a DOS after 10/01 may be requested to be disapproved.</b>				
	<b>All documentation for any payor sources will need to be available in case of an audit.</b>				

# Private Insurance, Medicaid (FFS), and Part C: *In-Network Claims*

- Please see the example in the BabyNet Billing Companion Guide indicated by ①.
- Providers must obtain a remittance advice, an explanation of benefits (EOB) or statement from the primary insurance prior to entering information into the BabyNet Reporting & Intervention Data Gathering Electronic System (BRIDGES).
- Providers must then enter the primary insurance paid amount or denial.
- The *Billed Amount* in BRIDGES is the amount billed for the claim. This amount is the same for both payor sources.
- Please keep the supporting documentation on file in the event of an audit.

# TPL Allowed Amount < Medicaid Allowed Amount: In-Network Claims BRIDGES Example

Service Log ID	Service	Provider Agency	Service Date	Hour	Payor 1	Billed Amount	TPL Allowed Amount	Paid Amount	Payor 2	Billed Amount	TPL Allowed Amount	Paid Amount	Approved by EI?	Note
1234567	97110 - Physical Therapy Services (15 min. exercises)	Agency Name	7/15/2020	1	Private Insurance	145.00	80.00	59.26	Medicaid	145.00			<input type="radio"/> Approve <input type="radio"/> Disapprove	

### Payor 1: Private Insurance

Billed Amount: \$145.00  
 TPL Allowed Amount: \$80.00  
 Paid Amount: \$59.26  
 Patient Responsibility: \$20.74

### Payor 2: Medicaid/Part C

Billed Amount: \$145.00  
 \$87.36 (Medicaid allowed amount)  
~~-\$59.26 (TPL paid amount)~~  
 \$28.10

### TPL Logic:

Patient Responsibility (\$20.74) < The difference of the Medicaid allowed amount and the TPL paid amount (\$28.10)

**Medicaid will pay \$20.74**

# TPL Allowed amount > Medicaid Allowed Amount: In-Network Claims BRIDGES Example

Service Log ID	Service	Provider Agency	Service Date	Hour	Payor 1	Billed Amount	TPL Allowed Amount	Paid Amount	Payor 2	Billed Amount	TPL Allowed Amount	Paid Amount	Approved by EI?	Note
1234567	97110 - Physical Therapy Services (15 min. exercises)	Agency Name	1/15/2020	1	Private Insurance	150.00	150.00	67.56	Medicaid	150.00			<input type="radio"/> Approve <input type="radio"/> Disapprove	

**Payor 1: Private Insurance**  
 TPL Billed Amount: \$150.00  
 TPL Allowed Amount: \$150.00  
 TPL Paid Amount: \$67.56  
 Patient Responsibility: \$82.44

**Payor 2: Medicaid/Part C**  
 Billed Amount: \$150.00  
 \$87.36 (Medicaid allowed amount)  
~~-\$67.56 (TPL paid amount)~~  
**\$19.80 (Medicaid will pay)**

**TPL Logic:**  
 Patient Responsibility (\$82.44) > The difference of the Medicaid allowed amount and the TPL paid amount (\$19.80)  
**Medicaid will pay \$19.80**

# Private Insurance, Medicaid (FFS), and Part C: *Out-of-Network Claims*

- Please see the example in the BabyNet Billing Companion Guide indicated by ①.
- Providers must obtain a remittance advice, an explanation of benefits (EOB) or statement from the primary insurance if they are not in-network and there is no coverage for the service with the primary insurer.
- Providers must then enter the primary insurance paid amount or denial.
- If the service is not allowed because a provider is not in network with the insurer, they can set the *TPL Allowed Amount* to the *Billed Amount* in BRIDGES.
- If the TPL paid amount is zero, please keep the supporting documentation on file in the event of an audit.

# Private Insurance, Medicaid (FFS), and Part C: Out-of-Network Claims BRIDGES Example

Service Log ID	Service	Provider Agency	Service Date	Hour	Payor 1	Billed Amount	TPL Allowed Amount	Paid Amount	Payor 2	Billed Amount	TPL Allowed Amount	Paid Amount	Approved by EI?	Note
1234567	97110 - Physical Therapy Services (15 min. exercises)	Agency Name	7/15/2020	1	Private Insurance	150.00	150.00	0	Medicaid	150.00			<input type="radio"/> Approve <input type="radio"/> Disapprove	

**Payor 1: Private Insurance**  
 TPL Billed Amount: \$150.00  
 TPL Allowed Amount: \$150.00  
 \*Provider bills TPL and receives denial/no payment  
 TPL Paid Amount: \$0  
 Patient Responsibility: 150.00

**Payor 2: Medicaid/Part C**  
 Billed Amount: \$150.00  
 \$87.36 (Medicaid allowed amount)  
 - \$0 (TPL paid amount)  
\$87.36 (Medicaid will pay)

**TPL Logic:**  
 Patient Responsibility (\$150.00) > The difference of the Medicaid allowed amount and the TPL paid amount (\$0)  
Medicaid will pay \$87.36

# Private Insurance, Medicaid (FFS), and Part C: *In-Network Allowed Amount is \$0.00*

- Please see the example in the BabyNet Billing Companion Guide indicated by ①.
- Providers must obtain a remittance advice, an explanation of benefits (EOB) or statement from the primary insurance if they are not in-network and there is no coverage for the service with the primary insurer.
- Providers must then enter the primary insurance paid amount or denial.
- If the service is not allowed because the service is not covered by the insurer, they can set the *TPL Allowed Amount* to the *Billed Amount* in BRIDGES.
- If the TPL paid amount is zero, please keep the supporting documentation on file in the event of an audit.



# Private Insurance, Medicaid (FFS), and Part C: In-Network Allowed Amount is \$0.00 BRIDGES Example

Service Log ID	Service	Provider Agency	Service Date	Hour	Payor 1	Billed Amount	TPL Allowed Amount	Paid Amount	Payor 2	Billed Amount	TPL Allowed Amount	Paid Amount	Approved by EI?	Note
1234567	97110 - Physical Therapy Services (15 min. exercises)	Agency Name	7/15/2020	1	Private Insurance	150.00	150.00	0	Medicaid	150.00			<input type="radio"/> Approve <input type="radio"/> Disapprove	

### Payor 1: Private Insurance

TPL Billed Amount: \$150.00  
 TPL Allowed Amount: \$150.00  
 \*Provider bills TPL and receives denial/no payment  
 TPL Paid Amount: \$0  
 Patient Responsibility: 150.00

### Payor 2: Medicaid/Part C

Billed Amount: \$150.00

\$87.36 (Medicaid allowed amount)  
 - \$0 (TPL paid amount)  
\$87.36 (Medicaid will pay)

### TPL Logic:

Patient Responsibility (\$150.00) > The difference of the Medicaid allowed amount and the TPL paid amount (\$0)

**Medicaid will pay \$87.36**

# Tips to ensure smooth claims submission

- Providers should check the [SCDHHS web tool](#) for a child's eligibility.
- Providers must obtain a remittance advice, an EOB or statement from the primary insurance prior to entering information into BRIDGES.
- Providers **should not submit** BabyNet claims through the SCDHHS web tool.
- Providers should use the remittance advice available in the [SCDHHS web tool](#) to reconcile claims payments and manage their accounts receivable.

# Tips to ensure smooth claims submission

- Providers must bill MCOs directly.
- SCDHHS will no longer accept balance billing the BabyNet program.
- Assistants and clinical fellows cannot enroll with Medicaid. To meet the Medicaid Management Information System's (MMIS) requirements, they must use the NPI of their supervisor who is enrolled in BRIDGES.
- Enrollment information submitted to BabyNet and Medicaid must be consistent (i.e., same billing NPIs and taxonomies on file in both systems).

# Resources

- Medicaid Basic and Beyond
  - <https://medicaidelearning.remote-learner.net/>
- Third-Party Liability (Visual Book)
  - <https://medicaidelearning.remote-learner.net/mod/resource/view.php?id=899>
- Third-Party Calculator
  - [https://medicaidelearning.remote-learner.net/pluginfile.php/12283/mod\\_resource/content/1/story\\_html5.html](https://medicaidelearning.remote-learner.net/pluginfile.php/12283/mod_resource/content/1/story_html5.html)
- BabyNet FAQs
  - <https://msp.scdhhs.gov/babynet/site-page/frequently-asked-questions-0>
- BabyNet Provider Outreach
  - <https://msp.scdhhs.gov/babynet/site-page/babynet-provider-outreach>
- SCDHHS Web Tool
  - <https://www.scdhhs.gov/resource/claim-submission-tool-web-tool>

