Documentation & Charge Capture Process: LARC Services

NATIONAL ASSOCIATION OF
Community Health Centers

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Recommendations for Successful Documentation & Charge Capture Process

STEP 1

DEVELOPMENT OF SERVICE BUNDLES

Purpose: Create a standardized order set that will facilitate the appropriate documentation and charge capture for LARC services rendered.

Benefit: The bundled approach will reduce the likelihood of missing key documentation elements associated with the LARC services rendered, and will also reduce the likelihood of missing procedure codes and billable supply items provided during the encounter. In addition, it will improve the likelihood of correlating the correct diagnosis code with the applicable CPT and HCPCS codes.

Standard Bundle Components
- Supply code (e.g., Mirena, Liletta, etc.)
- Insertion or removal procedure code for billing
- Diagnosis code at highest specificity

LARC bundle sets have been created based upon on-site visits to two Colorado health centers that were chosen to be pilots for this initiative. Accordingly, the devices (supply codes) included in the LARC bundle sets are those utilized by the pilot facilities.

Other health centers may need to customize the LARC bundle sets outlined in this report based upon the specific devices their physicians and providers choose to utilize (i.e., the supply codes may be different in some instances than those included within this report).

Bundle Order Set

The order set will be developed within the applicable electronic health record system, and will be configured to map the services provided to the correct claim form. The mapping of services to the correct claim form may vary by state depending upon state Medicaid billing rules.

The development and implementation of the bundle order set will require collaborative input from the providers, billing team, and information technology team.

Applicable CPT, HCPCS and Diagnosis Codes for the LARC bundles are given in **Appendix A**. An example of services mapped to the applicable claim form is given in **Appendix A-1**, utilizing Colorado Medicaid and a commercial payer as examples.

STEP 2

DEVELOP & COMMUNICATE INTERDISCIPLINARY PROCESS FLOW

Purpose: Standardize the protocols utilized from scheduling through billing, and include the appropriate team members in the protocol development.

Benefit: Standardizing the LARC process will reduce variation across providers and team members, reducing the likelihood of errors or omissions throughout the process. Team members who clearly understand their roles and responsibilities for the LARC process will be more engaged and more compliant.

A process flow for consideration is given in **Appendix B.**

STEP 3

DESIGNATE EDUCATION PERSONNEL

Purpose: Identify non-provider personnel that can be utilized to facilitate patient education related to LARC services to reduce the demand on physician/provider time.

Benefit: Maximize physician/provider productivity by utilizing non-provider staff to facilitate patient education not requiring a provider's expertise.

STEP 4

STANDARDIZE PATIENT EDUCATION CONTENT

Purpose: Develop key educational points to be covered consistently by all LARC educational personnel. This will assist the patient population needing LARC services with improved education regarding their options, the potential risks and benefits associated with the alternatives available, understanding how to mitigate risks associated with HIV, STIs, etc. The physicians and providers will play a key role in developing the LARC educational content.

Benefit: Improve the content and consistency of LARC information provided to the applicable patient population to reduce the likelihood of misinformation and increase patient engagement and patient compliance.

STEP 5

DEVELOP INVENTORY CONTROLS

Purpose: Develop a consistent process for requisitioning inventory items (i.e., billable & non-billable supplies) and tracking the utilization of such items.

Benefit: Reduction in the risk of theft, loss, or other manner in which an item has not been billed or received (e.g., items are ordered but not reported for billing, or billable items are rendered to a patient but an order is missing). Improvement with regards to the tracking and reconciliation of supply items ordered to supply items.

Two parallel steps will improve each health center's performance related to inventory controls:

1. Standardize the requisition process
2. Implement proactive internal control rules that identify when mismatches occur between inventory items, physician orders, and billing.

Additional information on inventory reconciliation is given in **Appendix C.**

STEP 6 — RE-ASSESS PROCESS AFTER 30–60 DAYS OF IMPLEMENTATION

Purpose: Bring the interdisciplinary team together to re-evaluate if the LARC bundles and patient flow process are achieving the desired objectives.

Benefit: Timely evaluation and communication will facilitate early detection of potential problems and will allow the team to identify any bundles or processes that require refinement.

STEP 7 — DOCUMENTATION AND CODING REVIEW

Purpose: Verify all LARC services are captured for billing, paid correctly, and supported by the documentation.

Benefit: This is a key component of auditing and monitoring for compliance effectiveness and will facilitate communication across the team regarding risk areas and opportunities.

STEP 8 — VERIFY MEDICAID AND MEDICARE BILLING GUIDELINES

Purpose: Mapping for CPT codes and HCPCS codes will need to be set up in consideration of State Medicaid billing guidelines.

Benefit: This is essential to optimize billing and reimbursement.

The LARC Documentation and Charge Capture Process "Blueprint" was developed by Shellie and Patrick Sulzberger at Coding & Compliance Initiatives, Inc., in collaboration with the National Association of Community Health Centers and the Colorado Primary Care Association. For more information, contact Shellie or Patrick at 913-768-1212 or ssulzberger@ccipro.net.

Appendix A
LARC Service Bundle Samples

CPT/HCPCS Code	CPT/HCPCS Procedures and Services	ICD-10 Code	Diagnosis(es)	Bundle Description	Modifier
58300	Insertion of intrauterine device (IUD)	Z30.430	Encounter for insertion of intrauterine contraceptive device		
J7300	Intrauterine ParaGard contraceptive	-	-	ParaGard IUD Insertion	
81025	Urine Pregnancy Test**	Z32.02	Encounter for pregnancy test, result negative		
58301	Removal of intrauterine device (IUD)	Z30.433	Encounter for removal and reinsertion of intrauterine contraceptive device		
58300	Insertion of intrauterine device (IUD)	-	-		
J7300	Intrauterine ParaGard contraceptive	-	-	Removal and Insertion ParaGard IUD	
81025	Urine Pregnancy Test**	Z32.02	Encounter for pregnancy test, result negative		

CPT/HCPCS Code	CPT/HCPCS Procedures and Services	ICD-10 Code	Diagnosis(es)	Bundle Description	Modifier
58300	Insertion of intrauterine device (IUD)	Z30.430	Encounter for insertion of intrauterine contraceptive device	Liletta Insertion	
J7297	Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg	-	-		
81025	Urine Pregnancy Test**	Z32.02	Encounter for pregnancy test, result negative		
58301	Removal of intrauterine device (IUD)	Z30.433	Encounter for removal and reinsertion of intrauterine contraceptive device	Removal and Insertion Liletta	
58300	Insertion of intrauterine device (IUD)	-	-		
J7297	Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg	-	-		
81025	Urine Pregnancy Test**	Z32.02	Encounter for pregnancy test, result negative		

CPT/HCPCS Code	CPT/HCPCS Procedures and Services	ICD-10 Code	Diagnosis(es)	Bundle Description	Modifier
58300	Insertion of intrauterine device (IUD)	Z30.430	Encounter for insertion of intrauterine contraceptive device	Mirena Insertion	
J7298	Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg	-	-		
81025	Urine Pregnancy Test**	Z32.02	Encounter for pregnancy test, result negative		
58301	Removal of intrauterine device (IUD)	Z30.433	Encounter for removal and reinsertion of intrauterine contraceptive device	Removal and Insertion Mirena	
58300	Insertion of intrauterine device (IUD)	-	-		
J7298	Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg	-	-		
81025	Urine Pregnancy Test**	Z32.02	Encounter for pregnancy test, result negative		

CPT/HCPCS Code	CPT/HCPCS Procedures and Services	ICD-10 Code	Diagnosis(es)	Bundle Description	Modifier
58300	Insertion of intrauterine device (IUD)	Z30.430	Encounter for insertion of intrauterine contraceptive device	Skyla Insertion	
J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	-	-		
81025	Urine Pregnancy Test**	Z32.02	Encounter for pregnancy test, result negative		
58301	Removal of intrauterine device (IUD)	Z30.433	Encounter for removal and reinsertion of intrauterine contraceptive device	Removal and Insertion Skyla	
58300	Insertion of intrauterine device (IUD)	-	-		
J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	-	-		
81025	Urine Pregnancy Test**	Z32.02	Encounter for pregnancy test, result negative		

CPT/HCPCS Code	CPT/HCPCS Procedures and Services	ICD-10 Code	Diagnosis(es)	Bundle Description	Modifier
11981	Insertion, non-biodegradable drug delivery implant	Z30.017	Encounter for initial prescription of implantable subdermal contraceptive	Nexplanon Insertion	
J7307	Etonogestrel Implant System, including implant and supplies	-	-		
81025	Urine Pregnancy Test**	Z32.02	Encounter for pregnancy test, result negative		
11983	Removal, with reinsertion, non-biodegradable drug delivery	Z30.46	Encounter for checking, reinsertion or removal of implantable subdermal contraceptive	Removal and Insertion Nexplanon	
J7307	Etonogestrel Implant System, including implant and supplies	-	-		

CPT/HCPCS Code	CPT/HCPCS Procedures and Services	ICD-10 Code	Diagnosis(es)	Bundle Description	Modifier
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	Z30.013	Encounter for initial prescription of injectable contraceptive	DepoProvera Injection	
J1050 x 150 mg	Injection, medroxyprogesterone acetate, 1 mg	-	-		
81025	Urine Pregnancy Test**	Z32.02	Encounter for pregnancy test, result negative		
11982	Removal, non-biodegradable drug delivery implant	Z30.49	Encounter for surveillance (checking, reinsertion, or removal) of other contraceptives	Removal, non-biodegradable drug delivery implant	
J7303	Contraceptive supply, hormone containing vaginal ring, each	Z30.015	Encounter for initial prescription of vaginal ring hormonal contraceptive	No insertion code - supply	
58301	Removal of intrauterine device (IUD)	Z30.432	Encounter for removal of intrauterine contraceptive device	IUD Removal	

LARC Service Bundle Samples for Failed Procedures

CPT/HCPCS Code	Description	ICD-10 Code	Description	Bundle Description	Modifier
58300	Insertion of intrauterine device (IUD)	Z30.430	Encounter for insertion of intrauterine contraceptive device	ParaGard IUD Insertion	Modifier 52 or 53
J7300	Intrauterine ParaGard contraceptive	-	-		
81025	Urine Pregnancy Test**	Z32.02	Encounter for pregnancy test, result negative		
58301	Removal of intrauterine device (IUD)	Z30.433	Encounter for removal and reinsertion of intrauterine contraceptive device	Removal and Insertion ParaGard IUD	Modifier 52 or 53
58300	Insertion of intrauterine device (IUD)	-	-		
J7300	Intrauterine ParaGard contraceptive	-	-		
81025	Urine Pregnancy Test**	Z32.02	Encounter for pregnancy test, result negative		

CPT/HCPCS Code	Description	ICD-10 Code	Description	Bundle Description	Modifier
58300	Insertion of intrauterine device (IUD)	Z30.430	Encounter for insertion of intrauterine contraceptive device	Liletta Insertion	Modifier 52 or 53
J7297	Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg	-	-		
81025	Urine Pregnancy Test**	Z32.02	Encounter for pregnancy test, result negative		
58301	Removal of intrauterine device (IUD)	Z30.433	Encounter for removal and reinsertion of intrauterine contraceptive device	Removal and Insertion Liletta	Modifier 52 or 53
58300	Insertion of intrauterine device (IUD)	-	-		
J7297	Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg	-	-		
81025	Urine Pregnancy Test**	Z32.02	Encounter for pregnancy test, result negative		

CPT/HCPCS Code	Description	ICD-10 Code	Description	Bundle Description	Modifier
58300	Insertion of intrauterine device (IUD)	Z30.430	Encounter for insertion of intrauterine contraceptive device	Mirena Insertion	Modifier 52 or 53
J7298	Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg	-	-		
81025	Urine Pregnancy Test**	Z32.02	Encounter for pregnancy test, result negative		
58301	Removal of intrauterine device (IUD)	Z30.433	Encounter for removal and reinsertion of intrauterine contraceptive device	Removal and Insertion Mirena	Modifier 52 or 53
58300	Insertion of intrauterine device (IUD)	-	-		
J7298	Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg	-	-		
81025	Urine Pregnancy Test**	Z32.02	Encounter for pregnancy test, result negative		

CPT/HCPCS Code	Description	ICD-10 Code	Description	Bundle Description	Modifier
58300	Insertion of intrauterine device (IUD)	Z30.430	Encounter for insertion of intrauterine contraceptive device	Skyla Insertion	Modifier 52 or 53
J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	-	-		
81025	Urine Pregnancy Test**	Z32.02	Encounter for pregnancy test, result negative		
58301	Removal of intrauterine device (IUD)	Z30.433	Encounter for removal and reinsertion of intrauterine contraceptive device	Removal and Insertion Skyla	Modifier 52 or 53
58300	Insertion of intrauterine device (IUD)	-	-		
J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	-	-		
81025	Urine Pregnancy Test**	Z32.02	Encounter for pregnancy test, result negative		

CPT/HCPCS Code	Description	ICD-10 Code	Description	Bundle Description	Modifier
11981	Insertion, non-biodegradable drug delivery implant	Z30.017	Encounter for initial prescription of implantable subdermal contraceptive	Nexplanon Insertion	Modifier 52 or 53
J7307	Etonogestrel Implant System, including implant and supplies	-	-		
81025	Urine Pregnancy Test**	Z32.02	Encounter for pregnancy test, result negative		
11983	Removal, with reinsertion, non-biodegradable drug delivery	Z30.46	Encounter for checking, reinsertion or removal of implantable subdermal contraceptive	Removal and Insertion Nexplanon	Modifier 52 or 53
J7307	Etonogestrel Implant System, including implant and supplies	-	-		

** Urine Pregnancy tests may not necessarily be performed for each patient

Note: Billing CPT code 58300 and 58301 during the same encounter will be payer-specific in terms of whether they will pay for both during the same encounter. We recommend verifying with Medicaid and any other major payers for whom LARC services are rendered as to their rules in this regard so the LARC bundles can be mapped accordingly. We also recommend the payment posting team pay close attention to any denials received and communicate that information to the providers and billing team accordingly.

Appendix A-1
Colorado Medicaid Example

CPT/HCPCS Code	CPT/HCPCS Procedures and Services	ICD-10 Code	Diagnosis(es)	Bundle Description	Claim Form
58300	Insertion of intrauterine device (IUD)	Z30.430	Encounter for insertion of intrauterine contraceptive device	ParaGard IUD Insertion	UB-04
81025	Urine Pregnancy Test	Z32.02	Encounter for pregnancy test, result negative		UB-04
J7300	Intrauterine ParaGard contraceptive	-	-	-	1500

Commercial Insurance Example (Non-Medicaid)

CPT/HCPCS Code	Description	ICD-10 Code	Description	Bundle Description	Claim Form
58300	Insertion of intrauterine device (IUD)	Z30.430	Encounter for insertion of intrauterine contraceptive device	ParaGard IUD Insertion	1500
81025	Urine Pregnancy Test	Z32.02	Encounter for pregnancy test, result negative		1500
J7300	Intrauterine ParaGard contraceptive	-	-	-	1500

Appendix B
LARC Process Flow

SCHEDULING

A. Inquire as to the reason for appointment; if it is for family planning, this should be detailed on the appointment note — do not write "f/u" for follow-up or another generic description.

CLINICAL

A. At the clinical huddle prior to the start of the day:

- Identify who is coming in specifically for family planning services.

- Identify female patients in child bearing age scheduled for appointments today. The facility may want to inquire whether the patient wants to discuss family planning or birth control issues while at the clinic; this is an opportunity to increase patient engagement.

B. Patient is roomed and seen by a health educator — this can be a medical assistant if they are trained appropriately.

- Patient education is facilitated by the health educator utilizing LARC educational protocols.

- The patient makes a decision is made regarding the type of contraception.

- The contraception supply order should be entered prior to requisitioning the supply.

C. The provider will utilize the LARC Bundle to enter the applicable information into the bundle order set. Once the order set is complete, the information is transferred electronically for billing. The order set will be configured to map the services provided to the correct claim form.

CODING/BILLING

A. Verify coding as necessary.
B. Submit claims immediately upon coding or verification.
C. Review any rejections occurring at the clearinghouse related to LARC services and perform the following:

1. Resolve the issue creating the rejection and determine if it is a process that needs to be updated or changed. If it relates to a mismatch of diagnosis codes to CPT codes, the LARC order set may need to be updated or further coding education provided.

2. Communicate any patterns identified to the coding staff and clinical team/provider team members in a timely manner utilizing a print-out of the applicable rejections from the clearinghouse reports.

PAYMENT POSTING

A. **Any denials received should be worked in a timely manner. Denials reflected on the remittance advice/EOB will include a denial reason code indicating why the service was not covered as billed. The payment posting team will need to:**

1. Resolve the issue creating the denial and ensure an accurate claim is resubmitted for billing in a timely manner.

2. Determine if the root cause of the denial relates to a process that needs to be updated or changed (i.e., prevent this from becoming a recurring denial). If it relates to a mismatch of diagnosis codes to CPT codes, the LARC order set may need to be updated or further coding education provided.

3. Communicate any patterns identified to the coding staff and clinical/provider team members in a timely manner utilizing a summary of the denial volumes by reason.

FOLLOW-UP

It is essential that any billing obstacles encountered are communicated to the other LARC team members in a timely manner so a holistic solution can be developed.

Feedback from physicians and providers at two health centers indicated that they rarely, if ever, received specific feedback regarding the rejections or denials applicable to the services they personally performed.

Additional recommendations are given in **Appendix D.**

Appendix C
Inventory Reconciliation

This is a critical step for each health center to perform on a systematized basis given the cost of supplies and pharmacy items, as well as the compliance implications associated with inaccurate coding and billing.

There are a several electronic health systems and practice management systems utilized across health centers, so the process steps outlined below will need to be adapted to accommodate each center's specific technology requirements and capabilities.

Below are a few examples of specific internal controls health centers can deploy to more effectively manage the risk associated with inventory:

1. Require an automated order prior to taking the supply item from inventory.

2. Electronically log whenever a supply item is taken (e.g., bar coding).

3. Implement a proactive alert in the order set to verify that any contraception supplies provided to the patient have an order.

4. Verify that for every order tied to a billable supply item, there is a corresponding billing charge for the applicable patient encounter.

5. Create an automated program to regularly compare inventory re-orders to requisitioned inventory items. This could be run at the re-order point as well as at the end of the month to reconcile inventory.

Appendix D
Key Considerations for Revenue Cycle Excellence

COMMON REASONS FOR DEFICIENCIES IN REVENUE CYCLE OPERATIONS

1. Charge capture is typically driven based upon an order and entry from the provider in the EHR; as providers are usually busy, this step is often missed. In addition, charge capture is usually deemed administrative and not clinical.
2. Charge capture responsibilities are usually fragmented.
3. Formal policies and standards either do not exist or are not updated with organizational guidance and baseline controls for charge capture, charge posting, and reconciliation functions.
4. Multiple charge capture and charge entry systems are commonly utilized.
5. Monitoring and feedback between the revenue cycle team and other departments is inadequate.
6. There is usually little to no coordination between departments (i.e., clinical, ancillary, and revenue cycle teams).

CONSIDERATIONS TO IDENTIFY REVENUE CYCLE WEAKNESSES

The following questions should be asked to identify weaknesses in the revenue cycle:

1. What processes currently exist as relating to documentation, charge capture, coding, billing, payment posting, and claims follow-up?
2. Are roles and responsibilities clearly defined for each individual that is part of the revenue cycle team?
3. How are team members held accountable for their individual roles?
4. How does the organization evaluate weaknesses in those processes?
5. How does the organization utilize objective data to identify process failures?
6. What are the consequences of process failures?

Recommendations

1. Track, trend, and monitor the revenue cycle.
2. Increase staff training and education on payer-specific policies.
3. Shift resources from back-end to front-end for proactive insurance verification.

4. Provide group education for physicians and providers on E/M documentation and coding.

5. Perform audits on documentation and coding to ensure all charges are being captured and all services are being documented to support the services billed.

6. Audit a minimum of 10 charts per provider annually.

   - Provide feedback to each physician and provider in a timely manner.

   - Continue to monitor high risk and high failure areas based upon audit results.

Note: Auditing and monitoring is one of the seven required elements for an effective compliance program as outlined by the Office of Inspector General in its Model Compliance Guidance.

COMMUNICATION PROTOCOLS

The single greatest risk for health centers from an operational perspective is a lack of effective communication across department. This is particularly true as it relates to rejections, denials, and other cash flow barriers witnessed by the revenue cycle team in relation to activities that occurred in scheduling, patient intake, documentation, and coding.

Recommendations

1. Adhere to a consistent process to communicate challenges in billing to other departments via monthly meetings with cross department representation.

2. Confirm problems with available data (e.g., billing system or clearinghouse reports). Objective data are much more effective than subjective opinions when motivating a team to handle problems with negative consequences.