

# **OP Claims Scrubber**

## Quick Reference Guide for RCM Clients

You may have noticed....

OP now has integrated real-time claim scrubbing and claim submission prevention when converting superbills to a claim. This new feature will help get cleaner claims out the door for faster payments, fewer denials, less work, and more cash flow.

## What does this mean for my office?

At times, the RCM team may require additional assistance to resolve the edit. Your office will receive an OP message for any claims that need your assistance. Please review and provide the RCM team with next steps for resolution.

## So how does it work?

When superbills are converted, the integrated real-time claim scrubber will automatically review the claim for submission errors. If a claim has a submission error, the claims will be moved to a new tab in the billing center called "**Claims in Review**". Claims will fall off the Claims in Review tab once they are edited, re-scrubbed, and return no errors.

The RCM team will review the claims and make appropriate corrections, then re-scrub. If more information is needed RCM will send a message to the office like:

Subject: EDIT # CW6007 - DOS 1/16/2023 Message: We received a claim scrubber EDIT # CW6007 for DOS 1/16/2023, please provide next steps.

| T | 🥯 Billing Center 🗵              |  |                              |
|---|---------------------------------|--|------------------------------|
|   | Edit Delete Refresh Sel All     | Sel None Print Grid Q Prim Q Sec   |                              |
|   | Payer: Provider:                | ✓ Date range:<br>✓ All ○ 7 days ● 30 days ○ 90 days ○ ✓ to               | ~                            |
|   | Σ Overview 📭 Superbills 🗮 Clain | ıs (A/R 📴 Claims in Review 🧟 Queue 🗮 Adjudications 📼 ERA Payments 💲 Rece | eipts 💷 Credits 🗟 Statements |
|   | I Claim # Claim Da              | te Patient Name Pr   | rov Ins                      |

Users and office staff will be able to view the report from the Scrub Report tab and make any edits before re-saving and re-scrubbing the claim.

Users will be able to quickly and easily see the scrubbing report without opening the claim by clicking the report icon found in the report column in either the claims in review or claims A/R Tabs.

| Payer:       | Payer: Date range: Date range: OAII O 7 days @ 30 days O 90 days O v to  |   |      |     |            |        |            |                                 |     |          |  |  |
|--------------|--|---|------|-----|------------|--------|------------|---------------------------------|-----|----------|--|--|
| ∑ Overview 🔢 | 🔀 Overview 🥷 Superbills 🧮 Claims (A/R) 💹 Claims in Review 🔍 Queue 🐹 Adjudications 🖙 ERA Payments 💲 Receipts 🞏 Credits 🗬 Statements |   |      |     |            |        |            |                                 |     |          |  |  |
| ∃ Claim #    | Claim Date   | Patient Name  | Prov | Ins | Insured ID | Charge | Claim Note | 4                               |     | <u>a</u> |  |  |
| • •          | 01/11/2023   | The second se |      |     |            | 114.0  | 0          |                                 |     | 2        |  |  |
| æ            | 01/11/2023   | second cardinal   |      |     |            | 131.0  | 0          | COLUMN 10 March 5 To sense ones | 100 | 2        |  |  |
| ۲            | 01/11/2023   | territory on the  |      |     |            | 175.0  | 0          |                                 | 10  | 3        |  |  |

This will open a pop-up with the details of the scrubbing report. Users can also edit the claim to view the report in the Scrub Report tab of the window.

| <b>Claims in Erro</b>  | r Report          |
|--|-------------------|
| Sorted by Claim Sequence<br>Submitter ID:<br>Job ID:<br>File Name: | e Ascending Order |
| File Submitter<br>Name:<br>Processed Date -                        |                   |
| Duration (seconds):  |                   |

| Claim ID | Medical Record<br>Number | Patient Account | Patient Name<br>(DOB) | Provider | Destination Payer                | Billed Amount | Facility |
|----------|--------------------------|-----------------|-----------------------|----------|----------------------------------|---------------|----------|
| 000001   |                          |                 |                       |          | <b>Commercial</b> [39026]<br>UMR | \$114.00      |          |

| Edit Severity | Edit # | Edit Description   |
|---------------|--------|--|
| Actionable    | CW3514 | (ICD) This ICD-10-CM diagnosis code reflects an "unspecified" laterality. Another diagnosis code for the same condition is available that identifies<br>laterality. Review the documentation for the specific anatomic site of the diagnosis. Use of the more specific diagnosis code may result in greater<br>success with quality reporting. Diagnosis - H04.539 |

| Seq | DOS From   | DOS To         | POS | CPT Code | Modifiers | Units | Diagnoses         | Billed   | Edits |
|-----|------------|----------------|-----|----------|-----------|-------|-------------------|----------|-------|
| 01  | 12-20-2022 | 12-20-<br>2022 | 11  | 99213    |           | 1     | K42.9 Z09 H04.539 | \$114.00 |       |

| Code Type | Code Description   |
|-----------|--|
| СРТ       | 99213 OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A MEDICALLY APPROPRIATE HISTORY AND/OR EXAMINATION AND LOW LEVEL OF MEDICAL DECISION MAKING. WHEN USING TIME FOR CODE SELECTION, 20-29 MINUTES OF TOTAL TIME IS SPENT ON THE DATE OF THE ENCOUNTER. |
| ICD       | K42.9 UMBILICAL HERNIA WITHOUT OBSTRUCTION OR GANGRENE   |
| ICD       | Z09 ENCOUNTER FOR FOLLOW-UP EXAMINATION AFTER COMPLETED TREATMENT FOR CONDITIONS OTHER THAN MALIGNANT NEOPLASM   |
| ICD       | H04.539 NEONATAL OBSTRUCTION OF UNSPECIFIED NASOLACRIMAL DUCT  |

#### Additionally ...

Three new claim status histories have been added to OP to enhance the claim scrubbing working. Users will see these claim statuses in the Claim Status History grid to help track the claim along the process.

#### 1. SP: Scrub Passes

a. Scrub Passes will appear when the claim has been scrubbed and does not return any errors.

#### 2. SNR: Scrub Needs Review

a. Every time a claim is scrubbed and returns an error report, an entry of SNR will appear. If the claim is scrubbed 4 times, there will be 4 entries of SNR.

#### 3. SBE: Scrub Bypassed without Edits and Queued

a. Scrub Bypassed without edits and queued will appear when the user who has the security permissions has queued the claim without making the recommended edits.

## Common edits that require office assistance:

| Edit Description  | Example   | Action   |  |  |
|---|---|--|--|--|
| Missing and/or Invalid etiology,<br>manifestation, or external cause code   | J06.9 or J11.1 - Missing manifestation<br>diagnosis (symptom)<br>V89. 2XXA - Missing injury diagnosis   | <ul><li>a) Requires an <u>Addendum</u> to the visit note</li><li>b) Provide the RCM team additional diagnoses through OP message</li></ul>   |  |  |
| Invalid CPT age combination   | COVID Vaccine (91300) has an age range of 5-11 years old, billed for a 4-year-old patient   | <ul> <li>a) Requires an <u>Addendum</u> to the visit note</li> <li>b) Provide the RCM team the correct CPT based on the patient's age through OP message</li> </ul>  |  |  |
| Invalid Diagnosis for gender  | Maternal Depression Screening (96160) with<br>diagnosis Z13.32.<br>*Child Exam diagnosis codes Z00.110,<br>Z00.111, or Z00.129 are valid with this CPT  | <ul> <li>a) Requires an <u>Addendum</u> to the visit note</li> <li>b) Provide the RCM team the correct<br/>diagnosis based on the patient's gender<br/>through OP message</li> </ul>   |  |  |
| Invalid Diagnosis code combinations   | <u>UNLESS</u> unrelated J11.1 & J02.9 cannot be billed together   | Identify diagnosis to be removed through OP message to the RCM team  |  |  |
| Diagnosis code is missing laterality or<br>not coded to highest specificity   | In the examples below, a more specific<br>diagnosis code exists to include laterality<br>(R/L)<br>a) M25.569 - Knee pain, unspecified<br>b) R10.30 - Lower abdominal pain,<br>unspecified   | a) Requires an <u>Addendum</u> to the visit note<br>b) Provide the RCM team the correct<br>diagnosis with laterality or specificity<br>through OP message  |  |  |
| Missing or Invalid National Drug Code<br>(NDC)  | HPV Vaccine (CPT 90649) billed with<br>gardasil NDC of 0006-4045-00<br>Help Article: <u>National Drug Code (NDC)</u>  | Please provide the RCM team member<br>with the National Drug Code (NDC) from<br>the package.<br>Valid NDCs always have 11 digits   |  |  |
| Missing/Invalid patient demographics<br>Path: Clinical, Practice Management,<br>or Billing tab > Patient Chart button><br>Demographics > Basic Information &<br>Insurance Tab                                 | including but not limited to:<br>a) Patient's Date of Birth (DOB) does not<br>match insurance's data system<br>b) Subscriber spelling of name or DOB<br>c) Insurance ID is missing or invalid<br>d) Group # is missing or invalid<br>e) Home Address does not match insurance | Once you have located the correct<br>information, please update the patient's<br>demographics and/ or insurance policy.<br>Reply back to the RCM team member<br>with the information that was changed via<br>OP Help Center  |  |  |
| Missing CPT code<br>Path: Clinical, Practice Management,<br>or Billing tab > Schedule button ><br>Calendar or Tracking radio button ><br>Right-click appointment > Open Well<br>Visit or Open Encounter Visit | 99417 without an office visit code  | <ul> <li>a) Identify the missing CPT by reviewing the patient's visit note.</li> <li>b) Create an <u>Addendum</u> to include the new information if the visit note has been finalized.</li> <li>c) Reply back to the RCM team with the missing CPT via OP messaging</li> </ul> |  |  |