HCVA1500 notes

Top right corner – These lines are where you enter the insurance company's name and billing address.

In sections 1-3 and 5 are self-explanatory which is your client's (patient) information. Be sure to double and triple check the "Insured's ID Number" in section 1a. If it is wrong at all, the claim will be rejected. (that's why it is important to get a copy of the client's insurance card).

Sections 4, 6, and 7 are information about the "insured". This is highly likely to be the same as the client's information, but not always. An example would be the spouse or parent of the client is the insured and the client is on their health insurance policy.

Section 9 – Medicaid information goes here.

Section 10 – answered "No" for most health claims.

Section 11– is where you enter any Group Number if there is one. If not, either leave blank or enter in "none."

Section 11a – is self-explanatory, insured's date of birth and sex.

Section 12 & 13– you would simply put in "Signature on file" and the date they signed the agreement with you – your agreement should have an assignment of benefits statement (example at the end of these instructions) You can also have them sign the printed form here.

Section 14 – LMP for pregnancy/postpartum AND birth claims – indicate LMP in the QUAL box.

Section 15 – Use this box for birth claims, leave blank for prenatal/postpartum.

Section 17 – enter the provider who you are using for your Medicaid referral. You have my permission to use my name and NPI for Doula claims.

Section 18 – use for inpatient birth only. All other claims leave blank

Section 21– enter the primary diagnosis using the ICD-10 code on line A. If there is more than one diagnosis, you can fill them in on lines B-L. (You only need one diagnosis though). In the top right of this section there is a space labeled "ICD Ind.;" just use 0 (zero) to let them know you are using ICD-10 (Most all the insurance companies are now using this anyway).

Section 23 sometimes if services require a prior authorization, you will enter the authorization number here. If no pre-authorization is needed, just leave this section blank.

Section 24a enter the date of service; same date in both "From" and "To". Be sure to put the date in both.

Section 24b The most common place of service codes that Doulas would use are:

- 02-Telehealth if the client is NOT at their home
- 04-Homeless shelter
- 09- Correctional facility/prison
- 10-Telehealth in client's home
- 11-Office
- 12-Home
- 16-Temporary lodging
- 18-Place of employment
- 21-Inpatient hospital
- 25-Birth Center
- 99-Other place of service

Section 24C is asking if you are billing for an emergency, Doula's will always answer N

Section 24d is the CPT Code for the session. CPT means, "Current Procedural Terminology" or simply the type of session you had. For Doula care the most typical codes uses are:

- T1032 – prenatal or postpartum visit 15min increments
- T1033- Labor and delivery

Section 24d also has a section for "Modifiers". Most of the time these are not used. But when required, they usually are two letters and might be specific to the insurance company.

Section 24E is matching the diagnosis code line from Section 21 to the CPT codes in 24D. Always list the most specific diagnosis codes first in this section. Claims will usually only accept a maximum of 3 codes, so only 3 letters should go in this box.

Section 24F enter your charges for the session. Tip: double or triple the amount you expect to get paid. The insurance company will discount the price regardless of the contracted rate. Also, plans can vary within insurance companies, and you might get more for a particular type of session or plan.

Section 24G for billing prenatal and postpartum, put in how many 15 min increments there were. Example – 1-hour long session = 4 units. Labor and delivery would be 1 unit.

Section 24J your NPI number

Section 25 your tax ID number – indicate if it is an EIN or your social security number.

Section 27 check "Yes" to have payment of the claim to come to you. (WARNING) Blue Cross/Blue Shield will almost always send the payment to the client no matter what box you check. This would mean you have to collect the money from the client. Denials and EOB (explanation of benefits) should come to you either way.

Section 28 total charge from section 24F (if charging $60 per 15min, 4 units = $240)

Section 29 any co-pays or payments the client made – most likely 0.00.

Section 31 your signature and date

Section 32 &32a; your office location and address; the NPI number will depend on how you are contracted with the insurance company. If you are in a group practice, be sure and put the group name and address here, or the name of your solo practice. If your practice does not have a name, you would simply put your name and address here.

Section 33 &33a enter the name of your practice. Again, the NPI number will depend on how you are contracted with the insurance company. If you are in a group practice and the payments need to come to the group, be sure and put the group name and address here. If you are a solo practitioner, you would simply put your name and address here.

Once you have the above information entered, the claim is ready to file. Do go back and check to make sure you have entered your information correctly. It is quite easy to leave out a digit in one or more of the numbers asked for. Keep a copy of your claim form, then mail or fax it to the insurance company claims office. After 2-3 weeks, you should call to make sure they have received your claim. If not resend it via fax and call to follow up. Call to check the status of your claim weekly until you receive a payment or a denial. Always get the name of the agent you speak with and ask for a call confirmation number.

Assignment of benefits example

ASSIGNMENT OF BENEFITS AND AGREEMTN FOR PAYMENT: I authorize medical benefits to the named provider. I understand that I am financially responsible for charges not covered by this authorization. I agree to pay all noncovered fees incurred within 30 days or my account may incur interest at the rate of 18% Annual Percentage Rate. I further agree to pay all costs including actual attorney fees incurred for collection of my account.