

Kareo Claim Scrubbing Best Practices

Welcome to the Kareo Claim Scrubbing Best Practices Guide. Claim Scrubbing is a process of validating the combination of data presented or submitted on a health insurance claim. This validation revolves around the actual services performed by a practice and submitted to the payer. The data submitted on a claim is validated against such coding rules dictated by Medicare, Medicaid, National Correct Coding Initiative Edits and other standard coding rules.

As of May 2012, Kareo offers robust claim scrubbing, reducing denials and delays when submitting claims. Kareo's Claim Scrubbing feature provides the following:

- NCD/ LCD edits (Medical Necessity)
- CCI edits
- CPT-4/ HCPCS edits
- ICD-9-CM edits
- Revenue Code validation
- State Medicaid edits

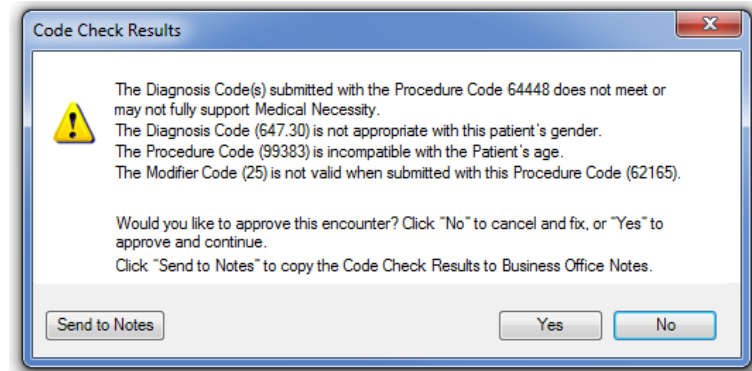


This guide is intended to provide best practices around claim scrubbing procedures. Establishing a sound workflow, monitoring processes and following up on error resolution can also increase your successful claim submissions. Sample claim scrubbing results and messages are included.

Establish a Workflow

The following workflow is recommended for claim scrubbing:

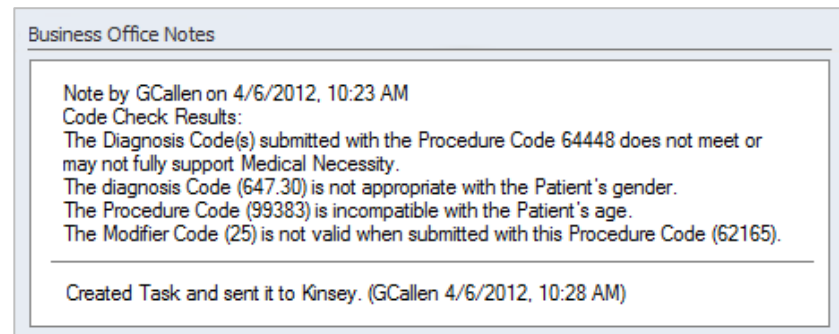
1. When you are ready to approve an encounter, click **Approve**. Codes will automatically be checked.
2. If the Code Check Results window appears, choose one of the following options:
 - Click **Yes**: If you think items flagged will not cause your claim to reject and you want to submit it as is.
 - Click **No**: If you know what is wrong and can correct it now, then approve again after edits have been made. See sample resolutions beginning on Page 4.
 - Click **Send to Notes**: If you are not sure how to resolve the errors and want to send the code check results to the Business Office Notes section of the encounter.
 - a. Once you click **Send to Notes**, you are then returned to the encounter.
 - b. Click the Tasks tab to assign a task to the person who will resolve the errors.
 - c. After the task has been assigned, click **Save**.
 - d. The person assigned the task reviews and resolves the issue(s) and clicks **Check Codes** to confirm there are no new or outstanding issues. If no new issues appear, click **Approve**.



Sample Business Office Notes

In this example, the user (GCallen) added a note that she created a task and assigned it to another user.

It is recommended that when creating a task, always include your username, date and time for reference.



How to Delay the Claim Scrubbing Feature

By default, the Claim Scrubbing feature is enabled. If you are not ready to implement claim scrubbing best practices and want to delay Kareo's Claim Scrubbing feature, follow the instructions below.

Please note that waiting to implement this feature and establish best practices could mean the continued cost of denials, including the loss of revenue.

To disable the claim scrubbing feature

1. In Kareo, click **Settings > Options > Encounter Options** in the top menu.
2. Uncheck the "Enable check codes upon approval" box.

Monitor Processes

A best practice is to monitor the process to ensure the workflow is being followed and errors are being resolved in a timely manner.

In using the Send to Notes and Task features, you can monitor repetitive coding errors, thus enabling you to pinpoint any user/entry errors.

When repetitive errors occur, follow up with staff directly to ensure those errors are minimized in the future and delays in claim submission are reduced.

Kareo Support

Kareo Support is dedicated to helping customers understand the Kareo application and the Claim Scrubbing feature. Kareo Support agents can determine if the Claim Scrubbing feature is functioning properly or assist users with the workflow and online resources as recommended in this guide. Kareo Support agents are limited in what they can do to assist practices in the resolution of rejections and cannot provide any coding recommendations to the practice because:

- Kareo Support agents are not Certified Professional Coders.
- Kareo Support agents are not part of the patient treatment and cannot determine what services were performed.
- Kareo Support agents are not privy to the actual condition of the patient or to other related information required to properly code the services rendered.

Sample Claim Scrubbing Results and Messages for CMS-1500 Claims

Code Check – CMS1500	Expected Validation Message	Comments & Solution Path
HCPCS valid or effective for the date of service?	The Procedure Code (12345) is invalid or expired for the date of service.	Verify if the payer still accepts the code or if a replacement code is now available. AMA (CPT4) or CMS (HCPCS Level II) maintains the procedure files and could provide guidance on the updated code(s).
HCPCS valid for patient's age?	The Procedure Code (12345) is incompatible with the Patient's age.	Confirm that the code selected is the appropriate one for the patient's age.
HCPCS valid for patient's gender?	The Procedure Code (12345) is not appropriate with the Patient's gender.	Confirm that the code selected is the appropriate one for the patient's gender.
Add-on Code?	The Procedure Code (12345) is defined as an add-on code.	Add-on codes are codes typically submitted to supplement or extend another procedure (i.e. Additional Time or units not represented in the primary code). Not an issue if the Primary Procedure is also included in this Encounter. Please confirm with AMA (CPT4) or CMS (HCPCS Level II) for submission guidelines of add-on codes.
Medical Necessity (NCD/LCD)	The Diagnosis Code(s) submitted with Procedure Code (12345) does not meet or may not fully support Medical Necessity.	Check with your payer to verify approved patient conditions to submit the service. For Medicare/ Medicaid patients – check your Intermediary webpages for an online lookup of the actual policies associated with the procedure submitted. CMS also provides an online look-up at: http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx

Code Check – CMS1500	Expected Validation Message	Comments & Solution Path
		The Quick Search section provides an easy method to lookup the specific policy tied to the procedure that is applicable to your Geographic area.
CCI Edit – Unbundling (Comprehensive/ Component)	<p>Sample 1: Code <u>12345</u> is a component of code <u>54321</u> and cannot be billed using any modifier.</p> <p>Sample 2: Code <u>12345</u> is a component of code <u>54321</u> but a modifier is allowed on <u>12345</u>.</p>	<p>For more information on CCI Edits, please visit the CMS.gov webpage at: http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/NCCI-Coding-Edits.html</p> <p>Additional links are also provided on the above webpage.</p>
CCI Edit – Mutually Exclusive	<p>Sample 1: Code <u>12345</u> is mutually exclusive to code <u>54321</u> and cannot be billed using any modifier.</p> <p>Sample 2: Code <u>12345</u> is mutually exclusive to code <u>54321</u> but a modifier is allowed on <u>12345</u>.</p>	
Duplicate HCPCS – Same DOS	The Procedure Code (<u>12345</u>) is submitted more than once for the same date of service <u>MM/DD/CCYY</u> .	Duplication of Procedures Codes may not always be an issue since certain situations do require the same code to be submitted more than once on the same Date of Service.
ICD9 missing 4 th /5 th digit	The Diagnosis Code (<u>123</u>) requires additional digit(s).	Validate billable codes through Kareo Diagnosis Codes Lookup Tool online page at Tools.Kareo.com/ICD9/ .
ICD9 Manifestation Code Validation	The Diagnosis Code (<u>123.45</u>) is categorized as a Manifestation code.	By definition, a Manifestation code cannot be submitted as a Primary or Principal Diagnosis Code. Confirm that this code is not designated as the Primary or Principal diagnosis code on your encounter.
ICD9 Trauma Code Validation	The Diagnosis Code (<u>123.45</u>) is	Trauma Code may require additional information

Code Check – CMS1500	Expected Validation Message	Comments & Solution Path
	categorized as a Trauma code.	submitted to the payer for adjudication. Please confirm with the payer directly.
ICD9 valid for patient's age?	The Diagnosis Code (123.45) is incompatible with the Patient's age.	Confirm that the code selected is the appropriate one for the patient's age.
ICD9 valid for patient's gender?	The Diagnosis Code (123.45) is not appropriate with this Patient's gender.	Confirm that the code selected is the appropriate one for the patient's gender.
Modifier valid?	<p>Sample 1: The Modifier Code (12) submitted with Procedure Code (12345) is not a valid or active code for the date of service.</p> <p>Sample 2: The Modifier Code (12) is not valid when submitted with this Procedure Code (12345)."</p>	Please verify with AMA (CPT Modifiers) or CMS (HCPCS Modifiers) for current active codes and approved use of each modifier.

Sample Claim Scrubbing Results and Messages for UB-04 Claims

Code Check – UB04	Expected Validation Message	Comments & Solution Path
HCPCS valid or effective for the date of service?	The Procedure Code (12345) is invalid or expired for the date of service.	Verify if the payer still accepts the code or if a replacement code is now available. AMA (CPT4) or CMS (HCPCS Level II) maintains the procedure files and could provide guidance on the updated code(s).
HCPCS valid for patient's age?	The Procedure Code (12345) is incompatible with the Patient's age.	Confirm that the code selected is the appropriate one for the patient's age.
HCPCS valid for patient's gender?	The Procedure Code (12345) is not appropriate with the Patient's gender.	Confirm that the code selected is the appropriate one for the patient's gender.
Add-on Code?	The Procedure Code (12345) is defined as an add-on code.	Add-on codes are codes typically submitted to supplement or extend another procedure (i.e. Additional Time or units not represented in the primary code). Not an issue if the Primary Procedure is also included in this Encounter. Please confirm with AMA (CPT4) or CMS (HCPCS Level II) for submission guidelines of add-on codes.
Invalid Revenue Code	The Revenue Code (0123) is invalid or expired for the date of service.	The primary source for the latest codes is through www.nubc.org via the NUBC's Official UB-04 Data. Most payers including Medicare do provide a listing of the active Revenue Codes.
Revenue Code – HCPCS mismatch?	The Revenue Code (0123) is invalid when paired with this Procedure Code (12345).	Confirm that the Revenue Code (see above) entered is appropriate for the Procedure Code submitted.
Medical Necessity (NCD/LCD)	The Diagnosis Code(s) submitted	Check with your payer to verify approved patient

Code Check – UB04	Expected Validation Message	Comments & Solution Path
	with this Procedure Code (12345) does not meet Medical Necessity.	<p>conditions to submit the service. For Medicare/ Medicaid patients – check your Intermediary webpages for an online lookup of the actual policies associated with the procedure submitted. CMS also provides an online look-up at: http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx The Quick Search section provides an easy method to lookup the specific policy tied to the procedure that is applicable to your Geographic area.</p>
CCI Edit – Unbundling (Comprehensive/ Component)	CCI EDIT: The Procedure Code 12345 is a Component of Procedure Code 54321.	Please refer to CCI Edits for more details and whether a procedure modifier is allowed (and appropriate) to override this edit.
CCI Edit – Mutually Exclusive	CCI EDIT: The Procedure Code 12345 is Mutually Exclusive to Procedure Code 54321.	<p>For more information on CCI Edits, please visit the CMS.gov webpage at: http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/NCCI-Coding-Edits.html Additional links are also provided on the above webpage.</p>
Duplicate HCPCS – Same DOS	The Procedure Code (12345) is submitted more than once for the same date of service (MM/DD/CCYY).	Duplication of Procedures Codes may not be an issue since certain situations do require the same code to be submitted more than once on the same Date of Service.
Diagnosis Validation	The Diagnosis Code (123.45) is invalid or expired for the date of service.	<p>Verify if the payer still accepts the code or if a replacement code is now available. CMS provides the updated ICD9 files and could provide guidance on the updated code(s). Another option is through the Kareo Diagnosis</p>

Code Check – UB04	Expected Validation Message	Comments & Solution Path
		Codes Lookup Tools online page at Tools.Kareo.com/ICD9/ .
ICD9 Trauma Code Validation	The Diagnosis Code (123.45) is categorized as a Trauma code.	Trauma Code may require additional information submitted to the payer for adjudication. Please confirm with the payer directly.
ICD9 missing 4 th /5 th digit	The Diagnosis Code (123) requires additional digit(s).	Validate billable codes through Kareo Diagnosis Codes Lookup Tool online page at Tools.Kareo.com/ICD9/ .
ICD9 Manifestation Code Validation	The Diagnosis Code (123.45) is categorized as a Manifestation code.	By definition, a Manifestation code cannot be submitted as a Primary or Principal Diagnosis Code.
ICD9 valid for patient's age?	The Diagnosis Code (123.45) is incompatible with the Patient's age.	Confirm that the code selected is the appropriate one for the patient's age.
ICD9 valid for patient's gender?	The Diagnosis Code (123.45) is not appropriate with this Patient's gender.	Confirm that the code selected is the appropriate one for the patient's gender.
Modifier valid?	<p><u>Sample 1:</u> The Modifier Code (12) submitted with Procedure Code (12345) is not a valid or active code for the date of service.</p> <p><u>Sample 2:</u> The Modifier Code (12) is not valid when submitted with this Procedure Code (12345).</p>	Please verify with AMA (CPT Modifiers) or CMS (HCPCS Modifiers) for current active codes and approved use of each modifier.