

CLEAN CLAIMS	
<h2>Billing Criteria</h2>	
<p>A claim is created when basic billing criteria is complete:</p> <ul style="list-style-type: none"> ■ Demographics complete ■ Insurance verified ■ Final diagnosis entered ■ Charges entered ■ Suspense days met 	
HFMA'S REVENUE CYCLE STAFF TRAINING SERIES	43


The bullet points below include some suggested talking points to help your discussion.

So, we've talked about the payer requirements for a clean claim, but the provider also sets up criteria that must be met before the claim can be created. Some common examples are:

- The patient demographics must be complete.
- The insurance information must be complete and it must be documented in the system as verified.
- The final diagnosis has to be present on the account.
- There must be charges on the account.
- The suspense days must be met. We will talk more about suspense days in just a few minutes.

What if the provider discovers something is missing or incorrect on the claim before it can be sent to the insurance company? (Ask for one or two volunteers.) *No more than a two minute discussion.*

- The claim cannot be sent to the insurance company, and someone from the business office will have to figure out what is wrong and correct it. Sometimes this means contacting other departments in the hospital to obtain missing or correct data.

(Identify for the participants any additional information that your facility requires before a claim is created.) 

Exercise 1: Identifying the Origin of the Information on the UB-04

Please complete the following questions based on your knowledge of the revenue cycle.

1. The billing provider name, address, and phone number appear in Form Locator 01. This information is generated by:
 - a. Pre-registration
 - b. Physician
 - c. *Computer system*
 - d. Insurance verification

2. Form Locator 09 contains the patient's address. The key player responsible for obtaining and entering that information into the system is:
 - a. Service Department
 - b. HIM
 - c. Case Management
 - d. *Patient Access*

3. Room and bed charges, identified in Form Locator 42 on an inpatient claim are generated by:
 - a. Radiology
 - b. Patient Access
 - c. *Computer system*
 - d. HIM

4. The treatment authorization code is found in Form Locator 63. This information comes from:
 - a. Physician's office
 - b. Scheduling
 - c. Pre-certification
 - d. *All of the above*

5. The patient's admitting diagnosis ICD-9-CM code appears in Form Locator 69. Which of the key players is responsible for this information?
 - a. Billing
 - b. Information technology
 - c. Finance
 - d. *HIM*

6. Form Locator 76 contains the attending physician name and identifier. This information is generated by:
 - a. HIM
 - b. *Patient Access*
 - c. Physician
 - d. Billing
 - e. Answers b and c