



## Network Communication Bulletin #36

**To:** All Providers  
**From:** Amy Bryant, M. Ed., Network Director  
**Date:** December 14, 2018  
**Subject:** Date Span on Submitting Professional Claims, Electronic Health Records Deadline

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### **ATTENTION PROVIDERS SUBMITTING PROFESSIONAL CLAIMS:**

Trillium Health Resources would like to provide clarification for providers around date span on professional claims submissions (FL 24A of the CMS-1500 claim form or Loop 2400 of the 837P).

Per billing guidelines for professional claims (CMS-1500 claim form or 837P) and to ensure proper processing and payment, claims with a date span should only be submitted in certain circumstances.

When billing a date span in FL 24A of the CMS-1500 claim form or Loop 2400 of the 837P:

- 🌱 It must be for consecutive days.
- 🌱 The unit value of each day must be the same.
- 🌱 The service code, date of service, and corresponding units must be in line with the related clinical coverage policy.

If the above criteria is not met, then each date should be billed as a separate line to ensure proper adjudication occurs.

Inappropriate dates in the "from" and "to" fields may result in claim denials.

For example:

- 🌱 **Medicaid Clinical Coverage Policy for H2035** allows up to 24 units per day, so units may not always be the same for each date of service. Therefore, the dates should not be bundled and submitted on one claim line.

Service code H2035 might be billed as:

8/25/18 to 8/25/18 for five units

8/26/18 to 8/26/18 for seven units

It would not be billed as 8/25/18 to 8/26/18 for 12 units because the unit value is not the same each day.

- 🌱 **Clinical Coverage Policy for S5145** is one unit per day, so it will be distributed correctly if claim dates are bundled and submitted as a date span as long as the service was rendered in consecutive days.

Service code S5145 might be billed as:

8/1/18 to 8/30/18 for 30 units

As this is a one unit per day service and on consecutive days, it may be billed as a date range.

Service code S5125 might be billed as:

8/1/18 to 8/1/18 for six units

8/2/18 to 8/2/18 for four units

8/3/18 to 8/3/18 for six units

8/4/18 to 8/4/18 for five units

8/5/18 to 8/5/18 for six units

It would not be billed for 8/1/18 to 8/5/18 for 30 units because the unit value is not the same per day.

For additional information on service codes and billing units, please refer to the applicable [Clinical Coverage Policies](#), Current Procedural Terminology, and the Health Care Procedure Coding System guidelines.

If you have any questions, please contact the Network Department at [NetworkServicesSupport@TrilliumNC.org](mailto:NetworkServicesSupport@TrilliumNC.org) or your claims specialist.

## **ELECTRONIC HEALTH RECORDS DEADLINE**

Trillium providers must have an Electronic Health Record (EHR) in place by June 1, 2019 to continue to provide Medicaid and State billable services. This is to comply with the State's required Health Information Exchange (HIE) requirements (NC General Statutes 90-414.4). If this date is not extended by the State, any provider that does not have an EHR in place that meets all the HIE requirements will no longer be eligible to provide services.

Trillium will offer training to providers in January that covers HIE. Please [visit here](#) for more information and to register.

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Trillium offers trainings for providers and also shares about educational events across the region. To learn more, visit our [Upcoming Events page](#).

Trillium occasionally announces open enrollment and RFPs for new and existing providers. Visit the [RFP | RFA | RFI | Opportunities page](#) for listings.

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