

**UConn Health**  
**Office of Clinical & Translational Research**  
**Standard Operating Procedures**

Title: Processing UMG Charges with Open Case Numbers in TES	
Relates to Policy: 900-11, 901-11	
SOP#: 1204-17	Version 1.0
Prepared by: P. Olsen	Original date: 10/04/2016
Approved by: J. Kulko	Date approved: 10/05/2016

**Purpose and Applicability:** The purpose of this document is to:

1. Describe the process for reviewing UMG charges that are held in TES due to an open case number
2. Describe the procedure to add the NCT#, Q1 modifier, and Z00.6 diagnosis code to UMG charges that are designated as routine care as part of a Medicare qualifying clinical trial

**Background and Significance:**

See SOP 1200-17

**Scope:** When a clinical trial has UMG charges associated with the study, a BEAN number is assigned to designate it as a clinical trial. Participants on these studies are assigned a STDY Case Number which is used to identify PICs. Billing the PIC charges using the STDY Case number directs them to be billed to Research. If no PIC's are associated with the clinical trial but there are RC costs and the clinical trial is designated as a Medicare qualified clinical trial, the participants are assigned a RSOC Case Number. The RSOC number designates routine clinical services and these charges are billed to Insurance. All charges incurred by patients with open case numbers are held for review.

**Responsibilities:** The Coding Reimbursement Specialist is responsible for reviewing UMG charges that are associated with an open case number to ensure the payor information is correct. If it is determined that the charges are routine care costs associated with a qualified clinical trial, the Coding Reimbursement Specialist will add the NCT#, Q1 modifier, and Z00.6 diagnosis code to the charges.

**Procedural Steps:**

1. Sign in to IDX
2. Enter choice: **2** (BAR)
3. Enter Group: **3**
4. Select function: **1000** (TES functions)
5. Select activity: **2** (Encounter/transaction editing)
6. Hit Enter until the cursor is at the Workfile field
7. Workfile: (This will list the workfiles associated with your IDX username)
8. Use the arrow key to highlight the workfile you want process, hit **ENTER** to select it (a diamond indicates the selected file)

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9. Then hit **F10** and the encounters to be reviewed will be displayed
10. Use the arrow key to select an encounter :
  - A. To see what study the patient is enrolled in:
    - Select 'P' – Patient Inquiry
    - Select 'D' – Demo, Ins, Case Info
    - Select '3' – Case onlyUse F7/Q to exit back to the encounter display (3-4 times depending on whether you reviewed the case)
  - B. To process the encounter:
    - a. Select 'Z' to display the transactions, move the arrow to select a transaction, then select 'E' to edit the highlighted transaction
    - b. Hit 'Page Up' twice
    - c. If charge is appropriately billed to insurance, hit 'ENTER' 3X to get to Rev? field.

Enter a 'Y' in the 'Rev?' field.

Hit F9, then enter 'C' for Case:

At the bottom of the screen:

- If charge IS NOT Routine Care that is part of a qualified clinical trial OR the patient does not have Medicare or Medicare Advantage, enter 'N' in the 'Routine Standard of Care?:' field.
- If the charge IS Routine Care that is part of a qualified clinical trial AND the patient has Medicare or Medicare Advantage,
  - o Enter 'Y' in the 'Routine Standard of Care?' field
  - o Hit ENTER, then enter the 8-digit NCT# in the 'NLM Clinical Trial Num' field

Hit F10, F10, F10 to file the encounter. This must be done for **each** transaction in the encounter.

- \*\*\* **Make a screen print of the charge to file**\*\*\*\*
- **THE NCT# MUST BE ADDED TO THE HEADER AND TO EACH TRANSACTION IN THE ENCOUNTER.**

To add the NCT# to the Header:

- - Hit 'Z' to display the transactions

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- - Hit 'E' to edit the transaction
- - Hit F9 then 'C'
- - Enter 'Y' in the 'Routine Standard of Care?:' field and the NCT#, then F10 until the encounter is filed

See below for the procedure to add the Q1 modifier and Z00.6 diagnosis code

d. If charge is appropriately billed to Research (FSC: STUDY ACCOUNTS),

Hit F9, hit C, enter N in 'Routine Standard of Care?:' field  
Hit F10, F10, F10 to file the encounter  
You do not have to enter a 'Y' in the 'Rev?' field

e. If a charge is billed to insurance but should be billed to the study, the case number will have to be added to the header page before hitting the 'Page Up' key twice to get to the transaction page. Add the case number to the transaction page, hit F9 and enter 'N' in the 'Routine Standard of Care' field.

Then F10, F10, F10 to file your changes to the encounter.

The case number must be added to **each** transaction in the encounter.

f. If the charge is incorrectly billed to RESEARCH, you have to email the Business Systems Analyst in UMG to have the case number removed from the encounter. Indicate that the NCT#, Q1 mod, and Z00.6 will be added, if required, after the case number is removed so the hold is not deleted.

g. Re-check the transaction and header info to ensure accuracy.

**ADDING THE Q1 MODIFIER AND THE Z00.6 DX CODE TO AN ENCOUNTER**

After entering 'Z' to edit the transaction:

Hit 'ENTER' until you get to the 'Modifier' field. If the field is blank then enter 'Q1'. If there is a modifier in the field, i.e. 'GC', you have to re-enter it with the Q1, separated by '/' . So you would enter: GC/Q1

Hit F10 then F7 Q

Page up once. The diagnoses are listed on this page.

Hit Enter until you get to the first blank Diagnosis line

Enter 'Z00.6'

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Hit 'ENTER'

**'Add diagnosis Z00.6 to the existing transactions?'**

**OK? Y=>** ' ' is displayed at the bottom

Hit 'ENTER' twice

Hit F10, then F7 Q

Then page up twice, then proceed to B.c above to add the NCT#

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Date revised version sent to archives & current revision version # advanced:	