

Quinco Custom Billing Acorn v1.0.9

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Minimum Required EchoVantage version 3.44+

Document History

Date	Description	Author	Version
02/23/2023	Initial Release	Heather Sherwood	1.0.9.RELEASE

Overview

The Quinco custom billing acorn provides an 837P customization which allows up to 8 Client Diagnoses to be reported with every Claim. When reporting Diagnoses, the Acorn includes every Diagnosis from *Clients > Diagnosis* where the Diagnosis Start and End Dates encompass the Service Dates on the claim.

- The first Diagnoses reported are those listed as Principal on the Claim Services
- Reporting of the Primary Diagnoses follows the Principal Diagnoses
- Then Secondary Diagnoses are reported after all Primary Diagnoses
- Finally, Tertiary Diagnoses are reported following all Secondary Diagnoses
- Until all Client Diagnoses are reported or the maximum of 8 reported Diagnoses is reached

Installing the Acorn

The installation inserts one Acorn Registration record: *Quinco Custom Billing*. After installation is complete, the Acorn version displays on the Help > About page under the ACORNs section.

Configuring the Application

Select the Acorn for the Applicable Payer

Navigate to *Configuration > Services/Payers > Payers > Billing Methods* for each payer that requires multiple diagnoses per Claim reported on the 837P. In the Acorns field, select *Quinco Custom Billing* from the drop-down list, and then select *SAVE* to record the changes. The Acorn must be defined on each Payer's 837 Professional Billing Method for multiple diagnoses to report per Claim.

PROFILE	COMMUNICATIONS	PROCESSING	RATES	BILLING METHODS	PAYER MAPPINGS	ELIGIBILITY	POS MAPPINGS
837 Professional							
CMS-1500 Paper							
837 Institutional							
UB-04 Paper							
Header				Submitter Name (Loop 1000A, NM103)			
Acorns				Phoenix Counseling Center			
Authorization Info (ISA02)				Submitter Id Code (Loop 1000A, NM109)			
				202493799			
Security Information (ISA04)				Submitter Contact (Loop 1000A, PER02)			
				TEG Billing Contact			

Creating Bills Using the Acorn

The Acorn follows the typical billing process in Fiscal Overview of Creating Charges and then Creating Bills. When this Acorn is assigned in the 837P Billing Method configuration, and 837P is selected as the Billing Method in *Unbilled Charges > Create Bills*, the Acorn's custom logic is triggered during the 837P bill creation.

When reporting Diagnoses, the Acorn includes Diagnoses from *Clients > Diagnosis* where the Diagnosis Start Date is on or after the Service Start Date and the Diagnosis End Date is on or before the Service End Date, up to a maximum of 8 using the following hierarchy.

- The first Diagnosis reported is the one listed as Principal on the Claim Service
- Reporting of the Primary Diagnoses follows the Principal Diagnoses

- Then Secondary Diagnoses are reported after all Primary Diagnoses
- Finally, Tertiary or Other Diagnosis types (Resolved, Rule Out, etc) are reported following all Secondary Diagnoses
- Until all Client Diagnoses are reported or the maximum of 8 reported Diagnoses is reached

For example, a Client has the following Diagnoses.

Diagnosis Code	Type	Start Date	End Date
F32.0	Primary	11/01/2022	--
F01.A4	Primary	12/01/2022	--
F03.B3	Secondary	07/12/2022	12/22/2022
F10.14	Secondary	12/05/2022	
U09.9	Tertiary	12/07/2022	
Z11.52	Resolved	12/07/2022	12/10/2022

And the following Services were provided.

Service Code	Service Start	Service End	Principal Diagnosis Code
90837	12/07/2022	12/07/2022	F32.0
CM	12/07/2022	12/07/2022	F32.0
90792	12/08/2022	12/08/2022	F01.A4
YP830	12/11/2022	12/11/2022	F10.14

Using the 837P Debug file after bills are created, the other diagnoses in segment HI are highlighted for each Service below.

- On the Claim for the 90837 Service on 12/07/2022,
 - The HI*ABK value is F320, the principal diagnosis as defined on the Service.
 - The remaining Client Diagnoses are reported as ABF or Other Diagnoses, in order from Primary through Tertiary, in ascending diagnosis code order when there is more than one of the same type.

```
[L.2000C!L.2300]CLM*000423-6869*120.62***11<B<1*Y*A*Y*Y*P
[L.2000C!L.2300]HI*ABK<F320*ABF<F01A4*ABF<F03B3*ABF<F1014*ABF<U099*ABF<Z1152
[L.2000C!L.2300!L.2310B]NM1*82*1*SHERWOOD*HEATHER
[L.2000C!L.2300!L.2310B]PRV*PE*PXC*
[L.2000C!L.2300!L.2400]LX*1
[L.2000C!L.2300!L.2400]SV1*HC<90837*120.62*UN*1***1
[L.2000C!L.2300!L.2400]DTP*472*D8*20221207
[L.2000C!L.2300!L.2400]REF*6R*000423-6869
```

- On the Claim for the CM Service on 12/07/2022,
 - The HI*ABK value for this service is also F320, the principal diagnosis defined on the Service.
 - The remaining Client Diagnoses are again reported as ABF or Other Diagnoses, in the same order as the other 12/7 Service.

```
[L.2000C!L.2300]CLM*000423-6868*69***11<B<1*Y*A*Y*Y*P
[L.2000C!L.2300]HI*ABK<F320*ABF<F01A4*ABF<F03B3*ABF<F1014*ABF<U099*ABF<Z1152
[L.2000C!L.2300!L.2310B]NM1*82*1*SHERWOOD*HEATHER
[L.2000C!L.2300!L.2310B]PRV*PE*PXC*
[L.2000C!L.2300!L.2400]LX*1
[L.2000C!L.2300!L.2400]SV1*HC<CM1*69*UN*1***1
[L.2000C!L.2300!L.2400]DTP*472*D8*20221207
[L.2000C!L.2300!L.2400]REF*6R*000423-6868
```

- On the Claim for the 90792 Service on 12/08/2022,
 - The HI*ABK value is F01A4, the principal diagnosis defined on the Service.
 - The remaining Client Diagnoses are reported as ABF type diagnoses.

[L.2000C!L.2300]CLM*000423-6870*120.37***11<B<1*Y*A*Y*Y*P
[L.2000C!L.2300]HI*ABK<F01A4*ABF<F320*ABF<F03B3*ABF<F1014*ABF<U099*ABF<Z1152
[L.2000C!L.2300!L.2310B]NM1*82*1*SHERWOOD*HEATHER
[L.2000C!L.2300!L.2310B]PRV*PE*PXC*
[L.2000C!L.2300!L.2400]LX*1
[L.2000C!L.2300!L.2400]SV1*HC<90792*120.37*UN*1***1
[L.2000C!L.2300!L.2400]DTP*472*D8*20221208
[L.2000C!L.2300!L.2400]REF*6R*000423-6870

- On the Claim for the YP830 Service on 12/11/2022,
 - The HI*ABK value is F1014, the principal diagnosis defined on the Service.
 - The remaining Client Diagnoses are reported as ABF type diagnoses.
 - Note, that the Z1152 Diagnosis is not included in the *Other* diagnoses list. This is because the Start and End Date for the Service on this Claim is 12/11/2022, which is outside the active range of 12/07/2022-12/10/2022 for that Diagnosis.

[[L.2000C!L.2300]CLM*000423-6871*27.56***11<B<1*Y*A*Y*Y*P
[L.2000C!L.2300]HI*ABK<F1014*ABF<F320*ABF<F01A4*ABF<F03B3*ABF<U099
[L.2000C!L.2300!L.2310B]NM1*82*1*SHERWOOD*HEATHER
[L.2000C!L.2300!L.2310B]PRV*PE*PXC*
[L.2000C!L.2300!L.2400]LX*1
[L.2000C!L.2300!L.2400]SV1*HC<YP830*27.56*UN*2***1
[L.2000C!L.2300!L.2400]DTP*472*D8*20221211
[L.2000C!L.2300!L.2400]REF*6R*000423-6871