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European Journal of Advances in Engineering and Technology, 2019, 6(7):80-85

Research Article ISSN: 2394 - 658X

Claim Acceptance Process using Date of Service (DOS)

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ABSTRACT

The date of service referred to as DOS, is arguably one of the most significant components of the 837. It indicates the specific date on which medical services were provided to the patient. The DOS drives many aspects of the claim submission and processing. For example, the DOS is used to determine the correct fee schedule and coverage policies that were in effect on those respective days. It also ensures the claim is submitted within the payer's timely filing requirements. If the DOS is entered incorrectly, it can lead to denied claims, inaccurate payments, or compliance issues. Date of service is an entity for calculation/methodology process in a claim. In this article, we will summarize how the date of service plays a critical role while validating the claim and adjudication of policy. Furthermore, since I come from .net background, I will provide tools/solutions from an .net batch process perspective.

Key words: Claim Adjudication, EDI Transactions, Transaction 837, Healthcare Provider, Billing Provider, HIPAA (Health Insurance Portability and Accountability Act of 1996), LOB (Line of Business), Professional, Institutional, Bill Type, Subscriber, Payer, Patient, Rendering Provider, Service Date, Encounter

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INTRODUCTION

The EDI document of Transaction 837 is loaded with claim information such as claim type, billing information, payer information, member information. and the Service lines information which is nothing but provided service/treatment with date specific. Based on Date of Service extraction from the claim, application will check the claim's Line of Business (LOB) considered, and each line of business is associated with cutoff date.

Some key things to keep in mind with the DOS:

- Enter the actual date the patient received services, not the date the claim was prepared.
- For recurring or continuous services, use the start and end dates.
- For inpatient hospital stays, use the admission and discharge dates.

For services performed over non-consecutive days, enter each DOS on a separate claim line.

Check the payer's requirements for acceptable date spans between DOS and claim submission. Transaction 837 is a standard electronic data interchange (EDI) transaction document used in the healthcare industry for the submission of healthcare claims. Transaction 837 always follows the HIPAA Compliance standards. This compliance will help protect patient privacy and security of patients' health information and detailed information about the health care services/treatments provided to patient. Insurance companies will submit the claim to clearing house/payers in a structured and standardized format.

For 837 electronic claim transactions, the date of service determines:

- The patient's insurance coverage and benefits that were in effect. Most insurance plans operate on a calendar year basis, so coverage and benefits can change from year to year.
- Medical policies, procedures, and diagnosis codes that were valid at the time. These codes are updated annually, so the services provided must be billed using the correct codes for that date of service.

- Timely filing requirements. Most insurance companies require claims to be filed within a certain number of days from the date of service to be considered for reimbursement. Submitting claims beyond the timely filing period can result in denial of the claim.

What happens if the date of service is entered incorrectly on an 837 transaction?

Entering an incorrect date of service on an 837-claim transaction can lead to:

- The claim being denied for untimely filing if the date is beyond the insurance company's filing period.
- The claim being reprocessed using the wrong coverage, benefits, and medical codes if the date of service falls in a different calendar year. This can delay payment or result in the claim being denied.
- Difficulty in reconciling payment discrepancies since the remittance advice details won't match the originally submitted claim information.
- Extra work to submit a corrected claim with the proper date of service and ensure its processed accurately.

It's critical to enter the correct date of service on 837 transactions to maximize claim reimbursement and minimize processing issues. Double check this important detail before submitting health insurance claims electronically.

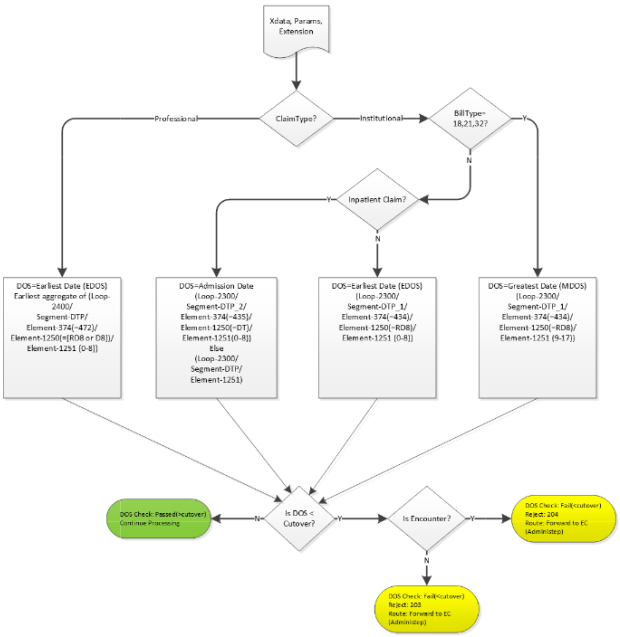
RULE ENGINE

Rule Engine is a workflow application which is defined to execute set of business rules when claim received from inbound queue. Its automated service designed to execute the claims every day at least 200k claims.

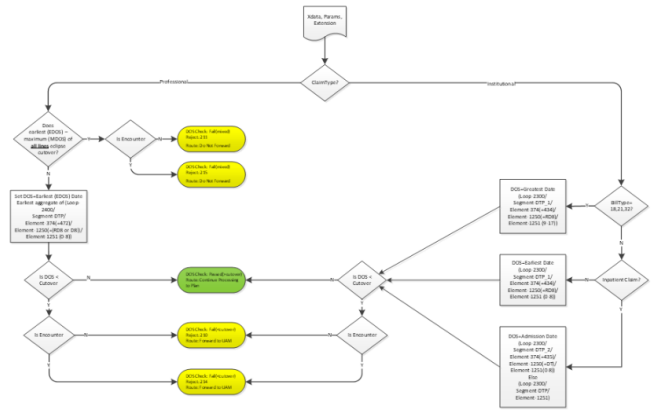
IMPORTANT ELEMENTS/DATA ASSOCIATED IN TRANSACTION 837

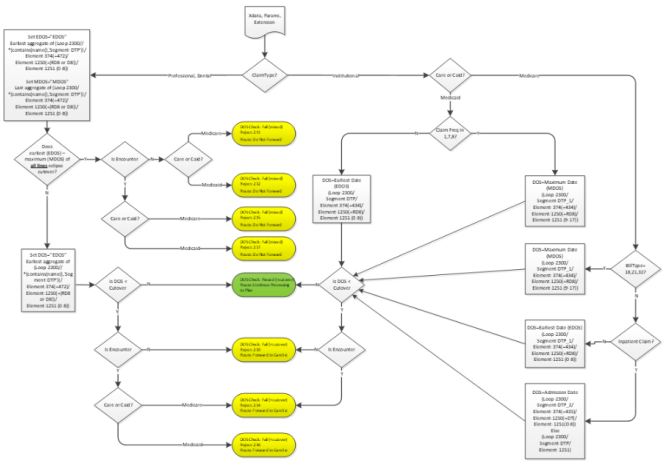
Entity name	Entity Description
Interchange Sender Id	Unique identifiers for the sender
Service Line(s)	Treatment/ service information with date and bill type
Billing Provider	Provider information who provided the service to Member
Payer Information	Provider to whom payment should be sent for the provided services.
Claim Type	Professional - Services provided by individual practitioners such as physicians/ surgeons/ nurse practitioners/ physical therapists etc. Institutional - Services provided by hospitals/ nursing homes/ skilled nursing facilities/ inpatient rehabilitation facilities etc. Dental - Services provided by dental professionals or dental providers.
Line Of Business (LOB)	The Line of Business defines each organization in different ways. This will help the organization to type the claim is generated. For example, Arizona Medicaid is called AMD.
Referring Provider	Referring provider is a healthcare professional who is responsible for referring the patient to another healthcare provider or specialist for additional services or treatment.
EDOS	Earliest Date of Service
MDOS	Maximum/Greatest Date of Service
Out Of Area	Where a claims id deemed to be outside of defined service area

APPLICATION FLOW



FLOW CHARTS





METHODOLOGY

Each organization follows a different approach to extract the final date of service (DOS) from a claim.

1. Dynamic Configuration

Across the organization there were different business unites executes the claim for its fulfilment. As part of this execution these all applications need the access of claim Transaction 837 and before executing their business operations, they make sure claim is in the business timelines. These timelines will keep change based on organization decisions.

So, these timelines we can end up with cutover dates. Organization would control these cut-over dates by configuration like below.

```
<?xml version="1.0" encoding="utf-8" ?>
<config>
  <CutOverDate>
    <RMR>20180101</RMR>
    <UAR>20190101</UAR>
    <UFR>20190101</UFR>
    <UMR>20190101</UMR>
    <UPR>20190101</UPR>
    <USR>20190101</USR>
    <UXR>20190101</UXR>
    <AMD>20210401</AMD>
    <ADD>20990101</ADD>
    <AZR>20190101</AZR>
    <GMD>20200501</GMD>
    <GFP>20200501</GFP>
    <SMD>20200501</SMD>
    <AOR>20190101</AOR>
    <QIRDUAL>20210501</QIRDUAL>
    <WMRDUAL>20210101</WMRDUAL>
    <MIRDUAL>20210701</MIRDUAL>
    <RMRDUAL>20230101</RMRDUAL>
  </CutOverDate>
  <DynamicAssemblyDefinitions>
    <ECDOSHandler path="\bin\CISDOS.ECDOSHandler.dll" lobs="RMR" />
    <UAMDOSHandler path="\bin\CISDOS.UAMDOSHandler.dll" lobs="UAR,UFR,UMR,UPR,USR,UXR" />
    <CFDOSHandler path="\bin\CISDOS.Care1stDOSHandler.dll" lobs="AZR,AMD,ADD,AOR" />
    <CNCDOSHandler path="\bin\CISDOS.CNCDOSHandler.dll" lobs="GMD,GFP,SMD" />
    <UKNDOSHandler path="\bin\CISDOS.UKNDOSHandler.dll" lobs="UKN" />
    <QIRDUALHandler path="\bin\CISDOS.QIRDUALHandler.dll" lobs="QIRDUAL" />
    <WMRDUALHandler path="\bin\CISDOS.WMRDUALHandler.dll" lobs="WMRDUAL" />
    <MIRDUALHandler path="\bin\CISDOS.MIRDUALHandler.dll" lobs="MIRDUAL" />
    <RMRDUALHandler path="\bin\CISDOS.RMRDUALHandler.dll" lobs="RMRDUAL" />
  </DynamicAssemblyDefinitions>
  <LOB_MEDICARE>AZR,AOR</LOB_MEDICARE>
  <LOB_MEDICAID>AMD,ADD</LOB_MEDICAID>
</config>
```

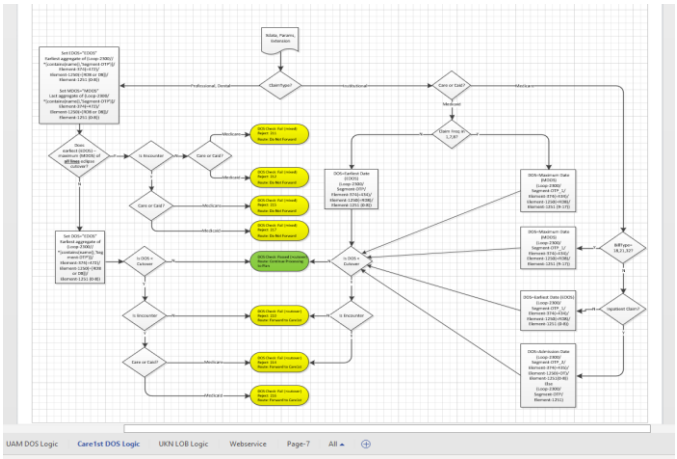
Here as you can see cut over date module holds the timeline limit for each line of business. Due to any reason if the organization is not responsible for certain line of business, then they update the cutover date as per the need.

2. Dynamic Load for workflow execution

In the below picture you can see Dynamic Assembly definition section that defines the which workflow module it has to load and execute. Each workflow is assigned with multiple line of businesses are allocated with.

```
<DynamicAssemblyDefinitions>
  <ECDOSHandler path="\bin\CISDOS.ECDOSHandler.dll" lobs="RMR" />
  <UAMDOSHandler path="\bin\CISDOS.UAMDOSHandler.dll" lobs="UAR,UFR,UMR,UPR,USR,UXR" />
  <CFDOSHandler path="\bin\CISDOS.Care1stDOSHandler.dll" lobs="AZR,AMD,ADD,AOR" />
  <CNCDOSHandler path="\bin\CISDOS.CNCDOSHandler.dll" lobs="GMD,GFP,SMD" />
  <UKNDOSHandler path="\bin\CISDOS.UKNDOSHandler.dll" lobs="UKN" />
  <QIRDUALHandler path="\bin\CISDOS.QIRDUALHandler.dll" lobs="QIRDUAL" />
  <WMRDUALHandler path="\bin\CISDOS.WMRDUALHandler.dll" lobs="WMRDUAL" />
  <MIRDUALHandler path="\bin\CISDOS.MIRDUALHandler.dll" lobs="MIRDUAL" />
  <RMRDUALHandler path="\bin\CISDOS.RMRDUALHandler.dll" lobs="RMRDUAL" />
</DynamicAssemblyDefinitions>
```

While claim is executing in any application that claim information provide the line of business to the Date Of service. Based on Date of Service configuration claim will execute with respective workflow logic.



So above workflow will be executed when the claim meets the below requirements.

```
<CFDOSHandler path="\bin\CISDOS.Care1stDOSHandler.dll" lobs="AZR,AMD,ADD,AOR" />
```

As you can see the output of the above workflow based on claim data final date of service can be earliest date or latest date from the given service lines or even it could be admission date of the patient also.

So, the Date of Service provides the response along with final date of service and produces the route information. Based on application need receiver can use either date of service information or route information.

For all the LOB's Extracting Service Line(s) it is mandatory for a claim. Service lines Segment is 2400 Loop (Service Line Information)

Ex: -

LX*1
SV1*HC:99213*40*UN*1***1
DTP*472*D8*20230115
LX*2
SV1*HC:99214*60*UN*1***1
DTP*472*D8*20230115
LX*3
SV1*HC:80053*1*UN*1***1
DTP*472*D8*20230116

Xpath for loop 2300

Professional
//Transaction-837/Loop-2300/Loop-2400/Segment-DTP
Institutional
// Transaction-837/Loop-2300/Loop-2400/Segment-DTP_1
Dental
//Transaction-837/Loop-2300//Segment-DTP

Following are different steps which are involved.

Example 1

As we have the line of business (LOB) called easy choice.

Steps

1. Detect the claim type, either it should be professional or Institutional.

1.1. Professional

1.1.1. Get EDOS: - As defined earlier, claim data will be collected with all the service line(s) information and it aggregates all the service line(s) date range and determines the Earliest Date of Service and that will be used as final Date of Service.

1.2. Institutional

1.2.1. Determine the Bill Type: - Bill type information is in "Segment-CLM" element and original value is separated in two different elements called "Element-1331" and "Element-1325". For the final bill type value, we will concatenate it.

1.2.2. If Bill type is 18/21/32: - If the bill type value is 18/21/32, then we will aggregate all the service lines and extract Maximum Date of Service (MDOS) and that's considered as final DOS.

1.2.3. If Bill type is not 18/21/32: - Determine claim is Inpatient Claim or not. If the claim is due to an inpatient stay in a hospital.

1.2.4. If Inpatient claim: - Extract the Admission date from claim and use as final Date of Service.

1.2.5. If not Inpatient claim: aggregates all the service line(s) date range and determines the Earliest Date of Service and that will be used as final Date of Service.

2. After calculating the final date of service using Step 1, we will compare it with cutoff date. Cutoff date is a standard business date which we will receive from business until which date we are supporting that line of business.

3. If the Date Of service is within the cutover date, then we will consider it as claim acceptance for other business units processing.

4. If the Date Of service is greater than cutover date, claim will be forwarded to respective business unit with valid reject code information.

CONCLUSION

At the end of the day, the date of service is the key that unlocks efficient 837 processing for your organization. By truly understanding its role and potential, you can transform this small data point into big performance gains. So now that you've got the inside scoop, it's time to put these insights into action. Start by evaluating your current workflows and identifying where date of service data can be better leveraged. Plan for implementing any needed process improvements or system enhancements. With some thoughtful effort, you'll be well on your way to unlocking the full power of the date of service to streamline your 837 transactions. Putting the pieces together takes time, but the payoff makes it worthwhile. So go empower your team, maximize your technology, and let the date of service catalyze your organization's next level of 837 achievement!

REFERENCES

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[2]. 837 Transaction Companion Guide ANSI x12 General Guidelines https://www.cdphp.com/-/media/files/providers/837_companion_guide.pdf