

## **BILLING SHEET POLICY**

**\*\*Billing Sheets are in books. They are handed out by HR at the PEL office\*\***

1. At the top of the Billing Sheet, you will see a place to put your name and the current date that you are rendering the service.
2. On the top right hand corner there is a place called “Stop Num”. This is meant to put your billing sheets in a chronological sequence. Please label your stops #1, #2, #3, etc as you go through your day providing services to a potential variety of facilities. If you go on a Stat or “On-Call” visit, be sure to write OC 1, OC 2, etc for distinguishing those types of stops (visits) you may make
3. In the box labeled “Facility/Purchase Order Number/Ordering Person/Address” please print the name of the Facility where you are rendering services. If there is a PO#, please list that in the bottom corner of that box by printing {PO# 1(for ex)}. If you know the person at the Facility who placed the order, please print their name underneath the name of the Facility.
4. While you are providing services to the Facility, you may want to begin filling out your Billing Sheet services. Under “Evaluations/Service” please print the patient’s name and the type of service you are providing. Put your start/end time for providing that specific service and your total time. If it pertained to a specific patient, put the room # you were in to provide the service. Under “Code”, please print the Procedure Code you are using to describe the service given. *If you need to, please refer to the attached Procedure Code Description Table to assist you.* Coding the Procedure is important to assist us in providing statistical analysis of our services and for the Facility to better understand the service provided. If the service was for Equipment Maintenance, please print Equipment Maintenance (EM) under the “Evaluations/Service” and then Code the type of EM Visit accordingly.
5. Under “Item/Serial Number” please print out any equipment and/or supplies you may be delivering to the Facility and list the Room #/Patient who is receiving the delivery. Make sure you list the Quantity of the item being listed. ALWAYS include the Serial Number from the equipment as this is the only way we can track where our equipment is located.
6. Under “Notes” you may list any extra comments you may need to make in order to complete the description of the services you have provided. An example here might be that is a Facility designate asked you to wait for a patient to arrive for a new set up, you might document the individual that gave you the approval to wait for the patient in this area of the Billing Sheet.
7. At the bottom of the form, please fill in your Travel Time (TT) completely. TT is paid for trips from facility to facility. TT is not paid to drive to your first stop or to drive home, with the exception of portal to portal or Stat/On-Call time calls. However, you will be compensated for ALL of your mileage. (You will receive compensation for your tolls by using your PEL Transponder during work hours) When documenting your TT, you may notice that you are sometimes repeating travel times (the travel *out* time on stop#1 will be the travel *in* time on stop 2). Just rewrite them on the new billing sheet.

EXAMPLE:

	Time Start	Time End	Odometer Start	Odometer End	Miles Total	Tolls	Code
Travel In	900	1300	923	981	58	0	95
Travel Out	1300	1400	981	1039	58	0	95

- **When you leave a facility always report to the person in charge and give them an update any any recommendations regarding any of the patients and/or services that were provided to them during your visit. Your signature is also required at the bottom of the Billing Sheet. The Facility person in charge and/or their designate will then need to sign the form and print their name underneath. After you fax over the Billing Sheet to the PEL office at 708-581-7994 you may give the Billing Sheet to the Facility person in charge and/or their designate. You will retain the yellow copy of the Billing Sheet in your book for your records.**

**RT LTC BILLING PROCEDURAL CODING**

Procedure Code	Description of Code	Brief Explanation of definition of the Code and when to use the Code	Facility used in
30	PE General	<b>Patient Evaluation</b> – initial evaluation of a patient ( a PEL RT assessment sheet must have been completed and placed in their medical record)	All
31	PE Follow Up	<b>Patient Evaluation</b> - subsequent evaluations of a patient (a PEL RT Assessment sheet must have been completed and placed in their medical record)	All
32	PE Trach Care	<b>Patient Evaluation</b> - initial and/or subsequent evaluation of a patient that includes the direct rendering of only trach care (a PEL RT Assessment sheet must have been completed and placed in their medical record)	All
33	PE Trach Change	<b>Patient Evaluation</b> - initial and/or subsequent evaluation of a patient that includes the direct rendering of a trach change (a PEL RT Assessment sheet must have been completed and placed in their medical record) {Use code 33 when doing the trach change even though trach care is part of the trach change service}	All
34	PE Vest Therapy	<b>Patient Evaluation</b> - initial and/or subsequent evaluation of a patient that includes the direct rendering of a vest therapy treatment (a PEL RT Assessment sheet must have been completed along with the HFCWO Pt Eval form {if new pt}and placed in their medical record)	All
35	PE Trach	<b>Patient Evaluation</b> - initial and/or subsequent evaluation of a patient who is getting a trach set up along~wlih the evaluation (a PEL RT Assessment sheet must have been completed and placed in their medical record)	All
36	PE Weaning	<b>Patient Evaluation</b> - initial and/or subsequent evaluation of a trach patient whereby the direct rendering of either a Speaking Valve evaluation, capping evaluation or decannulation is taking place (a PEL RT Assessment sheet must have been completed along with a specialized weaning documentation form, if applicable, and placed in their medical record)	All
40	FC Oxygen Rounds	<b>Facility Consultation</b> - performing documentation on who is on Oxygen for PEL and/or a PEL Client (ie: Centrad). Time spent in the facility would be for obtaining documentation related to Oxygen Rounds {copy of MD 02 order, SpO2 documentation in chart or obtaining SpO2 check on pt} (If SpO2 is obtained for Centrad, a Centrad documentation form must be filled out, placed in the pt medical record and faxed to PEL with your completed billing sheet	All
41	FC PT Rounds with Dr	<b>Facility Consultation</b> - direct time spent with a Physician performing patient rounds in the facility	All
45	SC New Patient	<b>Stat Call</b> - time in the facility rendering a Stat Call for a new patient. This usually involves a Stat patient set up on new equipment but may involve doing a patient evaluation without equipment set-up on a new patient that the facility is requesting right away. ~ PEL office will let RT know if it is a Stat call during normal business hrs. This is the code to use for “on call” RT’s to set-up and/or just see a new patient after business hours (a PEL RT Assessment sheet must be completed and placed in their medical	All
	SC Existing Patient	<b>Stat Call</b> - same as 45 but on a current existing patient and not a new patient This is the code to use for “on call” RT’s to set-up and/orjust see an existing patient after business hours (a PEL RT Assessment sheet must be completed and placed in their medical record)	All
50	PR Follow Up	<b>Pulmonary Rehab</b> - facilities that are running a Pulmonary Rehab (PR) based program. This is for RT follow up of an existing patient (PR documentation paperwork must be completed and in the patient medical record)	All
51	PR Evaluation	<b>Pulmonary Rehab</b> - facilities that are running a PR based program. This is to be used for an initial patient evaluation. (PR documentation paperwork must be completed and in the patients medical record)	All
52	PR Group	Pulmonary Rehab - facilities that are running a PR based program. This is to be used to document RT time spent working with patients in a “group” setting. (PR	All

		documentation paperwork must be completed and in the patients medical record)	
60	RA Code Blue	<b>Respiratory Assist ~ Code Blue situation in a facility.</b> (a PEL RT Assessment sheet detailing your involvement must be completed and placed in the patients medical record)	All
61	RA Rapid Response	<b>Respiratory Assist – emergent patient situation in a facility.</b> (a All PEL RT Assessment sheet detailing your involvement must be completed and placed in the patients medical record)	All
65	ES Trach	<b>Equipment Setup</b> – time to only setup equipment for a trach patient set up	All
66	ES CPAP/BiPAP	<b>Equipment Setup - time to only set-up equipment for a CPAP All and/or BiPAP patient</b>	All
67	Equipment Delivery	<b>Time for an equipment “drop off and go” only</b>	All
70	IE Trach Care	<b>In-service Education</b> - time to perform our Trachs, Trach Care and Suctioning In-service	All
71	IE CPAP/BiPAP	<b>In-service Education</b> - time to perform our CPAP/BiPAP/Auto CPAP/Auto BiPAP/NIV In-service	All
72	IE Oxygen In-service	<b>In-service Education</b> – time to perform our oxygen in-service	All
73	IE Respiratory Assessment	<b>In-service Education</b> - time to perform our Respiratory Assessment In-service	All
74	IE Respiratory A & P	<b>In-service Education</b> - time to perform our Respiratory Anatomy and Physiology In-service	All
75	IE Breath Sounds	<b>In-service Education</b> - time to perform our Assessing Breath Sounds In-service	All
76	IE Spirometry	<b>In-service Education</b> - time to perform our Spirometry In-service	All
77	IE Gold Guidelines	<b>In-service Education</b> - time to perform our Gold Guidelines In-service	All
78	IE (Name of Inservice)	<b>In-service Education</b> — time to perform any other In-service Education you might perform in a facility that does not have its own code. You must use code 78 and then list the name of the In-service given on your billing sheet	All
90	EM Facility Owned	<b>Equipment Maintenance - time performing</b> facility owned equipment maintenance. (You must fill out the correct documentation paperwork for this service for each piece of <b>equipment</b> and fax that over to PEL with your billing sheet)	All
91	EM PEL Owned	<b>Equipment Maintenance - time performing</b> PEL Rental equipment maintenance performed in a facility. We do NOT charge the facility for this code (You must fill out the correct documentation paperwork for this service for each piece of equipment and fax that over to PEL with your billing sheet)	All
20	Non • Subacute	Quick 1 5 to 20 minute screening on a patient not going into pulmonary rehab. (Lexington, Manorcare Kankakee only)	Lexingtons & Kankakee
21	TT Stat	<b>Travel Time</b> - Stat Call	All
22	Complex Respiratory	Patient inneed ofon going Respiratory service (more than the 15-20 minutes) and is not in the pulmonary rehab (Lexington)	Lexingtons
95	TT Billable	<b>Travel Time- Billable</b> Non. Stat Call	All
96	TT Non-Billable	<b>Travel Time</b> - Non -Billable	All
11	Equipment Pickup	<b>Pickup of any equipment from facility</b>	All
13	ABG	Time performing an Arterial Blood Gas stick. If you are also spending time running the sample, use this code to document all of the time needed to perform this service	All
15	Overnight Oximetry	Time in the facility setting up an overnight oximetry. Use the same code when picking up an overnight oximetry.	All

16	Spirometry	Time in the facility performing a bedside spirometry with a <b>patient</b> . {Some facilities do not have an extra charge for this} If you are performing a spirometry test on a patient in a PR program and also doing a visit, code each service separately on separate lines for the patient.	All
17	EtCO2/SpO2 Study	Time in the facility setting up an EtCO2 monitor study on a patient. Use the same code to document your time when picking <b>up</b> the monitor to download the study and fax the results to the facility. This code is also to be used to document your time in the facility to perform an Oxygen evaluation on a patient {SpO2 study} (The proper PEL forms for this study must be filled out and placed in the patient's medical record.)	All

\*(an In-service Sign in Sheet and Certificate of Attendance for each attendee must be completed. IF the IE is for CEU, all CEU paperwork must be completed)