Billing using 1500 forms

	ORG A	ORG B	ORG C	ORG D
1. Do you bill under 1500 Forms	Only for professional (MD and psychologist fees); these are billed by separate medical groups that specialize in 1500 billing, not by our hospital revenue cycle team. We bill the therapy charges and ancillaries via the bundled/per diem rate for inpatient. We bill the outpatient therapy charges via UB as well.	Only for State Medicaid as required by our contract.	No. We bill under a UB 04 with the hospital's NPI.	Yes and No. We bill on a UB for all commercial payers, but our contract with State requires us to bill Medicaid on a 1500 form.

2. What type setting is your clinic located(private practice, hospital outpatient center, university, etc.)	We have an acute rehab hospital, outpatient rehabilitation clinics(closely tied to a university medical center but not “within”)	Outpatient Hospital	Hospital	We are a hospital based OP facility.

3. Do you have each provider credentialed individually or is your department credentialed as a group?	Yes, if you bill 1500 each provider must be individually paneled with each insurance company. This is quite an intensive and laborious process, and requires some specialized knowledge/experience to run smoothly. We have someone dedicated to this role exclusively. Also, it involves credentialing the providers with the medical staff offices of the facilities (for inpatient), which may or may not be your practice . We do not bill any therapy services ((PT, OT. SLP) this way.	Varies by payer contract/requirement. Most are as a group.	We bill as a hospital service.	Credentialed as a group.
4. Do you see Medicare patients?	Yes, and bill both ways depending on service	No	Yes	No

5. If you do see Medicare patients, are there any specific requirements that you follow or considerations that you make when billing these visits?	Yes, would want to be aware of G codes, modifiers, and the documentation requirements, though this is applicable to any billing method, 1500 or UB.	NA	I cannot speak to back end billing, but we meet requirements for physician certification and functional limitation reporting.	
6. Do you have data that you share to compare your reimbursement when billing on 1500 forms to any other type of billing?	We have analyzed this in occasional audits, though nothing routine/systematic since the only true comparison would be psychology(of which) I am also responsible.	Probably but not that we see at our level.	NA	No data to share, but we used to not be licensed as part of the hospital and we billed professional billing (on a 1500 form) and our reimbursement was much less than when we charged to be licensed as part of the hospital.

7. If you are able to compare to another type of billing, what do you see ass the biggest benefit to billing under 1500 forms?	You tend to see a benefit for government plans/payers on the whole, which is the majority of our population (and thus, beneficial), though some decrease in reimbursement for some of the private plans. Based on our payer mix, the former remains superior. Again, this is psychology specific.		NA	From our experience, there is no advantage since the reimbursement was so much less and everyone needed to be credentialed separately which was lots more work.
8. What is the biggest frustration or limitation billing under 1500 forms?	Credentialing, paneling. I am not awe of that for OT, PT, SLP as we don't do that.	Some of our physician outpatient clinics went to 1500 forms and have now migrated back due to lost revenue by billing on a 1500 fee schedule as opposed to a contracted percent of charges.	NA	See above