

ISC Agency Therap Billing Guidance

This guidance document is to assist ISC agencies with documenting billing data and submitting claims in Therap for the monthly Independent Support Coordination (ISC) services.

General Billing Guidance for ISCs in Therap

It is up to the ISC agency to determine which day of the month to submit billing data for the ISC service. It may be easiest to enter the same billing date for all individuals within a given month (i.e. the last day of the month).

Note: From a TennCare and DDA risk management/audit perspective, billing dates should be on or after the date of the billable contact in a given month. Audit is looking for a billable contact to occur during the month, not the exact billing date entered in Therap, so they do not need to match.

The ISC service is a monthly-rate service, so billing data only needs to be reported for **one** day per month, per individual in Therap’s Attendance module. Therap will prevent more than one ISC service claim from being generated per month, per individual.

For the month where an individual’s new annual PCSP occurs mid-month, ISCs should follow their same billing schedule as for any other month (i.e. enter billing data last of month). Below is an example.

IMPORTANT: It is important that the agency pays close attention to the ‘split’ months to ensure units are allocated to the correct SLI, based on the agency’s billing methods. For example, if an agency submits billing for dates of service at the end of the month, the SLI in the new PCSP will need to contain enough units to include the starting, ‘split’ month.

*Example – For ISCs entering their monthly service billing data on the **last** day of the month:*

An individual’s current PCSP ends on 8/13, and new PCSP starts 8/14. The ISC will have a Service Authorization from the prior plan from 7/1 - 8/13, and a second Service Auth from 8/14 - 12/31 for the new PCSP. The ISC will only report their billing data on 8/31 in the Attendance module, similar to any other month, and will not report any other billing for August. As mentioned in the ‘important’ note above, since the agency bills at the end of the month, the units in the PCSP will need to be allocated as follows:

- *Prior PCSP – SLI 7/1 - 8/13: 1 unit*
- *Current PCSP – SLI 8/14 - 12/31: 5 units*

Available ISC Services in Therap:

Funding Source	Therap Service Code	Service Description	Unit Type
CAC - SW	T2022	INDEPENDENT SUPPORT COORDINATION	MONTHLY
STATE FUNDS	ST-T2022	INDEPENDENT SUPPORT COORDINATION	MONTHLY
STATE FUNDS	ST-T2022-01	INDEPENDENT SUPPORT COORDINATION – KBB	MONTHLY
STATE FUNDS	ST-T2022-02	INDEPENDENT SUPPORT COORDINATION – KBB - HALF RATE	MONTHLY

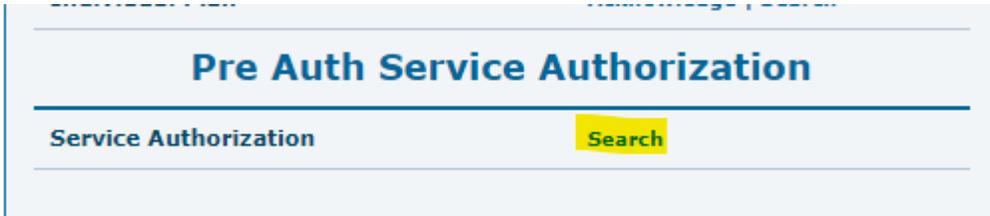
Note: While some of the below guidance is specific to ISC agencies, the general Therap processes follow the same workflow as for all providers. For support, the Therap Support Site can be used for additional guidance

documentation: [Therap for Tennessee Department of Intellectual and Developmental Disabilities \(therapservices.net\)](https://therapservices.net), or you can contact Therap Support directly at tnsupport@therapservices.net.

Step 1: Acknowledging Service Authorizations

When an ISC service line item (SLI) has been approved in an individual’s PCSP, the ISC will receive a Service Authorization for each approved SLI in their provider account.

The first step is to review and acknowledge Pending Service Authorizations. These can be accessed via the ‘To Do’ tab, or via the ‘Individual’ tab, under the Pre Auth Service Authorization section.



The Service Auth Search allows filtering by entering an individual, date range, or a status, or you can simply click Search, in the bottom right corner, to search all.

A screenshot of a "Service Auth Search" form. The form is contained within a light blue header box. Below the header, there are several input fields: "Form ID" with a text box; "Individual" with a search box and a magnifying glass icon; "From Date" with a date picker showing "MM/DD/YYYY"; "To Date" with a date picker showing "MM/DD/YYYY"; and "Status" with a dropdown menu showing "- Please Select -". Below the form fields is a "Clear Selection" button with a trash icon. At the bottom of the form, there is a "Cancel" button on the left and a yellow "Search" button on the right.

Next, you can open a Service Authorization by selecting a specific row.

Note: You can filter this list by typing in the ‘Filter’ box, and can sort by clicking a column heading

Form ID	Individual	Service	From Date	To Date	Service Amount	Unit of Measure	Frequency	Total Unit(s)	Rate(\$)	Status
SAUTH: N3H3NRTV9ZM9C	[REDACTED]	T2022 - INDEPENDENT SUPPORT COORDINATION (T2022)	08/01/2023	12/31/2023		Dollar	Monthly	6.00	246.30	Pending Acknowledgement
SAUTH: N3H3NRTVAZM9Z	[REDACTED]	T2022 - INDEPENDENT SUPPORT COORDINATION (T2022)	01/01/2024	06/30/2024		Dollar	Monthly	6.00	246.30	Pending Acknowledgement
SAUTH: N3H3NRTVKZM9K	[REDACTED]	T2022 - INDEPENDENT SUPPORT COORDINATION (T2022)	07/01/2024	07/26/2024		Dollar	Monthly	1.00	246.30	Pending Acknowledgement
SAUTH: N3H3NPAGMZM94	[REDACTED]	T2022 - INDEPENDENT SUPPORT COORDINATION (T2022)	02/21/2024	06/30/2024				4.00	246.30	Pending Acknowledgement
SAUTH: N3H3NPAGPZM93	[REDACTED]	T2022 - INDEPENDENT SUPPORT COORDINATION (T2022)	01/01/2025	02/20/2025				2.00	246.30	Pending Acknowledgement
SAUTH: N3H3NPAGNZM9R	[REDACTED]	T2022 - INDEPENDENT SUPPORT COORDINATION (T2022)	07/01/2024	12/31/2024				6.00	246.30	Pending Acknowledgement
SAUTH: N3H3NNZHTZM9	[REDACTED]	T2022 - INDEPENDENT SUPPORT COORDINATION (T2022)	01/01/2024	06/30/2024				6.00	246.30	Pending Acknowledgement

It is the provider's responsibility to **verify all service information prior to acknowledgement**. If any information is incorrect, it must be corrected in the PCSP, and re-approved by DDA Plans Review before acknowledging and moving forward.

Most fields will be auto populated, the one exception being the Program (Site) in certain scenarios (*see note below*). For this example, the individual was only enrolled in one Program, so Program (Site) field auto populated, and no action was needed.

If the information is correct, you can proceed to Acknowledge at the bottom of the page. Every Service Auth must be Acknowledged in order to bill for the approved timespan.

Note on Program (Site): If an individual is enrolled in more than one billing Program, the correct Program (Site) under Billing Service Authorization will need to be selected prior to acknowledgement. If there is nothing to select, then the individual needs to be enrolled in a Program first.

Service Authorization

Program	CAC - COMPREHENSIVE AGGREGATE CAP	Service	T2022 - INDEPENDENT SUPPORT COORDINATION (T2022)
Service From Date	01/01/2024	Service To Date	06/30/2024
Service Provider	[REDACTED]	Rate Amount	\$246.30
Total Units	6.00	Total Amount	\$1477.80
Service Amount		Unit of Measure	Dollar
Frequency	Monthly	Prior Auth Number	
Attending Provider			
Description			

Billing Service Authorization

* **Program (Site)**

* **Billing Provider**

* **Service Description Code**

* **Funding Source**

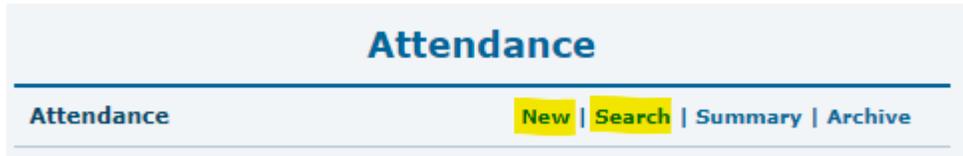
ICD-10 Primary
Diagnosis Code F72

Step 2: Entering Billing Data

All ISC services are documented in the Therap **Attendance module**, via **Daily Attendance**.

From the 'Billing' tab, navigate to the Attendance module, and select either New or Search.

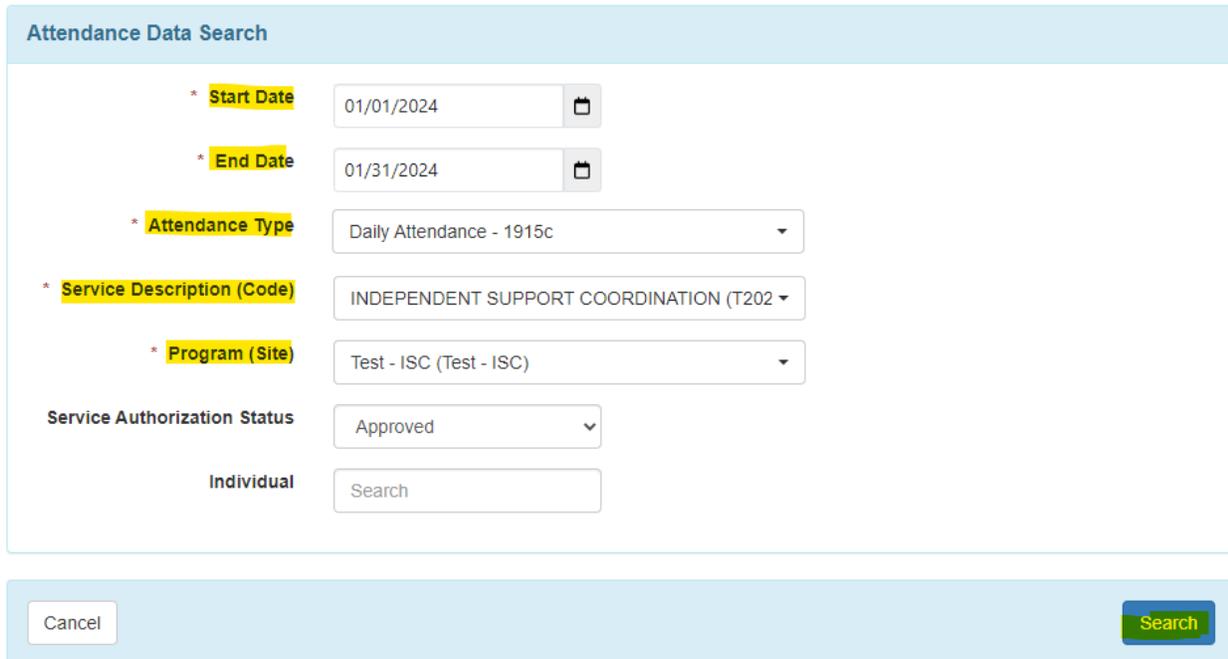
Note: 'New' allows one specific day to be entered, where 'Search' allows a range of up to one month, within the same month.



After selecting an option, enter the following on the Attendance Data New/Search Screen:

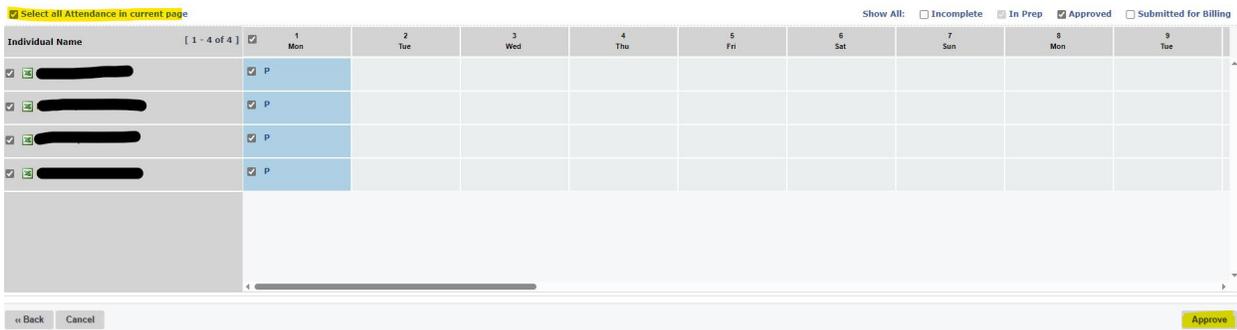
- The date (or date range) to submit your billing data.
- The Attendance Type: **Daily Attendance**.
- Service Description (Code): The ISC service you are entering billing for.
- Program (Site): The program you tied to the Service Auths in the previous step.
- *Optional* Individual: To enter one individual's data.

If the 'Individual' field is left blank, all individuals within the above parameters will be displayed, if they have an Acknowledged Service Auth.

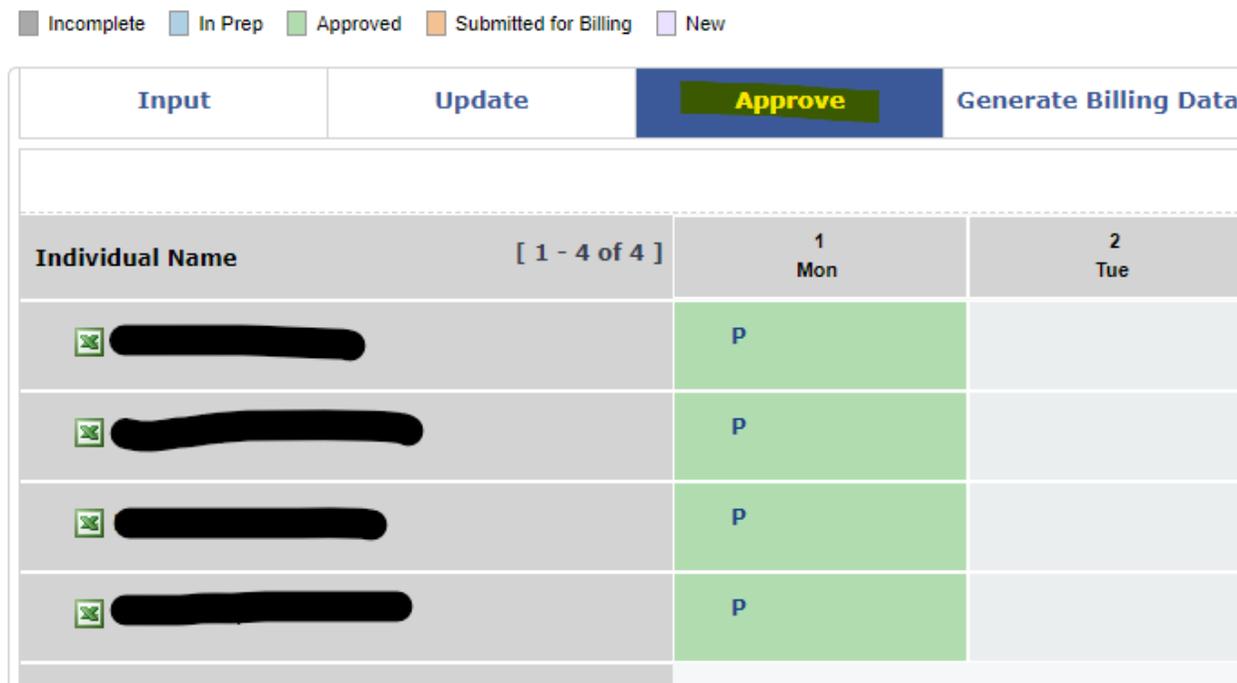
The image shows a form titled 'Attendance Data Search'. It contains several input fields and dropdown menus. The fields are: 'Start Date' (01/01/2024), 'End Date' (01/31/2024), 'Attendance Type' (Daily Attendance - 1915c), 'Service Description (Code)' (INDEPENDENT SUPPORT COORDINATION (T202)), 'Program (Site)' (Test - ISC (Test - ISC)), 'Service Authorization Status' (Approved), and 'Individual' (Search). The 'Start Date' and 'End Date' fields have calendar icons. The 'Attendance Type', 'Service Description (Code)', and 'Program (Site)' fields are dropdown menus. The 'Service Authorization Status' field is a dropdown menu. The 'Individual' field is a text input box. At the bottom of the form, there are two buttons: 'Cancel' and 'Search'.

The next step is to approve the Attendance submitted. If all is correct, select the Approve tab from within the same page, select all items, and click Approve in the bottom right corner.

Note: If something needs to be changed or deleted, prior to approving, the status can be modified or deleted from the Update tab.



Once Approved, the Attendance grid will update to reflect the status of Approved.



The final step is to Generate Billing Data, to turn the Attendance info into billable units. If all is ready, select the Generate Billing Data tab from within the same page, select all items, and click Generate Billing Data in the bottom right corner.

Note: If something needs to be changed or deleted, prior to Generating Billing Data, the status can still be modified or deleted from the Update tab.

Input	Update	Approve	Generate Billing Data								
<input checked="" type="checkbox"/> Select all Attendance in current page			Show All: <input type="checkbox"/> Incomplete <input type="checkbox"/> In Prep <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Submitted for Billing								
Individual Name	[1 - 4 of 4]	<input checked="" type="checkbox"/>	1 Mon	2 Tue	3 Wed	4 Thu	5 Fri	6 Sat	7 Sun	8 Mon	9 Tue
<input checked="" type="checkbox"/> [Redacted]		<input checked="" type="checkbox"/>	P								
<input checked="" type="checkbox"/> [Redacted]		<input checked="" type="checkbox"/>	P								
<input checked="" type="checkbox"/> [Redacted]		<input checked="" type="checkbox"/>	P								
<input checked="" type="checkbox"/> [Redacted]		<input checked="" type="checkbox"/>	P								

« Back Cancel Generate Billing Data

After Generating Billing Data, a popup window will display with what was generated for each person and each day. A green check mark means it was successful. A red x indicates something was unsuccessful, and there will be a description of the issue to be resolved.

Billing Data Generation Summary		
Export to Excel		
Filter	100	Records
Form Id	Individual Name	Summary
<input checked="" type="checkbox"/> BILL [Redacted]-N8F4MHDZFMULJ	[Redacted]	Billing Data has been successfully generated. Service Date: 01/01/2024 Billable Units: 1.00 Unit Rate: \$246.30
<input checked="" type="checkbox"/> BILL [Redacted]-N8F4MHDZDMULA	[Redacted]	Billing Data has been successfully generated. Service Date: 01/01/2024 Billable Units: 1.00 Unit Rate: \$246.30
<input checked="" type="checkbox"/> BILL [Redacted]-N8F4MHDZCMULN	[Redacted]	Billing Data has been successfully generated. Service Date: 01/01/2024 Billable Units: 1.00 Unit Rate: \$246.30
<input checked="" type="checkbox"/> BILL [Redacted]-N8F4MHDZEMULW	[Redacted]	Billing Data has been successfully generated. Service Date: 01/01/2024 Billable Units: 1.00 Unit Rate: \$246.30

Showing 1 to 4 of 4 entries

Days that have billing generated will be highlighted in orange. Attendance entry is now complete for these days.

Incomplete In Prep Approved Submitted for Billing New

Input		Update		Approve		Generate Billing Data	
Individual Name		[1 - 4 of 4]		1 Mon		2 Tue	
<input checked="" type="checkbox"/>	[REDACTED]			P			
<input checked="" type="checkbox"/>	[REDACTED]			P			
<input checked="" type="checkbox"/>	[REDACTED]			P			
<input checked="" type="checkbox"/>	[REDACTED]			P			

Step 3: Generating (Institutional) Claims

Once Billing Data has been generated, the next step is to generate Institutional claim(s).

From the 'Billing' tab, navigate to the Institutional Claim section and select New next to Institutional Claim

Institutional Claim	
Service Authorization	New Search Renewal Search Applied Rate History Search Archive
Billing Data	New Search Summary Archive Bulk Delete
Claim Template	New Search
Institutional Claim	New Search Archive
Claim Submission	Send Bulk Send Transaction Search
Agency Based Reports	Utilization Unclaimed Reconciliation Reconciliation(Service Level)

From the New Institutional Claim Generator screen, select the appropriate ISC service to create a claim (one service at a time), and the date range (must be within the same month), then click Next.

Note: It is recommended to leave the Adjust Billing Data Unit box checked when generating claims.

New Institutional Claim Generator

Template Search Criteria

Service Description/Code INDEPENDENT SUPPORT COORDINATION (T202   Clear Selection

INDEPENDENT SUPPORT COORDINATION (T2022) 

* **Template Group** Yes
 No

Template Group Name - Please Select - 

* **Service Date From** 01/01/2024 

* **Service Date To** 01/31/2024 

Add one Service Line per Claim

Adjust Billing Data Unit

Billing Data Unit will be adjusted while generating the Claim based on unit limit set by the oversight

Cancel Next >>

After selecting Next, all eligible billing data will display below. Select the individuals to create claims for, or select all, and click Generate Claims.

Service List

Filter You have selected 4 items. 50 Records

Select	Form ID	Individual Name	Program Name	Authorization ID	Service Code	Service Description	Status	Unit Rate (\$)	Pr Mc
<input checked="" type="checkbox"/>		[REDACTED]	Test - ISC	SA [REDACTED] N8E4MHCYMULT	T2022	INDEPENDENT SUPPORT COORDINATION	Approved	\$246.30	
<input checked="" type="checkbox"/>		[REDACTED]	Test - ISC	SA [REDACTED] N8E4MHCYSMULM	T2022	INDEPENDENT SUPPORT COORDINATION	Approved	\$246.30	
<input checked="" type="checkbox"/>		[REDACTED]	Test - ISC	SA [REDACTED] N8E4MHCYQ MULH	T2022	INDEPENDENT SUPPORT COORDINATION	Approved	\$246.30	
<input checked="" type="checkbox"/>		[REDACTED]	Test - ISC	SA [REDACTED] N8E4MHCYUMULR	T2022	INDEPENDENT SUPPORT COORDINATION	Approved	\$246.30	

Showing 1 to 5 of 5 entries

Cancel **Generate Claims**

After Generating Claims, a summary report will be provided for each claim. A green check mark means it was successful. A red x indicates something was unsuccessful, and there will be a description of the issue to be resolved.

Generating Claims sets the status to 'Billable' in Therap.

If you need to generate claims for additional ISC services, click Back to Claim Generator at the bottom of the screen and repeat the same steps. Otherwise proceed to step 4.

Please see the report below for details

Form ID	Individual Name	Summary
<input checked="" type="checkbox"/> ICLM [REDACTED]-N8F4MHDZGMUL5	[REDACTED]	
<input checked="" type="checkbox"/> ICLM [REDACTED]-N8F4MHDZKMULM	[REDACTED]	
<input checked="" type="checkbox"/> ICLM [REDACTED]-N8F4MHDZNMULH	[REDACTED]	
<input checked="" type="checkbox"/> ICLM [REDACTED]-N8F4MHDZRMULZ	[REDACTED]	

Back to **Claim Generator** New Institutional Claim Generator

Step 4: Claim Submission

Once claims have been generated, the final step is to Send the claims to the MCOs or the State for adjudication and payment.

From the 'Billing' tab, navigate to the Institutional Claim section and select Send or Bulk Send next to Claim Submission. For this example, we are using the Send option.

Note: The Send option allows providers to select individual claims, per payor, and send up to 100 per transaction. The Bulk Send option will send every created claim, per payor, no selection necessary.

Institutional Claim	
Service Authorization	New Search Renewal Search Applied Rate History Search Archive
Billing Data	New Search Summary Archive Bulk Delete
Claim Template	New Search
Institutional Claim	New Search Archive
Claim Submission	Send Bulk Send Transaction Search
Agency Based Reports	Utilization Unclaimed Reconciliation Reconciliation(Service Level) Denied Claim Aging Report Submission Errors

From the Search Claims to Send screen, there are multiple parameters that can be set, but the only required field is the Payer. Each payer's claims must be sent separately.

1915c waiver ISC services will be sent to: *BCBST, United HealthCare, and Wellpoint*

State Funded and KBB ISC services will be sent to: *TN DIDD State Funded*

Search Claims to Send

Service Description (Code)	<input type="text" value="- Please Select -"/>
Claim ID	<input type="text"/>
* Payer	<input type="text" value="- Please Select -"/>
Type of Bill	<input type="text"/>
Statement Period From	<input type="text" value="- Please Select -"/>
To	<input type="text" value="BCBST: BCBST - 00390 (Inst.)"/>
Service Date From	<input type="text" value="TennCare: TENNCARE - 626001445 (Inst.)"/>
To	<input type="text" value="TN DIDD: TN DIDD State Funded - StateFunded (Inst.)"/>
Individual	<input type="text" value="United HealthCare: UnitedHealthcare - 95378 (Inst.)"/>
Individual Medicaid Number	<input type="text" value="Amerigroup: WellPoint - Elvpayertest (Inst.)"/>
Claim Create Date From	<input type="text" value="05/14/2024"/>
To	<input type="text" value="MM/DD/YYYY"/>
Billing Provider	<input type="text" value="- Please Select -"/>
Billing Provider NPI Number	<input type="text"/>
Billing Provider Organization	<input type="text"/>

After selecting a payer and picking a date range to search (Therap defaults to a Claim Create Date From of 31 days prior), any available claims to send will be displayed. Select the claims to send and click Send Claim in the bottom right corner. A 'Successful' message will display if sent to the MCO/State successfully.

Search Claims to Send

Filter You have selected 4 items. 100 Records

<input checked="" type="checkbox"/>	Claim ID	Payer	Type of Bill	Statement Period From	Statement Period To	Individual	Individual Medicaid Number	Create Date	Billing Provider NPI Number	Billing Provider	Medicaid Provider Number	Claim Frequency Code	Type	Time Zone
<input checked="" type="checkbox"/>	ICLM N8F4MHDZRMULZ	BCBST	89	01/01/2024	01/01/2024	[REDACTED]	[REDACTED]	06/13/2024	[REDACTED]	[REDACTED]	[REDACTED]	1-Original (Admit thru Discharge Claim)	US/Central	
<input checked="" type="checkbox"/>	ICLM N8F4MHDZNMULH	BCBST	89	01/01/2024	01/01/2024	[REDACTED]	[REDACTED]	06/13/2024	[REDACTED]	[REDACTED]	[REDACTED]	1-Original (Admit thru Discharge Claim)	US/Central	
<input checked="" type="checkbox"/>	ICLM N8F4MHDZKMULM	BCBST	89	01/01/2024	01/01/2024	[REDACTED]	[REDACTED]	06/13/2024	[REDACTED]	[REDACTED]	[REDACTED]	1-Original (Admit thru Discharge Claim)	US/Central	
<input checked="" type="checkbox"/>	ICLM N8F4MHDZGMUL5	BCBST	89	01/01/2024	01/01/2024	[REDACTED]	[REDACTED]	06/13/2024	[REDACTED]	[REDACTED]	[REDACTED]	1-Original (Admit thru Discharge Claim)	US/Central	

Showing 1 to 4 of 4 entries Previous 1 Next

Q New Search

Cancel Back Send Claim

Repeat the above steps to send claims to the other MCOs or State. This completes the claim submission process.

Once a claim is Sent, the status will update to “Queued” in Therap.

Therap will automatically pick up “Queued” claims on certain days/times and send to the appropriate payer. The claim status will be updated to “Sent” when this occurs.

Once a claim has been adjudicated by the payer, it will return a status of Paid, Partially Paid, or Denied in Therap.