

## IN THIS ISSUE...

The Use of Clinical Outcomes in Patient Assessment. . . . . 1

CLAIMS Corner . . . . . 2

## The Use of Clinical Outcomes in Patient Assessment

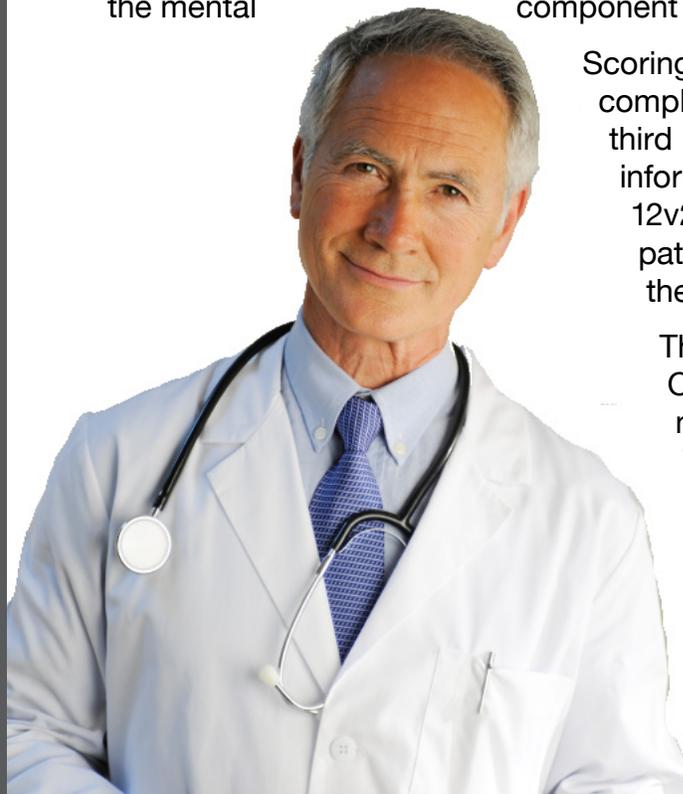
Palladian’s medical necessity outcomes form is a combination of QualityMetric’s SF-12v2® Health Survey, SF-10™ Health Survey for Children and the numerical rating scale (NRS) – both standardized outcome tools that measure functional health and well-being of the patient.

Developed from years of evidence-based scientific research, the SF-12v2® and SF-10™ are two of the most widely used patient-reported outcomes forms (PROs). Palladian uses these QualityMetric PROs at the point of care to assist in clinical decision-making, measure treatment effectiveness, and track patient progress.

The SF-12v2® was developed to be a brief measure of eight domains of health status that are considered important in monitoring individuals suffering from injury, disease or illness. The eight domains include physical function, bodily pain, general health, vitality, social functioning, role-physical, mental health and role-emotional. These are further simplified into the physical component score (PCS) and the mental component score (MCS).

Scoring of the SF-12v2® is completed by an unbiased third party, QualityMetric. The information gathered on the SF-12v2® is used to determine a patient’s progress while under the current program of care.

The second portion of the Outcomes Form is the numerical rating scale (NRS). The NRS allows a patient to provide, from their view, the level of pain or symptomatic discomfort they are experiencing as a result of their condition. This scale is very similar to the VAS



(Visual Analog Scale for pain), however it expands beyond one time interval. It includes a patient's perception of their pain and/or symptoms at the present, as well as when pain is at its best, its worst, and an average pain rating.

When the SF-12 is used in conjunction with the NRS a clinical picture is created regarding not only the patient's physical limitation, the severity of the pain, but also the emotional impact of the condition. This clinical picture allows Palladian the opportunity to evaluate a patient's progress as a whole person and not limited to a single anatomical region. The use of the SF-12 and NRS has been validated through numerous randomized control trials.

## CLAIMS Corner

### **Reminder:** Effective April 1, 2014 CMS implemented mandatory changes for submitting paper CMS 1500 claim forms.

Palladian to date continues to receive claims that are returned for the following reasons:

- Claims are hand written
- Claims are photocopied using black or red ink and used as an alternative to the original purchased forms.
- Claims contain ineligible or incomplete diagnosis codes (i.e. assigning three-digit codes when a four-digit or five-digit code is available; assigning a four-digit code when a five-digit code is available)

Claims that are submitted with the above noted errors are unacceptable and will be promptly returned to the address provided on the original mailing envelope from the provider.

As Palladian continues to align our process with the most up to date CMS Regulations, be sure to follow these guidelines upon submission:

- Use the **RED** CMS 1500 (02/12) form.
- Claim forms must be typed.
- Claims submitted must include specific diagnosis codes.
- Italics or Script may not be used.
- Dollar signs or decimal in money fields is unacceptable.
- Enter all information within the designated fields.
- Corrections may NOT be handwritten in any data field.

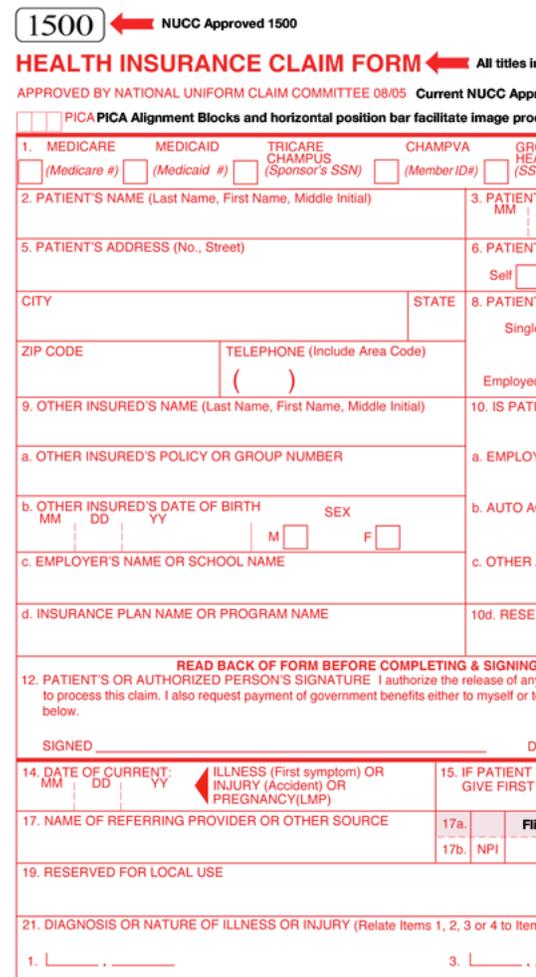
To review additional specific information pertaining to the CMS 1500 paper claim submission, please visit <http://www.cms.gov/site-search/search-results.html?q=Professional%20Paper%20Claim%20Form>

### **PURCHASING 1500 FORMS**

To purchase 1500 claim forms, you may call the U.S. Government Printing Office at 1-866-512-1800, office supply stores or your local printing company.

### **QUESTIONS**

**If you have any questions, please contact our Customer Service Department, Monday through Friday from 8:30am-5:00pm, ET.**



**1500** ← NUCC Approved 1500

**HEALTH INSURANCE CLAIM FORM** ← All titles in...

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05 Current NUCC Approved

PICA Alignment Blocks and horizontal position bar facilitate image processing

1. MEDICARE (Medicare #)	MEDICAID (Medicaid #)	TRICARE CHAMPUS (Sponsor's SSN)	CHAMPVA (Member ID#)	GR HE (SSN)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)				3. PATIENT'S SEX (M/F)
5. PATIENT'S ADDRESS (No., Street)				6. PATIENT'S RELATIONSHIP TO EMPLOYER (Self, Single, Employer)
CITY		STATE		
ZIP CODE		TELEPHONE (Include Area Code)		
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				10. IS PATIENT EMPLOYED (a. EMPLOYED, b. AUTO A, c. OTHER)
a. OTHER INSURED'S POLICY OR GROUP NUMBER				a. EMPLOYED
b. OTHER INSURED'S DATE OF BIRTH (MM DD YY) SEX (M/F)				b. AUTO A
c. EMPLOYER'S NAME OR SCHOOL NAME				c. OTHER
d. INSURANCE PLAN NAME OR PROGRAM NAME				10d. RESE
READ BACK OF FORM BEFORE COMPLETING & SIGNING				
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any information to process this claim. I also request payment of government benefits either to myself or to the beneficiary below.				
SIGNED _____				
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)			15. IF PATIENT GIVE FIRST	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE			17a. NPI	17b. NPI
19. RESERVED FOR LOCAL USE				
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 1)				
1. _____			3. _____	