

## Research Invoice Corrections

When looking at the process for IDR corrections, specifically when the invoice deemed incorrect, the IDR is sent back to fix the charges. IDR approvers should consider identifying research related charges by making sure study-related encounters are linked to the Epic research calendar, identifying invoice mistakes after always verifying against the CTCA, and communicating incorrect charges to revenue cycle by providing specific comments to aid in correcting the incorrect invoice.

**Typically, an IDR approver should only use “Send Back” Option if the invoiced amount is incorrect, and you need assistance from the revenue cycle to correct the bill.**

- You must provide comments when choosing the “Send Back” option and you should be detailed in your description of what is incorrect about the invoice.
- Do not send back the IDR if it fails budget check or if you want to charge the service provided to another chartfield string.
- As an approver, you can change the chartfield string directly on the IDR approval Page.
- You should work with your department financial contact and/or SPA if you have a budget error you are not able to resolve.

### **The Following guidance is for the comments section to improve handling invoice corrections for incorrect study-paid charges:**

#### **1. Each research related visit charge can have three outcomes:**

- A. Research related Sponsor paid.
- B. Research related Insurance paid.
- C. Not research related charge (An event of task that happened on a research day or during the research encounter).

\*If the DoS is study related, the revenue cycle will use the CTCA to assign charges (sponsor vs. insurance). The encounter must be linked to the patient’s Epic research calendar, not just at the order level.

#### **2. If you identify a mistake in the assignment of charges after verifying using the CTCA, you will need to specify which charges are incorrect.**

Examples of comments that are helpful:

- A. Contrast is included in MRI charge and should not be billed separately.
- B. Monoclonal antibodies are provided by Sponsor and should not be billed.
- C. Scans (CPT 71260, 7477, 7094) should be billed standard of care, calendar linking was incorrect.
- D. The invoice has incorrect unit prices for all CPT codes per SOA with Children’s

Examples of ambiguous comments that are not immediately helpful and may get more questions:

- A. "PI says this is SOC"
- B. "This is standard of care", or "This is routine care".
- C. "This should be billed to routine care".
- D. "This is not a research expense and should be billed to standard of care".
- E. "CT abdomen is patient pay".

In the ambiguous examples above, the study related standard of care, or non-study related standard of care has not been identified. This is extremely important information to include because:

- Although both may be billed to insurance, the billing process slightly differs between the two.
- The distinction is very critical for Medicare billing. The patient may receive the same services as someone who is not on study, but when billing Medicare, an NCT number and other modifiers are necessary.
- Specifics are important.

InterDepartmental Billing Request Approval

IDR Number: 000197457  
Template ID: 000002023  
Service Description: Clinical Research Billing  
Budget Status: Error  
Total Amount: 75,0000

Line 1: HB CRRCI integration testing 1242023  
UOM: EA  
Quantity: 1.00  
Unit Price: 57.00  
Total Line Amt: 57,000  
Requisition ID: 412066355  
Order ID: 241414862  
Order Dt: 12/01/2023  
Name: Andrew Y. Koh

Line 2: PB CRRCI integration testing 1242023  
UOM: EA  
Quantity: 1.00  
Unit Price: 18.00  
Total Line Amt: 18,000  
Requisition ID: 412066390  
Order ID: 241414862  
Order Dt: 12/05/2023  
Name: Andrew Y. Koh

Comments

Send Back Budget Check Print IDR

Must provide comments before you can "send back" the IDR.

After adding comments, click the "Send Back" push button.

**You should work with your department financial contact and or SPA if you have a budget error you are not able to resolve.**

Abbreviations:

- NCT- National Clinical Trial number
- DoS-Date of service
- SOC-Standard of Care
- CTCA-Clinical Trials Contract
- CPT- Current Procedural Terminology codes