

Beyond Correct Coding: Being Paid for What You Do and Avoiding Billing Blunders

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- We have nothing to disclose

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Audit Your Practice?

- Efficiency's of work flow
- Financial benefits equal the efforts of the practice
- Fraud – internal or external
- Adapt to changes when they occur
- Documentation changes to support better coding on a continual basis
- Frequency – every year, every six months???

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Revenue Cycle Process

- Scheduling and insurance verification
- Patient informatics
- Verification of insurance
- Prior authorization approval?
- Collection of co-pays and deductibles

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Revenue Cycle Process

- Claim submission
- Claim scrubbed and processed
- Patient statements
- Posting of payments
- Account receivable management
 - Insurance
 - Patient
 - Denials
- Financial statements

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Insurance and Patient Payments

- Determine the patient's benefits prior to the appointment – possible?
- What expectations does the patient have for the appointment?
- Communication – who is the one reaching out to the patient?
- Follow up – what is your protocol for follow up for the patients?
- Collection – who smiles and requests payment at time of services?
- What is the percentage of A/R greater than 90 days?
- Are the receivables worked on a regular basis?
- What cost is involved to outsource your aged accounts?

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Claim Submission

- Claims verified for accuracy and submitted by office
- Claims are processed through a claims scrubber
- Claims transmitted to payer by clearinghouse
- Eventually patient statements

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Insurance and Patient Payments

- What are you allowed to charge the patient?
 - Extra allergy tests?
 - Additional immunotherapy doses not covered by insurance?
 - Sublingual drops?
 - Pre-authorizations?
 - Family leave act forms or asthma forms for school?
- When do you discontinue immunotherapy for financial reasons – or can you?

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Insurance Guidelines

- Update on a regular basis –
- Spread sheet for different guidelines for immunotherapy, allergy testing, etc.
- Reference for appeals

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Justifying Appeals

- Documentation
- LCD' s
- Medical Carrier Manual
- Payer Billing Manual
- Physician Peer Review

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Insurance Audit

- Know your risk
- Seek counsel if you are high risk
- Review your records
- Have a third set of unbiased eyes read the notes
- Respond in a timely manner
- Communicate with the payer performing the review
- Negotiate

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Refunds

- 60 days on federal money to refund – otherwise FRAUD
- Have a paper trail for your refund work
- Have a policy in place which addresses refunds

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Allergy Practices and Insurance Guidelines

- Number of tests performed
- Number of doses charged
- Medical necessity for allergy testing and an E/M on the same calendar date
- Payment for E/M and diagnostic services on the same calendar day
- Incident to services with mid levels
- Levels of services provided

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Insurance Payment Issues

1. Keeping up with insurance company's policies on skin test and other procedures – What are the options?
2. So many insurance policies...so many rules...How do we keep up? *Side note: we keep a spreadsheet of companies and list the # of units for skin test and serum however it is very labor intensive.*
3. What are the rules on non- Medicare balance billing the patient if we get a waiver signed?
4. Gathering benefit information prior to visit including number of billable units for 95004 and 95165, we are having problems with the insurance company denying the entire claim when we have billed more units than they allow. - Suggestions?

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Benefit Form

| | | | | | | | |
|--|--|-------------------|--|------------------------|----------------------|------------------|--|
| Appointment Date | | Provider | | Dr. | | Completed By: | |
| Account # | | «ANumber» | | Reason for the visit | | Allergy Benefits | |
| Patient Name: | | «PName» | | Date of Birth: | | «PDOB» | |
| Guarantor Name: | | «GName» | | Subscriber: | | «PL1SubName» | |
| Primary Insurance: | | «PL1CarrName» | | | | | |
| Policy Effective Date: | | Insurance Phone # | | Spoke with: | | | |
| Policy #: | | «PL1Cert» | | Suffix # | | «PL1CertSuffix» | |
| Group # | | «PL1GroupNo» | | | | | |
| Ref needed? | | Yes / No | | Pre-Exist | | Yes /No | |
| Copay | | \$ | | | | | |
| Is the copay per visit or Doctor's office visit? | | | | Visit / Office Visit | | | |
| Patient's Deductible is | | \$ | | Amount Met as of today | | \$ | |
| Patient's Out of Pocket | | \$ | | Amount Met as of today | | \$ | |
| Patient's Co-Insurance Percent | | % | | Insurance Percent | | % | |
| HRA or HSA: Yes / No | | Total Amount: \$ | | | Amount Remaining: \$ | | |

Benefit Worksheet

| INSURANCE | Prefix | Company/Plan/ Group # | Referral Y/N | HRA Y/N | BENEFIT Specialist OV | BENEFIT ST | BENEFIT SERUM | BENEFIT Allergy Injections | POLICY LIMITS | Comments Notes | PHONE # |
|-----------|------------|--|--------------|---------|---|---------------------------------------|---------------|----------------------------|--|----------------|---------------|
| ACI | LBH CHP | Accounts 413550/340840 no group number Administrative Concepts Inc. LIMITED ACCESS P448 | N | N | Plan pays \$75 /y x2 max/y total on OV | 25/day x2 days of ST/y | Not Covered | | IT WILL END UP WITH MOSTLY OUT OF POCKET EXPENSES | | Email carrier |
| Aetna | W | American Forest Management G4000000 | N | N | \$3000 10% | \$3000 10% | \$3000 10% | \$3000 10% | Based on Medical Necessity YES 95165 30/day and 120 first 365 days then 90 each addtl | \$5000 OOP | 8886323862 |
| Aetna | W | Astrazeneca Pharmaceuticals LP G4G4000000 | N | N | \$300 10% | \$300 10% | \$300 10% | \$300 10% | Based on Medical Necessity YES 95165 30/day and 120 first 365 days then 90 each addtl | \$2,000 | 8886323862 |
| Aetna | W | Bank of America G48G4000000 | N | N | \$25 CP | Carrier 100% | \$25 CP | \$25 CP | Based on Medical Necessity YES 95165 30/day and 120 first 365 days then 90 each addtl | \$2,000 OOP | 8886323862 |
| Aetna | W | Boehringer Ingelheim Corp G40G4000000 | N | N | \$2500 10% | \$2500 10% | \$2500 10% | \$2500 10% | Based on Medical Necessity YES 95165 30/day and 120 first 365 days then 90 each addtl | \$3500 OOP | 8886323862 |
| Aetna | W | Buckingham South LLC G46 69583801000701 | N | N | \$75 CP | Carrier 100% (cp applies if no ov) | \$75 CP | \$3000 0% | Based on Medical Necessity YES 95165 30/day and 120 first 365 days then 90 each addtl | \$6,000 | 8886323862 |

Insurance Payment Issues

5. How do you bill an aspirin challenge that will continue for 2 days?
6. When patient's PCP suspects penicillin allergy (rash after taking PCN in the past), patient then has PCN testing and is negative?
7. Latex testing - patch or percutaneous, intradermal testing?
8. New patient consult and skin test on the same day. Patient comes in with a long history of "allergy symptoms" and skin test billed on the same day. Options for payment for both on same day?

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Insurance Payment Issues

9. Food testing is always a challenge - when patients are sensitive to certain foods - food intolerance and then we test them to make sure they do not have an allergic component? What is appropriate for coding these encounters?
10. Office visits and procedures-modifiers
11. Correct diagnosis for each line

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Summary

- Follow CPT guidelines
- Follow CMS guidelines for payers who specify their compliance with CMS
- Review your claims prior to submission for diagnosis coding and accuracy of procedure codes
- Timely review of payments is required
- Appeal
- Appeal based on written guidelines
- Ask for an allergist review if denied for medical necessity or standard of care

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Questions

- Thank you

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