

DERMATOLOGY CODING ALERT

READER QUESTIONS: Don't Let Coverage Determine Coding

Question: Should we bill exactly the same group of codes to all payers, or can we submit the payable CPT codes to each payer as long as we're sure we don't miss anything or underbill?

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Answer: Because covered services vary according to payer, you may often find it difficult to manage which insurers accept which codes. You might assume that it is easier to report only the covered services to each payer to eliminate the number of adjustments you will have to make, but this may actually cause you more trouble.

You run the risk of ineligible coverage since patients may change insurers without notifying your practice. Additionally, if the patient has a primary and secondary insurance, you may need to receive a denial from the primary before the secondary insurer will cover the service.

Most important, you need to submit charges for the services you provide regardless of payment to help in attaining future coverage. If your physician provides many medically necessary but noncovered services, you may be able to negotiate for coverage when revising contractual agreements.

To do this successfully, you may need to pool the data of services appropriately provided to the beneficiaries but denied by the insurer. So, although it may be tempting to eliminate some of the perceived work, be sure of what is in your best interest before you change your operational process.

Bottom line: Your practice should always report the appropriate CPT codes for the services the dermatologist provided, experts say.