

## **Dermatology Coding Alert**

### **READER QUESTIONS: Foster Patient Relations by Filing Secondary Claims**

**Question:** A patient's primary insurer is Medicare, and she also has secondary insurance. Medicare has paid its portion, and the explanation of benefits shows patient responsibility as the amount left over. Medicare did not forward to the secondary insurance. Are we responsible for filing the secondary (as the patient believes), or can we bill the patient and have her submit to her secondary?

Arizona Subscriber

**Answer:** It might be in your practice's best interest to file the claim on your patient's behalf. Many statements that patients receive from their physicians do not include all the information an insurer requires. This may slow down reimbursement if the patient tries to file the secondary claim himself--leaving you with a disgruntled patient. Secondary carriers will be able to pay the difference faster if they receive an official CMS-1500 form.

There are different types of secondary insurances. Some claims, such as MediGap claims, automatically cross over, but others may not. You don't necessarily have a complaint about Medicare not forwarding the claim on to the secondary carrier if it's not a cross-over claim.

**First step:** Check your Medicare explanation of benefits (EOB). The EOB will show you if the claim is crossing over to the secondary carrier. Then, print out each secondary claim that you're not sure will cross over.

**Next:** After one month, if the claim hasn't been paid by the secondary carrier, either submit the claim for the patient or call the secondary company and make sure it hasn't already received the claim from Medicare. If the company hasn't received the claim, the representative can tell you the carrier's preferred method of receiving the info. Most want a new claim form and a copy of the Medicare EOB.