

## Part B Insider (Multispecialty) Coding Alert

### Billing Quiz: 9 Questions Help You Achieve Billing Success

**You may be an ace at Part B billing—but check out these outliers.**

The provider documents the visit, the coder looks up all the appropriate CPT® and ICD-9 codes, and your claim is on its way, right? Not always. If you don't have a handle on the barrage of billing rules for workers' comp, motor vehicle and skilled nursing facility claims, your claims could see an early demise.

Check out the following nine questions and determine whether you know how to bill the case. Then turn to our expert answers to find out if you've got the billing touch.

**Question 1:** Should you should code workers' compensation claims any differently than others?

**Question 2:** When a patient calls to schedule his first appointment for an injury that could have been on the job, what should the front-desk staff do to facilitate the billing?

**Question 3:** If a patient's injury occurred in a state other than yours, which state's rules have jurisdiction over the workers' comp billing?

**Question 4:** How can you ensure a skilled nursing facility (SNF) will pay you in a timely fashion, rather than promising you payment when and if it receives reimbursement from Medicare?

**Question 5:** Can you charge SNFs an extra fee to account for the physician's driving time or gas costs?

**Question 6:** We heard that workers' compensation insurers may not be required to use ICD-10 codes in October. Is this true? And if so, how do we prepare?

**Question 7:** What are the two things a receptionist should ask when a patient calls to schedule an MVA-related appointment?

**Question 8:** What should you do before the physician treats a motor vehicle accident (MVA) patient to prevent denials later on?

**Question 9:** Why should you always make a copy of the MVA patient's health insurance card? Patients sometimes complain about having to submit the card at each visit.

#### Billing Quiz Answers

**Answer 1:** Workers' comp claims aren't typically different from your standard payers' claims in terms of how you'll submit them, but there are a few things you should know. Some states may not use current-year CPT® codes, so check with the carrier if you've received unfounded denials. Most important, you should always use E codes to explain the patient's injury and the surrounding circumstances. If a patient has more than one injury claim in the workers' comp system at the same time, E codes will allow the carrier to differentiate claims and pay without delay.

**Answer 2:** When a patient schedules his first appointment for an injury that could have been on the job, such as a sprained back, the receptionist should always ask whether the injury is work-related. If the answer is "yes," the receptionist should collect all pertinent billing information such as date of injury, workers' compensation carrier, claim number, employer at the time of injury, claims adjuster and/or case manager name and phone number, and alternative private insurance information. Also, obtaining authorization to treat the patient before you see him helps ensure reimbursement.

**Answer 3:** You must follow the billing rules and workers' comp fee schedule of the state in which the first workers' comp claim was filed. Workers who are mobile, such as truck drivers and traveling salesmen, are more likely to begin care for work-related injuries in states other than where they live. Workers' comp for federal employees is the exception, because there are nationwide rules.

**Answer 4:** You should develop a short, one-page contract to ensure your payment directly from the SNF if the patient is subject to consolidated billing. Providers should always take the contract with them on SNF visits and have an administrator sign the document. The contract should list the physician's billing information and include a disclaimer stating that you expect payment for services rendered regardless of the SNF's reimbursement status with Medicare. A contract may not prevent all problems, but it will give you legal means for pursuing payment if the SNF refuses.

**Answer 5:** No, you may not add extra fees, even though you may think you deserve extra payment for driving or gas costs. You should only bill SNFs for the reimbursement you would expect from Medicare.

**Answer 6:** You heard correctly—workers' comp. payers aren't legally required to switch to the ICD-10 code set on Oct. 1, although many of them probably will make the conversion. The only way to find out if your workers' comp insurer is on board with the new diagnosis coding system is to contact their offices. Reach out to your workers' comp payers now to find out if they plan to use ICD-10 or not, and make a note of their responses in your records.

**Answer 7:** First, the receptionist should ask if the patient's MVA was work-related. In this case, you may be billing workers' comp instead of the MVA carrier. If the patient's MVA was not work-related, the receptionist should ask for the name and contact information of the patient's claim adjuster, the MVA claim number and policy number, and the date of the accident.

**Answer 8:** Before you treat the patient, a biller should call the patient's auto insurance claims adjuster to verify the patient's coverage and see if any deductibles apply. You should also ask how much coverage the patient has, what services require preauthorization, and where to send the claims.

**Answer 9:** Auto insurance benefits can run out quickly, meaning that you have to switch over to billing the patient's private health insurance. Keep in mind that a patient who was in the hospital for MVA-related treatment could have blown through all his MVA coverage with just a few days of inpatient care. Some patients may also have a deductible with their MVA insurance that the primary health insurer must pay. Having a copy of the patient's primary insurance card will facilitate billing if you need to switch from MVA coverage.

**Tip:** When the patient comes in for the visit, make a copy of his MVA insurance card because this verifies his coverage and other MVA information.