

## Part B Insider (Multispecialty) Coding Alert

### Billing Quiz: How Did You Fare on Our Billing Quiz?

Match your responses from the quiz against these answers.

Did you take our quiz on page 91 to test your billing expertise? Check out the answers here and then determine your score.

**Answer #1:** You don't have to use the workers' comp fee schedule, but it may help keep your fees optimal for all payers. Many workers' comp programs pay considerably well, so your reimbursements could increase if you choose to follow that fee schedule instead.

As for coding, workers' comp claims are no different from your standard payers' claims. Some states may not use current-year CPT codes, however, 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:** Although medical necessity may require the physician to treat unrelated problems during a workers' comp visit, the best scenario is to have the patient return for a separate appointment to address other nonrelated problems. Having a clear and separate record for your workers' comp claim will help reduce carrier confusion and expedite payment. In fact, you should keep all workers' comp and motor vehicle accident records separate from the patient's other records.

Confirm Your SNF and Consolidated Billing Skills

**Answer #5:** You should develop a short, one-page contract to ensure your SNF payment. Providers should always take the contract with them on SNF visits and have an administrator sign the document. A contract may not prevent all problems, but it will give you legal means for pursuing payment if the SNF refuses.

**Answer #6:** 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 #7:** After using a legal contract and trying to talk your way through billing and payment disputes, you can report your problems to the local or regional overseer of nursing homes and SNFs - and even request an investigation into the SNF's questionable billing practices if necessary.

## Steer Safely Through MVA Claims

**Answer #8:** 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 #9:** When you schedule 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 #10:** 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 will help you verify his coverage and other MVA information.

**Answer #11:** You should fill out box 10b and box 14 to expedite your MVA claim. Box 10b asks you to check "yes" if the patient's condition is related to an auto accident. You must also fill in the two-letter state code for the location of the patient's MVA. Box 14 asks for the date of illness, injury or pregnancy, so you should fill in the patient's accident date.