

## Part B Insider (Multispecialty) Coding Alert

### Billing Tips: Spot Common Billing Errors Before They Stain Your Claims

#### 8 Sure-Fire Ways to Prevent Denials

Is your practice a denial factory? Here are some common reasons your claims may be denied by your Medicare carriers:

**Medicare secondary-payer issues.** This can foul up all a patient's claims for months. If a patient isn't sure if Medicare is primary or secondary, have the patient get on the phone with the insurance company and work it out on the spot, says consultant **Larry Montgomery** with Montgomery & Associates in Montgomery, Ala.

**Referrals.** If you work in a specialty practice, many of your patients may come to you from other physicians, and these consultations must have the name of the doctor who requested the consult on the "referring" field of the claim form, says **Adrienne Rabinowitz**, billing manager at Western Monmouth Orthopedic Associates in Freehold, N.J. Many billing departments leave this information out, leading to denials.

**Modifiers and diagnoses.** Make sure every modifier is properly placed on the correct charge line, Rabinowitz says. Likewise, make sure you match up the correct diagnosis with each CPT Codes .

**Policy ID numbers.** Ensure your patient's Medicare ID number looks like a Medicare number instead of another insurer's format, Rabinowitz says.

Plus, here are some ways to keep on top of your denials:

**Check the audit trail** for rejections that occur and resubmit those claims daily, Montgomery says. Also, check Medicare Explanation of Benefit forms and respond quickly to any denials.

**Monitor requests** for information from carriers and your response, Montgomery says.

**Review all claims** that are more than 30 days outstanding, Montgomery says.

**Work backwards.** If you're receiving a lot of denials, look at what you're getting rejected for and work on improving your billing for that item, says consultant **Lee E. Cavanaugh** with Cavanaugh Michaels in Mechanicsburg, Penn.