

Part B Insider (Multispecialty) Coding Alert

Part B Billing: These 6 Quiz Answers Will Help You Decipher Duplicate Billing

Rate your results against the experts' with the answers to last week's quiz.

Duplicate submissions are a constant thorn in the proverbial side of Medicare carriers across jurisdictions, costing millions to CMS but also delaying payment for practices across the country.

Take a look at these answers to the questions in the Insider, Vol. 17 no. 32, to see if you are a duplicate billing guru or whether you need a refresher course.

Answer 1: The answer is C. M86. An M86 error message is sent when your MAC receives a duplicate claim for the same services rendered by more than one physician at the same practice for the same patient in the same day. "When more than one E/M service is provided to the same patient on the same date by more than one physician in the same specialty in the same group, only one E/M service may be reported unless the E/M services are for unrelated problems," said the NGS Medicare in an August 24, 2016 webinar.

Answer 2: The answer is B. Modifier 77 (Repeat Procedure by Another Physician or Other Qualified Health Care Professional). Modifiers are especially important to avoid duplicate submissions because the appended modifier shows that though you are performing the same service, it is separate, and therefore, not the same for a reason.

In this case, the physician's notes would verify that the second x-ray, and another physician's interpretation, were necessary. "Modifier 77 is always used if there are questionable findings," explained **NGS's Arlene Dunphy, CPC** in an Aug. 24, 2016 webinar.

Answer 3: The answer is B. 14 days. "Medicare's IVR has about a 14-day payment floor," says Dunphy. "That's a big gap [from the written format], which is why you want to bill electronically." Sometimes there are delays for various reasons with both the claims submitted by mail and electronically.

Answer 4: The answer is C. Reopening. It is important to note that only finalized claims can be reopened, and that you have a year to do reopen a closed claim. Reopenings are traditionally done for minor clerical errors on either the provider or Medicare carrier side like forgotten modifier, transposed codes or words, and incorrect dates or place of service.

Answer 5: The answer is D. Specialty. Issues with duplicate submissions are not related to the provider's specialty.

Answer 6: The answer is B. False. Resending claims usually does not expedite the claims process, but rather delays it. Dunphy advises, "don't jump the gun and resend your claim. Wait to hear back from us."