

## Part B Insider (Multispecialty) Coding Alert

### PART B MYTHBUSTER: 3 Deadly Myths That Could Rob Your Practice of Reimbursement

Check your own methods against these coding and billing pitfalls.

If you subscribe to any of these common medical practice billing and coding myths, you could be harming your practice's bottom line. Get to know the facts and you'll recoup your pay every time.

**Myth:** You have to bill everyone the same amount.

**Fact:** "Practices cannot bill Medicare patients higher than other payers," says **Suzan Berman-Hvizdash, CPC, CEMC, CEDC**, senior manager of coding and compliance with the UPMC departments of surgery and anesthesiology in Pittsburgh. "However, if they have a contractual agreement with another payer to charge that payer more, they can do so," she says.

Practices often maintain several fee schedules that correspond to different insurers. "The most important piece is the reimbursement," Berman-Hvizdash says. "The contracts with the various payers are going to dictate the reimbursement. This could vary greatly from payer to payer, state to state, contract to contract."

**Myth:** Before you bill a patient for a charge or write it off, you have to send three bills.

**Fact:** You have to make a good faith effort to collect on the bills, and treat all classes of patients the same, says **Quinten A. Buechner, MS, MDiv**, president of ProActive Consultants in Cumberland, Wisc. "This means that if you send a Medicare patient to collections after the third attempt, you have to do the same for patients with other insurers," he says. But the three-bill rule isn't set in stone with Medicare.

**Myth:** If Medicare doesn't pay the full charge for a service, you are obligated to write off the rest.

**Fact:** If you participate in the Medicare program, you can bill the patient for the co-insurance amounts and the deductible (if it comes out of your claims), Berman-Hvizdash says.

**Example:** The office billed \$350 for an office visit. The Medicare fee schedule amount is \$100. Patient has \$15 left to his deductible.

Medicare allows: \$100

Medicare pays: \$65

Deductible: \$15

Co-insurance: \$20

Patient owes: \$35 (Co-insurance plus remaining deductible portion)

Physician Write off: \$250.