

Part B Insider (Multispecialty) Coding Alert

PHYSICIAN NOTES: Duplicate Claims Top Trailblazer's Error List

You may be able to slow your denial volume by simply checking your claim status.

TrailBlazer Health Enterprises, the Part B carrier for Delaware, Maryland, Washington, DC, Virginia, Texas and the Indian Health Service, has released its top 10 billing errors for its most recent quarter, and results for every state show that duplicate billing is the number one error across the board. In fact, TrailBlazer denied more than a million claims for this reason alone in the fourth quarter.

The carrier suggests that practices should check their claim status before resubmitting claims.

Other common errors submitted to TrailBlazer included beneficiary ineligibility, medical necessity issues, bundled services, claim submitted to the wrong payer, noncovered services, invalid procedure code/modifier combination, missing/invalid group number, provider ineligibility, CLIA issues, and failure to first submit the claim to the beneficiary's primary insurer.

In other news:

- Starting April 1, Medicare will offer you a way to let your carrier know if the practitioner treated the patient in a temporary lodging setting. New place-of-service (POS) code 16 refers to temporary lodging, defined as -a short-term accommodation such as a hotel, camp ground, hostel, cruise ship or resort where the patient receives care, and which is not identified by any other POS code,- according to Transmittal 1366 from the **Centers for Medicare & Medicaid Services (CMS)**.

- If you aren't using direct deposit yet, keep in mind that Medicare carriers offer the option of having their Medicare Part B payments deposited directly into your bank account. You won't have to complete an electronic claim submission or electronic remittance participation requirement to be eligible for electronic funds transfer. Visit www.cms.hhs.gov/CMSforms to download a copy of the CMS-588 Electronic Funds Transfer Authorization Agreement.

- Practices that see diabetic pa-tients now have a single source for determining where Medicare stands on diabetes supplies and services. Last week, **CMS** issued a MedLearn Matters article that offers a complete coverage breakdown. For example, the article specifies all of the required data that a physician's prescription must include for Medicare to cover the patient's blood glucose testing equipment. You can read the article at www.cms.hhs.gov/MLNMattersArticles/downloads/SE0738.pdf.