

## Part B Insider (Multispecialty) Coding Alert

### REIMBURSEMENT: Are Your Claims On This Carrier's Greatest Hits List?

#### Update your modifier list, and check your provider's enrollment dates

This is one -top 10- chart you don't want to find your services on. Part B carrier **Trailblazer Health Enterprises** issued its list of the most common denial reasons for the fourth quarter of 2006. Use the following checklist to avoid familiar pitfalls:

- 1) **Duplicate claims** in which you have resubmitted a claim that the carrier already processed and made a zero payment on because of a denial or because the patient hadn't met his deductible. Or else, you may have -automatically- resubmitted the claim if you hadn't received payment within 30 days of filing it. What to do: Check your claim status before refiling a claim. Call your carrier to check on the reason a claim wasn't paid the first time, and to verify your claims processing information, Trailblazer advises.
- 2) **Beneficiary ineligibility** because the Medicare number is invalid, the patient isn't eligible to receive benefits, or you should have billed other services first. What to do: If you're seeing these denials, screen your patients and check on their Medicare effective dates.
- 3) **Incorrect carrier.** What to do: Make sure your patient doesn't have a Medicare managed care plan or railroad Medicare.
- 4) **Bundled services.** What to do: Check the fee schedule database to see if a particular service is -Status B.-
- 5) **Medical necessity.** What to do: Check national and local coverage determinations, and also make sure your diagnosis codes correspond with your documentation. If necessary, obtain a valid advance beneficiary notice (ABN) before billing.
- 6) **Medicare secondary payor.** What to do: Make sure another payor doesn't cover this patient.
- 7) **Non-covered services.** What to do: Make sure the claim isn't for a self-administered drug or another service that Medicare never covers.
- 8) **Provider ineligibility** because the date of service on the claim is before the provider's effective date or after the provider's termination date. What to do: Make sure you're using the correct date of service. If you have, then contact your carrier's provider enrollment office to see if there's a problem with the physician's effective or termination date.
- 9) **Invalid modifier.** What to do: Make sure you're using the most up-to-date list. For example, Medicare recently replaced the QB modifier (for Health Professional Shortage Area) with the AQ modifier.
- 10) **A routine exam or screening procedure.** What to do: Remember that if the patient has no symptoms or evidence of illness or injury, Medicare won't cover the service.