Part B Insider (Multispecialty) Coding Alert

REIMBURSEMENT: Avoid Computer Claim Casualties With These 9 Tips

Pay attention to EOBs and keep talking to your carrier

You could be losing money to a computer glitch and not know it, say experts.

If your carrier moved over to the Multi-Carrier System (MCS) in the past six months or so, you may be plagued with improper denials and other claim holdups. (See story, previous article.) Here are nine things you can do to seek out and solve MCS-related problems:

1. Eyeball your EOBs.

Watch your explanation of benefits (EOB) forms, advises **Holly Louie**, compliance officer with **Practice Management Inc**. in Boise, ID. Keep your eye open for denials and downcodes that don't look correct.

2. Customize your strategy.

Don't use the same approach with each carrier if you deal with more than one. Some carriers will respond to online complaints and phone calls promptly, while others will just ignore you forever, says Louie. "It really is going to be a carrier-by-carrier process to find out what does work."

3. Be speedy with follow-up.

Resubmit or appeal denied claims as quickly as possible. If you see that the carrier has let your claims slip through the cracks, get them back in the system right away, advises Louie.

4. Stay within the lines.

Be aware of your carrier's individual needs. For example, some carriers need you to list only one diagnosis code per line under the new system. Others may allow you to submit multiple diagnoses per claim line.

5. Apply hands-on tactics.

Submit crossover claims manually. Most other payors, including Medicaid, will have a process to allow you to input claims that fail to cross over, says **Chris Abouchokr** with **Kidney Associates of Kansas City** in MO. Medicaid has an electronic system through its Web site that allows you to enter each claim individually. This can become tedious if you have to input a lot of claims, Abouchokr adds.

Caution: But watch out for duplicate claims, warns **Sheryl Torres**, billing manager at **Nevada Medical Clinic** in Nevada, MO. If you submit all the crossover claims manually and then the carrier starts crossing them over automatically again, you need to make sure the non-Medicare payor doesn't process the claims twice.

6. Rely on Web resources.

Watch your carrier Web site. Some carriers that have experienced MCS problems have put up "error resolution reports" on their sites, notes **Sarah Myers** with **Family Practice Associates** of Lexington, KY. You can look up each problem and see an estimated date for repair. If that date has passed, you should go ahead and resubmit any claims affected by that glitch "to waste as little time as possible," says Myers.

7. Tackle snags in person.

Visit your CMS regional office if necessary. If the carrier is denying or downcoding claims improperly and isn't responding to your complaints, you should take the matter to your regional office of the **Centers for Medicare & Medicaid Services**, advises **Jo Anne Steigerwald**, senior consultant with the **Wellington Group** in Baraboo, WI.

8. Practice perfection.

Make your claims as clean as possible. The Web site for **Blue Cross and Blue Shield** of Kansas says that the carrier is developing fewer claims for missing information since it switched to the MCS. This isn't a computer glitch, but it could mean the carrier will reject more claims as unprocessable. You can avoid problems by including all the information to process the claim, the carrier advises.

9. Sweat the little things.

Pay attention to the carrier's form requirements, so that a tiny detail can't hold everything up.

Example: The Kansas Blues says its system has started rejecting claims if you don't say you have the physician's signature on file. You should make sure you answer "Y" instead of "N" to this question. Also, you may be including your physician's provider number plus the first two letters of his last name in box 24K on paper claims, warns the Kansas Blues. Because some provider numbers do end in a letter, the extra two letters slows down the claims processing.