

## Eli's Rehab Report

### Practice Pointers: Steer Your Auto Insurance Claims to Speedy Reimbursement

Plus, beware a potential payment delay with your Medicare patients.

For auto accident rehab cases, many patients have a lump sum from the accident settlement that they can use to pay you upfront. But it's not always that cut-and-dried. How do you submit a claim for a physical therapy date of service to an automobile insurance company? Put these tips in your back pocket so you have a starting point when an auto accident patient walks into your door.

Use This 3-Step Checklist

Create a protocol for the most important things to cover with an auto insurance patient. Consultant **Dick Hillyer, DPT, MBA, MSM**, with Hillyer Consulting in Cape Coral, Fla., recommends you do the following:

1. Verify coverage first. Have your receptionist, or whoever deals with insurance or billing, verify the patient's coverage with the insurance company before you schedule the patient for an initial evaluation.
2. Collect the deductible and co-pay at each visit -- not every Friday or the end of the month. "Patients often self-discharge early and are never seen again," Hillyer warns. And you may have slim luck getting them to respond to an invoice.
3. Have the patient sign a letter, before the evaluation, directing his or her attorney (if any) to pay your full charges first and in full before paying any other related bills.

Wouldn't hurt: "I also recommend highlighting the box on the claim to auto insurance that states the member has agreed you should be paid directly," says **Diane McKeon** with McKeon Services Medical Billing/Consulting. "Then attach your paperwork with the signature stating this." Doing this ensures that if the patient is receiving checks (and has an attorney) that the patient cannot cash them. The checks will be made out to you.

Beware the Payer's New Reporting Requirements

If you're treating a Medicare patient post-auto accident, don't be surprised if you encounter a payment delay. Thanks to the Medicare, Medicaid, and SCHIP Extension Act of 2007, Medicare now mandates that group health plans, liability insurance (including car insurance), no-fault insurance, and worker's compensation benefits must report when they have made a payment to a Medicare beneficiary, points out **Alisa Chestler, JD**, counsel for Baker, Donelson, Bearman, Caldwell & Berkowitz in Washington, D.C. "The intent of the law is to preserve Medicare funds where other insurers are primary to Medicare."

Even though current law says Medicare should be the secondary payer to other insurance, Medicare will often pay first, especially if the agency isn't aware that the reason for rehab is a car accident.

Bottom line: As auto insurance companies become aware of their new reporting requirement and being under the spotlight as a primary payer, they may be fearful of paying a claim for a Medicare beneficiary if they do not have enough information to report to Medicare, Chestler says. That means claims payments to you may slow down as the auto insurance company attempts to comply with the law and play its cards right.

Plus, the reporting requirements are fairly onerous for the auto insurance companies, Chestler adds. Because of all the patient information they need to report the case to Medicare, if they are missing any patient information, they could in

fact hold a claim as leverage.

What to do: "The best thing you can do now is simply be aware of this issue, and if you do experience a payment delay, work with the auto carrier to see if the reporting requirement is indeed what is slowing them down," Chestler says.