

Eli's Rehab Report

Reader Questions: Can't Verify Insurance? Back Up With ABN

Follow these best practices to avoid interrupted therapy progress.

Question: One of our clients presented for therapy a week after switching coverage. She doesn't have an updated insurance identification card yet, but needs to get started on her plan of care. How should we proceed?

Answer: Ideally, when patients call to make appointments, you should have someone in your office confirm their insurance coverage and eligibility so that you aren't surprised by insurance changes when they show up for therapy, says **Kara Hawes** with **Advanced Professional Billing** in Tulsa.

Best: You should verify clients' benefits all year long, but most insurance changes happen at the beginning of the year. Therefore it's a good practice to verify benefits at the first visit after January rolls around. Doing this before the appointment will give you time to check if you are a participating provider with the payer and verify coverage.

If the patient doesn't yet have an identification number with her new insurance company, ask for the name of the insurer and the policy number from the patient or the patient's employer, Hawes suggests. Then, call the insurer and verify the coverage and the date of eligibility, and get the appropriate information to identify the patient on your claim.

Alternative: Although verifying coverage in advance is preferable, it isn't always possible. For these instances, inform the patient of the problem and ask if he wants to reschedule the appointment (unless it's an emergency visit).

Otherwise, explain to the patient that the visit and services may not be covered, and that he must pay the bill himself, Hawes says. Have the patient sign a waiver stating that the services rendered that day may not be covered by the new insurance, and that he is financially responsible. Keep the signed waiver in his file.