UVCA FALL CONFERENCE

BILLING CODING AND COLLECTION CHALLENGES: PANEL DISCUSSION

YOUR PANELISTS

Susette Goodwin

Lisa Maciejewski-West

Marilyn Porras

YOUR MODERATOR: Dr. Eric Carlsen

INTRODUCTION

- Introduction of Panelists
- Panel Discussion Format
- UVCA Disclaimer

PART 1

CODING CHALLENGES

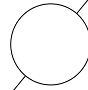
Panel Leader- Marilyn Porras

QUESTION 1

Therapy Denials-Prior Auth: Do I have to get pre auth for PT services through Anthem Virginia? I got a notice that all PT services now have to be preauthed….

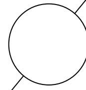
QUESTION 2

Therapy Denials-too many modalities: I'm getting denials on therapy codes when I bill out **multiple modalities.** Sometimes they deny everything for incorrect coding/modifiers… Is there anything I can do about these issues?



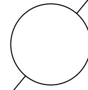
QUESTION 3

Therapy Denials-Coding Denials: Anthem/BCBS has always paid on **therapy codes** in the past but then all of a sudden started denying. Why?



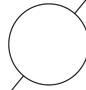
QUESTION 4

CODING CHALLENGE- Code Bundling: I'm running into a situation with 97124 coded with 98941 being bundled together. Has been paid for years using the same dx pointing and modifiers. Wondering if there has been either a policy change or processing glitch.



QUESTION 5

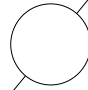
CODING CHALLENGE- Picking the Correct Code: I have massage therapy in my practice. Do I bill Massage therapy as 97140 or 97124?



QUESTION 6

CODING CHALLENGE- Dx Code

Pointing: Can you explain what diagnosis code pointing is, and why it's important?



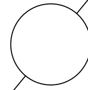
PART 2

Billing Policy and Procedure Challenges

Panel Leader- Lisa Maciejewski-West

QUESTION 1

What is the importance of getting Very detailed verification of benefits? Are there any specific questions we should be asking? What is the best way to verify benefits?

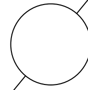


QUESTION 2

What is this “No Surprises Act” I’ve been hearing about? Am I affected by this law?

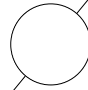
QUESTION 3

What is the difference between a claim rejection and a claim denial?



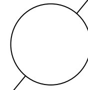
QUESTION 4

We have called on a denial of a visit, reason for denial is either diagnosis or coding, however when we ask they state they are unable to tell us what diagnosis to use or what code to use for a particular issue. Why is "medically necessary" different from one insurance company to another? How do we know what the company's interpretation of "medically necessary" is?



QUESTION 5

We are having a number of denials when our office bills the re-exam code with other procedural codes. We have received denials both with Aetna and with Anthem. If you can provide some insight as to why we are receiving the denials, how to avoid them, and how we go about appealing them.



QUESTION 6

How many chiropractic visits should I bill to Medicare before putting a patient on maintenance?

PART 3

In Office Billing and Collections Challenges

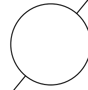
Panel Leader- Susette Goodwin

QUESTION 1

Am I allowed to do prepay plans for services that are billed to insurance?

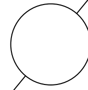
QUESTION 2

How can I get better at Front Desk Collections? I'm losing a lot of money because patients walk out the door without paying their bill.



QUESTION 3

What is the best way to set up a payment plan for a patient?

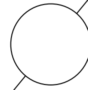


QUESTION 4

What is the best way to tackle an Accounts Receivable that is out of control?

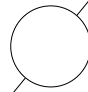
QUESTION 5

I've been told that I can offer discounts to my patients on their bill if I have made an attempt to collect. What kind of attempt do I need to make?



QUESTION 6

When do we need to have a patient sign an ABN?



Thank you for your attendance!!

For More Information:

Chirocenters Management Corp/Marilyn Porras

804-608-3040 marilynp@cmcbillingonline.com

Gold Star Medical Business Services/Lisa Maciejewski-West

866-942-5655   info@goldstarmedical.net

Susette Goodwin, Cox Chiropractic Clinic

Susette@coxclinic.com