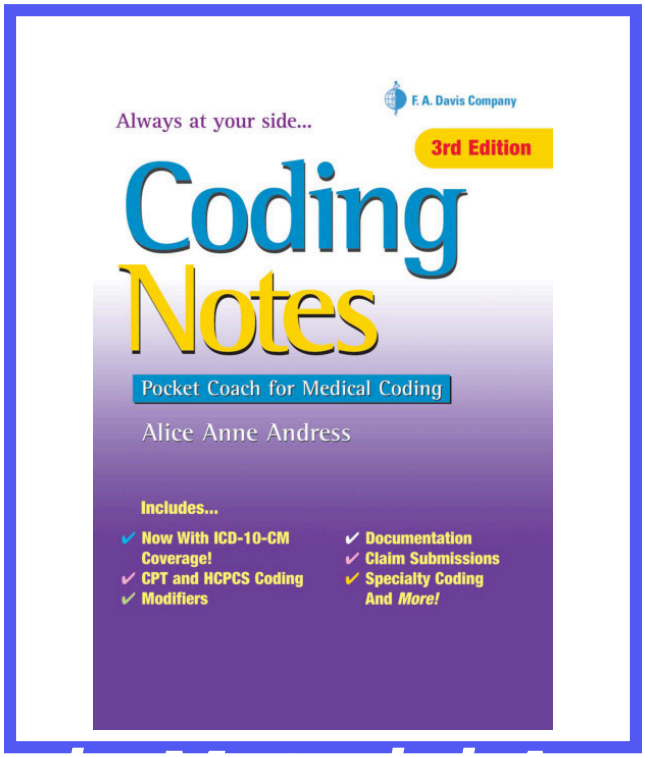


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ENERAL BILLING AND INSURANC GUIDELINES

Medical Terminology

er, you will find that having some background inology can be extremely helpful because yo with body areas and organ systems that will m h easier. You will be able to quickly determi n the CPT book provides the code for the servic f you are not familiar with the word, you will b into its parts to find its meaning. Each medical ments:

ord (either derived from Greek or Latin and ref dy part)
(a syllable placed in front of a root word to pro)
(placed at the end of a word to modify the mea

ample:

arditis
ord—card (heart)
Endo (inside)
itis (inflammation)

b 8, Tools, for a partial listing of root words, xes.

Anatomy & Physiology

is the study of the structure of body parts and he study of how they function. Understandi and physiology is key to successfully cod r services. As with terminology, having a basi of anatomy and physiology assists in identific

r must take written descriptions of services an
d transform them into alphanumerical diagnos
erical CPT codes. This can be a difficult task wit
owledge of anatomy and physiology. There a
and physiology courses offered by local t
community colleges, and 4-year colleges. For
still in high school, most schools now offer
iology as a science elective. There are also man
ble online for individuals who require flexibilit
.
ody has 650 muscles and 206 bones. You
to know all of them, but knowing where to
em is useful when coding. It would also be h
nd anatomical positions (eg, which way is
distal, or which is proximal) and understa
he 12 cranial nerves has a function (eg, crani
us see and cranial nerve IX helps us s
the types of fractures can also be helpful wh
opedic services and procedures. Is it close
uted?

Types of Insurance Carriers

Managed Care

t common types of managed care plans are

health maintenance organization
preferred provider organization
point of service

ed an	Description	Co-Pay/ Deductible/ Payment	Autho Req
	Must have a primary care physician (PCP). The PCP can refer the patient (Pt) to another physician for evaluation and/or treatment. An "open" managed care type (PPO) allows the Pt to choose any provider participating in that plan.	Capitated. Co-pay is fixed. Fee for service carve-outs.*	Yes
	Pts may go to any provider who is part of the PPO network that has agreed to provide discounted services to those Pts. Pts may also go to physicians outside the network, but may have to pay more out of pocket for those services.	Fee for service. Co-pay is fixed depending on the plan. Deductible. Pts going to non-participating providers, usually pay a co-insurance of ~20% (e.g., Medicare).	Yes

ed an	Description	Deductible/ Payment	Autho Req
	Pts may go to any provider & are not required to have a PCP.	Capitated. Co-pay is fixed. Fee for service carve-outs.* Deductible must be met when choosing an out-of-net-work provider.	Yes

ut is the part of the bill that is not covered by the patient's i paid under a different payment arrangement.

ization/Precertification

orization is the process of obtaining prior app performed and reimbursed by a third-party car

rtification is the process of having a hospita rocedure reviewed before the admission or pr ine whether the medical necessity criteria for n met. Failure to obtain the necessary preauth tification may result in a claim denial. See the or more information.

atients with managed care insurance must hav physician who takes the role of a "gatekeep all aspects of that patient's care.

r Working With Managed Care

each patient's chart with the name of the patie ged care organization.

ch organization the same day of the service. or the number of days it takes to be paid under r-service method. Document any late capitation tly call your provider representative with the r

l inconsistent fee-for-service payments for the
or unreasonable payments inconsistent with th
cted fee schedule.
l problem payment decisions directly to the m
or of each organization.
st financial reports each year and have the do
them before it is time to negotiate their new
ct with the managed care organization.
rk with other practices involved with the probl
ged care organization.
the regulations and requirements of the mana
r and incorporate them into the policy and
dure manual of the practice.

g Problems With Managed Care

t bill a patient who is a member of a managed
ization unless it is for a deductible, co-paymen
ed benefit.
t let your doctors accept the decision of a nurs
er if you believe the patient's care would be c
. Always have your doctor speak to a medical
services have been denied.
t let the doctors discharge a patient or cancel
elieve is medically necessary when benefits h
d.
t discuss the managed care carrier negatively
atients.
t discriminate against managed care organizati
ts by not giving them timely appointments.

Quick Guide to Managed Care

	Advantages	Disadvantage
	Cost reduction Better benefits	Less attention Restricted use of pro General confusion
d n	Fixed rates Cost reduction Easy claim payment Small number of providers	Contract demands Adverse member reactions Multiple contract rat
	Possible volume increase Prompt payment	Reduced fees Contract demands Complex billing
n	Possible volume increase Prompt payment Maintaining current patients	Reduced fees Contract demands Complex billing Upsets patient relati Upsets referral patte

Medicare

re Insurance Cards

edicare insurance cards contain the patient' number followed by an "A," indicating that th rimary insurer. The following listing illustrat at may be found:

ouse's number if she or he is older than 62 yea dow

Adult who qualifies for Medicare because of a abled child

tient is entitled to Medicare Part B benefits

re Part A

wing is a partial listing of Medicare Part A serv

y side hospital or skilled nursing facility bed
ce care
te care
and blood products

re Part B

wing is a partial listing of Medicare Part B serv

lance services
practic screening
atory services
ian services
tes screening
le medical equipment
es
try services
health services
al, occupational, and speech therapies
ning tests such as mammograms, colonoscopi
tes, bone mass, cardiovascular, prostate screen

re Quick and Easy Billing Summary

= Centers for Medicare & Medicaid Services
1500 form is used to submit claims
tibles: $100 for physician services and outpati
able fees will vary according to the plan. Most
l," "customary," and "reasonable" basis
gical Financial Disclosure form is required for
signed claims of $500 or more
ine for processing claims is Dec. 31 of the year
ing the DOS
imum of 45 days must pass before a claim can
itted

al Black Lung Program, Box 828
m-Seabrook, MD 20703–0828
le medical equipment (DME) claims must be s
propriate DME regional carrier

re Fee Schedule

e three reimbursement columns in a Medi
:

articipating provider fee
AR: Nonparticipating provider fee
miting charge fee

l Supplies and Equipment

can be billed for any supply and equipment
in a patient's home. Medicare's definition of
the following locations:

atient's home
tive's home where the patient is living
e for senior citizens
eless shelter

g homes cannot be considered a patient's ho
medical supplies and equipment cannot be bi

re B Covered/Noncovered Services

the most common covered and noncovered
in the following table. The Medicare manual
vides a comprehensive listing of these service

edicare Part B vered Services	Medicare Part B Noncovered Servic
er services (office hospital visits, tations, nursing visits, etc.) , laboratory testing, & other outpatient stic testing atory surgical center services al dressings, casts, , etc. braces	• Cosmetic surgery • Dental services • Custodial care • Services resulting from compensation or motor accident • Services deemed not me necessary • Routine physicals (excep exam)

re Secondary Payor (MSP)

e cases in which another health insurance pay
nt's Medicare benefits. In these cases, the othe
e is primary, with Medicare being the seconda
s situation occurs under the following conditio

MSP Billing Guide

y Insurer: Medicare	Primary Insurer: Insurance
is 65 yrs old or is retired or d. works for the y & carries TRICARE ce coverage. re is primary & E is secondary.	• The Pt is 65 yrs old or o is still employed & cover under an employer's ins contract. • The Pt has VA benefits t cover all services & proc • The Pt has Railroad Retir benefits.