



**Professional Receivables Control, Inc.
Monthly Newsletter
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MEDICARE/MEDICAID PATIENTS

I have seen some instances in the past where a patient was seen by a doctor and services were provided that Medicare doesn't cover, either contractually that the patient should be aware of or items that should have been provided under an ABN and ABNs were not signed. Remember that if the patient has a service that Medicare will not cover, Medicaid will not cover it either.

For instance, if you provide a preventive service that is not a covered benefit under Medicare, Medicaid as secondary will not cover unless you tell the patient in advance and spell out that they are responsible and have them sign the form. Medicare doesn't require a specific form but the ABN will work for them also. If the service is a contractual item as non-covered preventive service, this means that an ABN is not required by Medicare. These items are listed in the initial information provided to the patient when they enroll and Medicare will never cover them and will make the balance the patient's responsibility. However, if the patient has Medicaid, they are protected under the Medicaid plan unless you get the signed pre-arrangement for them to pay for the service. Do not presume that Medicaid will pick up what Medicare denies, they will not.

BILLING FOR REMOVAL OF STITCHES ON ANOTHER PROVIDERS REPAIR

If you have a new or established patient who presents to have you remove stitches that they received in the emergency room, you can not bill a CPT code for suture removal because that is globally included in the surgery service. In fact, other than suture removal under general anesthesia, there isn't a CPT for suture removal. However, you can bill for the appropriate level of E/M.

If you put the sutures in, you can't bill to take them out but if you didn't put them in you have the right and are expected to bill the E/M. Be sure to document the level billed under the usual parameters. Use the diagnosis code for the original reason for the wound and add V58.32 , encounter for removal of staples or sutures as secondary.

MEDICARE PREFIX ALPHA CHARACTERS

Ever wondered what the alphabetical characters mean at the beginning of the Medicare ID numbers? Here is a list:

Code	Identification
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Code	Identification
A	Wage Earner (Retirement)
B	Wife
B1	Husband
B2	Young Wife
C1- C9	Child - Includes disabled or student child
D	Aged Widow
D1	Widower
D6	Surviving Divorced Wife
E	Widowed Mother
E1	Surviving Divorced Mother
E4	Widowed Father
E5	Surviving Divorced Father
F1	Father
F2	Mother
F3	Stepfather
F4	Stepmother
F5	Adopting Father
F6	Adopting Mother
G	Claimant of Lump-Sum Death Benefits
HA	Wage earner (disability)
HB	Wife of disabled wage earner
HB1	Husband of disabled wage earner
HC	Child of disabled wage earner
M	Uninsured – Premium Health Insurance Benefits (Part A)
M1	Uninsured - Qualified for but refused HIB (Part A)

Code	Identification
T	Uninsured - Entitled to HIB (Part A) under deemed or renal provisions
W	Disabled Widow
W1	Disabled Widower
W6	Disabled Surviving Divorced Wife

HOW WELL DO YOU COVER YOUR PATIENTS DURING OFF HOURS?

An ever increasing problem in the medical community is the way patients are handled if they need you during your practice's off hours. What happens in your practice if the patient needs you during the weekend or in the evening? Are you sending them to the emergency room? Look for insurance companies to be evaluating this practice.

Would it be better to set up a triage service? Possibly with off hour rotation of your nursing staff to take calls forwarded to them from the answering service? Qualified personnel, familiar with your patients, under your directives could help the patient decide if the emergency room is really needed. Other options would be for the nurse to contact you and get an order for a medication to handle the situation until the patient can get in to see you on the next work day. The nurse also could handle minor options on her own, under your preset directives. Some hospitals are also offering this service. They basically act as a triage step between you and your answering service.

If you offer this service, I'm sure your insurance contractors would be appreciative of this cost containment initiative on your part and it might even get you more patients if they know they have 24/7 help, if needed. Just something to think about, in our ever changing world of health care.

Mable Scott