1. Note: If you do not wish students to look up the CPT codes, provide these descriptors:
92004 Comprehensive ophthalmological services, new patient
99385 Initial comprehensive preventive medicine, new patient, ages 18 – 39 years
88150 Cytopathology (Pap smear)
99386 Initial comprehensive preventive medicine, new patient, ages 40 – 64 years
A. Pay the claim; covered service.
B. Reject the claim because the CPT code applies to eighteen- to thirty-nine-year-old patients.
C. The second claim may be denied due to utilization edits or pulled for manual review, in which case documentation of the necessity of the second Pap test would be requested.
D. Deny the second claim based on the utilization guideline of a CPE every two years for the patient’s age range.

1. Yes, the accounts for Jennifer Porcelli and Josephine Smith both have payments that are 31-60 days past due for $15.00 and $36.00, respectively.

1. Allowed amount (Medicare Fee Schedule) is $39.81 less than billed amount; this amount cannot be billed to the patient.
2. Billed amount is the patient’s responsibility.
3. The –GY modifier shows that the practice knew that the service is never covered by Medicare, so no ABN is required; as anticipated, the claim has not been paid by Medicare, and the patient (or a secondary payer) is responsible for payment of the charge.

1. It is important to double-check the data on the remittance advice for accuracy; otherwise the claim will be incorrectly recorded and may not match.

1. $128.70
2. Yes, H. Cornprost
3. Patient has not met deductible.
4. Yes, J. Dallez, because the procedure is not covered by his insurance.

1. The Medicare appeal process involves five steps:
Redetermination --> Reconsideration --> Administrative law judge --> Medicare Appeals
Thinking It Through 13.7 page 449

1. This arrangement may create communication difficulties between billing and payment processing staff members. Strategies would include making sure each person knows the other staff members (through meetings or other methods) and developing ways for the payment processing staff members to tell billing staff members what claim items are repeatedly causing rejection, denials, or downcoding.

Thinking It Through 13.8 page 450

1. Generally speaking, it is more efficient to process secondary claims electronically, as the information does not need to be duplicated, and can quickly be sent and accessed.

Thinking It Through 13.9 page 455

1. Ron Polonsky's primary insurance carrier is his wife's group health insurance plan. Medicare is the secondary payer when an individual over age sixty-five is eligible for health care benefits under a spouse's employer group health insurance plan.

ANSWERS TO REVIEW QUESTIONS

Matching page 457

1. D  
2. E  
3. F 
4. A  
5. B  
6. I  
7. J  
8. H  
9. C  
10. G

Multiple Choice pages 457-458

1. C  
2. A  
3. C  
4. B  
5. B  
6. A  
7. B  
8. A  
9. C  
10. D
Short Answer page 458

1. RA - remittance advice
2. EOB - explanation of benefits
3. MSP - Medicare Secondary Payer
4. EFT - electronic funds transfer

ANSWERS TO APPLYING YOUR KNOWLEDGE

Case 13.1 page 458

A. Diagnosis Code R63.4: Abnormal loss of weight
   Procedure Code 80048: Basic metabolic panel
   Place of Service 25: Birthing center
   Audit: Improper place of service; should be either outside lab or office charge; reject or query provider

B. Diagnosis Code J96.10: Chronic respiratory failure
   Procedure Code 99241: Office consultation
   Modifier 22: Unusual procedural services
   Audit: Improper use of modifier 22 with an E/M service; reject or query provider

C. Diagnosis Code O63.2: Delayed delivery of second twin, episode of care unspecified
   Procedure Code 54500: Biopsy of testis, needle (separate procedure)
   Audit: Improper match of diagnosis and procedure; reject

Case 13.2 page 459

A. 15% ($8.85 ÷ $59 = the percentage for the coinsurance)
B. 20% ($31.20 ÷ $156 = the percentage for the coinsurance)
C. $46.85 ($8.85 + $38)
Case 13.3 page 459

A. Adjustment reason code B5 means “claim/service denied/reduced because coverage guidelines were not met.”

B. The ABN –GA modifier means that a signed ABN is on file.

C. Yes

D. No