ANSWERS TO EXERCISES IN TEXTBOOK - Chapter 16

ANSWERS TO CHAPTER CASES

Claim Case Study 16.1 pages 524-525

Patient: Wendy Walker

1. Incorrect procedure code; 99214
2. Yes
3. 10/5/16; new
4. 99204 (LIV, New Patient)
5. The charge amount, $103
6. Since the plan pays for 100 percent of covered services, and Wendy has already paid a $10 copay, her Medicare plan will likely pay $93 ($103 charge, minus her $10 copay).

Patient: Andrea Spinelli

1. The diagnosis is inconsistent with the procedure; 394.0, Mitral Valve Stenosis.
2. Cerumen in ear
3. Dx H61.23
4. $24 ($34 charge, minus the $10 copay)

Claim Case Study 16.2 pages 525-526

Patient: Lakshmi Prasad

1. Incorrect procedure code; Preventive Visit, EP, Age 65+
2. Yes
3. The signature date indicates that Lakshmi is an established patient, and the reason for the visit is “routine examination.”
4. The procedure code and amount should be changed from 99396 (Preventive Visit, EP, Age 40-64) $106 to 99397 (Preventive Visit, EP, Age 65+) $118.
5. See the answer key for Claim Case Study 16.2 below.
6. Assuming Medicare Nationwide covers the routine annual exam, Medicare will pay $94.40 (80% of $118).
Claim Case Study 16.3 pages 526-528

Medicare RA/EOB Analysis

1. Three (Zylerberg, Lankhaar, and Aiken; Estephan still owes $7.00)
2. No
3. The VAPC amounts and the approved amounts are the same.
4. 20% of $103, or $20.60; 100%
5. 20% of $17, or $3.40; 100%, or $3.40
6. No, it would be more efficient to send the secondary claims first. After the RAs have been received from the secondary carriers, patients’ balances can be recalculated to obtain a final amount due; then patients can be billed.
7. $1.40; $7.00
8. Because she still owes $7.00 towards her 2016 deductible. Medicare pays for 80 percent of covered services once the deductible has been met. Therefore, the allowed amount of $14.00 minus the $7.00 deductible due leaves $7.00 remaining. Medicare will pay for 80 percent of the remaining $7.00, which is $5.60.
   Lankhaar:  $ 5.60
   Aiken:        $17.20
   Estephan:     $ 1.40 ($8.40 - $7.00 deductible to be paid by the patient)

Preparing Secondary Claims

See the answer keys for Claim Case Studies 16.3 A-D below, for Medicare patients Zylerberg, Lankhaar, Aiken, and Estephan.
| Claim Case Study 16.3 C |

**Health Insurance Claim Form**

- **Claim ID:** 44001
- **Provider Name:** AIKEN, DONALD
- **Provider Address:** 24 BEACON CREST DR
- **City:** SANFORD
- **State:** NC
- **Provider Phone:** (555) 9670303

**Other Information:***

- **REF:** 10102016
- **SOF:** 10102016
- **DIAGNOSIS:**
  - **Code:** 01500
  - **Description:** Acute Myocardial Infarction

---

**Provider Information:***

- **Name:** CHRISTOPHER M. CONNOLLY MD
- **Address:** 1400 WEST CENTER STREET
- **City:** TOLEDO
- **State:** OH
- **Zip Code:** 43601-0213
<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>16.3 D</td>
</tr>
<tr>
<td>MEDICARE</td>
<td>44101</td>
</tr>
<tr>
<td>STATE</td>
<td>1946</td>
</tr>
<tr>
<td>CITY</td>
<td>CLEVELAND</td>
</tr>
<tr>
<td>ZIP CODE</td>
<td>01012016</td>
</tr>
<tr>
<td>SIGNATURE</td>
<td>SOF</td>
</tr>
<tr>
<td>DATE OF BIRTH</td>
<td>05/16/11</td>
</tr>
<tr>
<td>INCOME</td>
<td>161234567</td>
</tr>
<tr>
<td>DIAGNOSIS</td>
<td>X</td>
</tr>
<tr>
<td>BILLING</td>
<td>555</td>
</tr>
<tr>
<td>PHONE NUMBER</td>
<td>8670303</td>
</tr>
</tbody>
</table>

**Claim Case Study 16.3 D**

**MEDICARE NATIONAL**

1. **MEDICARE**
   - Medicare
2. **PLAN OF CARE**
   - Medicare
3. **BENEFITS OF THE MONTH**
   - Medicare
4. **BENEFITS OF THE YEAR**
   - Medicare
5. **BENEFITS OF THE WEEK**
   - Medicare
6. **BENEFITS OF THE DAY**
   - Medicare
7. **BENEFITS OF THE HOUR**
   - Medicare
8. **BENEFITS OF THE MINUTE**
   - Medicare
9. **BENEFITS OF THE SECOND**
   - Medicare
10. **BENEFITS OF THE MILLISECOND**
    - Medicare

**PLAN OF CARE**

1. **MEDICARE**
   - Medicare
2. **PLAN OF CARE**
   - Medicare
3. **BENEFITS OF THE MONTH**
   - Medicare
4. **BENEFITS OF THE YEAR**
   - Medicare
5. **BENEFITS OF THE WEEK**
   - Medicare
6. **BENEFITS OF THE DAY**
   - Medicare
7. **BENEFITS OF THE HOUR**
   - Medicare
8. **BENEFITS OF THE MINUTE**
   - Medicare
9. **BENEFITS OF THE SECOND**
   - Medicare
10. **BENEFITS OF THE MILLISECOND**
    - Medicare

**PLAN OF CARE**

1. **MEDICARE**
   - Medicare
2. **PLAN OF CARE**
   - Medicare
3. **BENEFITS OF THE MONTH**
   - Medicare
4. **BENEFITS OF THE YEAR**
   - Medicare
5. **BENEFITS OF THE WEEK**
   - Medicare
6. **BENEFITS OF THE DAY**
   - Medicare
7. **BENEFITS OF THE HOUR**
   - Medicare
8. **BENEFITS OF THE MINUTE**
   - Medicare
9. **BENEFITS OF THE SECOND**
   - Medicare
10. **BENEFITS OF THE MILLISECOND**
    - Medicare

**PLAN OF CARE**

1. **MEDICARE**
   - Medicare
2. **PLAN OF CARE**
   - Medicare
3. **BENEFITS OF THE MONTH**
   - Medicare
4. **BENEFITS OF THE YEAR**
   - Medicare
5. **BENEFITS OF THE WEEK**
   - Medicare
6. **BENEFITS OF THE DAY**
   - Medicare
7. **BENEFITS OF THE HOUR**
   - Medicare
8. **BENEFITS OF THE MINUTE**
   - Medicare
9. **BENEFITS OF THE SECOND**
   - Medicare
10. **BENEFITS OF THE MILLISECOND**
    - Medicare

**PLAN OF CARE**

1. **MEDICARE**
   - Medicare
2. **PLAN OF CARE**
   - Medicare
3. **BENEFITS OF THE MONTH**
   - Medicare
4. **BENEFITS OF THE YEAR**
   - Medicare
5. **BENEFITS OF THE WEEK**
   - Medicare
6. **BENEFITS OF THE DAY**
   - Medicare
7. **BENEFITS OF THE HOUR**
   - Medicare
8. **BENEFITS OF THE MINUTE**
   - Medicare
9. **BENEFITS OF THE SECOND**
   - Medicare
10. **BENEFITS OF THE MILLISECOND**
    - Medicare

**PLAN OF CARE**

1. **MEDICARE**
   - Medicare
2. **PLAN OF CARE**
   - Medicare
3. **BENEFITS OF THE MONTH**
   - Medicare
4. **BENEFITS OF THE YEAR**
   - Medicare
5. **BENEFITS OF THE WEEK**
   - Medicare
6. **BENEFITS OF THE DAY**
   - Medicare
7. **BENEFITS OF THE HOUR**
   - Medicare
8. **BENEFITS OF THE MINUTE**
   - Medicare
9. **BENEFITS OF THE SECOND**
   - Medicare
10. **BENEFITS OF THE MILLISECOND**
    - Medicare
Commercial RA/EOB Analysis

1. Medicare Nationwide
2. $200; $50; 80 percent
3. $76 ($50 to fulfill her 2016 deductible plus $26 patient liability)
4. The allowed amount for the procedure is $180. The carrier will pay for 80 percent of covered services once the deductible is met. In this case, $50 is owed toward the deductible. Therefore, the amount due for the service is reduced to $130 ($180 - $50 deductible). Anthem BCBS then pays 80 percent of $130 to the provider, or $104.
5. 80 percent; yes
6. $15; 20 percent
7. Yes, a secondary claim should be sent to the secondary payer so that the payer has a record of benefits received or denied from the primary payer as well as how much Jean Ruff has paid toward her deductible for the year.
8. Giroux: $180; $20.80 (80% of $26.00, assuming that her secondary plan, Medicare Nationwide, covers the routine annual physical)
   Ruff: $75; $0 (100% of $15 = $15, minus the $15 copay)

Preparing Secondary Claims

See the answer keys for Claim Case Studies 16.4 A-B below, for Anthem BCBS patients Giroux and Ruff.
**Claim Case Study 16.4 A**

### HEALTH INSURANCE CLAIM FORM

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICARE</td>
<td>X</td>
</tr>
<tr>
<td>MEDICAID</td>
<td>X</td>
</tr>
<tr>
<td>TRICARE</td>
<td>X</td>
</tr>
<tr>
<td>CHAMPVA</td>
<td>X</td>
</tr>
<tr>
<td>CHAMPVA</td>
<td></td>
</tr>
<tr>
<td>PLAN</td>
<td></td>
</tr>
<tr>
<td>GROUP</td>
<td></td>
</tr>
<tr>
<td>PROVIDER</td>
<td>GIROUX, KAREN</td>
</tr>
<tr>
<td>ADDRESS</td>
<td>144A WEST FRONT ST</td>
</tr>
<tr>
<td>CITY</td>
<td>BROOKLYN</td>
</tr>
<tr>
<td>STATE</td>
<td>OH</td>
</tr>
<tr>
<td>ZIP</td>
<td>11444</td>
</tr>
<tr>
<td>PHONE</td>
<td>( )</td>
</tr>
<tr>
<td>TELEPHONE</td>
<td>( )</td>
</tr>
<tr>
<td>QUALIFIED MEDICAL</td>
<td>YES</td>
</tr>
<tr>
<td>OTHER MEDICAL</td>
<td>NO</td>
</tr>
<tr>
<td>INSURANCE</td>
<td>PHARMACY</td>
</tr>
<tr>
<td>PLAN</td>
<td></td>
</tr>
<tr>
<td>GROUP</td>
<td></td>
</tr>
<tr>
<td>PROVIDER</td>
<td></td>
</tr>
<tr>
<td>ADDRESS</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td></td>
</tr>
<tr>
<td>STATE</td>
<td></td>
</tr>
<tr>
<td>ZIP</td>
<td></td>
</tr>
<tr>
<td>PHONE</td>
<td></td>
</tr>
<tr>
<td>TELEPHONE</td>
<td></td>
</tr>
<tr>
<td>QUALIFIED MEDICAL</td>
<td></td>
</tr>
<tr>
<td>OTHER MEDICAL</td>
<td></td>
</tr>
</tbody>
</table>

**In this box:** 1950

**In this box:** 1961

**On three lines in this box, enter:** NANCY RONKOWSKI MD 1400 WEST CENTER STREET TOLEDO OH 43601-0213

**Type area code here as:** 555

**Type rest of phone number here as:** 3210987
<table>
<thead>
<tr>
<th>CLAIM CASE STUDY</th>
<th>PATIENT</th>
<th>PATIENT BALANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.5</td>
<td>Wendy Walker</td>
<td>$0</td>
</tr>
<tr>
<td>16.6</td>
<td>Walter Williams</td>
<td>$0</td>
</tr>
<tr>
<td>16.7</td>
<td>Donna Gaeta</td>
<td>$126.80</td>
</tr>
<tr>
<td>16.8</td>
<td>Lakshmi Prasad</td>
<td>$23.60</td>
</tr>
<tr>
<td>16.9</td>
<td>Joseph Zylerberg</td>
<td>$15</td>
</tr>
<tr>
<td>16.10</td>
<td>Shih-Chi Yang</td>
<td>$0</td>
</tr>
<tr>
<td>16.11</td>
<td>Andrea Spinelli</td>
<td>$0</td>
</tr>
<tr>
<td>16.12</td>
<td>Nancy Lankhaar</td>
<td>$0</td>
</tr>
<tr>
<td>16.13</td>
<td>Donald Aiken</td>
<td>$0</td>
</tr>
<tr>
<td>16.14</td>
<td>Eric Huang</td>
<td>$34.60</td>
</tr>
<tr>
<td>16.15</td>
<td>Isabella Neufield</td>
<td>$0</td>
</tr>
<tr>
<td>16.16</td>
<td>Alan Harcar</td>
<td>$50.00</td>
</tr>
<tr>
<td>16.17</td>
<td>Jose Velaquez</td>
<td>$0</td>
</tr>
<tr>
<td>16.18</td>
<td>Wilma Estephan</td>
<td>$7.00</td>
</tr>
<tr>
<td>16.19</td>
<td>John O'Rourke</td>
<td>$0</td>
</tr>
<tr>
<td>16.20</td>
<td>Sylvia Evans</td>
<td>$0</td>
</tr>
<tr>
<td>16.21</td>
<td>Karen Giroux</td>
<td>$7.20</td>
</tr>
<tr>
<td>16.22</td>
<td>Jean Ruff</td>
<td>$15</td>
</tr>
<tr>
<td>16.23</td>
<td>Mary Anne Kopelman</td>
<td>$0</td>
</tr>
<tr>
<td>16.24</td>
<td>Otto Kaar</td>
<td>$0</td>
</tr>
</tbody>
</table>