Paying Attention to the Details - Patient Intake & Insurance Verification From A-Z

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ROUND 1B WINNING BID AMOUNTS

- E1390 – is $173.17 - $102.84 - $125.00
  - Average $113.92
- E0601 – is ~ $96.00 - $53.85 - $59.95
  - Average $56.90
- K0823 – is $3,823.47 - $2,276.42 - $2,715.52
  - Average $2,495.97
- A4253 – is ~ $35.00 - $13.88 - $15.62
  - Average $14.75
- A4259 – is ~ $11.00 - $3.92 - $4.43
  - Average $4.18
- E0260 – is $127.12 - $72.97 - $89.85
  - Average $81.41
- E0143 – is ~ $105.00 - $59.27 - $68.62
  - Average $63.95

HR 1041
www.house.gov/writerep/
PATIENT INTAKE

THE PERFECT PATIENT INTAKE

• REFFERAL SOURCE
  – Marketing

• NAME OR INITIALS OF EMPLOYEE
  – Accountability
  – Training

• PATIENT’S FULL NAME
  – Differentiate patients w/ similar names

THE PERFECT PATIENT INTAKE

• SOCIAL SECURITY NUMBER
  – Not always patient’s Medicare #

• TELEPHONE NUMBER / CELL

• ADDRESS – CITY – STATE - ZIP

• MEDICARE – PERMANENT ADDRESS
  – Snowbirds & vacationers & recent moves
  – Social Security address
THE PERFECT PATIENT INTAKE

• RESPONSIBLE PARTY
  – Financial responsibility

• NEXT OF KIN
  – Different address from patient
  – CO-13 & loss of equipment

• GENDER

• DATE OF BIRTH

THE PERFECT PATIENT INTAKE

• DIAGNOSIS
  – 4 and 5 digits where necessary
  – ICD-10 – October 1, 2013

• HEIGHT & WEIGHT
  – May need now or in the future

• PATIENT’S PHYSICIAN
  – Name Address City State Zip – Phone
  – NPI number / State Medicaid # (in some states)

THE PERFECT PATIENT INTAKE

• PRIMARY INSURANCE
  – Claim submission address / Policy Group #

• SECONDARY INSURANCE
  – Claim submission address / Policy Group #

• TERTIARY INSURANCE
  – Claim submission address / Policy Group #

• PRODUCTS YOU’LL BE SUPPLYING
  – Be specific
THE PERFECT PATIENT INTAKE

- PRIOR HISTORY OR OWN DME?
  - Same / similar & capped rentals
- PATIENT OR SPOUSE EMPLOYED?
  - Other insurance primary to Medicare
- PATIENT OR SPOUSE IN AN HMO?
  - Medicare benefits signed away
- INJURY / ILLNESS WORK RELATED?
  - Worker's comp

THE PERFECT PATIENT INTAKE

- PATIENT AWARE OF CO-PAY & DEDUCTIBLES?
  - This is the best time for patient to find out
  - NOT 180 days out on your A/R!!!
- PATIENT UNDER A HOME CARE AGENCY'S PLAN OF CARE?
  - Like our CMN periods (60 days)
  - NO billing for most ostomy, trach, urological and wound care supplies during this time

THE PERFECT PATIENT INTAKE

- COPIES OF INSURANCE CARDS
  - Front and back
  - Except Medicare & Most Medicaid
- COPY OF DRIVER'S LICENSE
  - If they have one
  - Excellent place to skip trace
INSURANCE VERIFICATION

- USE ON ALL INTAKES EXCEPT MEDICARE, MEDICAID & PRIVATE PAY
  - Verify eligibility only
- INSURANCE COMPANY NAME
- CLAIM SUBMISSION ADDRESS
- PROVIDER TELEPHONE NUMBER
  - Kelly Insurance Directory (www.fbka.com)

INSURANCE VERIFICATION

- CONTACT PERSON
  - Befriend someone higher up
- PATIENT NAME
- POLICY & GROUP NUMBERS
- SUBSCRIBER INFORMATION
  - Name – address – city – state – zip
  - Relationship to patient
  - Date Of Birth
INSURANCE VERIFICATION

• PATIENT / SUBSCRIBER'S EMPLOYER
• LIST OF ITEMS YOU WILL SUPPLY
  – Have rental AND purchase price in hand
• ARE YOU IN PAYOR'S NETWORK?
  – Still call even if not, OK case-by-case
• CASE MANAGER ASSIGNED?
  – Who & phone number – CONTACT THEM!

INSURANCE VERIFICATION

• COVERAGE FOR DME & SUPPLIES?
• ANNUAL DEDUCTIBLE – MET?
• PRIOR AUTHORIZATION REQUIRED?
• RX REQUIRED TO BE SUBMITTED?
• ELECTRONIC CLAIMS OR 1500?
• RENTALS PAYMENTS APPLY TO PURCHASE PRICE?

INSURANCE VERIFICATION

• ANYONE ELSE SPOKEN TO
• INITIALS OF EMPLOYEE
PRE-BILLING PAPERWORK

• ASSIGNMENT OF BENEFITS
• PRESCRIPTION / ORDER
• PROOF OF DELIVERY
• PROOF OF SUPPLIER STANDARDS

Q & A

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