

Healthcare Alert

FUTURE TOPICS

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EQUIPMENT FINANCING ALTERNATIVES

Issues faced when procuring equipment for your practice.

1.4

CAPITATION ARRANGEMENTS: SHARING THE RISKS

Some carriers are willing to share the risks of capitated reimbursement plans.

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PROFESSIONAL COURTESIES AND DISCOUNTS

Extending professional courtesies or discounts to patients can be a costly gesture if not properly documented. Learn the pitfalls.

1.6

Physician Compensation Models

Establishing and implementing a successful plan.

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BILLING BRIEF: ADMINISTRATION OF MEDICARE DENIALS

CHANGES IN MEDICARE PAYMENT PROCESSING PROCEDURES COULD AFFECT YOUR BOTTOM LINE.

Effective January 1, 2006 a written request for redetermination of a denied Part B claim must be submitted to your carrier within 180 days of the receipt of the initial denial. Telephone hearings will no longer be an accepted method to process an appeal. Under this new rule, your carrier must make a decision within 60 days of receipt of your initial request.

It is critical that you submit a complete written request containing all of the required information and documentation. The easiest way to avoid incomplete requests, which will result in dismissals, is to utilize the Medicare Redetermination Request Form (CMS 20027) and attach all supporting documentation.

If your initial request is dismissed you will have 60 days to appeal the dismissal to a qualified independent contractor (QIC). A QIC's decision on an incomplete request cannot be appealed. This stresses the importance of submitting complete and accurate information the first time.

The Importance of identifying Repetitive Billing Errors

Under the Medicare Modernization Act a carrier is now permitted

to review claims a second time after a provider receives an overpayment. The carrier may want to assure that the errors causing overpayments have been rectified.

Therefore it is important that providers identify the sources of billing problems resulting in duplicative payments and take immediate corrective actions. This process should be documented in writing and filed for future reference should your carrier make an inquiry.

Let our firm assist you with your concerns. Please contact us today.



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