MedBillsAssist

# Medical Claims Solutions

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## File Your Medical Claim on Time

Mary is going through a difficult time in her life. To better cope with her problems, she is seeing a therapist on a weekly basis.

She is paying for each visit out of pocket, because her therapist does not participate in her insurance network*. Her insurance will reimburse some of the cost if she sends in the claims. The problem is that the therapist provides a statement, not a claim. Mary is computer savvy, so she got on her insurance company's website and downloaded their claim form.

Getting the form was easy; figuring out what must be on the form is difficult.

Filing a medical claim, a CMS-1500, requires knowledge of codes as well as other pertinent information. Checking a wrong box on the claim can create a lot of problems. Using an old or non-confirming code will result in denial. Missing information will generate a letter and delay payment. Sending claims after timely filing (180 days for most insurance companies) leads to an automatic denial.

Be sure to file your claims promptly to avoid timely filing denial. You will find the most up-to-date health insurance claim form on our website at http://www.medbillsassist.com/forms.php

## Quote of the Quarter

"An estimated 80 percent of the active pharmaceutical ingredients used to make drugs sold in the United States are imported, and an estimated 40 percent of finished drugs are made in foreign countries.

The Chinese drug agency does not even oversee the making of pharmaceutical raw materials, called intermediates, which are the building blocks for active pharmaceutical ingredients."

*Phyllis Schlafly*
*syndicated columnist*

## What is "Usual, Customary and Reasonable-UCR"?

Carla and Nora went to the same hospital and are covered by the same insurance company. Both ladies are out-of-network for this hospital.

The only difference between the amount covered is set by where they live. Carla lives in CT while Nora resides in NY. Following the insurance company's payment and two appeals on the basis of UCR** rates the CT based insurer issues additional payment, while the NY counterpart denies.

What happed to the rate calculation? Why does residence makes a difference? What is Usual, Customary and Reasonable (UCR) rate?

The hospital charged the same rate for both. The only difference is the regulatory authority each insurance department represents. UCR is supposed to be the average rate a professional with like qualifications, training, and practice location charge for the same service.

If you must use an out of network provider be aware of the URC rates.

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# Medicare Payment Reductions

Don't be surprised if your doctor decides to opt-out*** from Medicare. Starting July 1st, Medicare will reduce payment rates to physicians. The reduction is a result of yet another complicated calculation driven by the Deficit Reduction Act of 2005.

Almost simultaneously, Medicare is working on reducing rates to hospitals as of October 1st. Medicare will not pay for preventable hospital errors, such as infections caused by catheters, falls, leaving foreign objects in the body during surgery, bedsores, etc. According to a recent report this is just a start in the accumulation of non-billable and non-payable services.

It is a small consolation for a patient suffering these additional conditions, but at least no one can be billed for those services.

# Collection Company Letters

John received a letter from a collection company. The letter stated that he owed money, but it was so vague about whom he owed and for what kind of service he didn't know what to do. A call to the offending company revealed a four year old claim for a diagnostic service that was related to an old worker's compensation claim. He thought it was settled, but apparently his workers compensation declined to pay for the test.

Once we had a date of service we started looking for an old file. Luckily we found a letter from his doctor stating that the test was directly related to his-four year-old case. Sending the letter to the insurer forced them to finally pay.

Medical claims payments are collectable for up to seven years. Take care of your old insurance cards and statements as you never know when you will get an unexpected collection letter.

# Legal Issues

The Connecticut Attorney General announced that the State will receive $717,000 in a nationwide settlement from pharmacy benefits manager Caremark Rx LLC to settle allegations that the company advised doctors to make unnecessary prescription switches that benefited Caremark LLC's bottom line while provided little or no savings to the patients or to insurance companies. The settlement limits Caremark from soliciting drug switches to only a few instances and requires full disclosure as to how the switch affects financial and medical outcomes for the patient.

**Definitions:**

Out of network:

*Doctors, therapist whom decided not to participate in an insurance network.

Usual, Customary and Reasonable:

** A fee charged by medial professionals with similar training, experience and geographic location.

Opted-out:

***Doctors choose not to provide care for a Medicare regulated reimbursement rate.

**MedBillsAssist**

Our Mission to represent our clients' best interest. We work on your behalf in an ethical manner in compliance with state and federal regulations.

We tailor our service to each client's specific needs.

We can clean up a few claims in collection or track and resolve claim problems for the entire family.

When you need a patient advocate to negotiate with medical providers and insurance companies give us a call.

Medicare trained specialist.

Licensed in Connecticut, New York and Virginia.

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