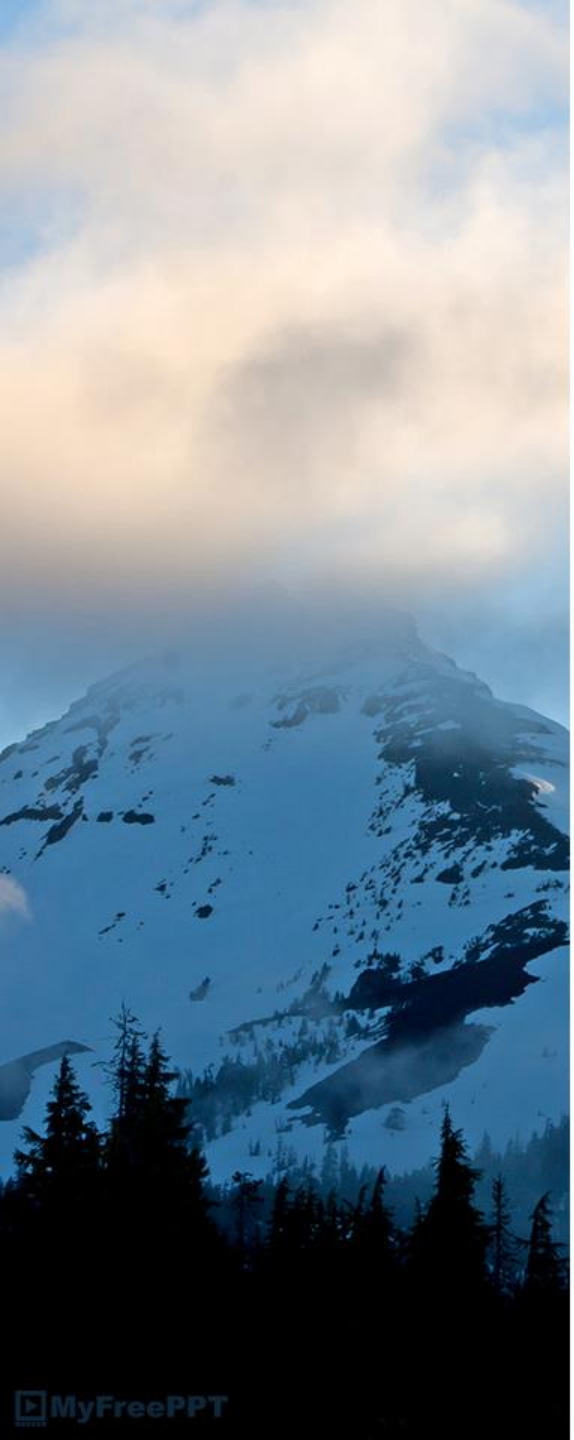
State of Nevada
Division of Industrial Relations

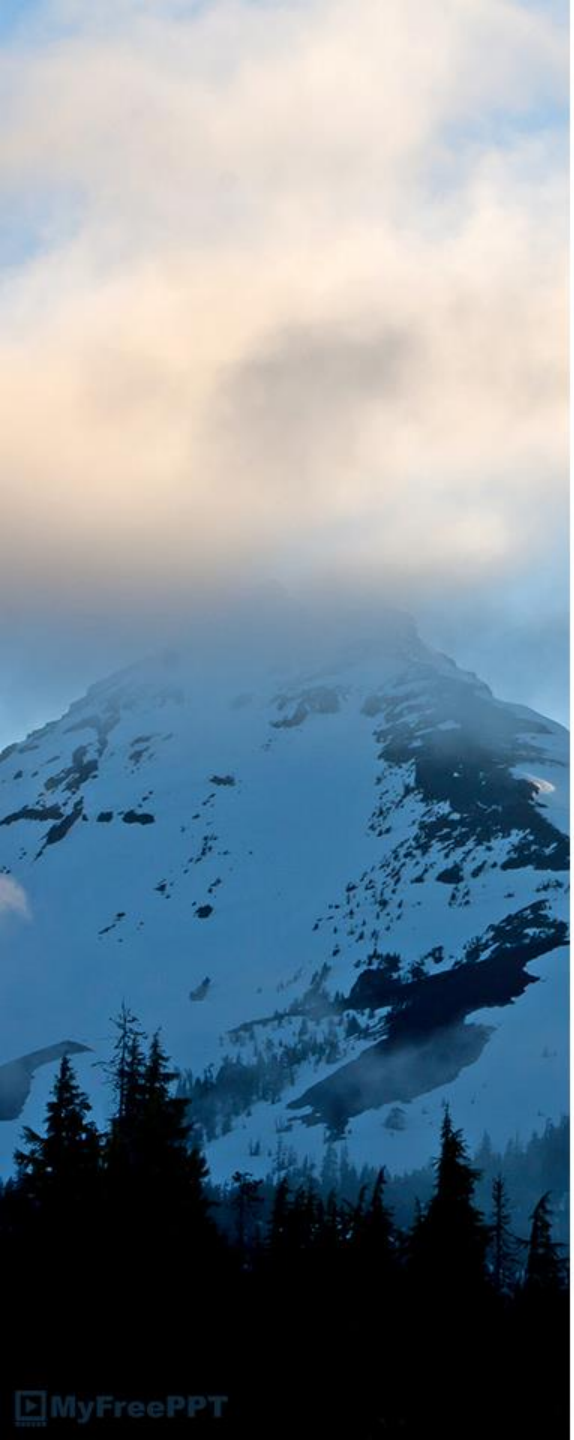
Medical Billing 2021

Workers' Compensation Section



Accurate Billing Habits

1. Ensure timely billing and reimbursement
2. Document all efforts to resolve billing issues
3. Obtain written prior authorization when appropriate
4. Code accurately. Use Nevada Specific Codes, CPT, ICD-9/ICD-10, HCPCS (do not use revenue codes)
5. Be aware of contractual agreements, changes and discounts



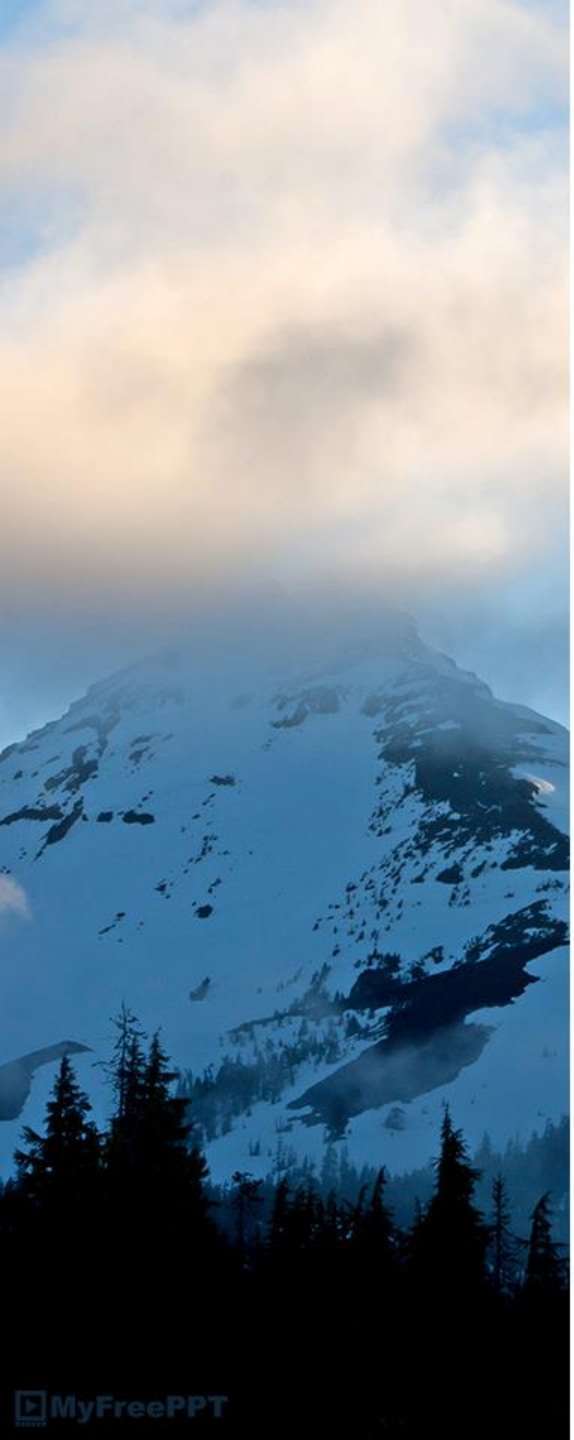
Accurate Billing Habits

6. Medical bills may be mailed to an out of state facility for the sole purpose of electronic scanning of the documents to the claim files

7. Bill procedures using appropriate modifiers
   Give/follow appropriate appeal rights on EOBs and denial letters

8. CPT codes remain unbundled

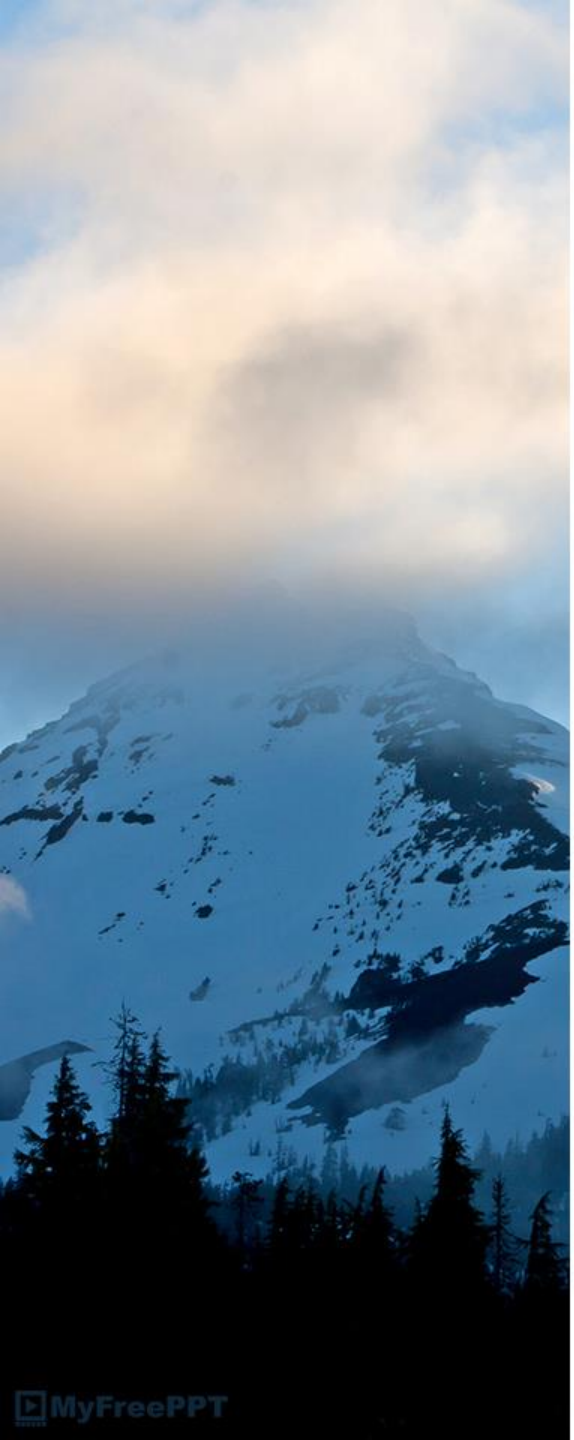
9. Be aware of legislative and Nevada medical fee schedule (NMFS) changes



Ensure Timely Billing & Reimbursement

Health Care Provider Responsibilities:

- Submit initial bill within 90 days after the date of service
- Appeal to DIR within 60 days from EOB/EOR
- Only reason for later billing: if claim acceptance is delayed beyond 12 months due to claim's litigation
- Use current UB-04/CMS 1500 Forms

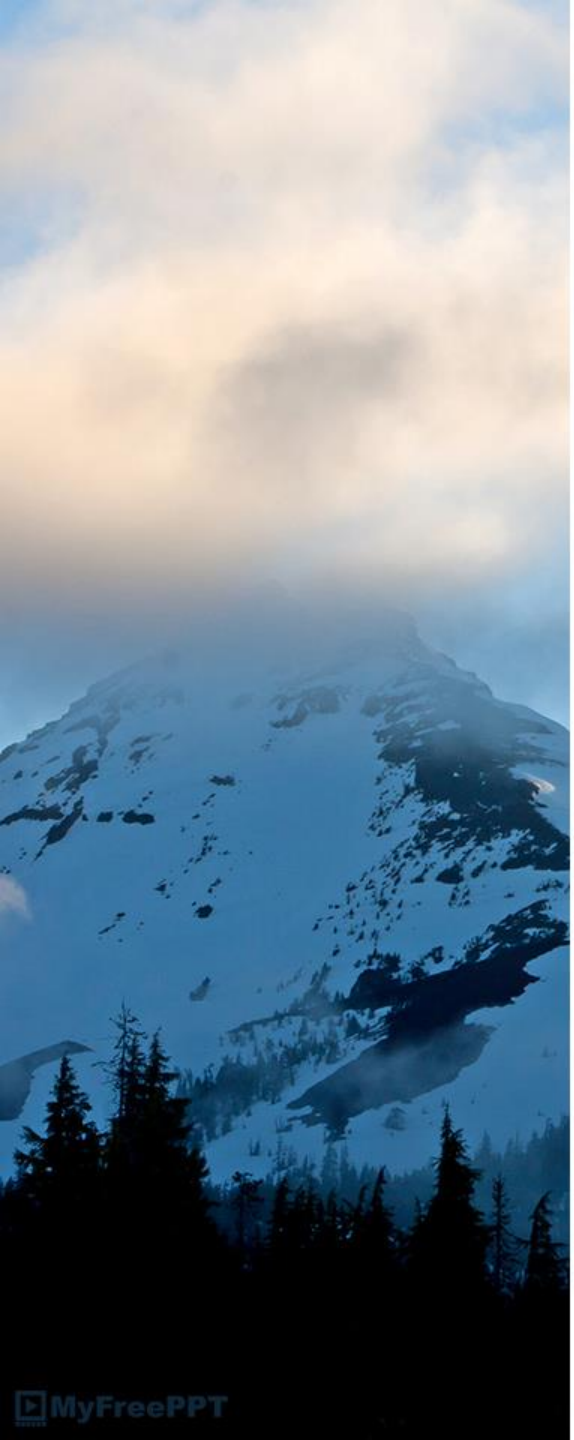


Ensure Timely Billing & Reimbursement

Insurer/TPA Responsibilities:

NRS 616C.136

Pay or deny bill within 45 calendar days of receipt

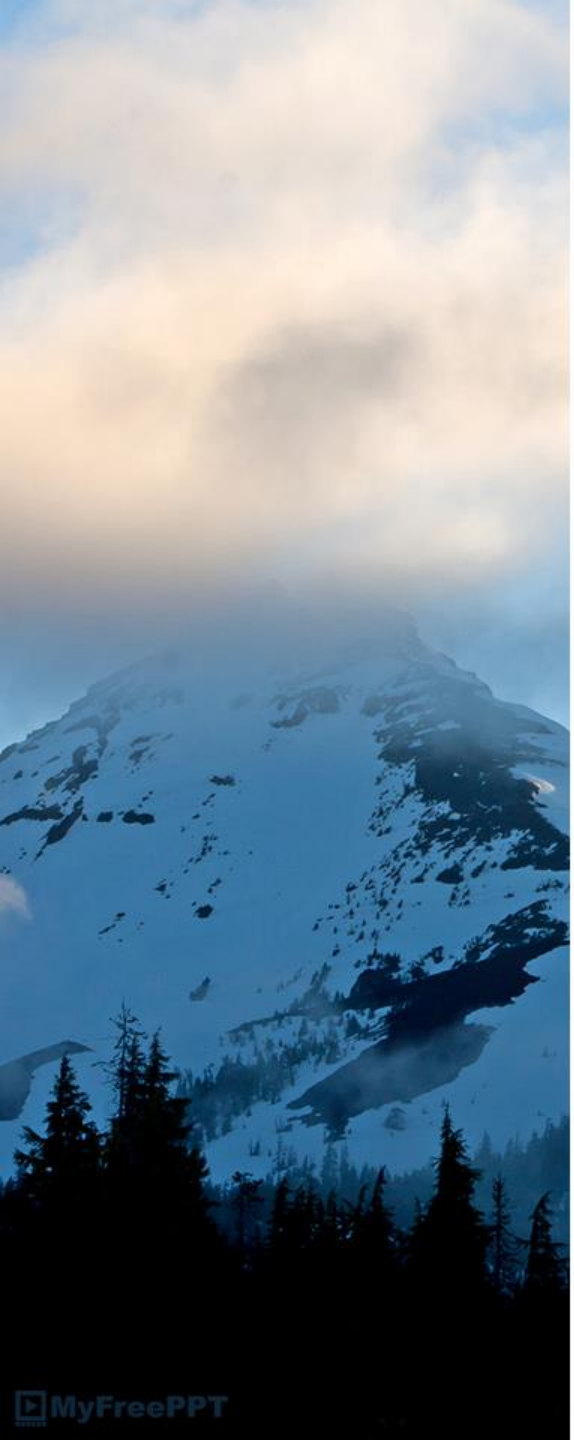


Incorrect Coding

If bill contains incorrect coding, insurer shall:

(1) Pay/deny payment for portion of bill correctly coded;
(2) Return bill to health care provider, request additional information/documentation concerning incorrect codes; and
(3) Approve or deny payment within 20 days after receipt by the insurer of resubmitted bill with additional information/documentation

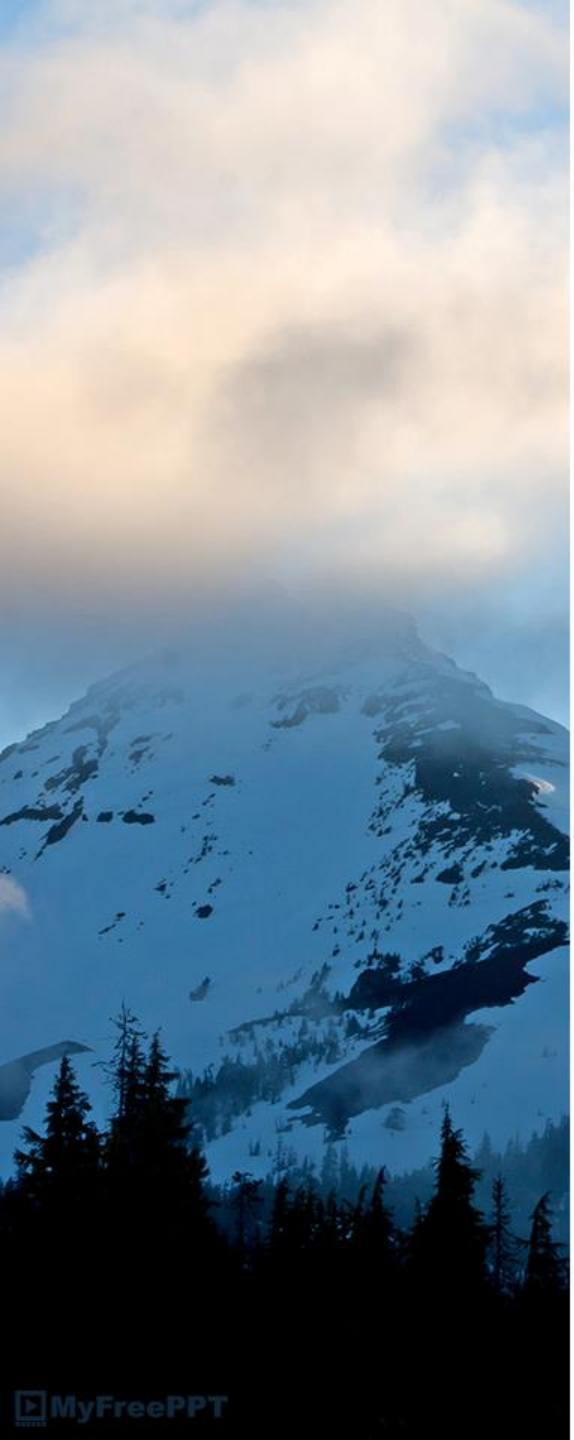
****No down coding!**



20/20/20 Rule

If additional information is needed

- Insurer/TPA must request specific info from health care provider within 20 calendar days from date bill received
- Health care provider must provide additional info to insurer/TPA within 20 calendar days of request
- Insurer/TPA must approve or deny bill within 20 calendar days from receipt of additional info

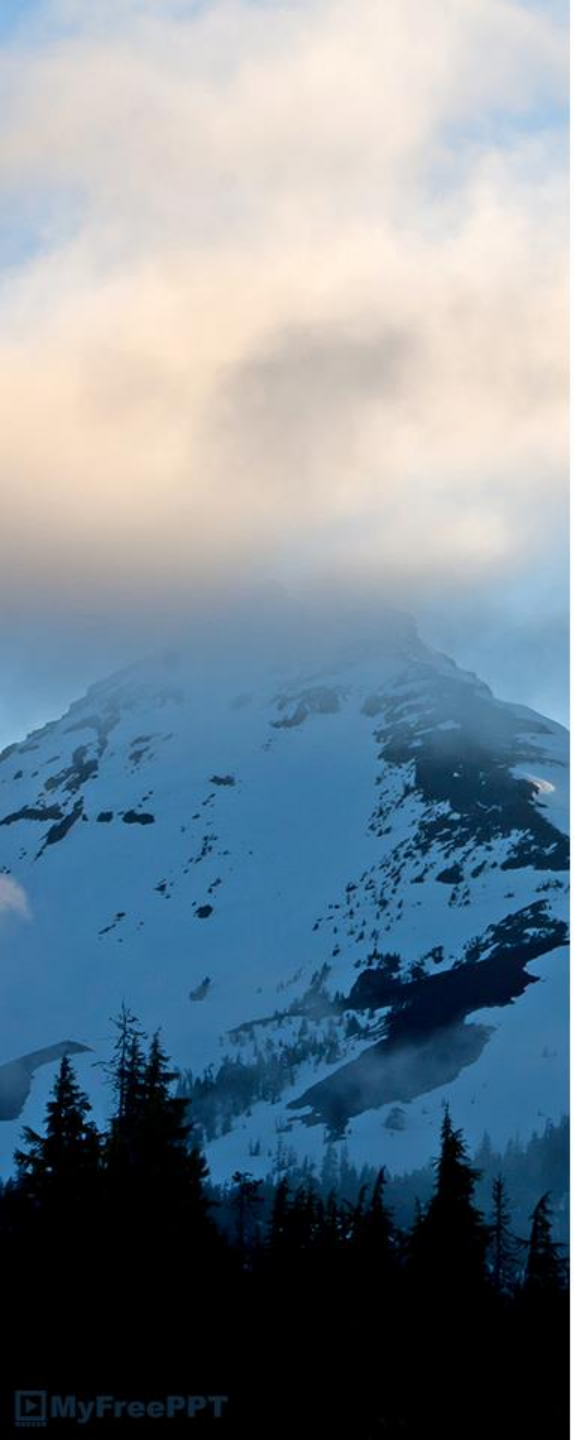


Resolving Billing Disputes

Healthcare providers and insurers/TPAs **both** responsible for making and documenting timely, good faith efforts to resolve billing disputes

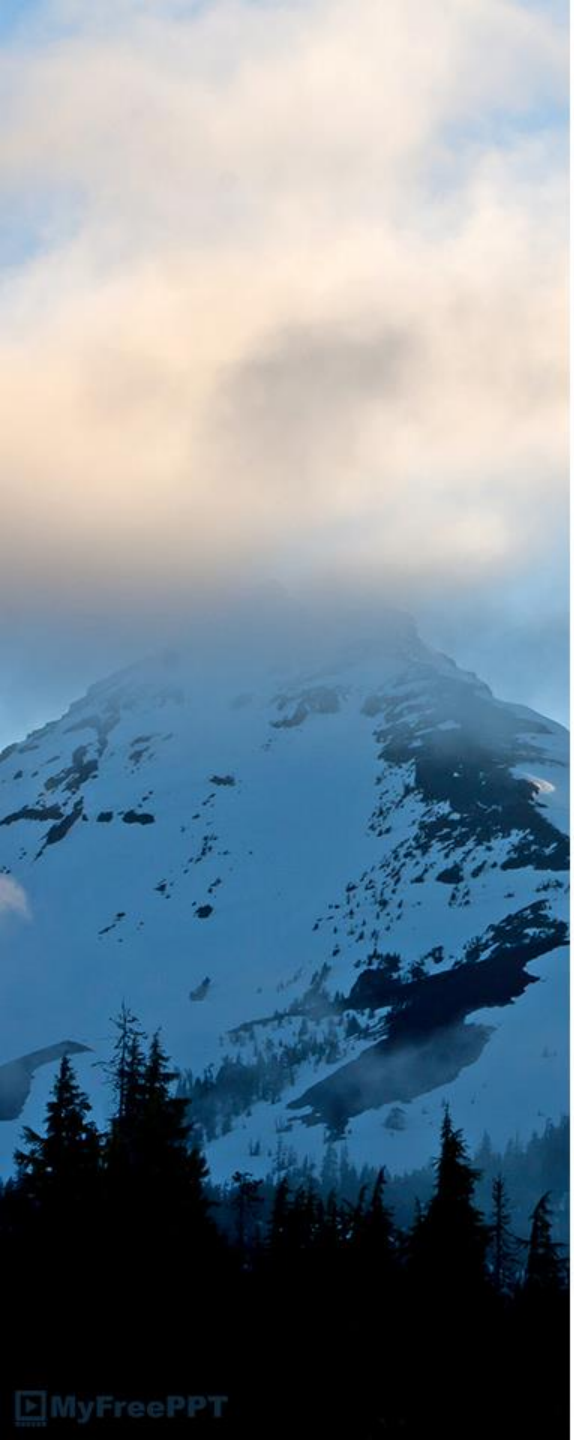
Written correspondence/email is more effective than telephone calls

Document all efforts- date, time, contact person's name



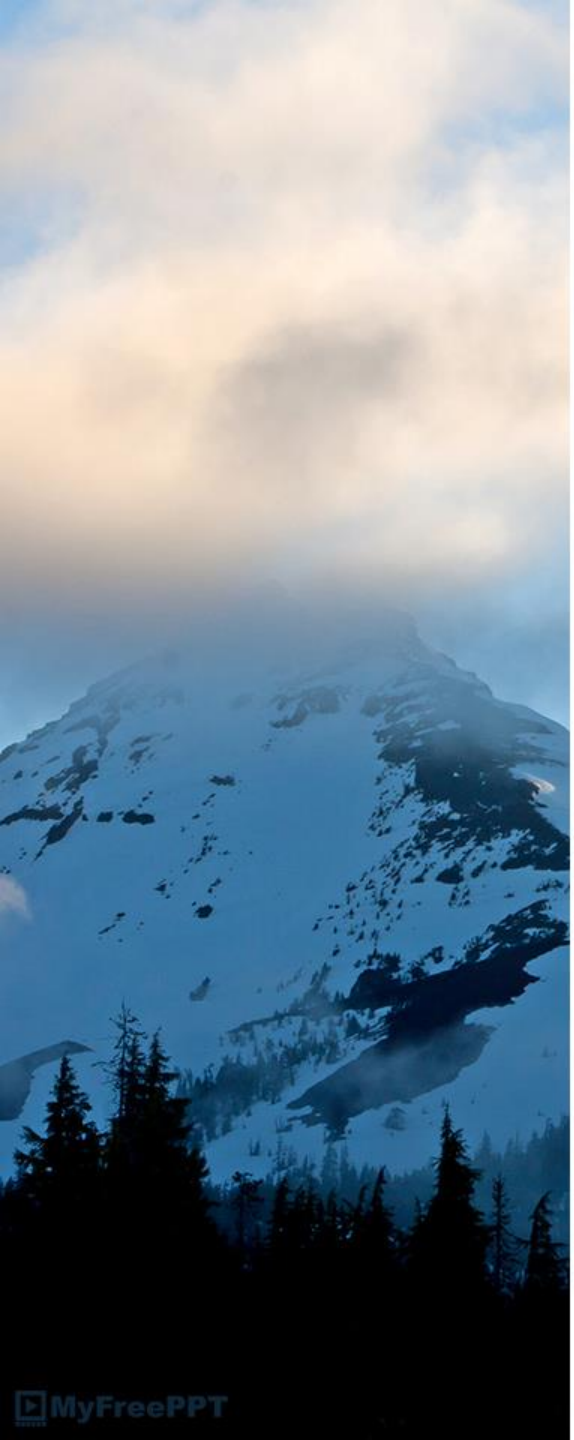
Common Mistakes

- Making phone calls and leaving messages only
- Waiting for weeks to months for a reply
- Appealing to WCS when date of service >1 year
- Using WCS as collection agency – no/minimal attempts to resolve billing issue independently



Common Mistakes

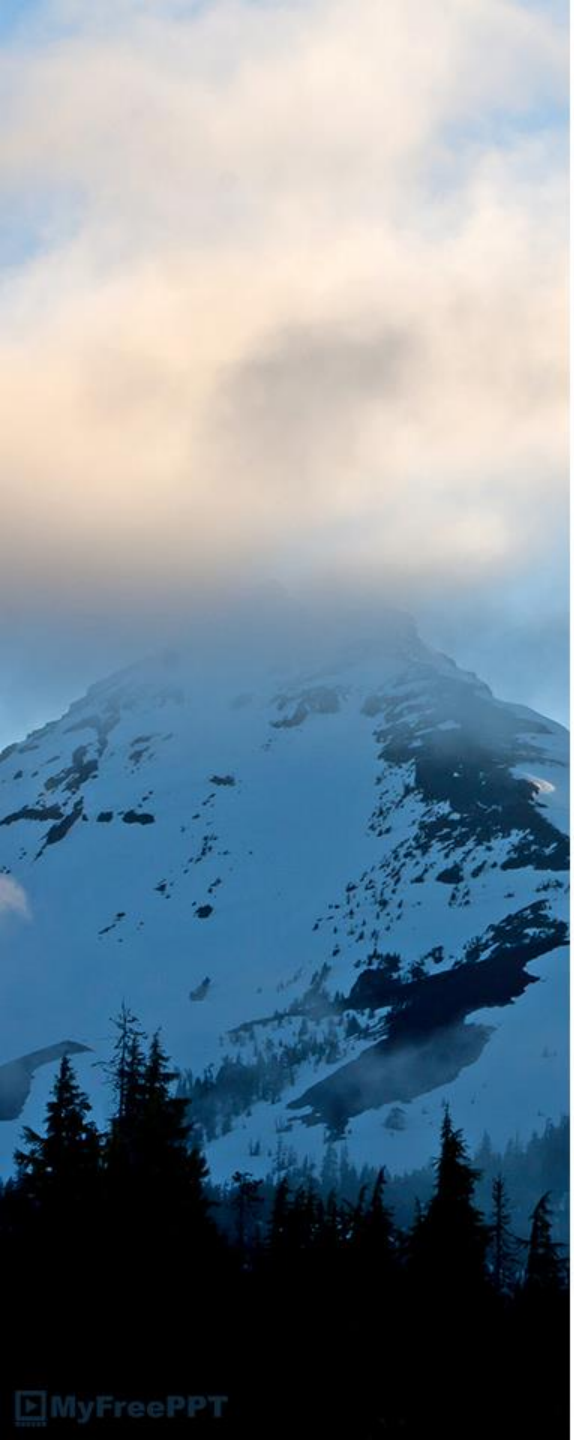
- Using revenue codes
- Failure to bill using Nevada Specific Codes
- Inappropriate billing of Observation Care
  - Use for ED patients who are hospitalized but not admitted as inpatients
  - May not be used by Ambulatory Surgery Centers (ASC) or hospital-based surgery center



Prior Authorization (NAC 616C.129)

Treating physician/chiropractor must request **written** authorization from insurer before ordering or performing any service with estimated bill $200 or more

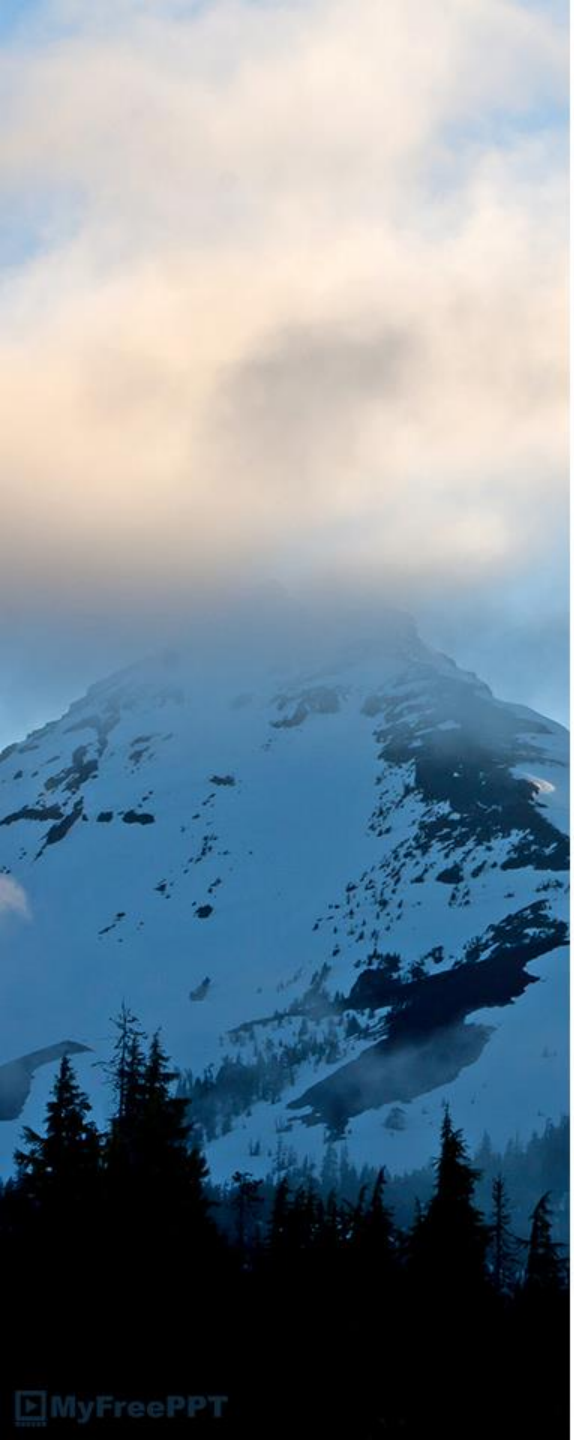
Prior authorization for out-of-state providers **must** include written notification that reimbursement is per Nevada Medical Fee Schedule (MFS) – NAC 616C.143



Prior Authorization

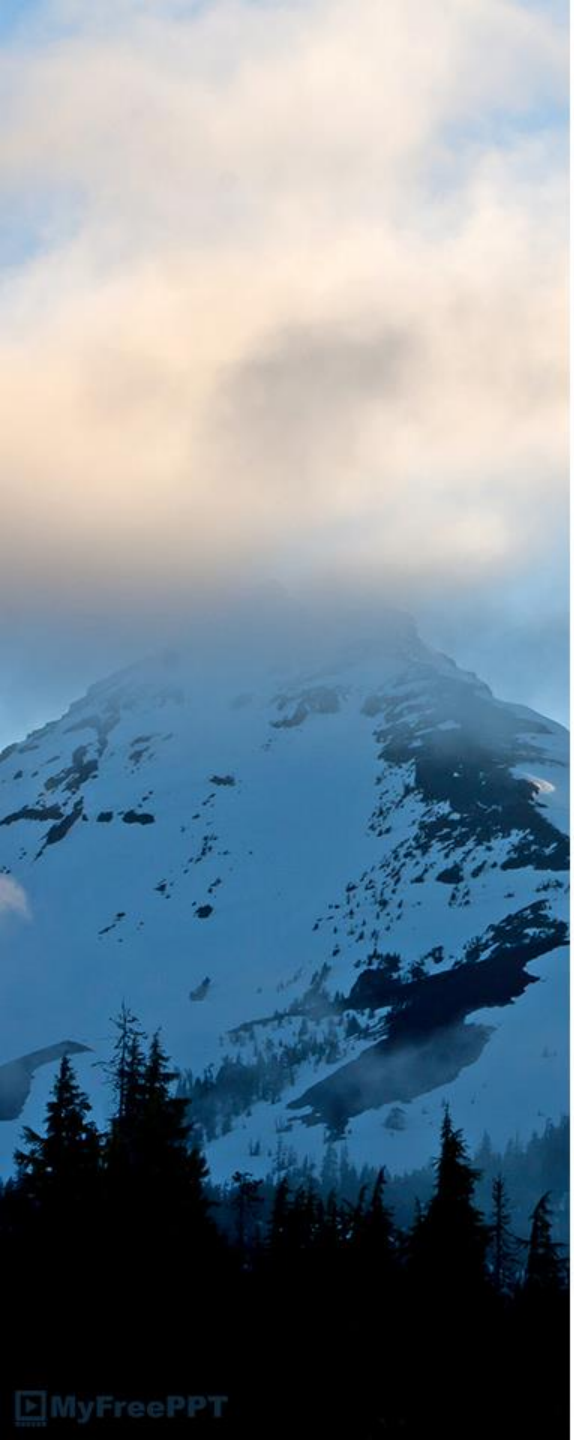
Written (legible) prior authorizations should include:

- Date authorization given
- Name of authorizer/title
- Company name
- Service authorized
- Facility authorized
- Dates of service when possible
- Reimbursement per NV MFS (out of state providers)



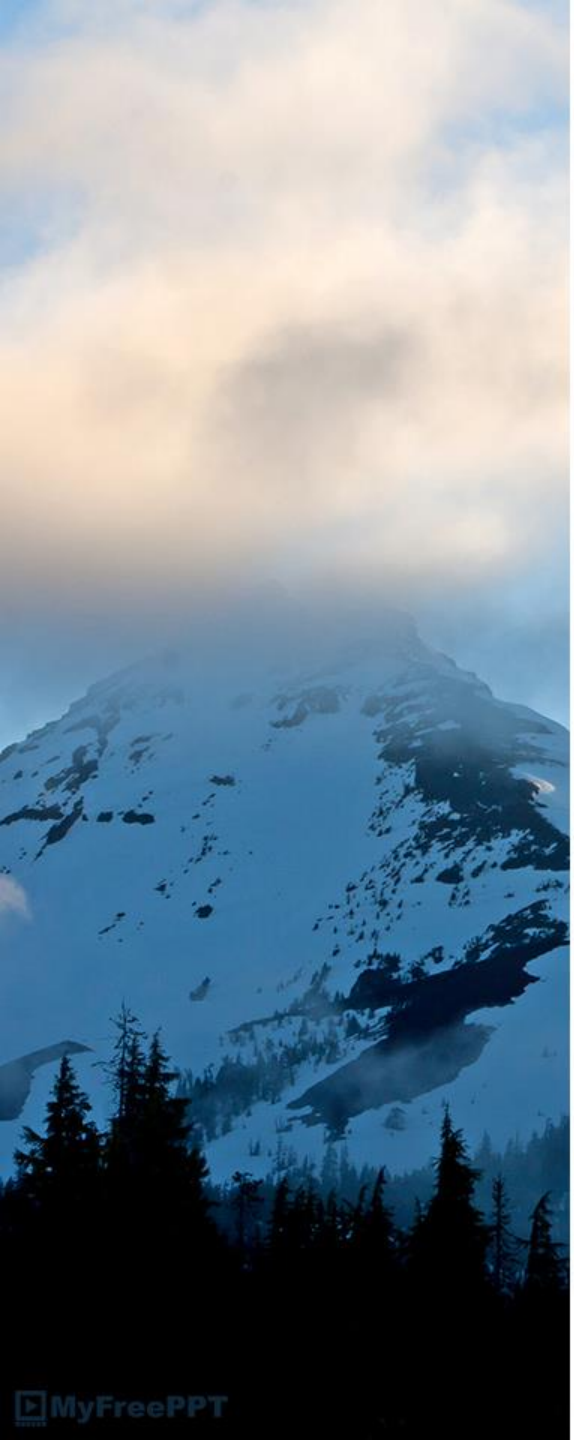
Prior Authorization

- D-32 and D-33 Forms available on WCS website - chiropractic and PT treatment
- All prior authorization requests to include explanation of medical necessity of each service (NAC 616C.129)
- Without prior authorization, insurer not liable for bill payment unless emergency treatment



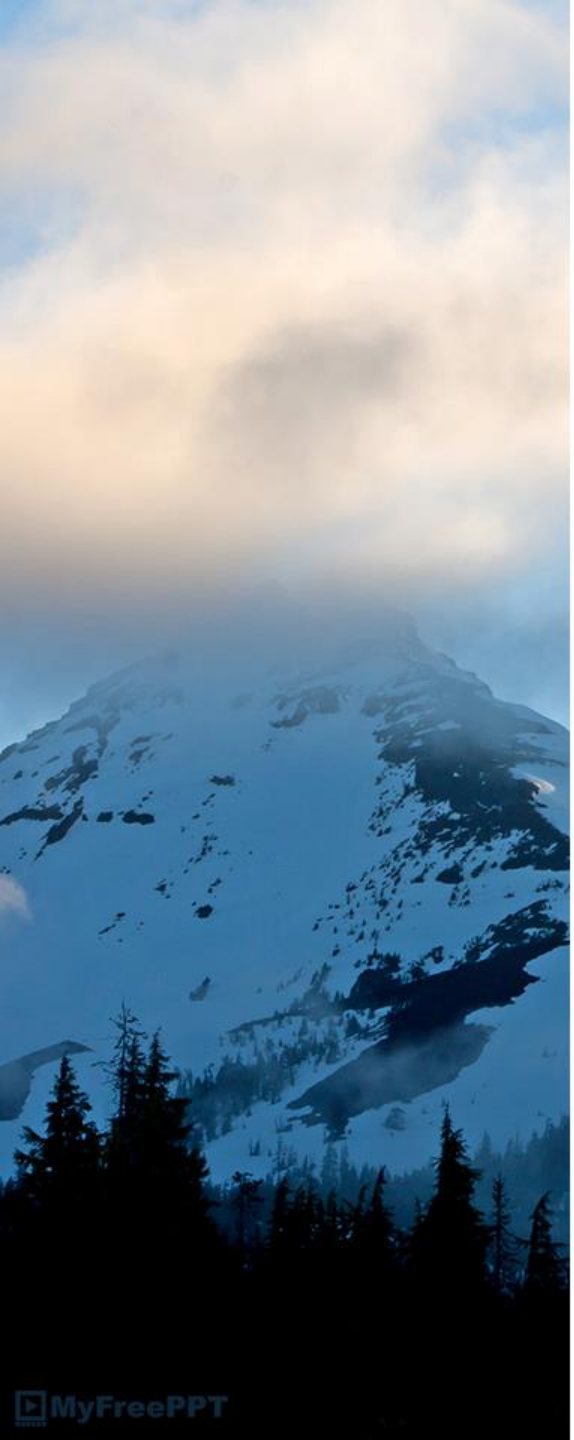
Prior Authorization (NAC 616C.143)

- In case of emergency/severe trauma, physician/chiropractor may use whatever resources and techniques necessary to cope with situation
- Emergency must be substantiated in medical record



Accurate Coding → Accurate Reimbursement

- Nevada Specific Codes (NSC) **must** be used per NMFS (inpatient, ED, PPD, IME, telemed, HHC, etc)
- Revenue codes are **not** to be used to bill/pay Nevada workers' compensation claims
- **Ensure all bill reviewers, bill payers aware of NSC and can accept them without problems**

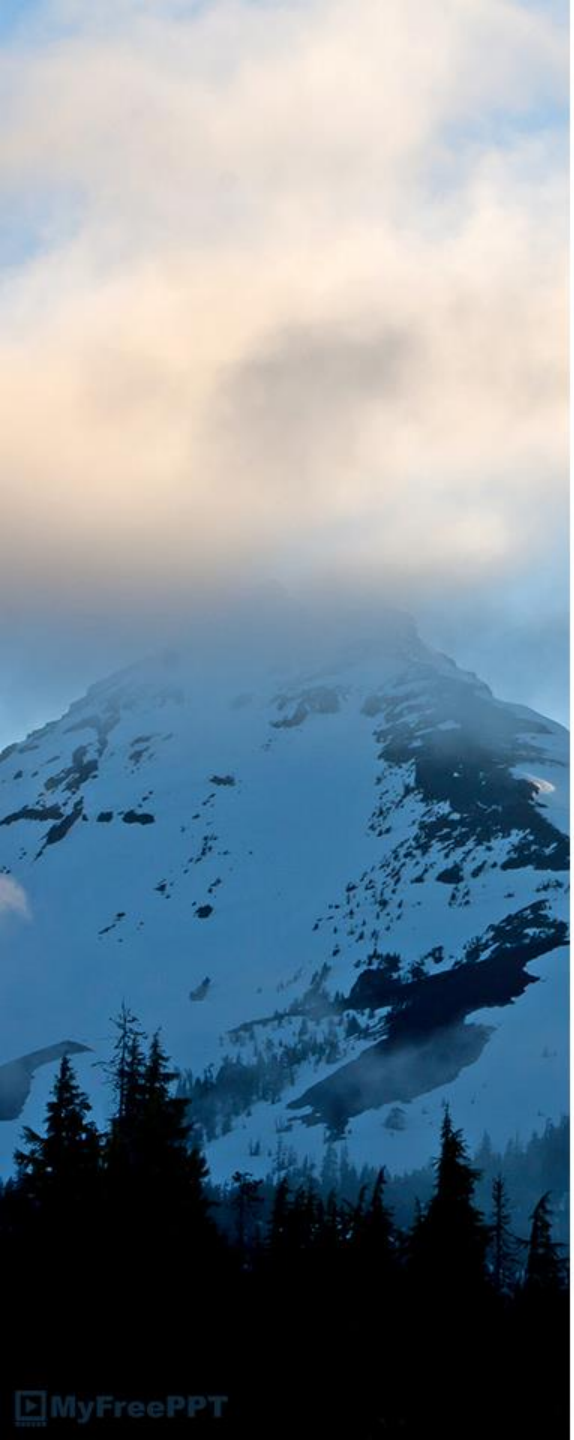


Contractual Obligations

Contractual agreements may include:

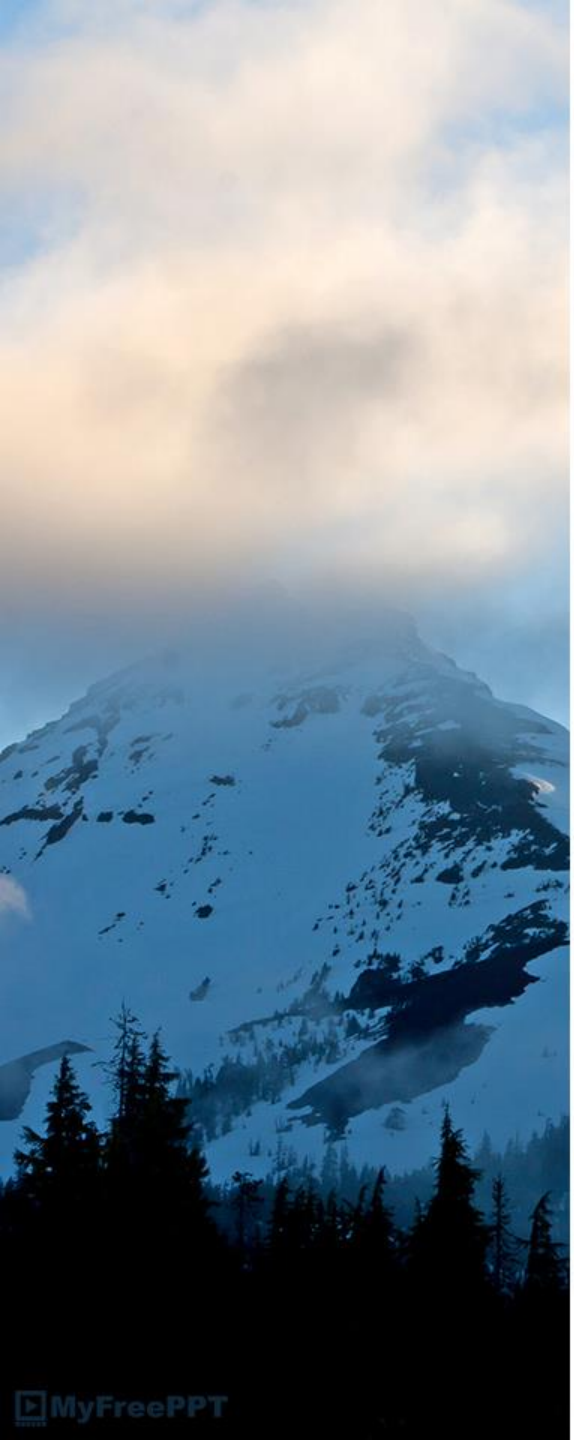
- Discounted payment for medical services
- Use of CCI edits
- Requirements for HCP removal from preferred providers' list
- Other PPO agreements or other managing entities (e.g. Multiplan)

The Medical Unit does not make determinations regarding contractual issues



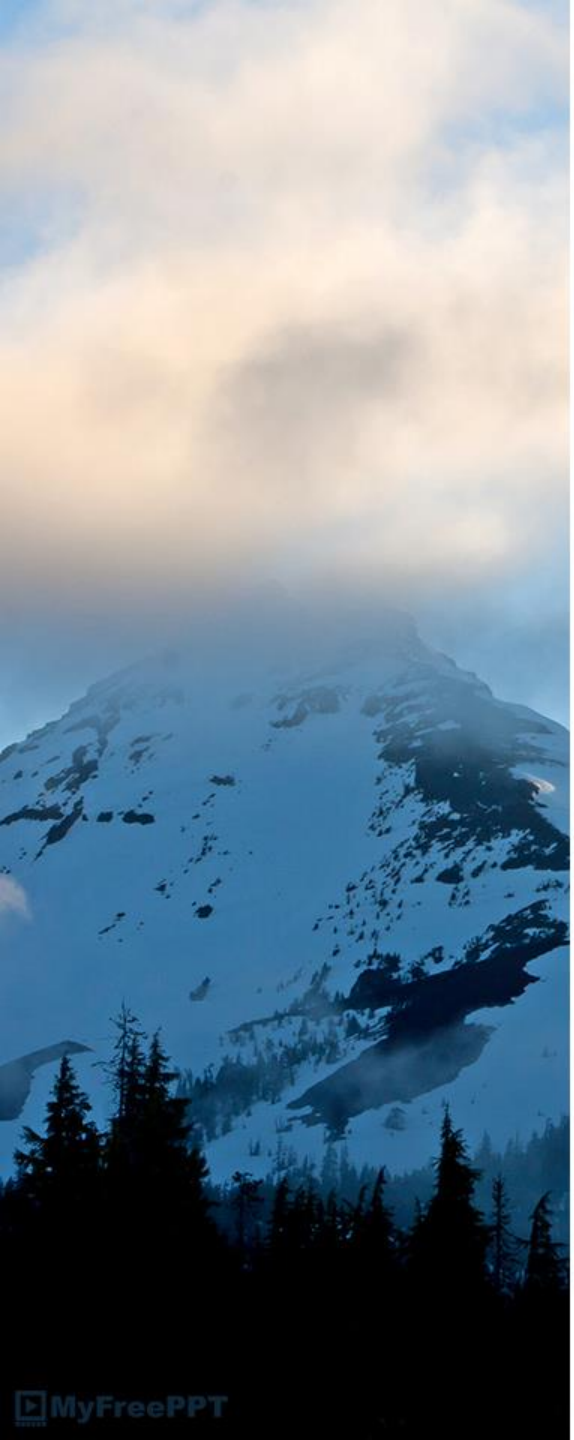
Mailing Medical Bills Out-of-State (NAC 616B.010)

- C-4 forms stay in Nevada. NAC 616B.010. Any C-4 form must be addressed to the insurer TPA or MCO at one of its offices located in NV.



Mailing Medical Bills Out-of-State (NAC 616B.010)

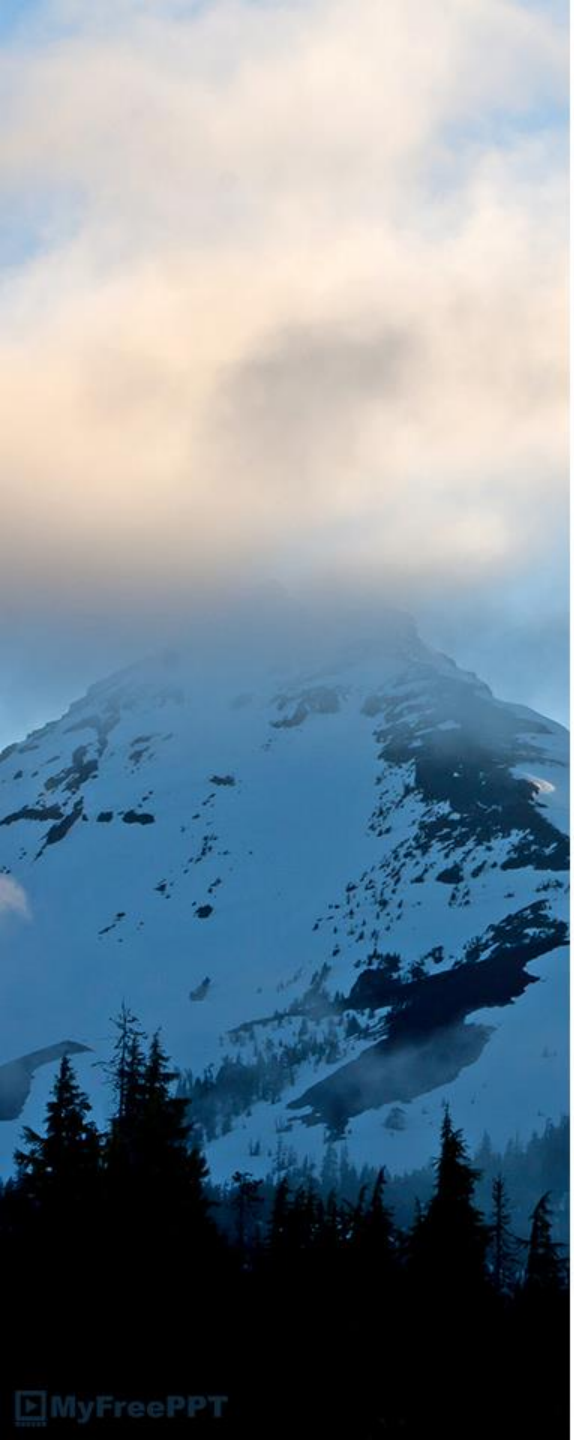
- All other correspondence/documents submitted to a payer must be addressed to the payer at its NV office(s) OR **to a facility located outside NV for the sole purpose of electronic scanning of the documents to the claim file.**
- Correspondence/documents deemed officially received only if they have been so addressed.



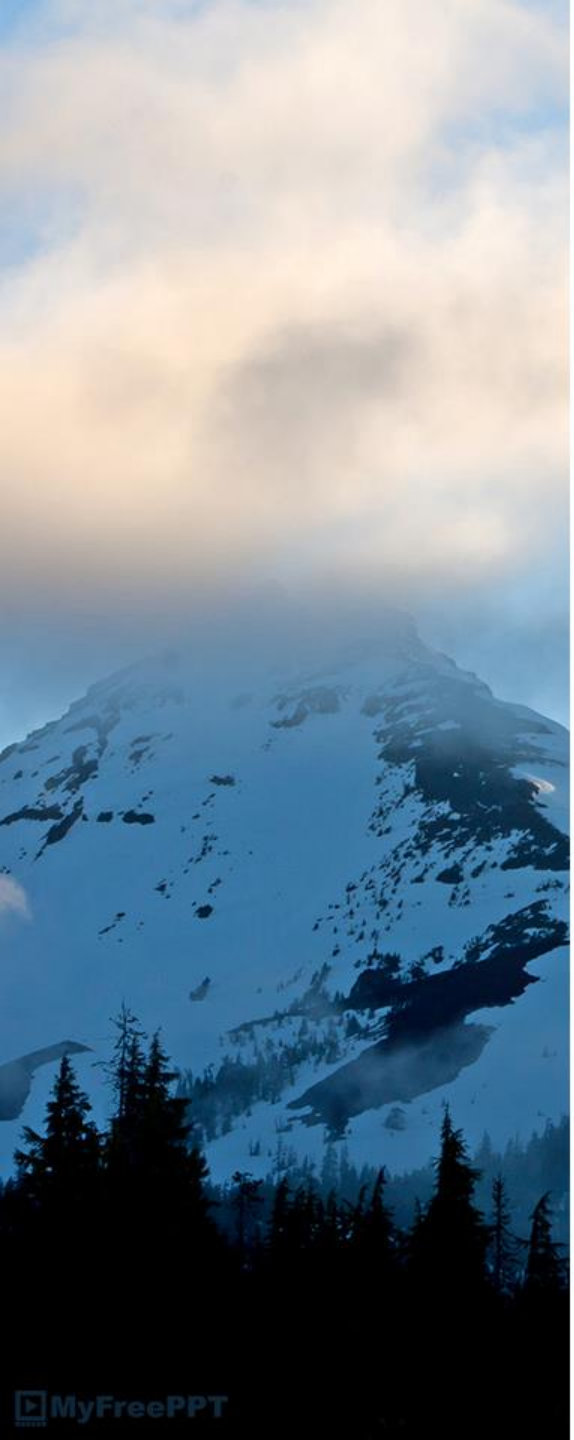
Mailing Medical Bills Out-of-State

- Mailing medical bills out-of-state (OOS) **to a scanning center** when directed to do so is **acceptable** pursuant to NAC 616B.010, revised and effective June 28, 2016

- All medical bills must be date stamped when received (NAC 616C.082) or if filed electronically, date received must be easily identified



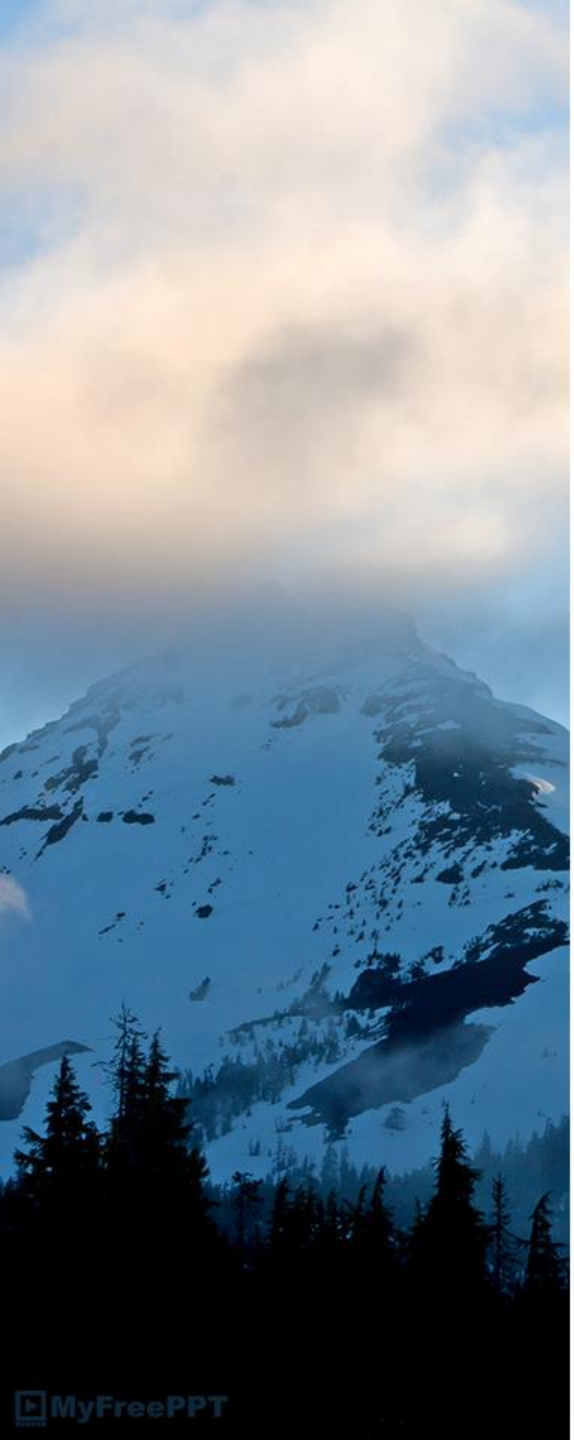
S-T-R-E-T-C-H
your body and mind



Roles of Modifiers

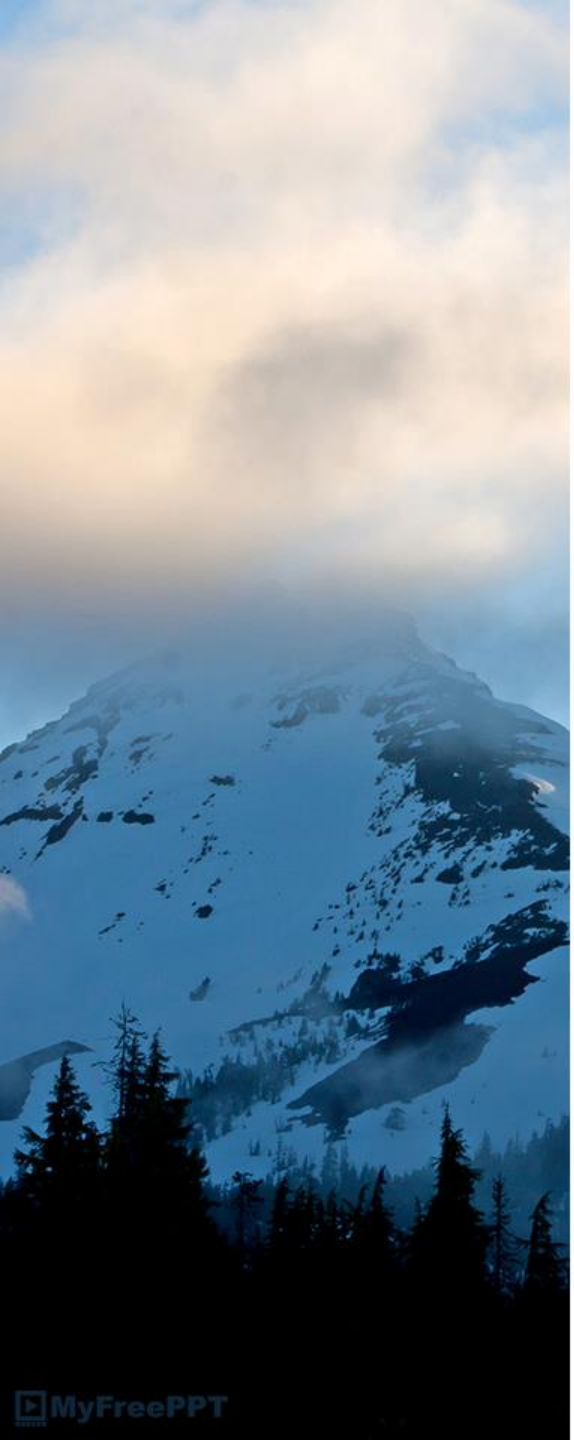
- Provide additional information
- Clarify
- Enhance specificity
- Identify separation

Modifier add to or CHANGE the story (may affect reimbursement)



Use Appropriate Modifiers

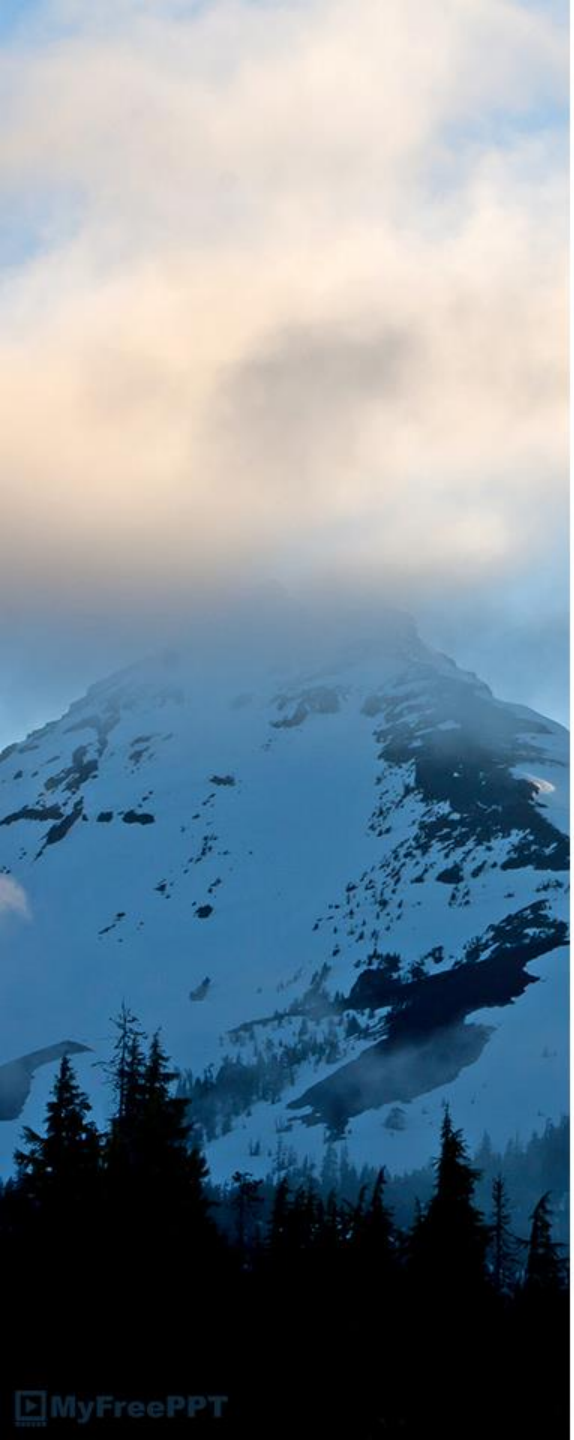
- Adding appropriate modifier essential for accurate and timely reimbursement
- Ensure modifier should be added
- Failure to use modifier when appropriate may lead to no reimbursement
- Over-utilizing or failure to use appropriate modifier for payment may put physician and practice at risk



Use Appropriate Modifiers

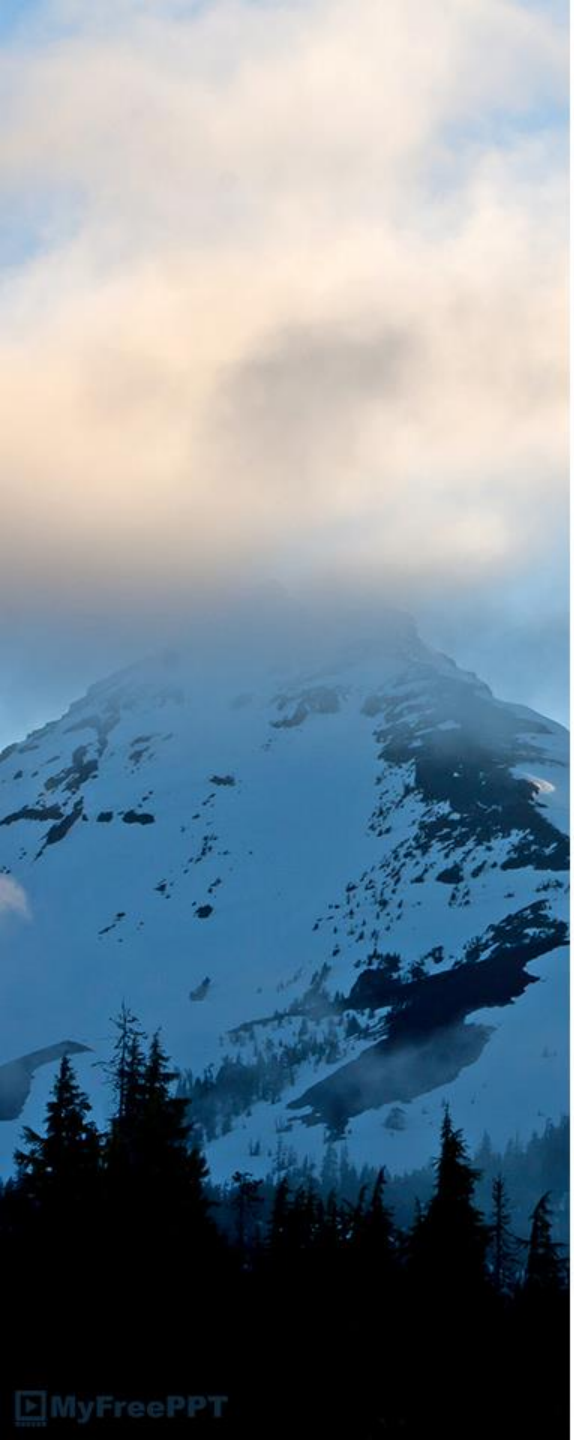
Definitions of modifiers included in:

- NMFS: -29 for services performed by non-physicians, -28 supervising anesthesiologist
- CPT Code Book
- Relative Values for Physicians (26/TC)
- Relative Value Guide (American Society Anesthesiologists)



Appeal Rights

- EOB/EORs must contain appropriate appeal rights (NAC 616C.027, NAC 616C.097) including to WCS, when appropriate
- Not appropriate: "Appeal as per NAC 616C.027"
- EOBs/EORs may include appeal directly to payer (MCO) as long as appeal rights to WCS also included
- Denial letters must also include appropriate appeal rights



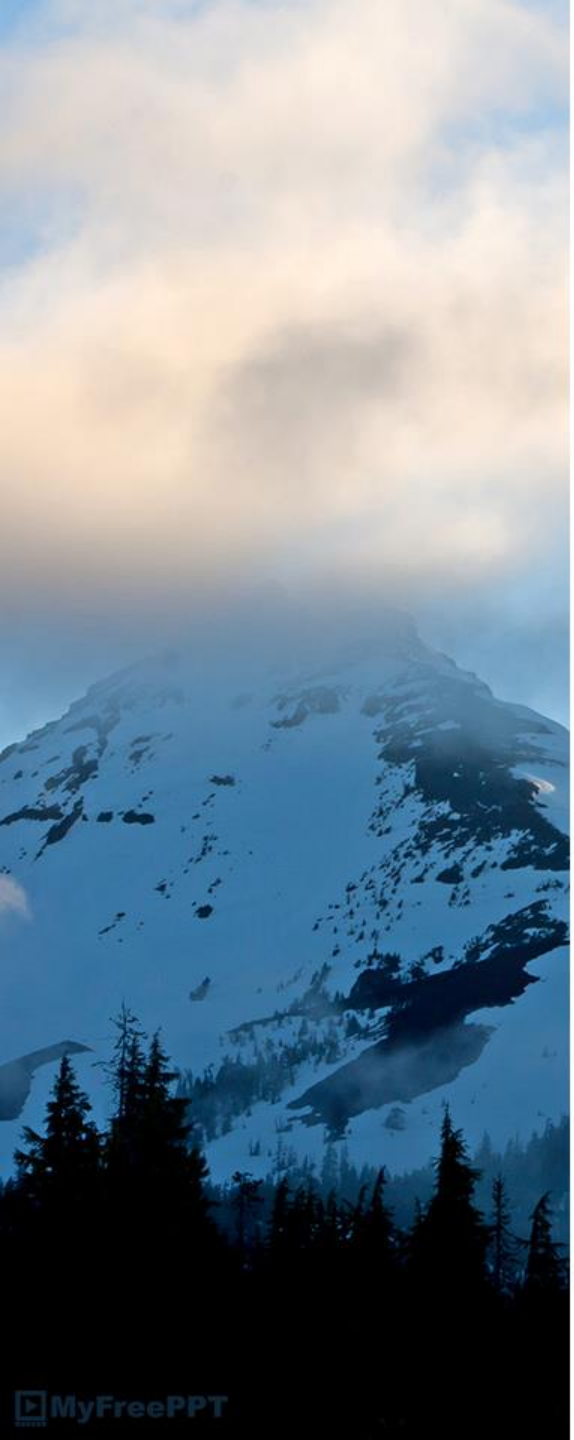
Billing Injured Employees (NRS 616C.135)

Prohibited unless:

- Payment denied due to claim denial
- Services unrelated to injury/illness (NRS 616C.137)
- Copy of written denial letter required before billing injured employee

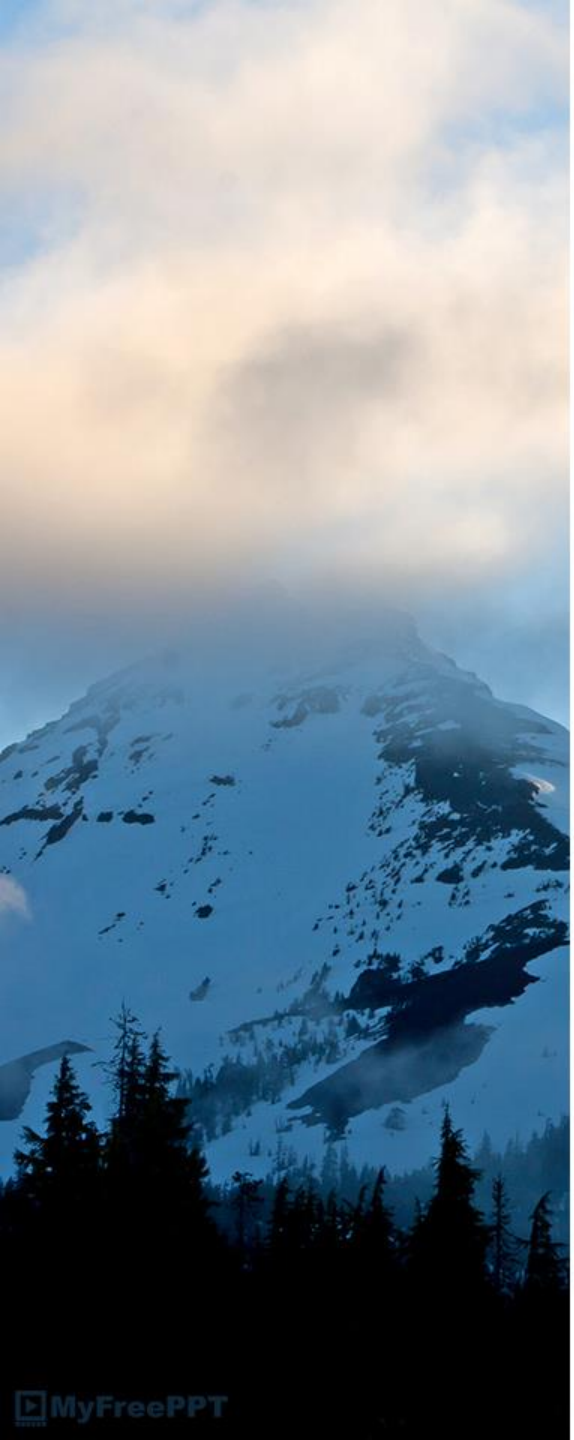
Keep in mind:

- Compensability determinations often appealed, may be overturned
- Injured employee may appeal compensability issues (not health care provider)



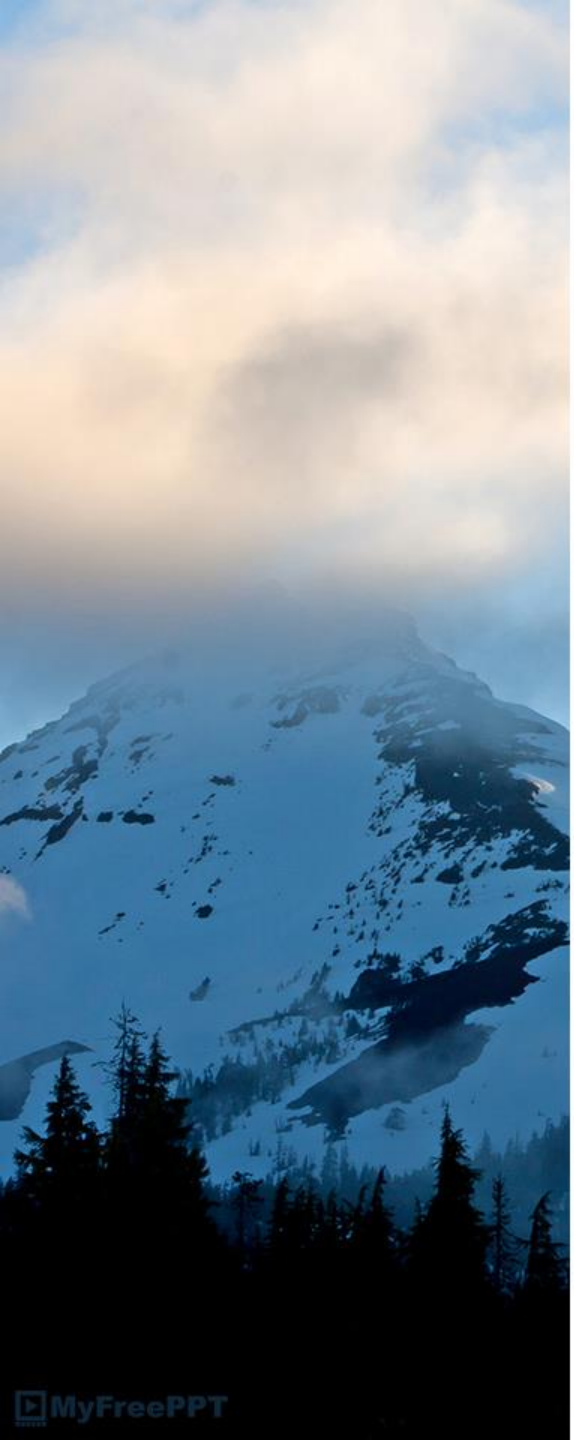
CPT Codes Remain Unbundled

- WCS has not adopted publications regarding "bundling" of codes for reimbursement
  - some listed in CPT code book
  - bundling may apply if defined contractually
- Avoid duplicate charges
- Use adopted resources including:
  - AMA CPT Code Book
  - Relative Values for Physicians (RVP)
  - Relative Value Guide (ASA)
  - NMFS



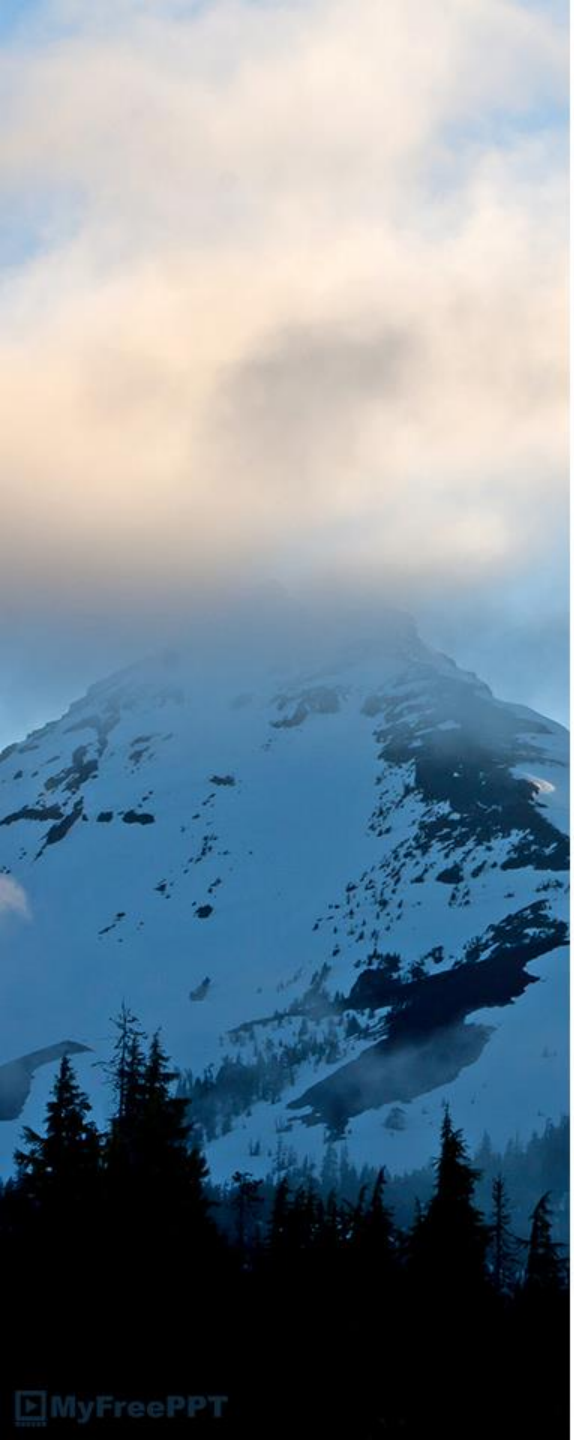
Be Aware of Legislative and NMFS Changes

- All medical bills must use ICD-10-CM codes for diagnoses, including bills for PPD evaluations
- NV uses Nevada Specific Codes for all **inpatient** medical bills, reimbursed at per diem rate



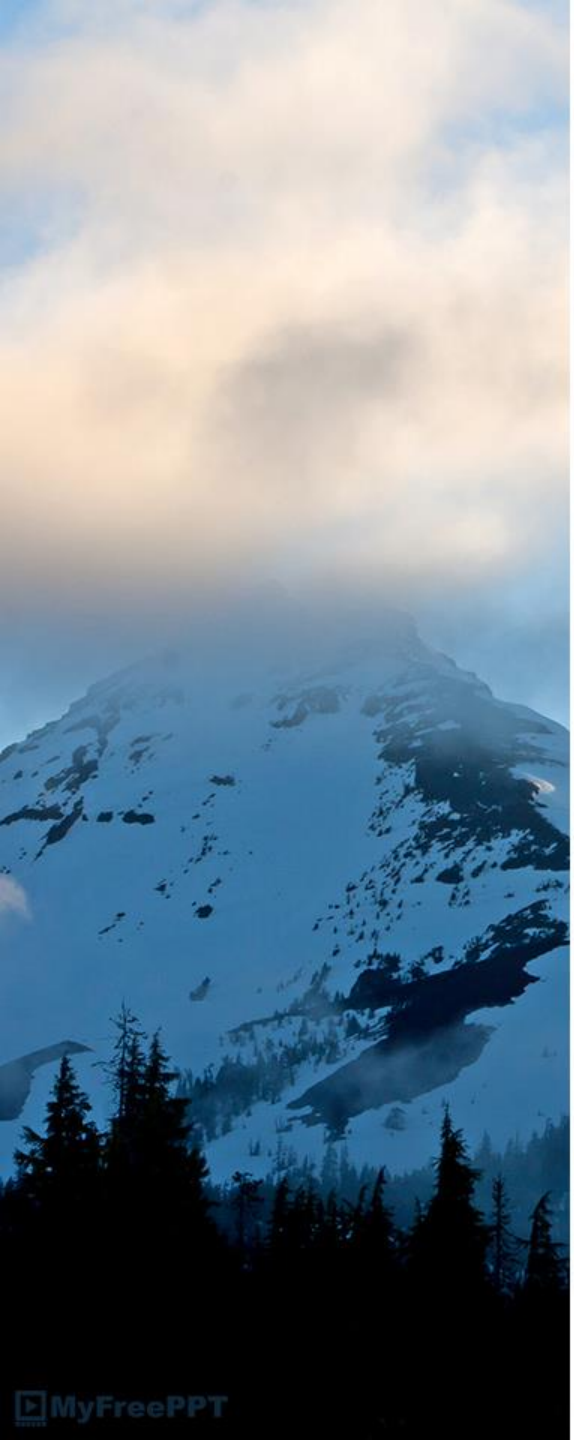
Be Aware of Legislative and NMFS Changes

- Added step-down units, observation care, combined all ICUs to one reimbursement rate
  - Observation care may not be applied to ASC/OP hospital surgical care
- ASC/OP hospital: updated list of codes/groups, unlisted codes Group 8, usual & customary, billed charges – whichever less
  - May not be applied to procedures provided in EDs



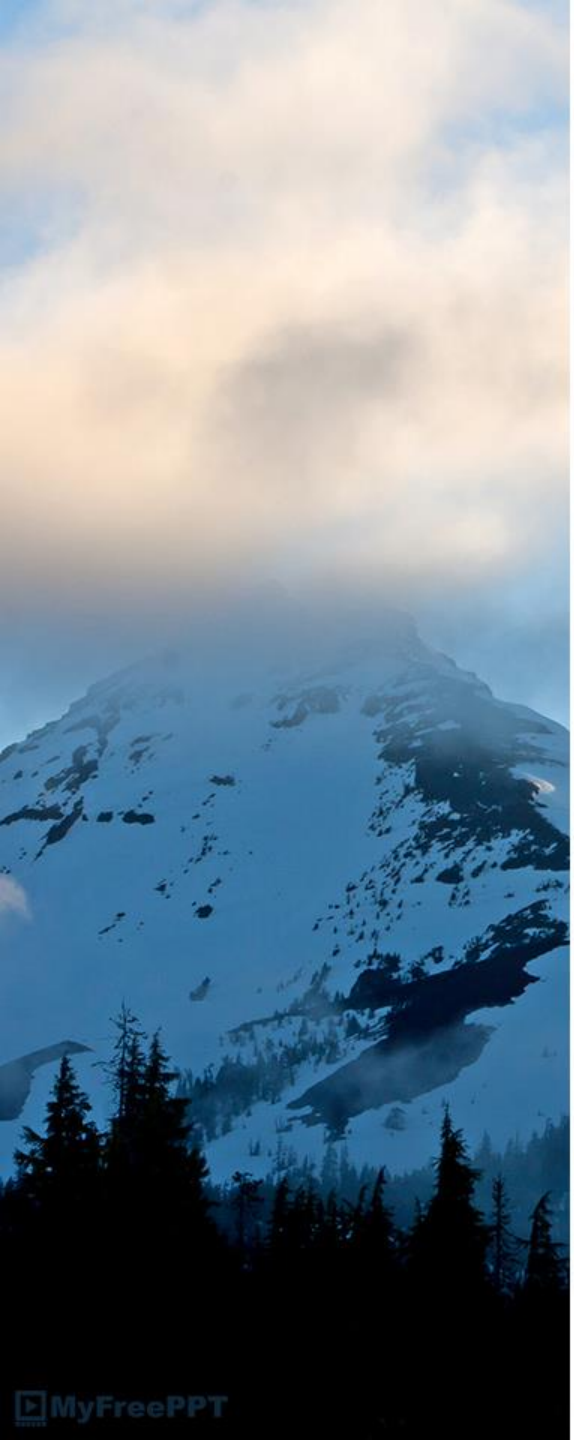
Be Aware of Legislative and NMFS Changes

- Compound medicines: all require prior authorization, requirements listed pg 5 NMFS
- Physician dispensed meds: only 15 day initial supply of Schedule II or III controlled substances, no refills
- Dental Reimbursement: limited to top dental codes by volume and cost in NV
  - If not listed, per contractual agreement, billed charges, u & c – whichever less



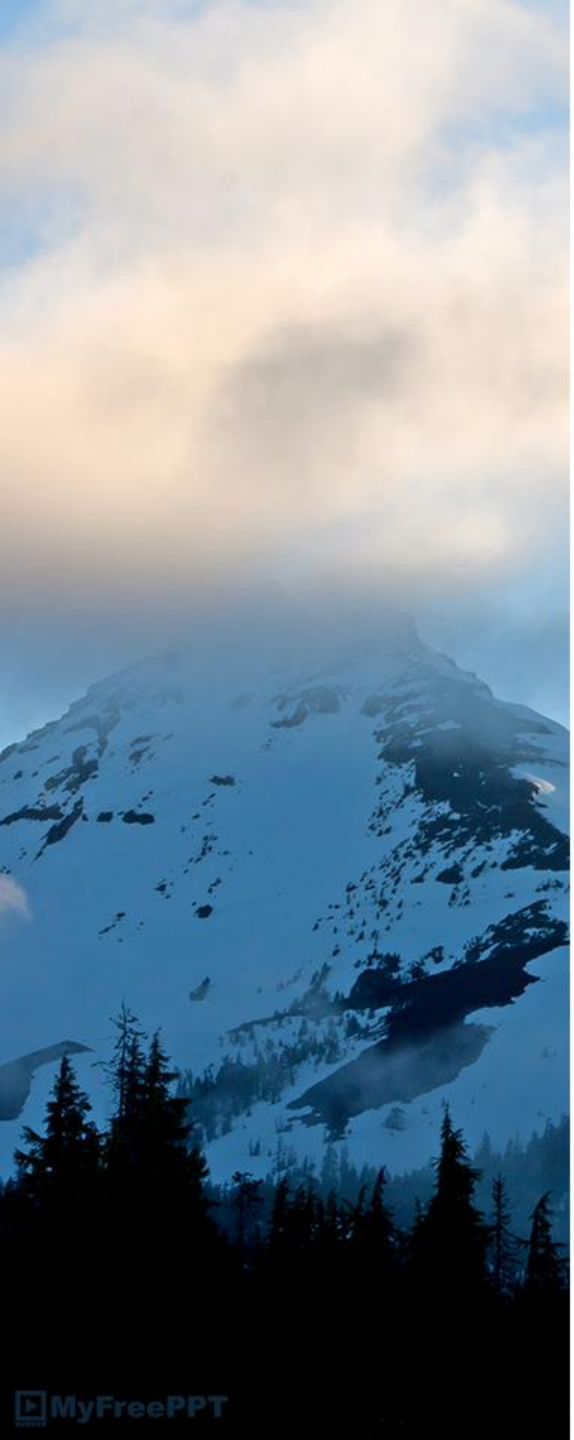
Be Aware of Legislative and NMFS Changes

- IMEs: not interchangeable with PPDs
- PPDs: organization of med records per 50 pages, must be paid unless verified in chronological order reimbursement of pages reviewed/chrono logical order: either substantiate number of pages, order verification on med records cover sheet or reimburse PPD rater's bill (as substantiated)



Medical Billing/Reimbursement Tools

- Use the NMFS, RVP relevant to the date of service
- Nevada Medical Fee Schedules (NMFS)
  http://dir.nv.gov/WCS/Medical_Providers/
- Relative Value for Physicians (RVP): order online
  https://www.optumcoding.com/
- Updated list of 2016 ambulatory surgical codes and payment groups
  http://dir.nv.gov/WCS/Medical_Providers/



Medical Billing/Reimbursement Tools

- Current reimbursement for HCPCS codes K and L for **custom** orthotics and prosthetics – **invoice not required** (140% of Medicare reimbursement)

- American Society of Anesthesiologists' Relative Value Guide
  - Non-anesthesiologists may use **only** if prior authorized in writing by insurer/TPA


TAKE A BREAK


BREAKOUT
SESSION

Medical Unit Contacts

LAS VEGAS
(702) 486-9080
Fax (702) 486-8713

Katherine Godwin, RN
Manager, Medical Unit (N/S)
kgodwin@dir.nv.gov

Valerie Hall, MBA, RN
Supervisor Medical Unit (S)
(702) 486-9093
valerie.hall@dir.nv.gov

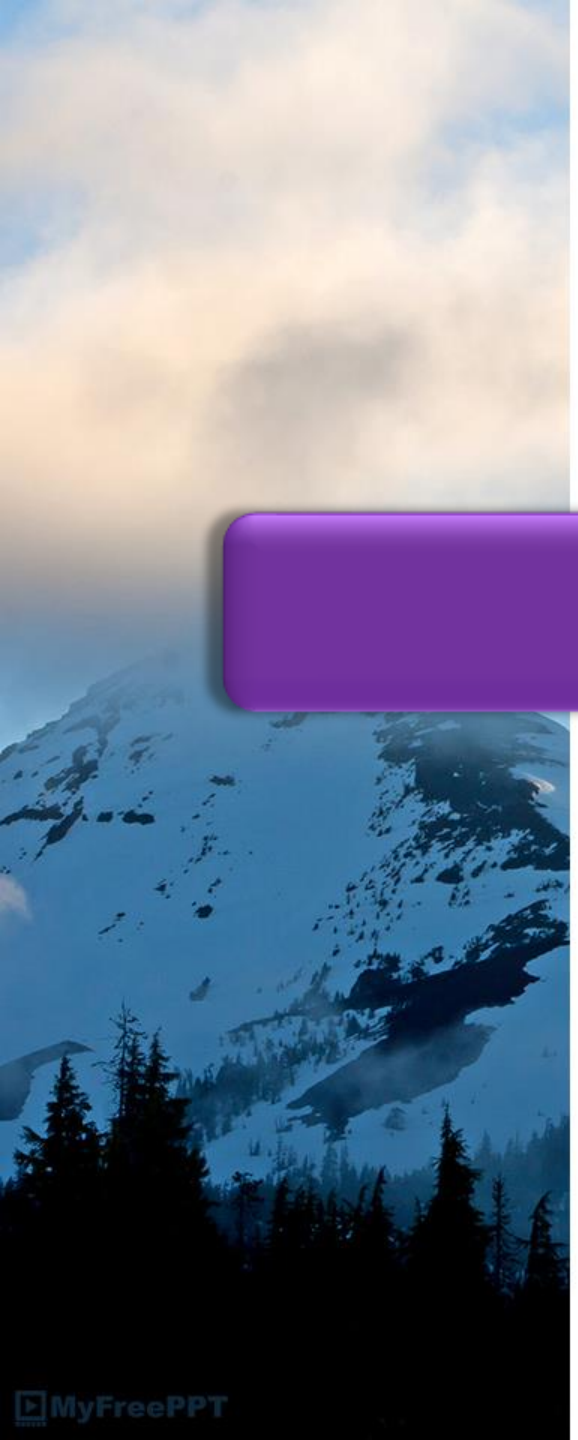
C-4s/Proof of Coverage
(702) 486-9080

D-35 Forms
medunit@dir.nv.gov

CARSON CITY
(775) 684-9070
Fax (775) 687-6305

Vacant
Supervisor Medical Unit (N)

Kimberly Williams
Compliance Audit Investigator
(775) 684-7272
kawilliams@dir.nv.gov



Poll Question Time

Any Questions