

1500

HEALTH INSURANCE CLAIM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC)

PICA

1. MEDICARE (Medicare #)

MEDICAID (Medicaid #)

TRICARE CHAMPUS (S000007.SSV)

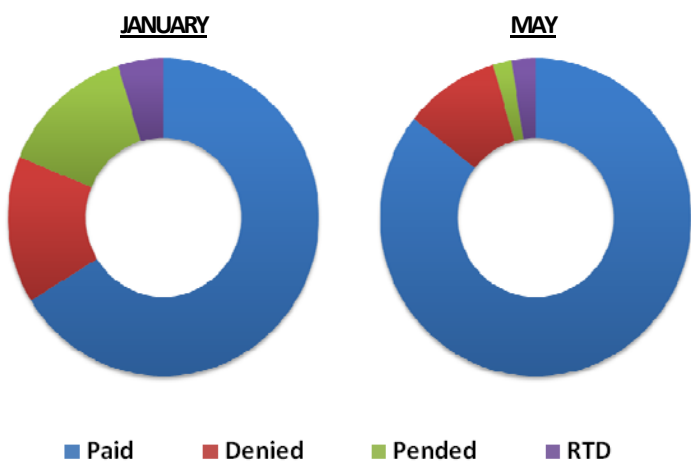
PATIENT'S NAME (Last Name, First Name, Middle Initial) ADDRESS (No. Street)

TRIBAL SOLUTIONS

Medicaid Denials

In the Alaska Tribal Health System, the State of Alaska Medicaid is considered our largest payer and reducing denied claims is the key to maximizing our Medicaid reimbursement. At the Business Resource Center (BRC) we have implemented a Balanced Score Card method to track our denials. We have gone from 19% denied claims in January 2010 to 5% in May 2010! Our goal is zero denials—and we're almost there!

IHS/Tribal Providers: Medicaid Claims Submission Summary Report (January and May 2010)



Each month we meet as a group (Coders, Billers and Data Entry Technicians) and review the Medicaid Claims Submission Summary Reports for IHS/Tribal Providers published by Affiliated Computer Services (ACS). When we first started this review, our number one denial was *Submission of a Duplicate Claim*, so we implemented a pre-billing audit process that has eliminated that particular denial. Then we tackled denials for coding, including modifiers. We pull all of the documentation related to the visit and determine the reason for each coding denial. The coders review the code assignment and educate all staff members on the reason for the denial. Submission of codes not covered by Medicaid, for instance nail trimming, even for diabetic patients, are evaluated. We maintain a list of non-covered CPT and ICD-9-CM codes that each staff member has posted in their cubicle so that we are all aware of the importance of not using those codes. We have posted the monthly statistics from the Medicaid Reports in a prominent place in our department and review the results at our Balanced Score Card meetings. This has given us a visual representation of our goal and accomplishments. ■



ANTHC | Business Resource Center

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Acute Exacerbation of Asthma

Be careful when coding acute exacerbation of asthma (or chronic obstructive bronchitis).

- An acute exacerbation is a worsening of a chronic condition.
- An acute exacerbation is not the same as a chronic condition with an infection (though an exacerbation may be triggered by an infection).

Asthmaticus

This term does not mean “has asthma”. Status asthmaticus refers to a patient’s failure to respond to therapy given during an asthmatic episode.

- If a patient is documented with any type of COPD or acute bronchitis,

sequence the status asthmaticus first.

- If a patient is documented to have any type of asthma with acute exacerbation **and** status asthmaticus, code **ONLY** the status asthmaticus.

Reactive Airway Disease (RAD)

RAD is a general term that describes a condition with symptoms related to asthma but should not be confused with asthma.

- If **ONLY RAD** is documented, code respiratory disease, unspecified (documented as not asthma)(519.9)
- If asthma is documented with RAD, direct coding to asthma codes. ■

Coding Tips For Asthma

Symptoms of Asthma

- Coughing, especially at night—786.2
- Wheezing—786.07
- Shortness of breath—786.05
- Chest tightness, pain, or pressure—786.59

Test for Asthma

- Allergy scratch test—95004
- Pulmonary Function Tests (Lung Function)
X-ray lungs frontal/lateral view—71020

Causes of Asthma

It isn’t clear why some people get asthma and others don’t but it may possibly due to a combination of environmental and genetic factors—V17.5

Other Causes

- Respiratory infections, such as the common cold—460
- Physical activity (exercise induced asthma) - 493.81
- Air pollutants and irritants such as smoke
- Strong emotional stress—308.3
- Cold air exposure—991.8
- Certain medications, including beta blockers—E942.6, aspirin—E935.3 and other non steroidal anti-inflammatory drugs—E946.0
- Sulfites, preservatives added to some perishable foods
- Gastroesophageal reflux—530.81
- Allergic reactions to foods, such as peanuts or shell fish
- Menstrual in some women

Treatments, drugs, and lab test done for Asthma

- Nebulizer treatments—94640 (with Duo neb—J7620)
- Multiple nebulizer treatments 94640-76 with albuterol, noncom pounded dose—J7613
- Spirometry with pre- and post bronchodilator administration—94060
- Vital capacity test—94150
- Pulse oximetry—94760 (single), 94761 (multiple determinations)
- IgE qualitative, single—83518
- IgE quantitative multi-allergen—86003

Types of Asthma

- Asthma with COPD and with acute bronchitis with status asthmaticus—493.21, 466.0
- Asthma with allergic bronchitis—493.90
- Asthma from inhalation of steaming crabs at processing plant—987.9, 493.00, E869.9, E849.3
- Cough variant—493.82
- RAD with mention of asthma—493.90
- Coal miner’s asthma—500 ■

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**How to
Reduce
your
Medicaid
Denials?**
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JULY						
S	M	T	W	R	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Mark your calendars! Join us **Thursday, July 15th from 10-10:30AM** for a Webinar training and learn how to improve your Medicaid denial performance. Please email Cheryl Skiffington at: cskiffington@anthc.org, if you’re interested!



BECOME A **FAN!**

<http://www.facebook.com/pages/Anchorage-AK/ANTHCBusiness-Resource-Center/307962261924>



Does your Tribal clinic need help with backlog coding or need a coding audit? We can help! Please inquire about our services by calling **907.729.2902** or email us at akabusresrcntr@anthc.org