Billing & Coding Outline & Objectives ~ Live Seminar

Objectives: Upon completion of this course, participants should be able to:

1. Understand how to apply mandated medical treatment guidelines (ACOEM, MTUS/ODG) based on diagnoses to obtain UR approvals, and to prove *medical necessity* of your treatment for WC, PI and group health insurance companies.

2. Be able to submit treatment requests that will be approved by UR, PI & Group Health Plans through objective evidence (outcome measure tools, diagnosis related to guideline requirements, functional improvement, improved ADLs, diagnostics, and so forth).

3. "I have reached the maximum visits allowed. What's so important about 'functional improvement'?" Understand why effectively substantiating functional improvement allows for additional treatment.

4. Be able to procedurally code (CPT) your treatment requests to optimize payment reimbursement (OMFS; attended vs. non-attendant modalities)

5. Understand the regulatory requirements of each URO & the Utilization Review Process.

6. Identify and define the types of reviews (prospective, concurrent, retrospective, expedited, reconsiderations, extensions, and appeals) and the mandatory timeframes for each to receive a determination.

7. Understand the major UR Regulatory changes associated with SB863.

8. Understand recent case law that affects UR decisions and timeliness (Dubon I & II)

9. Learn how to **DOCUMENT** your subjective and objective findings to support medical necessity in correlation with your billed services.

10. Understand how causation is addressed in UR treatment requests (Simmons Case Law repealed with SB863).

11. Understand the Qualifications of Physician Reviewers vs. Claims Examiners & First Level Reviewer Health care Professionals (Nurses/PTs). Understand who can deny your treatment requests.

12. Common treatments approved and denied by UR.

13. How to properly include the DWC form RFA with your treatment request (CCR 9792.9.1(t) to support your bill.

14. How your request for treatment may be marked incomplete without review (CCR 9792.9.1(C)(B).

15. Understand how to contest all denied/modified treatment requests (voluntary appeal, peer to peer & IMR) independently or concurrently in WC.

16. Is my UR denial really valid for 12 months? What is a Duplicate treatment request & what is "Material Change?"

17. Review how Maximus IMR Final Determinations stack up against URO decisions.

18. Apply mandated medical treatment guidelines based on diagnoses to obtain approvals, that will ensure treatment reimbursement.

19. Understand why effectively substantiating functional improvement allows for additional treatment.

20. Be able to procedurally code (CPT) your treatment requests to optimize payment reimbursement

21. Understand the importance of diagnoses and procedural coding and how it relates to increased payment between UR and Bill Review integration, or lack thereof.

22. Bill within the certification for authorization date ranges and understand how it may affect your billing reimbursement.

23. Understand what to do if your bill is not paid (even though you have UR approval).

24. Understand 2nd Bill Review and IBR options; when does the provider need to pay?

25. Understand the forms required to file for 2nd Bill Review (DWC form SBR-1) and IBR (DWC form IBR-1).

26. Review algorithm of UR-IBR process.

27. ICD-9 vs. ICD-10

28. Basic coding structure for ICD-10

29. Sites to convert ICD-9 to ICD-10

30. Common chiropractic diagnoses; converting ICD-9 to ICD-10 (Cross-Walk)

31. Sample DWC form RFA & PR-2 Treatment Request with Coding

32. Interpreting UR Authorization Timeliness, Quantity, Service Type & Date Range

33. Sample WC CPT Billing

34. Number of Attended vs. Unattended Modalities/Billing allowed in WC

35. MRI CPT Coding Guide

36. Modifier -25 How & When to use it

37. Modifier -59 How & when to use it

38. 97250 vs. 97140 What's the difference & which is valid?

39. Interpreting the EOR and PPO Penetration/Reductions to OMFS/Cascading

40. The importance of a W-9 with new vendors

Hourly Breakdown:

Hours	Topic
1	Understand how to apply mandated medical treatment guidelines (ACOEM, MTUS/ODG) based on diagnoses to obtain UR approvals, and to prove *medical necessity* of your treatment for WC, PI and group health insurance companies. Be able to submit treatment requests that will be approved by UR, PI & Group Health Plans through objective evidence (outcome measure tools, diagnosis related to guideline requirements, functional improvement, improved ADLs, diagnostics, and so forth). "I have reached the maximum visits allowed. What's so important about 'functional improvement'?" Understand why effectively substantiating functional improvement allows for additional treatment. Be able to procedurally code (CPT) your treatment requests to optimize payment reimbursement (OMFS; attended vs. non-attendant modalities) Understand the regulatory requirements of each URO & the Utilization Review Process. Identify and define the types of reviews (prospective, concurrent, retrospective, expedited, reconsiderations, extensions, and appeals) and the mandatory timeframes for each to receive a determination. Understand the major UR Regulatory changes associated with SB863. Understand recent case law that affects UR decisions and timeliness (Dubon I & II) Learn how to document your subjective and objective findings to support medical necessity in correlation with your billed services. Understand how causation is addressed in UR treatment requests (Simmons Case Law repealed with SB863).
2	Understand the Qualifications of Physician Reviewers vs. Claims Examiners & First Level Reviewer Health care Professionals (Nurses/PTs). Understand who can deny your treatment requests. Common treatments approved and denied by UR. How to properly include the DWC form RFA with your treatment request (CCR 9792.9.1(t) to support your bill. How your request for treatment may be marked incomplete without review (CCR 9792.9.1(C)(B). Understand how to contest all denied/modified treatment requests (voluntary appeal, peer to peer & IMR) independently or concurrently in WC. Is my UR denial really valid for 12 months? What is a Duplicate treatment request & what is "Material Change?" Review how Maximus IMR Final Determinations stack up against URO decisions. Apply mandated medical treatment guidelines based on diagnoses to obtain approvals, that will ensure treatment reimbursement. Understand why effectively substantiating functional improvement allows for additional treatment. Be able to procedurally code (CPT) your treatment requests to optimize payment reimbursement
3	Understand the importance of diagnoses and procedural coding and how it relates to increased payment between UR and Bill Review integration, or lack thereof. Bill within the certification for authorization date ranges and understand how it may affect your billing reimbursement. Understand what to do if your bill is not paid (even though you have UR approval). Understand 2nd Bill Review and IBR options; when does the provider need to pay?

	Understand the forms required to file for 2nd Bill Review (DWC form SBR-1) and IBR (DWC form IBR-1). Review algorithm of UR-IBR process. ICD-9 vs. ICD-10 Basic coding structure for ICD-10 Sites to convert ICD-9 to ICD-10 Common chiropractic diagnoses; converting ICD-9 to ICD-10 (Cross-Walk)
4	Sample DWC form RFA & PR-2 Treatment Request with Coding Interpreting UR Authorization Timeliness, Quantity, Service Type & Date Range Sample WC CPT Billing Number of Attended vs. Unattended Modalities/Billing allowed in WC MRI CPT Coding Guide Modifier -25 How & When to use it Modifier -59 How & when to use it 97250 vs. 97140 What's the difference & which is valid? Interpreting the EOR and PPO Penetration/Reductions to OMFS/Cascading The importance of a W-9 with new vendors