Unraveling the Mysteries of Insurance

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Third Party Payer: _____

Premium: _____

Usual and Customary (U&C): _____

Contracted Rate: _____

In or Out-of-Network: _____

_____

INFORMATION NEEDED FOR BILLING INSURANCE


Blue Cross of Idaho

Member Name / Number

XMP970784466

Group Number 18035255
RXBIN 020123 RXPCN IRXCOMM
RXGRP RXBCID
Medical PPO

In-Network Office Visit	$40
In-Network Specialist Visit	$60
ChoiceDocs Office Visit	$20
ChoiceDocs Specialist Visit	$40

Deductible(Individual/Family)	
In-Network	$4000/$8000
Out-of-Network	$12000/$24000
Out-of-Pocket(Individual/Family)	
In-Network	$7900/$15800
Out-of-Network	$23700/$47400

PPO


Blue Cross of Idaho

Call to notify us when you or an eligible dependent have a hospital inpatient admission. You should obtain prior authorization for certain hospital and non-hospital services. Failure to call may affect your benefits payment.

Providers: Please file your claims with your local BlueCross BlueShield Plan. If Medicare is primary, file Medicare claims with Medicare. For benefit and eligibility information, please call 1-866-452-2250.

For Customer Service, visit bcidaho.com or call the appropriate number below:

Members:	(208) 286-3828 (866) 230-6662
Providers:	(208) 286-3656 (866) 482-2250
Prior Authorization:	(208) 331-7535 (800) 743-1871
Blue Cross of Idaho Rx:	(855) 839-5205
BlueCard Access: (To find a provider)	(800) 810-2583

Blue Cross of Idaho
P.O. Box 7408
Boise, Idaho 83707

An independent licensee of the Blue Cross and Blue Shield Association.

There is a reason you biller needs a copy of both sides of the patient's insurance card—

it gives a lot of information needed to send a claim more seamlessly.

Guarantor: _____

Insurance ID number: _____

Group Number: _____

Payer ID: _____

Billing Address: _____

Additional Network Information: _____

INSURANCY TERMS

Every plan will have it's own set copays, deductibles, coinsurances and OOPs—and can be separate based on services—prescription drugs, mental health, chiropractic, or ambulance services can fall under their own benefits and fall outside of what is listed below. Also, any benefits quoted are that, a quote and not a guarantee of payment.

Copay: _____

_____

Deductible: _____

_____

Coinsurance: _____

_____

Out-of-pocket Maximum: (OOP): _____

_____

Benefit Verification: _____

_____

Vision Plans: _____

_____

Commercial Insurance: _____

_____

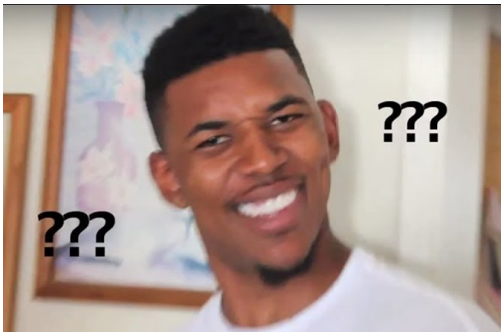
GOVERNMENT INSURANCE

Medicaid: _____

Tricare: _____

TriWest: _____

Medicare: _____



SUPPLEMENT PLANS with MEDICARE

There are three main types of plans that a patient can pay a premium for in order to have additional coverage with Medicare (pertaining to physician services that are covered medically)

PLAN F	PLAN G	PLAN N

MEDICARE ADVANTAGE

_____

_____

_____

CPTs and ICD-10s

In billing we use codes to match services and diagnosis to tell the insurance company what was done and why. You cannot have one without the other if you want to get paid. Both these codes are changing constantly—most software programs will update to keep billing correct and current.

CPT codes: _____

ICD-10:_____

MODIFIERS

Just when you thought your buddies CPT and ICD-10 were enough, they don't always tell the insurance everything they want to know, so you need to use modifiers. Here are some common modifiers you might use when billing.

24—when a procedure had a global period (punctal plugs is 10 days, cataract sx is 90 days), anything that pertains to the global coverage is covered. If your patient needs to come in for something that is not related to the global procedure, you need to use a 24 modifier to tell the insurance that this OV is not related.

25 –when a patient comes in for an office visit but something is discovered in the exam that requires additional attention that is not related to the initial visit/chief complaint.

51—multiple procedures were done for the same date of service (used more often with punctal plugs)

52—reduced services—usually paired with 92250 for screening fundus photography with some vision plans

55—post-operative care—usually used with cataract co-management

GW—used for your patients on hospice to signify that services are not pertaining to reason pt is on hospice

RT/LT—right or left

E2, E4—lower right lid, lower left lid

Well, here you are—this is just the beginning to understanding insurance. There is a lot more on the other side of billing which includes denials, appeals, corrected claims and more. Hopefully this helps you get some footing on how insurance works! Thank you for attending my class!