Billing Intelligence Service

Checking Eligibility and Validity of Codes

Step 1

1. Copy the front and back of the patient's insurance card and driver's license/ID card.

   * *Please note that if the patient is not the subscriber to the policy, you will need the subscriber's DOB as well.*

2. Call to verify the out-of-network deductible details with the provider's phone number on the back of the patient's card.

3. Choose the prompt to check verification and eligibility. You will need to provide the following:

   Your Office's NPI: ______________________________

   AND/OR Tax ID: ______________________________

   * *If you ever get pushed over to dental by mistake, always ask to be rerouted to medical. This is a common mistake when it's run through our doctor's NPI. If asked by the rep, state, "We are a dental provider billing medical for OSA-related procedures."*

Step 2

State, "Hi, my name is ______________________. I am an out-of-network doctor requesting the patient's out-of-network benefits and co-insurance."

State, "I will need the accruals for this patient's policy for out-of-network."

1. What is the individual out-of-network deductible?

   ____

   How much of that deductible has been met for the year?

   ____

2. What is the family out-of-network deductible?

   ____

   How much of that deductible has been met for the year?

   ____

3. What is the co-insurance for out-of-network on this policy?

____

4. What is the co-insurance for DME on this policy?

____

5. What is the out-of-network, out-of-pocket maximum for the policy?

____

How much has been met for the year?

____

Step 3

State, "I need to check some codes to see if they are valid and billable under this policy. I need to know if there are any exclusions or limitations. I also need to know if pre-authorization is required."

1. Is E0486 is valid and billable under the policy?

____

Are there any exclusions or limitations on this code?

____

Is pre-auth required? ____________ **Is pre-d allowed?** ____________ **Pre-auth phone number:** ______________

* *If asked to provide a diagnosis code, please use G47.33 adult or pediatric obstructive sleep apnea. This can only be used if you have a sleep study proving Dx of OSA.*

If the patient must meet medical necessity requirements, can you give me a policy name or number to reference for those requirements?

____

Do you follow Medicare guidelines for the E0486?

____

2. Is 21299 valid and billable under the policy?

____

* *This is an unlisted code that can be associated with an unspecified surgery code. Please see below for further clarification.*

Are there any exclusions or limitations on this code?

____

Is pre-auth required? ____________ **Is pre-d allowed?** ____________ **Pre-auth phone number:** ______________

* *If asked to provide a diagnosis code, please use G50.1 atypical facial pain, or, if another Dx code from the doctor is available, please use their chosen code.*

3. Is E0485 is valid and billable under the policy?

____

Are there any exclusions or limitations on this code?

____

Is pre-auth required? ____________ **Is pre-d allowed?** ____________ **Pre-auth phone number:** ________________

* *If asked to provide a diagnosis code, please use G47.33 adult or pediatric obstructive sleep apnea. This can only be used if you have a sleep study proving Dx of OSA.*

4. Is 70486 is valid and billable under the policy?

____

Are there any exclusions or limitations on this code?

____

Is pre-auth required? ____________ **Is pre-d allowed?** ____________ **Pre-auth phone number:** ________________

5. Are 95800 and 95806 valid and billable under the policy?

________________________________/________________________________

95800 *95806*

Are there any exclusions or limitations on these codes?

____

Is pre-auth required? ____________ **Is pre-d allowed?** ____________ **Pre-auth phone number:** ________________

* *If asked to provide a diagnosis code, please use G47.10 excessive sleepiness.*

Does an MD have to order the HST before we can administer an HST to our patient?

____

If the patient must meet medical necessity requirements, can you give me a policy name or number to reference for those requirements?

____

6. I have four surgical codes I must check on. Are 40806, 40819, 41010, and 41115 valid and billable under this patient's policy?

____

Is pre-auth required? ______________/______________/______________/______________

40806 *40819* *41010* *41115*

Pre-auth phone number: ____

* *If asked to provide a diagnosis code, please use Q38.0, Q38.1, or Q79.8.*

7. Is 97139 unlisted therapeutic procedure (specify) valid and billable?

____

* *We use a unlisted therapy code for myofunctional therapy.*

Are there any exclusions or limitations on these codes?

____

Is pre-auth required? ______________________ **Pre-auth phone number:** ______________________

* *If asked to provide a diagnosis code, please use Q79.8 or Q38.1.*

8. What is your out-of-network timely filing limit for claims?

Number of Days: ____

Notes

____

____

____

Insurance Representative Name:

____

First Name, Last Initial

Reference Number for the Call:

____

Date/Time of Call:

____

Step 4

1. **Are you a dental office?** Yes, we are treating patients as a specialist through medical using oral appliances for OSA and craniofacial deficiencies.
2. **Are you a participating doctor/office?** No, we are out of network and do not wish to participate at this time.
3. **If a payer follows Medicare guidelines for the E0486:** The only Vivos appliance approved is the mmRNA. Appliances must follow specifications as outlined by the Medicare (CMS) PDAC approved list. You can bill out other MAD devices that follow Medicare guidelines in this instance with an OSA diagnosis.
4. **21299:** The reason we use CPT code 21299 is because, according to the American Academy of Professional Coders 21299 unlisted craniofacial and maxillofacial procedure, the description is a MAJOR PROCEDURE, ORTHOPEDIC – OTHER. Since there is no correlated CPT code that best describes the treatment, we use the 21299 for an orthotic appliance to treat maxillofacial deficiencies and provide a full letter of medical necessity describing the oral appliance and how it is not to treat sleep apnea, so a E0486 will not suffice.