

MetraComp, Inc.

WORKERS' COMPENSATION GUIDE

Dear Healthcare Provider:

On behalf of MetraComp Inc., please accept our welcome as a participating provider in our Provider Network for workers' compensation payors and medical management programs.

This Reference Guide is intended to serve as a resource for your business office. While this guide should address most questions, please feel free to contact the appropriate party indicated below regarding any concerns or questions.

<u>Resources</u>	<u>Telephone</u>	<u>Contact Person</u>
Provider Relations	1-800-360-1275	MetraComp Customer Service
Verification of Employment	Patient's Employer	Benefits Office, Worksite Supervisor
Identification of Insurance Carrier	Patient's Employer	Benefits Office, Worksite Supervisor
Identification of MetraComp Patient		MetraComp Payor Client List

Referral Services

For referral purposes, MetraComp offers instant access to network providers by simply calling our Customer Service Department at 1-800-360-1275. Prior to calling our 800 number, please determine the type of provider required, the employee or injured worker's zip code and the number of miles the injured worker is able to travel for medical care. A Customer Service Specialist will access our computerized provider network directory and provide you with the necessary information to direct the injured worker to one of our network providers. Please also contact a Customer Service with your suggestions or comments regarding how we might improve network operations and our interactions with you.

Billing Guidelines

- Please send bills as you usually do under workers' compensation coverage; therefore, bill identification, verification and routing is as normally done. Please DO NOT submit bills directly to MetraComp as this will significantly delay reimbursement.
- An IMPORTANT consideration to be aware of for workers' compensation patients is that claims are often sent only to the employer and not to the insurance carrier. To help speed claims payment, please document the employer (when verifying coverage) to identify the workers' compensation insurance carrier who will be paying the claims. A copy of the HCFA-1500 and/or itemized bill should then ALWAYS be sent to the insurance carrier or administrator.
- A standard MetraComp remittance sheet, as displayed on the back of this Guide, should accompany requests made by the payor.
- Remember, MetraComp is not the payor.
- Under most workers' compensation statutes, a patient cannot be balance billed for any unpaid balances. Please contact MetraComp first if you are having collection problems. We can help!

SAMPLE

EXPLANATION OF REVIEW

Billing Prov. TIN: **99999999D**

Bill ID: 99999999-X-999999-9
 Reviewed: mm/dd/yyyy
 Patient: Doe, Jane
 DOI: mm/dd/yyyy
 Claim #: **9999999AB**

Batch #: AB999999
 Received: mm/dd/yyyy
 Patient ID: 999999999
 Coverage: WC

Billing Provider: **John Doe Med CTR**
 2020 Doe Blvd
 Anywhere USA 456546

Audit Acct: <Payor Information>
 Rpt. Acct: <Payor Information>
 Plcy Hldr:
 Ext Clm #:
 Adjuster: Sally Smith

Plcy #:
 Ext Bill #:
 Alt Code: 9999999X 999
 Other:

Ind. Provider:
 Pt Acct. #: 9999999X9
 Network: FOCUS_WC
 Network Plan:
 Adm/Disch Dates: mm/dd/yyyy – mm/dd/yyyy
 Services Dates: **mm/dd/yyyy – mm/dd/yyyy**

ICD-9 DX:

(1) 719.41 PAIN IN JOINT, SHOULDER REGI (2) 996.2 MECH COMP NERVOUS SYSTEM
 (3) CERVICALGIA (4) 729.5 PAIN IN SOFT TISSUES OF LIMB

PX CODES:

(1) (2)
 (3) (4)

Sub DRG: XXX Adj DRG: XXX Facility: XXX Serv Zip: 456546 UB Type: xxx Geo: xxx Pay: 1

Date of Service	Submitted Code Mods	Reimb Code(s)	Mods	Min/Units	Charges	Reductions Bill Review	Network	CPS	Allowance
mm/dd/yy	250	250		- / 143	1,656.30	0.00	414.07	0.00	1,242.23
PHARMACY					Explanation Codes*: 082				
mm/dd/yy	258	258		- / 10	270.80	0.00	414.07	0.00	203.00
IV SOLUTION					Explanation Codes*: 082				
mm/dd/yy	272	272		- / 2	4,056.00	0.00	414.07	0.00	3,042.00
STERILE SUPPLY					Explanation Codes*: 082				
mm/dd/yy	320	320		- / 4	740.00	0.00	414.07	0.00	555.00
DX X-RAY					Explanation Codes*: 082				
mm/dd/yy	360	360		- / 12	7,650.00	0.00	1,912.50	0.00	5,737.50
OR SERVICES					Explanation Codes*: 082				
mm/dd/yy	370	370		- / 9	631.00	0.00	157.75	0.00	473.25
ANESTHESIA					Explanation Codes*: 082				
mm/dd/yy	636	636		- / 48	933.50	0.00	233.37	0.00	700.13
DRUGS/DETAIL CODE					Explanation Codes*: 082				
mm/dd/yy	710	710		- / 22	3,348.00	0.00	837.00	0.00	2,511.00
RECOVERY ROOM					Explanation Codes*: 082				
mm/dd/yy	762	762		- / 6	600.00	0.00	150.00	0.00	450.00
OBSERVATION RM					Explanation Codes*: 082				
mm/dd/yy	120	120		- / 2	2,800.00	0.00	700.00	0.00	2,100.00
ROOM-BOARD/SEMI									

TOTALS: Charges	Bill Review Reductions	Network Reductions	CPS Reductions	Allowances
\$22,685.60	\$0.00	\$5,671.39	\$0.00	\$17,014.21

999/999999/9/9/9/9/9/999999

***EXPLANATION CODES**

82 DUE TO NETWORK ADJUSTMENTS, REVIEW OF THIS BILL HAS RESULTED IN A DECREASED REIMBURSEMENT BY 25%

Unless otherwise noted, all reductions are due to charges exceeding amounts that would appear usual, customary and reasonable for the provider's geographical region.

If you have any questions regarding this analysis, please call Customer and Provider Relations at 800-360-1275 or send your bill and the analysis to: MetraComp, Inc., Customer and Provider Relations, 720 Cool Springs Blvd. #300, Franklin, TN 37067.