

Community resources and third party billing for patients who have had head trauma/head injuries

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ABSTRACT: In order to render full scope care for head trauma patients, optometrists should be familiar with the community resources available for patients with such injuries. In addition, they should have an understanding of third party billing procedures needed to seek reimbursement for the diagnosis and treatment of patients who have suffered such accidents. This article will review each of these topics.

KEY WORDS: Head trauma, community resources, third party billing, CPT-4, ICDA-9

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Dealing with a newly acquired disability is a frustrating and traumatic experience for patients, families, and for members of the rehabilitative team (M.D.s, rehabilitative specialists, optometrists, vocational counselors, occupational therapists, physical therapists, nurses, etc.). Each of these disciplines can play a key role in directing head trauma patients to community resources that can help them deal effectively with their disabilities and maximize their independence.

Since optometric input into the diagnosis and treatment of patients who have had head trauma/injuries is increasing, the author feels that practitioners should be familiar with the community resources available for trauma cases as well as the third party billing system for patients who have suffered head traumas/injuries.

Community resources

Head trauma patients usually require various types of rehabilitative and support services. These may include specialized medical care, counseling, career guidance, obtaining advocates, seeking sources for specialized equipment and a host of other unique services. These needs are available and are in existence to help trauma victims; however, patients and family members must seek the required sources for these services within local communities. Each of the 50 states has its own agencies and organizations to serve head trauma patients. These entities may be state, city, or local agencies, or private organizations. Much of the work that must be done to determine the optimal place to seek help is usually left to the patient and his/her family. This can be an overwhelming task when confronted with the plethora of available resources in many locations. Our experience has shown that most states have public agencies whose main goal is to help return a patient to a more productive life. Each state has set up its own bureaucratic structure for its rehabilitative process; hence the names of the specific organizations or agencies will vary from state to state. For more information, inquiries should be made to the given state's information system regarding rehabilitation modalities. This agency is usually located in the capital of each state and may have branch offices located throughout the state. This source should be able to direct the patient or any member of the rehabilitation team to the respective agency that deals with head trauma patients. Once identified as meeting specific criteria such as vocational goals and financial status, the agency will assign the client to a vocational counselor whose primary goal is to arrange for needed services to help the patient function more independently. Vocational services vary from state to state and can include services such as: training in mobility and daily living skills, social casework, vocational evaluation and training, and placement assistance.

Frequently, these agencies may send their clients to other state

Table 1: Basic community resources

Agency	Function
Advocate's office (Generally state agency)	Office of advocate for all types of disabilities
American Trauma Society (National organization)	Public awareness/brochures/material on various types of trauma
Commission for the Blind & Visually Handicapped (State agency)	Vocational rehabilitation for legally blind
National Head Injury Foundation (National agency)	Family/survivor helpline for head injury
Job Opportunity for the Blind (Generally state organ.)	National Center for the Blind for job placement
Library Services/Blind & People with Disabilities and Learning Disabilities (Generally state organization)	Library services for visually impaired individuals
Lifeline Systems	Provides personal emergency response systems for the elderly and disabled
Medic Alert	Information for ID bracelets
Mentally Ill Alliance	Information and referral for the mentally ill and their families
National Rehabilitation and Information Center (National organization)	Information on all aspects of any disability
New Medico	Information for people with head injuries
Department Social Services (State agency)	Information on services for adult/family/children
National Organization for Rare Disorders, Inc. (NORD) (National organization)	Information on rare disorders
Orphan Drugs and Rare Diseases (National organization)	National Health and Information Center
Office of Vocational Rehabilitation (State organization)	Information on rehabilitation
Stroke Hotline	Stroke network for services and information

or private agencies or to other professionals for specific tests, treatments and recommendations. These referrals may include low vision examinations, audiological testing, perceptual evaluations and a host of other services, as long as they are considered necessary for the patient to reach his/her goals and objectives. Vocational counselors are familiar with community resources within a given locality and can direct their clients to the appropriate place for help.

Patients may also enter "Head Trauma Centers" that are located throughout the country. In these circumstances, social workers are generally assigned to a patient. Their role is to help in arranging needed services and in establishing individual treatment plans. These plans can include both vocational and avocational goals and objectives for the patient.

Table 1 consists of a brief compilation of basic community resources available to help patients with head traumas begin the process of returning to more productive lives. These agencies make appropriate referrals based on individual needs. Several agencies listed are national; while others are state, city, and private agencies. Each optometrist should contact his/her local representatives of the Department of Social Services for a complete listing of resources within his/her own community. This table also contains sources for other information which may be necessary for pa-

tients. It includes places to obtain medical identification bracelets, sources for library services, advocate services, etc.

Third party billing

Patients who have suffered head trauma may require extensive medical and rehabilitative care depending on the severity of their individual accidents. Most head trauma cases result from either automobile/motorcycle accidents or are related to the patient's employment. If the trauma is a result of either of these two circumstances and the patient and/or the employer has either "no fault" or "workers compensation" insurance, then these services must be billed through either of these insurances before any other third-party insurance is utilized. Each state has specific guidelines for reimbursement under these programs.

It is important to remember that individual states contract with insurance companies to administer no-fault and workers'-compensation programs in a similar way as HCFA contracts with insurance companies to administer Medicare. These insurance companies are required to process claims according to state laws and guidelines. In most states, health care practitioners (including optometrists) may be required to bill the insurance company directly, rather than the patient.

This is usually the case for all "covered services" and practitioners should review their state laws regarding no fault and workers'-compensation insurance with regard to billing "covered" vs. "non-covered" services.

Many of these insurance companies have specific fee schedules for both diagnostic and treatment services and perhaps even for the replacement of prosthetic devices (spectacles, contact lenses, etc.) In all instances, practitioners should bill their normal fee for these services as opposed to any amount listed on a predetermined "fee schedule." Most insurance companies process no-fault and workers' compensation claims utilizing standard procedures in CPT-4¹ and diagnoses in ICDA-9.² In all instances, services must be determined to be "medically necessary."

Most no-fault and workers'-compensation policies have maximum dollar limits on the actual amounts of money they will pay per client. Once these dollar limits have been reached, no other claims can be processed through these types of insurances. Typical policies range from \$50,000 to \$100,000. With the cost of in-patient services constantly increasing, these dollar limits may be exhausted long before the patient ever arrives in an optometric office, or in other instances, long before they receive any type of rehabilitative care.

Once no-fault and workers'-compensation insurances are exhausted, a patient's major medical insurance company may pay outstanding claims or new claims. After this, the patient may be forced to seek financial assistance for medical care through state programs such as Medicaid. Since these are state controlled programs, each state has its own rules and regulations regarding coverage and eligibility. If the patient is considered disabled, he/she may apply for disability and after a waiting period, may be eligible for Medicare. Questions regarding eligibility should be directed to a Social Security Office. Once the patient is determined to be entitled to Medicare, covered services can be billed to the appropriate carrier. If the patient is disabled and determined to be Medicare eligible, he/she does not have to be over age 65 to receive Medicare benefits. The same rules regarding eligibility and claim processing apply under the disability portion of Medicare as they do under the more familiar Medicare Part B. Doctors should use the same CPT-4 and ICDA-9 codes as well as the same claim form for recipients receiving Medicare under its disability portion.

When examining head trauma patients, practitioners should utilize the appropriate CPT-4 procedure codes when the services performed are "medically necessary." These services include the familiar office visit codes (90000 through 90080 series and the 92002 and 92014 series), the independent medical procedures, as well as the special hospital/nursing home codes. In addition, this patient population may require specialized services and specific CPT-4 codes may be needed. These codes can include consultations codes (various levels), cognitive testing codes, as well as codes in the section called "Special Services and Reports." Specific codes may need to have modifiers added, depending on individual circumstances (i.e., services greater than that usually required, concurrent care, etc.). Practitioners treating patients who suffered head trauma should familiarize themselves with the specialized codes and utilize them both correctly and appropriately.

Summary

Working with head trauma cases can be both rewarding and frustrating in many respects. Helping patients return to as productive a life as possible should be the goal of all members of the rehabilitative team, including the optometrist, as well as the patient. The more familiar optometrists are with community resources available to help their patients as well as the mechanisms of third party billing, the more time they will have to spend with their patients. ■

References

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2. Codes for Optometry, St. Louis: American Optometric Association, 1988-89 Edition.

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