



1211 State Road 436, Suite 297  
Casselberry, FL 32707-6442  
Phone: (800) 318-3271  
Fax: (407) 678-5751  
Website: [www.iepg.com](http://www.iepg.com)



## Georgia Society of Dermatologists Coding Question Hotline Service

Dear Georgia Society of Dermatologists member:

As a member of the Georgia Society of Dermatologists, you are entitled to a discounted coding hotline service from the Inga Ellzey Practice Group, Inc. The discounted fee is \$30.00 per submission. You are permitted to ask as many questions as needed related to a single encounter, a single date of service, or a single claim.

Questions are usually returned within 48 hours. In the event that Inga Ellzey is away on business or taking personal time, you will be sent a notice informing you of her return date. Your fax will be retained and will be answered upon her arrival back in the office.

### Coding Hotline Rules

1. **Inga Ellzey personally answers all the fax questions related to the practice of dermatology only.**

She is the only one in our office who has the experience, knowledge, and expertise. When Inga is unavailable, please keep in mind that there is no one else in our company that can answer these questions. So please be patient and understanding.

2. **This is a coding, documentation, and reimbursement fax service for dermatology-specific questions.** Inga is not an expert in other specialty services not commonly performed by dermatologists or clinical laboratory services.

**What types of questions are not within the scope of the fax service?**

- a. Credentialing questions about specific carriers
- b. Payment policies regarding specific carriers. We do know the Medicare rules, though!
- c. Fees schedules for specific carriers. We are not privy to that data. However, we can provide specific fee schedule information for all Medicare geographic payment localities.

3. **What about e-mailing your question?**

Your question may be e-mailed. Please send your practice information, fax number, and question to: [GSDquestions@iepg.com](mailto:GSDquestions@iepg.com). Please identify yourself as a member of the Georgia Society of Dermatologists so that we may verify your membership with the GSD database.

4. **What is IEPG's fax number?**

- a. Fax questions must be **faxed to (407) 678-5751 using the fax cover sheet provided.** Be sure to include your account information. *Do not call our office to ask the question.*
- b. Your question must be faxed or e-mailed.

## 5. What is your fax number?

- a. Make sure your return fax number is **clearly identified** and **legible** on the fax.
- b. Be sure the area code and fax numbers are both correct.
- c. Many telephone area codes have changed and our clients have not updated their fax cover sheets.

## 6. Our discounted service is for Georgia Society of Dermatologists members only

- a. Please be sure the physician identified on the fax is a member of the Georgia Society of Dermatologists
  - If you have multiple physicians in the practice and only one physician subscribes to the service, please be sure the subscribing physician's name is identified on the fax.
- b. Please include your account number (if known) next to the subscriber's name.

## 7. About your questions

First, please use the form that has been designed specifically for use with our fax service.

- a. **You are permitted to ask as many questions as needed related to a single encounter, a single date of service, or a single claim.** Questions must be limited to specific coding or reimbursement-related questions.
- b. Please de-identify (**black out**) any patient name or Social Security Numbers

### ***Please note:***

- We cannot address questions that have to do with carrier denials.
  - We will tell you if the claim was properly filed (e.g., correct CPT codes, ICD-9 codes and/or modifiers)
  - You must indicate if the service was provided during a postoperative period.
  - You must let us know all codes that were billed on a given date of service, not just the code that was denied.
  - We have no way of knowing every carrier variation around the country. We can tell you about major carrier decisions and/or tell you if your claim was filed correctly.
- c. *We do not evaluate documentation to determine E/M levels of care or correct coding for procedures based on chart documentation.*
  - d. Do not send dozens of pages from a patient chart asking us to audit the record, or determine "what's wrong" with the documentation.
    - This is available as a separate chart auditing service and is not available as part of the coding question hotline. Our charge is \$40.00 per date of service audited. Call Shari Greene at (800) 318-3271 ext. 222 to schedule this service.
  - e. When asking about claim denials, provide supporting documentation
    - Copy of the claim (how the claim was filed)
    - EOMB
    - Denial message(s)

## 8. Conference calls

Occasionally, your answer may require a return phone call from Inga for clarification. Please be sure to include your regular daytime phone number on your fax.

If Inga writes, "Call me" on your fax, please contact her assistant Shari Greene at (800) 318-3271 ext. 222. If Inga is available, she will take your call. If she is unavailable, Shari will set up a conference call with you. There is no charge for these conference calls.



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Dear Georgia Society of Dermatologists member:

In order to make our job easier, we are asking that fax subscribers start to use the attached form when sending us your fax questions. We will only accept faxes that are sent using this form.

We recommend that you enter in all your practice information on one form, make multiple copies, and keep those in a folder. That way, you have the form completed and need only write in your question(s).

Please fill out the fax cover sheet carefully and legibly so that it is easy to return your questions without having to double check your fax number and/or practice information.

We appreciate your cooperation.

Sincerely,

Inga C. Ellzey, MPA, RHIA, CDC



IEPG's FAX NUMBER is 407-678-5751



**Georgia Society of Dermatologists  
Coding Question Hotline Form**

Physician Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Practice Address: \_\_\_\_\_  
\_\_\_\_\_

Return Fax Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (REQUIRED)

Practice Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (REQUIRED)

e-mail address: \_\_\_\_\_ (REQUIRED)

**Note: You are permitted to ask as many questions as needed related to a single encounter, a single date of service, or a single claim. The fee for this service is \$30 per submission.**

     Cards   Card Expiration Date: \_\_\_\_/\_\_\_\_

Card #: 

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Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_ (required)

**If this is a follow-up Fax, please include your ORIGINAL FAX**

**Question:** *(use additional paper if necessary)*

**Note:** When asking about claim denials, provide supporting documentation (i.e., copy of how the claim was filed, and any EOMB as received from carrier including any denial messages)