Top 10 Billing & Coding Mistakes

Presented by: Karl Johnson, MHA and Jacqueline Thelien, CPC. CPC-I, CHCA
Top 5 Billing Mistakes

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Revenue Cycle Management - Collect Your Money

1. Charge Capture/Charge Lag
2. AR Follow up
3. Patient Responsibility
4. Billing Audits and Reporting
5. Managed Care Negotiations
1. Charge Capture/Charge Lag

- Reconciliation to Schedule
- Matching the Clinical Notes
- Supplies
- Modifiers
- Timely Submission of Claims
2. AR Follow Up

- Prioritization of Work
- Effective Calls
- Online Tools
- Documentation of Follow Up
- Appeals
- Timely Response to Payor Requests
3. Patient Responsibility

- Estimating Patient Balances
- Collect Prior to Surgery
- Making Paying Easy
- Credit Cards on File
- Payment Plans
- Patient Follow Up
- Credit Balances
4. Billing Audits and Reporting

- Random Open Claims
- 100% Written Off Claims
- Claims With No Activity
- High Cost Resale Items
- Focused Review by Payor and Procedure
- Monthly Report Review
5. Managed Care Contracting - Get Paid More For Your Services

- Negotiations
  - Which Plans & Codes
  - Case Rates
- Understanding Payor Mix
- Know Your Data
- Telling Your Story
- What’s In It for Payors
- Out of Network
Top 5 Coding Errors
Presented by: Jacqueline Thelian, CPC. CPC-I, CHCA
Top 5 Coding Errors

1. Failure to use updated code sets
2. Misrepresenting the CPT Code
3. Failure to follow Local Coverage Determinations
4. Coding from the “heading of the operative report”
5. Additional common coding errors
Failure to use Updated Code Sets

✓ Failure to use updated code sets
  ✓ Common Procedure Terminology (CPT)
  ✓ International Classification of Diseases 10th Revision Clinical Modification (ICD-10-CM)
  ✓ Healthcare Common Procedural Coding System (HCPCS)
  ✓ National Correct Coding Initiative (NCCI) edits
Failure to use Updated Code Sets

✓ Failure to use updated code sets
  ✓ Common Procedure Terminology (CPT)
    ✓ 2018 CPT includes
      ✓ 160 New Codes 41 New Category III Codes
      ✓ 70 Revised Codes
      ✓ 72 Deleted Codes
      ✓ 2018 codes go into effect January 1, 2018
1. Failure to use Updated Code Sets

- Failure to use updated code sets
  - ICD-10-CM
    - 363 new codes
    - 142 deletions
    - Over 250 code revisions
    - 2018 Changes are effective October 1, 2017

The codes can be found on the CMS website

1. Failure to use Updated Code Sets

✓ Failure to use updated code sets
  ✓ ICD-10-CM
    ✓ Notable changes have been made to the Official Guidelines for Coding and Reporting
    ✓ Chapter specific guidelines
  ✓ HCPCS – Drugs, Supplies, Implants, etc.
    ✓ Updated Quarterly
    ✓ https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/index.html
1. Failure to use Updated Code Sets

✓ Failure to use updated code sets
  ✓ NCCI edits
    ✓ Define pairs of HCPCS/CPT codes that should not be reported together for a variety of reasons
    ✓ Some may bypass the edits with the appropriate use of modifiers
    ✓ In some cases the code set may not be bypassed
  ✓ Updated Quarterly
1. Failure to use Updated Code Sets

✓ Failure to use updated code sets
  ✓ NCCI edits
    ✓ When downloading the edits make sure to download the Chapter Specific Guidelines
    ✓ Contains edits that may not hit with a claim scrubber
  ✓ Failure to follow the NCCI edits may result in
    ✓ Red flag to carrier for unbundling
    ✓ Failure to code multiple procedures when allowed
2. Misrepresenting The CPT Code

What is a Category III Code?

- Temporary codes used for emerging technology, services, and procedures that cannot be described by a nonspecific Category I unlisted code.

- If a Category III code is available, this code must be reported instead of a Category I unlisted code.

- Category III codes are usually considered “investigational” by many insurance carriers and as such are non-reimbursable.
2. Misrepresenting The CPT Code

Platelet Rich Plasma (PRP):

- I was told by the representative to report CPT code 20926 Tissue grafts, other (e.g., paratenon, fat, dermis)

- As per CPT Guidelines: Report with CPT Category III Code - 0232T Injection(s), **platelet rich plasma, any site**, including image guidance, harvesting and preparation when performed
3. Failure to Follow Local Coverage Guidelines (LCD)

Local Coverage Determinations:

- Effective date, revision date
- Indications & Limitations
- Qualified Professionals
- Medical Necessity
- Required Documentation
- Frequency

  • Change Frequently and should be checked routinely for updated/revisions
3. Local Coverage Determinations

An asterisk (*) indicates a required field.

YOU MAY SEARCH BY ID:

*Document ID: 
SEARCH BY ID

OR BY DOCUMENT TYPE:

- National and Local Coverage Documents
- National Coverage Documents
- Local Coverage Documents

*Select Geographic Area/Region:

View county listings for split states opens in new window
View region descriptions opens in new window

*Select One or Both:

AND/OR

Keyword(s) (Title Only)

Need more search power? Try Advanced Search

RESET SELECTION CRITERIA

SEARCH BY TYPE

MCD UPDATE STATUS

<table>
<thead>
<tr>
<th>MCD UPDATE</th>
<th>FREQUENCY</th>
<th>LAST UPDATE</th>
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Local coverage documents that have been retired for more than 2 years (i.e., an ending date or revision ending date older than 2 years) are stored in the MCD archive database. Please visit the MCD Archive Site to view them.

PUBLIC COMMENTS TOOL

The MCD includes a comment tool that the public can use to submit comments on National Coverage documents.
4. Coding from the Heading of the Operative Report

- Coding from the heading of the operative report
  - Usually results in improper coding and in many cases missed billing opportunities
- Reporting both arthroscopic and open procedures
  - Closed procedures (e.g. laparoscopic, arthroscopic, endovascular) converts into an open procedure, only the open procedure should be reported.
5. Additional Common Coding Errors

- Incorrect Use of Modifiers
- Failure to code the correct number of lesions
- Coding the wrong anatomical location
- Incomplete patient information
- Failure to code different polyp removal techniques
- Failure to capture and code for implants
Being Prepared
Being Prepared & Staying Compliant

**Compliance Plan:**
- OIG has a compliance plan posted on their website
- [http://oig.hhs.gov/fraud/complianceguidance.asp](http://oig.hhs.gov/fraud/complianceguidance.asp)

**Office Policy and Procedure Manual:**
- Include a section about proper medical record documentation
- Ensure that staff is trained
- Develop a policy for internal and external auditing
Being Prepared & Staying Compliant

OMIG – Office of Medicaid Inspector General:

• Mandatory Compliance Plan for providers/organizations doing $500,000.00 or more in Medicaid & Medicaid HMO Business
• [http://www.omig.ny.gov/compliance](http://www.omig.ny.gov/compliance)
QUESTIONS & COMMENTS
THANK YOU
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