

Dermatology Coding Alert

Billing Corner: Checklist Covers All the Bases In Your Billing Process

Here's an outline you can follow to help keep auditors at bay

If you've struggled to keep your dermatology codes straight and make sure your report the correct procedure every time, you're not alone.

There's no question that a well-designed superbill keeps any dermatology practice on top of its game, but if you don't have all of the elements covered, your practice won't reach "super" status.

Let our experts walk you through a few design and content tips that will enhance your reimbursement, help you avoid auditors, and decrease the denials your dermatology practice faces:

Note: Information in this instrument was provided by **Carole Violette, CPC, CDC**, clinical manager at Yakima Valley Dermatology in Yakima, Wash.

Use the most current ICD-9, CPT and HCPCS codes:

1. update AT LEAST annually
2. update during the fall when the bulk of the new codes come out

List the complete range of E/M codes:

3. Try placing your E/M codes in three different categories with the estimated face-to-face time for each code:
4. Office Services:
 - New patient (99201-99204)
 - Established patient (99211-99214)
5. Office Consultations:
 - Outpatient consults (99241-99244)
 - No charge (99499)
 - Post-op (99024)

Make sure you don't miss any other important code categories such as:

6. Biopsy (i.e., site #1, subsequent sites)
7. Destruction - premalignant or benign lesions (e.g., first lesion, 2nd to 14th lesion)
8. Destruction - malignant lesions (e.g., up to 0.5 cm, 0.6 cm to 1.0 cm)

9. Excision (e.g., up to 15 lesions, flat warts)
10. Minor surgical procedures (e.g., acne surgery; I&D, simple, single)
11. Laboratory (e.g., special stains, KOH slide)
12. Skin grafts (e.g., pinch grafts)

Next time: Whom is the appointment with, what does the patient need in the next appointment, and when is the next appointment?

Don't miss: DIAGNOSIS(ES) - and they have to match the procedure

Extra essentials:

13. Insurance information (policy ID, relationship to insured, prior balance, today's charge, adjustments, today's payments, and BALANCE DUE)
14. Patient demographics (e.g., name, doctor, responsible party)
15. Never forget the physician's signature for any additional notes or comments and the patient's signature for insurance benefit authorization

On the flipside:

16. Keep an alphabetized list of all the ICD-9 codes your practice commonly uses on the back of your charge ticket.