

# Dermatology Coding Alert

## Follow These 5 Tips for Top-Notch Reporting Procedures

### Simply checking for coding accuracy can streamline your practice

As challenging as it may be to make your dermatology practice run efficiently, our practice-management experts have helped us put together some time-tested tips for intelligent hiring and efficient office organization that should ease your practice-management burdens.

#### Tip 1: Assess Candidates' Accuracy

Gauge your billing applicant's experience through keystroke tests and analysis of old insurance remittances. For example, ask the candidate to point out contractual adjustments and explain what denial codes mean, says **Rachel M. Mitchell, CPC-H**, director of coding and billing services with Applied Medical Services Inc. in Durham, N.C.

"It's all about getting the information in the computer correctly," Mitchell says. That is why qualified personnel are key. A certified, experienced coder who is detail-oriented will substantially decrease the number of denials your office has to deal with."

**Helpful:** You should also use the interview to assess how well you think the candidate adjusts to changing regulations and insurance policies that directly affect your dermatology practice.

#### Tip 2: Take the Guesswork Out of Staff Duties

New and existing billing staff will perform better if your expectations are clear. Create clear job descriptions for each person in the office, says **Terri Fischer, CPC, CMC**, manager of the Health Care Group at Larson, Allen, Weishair & Co. LLP in St. Louis, Mo.

This task ensures you that you have a list of what each individual is responsible for, and if that person leaves or goes on vacation, you'll know what jobs need to be covered, Fischer says.

**Upside:** Fischer stresses that clear job descriptions also eliminate assumptions about who's doing what. If jobs are clearly apportioned, they get done.

#### Tip 3: Prepare Staff for Potential Audits

Just because you've got a small derm practice doesn't mean you're safe from auditors. But you can prepare for potential scrutiny by assigning specific auditing tasks to your existing staff. And when a small practice faces a big fine, it can be enough to put you out of business.

**First ingredient:** Have a qualified quality-assurance person audit your charts as often as possible, at least two to three times a year, Mitchell says.

If no one in your office is properly trained, hiring outside help could be well worth the money. The "auditor" should look for coding discrepancies such as whether the documentation supports the level of evaluation and management codes.

Have your quality-assurance person make sure the charts are properly organized. Think small things don't matter? Mitchell has seen auditors shake charts to remove loose paper. The auditors refused to consider anything documented on those loose sheets.

**Second ingredient:** Have one qualified person deal exclusively with accounts receivable, Fischer says. This "absolutely should be a priority" for small practices, she says. With one person to deal with these issues, you capture the money that would have been lost from accounts that are often ignored or that age beyond collection.

**Tip 4: Deal With Denials Within 24-48 hours**

Remember, your job isn't done once you send in the claim. You may ignore denials because they don't interfere with your daily cash flow, but you're missing the chance to collect for the services you rendered if you don't follow up.

**Best strategy:** Categorize your denials to find where the bulk of them are, Fischer says. You may be surprised to find that small details are causing problems, she says.

Mitchell agrees and recounts the time she discovered a denial due to someone writing the wrong date for a patient's birthday in the chart. You may end up with stacks of denials if you don't catch these small problems.

Fischer has also found trends among providers. If you have more than one provider in your office, you may see that one of them consistently reports the wrong diagnosis code while another upcodes for E/M. Once you see where the problems are, you can educate the individuals according to their own needs.

**Tip 5: Track Billing-Problem Trends**

If your office keeps lists of rebilled claims for specific carriers and specific procedures that certain carriers won't pay, you'll find that it's harder for carriers to pull the wool over your eyes and throw a denial your way.

**Helpful:** If this all seems overwhelming, consider hiring a consultant for a one-time training on how to manage denials, experts say.