Part B Insider (Multispecialty) Coding Alert

CARDIOLOGY: 'Hot Keys' Could Get You Into Hot Water

Beware of undercoding as well as upcoding heart catheterizations

Your physician may follow the same steps almost every time in cardiac catheterizations--but "almost" isn't good enough when it comes to coding.

You need to keep an eye out for the exceptions to your doctor's normal patterns, or risk costing your practice money. Coders often get into the habit of coding the same procedures every time, and will either miss procedures or upcode procedures.

"They get so used to the doctors performing things a certain way that they just always assume that's the case," says **Kristin Simpson,** a consultant in Yorba Linda, CA. "I know a lot of coders that don't double-check the report," she adds. Some coders even have computer "hot keys" enabled so that when they press "ALT" plus a particular letter, the same batch of codes pops up every time.

Example #1: Nine out of 10 heart catheterizations will be a full heart catheterization (93510), but in the tenth case, the physician may not cross the aortic valve. That means you can only bill 93508, for assessment of the coronary arteries instead, says **Jim Collins,** chief executive officer of the **Cardiology Coalition**.

You'll only receive around $12 more for billing 93510 instead of 93508, but hospitals and other facilities receive hundreds of dollars more, and you could find yourself facing big penalties if you bill the more expensive code improperly.

Example #2: If you use "hot keys," you may automatically add 93510 plus four other codes. But if the doctor doesn't perform one of those four other procedures, you could be upcoding, Collins warns. For instance, the doctor might choose not to inject a contrast agent into the left ventricle. Usually the doctor will explain why the contrast injection was contraindicated, or else the record won't mention anything about performing a ventriculogram.

Also, the coder might incorrectly assume that the heart catheterization included imaging a vessel that wasn't imaged, says **Julie Brouwer** with **Professional Management** in Waterloo, IA. You should be familiar enough with the procedures to be able to catch variations, or even to figure out where the physician's notes may have been incorrectly transcribed, she says.

Beware: You could also miss procedures your physician actually performed if you simply code by rote, Collins warns. For example, the physician might perform a bypass vessel angiography (93539-93540) during the catheterization, but the coder might miss it because of the "hot-key mentality," Collins says.