

Part B Insider (Multispecialty) Coding Alert

Coding Updates: No 90-Day Leeway? No Problem!

Follow these 8 tips and master the new codes sooner

Many offices say they're hoping for the best with the shortened transition time with the 2005 CPT and ICD-9 codes - but you can ensure the best results with more than hope.

Lebanon, OH office manager **Jeannie Stookey** plans to "try to hit the ground running as fast as possible." **St. Mary's Oncology Center** plans to "review the books as soon as we can" and hope to have the new codes sorted out in time to bill properly," according to coder **Amie Wicker**. But hope may not be enough, so experts offer the following tips on getting up to speed:

1. Start on ICD-9 codes now. They're already available through the Medicare Web site, and you only have until Oct. 1 to get them entered in your system, notes consultant **Mary LeGrand** with **Karen Zupko & Associates** in Chicago. In the past, many practices waited until Jan. 1 to implement both ICD-9 and CPT changes, because the grace periods meant they could start using both sets of codes around the same time. Even if a single update for both sets was easier for you, it won't wash with the new system, LeGrand warns.

2. Look for every place where you might be using old codes. For example, if your practice uses superbills, chargemasters, preprinted encounter forms or other forms, you need to go ensure they reflect all applicable new coding information, says **Jeff Eckert**, president of **Medico Unlimited** in Overland Park, KS.

By Sept. 30, you should already have reviewed your superbills, and on Sept. 30, you should be changing your software to eliminate all invalid ICD-9 codes, notes consultant **Barbara Cobuzzi** with **Cash Flow Solutions** in Lakewood, NJ. Then go through the same process with CPT codes on Dec. 31.

3. Invest in specialty-specific coding resources. These resources could be books, newsletters, conferences, seminars or Web sites, says **Elizabeth Woodcock**, director of knowledge management for **Physicians Practice Inc.** in Glen Burnie, MD. Either way, they're "a pretty cost effective way to let someone else do the work for you."

4. Look on the inpatient as well as outpatient side. Practices may update all coding information on the outpatient side, but could have physicians using cards and forms including outdated codes on the inpatient side, notes Woodcock.

5. Focus on physician education. Even if all back end systems are fixed and the billers know the new codes backwards and forwards, the best option is always to get it right the first time, says Woodcock. If the physicians understand all the coding changes, you won't need any follow-up because they'll mark the correct codes right away. So you should set up special training sessions for your doctors. "We focus a lot on the system and forget about the users," laments Woodcock.

6. Think about electronic devices. You could have all your billing and record-keeping systems updated, but the physician may be using an electronic medical record or handheld computer, says Woodcock. The codes may cross over from the EMR or handheld into your billing system. Physicians may use charge capture devices on personal data assistants, which often use different software than your billing systems. Don't forget to update those systems.

7. Make sure your software can handle both old and new codes. With many programs, this is a nightmare, so be sure to ask your vendors if their software can handle both old and new code sets. "You're always going to have records that are holdovers," notes billing consultant **Cheryl Lobaugh** with **C&L Enterprises** in Rancho Cucamonga, CA. So after the changeover, you'll need to be able to handle both sets for a while.

8. Look at your unlisted code billings. These may be new techniques or technologies that are gaining new CPT codes, and you can start getting paid faster and more smoothly for the work you're already doing, notes consultant **W. Robert Cooper** with **W. Robert Cooper Associates** in Peoria, IL.