

## Part B Insider (Multispecialty) Coding Alert

### PART B REVENUE BOOSTER: 4 Income Opportunities You Don't Want to Overlook

Make sure you aren't bleeding revenue in these areas -- it only takes a few minutes to ensure you're collecting your due.

Medicare coding rules are complex and challenging, but that shouldn't keep you from collecting all of the revenue that you're owed. Follow these four quick tips to make sure you aren't losing cash.

#### 1. Update your ICD-9 codes.

It's that time of year when you should be prepping your new superbills so they're ready for the Oct. 1 ICD-9 changes.

Remember: Your ICD-9 codes prove medical necessity for your claims. Your CPT coding might be completely buttoned-up, but without accurate diagnoses, you can say goodbye to reimbursement.

Tip: Now is the time to update your superbills, since the new diagnosis codes take effect on Oct. 1. Purge the outdated codes and print the new ones on your forms.

2. Stay on top of SNF patient status. Skilled nursing facilities (SNFs) must consolidate their billing for Medicare beneficiaries who are in a Part B non-covered SNF stay in which their Part A benefits are exhausted. When these patients present to private practices or clinics, you can't bill Medicare directly for certain services, such as the technical component of x-rays.

In these cases, you must bill the physician's x-ray interpretation to Medicare with modifier 26 (Professional component) appended, but bill the technical component directly to the SNF.

Snafu: Unfortunately, even if you know these rules, you could still end up dealing with problems when you treat a patient and don't realize that they are a SNF patient. "It's very frustrating to find out on the back end that a patient was in a SNF when they came to your office even when you have notices posted at your front desk to please tell the receptionist if you are a SNF patient," says **Cindy Bizzle, CPC**, a coder with Specialty Orthopedics.

**Solution:** "When we get a letter from Medicare telling us that a refund is due for a patient being in a SNF, we fax the letter back to Medicare with 'please do immediate offset' written on it," Bizzle says. "This helps stop any interest from accumulating, and the recoup usually comes soon thereafter."

3. Bill your supplies, when reimbursable. Medicare includes the cost of most supplies in your pay for the service. For instance, if you perform a biopsy, the tray and bandages that you use are already bundled into the biopsy codes. However, some supplies, such as casts or splints, can be billable, depending on the circumstances. CMS has approximately 50 "Q" HCPCS codes that address supply issues with casting/splinting applications. For instance, if the physician applies a short-leg, fiberglass cast to a 69-year-old patient with fractures of the calcaneus and talus, you should report the appropriate fracture care or casting code, along with Q4038 (Cast supplies, short leg cast, adult [11 years +], fiberglass).

4. **Don't wait to get your new physician credentialed.** When you sign a new practitioner on board your practice, don't wait too long before you apply for his NPI.

Here's why: You can retroactively bill Medicare for services your physician rendered up to 30 days prior to the date of filing a Medicare enrollment application that the contractor subsequently approves, the Medicare Fee Schedule says.

**What this means:** You have 30 days from the day you submitted the enrollment application to the Medicare carrier and the carrier receives your signed certification via mail, if you're filing via PECOS. If you file via paper application, the filing date is the day the carrier receives your application.