

## Part B Insider (Multispecialty) Coding Alert

### PART B REVENUE BOOSTER: If It's In Your Log, It Should Be In Your Charge Sheet

#### Get some closure by billing 13160 for a return to the OR

Times are getting tougher, and your practice needs all the revenue it can get. But if you don't have the correct processes in place, you could be letting payments slip every time you bill.

Here are some tips from experts on capturing more of your correct reimbursement:

**Read the log:** If your equipment creates a log of everything that happens, make sure you check it against your charge sheet.

-We do charge verification checks by checking various logs that are available, to see if we are missing revenue,- says **Anne Karl**, coding and compliance specialist at **St. Paul Heart Clinic** in St. Paul, MN. For example, -our pacer/debride system can create a log of events.-

If the log on the pacer or other systems shows events that didn't show up on your posted charges, you should make sure you're capturing all revenue, Karl adds. -We will take missing charge issues back to those who are responsible for processing charges for any appropriate changes in process to ensure revenue capture,- she explains.

#### Don't Overlook Wound Closure

Are you billing for wound closure code 13160 after debridements? If not, you could be missing out, says **Nancy Reading**, director of education for the **American Association of Professional Coders**.

In trauma-based practices and other surgical practices, the physician frequently will let a wound heal -by second intention from the bottom up,- after repeated debridements, Reading explains. Later, if the wound appears to be obtaining healthy results, the physician will come back and close the wound.

Often, in these cases, the physician will forget to dictate closure code 13160, Reading notes. But you can bill this service separately, as long as you append the 58 or 78 modifiers. The same thing goes for abdominal wound dehiscence, or patients with abdominal compartment syndrome who have been on vacs, she adds. All of these wounds must be closed later.

Reading also has worked with orthopedic practices that have had to come back and do wound closure later for -bad road rash.-

#### Avoid Resubmitting Claims

Your practice could be wasting money and administrative resources by re-filing and re-billing bounced claims, warns **Cynthia Swanson**, a consultant with **Seim, Johnson, Sestak & Quist** in Omaha, NE.

Make sure claims go through the first time by paying attention to these issues:

- Enter the correct **place of service** (POS) on the claim. Medicare reimbursement may be different for some codes, depending on whether the POS is code 11 (Office) or code 22 (Hospital outpatient).

- Keep track of **remittance notices** and watch out for remark codes that may point to a problem that's holding up claims or causing denials. Be poised to submit reconsiderations or appeals whenever applicable - and within the time frame.
- Make sure your **front desk** is obtaining a copy of the patient's insurance card. That way, you can be sure to list the correct health insurance claim (HIC) number and name on the claim.
- Keep on top of **Correct Coding Initiative** (CCI) edits so that you're not submitting forbidden code pairs. Remind staff about how to use modifiers to override these edits where appropriate.