Part B Insider (Multispecialty) Coding Alert

Part B Revenue Booster: Take This Quick Quiz to Ensure You're Bringing in Your Allowable Revenue

Performing these services? They may be a source of lost income.

Can your medical practice afford to throw thousands of dollars in the trash each year? That's what some practices are doing by not coding and billing properly. Check out the following five questions, then turn to page 60 to find out the answers, which can all be found within previous editions of the Insider.

Question 1: Your physician often sees patients during the global period of surgeries, but many times the E/M services are for reasons unrelated to the surgeries. Most of the time, your physician includes the visits in the global period. Should you keep billing this way, or can you sometimes report these E/M visits?

Question 2: Your MAC has denied every charge for your physician's medically necessary chest x-ray interpretations that you've submitted this year. Your office has a policy indicating that you shouldn't bother appealing any denial for charges lower than $10.00, so should you write them all off?

Question 3: You have at least one no-show a week and it ends up costing your practice money because you could have filled that appointment with another patient, but you're reluctant to institute a missed appointment fee because you've heard that Medicare payers frown upon those. Is that accurate?

Question 4: Your physician discovers several polyps while performing a screening colonoscopy and removes them using the snare technique. Should you report the screening colonoscopy G code or the diagnostic colonoscopy 453xx code to collect for the screening-turned-diagnostic procedure?

Question 5: Your Southern practice sees a lot of seasonal patients in the winter, so you aren't the patient's only primary care doctor. Many of these patients present requesting screening services such as Pap tests but are unable to remember when they last had that service. This puts you in an awkward position because your claim will get denied if the patient already had the same service within the last two years. Should you trust the patient and hope for the best, or bill the insurer for the Pap test (P3000)?

Devise your answers and then turn to page 60 to determine how you fared.