

Part B Insider (Multispecialty) Coding Alert

REVENUE BOOSTER SPECIAL ISSUE: A Half-Dozen Mistakes Per Week Could Spell \$25,000 Revenue Drain

October through December could be your cash-losing months

Times are getting tougher for physician practices. Are you leaving money on the table?

If you're just missing five minor services per week, that could add up to huge losses, say experts. -Five mistakes a week,- says **Catherine Brink**, president of **Healthcare Resource Inc.** in Spring Lake, NJ. -Next thing you know, you're losing \$25,000 a year.-

So you need to make sure your staff members are capturing every injection, every drug code, every separately reimbursable supply or minor procedure, and every evaluation & management code, Brink urges. You should make sure your superbill includes all of the services your office typically provides--and then double check that your staff is actually capturing all the services your doctors perform on that superbill.

For example: For an orthopedic surgeon, make sure your superbill includes all the procedures, such as total hip replacements, total knee replacements and fracture care codes, that your surgeon performs.

Also, make sure you have the most up-to-date codes on that superbill, charge ticket or encounter form, urges **Marti Geron**, coding and reimbursement manager at **University of Texas Southwestern** in Dallas. Some practices save a few bucks by opting not to buy the new ICD-9 and CPT books every year--and end up throwing away thousands of dollars in extra reimbursement.

Don't fall in the time gap: Also, remember that the ICD-9 codes go into effect in October. The new CPT codes go into effect in January, and neither codes have a grace period. Some practices wait to update their charge sheets until January, so they can add both ICD-9 and CPT codes to the sheet. -They could be billing incorrectly for three months- as a result, and this -could really have a huge impact on their reimbursement,- says Geron.

Avoid time-consuming appeals: Having clean claims involves more than just following coverage procedures, Brink says. Make sure you have the correct place of service (POS) code, zip code and national provider identifier (NPI) for the referring physician.

Note: Look inside this special issue of Part B Insider for more revenue-booster tips.