

## **Part B Insider (Multispecialty) Coding Alert**

### **Revenue Boosting Quiz: Avoid Leaving Thousands of Your Dollars in Your MAC's Hands**

**Determine whether you're collecting every dollar you're owed.**

Could your medical practice afford to leave several thousand dollars in your MAC's office each year? That's what some practices are doing by not coding and billing properly. Check out the following three questions, then turn to page 99 to find out the answers, which can all be found within the pages of previous editions of the Insider.

Question 1: 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 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?

Devise your answers and then turn to page 99 to determine how you fared.