

## Part B Insider (Multispecialty) Coding Alert

### The Merge of Money and Modifiers

#### **Integration leads to quicker billing.**

If your office technology is integrated throughout from front office to clinical staff and everywhere in between, you'll likely be more efficient and be able to offer a more comprehensive exam. This kind of organization allows you to differentiate more quickly mid-visit, using the correct modifiers with your E/M codes.

Bee enters his E/M code after seeing a patient, personally choosing the diagnosis in his EHR. He believes that most doctors don't give enough attention to modifiers, which not only add income but help to explain the visit more thoroughly to coders and insurers.

He explains his modifier process, "There aren't that many modifiers that we use. For instance, for an injection code we'll use 59 (Distinct procedural service) if the injection is distinct and separate from the E/M visit, if you repeat the same service we use a 76 (Repeat procedure or service by same physician or other qualified health care professional), and if it's a different visit with the E/M we use the 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service). Also our billing company checks to make sure there are no mistakes. By the time I finish a visit, my billing is completely done."

This kind of quick and easy handling of coding minutia cuts down on errors while increasing revenue.