

Outpatient Facility Coding Alert

Clip and Save: Remember 9 Checkpoints for All Your ASC Claims

Billing for ASC services can be quite different from billing for inpatient facilities or physician offices. Keep these points in mind to help stay on track when billing ASC services:

- Read the entire OP report before coding the claim.
- Per Medicare, only procedures documented in the body of the OP report are billable.
- Be wary of physicians' use of "canned" OP reports.
- Be sure each service billed is properly documented prior to billing it.
- Review EOBs for denial reasons regularly □ look for trends.
- Sequence CPT® codes for billing from highest to lowest by the fee you will be paid by the payer □ not your facility's fee.
- Check Medicare Bulletins monthly for changes to policies for procedures performed in your ASC facility.
- Be aware of any Medicare LCD (local coverage determination) medical policies for procedures performed in your ASC □ be sure to follow diagnosis lists and list a covered diagnosis first on claim.
- Check with payers for policies on billing for implants.