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Medical Billing Services

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25055 Riding Plaza, Suite 160
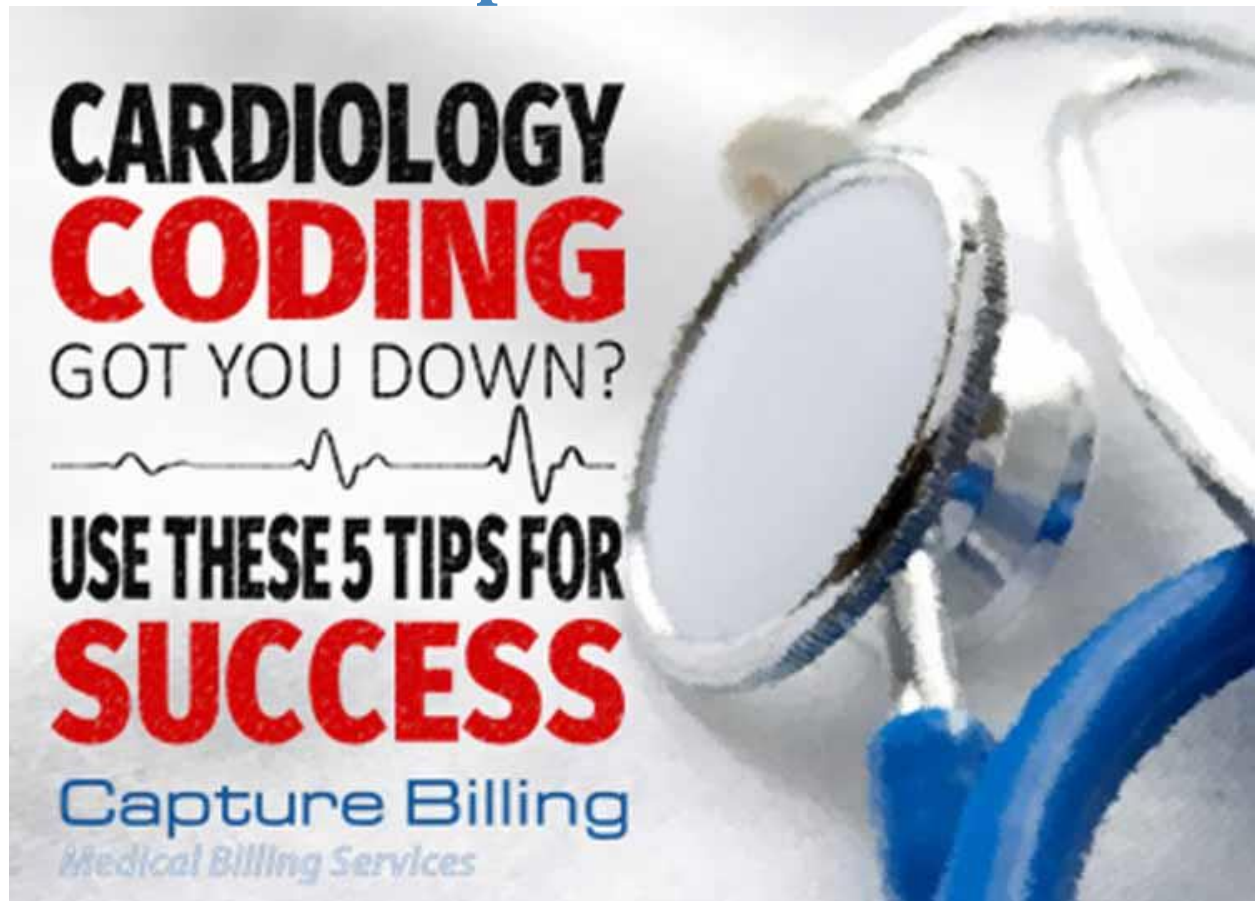South Riding, VA 20152
(703) 327-1800

Cardiology Coding Got You Down?
Use These 5 Tips for Success!

Cardiology Coding Tips

With the rollout of ICD-10, documentation, coding, billing, auditing, and compliance, have become buzzwords in medical practices.

These can all impact the physician's revenue cycle and expected outcomes such as mortality and morbidity rates, resource utilization, and length of stay. This is necessary to meet compliance standards set forth by private insurers, the Centers for Medicare and Medicaid Services (CMS), and state agencies. In this article, I will discuss the challenges to proper documentation and coding in a cardiology practice.

These challenges include human errors, lack of knowledge regarding current coding and documentation standards, working and charting in multiple care environments, and/or not coding to the highest degree of specificity. As in any specialty practice, clear and accurate, detailed documentation is the best way to ensure proper coding.

This is the "ugh…" side of practicing medicine. Specialty practices, such as cardiology, provide a variety of services including invasive procedures, radiology tests, blood work and interventions to patients in several settings. Charges for services, care, medications etc, are handled differently based on whether the patient was cared for in the hospital, as an outpatient in same day surgery centers, or in the physician's office.

Challenge 1: Minimize Human Error

We all make mistakes, and when dealing with up to 7 numbers and letters per code it is easy to enter them incorrectly, especially when dealing with multiple codes with complex patients and procedures. Whether you outsource your billing or manage internally, double checking codes is imperative. As you become more accustomed to ICD-10 and CPT codes you will start to memorize frequently used ones and may quickly enter them into your system. This leaves room for careless errors and potential loss of specificity which can affect reimbursement.

Challenge 2: Stay Updated on Cardiology Coding!

Always keep the most current ICD-10 CM and PCS, CPT, and HCPCS code books in the office. There are frequent changes and guidelines posted by CMS and various coding clinics. The AHA (American Heart Association) offers quarterly newsletters. Refer to the CMS website for updates and subscribe to any publications offered by CMS, OIG (Office of the Inspector General) and state and local agencies that regulate billing practices.
ALWAYS look up codes in the alphabetical AND tabular indexes. At times a code may appear to be the correct one in the alphabetic index, but once looking further at the tabular index you may find notes and disqualifiers such as "code first" or "excludes..".

Challenge 3: Complete and Accurate Documentation is Key!

If documentation problems exist, it will slow down the revenue cycle, decrease billable expense reimbursements, as well as leave room for coding inconsistencies which may become a red flag for auditors.

This is particularly difficult for procedures. Documentation gaps for interventional cardiologists such as cardiac catheterization may lead to loss of potential codes and codable components. This includes bifurcation interventions versus branch interventions, supplies used, additional medications used outside of the "standard", etc.

Changes in the anticipated procedure may arise, as you never know what you may find until you "get in there"; therefore complete and thorough documentation is a necessity.

Challenge 4: Always Code to the Highest Degree of Specificity

A great example that comes to mind is diabetes. Diabetes including any of its chronic manifestations carries 3 times the risk weight than that of an unspecified diabetes code. Physicians should completely chart all relevant comorbid and chronic diseases so that risk-adjusted outcomes accurately reflect the quality of care delivered.   Also, cardiologists need to remember some of the basics of coding and documentation. When appropriate, document the diagnosis rather than the symptom such as angina compared to chest pain. Also, chart to the highest degree of specificity such as systolic or diastolic CHF compared to CHF unspecified. They are different diagnoses and the different code may impact how care is reimbursed or graded. In other words, this impacts revenue and risk adjustment.

More complete and accurate documentation will leave less room for translation and coding errors such as mismatched diagnosis and procedure codes.

Challenge 5: Audit Frequently!

Regular internal or external audits are encouraged to track common coding and documentation errors and to identify needs for further education of staff. An open line of communication should exist between physicians, nurses, CDI, coders and billers. This will provide opportunities for

questions regarding diagnosis, procedures, supplies used etc to properly reflect the acuity and care of the patient.

As in all areas of healthcare, multiple parties are involved in painting an accurate picture of the patient's overall care and level of acuity. Frequent audits will ensure correct reimbursement and documentation.

Maintaining current education, documenting properly and utilizing good coding practices will result in a faster return in the revenue cycle, decrease external audits, and overall improved compliance.

References:

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About the Author

Manny Oliverez

Manny Oliverez, CPC, is a 20-year healthcare veteran and the CEO and co-founder of Capture Billing, a medical billing services company located outside of Washington, D.C. He teaches the nation's physicians, administrators, and medical practices how to maximize billing and revenue cycle management processes. Manny also frequently posts articles and videos on his award-winning healthcare blog. For more information on Manny and his company, please visit his website, or call (703)327-1800. And if you're on LinkedIn, please look for him there too. **READ MORE**

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