

- 1  **Common Symptoms of a Sick Medical Business Office**  
Office Managers Association at Presbyterian Hospital of Plano
- 2  **Symptom 1: Old Charge Master**
  - ✓ Update your charge slips annually
    - Team approach
    - Pain management example
  - ✓ Grace period discontinued!
  - ✓ New CPT, HCPCS and ICD-9 codes
  - ✓ Changed definitions
  - ✓ Deleted codes
- 3  **Symptom # 2:**  
**Global procedures / supplies are billed and appealed.**
  - ✓ Purpose of Correct Coding Initiative Edits
    - ensure the most comprehensive codes are billed rather than the component parts
    - ensure that only appropriate codes are grouped
    - determine the maximum allowed number of services for each code
  - ✓ <http://www.cms.hhs.gov/physicians/cciedits/default.asp>
- 4  **Definition of Surgical Package**
  - ✓ a payment policy of bundling payment for the various services associated with a surgery into a single payment, covering professional services for preoperative care, the surgery itself and postoperative care
  - ✓ 10 days or 90 days
  - ✓ RVU spreadsheet
    - <http://www.cms.hhs.gov/PhysicianFeeSched/PFSRVF/list.asp#TopOfPage> Preparation of patient for surgery
- 5  **Useful RVU Spreadsheet Information**
  - Global periods
  - Professional / Technical components
  - Intra-operative % (-78 modifier)
  - Multiple surgery rules (-51 modifier)
  - Bilateral surgery indicator (-50 modifier)
  - Assistant surgery, co-surgery, and team surgery rules (modifiers -80, -62, -66)
- 6  **Global Package Includes**
  - 1
    - ✓ Day before surgery
    - ✓ Postoperative visits related to recovery from surgery
    - ✓ Post-surgical pain management when performed by surgeon
    - ✓ Supplies
    - ✓ Miscellaneous services (such as dressing changes, incision care, etc.)
  - 2
    - Operative Session
      - ✓ Hemostasis
      - ✓ Wound irrigation
      - ✓ Intra-operative imaging

- ✓ Drains, suction
- ✓ Closure
- ✓ Application of dressings

7  **Symptom # 3:**

**Receipt of audit notices from CMS or other payor(s)**

- ✓ Audit Evaluation and Management codes at least annually. Why?
  - Consistently sloppy or outlier coding, billing and documentation attracts audits from payers.
    - Claims are often suspended.
  - Capture lost revenue
  - Speed AR cycle
  - Identify employee training issues
  - Be familiar prior to any CMS audit

8  **Also...**

- ✓ OIG recommends baseline audit to enable practices to
  - Judge progress
  - Reduce areas of vulnerability
  - Reduce denials
  - Increase claims paid

9  **CMS Audits**

- ✓ CMS instructs carriers to review claims
- ✓ Audit Triggers
  - Billing discrepancies among providers of the same specialty – same geographic location
  - Prepayment reviews
    - ICD-9 vs. CPT
    - POS vs. CPT
    - Specialty to CPT

10  **Probe Audit**

- ✓ 20 to 40 claims
- ✓ Written notice to physician to provide all pertinent documentation
  - All progress notes demonstrating patient's response to treatment
  - Sign in sheets
  - Physician credentials
  - Lab and radiology reports
  - Comprehensive problem list
  - Current list of medications

11  **CMS Action**

- ✓ CMS bases action on
  - Past billing history
  - Number of error claims
  - Dollars paid inappropriately
- ✓ CMS actions can include
  - Education
  - Repayment of money
  - Suspension of Medicare assignment

- 12  **Symptom # 4:**  
**EOBs Regularly Include Lots of "Denied Duplicate"**  
✓Why?  
– Payments not being posted in a timely fashion  
– Payments are being posted incorrectly  
– Payments not posted at all  
✓Treatment  
– Auto posting of EOBs (835 files)
- 13  **Symptom # 5:**  
**EOBs Frequently "Denied Not Medically Necessary"**  
✓Use the Medicare Coverage Database.  
– <http://www.cms.hhs.gov/mcd/search.asp>  
– Labs  
– Minor and Major Procedures  
– Diagnostic Tests  
  
✓Investigate software support
- 14  **Link ICD-9 and CPT codes.**  
✓Get paid - first submission  
✓Reduce wasted human resources on unnecessary claims follow-up  
✓Multiple services  
✓Example  
– Multiple procedures same operative session  
– Multiple trauma
- 15  **Symptom # 6:**  
**Payors routinely pay exactly what is charged.**  
✓Ensure your fees are higher than your contract allowables!  
✓Example, pediatric practice CHARGING less than Medicare PAYS for 2 common, higher-dollar procedures
- 16  **Symptom # 7:**  
**No one has a copy of your contract.**  
✓How about a countersigned copy?  
✓Class-action example  
✓What are they allowed to do?  
✓What edits / rules will they use?
- 17  **Symptom # 8:**

**Your poster(s) don't have your contract allowables.**

- ✓ Posters MUST know contract fee terms in order to be successful.
  - Without them, how do you know what to adjust and what to appeal?
- ✓ When possible, load fees in practice management system.
- ✓ Develop systems to monitor and audit insurance contracts.
  - Load fee schedules and then audit variances.
  - Require billing companies to provide detailed reports.

18  **Symptom # 9: EOBs Routinely Include "Coverage terminated prior to services rendered."**

- ✓ Verify, verify, verify...
- ✓ Investigate software electronic verification

19  **Symptom # 10:**

**Claims routinely denied for "Missing referring provider"**

- ✓ Ensure Consults are billed with box 17 and 17a complete.
  - UPIN Directory
  - [http://www.upinregistry.com/provider\\_form.asp](http://www.upinregistry.com/provider_form.asp)
- ✓ Investigate software intelligence options

20  **Symptom # 11:**

**Patient Statements Galore!**

- ✓ Collect co-payments, co-insurance and deductibles BEFORE services are rendered.
  - Contract allowables loaded?
- ✓ Don't be afraid to ask patients for money owed.
  - Use scripts to train staff if necessary
  - Set targets for employees

21  **Symptom # 12:**

**You are still filing paper claims.**

- ✓ Not HIPAA compliant
- ✓ CMS and RR Medicare won't even accept paper secondary claims now.
- ✓ Don't waste paper, stamps and time.
- ✓ File claims electronically.
- ✓ Correct errors on day 2, not day 45.

22  **Symptom # 13:**

**Billing staff is still working paper denial correspondence.**

- ✓ Review claims acceptance reports online.
  - Don't wait for mailed correspondence and denials.
  - Speed time from charge entry to payment.
  - Stop error cycle by having responsible staff correct errors and re-submit.
  - Proof of timely filing

23  **Questions?**

Download handout / links

[www.medteam.net](http://www.medteam.net)

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24  **Attend coding classes in your specialty.**

✓ Modifier –59

- Used to identify procedures or services that are normally reported together, but need to indicate a particular circumstance such as different encounter or session, different procedure, different site, different incision, different excision, different lesion, or different injury
- Widely misunderstood and abused
  - OIG Worklist
- Will bypass edits for payment so take it seriously.