Follow an eight-step formula for correct spine coding

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Reporting the “just right” CPT codes isn’t easy for spine surgeons and coders. In fact, it is complicated. If you under code, in effect, you “pick your own pocket” by losing revenue and/or relative value unit. Overcoding leads to denials, inflated accounts receivable and a possible audit with a payback.

Try this organized approach to answer key questions to submit accurate codes the first time. The benefit of using our technique means you increase the chance of your claim being coded correctly — with no reworks, denials or time-consuming appeals.

If you are in academic practice, share this technique with your fellows and residents. For private practice surgeons, keep the Figure on your phone to use as a dictation prompt to make sure your operative reports have all necessary information. Coders will also benefit by using these eight steps as their guide.

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In May of this year, the Office of the Inspector General (OIG) published a report describing, among other things, its methodology for evaluating E/M code documentation during audits for the Centers for Medicare and Medicaid Services (CMS). In addition to the OIG’s typical review method and process, the report contained the following (italics ours):

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Follow an Eight-Step Formula for Correct Spine Coding

As part of the new Spine Coding Source column, Spine Surgery Today will begin discussing relevant spine coding issues for surgeons. We hope this new feature will enhance your practice and help clarify areas of difficulty. We are pleased to work with coding experts, KarenZupko & Associates. Our goal is to provide our readers with up-to-date coding changes and practice optimization tools. We look forward to your comments and suggestions for future topics.

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ICD-10 Focus on Common Knee and Shoulder Codes
Much has been written about the explosion of diagnosis codes under the International Classification of Diseases, 10th Edition Clinical Modifications (ICD-10). The amplified granularity of the system and the addition of laterality coding will certainly have an impact on orthopaedics. The ICD-10 implementation delay until Oct. 1, 2015, gives orthopaedic practices an opportunity to take a focused look at the most commonly used codes in ICD-9 and map them to the corresponding codes in ICD-10.

With ICD-10, orthopaedic surgeons will be required to document the location and severity of most injuries and fractures with increased specificity. However, an overview of some common shoulder and knee diagnosis codes reveal that not all codes have expanded exponentially. Table 1 shows knee diagnoses with one-to-one mapping from ICD-9-CM (ICD-9) to ICD 10, with the addition of laterality.

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Hit by an Alligator or Crushed by a Crocodile
Does ICD-10 require this reporting?

External cause codes in the International Classification of Diseases, 10th Edition (ICD-10) have been the source of much hilarity—and considerable concern. After all, who would ever consider the need for a code to report the following incidents?

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Three Scary Predictions About ICD-10’s Influence on the Revenue Cycle: What to Do Now to Mitigate Financial Risk
Practices have many competing, high priorities these days: dealing with Electronic Health Records (EHR) implementation, qualifying for Meaningful Use, conducting diligence on the hospital’s employment offer, and, of course, transitioning to ICD-10.

Right now, everyone in the office is (rightfully so) running around, cross walking codes, modifying dictation habits, and chasing down payer end-to-end testing dates.

Avoid Billing Service Nightmares: Issues to
consider before partnering with independent and hospital-based billing services

In addition to the compliance and security issues highlighted in part 1 of this series ("Avoid Billing Service Nightmares," AAOS Now, February 2014), an evaluation of operations, experience, and costs is essential to selecting the right partner for the provision of billing services. This is true whether the practice is considering outsourcing billing and collections or sorting through a productivity-based hospital employment deal in which the hospital would take over practice billing. In either case, it’s important to get answers and information before making a move.

Orthopaedic practices that are considering outsourcing billing and collections should recognize that all billing companies are not created equal. Some may be mom-and-pop outfits (literally operating out of the living room with dial-up
Are Online Coding Discussions Putting Your Practice At Risk?

Here’s an email we recently saw while monitoring a specialty coding listserv:

We have a surgeon that says I am not an aggressive coder because I communicate to him when NCCI indicates that certain procedures are bundled, and now I am second-guessing myself. Can you confirm whether or not 23130 and 20680 for removal of 2 suture anchors from the humeral canal from a previous rotator cuff repair are bundled with 23472?
When most practices think about the shift from ICD-9 to ICD-10, they think of changes to physician documentation, diagnosis code selection, and software upgrades. But ICD-10 is going to have a big impact on the pre-authorization process too. Here’s why, and what to do about it.
How Do You Spell ICD-10 Success? Teamwork Pays Off For a Nebraska Practice

New West Sports Medicine & Orthopaedic Surgery, Kearney, Neb., is a seven-surgeon practice with seven physician assistants (PAs) and four athletic trainers (ATs). It’s also ready to face the challenges presented by the transition to the International Classification of Diseases, 10th edition (ICD-10) in October. The success is based on one word: TEAMWORK. Their ICD-10 transition team is a tour de force for leading and motivating the entire practice.

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