

# EXPRESS

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## A Message From The President Kim Myers, CCS-P, CPC

The Art of War, a great military text written centuries ago by Sun Tzu, is still used today as a strategy for business, as well as battle. Sun Tzu used a defensive philosophy. He would not attack an enemy, but instead he concentrated on holding his ground by constantly improving on the weaknesses in his defenses. He proved that even the largest opponent can not penetrate your territories if they are held by a strong “protective” army. For your practice, the “protective” army is your billing staff and their processes.

Let's pretend your practice is a free-standing territory, Documentationland and your billing staff are the “Protectors of the realm”. You may be called on to defend your coding choices to many opponents. RACs, commercial payers and even your providers may question your billing/coding choices. So how do we prove our charges are true and hold off penalties? We start by exposing our own weakness before the opponent can. Our first step is to do a documentation review of our most common charges. An audit will assure you are complaint to all federal and local billing guidelines. All E/M services should be scored using CMS score sheets and all procedures should be reviewed to be sure all the components of the CPT code are met. If your codes are ever “attacked” by any opponent have all the documentation necessary to justify (or appeal) your codes.

The insurance payers, including Medicare, are constantly looking for your coding/billing weaknesses, so should you.



## AAPC Chapter Meetings Will Be Held At EBS

Beginning July 27, 2011, EBS will be the new home for the Warren, Ohio Chapter of AAPC monthly meetings. The meeting will be held the last Wednesday of each month at 6:00 pm. The Warren Chapter was started in 2007 and is recognized as an educational leader for coders in the Warren area. As the EBS Conference Center is so conveniently located, we hope to draw coders from Columbiana, Portage and Summit counties.



The Chapter will be offering certification testing (CPC and CPC-H) as well as examination preparation courses.

And of course, EBS will be offering continuing education programs for AAPC members on current topics for the medical coder/biller.



## Coding Tips

1. You can bill Critical Care with other hospital E/M services done on the same date if there is a different diagnosis. ( A patient seen for CHF goes into cardiac arrest later in the day) Simply add a -25 modifier to the second visit, again, which should have a different diagnosis.
2. Code as new patient if you have not seen a former patient for 3 years.
3. A separate E/M service can be report with a -25 modifier if the global period for a procedure is 0 or 10 days. It is appropriate to use a -57 for a separate E/M service for the decision for surgery for a procedure that has a 90 day global period.

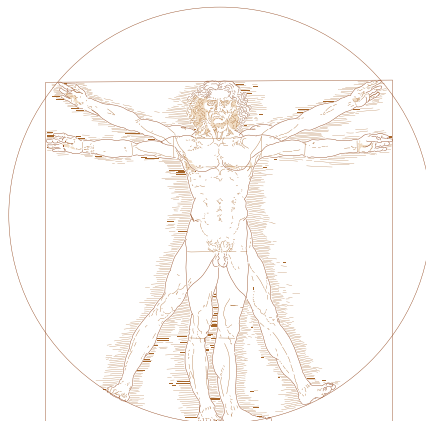


4. There is a difference between reviewing a test (EKG or image) and performing an actual interpretation and report. To bill for the latter, payers expect to see a report that would be similar to the report that a cardiologist or radiologist would write. For EKG, measurement of intervals and waves, along with rhythm must be listed. For images, the number of views, location and findings should be listed. ■

## The Future Of Diagnostic Coding

We have been told that physician practices will begin our new diagnostic coding system, ICD-10-CM, October 1, 2013. And although some coders have been skeptical of this date, (usually those who are still waiting of the 1997 E/M Guidelines) we can be sure that this is the future of coding illness, injuries and other conditions.

So when do we start to prepare. Experts agree, it is too early to begin now, the draft of the new code book, although available, has not been agreed upon by the delegating board (although they feel it is close). What the experts do agree on is to begin intense anatomy class in 2012. Regardless of the format that is decided for ICD-10, a more detailed understanding of anatomy will be needed by most coders.



To help our local coders EBS will offer a series of anatomy classes to help strengthen your physiology skills. The classes will be held at the EBS Conference Center in Lake Milton,

Ohio, the last Saturday of each month from 9:00 am to Noon. The fee for each session will be \$7.50 to cover refreshments and hand-outs. You are welcome to come to all or any of the sessions you are interested in.

### The schedule is as follows:

September 29, 2012 – **The Immune, Endocrine & Hematologic Systems**

October 27, 2012 – **The Nervous System**

No classes in November or December 2012

January 26, 2013 – **The Eye**

February 23, 2013 – **The Ear**

No classes in March 2013

April 27, 2013 – **The Respiratory System**

May 25, 2013 – **The Circulatory System**

June 29, 2013 – **The Digestive System**

July 27, 2013 – **The Integumentary System**

August 31, 2013 – **The Musculoskeletal System**

September 28, 2013 – **The Genitourinary System**

## Reimbursement Enhancements

1. Report PQRS. Physicians have gained thousands of dollars just for asking for it. The Centers for Medicare and Medicaid (CMS) show a growing trend in practices that are taking advantage of these incentives. Not only are providers reporting e-scribing and for using the “meaningful use” for EMR, but for other quality measures as well. CMS reports approximately 150,000 practices satisfactorily reported PQRS measures and received \$234,000,000 in 2009, which included \$148,000,000 for e-scribing alone. The average multi-physician practice gained a bonus of about \$18,000. CMS is pleased to see this growth in reporting, as it shows that the healthcare community is committed to improving the quality of care to Medicare beneficiaries.
2. As of August 2, 2011, Ohio Medicaid (Department of Job & Family Services) will begin to process claims with the new Medicaid Information Technology System (MITS). Please access <http://www.ohiohcp.org/mitsmain.html> for tutorials and other information to help you use this new system.
3. Ohio’s Medicare payer has changed from Palmetto to Cigna. The new mailing address is 1 Cameron Hill Cir, Suite 0060; Chattanooga, TN 37402-0060. The payer ID for electronic claims is 15202. ■

## What Does Your Practice Look Like To The Insurance Payers?

Whether it is called benchmarking, profiling or bell curve, Medicare and other commercial insurance payers are watching the way your providers are billing levels of E/M services and comparing them to other practices.

The payer know what to expect in terms of billing for “visits” by specialty. They have programs in place that are set to “redflag” auditors if a certain practice is either billing levels too low (a quality assurance issue) or billing levels too high. (a compliance issue)



So how does a private practice get an idea of their profile? You run reports. First,

- ◆ Run a report of all CPT Evaluation & Management code for a full calendar year. Then calculate the percentage of each level in comparison to your total annual visit count.
- ◆ Run a report for all CPT Evaluation & Management code for a full calendar year for each of your providers. This will indicate if there are any providers that vary within the practice.
- ◆ There are several resources that will list national averages of each CPT code such as published books, web sites and payer based information. Once you choose your resource, compare you practice to national levels. This will help you identify areas of lost revenue and potential compliance issues in your charges.
- ◆ Once you have compared your levels to national levels of service, it is appropriate to have a chart audit of a random number of charts. Use Medicare score sheets to evaluate that charges are supported by the documentation and to identify areas that will need to be communicated to the providers regarding their documentation.
- ◆ This audit process should be carried out every month to assure that providers and coders are consistent in the review of the record for justifying the charge. ■



## The EBS Conference Center

Join us in our spacious 2,500 square foot conference center. Our room size is big enough to attract a diverse audience without making attendees feel intimidated. The atmosphere breeds a perfect environment for learning. Equipped with stage and buffet area, you will feel right at home as soon as you enter.

### AHIMA Programs:

EBS offers continuing education programs with prior approval of CEU's granted by American Health Information Management Association (AHIMA).

### AAPC Programs:

EBS offers continuing education programs with prior approval of CEU's granted by American Academy of Professional Coders (AAPC).

To see the schedule of AHIMA and AAPC Programs visit us at [www.erbills.com](http://www.erbills.com) and click on CEU Seminars. ■



**EMERGENCY BILLING SERVICES, INC.**  
*Perfecting the Business of Emergency Medicine™*

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## Emergency Billing Services, Inc. Renovates A Piece Of Lake Milton History

Emergency Billing Services, Inc. is pleased to announce the completion of their renovation project. In December of 2009, EBS began a huge remodeling the property at 1485 Grandview Road, on Craig Beach in Lake Milton, Ohio. Originally, this was the location of Pico's Grocery Store built in the 1950's. It stayed a grocery store until the early 1997 when it was converted into Trinity Christian Church. It stayed a church until 2009, when the site was purchased by EBS.

We have done massive renovations on the inside of the building, converting it to a modern office space and conference center. Phase II began in the spring of 2011 and will include more stone work to the building face, a new parking lot and landscaping. ■

## SAY WHAT!!!!

### Excerpts from actual medical reports



- 1) Rectal exam normal with enlarged thyroid.
- 2) Exam of genitalia shows he is circus sized.
- 3) Status on discharge: Alive without permission.
- 4) In 2003 he had a colonoscopy then became a brick layer.
- 5) The patient fainted and her eyes rolled around the room.
- 6) The patient left his white blood cells at another facility, they were normal.
- 7) Thank you for referring your trauma patient, he will be under my car until surgery
- 8) The patient complains of chest pain when he lays on his side for a year. ■