

EVERYTHING YOU HAVE TO KNOW ABOUT CARDIOLOGY BILLING

CARDIOLOGY BILLING:

Cardiology is one of those specialties that generally perform high-cost diagnostic and curative services. Getting reimbursed for such significant services means conclusive and convincing cardiology medical billing – adhering to cardiology codes, compliance standards and coding rules.

Cardiologist, who used to be comfortable with a fewer codes and compliance standards and coding rules, are now required to be abreast with period changes in cardiology codes, compliance standards and coding rules. Amongst these evolving changes, cardiologists need to be aware of acceptability of the codes assigned, modifiers to be attached, medical necessity of performing and coding a procedure, component coding, and so on.



In certain cases, insurance payers may contest the medical necessity of certain procedures undertaken by cardiologists. Therefore, it crucial that cardiologists substantiate the necessity of those procedures, otherwise, reimbursements for those procedures may be rejected for lack of sufficient proof.

ACCURATE DOCUMENTATION IS KEY:

Problems with documentation can slow down your practice's revenue cycle, put you at risk for audits, & decrease your billable expense reimbursements. Coding for cardiac procedures, such as cardiac catheterizations can be especially tricky, and documentation gaps may lead to the loss of codable components and potential codes.

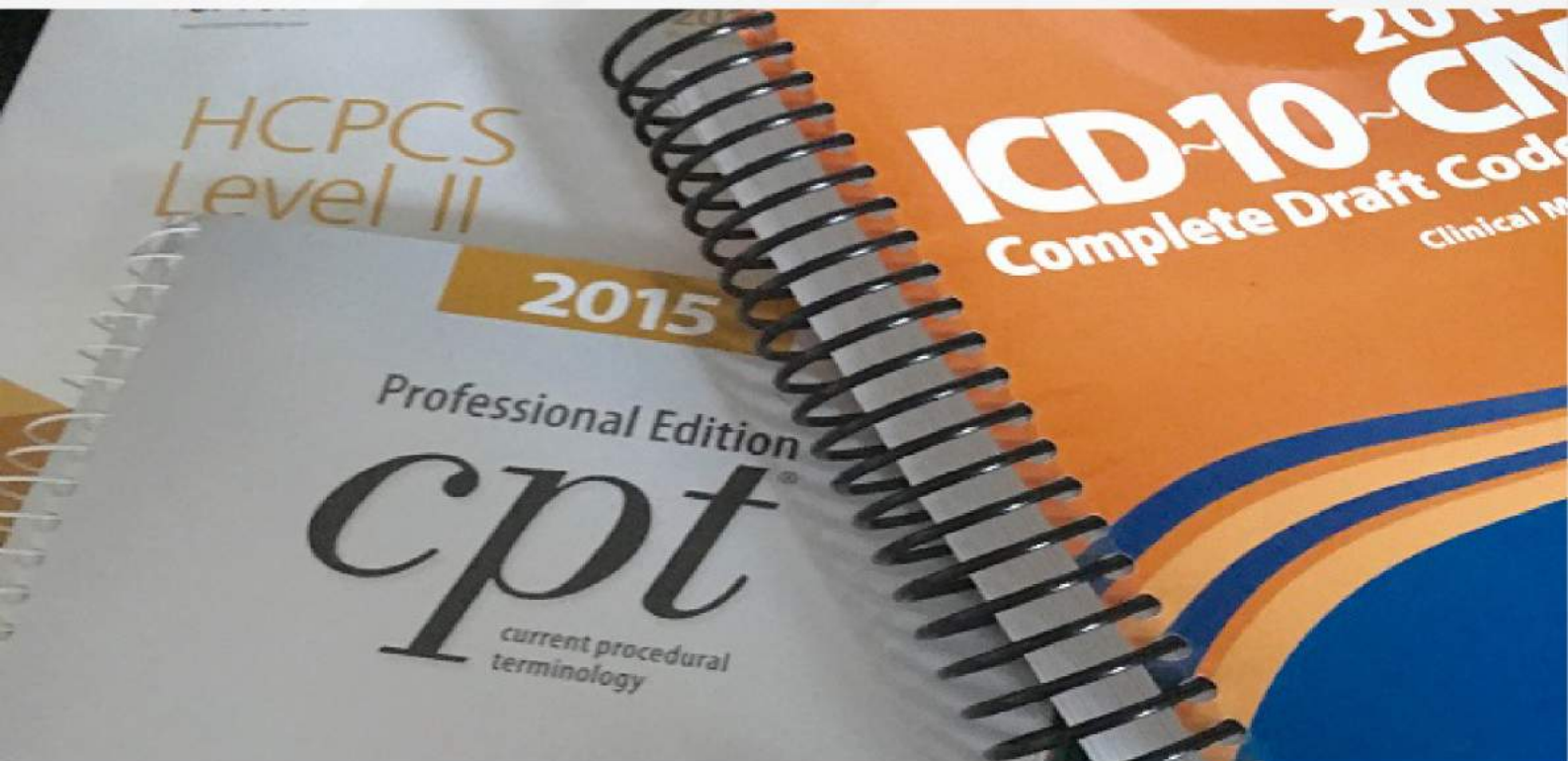


It's very common for changes in anticipated procedures to occur, so thorough and complete documentation is critical. If documentation problems exist, it will slow down the revenue cycle, decrease billable expense reimbursements, as well as leave room for coding inconsistencies which may become a red flag for auditors.

In cardiovascular billing, or any other billing practices, it's imperative for medical coders and billing agents to create a detailed documentation to justify a cardiologists' decision in a situation. Always account for every service done and justify the need for every procedure performed on a patient

DON'T OVERDO SYMPTOM CODING:

Don't let the emphasis on related diagnoses lead you to report symptoms when you shouldn't. As per the 2019 ICD-10-CM Official Guidelines for Coding and Reporting (Section I.B): If you've got a confirmed diagnosis, report that instead of a signs/symptoms code. Don't assign additional codes for signs/symptoms typically associated with a disease (unless there's an instruction specific to that code that says otherwise). You may report signs/symptoms not routinely associated with the disease process



UPDATED CARDIOLOGY CODING:

It's important to have the latest updated ICD-10 CM and PCS, CPT, and HCPCS code books handy. Even publications from organizations like AHA (American Heart Association) offer quarterly newsletters.

Additionally, you can refer to the CMS website for updates and subscribe to any publications offered by them or OIG (Office of the Inspector General) and state and local agencies that regulate billing practices. While looking up codes it important always looks them up in both the alphabetical & tabular indexes.

MODIFIERS FOR CARDIOLOGY:

Cardiology medical billing is complex and requires a high level of experience & knowledge for appropriate coding, modifier application and general medical billing procedures. Billing specifics such as medical necessity verification, component coding, etc., require ever increasing levels of billing expertise and efficiency.

For example; a physician codes an E&M visit CPT 992xx) and a cardiovascular stress test (93015), then a modifier 25 needs to be added to the E&M visit to indicate that there was a separately identifiable E&M on the same day of a procedure. The modifier stops the bundling of the E&M visit into the procedure.



AUDIT FREQUENTLY

There are many benefits that an audit brings with it. No matter whether internal or external, an audit does not only bring out common coding and documentation errors but it also helps to identify needs for further training of staff.

Proper attention to detailed documentation, attentive coding ensures a faster return in the revenue cycle, decrease external audits, and overall improved compliance.