FORESIGHT
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With a new year often comes a new energy to get more done, do better, and recommit to things we already know we should. This arbitrary change of the calendar can give us the motivation we need to really focus on meaningful changes. Often these resolutions are focused on personal health, but I want you to consider the health of your office. Correct documentation & coding will likely improve the financial health of the practice and make the office more resistant to recoupment of payments when an audit comes knocking. Both will help lower your stress, so I guess this impacts your own health, too.

When the unsustainable, sustainable growth rate was ended in 2015 by the Medicare Access and CHIPS Reauthorization Act (MACRA), we learned that our Medicare reimbursements would not be going up anytime soon. This was actually a better situation than what we had seen in the past. Previously, we were threatened every year by a 20%, or more cut to our reimbursement. They instead implemented an automatic ~0.5% increase to the fee schedule. Along with this plan, MIPS was introduced that allowed providers who met a certain volume of Medicare patients and reimbursement levels to earn bonus payments based on their performance. This program was a combination of several others we were all trying to navigate already: Meaningful Use, PQRS, etc.

Those who met the volume thresholds could participate and earn higher payments in the coming years, or not participate and see penalties. Those in the low-volume threshold group will instead see a fee schedule that stays essentially flat. With a flat fee schedule but increased operational expenses, how does an office adjust their business strategy? 1. See more patients. 2. Sell more products. 3. Cut expenses.

I assert there is a very viable, and almost always overlooked, fourth option. LEARN TO CORRECTLY CODE!!! If you read this column regularly, you already know that through the hundreds of charts I review every month, I see tons of under-coding. This means the documentation supports a higher level 99000 or 92000 code than what was billed to the payer. Just under-coding one visit a day as a 99212 instead of 99213 would add $7,800 to the office net income a year. Now consider that 92012 reimburses $13 more than 99213. If a visit could be coded as either one, why would you not code the better paying one? Just coding one follow-up visit as a 92012 instead of 99213 a day would add another $3,400 to the office revenue. We are already up over $10,000…NET! This is without doing anything different than just choosing a different, and more accurate, CPT code at the end of the exam.

Many doctors get into a rut and code all follow-up visits as 99000 E&M codes and all “yearly exams” as 920x4. Most payers recognize 920x4 as the medical office visit code it is meant to be. Medicare, for example, will reimburse 920x4 anytime it is medically necessary. That means, if it is medically necessary to perform all the elements of 920x4 during the patient’s exam, you can bill it more than once a year. 92014 reimburses more than both 99213 and 99214. Once again, if a visit qualifies for both sets of codes, why not bill the better reimbursing one?

The key to all this is the role of medically necessary care. Some doctors have been taught that they should make sure to always check gross visual fields, and/or always ask at least four HPI questions. By doing this, they know they will check enough boxes to earn higher levels. This is completely contrary to proper medical care. Medicare, and other payers, don’t care if you did a test simply because you thought you should, they care only if the test was medically necessary. Did you need to check gross visual fields to diagnose the patient’s pink eye? If the test didn’t add any value to the care of the patient, it should not be done. Or, at the very least, it is not counted when grading the exam.

Remember, take care of the needs of the patient. No more, no less. Document it carefully and grade the exam as it falls. And, if given the choice between two different code sets, choose the one that reimburses better. This process can add tens of thousands of dollars to your office’s bottom line every year…and make you compliant.