



WHITEPAPER

Learn about optimizing medical coding accuracy & efficiency



Overview

Most of the boardroom meetings in the healthcare sector are buzzing about efficient revenue cycle operations and the ways to get there. But, much more than just a buzzword, revenue cycle operations is the core of practice survival, and medical coding is the elixir that keeps it strong. In a proper sense, medical coding is one of the basic strategies that can help you optimize the revenue cycle to pursue your ultimate practice goal.

Accurate coding can help ensure long-term revenue recognition. So, your cash flow should be consistent if your coding is correct, right? But, to put it realistically, it's easier to say than do. To achieve constant best coding results, you must pay close and undivided attention to many aspects of the game.

Here is an attempt by Capline to help you optimize the coding tactics in a way that keeps your practice growing and glowing. If followed thoroughly, these tactics can guarantee solid success.

\$262 B

Claims denied in a
single year

\$28 B

Denied Funds

Anatomy of Medical Coding

When a patient encounter happens, providers record the visit or service in the patient's medical record and explain why certain services, materials, or procedures were supplied.

According to the AHIMA (American Health Information Management Association), accurate and complete medical documentation throughout patient contact is critical for medical billing and coding. "Do not bill for it or code it if it is not documented in the patient's medical record" is one of the golden rules in healthcare coding departments.

When there is an issue with a claim, providers use medical documentation to explain reimbursements to payers. Claim denial and a write-off could occur if a provider fails to adequately document service in the medical record.

Suppose providers attempt to bill payers and patients for treatments erroneously documented in the medical record or are missing from the patient's data entirely. In that case, they may face a healthcare fraud or liability inquiry.

A professional medical coder evaluates and analyses medical data after a patient leaves a healthcare facility to connect services with billing codes relating to a diagnosis, procedure, fee, and professional and facility code.





Strategies to optimize medical coding

Staying financially robust is increasingly difficult as the healthcare industry shifts from fee-for-service to value-based treatment. Several factors influence the revenue of the practice.

For creating effective strategies that can accelerate reimbursement and revenue, practices must start working on their medical coding strategy on priority.

Here's an outline of some of the most effective medical coding tactics for improving revenue cycle performance vis a vis practice's financial health.



Ensure coding compliance

First things first. Always ensure coding compliance. Medical coding compliance is an essential component of healthcare revenue cycle management because it ensures the security and privacy of sensitive patient data while also preventing audits and revenue leakage.



Use diagnosis and procedure codes mindfully.

Using the appropriate International Classification of Diseases (ICD-10) and CPT (Current Procedural Terminology) codes can ensure you receive better reimbursement for your E/M (Evaluation/Management) and office visits.



Mind the modifiers

Modifiers are commonly used with CPT and the Healthcare Common Procedure Coding System (HCPCS) to alert insurers to potential unusual situations. However, modifier errors can have a cascading impact, resulting in billing errors and claim denials, disrupting the revenue cycle.

Medical coding service firms have well-trained and certified coders on staff who can help prevent coding problems by applying the appropriate modifiers.



Manage CCM denials

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Manage TCM correctly

TCM or Transitional care management is another area that suffers high denial rates. To avoid TCM denials, practice administration must contact patients who have been discharged within two days and have an engaging interaction with them (phone, in-person).

Appropriate documentation of Admission Discharge Transfer (ADT) feeds, discharge summaries and smooth data integration into EHR administration are additional important considerations.

All of this allows the administrative staff to engage with patients in an outpatient scenario swiftly—the more comprehensive the documentation, the lesser the denial rates.

So make sure you give the payer accurate and detailed information—starting with the date of discharge, the date of the call, the description of the interaction, and other essential elements, especially in high-complexity TCM cases.



Double-check claims

Claim denials can occur due to seemingly insignificant errors, such as a misspelt word or other minor errors that are readily noticed. Therefore, practices must verify that all necessary fields are filled out correctly.



Report telemedicine services

Due to the COVID-19 pandemic, there has been a surge in the deployment of telemedicine technologies, which has improved patient access and raised patient satisfaction scores.

However, reimbursements for remote healthcare services may be a barrier; thus, practices should stay updated on CMS revisions and rethink their tactics to increase telemedicine reimbursements.

To report telemedicine services provided from a remote location, coders must use the 02 Place of Service code. In addition, when remote healthcare services are offered through synchronous patient-provider communication, insurers may require modifier -95.

Are you leaving money on the table?

The coding complexity has grown to the point that it makes sense to rely on partners who can keep up with ongoing regulatory and health-plan changes and code combinations that maximize revenue.

When it comes to the revenue cycle management industry, no one understands and appreciates the complexity of medical coding like Capline Services. Our medical coding solutions allow for more efficient cash flow and revenue recognition.





Capline Services can ensure

- Greater efficiency
- Timely and accurate reimbursements
- Better data
- Accurate insights
- Clear communications
- Better trend recognition
- And more....



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