acomHEALTH

2020 Coding & Billing Checklist

While anytime is always a great time to take steps ensuring your practice is on track, the beginning of a new year is the most common time for businesses and individuals to take a fresh look at their path forward.

In healthcare, this serves as one of the best times to review and implement pertinent updates or changes as well as proactively evaluate current information and protocols, minimizing your risk in oversight, error and thus, the loss of time and money.

Take a proactive step forward into 2020 by completing the Coding and Billing Checklist below!

ITEM/TASK	COMPLETED? Y/N	NOTES
Review And Update Medicare Fees • Medicare Part B 2020 Deductible is $198. • Medicare fees can be found on the website of your regional Medicare Contractor.		
Obtain New Medicare Cards From All Medicare Beneficiaries • New Medicare card policy information must be used for billing in order to avoid rejection or denial. Patient social security numbers are no longer permitted for billing.		
Obtain And Copy Insurance Cards From All Patients • A new year is a common time for individuals and employers to make insurance plan or program changes. Using old information will result in claims delay, denial or rejection. • Copy front and reverse side of cards to best ensure proper claims routing.		

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ITEM/TASK	COMPLETED? Y/N	NOTES
Verify Patient Benefits • "Same insurance as last year", doesn't mean same coverage details as last year! Policy benefits and limitations can change, even if the patient has the same insurance. Deductibles, co-insurances/copays, service or benefit limitations, etc. • Some policies have separate benefits for chiropractic, therapies, E/M, and even x-ray. This results in additional patient co-insurance or copays. By collecting adequate benefits information in advance, you can avoid surprises like this for your practice and your patients.		
Review Third Party Payor Policies Your Practice Is Submitting Claims To • Payor policy guidelines provide detailed information regarding medical necessity requirements, payor specific coding and billing requirements as well as payable and non-payable procedures or diagnosis codes. • Example: United Healthcare does not permit billing of 97014 (unattended e-stim). Claims will reject or deny. However, this payor often allows for coverage of unattended e-stim by using the more thoroughly defined HCPCS code, G0283.		
Review Fee Schedule • Do you know where your fees originated from and if they're consistent with regional averages for services you are rendering? Avoid over/under charging for services by reviewing your fee schedule.		
Review *Complete* Code Descriptions For CPT/ HCPCS Codes Your Office Utilizes • Is your documentation telling the same story as your coding? One coding/billingblunder is to submit for services that isn't adequately defined in the documentation. By reviewing complete code descriptions, you can use some of the language in official code definitions within your documentation to help properly define procedures and validate medical necessity. • Do you have current coding resources available? Aged coding resources will not have all of the information you might need for today's billing.		

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ITEM/TASK	COMPLETED? Y/N	NOTES
Review Complete Code Descriptions For Commonly Used Icd-10 Diagnosis • Diagnosing rule-of-thumb requires for adequate diagnosis are assigned to properly support the service/supply being rendered. Are you diagnosing sufficiently? • Diagnosis must be properly defined within documentation as this helps to tell the story of the patient's symptoms/conditions and also aids in validating medical necessity for care. By reviewing complete diagnosis descriptions, you will have more confidence in diagnosis selection and application as well as be provided with key words and language that can be included in patient documentation to best describe patient symptoms/conditions.		
Review Modifier Descriptions & Appropriate Use • Modifiers provide additional information on services/supplies rendered. Unusual or incorrect use of modifiers can result in delayed, denied or rejected claims. • Example: United Healthcare requires the GP modifier (outpatient therapy) be appended to all outpatient therapy codes submit for this payor. By not applying this modifier appropriately, United Healthcare claims may likely reject or deny.		
Identify Software and/or Billing Challenges • Time is money! If you have inefficiencies with your software or uncertainties for proper use now is the time to proactively seek training and assistance. Or perhaps a software upgrade to a system that is more suitable for your practice.		
Evaluate Billing Effectiveness Cash flow is part of the heartbeat of your practice! Ask yourself the following: • Are patient statements being sent out regularly and are these collection efforts productive? • Are insurance rejections being regularly checked and corrected? • Are claims that can be sent electronically, being sent that way? • Is there adequate attention to your aging Accounts Receivable? The older claims are, the more challenging they are to collect! • Do you have adequate time to manage the billing and revenue cycle systems for your practice?		

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Evaluate Billing Effectiveness *(continued)* • Do you have concerns of time available or limited training for billing personnel? • Do you know how to read EOBs? • Are claims denials, record requests or unusual processing details being followed-up on?		
Make Note Of Uncertainties Or Questions Your Practice Might Have • Don't guess or assume! Minimize loss of time, money and increase of risk by verifying uncertainties. • ***Seek help where needed!***		

Most errors in coding and billing for practices are controllable errors.

In other words, a proactive and systems-driven approach can help practices

1. Find and Fix their own errors
2. Minimize risk of claims delay, rejection, denial, audit
3. Minimize loss of time and money
4. Improve internal communications, practice-to-patient communications, practice-to-payor communications ***and much more!***

The checklist provided here will help your practice take one positive step forward for 2020!