ARE YOU MAKING BILLING MISTAKES IN YOUR CARDIOLOGY PRACTICE?

Most common general billing errors:

1. Not verifying a patient’s insurance coverage
2. Entering incorrect provider information
3. Using incorrect patient data
4. Submitting incorrect information for the insurance provider
5. Inputting mismatched treatment and diagnostic codes
6. Forgetting to input codes for services performed
7. Under-coding
8. Duplicate billing
9. Provider(s) not credentialed at time of service
10. Missing (required) supplemental attachments
11. Providing incomplete documentation for services provided
12. Having problems related to general knowledge and use of modifier
13. Using insufficient ICD-10 codes

Most common cardiology billing errors:

1. Not placing the modifier on the E&M code when cardiac catheterizations are performed the same day.
2. Failing to obtain authorization—e.g., on outpatient cardiac procedures. When outpatient cardiac procedures such as left heart catheterizations (93458-26) are performed, an authorization is required for the majority of commercial payers.
3. Issues with not using the codes correctly (e.g., using old codes or using an add-on code for a coronary intervention when a primary code is appropriate). There are also new modifiers for coronary interventions.
4. Issues with not keeping up with changing coding rules:
   - Be aware of changing Local Coverage Determinations (LCD) and National Coverage Determinations (NCD).
   - CCI edits change every quarter and providers do not keep up with these.
5. Under-coding
6. Duplicate billing
7. Inputting mismatched treatment and diagnostic codes
8. Not verifying a patient’s insurance coverage
9. Entering incorrect provider information
10. Using incorrect patient data
11. Submitting incorrect information for the insurance provider
12. Missing (required) supplemental attachments
13. Providing incomplete documentation for services provided
14. Having problems related to general knowledge and use of modifier
15. Using insufficient ICD-10 codes

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