

Multiple Procedures: Is Your ASC Handling Reimbursement Appropriately?

BY AMY FASTI

In today's economic climate, it is extremely important for ASCs to continuously look at factors that drive financial performance. Many will look to streamline expenses, as well as maximize physician schedules at the ASC. Have you carefully audited your billing and coding process to ensure that you are following proper protocol? Many payers reimburse for multiple procedures, so it is imperative to analyze cases and have discussions with physicians to ensure that qualified procedures are captured.



Amy Fasti

Begin your research by performing an analysis of multiple procedures by physician. Determine the average across the center, and then identify any physician that appears to have a significant variance from the average, whether that is high or low. Share the information collected with the physicians for a productive discussion. There are several things to keep in mind when looking at the data:

1. The information could be accurate and variances may just be the differences in types of cases seen between the physicians.
2. Some physicians may need additional training in the clinical system to ensure that they know how to code the multiple procedures. Often these intuitive systems replace dictation and transcription, allowing the physician to code the case at the point of care.
3. Some physicians may not have a clear understanding of what constitutes a multiple procedure, and are thus performing them, but bypassing coding them appropriately.

In order to determine if the cases billed are complete and accurate, you may want to do an in-depth quality review of the procedures billed compared to the operative report. Cross check the CPTs billed with the documentation detailed on the operative report. The ASC may also choose to do a coding audit by a third-party CPC to ensure that cases are billed appropriately. If either the internal quality review or

the third-party coding audit demonstrates cases where procedures were missed and not billed, take note to this as it may be an indicator that your ASC could be losing revenue from multiple procedures.

If you have discovered a potential problem with coding multiples, what do you do? The surgery center's administration should discuss the issue with the physicians to explore the root cause. It is worthwhile for the physicians, and applicable center staff, to generate mock cases in the clinical system as part of the training. The modernized clinical systems sell themselves with the ability to guide the physician in coding. However, if the actual codes are not selected on the final report, then additional training is needed. Typically, the clinical system will help the physician identify the CPTs based on the narrative from the operative report, but it does require manual selection from the physician. Because of this, there is a chance of error.

Secondly, do not assume that all physicians have a clear understanding of what can be coded as a multiple. It is important to educate and re-educate as needed on this topic.

Jenny Berkshire, CPC, CEMC, CGIC has worked for 31 years in medical practices which includes 28 years in a gastroenterology practice. She is a GI coding and compliance consultant, has taught coding seminars and has spoken at national specialty conventions and GI-specialty conferences. In a question and answer session with Ms. Berkshire, she shares her thoughts on multiple procedures.

FASTI: HOW DO YOU DEFINE A MULTIPLE PROCEDURE?

Berkshire: Multiple procedures are multiple interventions, as defined by

CPT codes, occurring during a procedural session.

CMS developed the National Correct Coding Initiative (NCCI or CCI), often referred to as bundling edits, to detect the improper reporting of multiple procedure codes that normally may not be reported together. CCI edits are applied to services provided by all Medicare part B providers (including physicians and ambulatory surgery centers) to the same patient, by the same provider on the same service date.

FASTI: CAN YOU BILL THE SAME CPT TWICE IF THE MANEUVERS ARE DONE IN SEPARATE AREAS OF THE COLON?

Berkshire: No. For example, if multiple polyps are removed by snare technique from all segments of the colon, 45385 is billed only once. See #3 below from the CCI guidelines, Chapter 6:

3. If the same endoscopic procedure (e.g., polypectomy) is performed multiple times at a single patient encounter in the same region as defined by the CPT manual narrative, only one CPT code may be reported with one unit of service.

FASTI: CAN A MULTIPLE PROCEDURE ONLY BE BILLED IF IN SEPARATE REGIONS OF THE COLON?

Berkshire: No, the language in CCI states separate lesions, not separate regions. If different interventions, (e.g., snare polypectomy, biopsy, hot biopsy) are performed on separate lesions—including lesions in the same region—all interventions are billable, but may require the use of Modifier 59 to bypass the CCI bundling edit. Modifier 59 indicates it is appropriate to bill the code pair together.

FASTI: DO YOU HAVE ANY TIPS REGARDING BILLING OR NOT BILLING MULTIPLE PROCEDURES?

Berkshire: CPT defines interventions within each family of endoscopy. Physicians may better understand the concept of multiple procedures by familiarizing themselves with the CPT code descriptions in each family of endoscopy. Most interventions defined by CPT are the same across all families of endoscopies. Each time a different intervention is performed on a different lesion, the intervention is most likely billable.

It is important for the physician to clearly document the techniques used and the sites of interventions to determine whether the procedure is coded with one code, or with multiple codes when multiple interventions are performed in a procedural session. For billing purposes, keep in mind that usually it is not the number of sites requiring intervention that drives billing, but rather the number of different interventions performed on different sites.

Once your analysis, research, and retraining are completed, continue monitoring the coding to ensure that everyone involved has a thorough understanding of multiple procedures, as well as proper coding and billing of them. Develop daily processes at your ASC to ensure that all coding is complete and accurate. After the physician completes the operative report and code selection, have a qualified staff person review the report, cross checking codes selected to make certain it is accurate. If the codes do not reflect the operative report fully, then follow a process of communicating back the potential issues to the physician for his/her review.

While review of the operative report is the best method to ascertain that all procedures are coded properly, analyzing inventory levels with comparable CPTs billed may also be an indicator. If you find that specific inventory use is high compared to the CPT billed, then there may be missed procedures billed. For example, if your center used 1,000 snares in a two-month period, but only billed the CPTs associated with a snare (e.g., 45385 – Colonoscopy, flexible proximal to splenic flexure; with removal of tumor, polyp, or other lesion by snare technique) 650 times in that same two-month period, then this might signal that although the procedure was performed, not all were coded and billed. However, this is not a foolproof method, as in some cases a procedure may require multiple techniques on one lesion, and in that case, only one code would be billable.

The accurate procedural documentation, including CPTs, is essential to ensuring that your ASC is submitting claims appropriately to payers. The time and effort spent on analyzing the information and training is well spent. These processes aid in risk management, as well as maintain compliance with payers, and maximize cash reimbursement for all qualified procedures.

Amy Fasti, Vice President, Billing Services. Ms. Fasti has led the team since August 2004. She has over 11 years experience in the health-care industry. Prior to her employment with PE, she served as Business Manager for Woods Services, a residential, educational, rehabilitation facility. Major accomplishments include implementation of billing software that enabled maximization of revenues, while streamlining processes to ensure efficiencies. In her current role with PE, Ms. Fasti works with ASCs to improve cash collections by analyzing and implementing changes related to the full cycle of scheduling, registration, billing, and collections. Ms. Fasti has earned a B.S. in Economics, and a Masters in Business Administration. Ms. Fasti can be reached at afasti@endocenters.com.