

# ARE YOU MAKING BILLING MISTAKES IN YOUR CARDIOLOGY PRACTICE?

**25%** of lost medical practice income is due to improper billing<sup>1</sup>

## 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:



Not placing the modifier on the E&M code when cardiac catheterizations are performed the same day.



Failing to obtain authorization—for example, 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.



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.



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.

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<sup>1</sup> Medical Group Management Association. Accessed Sept. 18, 2018, <https://www.mgma.com/data>.