

Coding Tips and Tricks

From the billing experts at Radformation



A comprehensive audit should include a proper evaluation of the following departmental operations:

- **Scheduling and appointments, record completion, date validation**
- **Verify and review all documentation for services**
 - Evaluation and intent for treatment
 - Diagnosis codes and medical necessity
 - Proof of service delivery
 - Proper supporting documentation for care provided
 - Validate signatures, date, and time stamp
- **Charge capture process**
 - Verify charge activity
 - Validate appropriate code against documentation
 - Check for charge export or push to the billing system
- **Coding edits or scrubs**
 - Verify any stops or reviews required prior to claim submission
- **Verification of claim submission or review transmittal reports from the clearinghouse to identify shortfalls.**
- **Review of the electronic official benefits statement should be evaluated in the efforts of a self-audit.**
- **Tracking billing trends including**
 - Statistical payment data
 - Denials
 - Voided and Corrected Claims
 - Accounts Receivable



What is the most common risk of compliance?

If documentation does not exist for a service, evidence or proof of the service needed or performed fails.



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MD's written directive of the plan of care.

Only one code is applicable for a patient's entire course of therapy.

- even if multiple Tx sites are present
- even if combined modalities are necessary
- even if significant changes occur during the course of radiation therapy

This code is often missed.



Common Mistakes Seen That Can Delay Payment or Lead to Payment Losses:

- Diagnosis codes that do not meet medical necessity according to national, regional, state, or payer guidelines.
- Improper payment of Correct Coding Initiative (CCI) edits due to service bundling.
- Lack of documentation—or errors in documentation—found during payer audit or request for documentation.
- Improper authorization for complex or higher service modalities.
- Patient complaint for services or lack of understanding the codes or services reported to payers.
- Lack of self-auditing or understanding of the revenue process.

See a QuickCode Demo

