



What's all the Hype?

DO CODERS REALLY NEED TO BE CERTIFIED?

By Alina Shaver, CMPM, CCO

Remember back in the days when the doctor wrote a patient diagnosis of “WGA” (What’s going around) instead of the code for flu virus? Or, when it didn’t matter if you could read his/her handwriting? Or, when the insurance companies would pay a claim based on one word, such as “hypertension”? Even today a patient will come in for one problem and say, “Oh, by the way Doctor, can you look at this?”—meaning a totally different ailment. Can you get paid for both? Maybe, if you follow the rules.

Rules, What Rules?

Yes, there are rules to coding correctly—rules that our government places on the medical community about what information is required and how to submit claims for payment and for proper reimbursement. ICD-9-CM, CPT®, and HCPCS codes are used to report diagnosis, treatment, and procedures. These codes are changed, deleted, or embellished on an annual basis. It’s important for a practice to have its own coder, especially if it codes the visit and submits it to the billing company. The coder will know when you should use the old code and what date to start using the new code(s). Is there a grace period? What is a modifier and why do you need it? What is an E-Code or a T-Code? How much documentation do you need to code a level 5? How much money is your practice losing due to under-coding?

What about Fraud and Abuse?

It’s one thing to under code because you are scared, but what if you are certain that you are coding correctly? Heck, you are actually operating your practice with a comfortable cash flow. What could be wrong? Remember the rules? If you are

up-coding and it can be proven that you knowingly submitted fraudulent claims, you and your coders may be convicted of a felony, sentenced to time in the big house, and be forced to pay monetary penalties. Not sure if you are up-coding? Have an outside audit performed; ignorance is not an excuse!

The Case for the Certified Coder

In a perfect world, you would simply heal your patients and forget about the business end of medicine. But you can’t—providers must have a solid understanding of the E/M Documentation Guidelines. Even if your coder is certified, if your billing company doesn’t have one or more certified coders in its office, you have no one to question your codes. Certified coders are trained to know the rules, when and where to look for changes, and who to go to if they can’t find the answer. Certified coders must maintain their certification and coding knowledge by participating in annual continuing education.

Let’s look at the cost of hiring a certified coder or training a current employee to become certified:

- Salary \$20,000 to \$50,000 (depending on experience, education, and geographic location). Cost of courses \$2,500 to \$20,000*
- Denials resolved and claims paid the first time: 35 – 75% more in annual (PAID) receivables. You do the math!
- Fines and jail time (probably not an issue)

Did you know that you are ultimately responsible for your billing service’s errors? Yup, the billing company could be submitting fraudulent claims at your expense. How do you make sure that

doesn’t happen? Ask if the billing service employs certified coders and make sure they are the only ones working on your claims. Also, make sure the service takes responsibility for its employee’s mistakes. Check your contract! Don’t forget the outside chart audit.

One more caveat: just because coders are certified, doesn’t mean they can code for your specialty. Let’s face it, all CPA’s don’t do taxes, do they? There are many tests available for coding specialty medicine and they can be administered by appropriate credentialing companies. For example, the Professional Healthcare Institute of America includes tests of your choice as part of the corporate membership package.

When hiring a coder, check references and former employers. Did the person list a school he or she attended for coding? Will he sign a waiver for transcripts? And, as you would for any new employee, do background checks.

In today’s world, a practice is dependent upon proper coding for proper reimbursement. As in any industry, hiring qualified professionals is the key to quality. Now you know what all the hype is about!

*Specialty/vocational schools offering non-degree programs are priced lower than colleges offering associate degree programs. ▲

Alina Shaver, CMPM, CCO is certified in compliance and practice management and sits on the Advisory Board of PHIA, which provides the curriculum and credentialing for Certified Coders, Hospital Coders and Audit Specialists. Go to www.PHIA.com to learn more or call 502-473-8806 or Toll Free 866-473-3036.