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interventional update

Collect What You Earn

Keep Your CDM Current

By Elizabeth Schaub-DeBlock

Radiology departments across the country lose millions of dollars each year because of their interventional radiology coding practices. In most cases, these losses can be traced to either incorrect codes being assigned or correct codes being omitted. In addition, the common miscommunication between physicians and the coding staff has compounded this issue. Those facilities that successfully bill for their complete interventional radiology services have two factors in common: an educated staff and a well-designed and updated charge description master (CDM). These factors are typically what separates radiology departments that excel in revenue cycle management from those that struggle.

Interventional radiology has seen robust growth in tertiary care hospitals; we now see similar growth in community hospitals and rural medical centers which have added interventional radiology procedures, equipment, and resources. As interventional work represents a larger percentage of radiology departments' budgets, there is a vital need to improve the revenue cycle management and reimbursement policies for interventional radiology-related procedures and charges. It is no longer uncommon to see interventional radiology procedures representing 20% to 30% of a department's reimbursement. Suffice to say, interventional radiology plays a determining role in a radiology departments' margins. The ability for a provider to effectively manage its procedures, follow coding guidelines, update the CDM, and educate its staff and physicians with the proper coding and billing techniques can shape the relative financial strength of a radiology department.

As the senior manager of clinical coding for CBIZ KA Consulting Services, LLC, I have worked with dozens of clients—primarily tertiary care hospitals—to correct their outdated or incorrect CDMs. After reviewing all the relevant outpatient departments tied to the CDM, I have found that many clients' radiology departments are the chief contributors to their hospitals' lost reimbursement. Much of this lost radiology reimbursement can be attributed to the CDM.

The CDM as it relates to radiology is often incomplete, inaccurate, and outdated. A central reason for this is the quarterly Centers for Medicare & Medicaid Services (CMS) updates, which often require significant changes to the CDM that hospitals frequently do not implement in a timely manner, if at all. Being a hot-button area for growth, interventional reimbursement charges change frequently because of fluctuating reimbursement levels and technology changes.

Through our client engagements, CBIZ has found that many hospitals have different methods of updating their CDMs. Some have one central CDM operator. Other hospitals have each department update its own CDM. In some cases, there is no one who has direct oversight of the CDM. We have also found that delays often occur with updating the CDM because of a lack of overall attention paid to the CDM by the clinical staff and hospital administration.

The easiest way for providers to improve their CDM is to assign specific staff members with ownership of the changes in Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System codes for the CDM. Whatever your hospital's CDM procedure may be, we recommend that a procedure is instituted and endorsed by all relevant parties. In the ever-changing reimbursement world, hospitals lose money every day the CDM is not updated.

There are other problems with the CDM that are more subtle but nevertheless contribute to lost revenue. Too often we see that whole families of CPT codes are not represented on the CDM. As a former director of imaging services for a tertiary care hospital, that concerns me. For instance, most hospitals have the 7,000-family of CPT codes hard-coded on the CDM. These codes are the primary interventional radiology codes. However, many providers fail to include the

3,000-family of codes on the CDM. These surgical codes document procedures and charges that are vital in interventional radiology billing. While the assignment of these codes often falls to the health information management (HIM) department, lacking a full understanding of the component nature of interventional radiology coding often leads to both overcoding and undercoding issues. Including these codes on the CDM can be essential for hospitals to optimize their reimbursement.

EDUCATE, EDUCATE, EDUCATE

Charges and codes are updated on an ongoing basis by regulators. For example, what is or isn't bundled into the primary procedure may change multiple times over the course of one year. These changes can lead to lost revenue if hospitals fail to educate their clinical and coding staff about them. Perhaps those most in need of knowledge about the changing codes and charges are the attending physicians. Too often, doctors ably perform procedures but assign the wrong codes or procedures to the superbill, resulting in medical denials and lost reimbursement. Physicians educated in the latest codes and charges help the revenue cycle management of radiology departments profoundly. The physicians are the chief source for maintaining accurate and complete revenue capture. Strategically, radiology departments—or any department, for that matter—will have a better financial performance with an educated staff of physicians.

In many hospitals, once a superbill is completed, it is sent to the HIM professionals. There, the superbill is reviewed and the official charges and reimbursement information must be approved. For some hospitals, this process does not optimize reimbursement. Many clients lose revenue by not having their HIM department confirm or review questionable codes and procedures with the attending physicians and the clinical staff but rather rely solely on the final report. This simple confirmation process can identify additional procedures or reveal complications not expressed on the superbill. At the incremental payment for each procedure, this oversight adds up quickly.

Of course, hospitals are busy places and we would not necessarily recommend this level of supervision for every procedure, but because of the rapidly changing nature of interventional procedures, additional checks and balances can result in a substantial amount of additional revenue. The process will also verify that the HIM department, physicians, and hospital staff are utilizing the most current codes and charges.

CHART-TO-BILL AUDITS

Facilities can take several approaches to improve their performance in revenue capture. The most effective technique is a chart-to-bill audit. At CBIZ, we use a chart-to-bill audit that looks at a department or facility's detailed patient bill. The audit compares that bill to the medical record and the final UB-92, which may clarify anomalies in the data that could indicate documentation and/or billing inconsistencies. This audit inspects for valid or inappropriate CPT and revenue codes and verifies that charges are crossing appropriately from the clinical to billing systems, a problem we often encounter. Usually with this audit, we start with a representative sample of patient bills then move to a more exhaustive review of charts if problems are identified.

A chart-to-bill audit is an effective tool for ensuring charges and CPT codes are utilized correctly. There are other audit types, both internal and external, that also help departments better their policies and procedures as well as verify compliance with the CMS and the local intermediary. Whichever audit type you choose, ultimately this process will improve your department's technical and financial performance.

I recommend some additional steps to improve your department or facility's performance. I believe the key to high performance resides with a well-designed and updated CDM. With all the changes regarding charges and codes, a complete CDM review as it relates to radiology is important. This review can be performed externally or internally, but hospitals, radiology departments, and standalone facilities must make sure their CDM has the proper hard-coding and that the updates, deletions, and modifiers are correctly entered.

The number of CDM updates can be overwhelming for already busy clinical staffs. At CBIZ, we have devised a product that helps hospitals alleviate the burden of the constant attention needed to maintain and update the CDM. Our CDM monitor uses proprietary databases and software to automatically update changes to a hospital's CDM. These updates are provided quarterly and include consulting hours, which allow for questions from or education for the staff. There are numerous other similar software products available to help with your CDM.

Whether you outsource your CDM maintenance or maintain it internally, understand that an updated and effective CDM puts your facility in a better strategic financial position. Don't leave money on the proverbial table. The best radiology organizations will capitalize on the substantial growth of interventional radiology and ensure that their clinical staff, systems, and processes all work in concert to provide a high quality of care and achieve their financial objectives.

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