Course Focuses on Reimbursement, Risk and Red Tape

Why should vascular surgeons or their coding staff attend the SVS Coding and Reimbursement Workshop? The short answer is: reimbursement, risk and red tape. Or, as workshop instructor Sean Roddy, MD, puts it: “Maximize your appropriate reimbursement, limit your risk of audit and avoid red tape.”

It’s generally accepted, he said, that correct coding lessens the chances for an audit. “No one wants the IRS knocking on the door,” he said. Even if the audit turns up nothing inappropriate, preparing for it costs a surgeon time and money. Doing it right the first time also pays off monetarily, because a denied claim has a “precipitously” reduced chance of ever being paid. “It’s best to do it right the first time. It has the best odds for payment and it avoids staff re-work,” Dr. Roddy said.

Thus, the 1 ½-day course on Oct. 19 and 20 in Chicago emphasizes teaching the right way to do appropriate coding to avoid an audit.

Vascular surgery coding is complicated because vascular surgery has a great many codes and procedures compared to other surgical specialties. “We do percutaneous procedures, we do open procedures and we do them in all areas of the body besides the heart and the brain,” said Dr. Roddy. Understanding the differences between codes is important information covered in the course.

Dictation is another significant topic. In a complicated procedure, surgeons may need to use additional codes, which are reimbursable if supported by the surgeon’s accompanying dictation. “It’s necessary and legal,” said Dr. Roddy. “We talk about what to put in the dictation to justify the appropriate level of coding.”

The SVS course is also the only one that includes information on the vascular lab, “an integral part of all vascular practices,” said Dr. Roddy. “We teach how to avoid inappropriate payment denials for all vascular lab studies.”

He called 95 percent of vascular claims fairly straightforward. “It’s the extra 5 percent. We spend a good portion of the time talking about the complicated things, trying to get you that last bit and prevent an audit.”

The course audience typically is approximately one-third physicians and two-thirds coders. “Coding is important enough that if you don’t want to attend, or a partner doesn’t want to, have your coder attend the course in Chicago,” said Dr. Roddy. “We have some coders who come every year to keep up to date.”

Dr. Roddy himself once was in the “don’t care” category. “I wanted to operate,” he said. He began taking an interest
in the reimbursement process because he “wanted to KNOW how we got paid,” he said. “I’m a mathematical, logical person.”

He took a course, conducted research and developed a zeal for proper coding that maximizes appropriate reimbursement. At national meetings, he “annoyed Bob Zwolak” (known for his coding and reimbursement expertise) so much that Dr. Zwolak put Dr. Roddy on the SVS Coding and Reimbursement Committee. Dr. Roddy is now in charge of the coding course.

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