



Recently, I read a great book by Alan Alda, *Things I Heard While Talking to Myself*. He notes it is so important to really enjoy the art of what one does. I think, as DPMs, we all enjoy the art of medicine, the art of taking care of our patients. What I don't get, however, is that so many DPMs do not, will not, and refuse to admit they are also needing to be coders. "I wasn't trained as a coder.", "I don't care about those codes.", "I don't need to know those codes; someone will do that for me". Nothing could be farther from the truth and that attitude frank-

So everyone does not have to be a coding expert, but you do have to have a knowledge of the art of coding to protect yourself, help with your revenue generation, and keep

the payer thinks. Payers are not your friends, but they are a necessary evil. Thus, it is necessary to understand how they interpret code sets.

Do you investigate what is exactly

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your practice in the graces of both the patients and the insurers.

How many of you truly audit your own coding practices? If you do, do you do it at least quarterly?

needed in your EMR to get paid for, say, a level 2 ulcer debridement? Do you have the right language, which is expected by the payer, like it or not?

These are just a few components of the "art" of coding. You must take the time to use the resources available to learn the rudiments, at the least, of proper coding. (i.e.—APMA Coding resource center, Codingline, memos from CMS, or payers).

These numbers are not just numbers put on a form to get you paid; they are used to track your outcomes, what you cost the system, and how you compare to your peers. Take the art of coding seriously and it could help your practice, your life, and improve the efficiency of your patient care. **PM**

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ly ignores part of the art of medicine.

Ignoring the coding part of medical practice can have many ramifications. One, you could end in prison for the bad, unreviewed coding of a so-called professional coder. You ultimately are the captain of the ship and the submission of the claim is under your name. Two, why do you want to rely on someone else to determine if you are being paid fairly or not at all? This is not a slam on CPCs or similar, just a point being made that as the provider, you must be acutely aware of what is being billed by YOU.

Do you share work either with a colleague or partner to compare notes?

Are you keeping abreast of the coding changes that occur that affect your practice? I hope you are seeing the E & M changes that are coming down the pike for 2021. This does affect you and your bottom line daily. We are one of the few specialties who can benefit from these changes with some uptick in our reimbursements. You need to understand why the E & M is often "bundled" with procedures and at least attempt (although often challenging) to figure out how



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