Remove Your Blinders

It's important to keep up with changing documentation requirements.

BY MICHAEL J. KING, DPM

It is easy to get entrenched in the daily rigors of running a practice, keeping up with documentation, and staying abreast of all of the coding changes required. In today's brutal world of compliance, audits, and heavy scrutiny, one must be ever vigilant in staying current and not practicing with blinders on. What blinders, you ask? Well, those blinded purely by "well, I always got paid for that", or "I've never been audited before". Those phrases are a bit like saying "I'll never get cancer", or "I've never had that before". How many times have you had a patient say that to you and you find that incredulous?

It is paramount to read and keep up and not just do what you always got paid for in the past.

This is not about living in fear, but about having blinders off and being aware of the reality we face in this super-compliant, focused practice environment. What this requires is keeping up, auditing our own practices, and paying attention to the changes and challenges around us. This means not living in the past of what was glorious and easy but protecting the great asset one has in one's practice.

The point of this presentation is for all providers to be cognizant of the changes that are occurring in the coding, compliance, and billing worlds. It is paramount to read and keep up and not just do what you always got paid for in the past. Too

Continued on page 40

Blinders (from page 39)

many times, stories come out of the provider who has a major clawback of funds for improper billing and coding via extrapolated audits for some simple services. Sure, one may have been paid for those over the years, but the payers are notorious for changing policy with little or no notice, and the providers pay the price. Read the notices from the payers and try to stay current—even with those things that you really hate to see changing.

One good example is the challenge with prescribing and dispensing of diabetic shoes. Major clawbacks have been seen in some Northeast states as the carrier now demands not only that our records be complete but that the PCP managing the systemic disease has similar findings and medical necessity noted for your shoes to be covered. Sure, you get paid, but then the payer will ask for much more than was really involved with the changes they made. The provider provides the medically necessary footgear for that compromised diabetic, but the PCP in question has little or nothing in the chart except their management of the diabetes. Since they had nothing noted about needing shoes, the carrier will hang their nasty little hat on that and deny the claim or worse, pay for it, then claw back the funds and extrapolate the amounts owed over many years of shoe dispensations.

We may know the medical necessity and even document it well but ultimately, we have to "play the game" with the third-party payers to get reimbursed.

The point here is to be paying attention and don't practice with blinders on. We may know the medical necessity and even document it well but ultimately, we have to "play the game" with the third-party payers to get reimbursed. Stay as current as you can by reading policies when sent to you, appeal staunchly when appropriate with good data and facts behind you. When egregious policies come out, confer with colleagues, groups like the APMA and see if what you think you know about the situation is actually accurate. Follow the advice of coding and compliance experts but always be learned and use your own wise judgment. The patients come first, and we know that. Sometimes though, those who pay for those services or audit them do not. **PM**

Dr. King is Medical Director of Upperline Healthcare, Inc. and Past President of the APMA.