Monday, October 9, 2023

Open Doors to Better Coding
(and Revenue Cycle Performance)

We've just reviewed the approximately 350 ICD-10 coding additions for 2024. Next week, we'll dive into the new list of CPT code changes. This is the time of year, dreaded by physicians and coders alike, when we must comprehend and apply the changes to the 78,000 codes governing billing and reimbursement for providers' work.

But it's also a highly opportune time, perhaps even the best time, to initiate productive conversations between coders and the physicians they serve. Right now, while ICD-10 and CPT codes are receiving lots of attention in medical offices, you can open doors to exchanging information and ideas that lead to better clinical documentation and improved revenue cycle performance. New codes, combined with end-of-year planning, provide an opening for conversations about thorough documentation, using the new diagnosis codes correctly, and the most common coding errors. (For example, a 2022 report from CMS identified codes 99211-99215 for established patient visits as the source of the most coding errors and improper Medicare fee-for-service payments—more about that in a subsequent installment.)

I realize that I mentioned the importance of such conversations just last month. But it's a point I can't stress enough, so I want to take the opportunity to expand on it. To the mantra you've seen me use in this space before—"If it's not documented, it didn't happen"—I would add this one: "More engaged relationships make for better talking, and better talking makes for better coding."

Based on my 30 years of experience, in the medical groups that practice "better talking," coders overcome the hesitancy I have often seen (especially among younger coders) to initiate conversations with physicians about coding and documentation practices. They recognize the burden that documentation places on doctors—it's the leading cause of physician burnout—and help them understand that their role as coders is to help them capture more revenue for the services they provide and reduce costly audits and denials. And physicians in these "better talking" groups overcome any hesitancy to ask questions about aspects of coding and documentation that may be unclear to them. They recognize coders as their teammates who help create wins for the entire organization.

(Better talking, by the way, is the idea behind the new service launched by Calm Waters AI—ChartPal—that offers individualized training to providers from our coding experts based on identifying areas for documentation improvement.)

A few years ago I worked with a group of approximately 20 family practice physicians. During our first monthly meeting, I observed the dynamics of the group and thought about how to initiate a productive conversation about coding. No matter how many years of experience you have, these situations can feel intimidating and awkward.

For next month's meeting, I created an Excel spreadsheet with all of the physicians' names and details of the charges based on their daily encounters—including missed charges that translated into missed revenue. I distributed photocopies. Suddenly, conversations sprang up all over the room as the doctors studied their data (and their colleagues' data). Then they turned to me. They began asking all kinds of questions about coding and documentation. They could see how under-coding "to be safe" impacted revenue for the practice. I had found an "door opener" that helped frame discussions on coding around revenue cycle optimization rather than the burdens of paperwork that took physicians away from the actual practice of medicine.

After that, I was invited to every monthly meeting, and we had many useful conversations in between. Seeing me as a resource who could create wins for the whole group, the doctors began asking me to clarify particular coding issues. The more questions people asked, the more comfortable they became in asking even more questions. Better talking led to better coding!

It started with being proactive. I keenly remember one physician who told me I was the first coder who ever came to his office to talk with him. Whether others had felt intimidated or simply didn't understand the importance of reaching out I don't know. What I *do* know is that initiating conversations is an essential first step to better coding.

If you're looking for an icebreaker to stimulate these "better talking" conversations, the ICD-10 and CPT updates provide an opportunity you should not miss. If you're a coder, use this window to engage with your doctors. Sit down with them and ask if they have any questions about the upcoming changes to the ICD-10 diagnosis codes—a great door opener. Be proactive, be creative, be responsive, and be yourself. Then keep yourself available to answer questions as they arise.

If you're a physician, leverage this moment to initiate questions. For example, you might ask your coders which of the newly announced changes will have the most significant impact on your specialty and your practice, or about the implications of code changes regarding social determinants of health.

Remember: Better talking makes for better coding!

PS: If you have your own stories about how you, as a coder or a physician, "broke the ice" to stimulate helpful coding conversations, we'd love to hear them—and to share them with our readers in a subsequent issue of Coffee & Coding.

**Got a question about E/M coding? We'd love to hear from you.
Submit your questions by emailing us at coders@calmwatersai.com!**

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