



# Denial Management & Coding Dilemmas

**MCMS Coding Forum**  
**6/12/14 9:30-11:00 am**  
**Deb Kenney, CPC, CPMA**  
**Senior Consultant**  
**Medical Business Advisors, LLC**  
**kenneyd@mba-md.com**  
**301-468-2030 ext. 106**  
**www.mba-md.com**



MEDICAL BUSINESS ADVISORS, LLC

## Deb Kenney, CPC, CPMA

Deb is a Senior Consultant at MBA, LLC, a firm specializing in Healthcare Consulting and Practice Management issues for all types of healthcare providers/entities. Prior to joining MBA, she was the Director of Compliance Education & Training, as well as a former Director of Accounts Receivable with a national billing company.

Her 20+ years of experience with revenue cycle management, coding compliance, chart auditing and physician education has allowed her to be a valuable asset to the local medical community. She has aided many physician practices in improving their coding & documentation accuracy and is currently providing a variety of consulting services, which include revenue cycle management, chart auditing and managed care contract negotiation. Deb is an active member of the American Academy of Professional Coders (AAPC) as both a Certified Professional Coder (CPC) and a Certified Professional Medical Auditor (CPMA). She's also a member of the American Institute of Healthcare Compliance (AIHC).

# Objectives

- Denial Management Methods
- What Your Denials Say About Your Coding
- Compliance Policies for Coding &/or Billing Staff
  - Who Reviews Coding-related Denials?
  - Are There Written Parameters?
  - Payer Policy Considerations

# Methods of Denial Management

- Claim Scrubber/Edits – Front End
- Clearinghouse Rejections – Front End
- Payer Denials – Back End

# Methods of Denial Management Cont'd

- Who Handles Claim Edits, Rejections &/or Denials?
- Are They Armed with Coding Policies or Guidelines?
- Is There a “Get It Paid” Philosophy in Play

# Let's Talk About Who

- Coders or Billers – Are They Certified?
- What Tools Do They Have at the Ready?
- Incentives – Are They Based on Collections

# What Tools Are Used

- Written Coding Policies &/or Compliance Guidelines
  - When Is It Okay to Change a Code or Add a Modifier?
  - Are Providers Included in Discussions or Notified of Changes

# Get It Paid!

- Is There Pressure to Get All Codes Paid, Regardless of How?
- Unbundling – Use of Modifiers 25, 24, 59
- LCDs – Diagnosis Coding According to Payable Codes or Documented Conditions
- Billing Same Services for Every Visit – e.g. Image Guidance with Every Injection



# Denial Trends

- Are You Tracking Denial Trends
- Does It Reflect Coding Patterns of Concern
- Are Denials Overturned/Paid Frequently
- Payer Audits or Medical Review Notices

# Coding Policies

- Do You Have Written Policies or Guidelines
  - Are they “approved” policies or ad hoc guidelines
  - Do they vary according to payer coverage policies

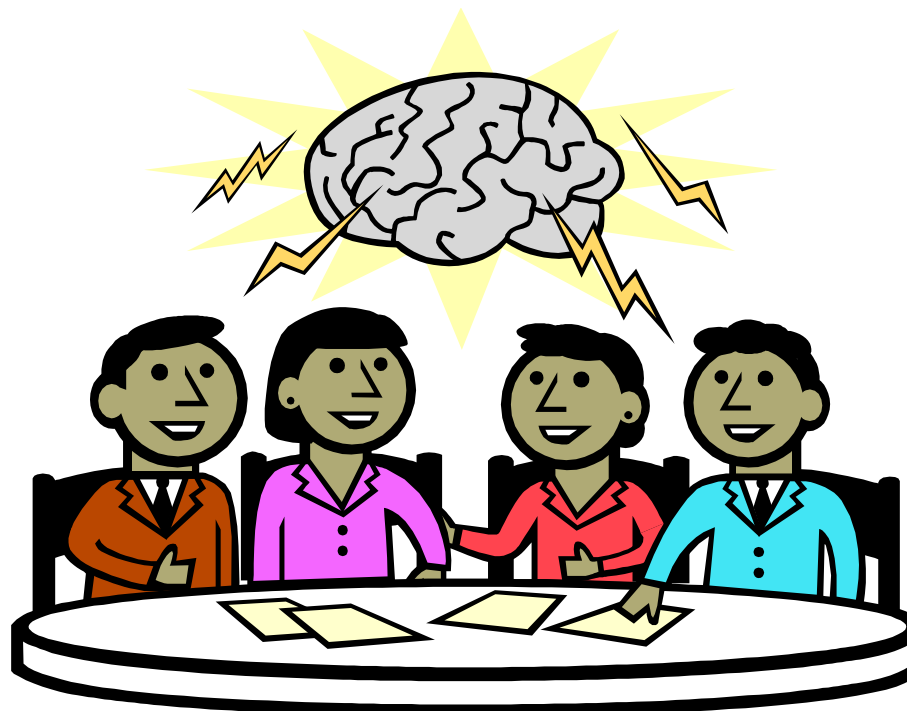
# Coding Policies cont'd

- Where To Start
- Who Should Approve
- Updates/Changes Based on Payer Guidelines

## Other Concerns

- Think about your compliance culture – is there a foundation of thought to “Do the right thing”
- Think about staff attitudes & hold them accountable for their actions
- Incentives – Great collections are important but compliance is too!

# Group Discussion





MEDICAL BUSINESS ADVISORS, LLC

**Deb Kenney, CPC, CPMA**  
Senior Healthcare Consultant  
Medical Business Advisors, LLC  
kenneyd@mba-md.com  
(301) 468-2030 ext. 106  
[www.mba-md.com](http://www.mba-md.com)