

Hot Topics to Watch in Nephrology Medical Billing & Coding



With the growing body of regulations today, nephrology coding has become more complex. Practices must navigate not only a new level of required specificity but also additional requirements from payers. Needless to say, it can be daunting to stay abreast of all of the guidelines for CPT, E&M, and ICD-10 coding — all while continuing to provide quality care for patients. With changing federal guidelines and payer requirements, complex conditions like chronic renal disease, global periods and the unique billing rules for inpatient and outpatient services, nephrology medical coding is quite complex. An in-depth understanding of this specialty is imperative for accurate documentation and reimbursement. The experts at Tower Physician Services can help avoid these headaches and reduce the rate of claim denials for nephrology offices. Tower can provide timely and affordable coding solutions to save your time and maximize your revenues.

Is your billing company prepared to offer your practice the information and support you need to bill successfully? Avoid interruptions to provider revenue stream by working with Tower Physician Solutions.

ACUTE DIALYSIS PATIENT BILLING

Earlier this year CMS started to allow acute patients to be dialyzed in outpatient units. Our Dialysis Billing Specialists were prepared, streamlined the billing process and educated the providers.

VASCULAR ACCESS BILLING

Access center billing is constantly changing. In light of new fee schedules for bundled services, a CPC has the expertise to evaluate whether a practice is billing properly for access services. Our account specialists evaluate reimbursement for bundled services and monitor individual payers for reimbursement accuracy.

HOSPICE BILLING

CMS issued a final rule for Hospice reimbursement that took effect this year. New quality payment guidelines could affect the way you work with patients in hospice care. Does your billing staff know when to use the GW and GV modifiers for patients in hospice care?

TRANSIENT DIALYSIS PATIENTS

Transient patient services can be difficult to bill for and often go unpaid because they are billed inappropriately. When the dialysis patient is “just passing through”, experienced nephrology coding professionals know how to maximize CMS payments and minimize billing errors that can result in refunds or audits. Does your billing staff know how many days a transient patient must be seen for them to be considered a permanent patient?

UPDATES TO ICD-10-CM CODES

The new update includes over 360 new codes, more than 250 revisions and almost 150 deletions. With these changes, required coding will become more specific and detailed.

The Certified Professional Coders on our staff stay upon the latest developments in Medical Billing. This knowledge benefits Tower medical practice partners.

Every nephrology office is different, so Tower takes a very individualized approach to working with each practice. Our staff is highly trained to understand all of the regulations involved in nephrology billing and coding, and will evaluate each office based on this knowledge. We will then work closely with office staff and the doctors to ensure that a system is put in place that is comfortable and user-friendly for all involved, while adhering to all regulations.

Contact us now for a FREE practice assessment.