



RCMMatter
A Revenue Cycle Management Company

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A Guide to **Cardiology **Billing & Coding in 2024.****

Cardiology billing and coding is characterized by many procedural guidelines, substantial contractual modifications, and frequently evolving codes. Assigning CPT codes can be challenging, particularly when variables are involved. Staying on top of new codes, code updates, and removed codes also takes significant work.

Since the implementation of ICD-10, the need for documentation, responsibility, billing, coding, and monitoring in cardiology has increased more than ever.

There are unique problems with billing in cardiology. The issues include human error, inadequate knowledge of current medical coding and documentation requirements, functioning and graphing across multiple care settings and avoiding precise cardiac coding. Medical billers and coders must acquaint themselves with [cardiology billing and coding](#) guidelines due to the constant changes, numerous issues, and lengthy processes.

Cardiac Procedure CPT Codes

The patient receives the code from the doctor or other healthcare professional. It is predicated on the clinical presentation of the patient. For example, you may need to have an angiography and cardiac catheterization done at home if you have a heart attack. As such, this procedure is already referred to as "angio." That means your physician will use two sets of codes—one for the echocardiogram and another for the angioplasty—if they perform them on different days! The billing codes for cardiology are preset. These codes describe all forms of cardiology procedures, both therapeutic and diagnostic. The CPT codes for cardiac surgery fall between 92920 and 93799.

The most prevalent categories of medical strategies consist of the following:

- CPT codes for coronary angiography are 93454–93461.
- The CPT code for angioplasty, or bypass surgery, is 92944.
- Left ventricular assist device (LVAD) CPT codes are 3990 and 33991.

Cardiology Documentation Guidelines

Three primary categories of changes exist in ICD-10-CM—definition change, terminology differences, and increased specificity. The two main objectives of cardiology are recording the effects of the patient's condition and improving specificity.

Acute Myocardial Infarction (AMI)

The following is included in the AMI documentation:

- **Duration:** The current ICD-9 period of 8 weeks for an AMI is replaced with a revised 4- week period during which it is deemed "acute."
- **Episodes of care:** The episode of care (such as the first, second, or sequelae) is not captured by ICD-10.

- **Subsequent AMI:** A new MI that happens within the 4-week "acute period" of the initial AMI may be coded using ICD-10.

High Blood pressure

Hypertension is categorized as essential (primary) in the ICD-10. When it comes to hypertension, the idea of "benign or malignant" has been abandoned.

The following should be included in the documentation of hypertension:

- **Category**

For example, primary, subsequent, etc.

- **Causal connection**

For example, kidneys, lungs, etc.

Heart Failure Congestion

ICD-10 terminology perfectly aligns with the different types of CHF. The CHF type will be coded as "acute on chronic" if your document contains the words "decompensation" or "exacerbation." Include the following information when recording CHF:

- **Reason:** For example, acute and chronic
- **Intensity:** Diastolic and systolic

Inadequate dosage

ICD-10 introduces a significant new term and concept called underdosing. It enables you to determine whether a patient takes less medicine than is recommended. Include the following information when recording the underdosing:

- **Consistency Deliberate, unintended, or non-compliant:**
Deliberate, unintended, or non-compliant
- **Intensity:** Why is the patient not taking the medication?
(For example, financial difficulty or age-related debility.)

Best Practices for Cardiology Billing

Cardiology billing and coding is complex, leading to reimbursement challenges without thorough expertise in current rules, cardiology codes, compliance standards, and billing guidelines. Mistakes are common even at experienced companies, and small errors can deny claims, lowering practice revenue.

Comprehensive knowledge of current rules, cardiology codes, compliance standards, and billing guidelines is needed to avoid reimbursement issues in cardiology billing and coding. In well-established businesses, mistakes happen often. Even little mistakes can result in denied claims, reducing practice income.

❖ **Electronic Health Records**

Today, EHRs store patients' medical information online. These records support tracking patient data and guaranteeing the accuracy of documentation. The revenue cycle of your practice may be slowed down by incorrect paperwork. This may lower your billable expense reimbursements and expose your practice to audit risk. Changes to planned procedures are not uncommon, so comprehensive and accurate documentation is essential. EHR systems ensure that all of the data you store is accessible at all times.

❖ **Mix Codes**

There are a few combination codes in ICD-10 for various cardiology conditions. Be certain to use them when appropriate. Use of additional codes requires your coder to adhere to the code's instructions.

❖ **Schedule Training Often**

Give your employees regular training. It validates that your coders are up to date. The billing and coding regulations are subject to frequent updates, so your team must stay informed about these changes.

❖ **Assess Diagnosis Coding**

Symptoms should only be reported if they are explicitly mentioned. Selecting a symptom code is inappropriate if you know the patient's diagnosis. It is not advisable to use an additional code for symptoms commonly linked to disease if specific information is missing from the notes. According to official ICD-10 guidelines, symptoms unrelated to a medical condition may be reported.

Common Cardiology Billing Errors

Classifying Symptoms Instead of Diagnosis

Errors occur when cardiology coders occasionally substitute or supplement codes for diagnosis with symptom codes. Remember that symptom codes are only submitted if unrelated to the diagnosis to receive the best possible reimbursement. For example, someone who has angina won't type in a chest pain code.

Ignoring Pre-procedure Coverage Guidelines

The most frequent error made by cardiology medical professionals is failing to verify a patient's specific coverage requirements for a given procedure. There could be issues with the practice if this crucial step is skipped. As a result, your reimbursements will decline, and patients will be upset if they receive a medical bill they did not expect.

Not Using the Correct Modifiers

Cardiology medical billing is more than just codes. Modifiers are added at the end of cardiology medical billing in addition to the various codes. Modifiers are two-digit codes that indicate how the five-digit CPT code has changed in terms of service. For example, if a clinician saw the patient and ordered a stress test, modifier 25 would be added to the E/M CPT code because the stress test was a separate service besides the procedure or test.

Underestimating medical coding's importance

There are several diagnosis code options for each cardiovascular condition. Coding errors occur when you choose an unspecified diagnosis code.

In the same way, the combined systolic and diastolic congestive heart failure ICD code (150.4) differs from the nonspecific systolic code (150.2). As a result, giving the process its full attention is necessary.

Maximizing cardiology billing reimbursement

- **Improve your ability to negotiate**

Examine your payouts from the payers who visit you the most. If the figures do not seem wrong, it might be time to talk about your contract if it is not as good as what you believe you deserve or what you are getting from others. But avoid entering those conversations unprepared. Collect as much evidence as possible to support your claims as you conduct your research.

- **Use modern technology**

If applied correctly, technology can be a very helpful tool. Gaining proficiency with certain tools or codes may require some time, but the benefits are substantial. These days, almost all payers take electronic claims, and Medicare requires using them. That suggests there is no reason you should keep keeping records with pen and paper. It is now considered outdated.

Get expert assistance

Human error and oversight occur. However, there is an always-effective backup plan: hire cardiology billing and coding experts to manage your bills. Seek cardiology billing services that offer complete automation to prevent

errors, consistent payment follow-up, and personalized reporting for up-to-date financial information.

RCM Matter, in this regard, can maximize cardiology reimbursement for your practice, which includes the following:

- Cardiology-certified specialized coders ensure accurate coding for payment.
- A proprietary billing platform smoothly integrates with EMRs to prevent human error.
- Quick follow-up on unpaid or rejected claims is possible with real-time claim tracking.
- Cardiologists on staff assess complicated cases to ensure the most appropriate coding
- Credentialed with all major insurers for highest acceptance rates of filed claims.
- Customized reporting provides full transparency and ensures compliance

Reach out to us today and explore how our wide range of 36 specialties in medical billing services could help your practice maximize revenue.

We can help you out, so let's get in touch

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