

# Connecticut Coders Quarterly

Newsletter of the Connecticut Chapter of the AAPC



## A Note from the President's Desk

Dear CT members of AAPC:

This has been a great year. It's been a year filled with challenges, a few bloopers, and a great deal of fun. What a learning experience!

Our chapter is filled with knowledgeable professionals that keep abreast of issues, share their knowledge and help make this a strong progressive organization.

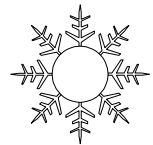
I am thankful for the opportunity you gave me as President of the CT Chapter this year. I am also thankful for all the encouragement, sup-

port, and well wishes. Good luck to the new officers President, Brenda Dombkowski, President Elect, Corinne Fisher, Secretary, Patricia Vorio, and Treasurer, Joyce Dupee, .

I will always treasure this experience. I hope you all had a wonderful holiday.

Regards,

Corrine Gray, CPC



### Upcoming Meetings:

January 20, 2004

at 8:30 am

Sign In: 8:15

BRADY Auditorium,  
Cedar Street  
New Haven, CT

Kelly Anastasio, CPC  
CPT Code Changes

Write an article for this newsletter and receive one CEU credit for each hour of preparation! Contact Corinne Fisher.

CT Chapter  
of the AAPC

### Officers:

President

– Brenda Dombkowski, CPC

President Elect

– Corinne Fisher, CPC

Secretary

– Patricia Vorio, CPC

Treasurer – Joyce Dupee, CPC

### Newsletter Staff:

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Pat Waleski, CPC

## Ilioinguinal Nerve Blocks Administered by Surgeons

By Theresa Cicarella, CPC

CPT code 64425 "Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves" is a procedure that has proven to be a successful way to help reduce postoperative discomfort for the patient while increasing revenue for the practice. The Department of Surgery, Section of Pediatric Surgery, under the guidance of Dr. Larry Moss, began using CPT code 64425 when performing inguinal hernia repairs.

Inguinal hernias are a common problem in infants and children. Treatment for these hernias involve a groin incision and inguinal dissection that includes manipulation of the spermatic cord and entry into the inguinal canal. These child experience a moderate degree of



R. Lawrence Moss, MD

pain after this procedure. The pediatric surgeons at Yale University strongly believe that all measures should be taken to avoid the ne administration of

postoperative narcotics to infants and children. According to Dr. Moss, "we have found it highly successful to apply an intra-operative ilioinguinal nerve block in order to reduce postoperative discomfort. Using this technique, we have been able to discharge these infants and children on only Tylenol. Over the past 24 months of our practice, we have not needed to resort to the use of narcotics."

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Mailing Label here

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Most major insurance carriers are allowing reimbursement for procedure code 64425, including United Health Care, Tricare, Oxford and Aetna. Dr. Moss recently wrote a letter to Anthem asking them to allow payment for this service based on the excellent results of decreasing the discomfort in these patients. When billing for this service, modifier 59 must be appended to CPT code 64425 to indicate that this is a distinct procedural service.

## ***OIG Releases 2004 Work Plan***

**By Patricia Waleski, CPC**

The Office of the Inspector General (OIG) published its 2004 Work Plan on October 1<sup>st</sup>. The plan consists of twelve focus areas including four which were carried over from 2003: Consultations, Coding of Evaluation and Management Services, “Long Distance” Physician Claims, and Services and Supplies Incident to Physicians’ Services.

Listed below is just a brief description of the OIG’s 2004 work plan. To access the new work plan go to: <http://oig.hhs.gov/publications/workplan.html#1>.

**Consultations:** This study will determine the appropriateness of billings for physician consultation services and the financial impact of any inaccurate billing on the Medicare program.

**Coding of Evaluation and Management Services:** The OIG will assess the adequacy of controls to identify physicians with aberrant coding patterns, specifically coding disproportionately high volumes of high-level evaluation and management codes that result in greater Medicare reimbursement.

**Use of Modifier-25:** The OIG will determine whether providers used the Modifier-25 appropriately.

**Use of Modifiers with National Correct Coding Initiative Edits:** The OIG will determine whether claims were paid appropriately when modifiers were used to bypass National Correct Coding Initiative edits.

**ESRD Monthly Capitation Payment Relative-Value Units:** The OIG’s review will determine whether the physician work component of the fee schedule for monthly capitation payments accurately reflects the number of physician services

provided to end stage renal disease (ESRD) beneficiaries.

**Place-of-Service Errors:** This review will determine whether physicians properly coded the place of service on claims for services provided in ambulatory surgical centers and hospital outpatient departments.

**“Long Distance” Physician Claims:** A review of Medicare claims for face-to-face physician encounters where the practice setting and the beneficiary’s location were separated by a significant distance.

**Care Plan Oversight:** The OIG will evaluate the efficiency of controls over Medicare payments for care plan oversight claims submitted by physicians.

**Billing for Diagnostic Tests:** An assessment by the OIG of the medical necessity of diagnostic tests, such as nerve conduction studies, performed by physicians will be made.

**Radiation Therapy Services:** The OIG’s review will determine whether physicians nationwide were correctly reimbursed for radiation therapy management services.

**Services and Supplies Incident to Physicians’ Services:** The OIG will evaluate the conditions under which physicians bill “incident-to” services and supplies.

**Ordering Physicians Excluded From Medicare:** The OIG’s review will quantify the extent, if any, of services ordered by physicians excluded from Federal health care programs and the amount paid by Medicare Part B.



# AAPC Meeting: Cardiovascular Disease in Women

By Beverly Bakes, CPC

On September 10, 2003, Joanne Foody, M.D., Assistant Professor of Internal Medicine in Cardiology at Yale University School of Medicine was the guest speaker at the Connecticut Chapter of the AAPC meeting . She gave an informative presentation concerning cardiovascular disease in women.

Here are some of the highlights from this presentation:

- Cardiovascular disease is the leading cause of death in women. As we age, the risk of heart disease becomes greater.
- About 25,000 more women than men die annually from heart disease.
- Cardiovascular events increase with each increment of cholesterol. However, lowering your LDL (low density lipoprotein) cholesterol levels can result in a 50% decrease in cardiovascular disease.
- HDL cholesterol is “good” cholesterol and it is protective against cardiovascular disease. Low levels put you at an increased risk.
- It is important for everyone over the age of 18 should know their LDL level.
- Diabetes increases your risk factor (5 times greater) for cardiovascular disease if you are a woman and is the single most powerful risk factor for women. In fact, 72% of women with diabetes mellitus also have cardiovascular disease.
- Other significant risk factors are obesity, smoking and even second-hand smoke.

In short, Dr. Foody indicated that there is very low awareness of potential risk factors among women and their primary care physicians concerning cardiovascular disease in women. Her lecture helped many of us gain a better awareness of this all-to-common disease and many of its risk factors. This information is crucial so that we can then take better control over our own health.

## A Few Good Reasons

by Corinne Fisher, CPC

A question often heard by certified coders from those considering taking the CPC exam is “why become certified?”

Many reasons come to mind, not the least of which is the higher salaries coders enjoy. According to the Bureau of Labor Statistics, the national average hourly wage for health record workers (this category includes coders) is \$13.09 per hour, or \$28,327. The 2003 Salary Survey conducted by AAPC National found that certified coders earn anywhere from \$3,500 to nearly \$18,000 more than the national average. This amount varies according to where you live, job title, education level, and years of experience. The national average annual salary for a certified coder is \$39,046. Non-certified coders earn on average \$33,096.

Here in the Northeast, the salary difference is even more dramatic. Certified coders in this area average more than \$45,000 per year; non-certified coders earn slightly less than \$35,000 per year. Of course, level of education has a large impact on salary levels.

Another reason to become a certified coder is the respect that comes along with that “CPC” or “CPC-H” after your name. As a certified coder, you are more likely to be perceived by coworkers, peers, employers, and even potential employers as a highly trained and knowledgeable professional .

Be better at your job. If you are a compliance person, biller, reimbursement specialist, coder, administrator, or involved in the field of medical billing and reimbursement in some capacity, the knowledge gained from taking the exam and keeping up your CEUs is always valuable in your everyday duties. Additional knowledge when working in the medical field *never* hurts.

For anyone seeking higher salaries, respect, and knowledge while working in the medical field, becoming a CPC or CPC-H is a great start on the pathway to those ends.

# Top 10 Ways to Earn Your CEUs

By Irma Reyes

- 10) Give a lecture or presentation to a local chapter or workshop;
- 9) Take an exam review course;
- 8) Take the coding exam;
- 7) Attend an approved seminar or course  
(or apply for CEUs in advance when attending a non-approved coding course);
- 6) Submit a coding scenario to National AAPC;
- 5) Subscribe to approved publications;
- 4) Respond to questions in *The Coding Edge*;
- 3) Go to National Conference (this year in Atlanta, GA);
- 2) Write an article for Connecticut Coders Quarterly;  
*And Number 1)... Attend your local chapter meetings!*  
(Earn 2 extra CEUs for attending 75% of local chapter meetings!)



## Housekeeping

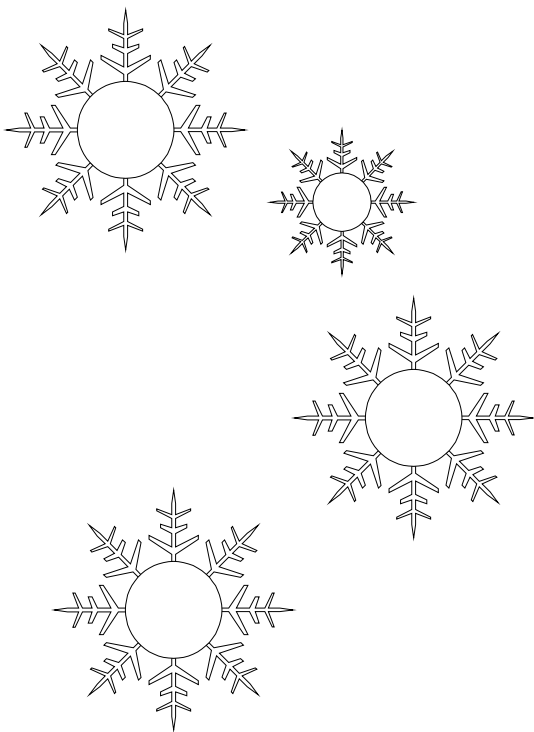
Just some general reminders:

### *To Join CT Chapter*

- You must be a National AAPC member (in good standing) to join the local chapter. But, you do not ever have to be a CPC to be a member.

### *Change in Dues*

- Effective 2004, annual dues for CT Chapter members will be \$20 per calendar year (Jan-Dec) – you are only considered a “member” if your local dues are paid. Dues are not pro-rated by the “paid” date.
- Non-member guest attendance fee will be \$5 per meeting attendance. You can only attend 3 meetings as a non-member of National – this is a National AAPC regulation (not ours!).
- Please note – dues and guest fees help defray the cost of providing the AV program capabilities for our speakers’ presentations as well as the “coffee &” at these morning meetings.



## Bulletin Board

### Meeting Notices

**When:** Tuesday, January 20<sup>th</sup>, 8:15 am, Brady Auditorium at Yale University, 310 Cedar Street, New Haven, CT

Kelly Anastasio, CPC will present a review of new and revised 2004 CPT and ICD9 codes.

**Coming up:** Our speaker for our February meeting is Veronica Chiang, MBBS, and Assistant Professor of Neurosurgery at Yale University School of Medicine. Dr. Chiang will be speaking on Critical Care and Neurovascular procedures and coding.

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**We are on the Web! [www.ctaapc.org](http://www.ctaapc.org)**

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