CODING from page 36

In this scenario, CPT code 27691 is reported on two lines and modifier 50 is appended to only one code on a single line. This is the correct reporting according to CPT rules. Modifier 50 is appended to the second code indicating that the exact procedure was performed on the contralateral side. Using modifier 50 for the second code avoids the contralateral procedure being denied as a duplicate procedure.

Many payers require single line submission. For these payers, close monitoring of reimbursement is critical to ensure that both procedures are paid appropriately. Medicare requires single line claim submission, but when Medicare reimburses the surgeon, the explanation of benefits will always show payment on 2 lines; payment should be 150 percent of the Medicare Fee Schedule.

The online version of this article shows how to report this procedure to Medicare, and how Medicare will reimburse for it.

Final tips

- Foot and ankle coding presents many challenges related to the intricacies and multiple procedures performed on the joints, tendons, and bones. Work closely with the coding and reimbursement staff to ensure documentation is specific to each anatomic location and the individual procedures performed at each site. The following tips may also be helpful:
  - Monitor claims closely for bundling issues and denials of services as incidental to each other or denied as duplicate. These types of denials/rejections will assist in correct modifier application.
  - Avoid unbundling; use modifiers correctly according to CPT and individual payer rules.
  - Monitor reimbursement closely and do not allow payer activities (such as consistently bundling two procedures) to dictate your coding. This could potentially result in lost revenues and inappropriate write-offs.
  - Run an adjustment report to ensure all write-offs for denied/bundled services were accurately made.
  - Audit surgical cases to maintain compliance and make certain that inappropriate unbundling/bundling is not occurring and to identify any opportunities to optimize coding, documentation, and revenue.
  - Attend an AAOS-sponsored coding course to learn the general coding principles related to surgical and office coding.

Do you have a coding question or problem you’d like to see addressed in an upcoming article? Let us know—e-mail aaoscomm@aaos.org

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COMMUNICATION from page 40

Residents and physicians change shifts, communication is essential so that key information about a patient's hospital course is not lost. This is most evident in the OR, where working as a team is essential to improving the culture of safety. Because these teams are composed of members from differing cultural, educational, and specialty backgrounds, unprofessional and disruptive behavior in the OR cannot be tolerated. All members of the team are dedicated to helping the surgeon get through the operation safely and avoid preventable errors.

Culturally competent communication

Communication is important in ensuring that all patients get the treatment they deserve. Physicians must recognize the potential impact of unconscious bias on interactions and recommendations for patients of different cultures or gender. For example, African Americans, Hispanics, and women are less likely to be offered a total joint replacement than white men, despite seemingly identical indications. Recognizing these unconscious biases and learning to deliver culturally competent care will help orthopaedists ensure that all patients get the treatment they deserve.

Information on the studies cited in this article can be found in the online version, available at www.aaosnow.org

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