

## CODING: Who is Responsible?

**Who** is ultimately responsible for the coding of medical work?

The **provider** who performed the medical work.

**Why** can't my biller or billing service be responsible for the submitted CPT codes?

Because there are many things that go into choosing an appropriate CPT code that are only known by the person who was in the room with the patient and performed the work.

For example: one of the components of choosing an appropriate E/M code is the complexity of the medical decision making. This includes all of the differential diagnoses the provider was considering as well as the potential complications. A biller or billing service cannot and should not be part of this decision making.

Second example: while a staff member or biller can review what was documented in a note, they do not have medical expertise to decide if it was medically relevant to the presenting complaint. Not only do you need to document the work that was done, it has to be medically relevant. So you can ask if a patient has chronic headaches and review their family history, but if it's done in the context of a visit for a small insect bite on the arm, that information is not medically relevant and should not count toward the complexity of the visit unless you clearly document in the visit note why for this particular patient it is medically relevant.

**If** there is an audit or investigation for fraudulent coding, who is ultimately responsible?

The provider who did the work and on whose behalf the claim was submitted.

**What** is the point of Office Practicum's coding calculator?

The calculator is there to help **suggest** a code based on the countable elements the provider had documented in the visit note. It often can provide a "sanity check" for providers to make sure that they have documented enough elements to support what they "think" should be a 99214 or other code.

It remains the provider who did the work to understand coding best practices, document appropriately and choose the appropriate CPT code to be submitted with the claim.

Understanding how OP's coding calculator works is critical to knowing when to apply the suggested CPT code and when to override based on best coding practices.

Users should always review their note summary and make sure that the information which they are saving is aligned with and supports the coding level they choose. In addition, users should understand what elements are included and saved in the audit note.