

Following is a list of common coding mistakes that cost your practice money:

CABG with bypass (00562) at 20 units vs. off pump (00566) at 25 units

Spinal surgery of the lumbar spine (00630) at 8 units versus the cervical and/or thoracic surgery (00600) at 10 units and with instrumentation at 13 units.

Thoracotomy or thoracoscopy (00540) billed at twelve units versus single lung ventilation (00541) at 15 units.

Interstitial radioelement application (00920) at three units versus with placement of needles or catheters (00400) also at three units or the alternate cross code (00902) at five units versus therapeutic interventional radiological procedures (01930) billed at five units.

Cystourethroscopy (00910) billed at three units versus cystourethroscopy with manipulation and or removal of urethral calculus (00918) billed at 5 units.

Extracorporeal shock wave lithotripsy without water bath (00873) at 5 units, with water bath (00872) at 7 units.

Lower abdominal hernia (00830) at 4 units versus ventral or incisional hernia (00836) at six units.

Vaginal (00944) and abdominal (00840) hysterectomy at 6 units each versus radical hysterectomy (00846) at 8 units.

Total hip (01214) at 8 units versus total hip revision (01215) at 10 units.

Diagnostic arthroscopic knee (01382) at 3 units versus surgical arthroscopic knee with repair or treatment (01400) at 4 units.