

THE ESSENTIAL GUIDE TO CODING IN OTOLARYNGOLOGY: CODING, BILLING, AND PRACTICE MANAGEMENT

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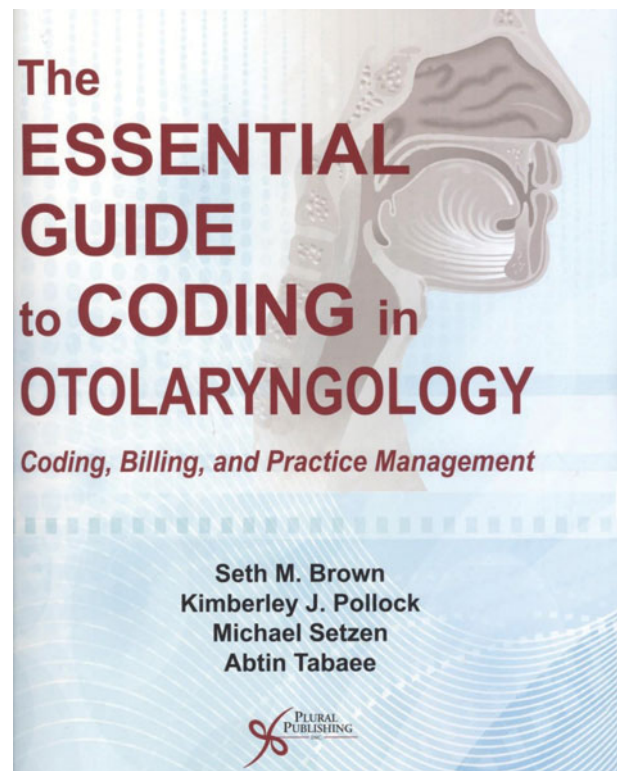
I had not requested this book, but the publishers did kindly include this in the postage of their newest releases. I confess I groaned as I read the title and flicked through what, at first, seemed just a list of codes of no relevance to a UK readership. But then we do have readers in the United States and I thought there might be more to this than I had suspected.

There was indeed. To some degree, it just made me appreciate our UK healthcare system, whether National Health Service (NHS) or private, but there is also some very useful advice and tips on practice management, which I would have appreciated 30 years ago when starting out!

A ring-bound multi-author text of 33 chapters, it achieves a remarkable uniformity of style. Most chapters freely discuss 'controversial areas' and the perils of incorrect coding. The opening page of Chapter 1 'Essentials of Coding' caught my attention. The terms 'ICD-10-CM', 'CPT manual' or 'HCPCS Level II' may all mean little to the UK reader, but their importance is quickly explained. These guides are not 'sales gimmicks' we are assured. They are an aid to avoiding ruin and penury, ensuring that one's practice can withstand audit, and are of value in epidemiology. The author tells of the discovery of US\$9.5 billion of improper payments by federal agencies in 2013. The same year, the Recovery Audit Contractors, in response, identified 1.5 million such claims and recovered US\$3.75 billion.

The evolution of coding systems is explained, but it is repeatedly stressed that insurers often follow their own rules; coding is not reimbursement. I learnt all this from the first page and decided this book is well worth a review.

Chapter 5, 'Successful Strategies in Billing' carries a generic message for any practitioner, and this alone warrants recommendation of this book to a UK readership. See how your current private practice stands up to the 22-question self-assessment tool. There follows a chapter on 'Successful Management of the Appeals Process', which provides standard template letters, using all the phrases most likely to succeed. The chapter on legal issues covers the obvious hazards of false claims, unbundling and use of unnecessary



technologies. There is fascinating coverage of what is most likely to trigger an investigation.

Both office and hospital care are covered in terms of the basic principles, but also for every possible procedure, from robotic surgery to investigation of sleep-disordered breathing. I was amused to read that audiologists using a rotatory chair to investigate balance disorders are advised to record the serial number of the chair, to satisfy the payers! Do not be tempted, as it seems some have been, to consider septoplasty a bilateral procedure. Indeed, several chapters suggest that that operation has attracted particular flak in billing.

In our NHS work, coding is generally (and amazingly) accorded limited resources, being the responsibility of an understaffed team of professionals. Anyone in UK private practice could greatly benefit from this book, as much of it has an international relevance. Its cost could be recouped in a single day of greater efficiency.

Obviously, for US readers this is essential and a reference fundamental to practice. It proved far easier reading than I had expected and I so nearly ignored it!

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