

Florida Gynecology Billing Compliance & Denial Reduction Checklist

16th Nov

Mastermind Healthcare RCM Tactics — Trusted by 47+ FL OB/GYN Practice

STEP 1: AUDIT YOUR TOP 10 DENIED CLAIMS (LAST 90 DAYS)

- ☐ Pull claims from your EHR or billing software
- ☐ Group denials by: Payer, CPT Code, Denial Reason
- ☐ Identify top 3 denial patterns (e.g., “Missing prior auth for CPT 58558”)
- ☐ Use this template: <https://mastermindhealthcare.com/downloads/fl-gyno-checklist>

STEP 2: VERIFY PAYER-SPECIFIC PRIOR AUTH RULES (FLORIDA FOCUS)

- ☐ Blue Cross Blue Shield FL: 72-hour notice required for CPT 58558 (hysteroscopy)
- ☐ Humana: Requires separate authorization for contraceptive implants (CPT 11975)
- ☐ Medicaid FL: Needs signed consent form for IUD insertion (CPT 11985)
- ☐ Cigna: Denies CPT 58301 (laparoscopic tubal ligation) if billed with 58300 without -59 modifier
- ☐ Aetna: Bundles pelvic exam with visit unless coded with modifier -25

✓ **STEP 3: USE CORRECT ICD-10 TO CPT PAIRINGS**

- CPT 58558 (Hysteroscopy with biopsy) → ICD-10: N92.6 (Abnormal uterine bleeding) OR N85.4 (Endometrial hyperplasia)
- ✗ Do NOT use Z00.00 (General health exam) — triggers denial
- CPT 58300 (Laparoscopic tubal ligation) → ICD-10: Z30.2 (Encounter for sterilization)
- CPT 58120 (D&C) → ICD-10: N93.8 (Other specified abnormal uterine bleeding)
- CPT 99401 (Contraceptive counseling) → ICD-10: Z30.0 (Encounter for contraceptive management)

✓ **STEP 4: APPLY MODIFIERS CORRECTLY — FLORIDA GYN PRO TIPS**

- -50 (Bilateral): Only if procedure was performed on BOTH sides (e.g., bilateral salpingectomy)
- -22 (Increased procedural services): Document “extensive tissue removal” or “unusual complexity” in chart
- -59 (Distinct procedural service): Use when billing CPT 58301 + 58300 together
- -79 (Unrelated procedure during post-op): Use for new issue during global period (e.g., appendectomy after hysterectomy)
- QX/QY/QZ: Always document CRNA supervision level in chart notes

STEP 5: DOCUMENT LIKE A PRO — WHAT PAYER AUDITORS LOOK FOR

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✓ **STEP 6: VERIFY ELIGIBILITY BEFORE THE APPOINTMENT**

- ☐ Enable real-time eligibility check in your EHR (Epic, Athenahealth, etc.)
- ☐ Run daily report: “Patients with Medicaid expiring in next 30 days”
- ☐ Front desk must confirm eligibility BEFORE patient is seen — not after
- ☐ Use Availity or Change Healthcare API for automated checks

✓ **STEP 7: TRAIN YOUR TEAM — MONTHLY “CODING CLINIC” (30 MINUTES)**

- ☐ Month 1: Review 3 real denied claims from your practice
- ☐ Month 2: Focus on modifier use (-50, -59, -22)
- ☐ Month 3: ICD-10 to CPT pairing drill
- ☐ Month 4: Documentation checklist quiz
- ☐ Reward staff who catch errors before submission!

✓ **STEP 8: IMPLEMENT A CLEAN CLAIM DASHBOARD**

- ☐ Track daily: Denial rate by payer
- ☐ Track weekly: Top 5 denial reasons
- ☐ Track monthly: Average A/R days
- ☐ Set alerts: If denial rate > 20%, trigger review
- ☐ Share report with providers every Monday morning

✅ **STEP 9: OUTSOURCE TO A GYNECOLOGY SPECIALIST — NOT A GENERALIST**

- ❑ Ask vendors: “Do you have OB/GYN-certified coders?”
- ❑ Ask: “Can you show me your Florida payer rulebook?”
- ❑ Ask: “What’s your clean claim rate for gynecology claims?”
- ❑ Avoid: Offshore vendors with no U.S. medical billing experience
- ❑ Choose: Mastermind Healthcare — 98% clean claim rate, FL-specific expertise

✅ **STEP 10: DOWNLOAD OUR FREE FLORIDA GYNECOLOGY BILLING CHECKLIST**

- ❑ Visit: <https://mastermindhealthcare.com/downloads/fl-gyno-billing-checklist.pdf>
- ❑ Print it. Post it. Use it every day.
- ❑ Email us: info@mastermindhealthcare.com for a personalized audit

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📞 Call Us: +1 (812) 329-2773 | ✉️ info@mastermindhealthcare.com

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