

THE BUSINESS OF SPINE

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THE SPINAL COLUMN

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REVENUE CYCLE MANAGEMENT: IMPROVE YOUR OUTSOURCING OPTIONS

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In medicine, Revenue Cycle Management is one of those areas that is often considered for outsourcing, but let the buyer beware!

Outsourcing Revenue Cycle Management should be considered when the practice, group or facility has decided that the ability to manage the Billing Accounts Department has not been as successful as possible. This is usually determined by the level of collections, the turnover in the department or the inability to find competent help. Certainly, these issues raise the possibility of outsourcing, however, the practice should be certain not to replace one bad situation with an even worse situation.

Now, one would think that I would be promoting outsourcing, considering the fact that Business Dynamics Limited is a Revenue Cycle Management firm serving spine specialists and surgeons. But we have a long history of dealing with practices and facilities who find outsourcing to be an incredible benefit and those that find outsourcing to be too far removed from their control. So with that said, there are several factors which should be considered before making decisions to outsource or build your Revenue Cycle Management team in-house.

First, what is the personality of the principles, physicians and administrative team? If the business environment is one of micromanagement and control, outsourcing should not be considered, no matter how well the RCM firm performs. In such cases, it is necessary for those practices to hire the highest level of staff possible in this area and provide as much continued education as possible in coding, billing and appeals. It may be the perfect situation for that practice, although the highest levels of reimbursement are not always achieved. This also comes with a significant cost point as well, in salaries, benefit packages and retainerhip of management.

Some practices refuse to outsource due to negative experiences in the past, but to ignore all possible opportunities due to previous experiences certainly limits potential successes. Below are some factors which may have resulted in negative outcomes:

- **An incompetent or inexperienced RCM firm, short on operations management or not fully trained in specialized areas.** This is often the case with general billing companies or those with the lowest price points. The cut-rate is not always the best and vice-versa as well. Expensive RCM firms may have high end management and farm out the work to independent companies, and in some cases even overseas.
- **Other areas of disappointment by physician clients may have involved expectations:** how much access, how many meetings, etc. The expectations of the client may not be in line with the customer service expectations of the company.

And speaking of customer service, the practice should look to identify the answers to these crucial questions right up front:

- What is the level of service that the RCM firm will provide?
- Are they readily available?
- Are they patient advocates?
- Will they assist the practice with setting up protocols for success?

Some practice management staff do not truly understand the complex revenue cycle itself, therefore, the results are based on their limited or skewed notion of success. Other failures in this relationship involve the inability to advise or change the practice in an effort to find ways to increase revenue and drive patient satisfaction.

Revenue Cycle Management has certainly changed over the years, and practices and RCM providers need to look to the future to see if they have prepared themselves for success. Anyone that outsources wants to experience the full monte of expertise, transparency, service and results. All of these expectations must be met, along with the baseline trust to provide the highest level of competence.

- Evaluate the RCM firm, review the management profiles, visit their office, look for professionalism among the ranks, audit their processes and keep communications open.
- Remain educated about goals, expectations, and be sure to converse on a regular basis. Challenge issues, but be fair and reasonable, as the expert you outsourced to may look to annul a relationship if the practice is fanatical and unrealistic in their expectations.

The most beneficial relationship is one that provides value added services, informs the practice of concerns and keeps an open dialogue so that both may prosper from the relationship.

IN THIS ISSUE...

**Revenue Cycle Management:
Improve Your Outsourcing Options**
- Cover Article

Doctors Going Broke
- Page 2

**Announcing "CPT Coding for Spine
2012" Webinar**
- Page 2

**Coding Advisory—
Major Impact in 2012**
- Page 3

Doctors Going Broke

Jean O'Brien
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An alarming trend being observed nationwide among doctors in many levels of practice is that many are going broke. Financial declines are being noted by this group of highly trained professionals.

Doctors are reporting shrinking insurance reimbursements, ever-changing healthcare regulations, rising business and drug costs¹ – all contributory factors negatively impacting the physician's practice. Adding to this mix, may be the doctors' lack of business acumen. Yearly proposed adjustments in Medicare rates for both treatment and drug prescriptions continue to haunt doctors every year. A reported average of 10% to 15% profit leak in a private practice is due to monies owed to the practice by patients or insurers.

This quiet reality seeping into all areas of medical practice requires vigilance among the lawmakers and their policies, along with carefully planned strategic changes within the practice to better position the doctors against the financial lows in this industry.

In this respect, our valued clients realize many added benefits of engaging the services of Business Dynamics Limited. Our highly successful Appeals service aids in the recoupment of lost revenues by addressing denied claims to the highest level within the appeals system. Our clients are kept apprised of changes within the spine industry with regular updates and coding advisories. We provide outstanding spine coding, billing and collection services which have resulted in maximizing reimbursement to our clients in a timely manner.

To those practices Business Dynamics does not service, we encourage you maintain a constant diligence in all matters relating to your field and to incorporate a stronghold of professional staff and colleagues to help guide you through the many obstacles facing the medical industry today.

¹ CNN MONEY – January 5, 2012

Announcing “CPT Coding for Spine 2012” On-Demand Webinar Prepare Yourself for the 2012 Coding Updates

The Business of Spine is pleased to announce the 2012 Spine Coding Updates Webinar. This webinar, presented by Barbara Cataletto, the nation's subject matter expert in spine coding and reimbursement, is intended for the surgeon and staff to prepare for the CPT code changes in 2012. It will review information in several areas that have had changes including new spine codes, revised codes and deleted codes. It will show how these changes can affect a spine practice or industry while maximizing reimbursement. This is one of many webinars accessible through our website, www.thebusinessofspine.com.

Those who know about the 2012 CPT changes are shocked and those who don't know need to know. The changes that have been implemented for CPT 2012 will have an enormous impact on reimbursement.

“In all my years of studying coding and reimbursement for the spine industry, I have never seen such a devastating and negative impact of changes as I have with the coding protocols put in place this year”, said Barbara Cataletto.

It is estimated a spine surgeon loses 30% of his revenue due to miscoded claims. Now more than ever, it is important that the surgeon and his staff be aware of these changes and the impact they can have on his practice. This course will prepare you for these changes. It also comes with a guide that is downloadable and outlines all the 2012 CPT codes changes.

The Business of Spine (TBOS) is an education and consulting company solely dedicated to the spine industry. TBOS supports the spine professional with customized consulting services, online courses, webinars, coding books and printed materials. For more information visit the website: www.thebusinessofspine.com or call 888 337 8220, option 7.

Coding Advisory

Major Impact in 2012:

Changes to Discectomy

Decompression Coding

Compared to 2011, you will notice a discreet difference in the coding requirements for decompressions of the spine. Discectomy, hemilaminectomy, and interspace decompression now require greater detail about the surgical approach.

For example, 63030 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; (an open procedure only for the lumbar spine) now requires an “open” procedure. You may no longer use 63030 for minimally invasive (i.e., endoscopically assisted) procedures, as in previous years. Instead, 62287 and 0275T now cover percutaneous and endoscopic approaches:

- 62287 Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with the use of an endoscope, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar
- 0275T Percutaneous laminotomy/laminectomy (intradiscal approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; lumbar

Note that 62287 and 0275T bundle (include) many related procedures, such as fluoroscopy, imaging, discogram, etc. The bundled services may not be coded separately. The codes also describe procedures performed at either single or multiple levels; 0275T further describes either unilateral or bilateral procedures.

When selecting among 63030, 62287, and 0275T, you must review documentation language carefully to differentiate

the approach and find the specific terminology necessary to support the chosen code. Look for terms such as “percutaneous,” “cannula,” “fluoroscopy,” “tubular,” “intradiscal,” “port incision,” and “endoscopic” to identify decompression by minimally invasive technique as described by 0275T and 62287. Further clarification is required to determine a needle-based approach (62287) versus a non needle-based approach (0275T). The language here is very specific!

For more information on the coding changes for 2012, see our web course at www.thebusinessofspine.com

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Limited time offer:

Essential Coding Package

Approved for 10 CEU credits from AAPC

This package includes the following online courses:

Successful Spine Coding

Mastering Modifiers

Maximizing Reimbursement

Cadaver to Coding

Retail package price: \$795.00

This package will provide the information you need to gain a better understanding in all aspects of coding!

Contact us at 888-337-8220 Option 7

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OUR MISSION

At The Business of Spine, our mission is to provide the Spine Industry with professional development, training and customized education through spine specific consulting services, training programs and educational tools.

We aim to raise the bar in the spine industry through increased business and financial awareness for all spine professionals, while promoting national compliance within industry and Federal standards.

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CODING UPDATE INSIDE

About Us

Since its inception in 1998, **Business Dynamics** has emerged as a leading spine coding and medical reimbursement firm serving spine practices, spine product manufacturers and numerous organizations throughout the United States. Based in New York and Texas, **Business Dynamics** continues to successfully seek new ways to develop and expand knowledge within the spine industry to ensure maximum reimbursement for the spine specialist.

In order to fill the void in training and education for the spine professional, **Business Dynamics** developed **The Business of Spine**, our spine specific education and consulting company. With over 20 years of experience in the field of spine coding and reimbursement, **The Business of Spine** brings the business mindset into focus by combining many years of spine coding knowledge and experience to assist clients in maximizing reimbursement and increasing office efficiency.

The Business of Spine provides a full range of spine-specialized consulting services performed by seasoned experts in Practice Management, Spine Coding & Billing, and Hospital Financial Management. This extensive list offered to spine specialists nationally includes **Claims Review and Audit Services**, **Comprehensive Billing Office Assessment**, **"The Spinal Cord"**, a hotline service offering real time coding advice, along with onsite educational **Lectures and Seminars** for Physicians, Facilities, and Manufacturers.

The Business of Spine's Accreditation Series for the Spine Reimbursement Specialist is AAPC-approved and provides the spine professionals with resources and tools needed to expand their knowledge of spine coding, collection, and appeals issues, allowing career advancements and providing stronger support to the spine business.

Our **Spinal Column Newsletter** and **Coding and Reimbursement Advisories** offer updates for our clients as changes occur in the realm of spine coding and reimbursement in response to state, federal, or insurance commission legislation.

For more information, log onto www.thebusinessofspine.com or call us at 888-337-8220 #7