Many practice managers and staff can feel like they are riding a runaway horse. The culprit is the seemingly endless list of competing priorities they are faced with throughout the workday. From ICD-10 to PQRS, these priorities create a sense of urgency that keeps folks bouncing from one thing to another all day long, in hopes that they can check everything off their to-do list. In reality however, all this back-and-forth multitasking makes you less productive, not more. Bust these four common multitasking myths and trade them for more productive alternatives.
Are Online Coding Discussions Putting Your Practice At Risk?

Here’s an email we recently saw while monitoring a specialty coding listserv:

We have a surgeon that says I am not an aggressive coder because I communicate to him when NCCI indicates that certain procedures are bundled, and now I am second-guessing myself. Can you confirm whether or not 23130 and 20680 for removal of 2 suture anchors from the humeral canal from a previous rotator cuff repair are bundled with 23472?

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Health insurance deductibles are skyrocketing, and patient financial responsibilities are reaching new heights. Employers continue to move toward higher deductible plans to keep their expenses in check, and many health insurance exchange plans have deductibles of $3,000 or more. And the millions of patients being added through the Patient Protection and Affordable Care Act are increasing both visit and collection volumes.

Physician practices can no longer afford the “we’ll-bill-you-after-insurance-has-paid” approach to patient collections. Sending statements and following up with those who don’t pay is expensive. And once patient balances start going beyond 120 days, good luck collecting them. Collecting at the point of service is your best chance of getting patients to pay. But with so many different plans and benefit packages, it’s difficult to determine what exactly can be collected. The following five technologies will help your practice solve this and other collections challenges.
3 Technologies That Improve Patient Collections

“Don’t worry, you don’t need to pay us today...we’ll bill you after insurance pays.”

This is music to patients’ ears. It means they can receive services, treatments, and/or tests in your office, and leave without paying for them. Months later when the bill arrives, it will be easy for them to set it aside. Because (probably) no one is going to call and ask them to pay it anytime soon. Maybe ever.
Four Things to Know About ICD-10 and Prior Authorization

When most practices think about the shift from ICD-9 to ICD-10, they think of changes to physician documentation, diagnosis code selection, and software upgrades. But ICD-10 is going to have a big impact on the pre-authorization process too. Here’s why, and what to do about it.

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Success? Teamwork Pays Off For a Nebraska Practice

New West Sports Medicine & Orthopaedic Surgery, Kearney, Neb., is a seven-surgeon practice with seven physician assistants (PAs) and four athletic trainers (ATs). It’s also ready to face the challenges presented by the transition to the International Classification of Diseases, 10th edition (ICD-10) in October. The success is based on one word: TEAMWORK. Their ICD-10 transition team is a tour de force for leading and motivating the entire practice.

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Author’s Note: The content of the e-mail examples presented in this article is from actual online discussions. Practice and participant names and contact information have been changed.

Thanks to Arlene’s question, posted to an orthopedic listserv group, Surgical Specialists has just sent an open invitation to any auditor or whistleblower who knows how to perform a simple Google search. The invitation reads, You Are Cordially Invited to ... Audit Our Practice!

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Recently, an orthopaedic surgeon remarked that he was thinking about outsourcing his billing so he could avoid learning ICD-10 and make ICD-10 “the billing service’s problem.”

But hastily outsourcing billing and collections without carefully evaluating the company can lead to problems. Choosing the wrong billing service or outsourcing for the wrong reason can quickly become a nightmare of risk and lost revenue. Performing due diligence before signing the contract can mitigate risk and performance issues before they become acute.
Six Tips For Successfully Managing Millennials

Medical Office Manager – 2014
by Cheryl Toth, MBA

The Millennial generation – Americans aged 18 – 37,1 is the largest generation in U.S. history. Yup, bigger than the Baby Boomers, and 86 million strong. Next year, they’ll comprise 36% of the U.S. workforce, and by 2020, nearly half.2

I love working with this generation. I find them to be a diverse group of curious, collaborative, and fearless folks. Not only are they highly tech-literate and efficient, but they constantly challenge me by discovering new applications and tools, and suggesting innovative ways to use them.

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“The billing office is handling that,” an orthopedic surgeon at a recent reimbursement workshop said. Like many physicians, he was unaware that asking the billing office to handle ICD-10, the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD), is like trying to do a crossword puzzle using only the “Down” clues. It is impossible, because half of the information is missing.

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