Everyone agrees that it’s important to understand how many patients seen in consultation actually schedule surgery. Aesthetic surgeons measure their value on it, and patient care coordinators are rewarded for improving it. Nearly every aesthetic surgeon we talk with wants to know what is a “good” conversion rate.

But if your team calculates a “lump” conversion rate for the year, you’re missing the bigger picture. Not to mention lacking the nuanced data needed for making strategic marketing and performance improvement decisions.

This article sets the record straight. It explains why and how to correctly track this essential metric, the importance of understanding how the practice management system algorithm calculates it, and how to take action if your current data collection procedures need a clean up. Throughout the article, “conversion rate” is referred to as “Patient Acceptance Rate (PAR),” our firms preferred term. “Conversion” has an unfortunate religious connotation. And PAR takes into account three important variables for getting patients to “yes, schedule me:” connection to the surgeon, procedure recommendations, and fee.

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How to Hire a Superstar Scribe

Cheryl Toth, MBA

Healio ⋅ Orthopedics Today – July 2018
by Cheryl Toth, MBA

If you have you been thinking about hiring a scribe to handle your electronic health record data entry, then you are not alone.

More physicians are hiring scribes to reduce administrative overload. Physicians who use them report improved quality of life, clinic efficiency and productivity. If U.S. industry estimates prove accurate, by 2020 there will be 100,000 medical scribes or one scribe for every nine physicians.

The three options for finding the right superstar to support you are develop one from within, recruit a scribe or engage a scribe service.

Grow your own
Start by looking at your staff for someone who is energetic, bright and looking for a new challenge.

Two years ago, Millennium Orthopaedic Surgery and Sports Medicine, in Farmington, Michigan plucked a highly capable medical assistant (MA) from its ranks and groomed her to be
the scribe for orthopedist Robert B. Kohen, MD. “We felt she would be a good fit,” office manager and billing supervisor Lee Sierocki, CPC, said. “She is a smart, high caliber employee who rarely misses a day of work,” according to Sierocki.

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Have You Heard the Latest Professional Liability Risk?

Michael R. Marks, MD, MBA

Have You Heard the Latest Professional Liability Risk?
AAOS Now- June 2018

By: Michael R. Marks, MD, MBA

HIPAA allows states to recognize cause of action for breach of confidentiality

The list of liability risks for physicians continues to increase. On behalf of the Medical Liability Committee, this article presents new risks via highlights from a recent discussion with Jeannine M. Foran, BSN, JD, a Connecticut healthcare attorney who leads the Health Care Practice
Advisory Group at Heidell, Pittoni, Murphy & Bach, LLP, in Bridgeport, Conn.

Dr. Marks: What is the latest liability risk that physicians should be concerned about?

Ms. Foran: Liability risks are generally local; however, when a risk is identified in one state, it may not be long before it occurs in other states. The Connecticut Supreme Court, forsaking long-standing precedent, now joins many other states in recognizing a cause of action for breach of confidentiality. In Byrne v. Avery Center for Obstetrics and Gynecology, PC, the Supreme Court held that physicians may be sued for negligence and negligent infliction of emotional distress caused by unauthorized disclosures of medical information.

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Tips for Utilizing ICD-10-CM

Sarah Wiskerchen, MBA, CPC

Tips for Utilizing ICD-10-CM – June 2018
AAOSNow
by Sarah Wiskerchen, MBA, CPC
In May 2015, most orthopaedic surgeons and their staff were highly focused on learning the new diagnostic language of ICD-10-CM (International Statistical Classification of Diseases and Related Health Problems, 10th revision, Clinical Modification). That’s because the new diagnosis codes were scheduled to replace ICD-9-CM in October 2015. Three years later, practices are still learning how to utilize the ICD-10-CM code set to support the services they perform. This article outlines five important tips to aid physicians and coders in selecting the appropriate ICD-10-CM codes.

**No. 1: Injury codes**

Do use chapter 19 injury codes when the documentation states that an injury occurred. Don’t assign pain diagnoses to every orthopaedic claim.

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**Are Physicians Required to Return Overpayments?**

Are Physicians Required to Return Overpayments?

AAOS Now- May 2018

By: Michael R. Marks, MD, MBA, and Michael Sacopulos, JD

When overpaid, many providers wonder if they need to return the funds. The short answer is yes. An overpayment is money that does not belong to providers and keeping it exposes them to collection and other risks.

The U.S. Centers for Medicare & Medicaid Services (CMS) ruled that Medicare overpayments must be refunded within 60 days. However, some practices are passive on the issue and many do
not have a policy addressing these funds. For example, during a recent discussion with a client, it was discovered the practice had not run the Medicare Credit Balance Report in nearly a year. When they did, they were astounded to learn they owed more than $300,000.

If your practice hasn’t run this report, immediately do so. Consult your practice’s attorney for assistance on how to address any overpayments. Medicare’s rules are specific. To review their fact sheet, visit https://go.cms.gov/1Oy2sK1.

Medicare overpayments can occur for a variety of reasons, such as insufficient documentation, medical necessity errors, duplicate payments, and administrative and processing errors. The look-back period is six years. When your office identifies an overpayment within that period, you must report and return the overpayment within either 60 days after identifying the overpayment or by the due date on any corresponding cost report, whichever is later.

Read Full Article

Michael R. Marks, MD, MBA
A familiar complaint many orthopaedic surgeons hear from exasperated staff is, “I couldn’t get this MRI approved—the insurance company wants a peer-to-peer review.” The surgeon must
then get on the phone with the insurance company, and after providing additional information about the case, is often successful in obtaining approval for the procedure. However, this process is not only a waste of surgeon and staff time, but it also results in delayed treatment for the patient.

See Slideshow

Boost Your Bottom Line by Collecting for Services Already Being Performed

Cheyenne Brinson, MBA, CPA

Boost Your Bottom Line by Collecting for Services Already Being Performed
Healio · Orthopedics Today – May 2018
by Cheyenne Brinson, MBA, CPA

Whether you’re an employed physician or in private practice, no doubt you’ve pondered ways to boost payments for your services. After all, your compensation is either directly or indirectly tied to collections. Reimbursement from payers
isn’t increasing, you’re likely at maximum productivity and expenses aren’t declining. So how does one boost their bottom line? The strategy is simple. Collect for the services you are already performing.

With today’s higher copays where specialist copays can be upward of $70 and deductibles are higher, unpaid patient accounts receivable (A/R) amounts are soaring. To assess the opportunity in your practice, review the A/R report, split by patient and insurance responsibility amounts. How much is the patient portion? View patient A/R as “real money” because the claim has adjudicated and the amount remaining is what the insurance company has determined is patient responsibility. In contrast, insurance A/R is at the gross amount because no contractual adjustment has been made. Also, add the amounts written off to bad debt and the collection agency to the amount of patient A/R to obtain a full picture of the extent of your practice’s additional income opportunity.

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5 Qualities of Superstar Practice Managers

Amy Boyer, MBA
5 Qualities of Superstar Managers

Physicians Practice ⋅ April 2018
by Amy Boyer, MBA

There is a significant opportunity in the U.S. for business-minded professionals to have a rewarding career in healthcare as practice managers.

As in any profession, there are average managers who do an adequate job. And then there are the superstars—the managers who care deeply, work fervently, and deliver results time and time again.
So what sets these managers apart from others? What is the “secret sauce” to getting ahead as a practice manager? Let’s talk about five qualities superstar managers possess.

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Coding Trigger Point Injections for Pain Management

Deborah Grider, CPC, COC, CPC-I,
Review your payer policies when performing these services.

Pain management coding can be tricky. Trigger point injection therapy is a common procedure performed by pain management specialists, orthopedic surgeons, physical medicine and rehab and other specialties. Trigger point injection therapy is used for the treatment of myofascial pain syndrome (MPS).

According to the American Society of Regional Anesthesia and Pain Medicine. Myofascial pain is a common, non-articular musculoskeletal disorder characterized by symptomatic myofascial trigger points — hard, palpable, localized nodules within taut bands of skeletal muscle that are painful upon compression. MPS is a chronic condition affecting the connective tissue (i.e., fascia) surrounding the muscles; sensitive points in your muscles (trigger points) cause referred pain in seemingly unrelated parts of the body. MPS typically occurs after a muscle has been contracted repetitively. The large upper back muscles are prone to developing myofascial pain, as well as the neck, shoulders, heel and temporomandibular joint.

Read Full Article
A familiar complaint many orthopaedic surgeons hear from exasperated staff is, “I couldn’t get this MRI approved—the insurance company wants a peer-to-peer review.” The surgeon must then get on the phone with the insurance company, and after providing additional information about the case, is often successful in obtaining approval for the procedure. However, this process is not only a waste of surgeon and staff time, but it also results in delayed treatment for the patient.