The past few years we have focused closely on getting ready for ICD-10. In most cases, the transition to ICD-10 was successful. We had a few bumps in the road, but overall, things went well. What’s next? Now we need to shift the focus to improve coding and clinical documentation in order to protect revenue. Most payers, including the Centers for Medicare & Medicaid Services (CMS) have given the industry a grace period in which to code to adequate specificity in ICD-10, as long as we are coding in the correct category and laterality is reported. However, this grace period will not last forever.

Click here for full article.

Dropped Leads, Why They
After mystery shopping over 150 aesthetic plastic surgery practices through their websites and by phone, we’ve come up with a pattern of kerplunked leads. Whether the “lead,” (AKA “prospective patient”) calls or writes your office you’ll be surprised how many inquiries are not answered or answered well.

Here are six recommendations on how to avoid dropped leads which are the ‘termites’ eating away at your promotional return on investment follow.

Read Full Article
If you are a solo orthopedic surgeon or practice in a small group and are 55 years or older, this article is for you. The answer to the question “When is the right time to begin planning for the transition out of practice?” is now. And planning is the most important word in that sentence.

Read Full Article

Parties and Promos – Advice from Healthcare Attorney Mike Sacopulos
It is that time of year. The holidays are in full swing and many practices are hosting parties and special events. I have received the question below concerning photography at these events several times in the last 30 days. Hopefully this Q & A will be useful to your practice.

Read full article.

The Only Safe SMS Texting Is No SMS Texting

Many physicians and practice staff use short messaging service (SMS) text messaging to communicate with patients. But SMS
text messaging is unencrypted, insecure, and does not meet HIPAA requirements. In addition, the short and abbreviated nature of text messages creates opportunities for misinterpretation, and can negatively impact patient safety and care. Until recently, asking patients to sign a statement that they understand and accept these risks—as well as having policies, device encryption, and cyber insurance in place—would have been enough to mitigate the risk of using SMS text in a medical practice. But new trends and policies have made SMS text messaging unsafe under any circumstance. This article explains these trends and policies, as well as why only secure texting or secure messaging should be used for physician–patient communication.

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The 5th P: “Personnel” is Essential to Your Practice’s Marketing Mix

Aesthetic Society News – Fall 2015
by Karen Zupko

These “4 Ps” comprise the classic Marketing Mix and are foundational components of any marketing discussion or marketing plan development.

But I propose that there is an important “P” missing from this mix: Personnel.

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The Cure for Soaring Patient Receivables: 8 Best Practices for Point of Service Collections and Payment Plans
Patient deductibles and financial responsibilities are skyrocketing. According to a 2014 survey by the Kaiser Family Foundation, 80% of all workers now have annual deductibles, and the average deductible amount has doubled over the last eight years. The study showed that today’s annual deductibles average $1,217 for employer-offered individual coverage. Deductibles for families are much higher, averaging $2,328 for HMOs and $1,947 for PPOs. And Affordable Care Act (ACA) plans could have deductibles of more than $2,500 for individual coverage and more than $5,000 for families.

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Several years ago, we visited a practice in which the receptionist drove a Jaguar. We were particularly intrigued about this after we learned that her husband had been in and out of work for several years. As part of our engagement, we observed the receptionist checking in and checking out patients, and noticed fairly quickly that the encounter forms for several patients who paid in cash had “disappeared.”

The next day, the receptionist called in sick and within a few days had resigned. In the end it became clear she had been tossing encounter tickets and pocketing cash for years. But because the practice didn’t require anyone to account for all the day’s encounter forms, nor balance money collected against what was posted to the computer system, no one was the wiser.

Read Full Article
We frequently find that aesthetic surgeons make expensive business decisions based on hunches or staff suggestions instead of data. And when we ask which reports the surgeon reviews each month, we are often told, “the P&L,” if anything. This is often followed by:

- “I keep asking my manager for reports but I still don’t receive them.”
- “The staff said the computer can’t run that report/provide that information.”
- “I was told our report data isn’t accurate.”
- “I’m not sure which reports I’m supposed to look at every month.”

Read Full Article
As late as mid-April 2015, a survey of 121 orthopedic practices indicated that 30% had done nothing to start preparing for ICD-10 (International Classification of Diseases, Tenth Revision).¹ That’s scary. And even the practices that had begun to prepare had not completed a number of key tasks.

Certainly, the will-they-or-won’t-they possibility of another congressional delay had many practices sitting on their hands this year. But now that the October 1, 2015, implementation is set in stone, this lack of inertia has many practices woefully behind. If your practice is one of many that hasn’t mapped your common ICD-9 (International Classification of Diseases, Ninth Revision) codes to ICD-10 codes, completed payer testing, or attended training, it’s time for a “full-court press.”