If you’ve decided to make the strategic change toward increasing cosmetic lines of service, you’re joining a bustling movement. Internists, obstetricians, and other specialists continue to enter cosmetic medicine as an antidote to reimbursement decline and the complexities of medical billing and management. The influx of these physicians makes it more important than ever for dermatologists to clearly differentiate themselves from the pack.

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For physicians who have decided to incorporate cosmetic services into their established dermatology practice, the early planning stages are like a honeymoon. Managers and physicians engage in lively discussion about creating a medical spa or aesthetic center. New skincare lines are road tested by staff. Lasers are contemplated. And “coming soon” is the excited response for all cosmetic inquiries. During this phase it’s easy to look at the move toward cosmetic services through idealistic, rose-colored glasses.

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Billing Essentials for Using a PA or NP in Orthopaedics
In last month’s AAOS Now roundtable, “Making the Most of PAs and NPs,” Thomas F. Murray, Jr, MD; Gail S. Chorney, MD; Anthony V. Petrosini, MD, and Kemuel Carey, MHS, PA-C, ATC, shared valuable insights on how to effectively use physician assistants (PA) and nurse practitioners (NP). This article covers essential billing research steps for groups who are new to using these providers, collectively described as nonphysician providers (NPPs).

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Mapping Your Way to ICD-10 Implementation Success
As orthopaedic surgeons and their practice teams ready themselves for the implementation of ICD-10, a team-based transition action plan is essential. One step in making the transition is known as “mapping.” Mapping describes the process of comparing the codes currently used in ICD-9 to those that will be used in ICD-10 for the same condition or injury.

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**Five Frequently Asked Questions About ICD-10**
During the AAOS-sponsored ICD-10 education courses presented this year by KarenZupko & Associates, orthopaedic surgeons, practice managers, and staff had plenty of questions about ICD-10. Here are five that were frequently asked.

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6 Action Steps for Getting Documentation Ready for ICD-10
We are less than a year away from the biggest change to healthcare administration in decades. Yet, many practices are woefully behind when it comes to their ICD-10 conversion planning. And some physicians still mistakenly believe that this is a job for their billing staff.

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When “7” Is Not a Lucky Number
Using the 7th character extension in ICD-10-CM for orthopaedic injuries

The 7th character extension represents a major distinction between the International Classification of Diseases, Ninth Edition (ICD-9) and the International Classification of Diseases, Tenth Edition (ICD-10). A clear understanding of the 7th character is imperative due to its extensive use in orthopaedics.

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Follow an eight-step formula for correct spine coding
Reporting the “just right” CPT codes isn’t easy for spine surgeons and coders. In fact, it is complicated. If you under code, in effect, you “pick your own pocket” by losing revenue and/or relative value unit. Overcoding leads to denials, inflated accounts receivable and a possible audit with a payback.

Try this organized approach to answer key questions to submit accurate codes the first time. The benefit of using our technique means you increase the chance of your claim being coded correctly — with no reworks, denials or time-consuming appeals.

If you are in academic practice, share this technique with your fellows and residents. For private practice surgeons, keep the Figure on your phone to use as a dictation prompt to make sure your operative reports have all necessary information. Coders will also benefit by using these eight steps as their guide.

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Do Your E/M Service Levels Match Medical Necessity?

In May of this year, the Office of the Inspector General (OIG) published a report describing, among other things, its methodology for evaluating E/M code documentation during audits for the Centers for Medicare and Medicaid Services (CMS). In addition to the OIG’s typical review method and process, the report contained the following (italics ours):

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Follow an Eight-Step Formula
for Correct Spine Coding

Follow an Eight-Step Formula for Correct Spine Coding – September/October 2014
by Teri Romano, RN, MBA, CPC, CMDP and Kim Pollock, RN, MBA, CPC, CMDP

As part of the new Spine Coding Source column, Spine Surgery Today will begin discussing relevant spine coding issues for surgeons. We hope this new feature will enhance your practice and help clarify areas of difficulty. We are pleased to work with coding experts, KarenZupko & Associates. Our goal is to provide our readers with up-to-date coding changes and practice optimization tools. We look forward to your comments and suggestions for future topics.

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