Pain Management In Orthopaedic Practices

Karen Zupko, President

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by Karen Zupko

Frequently Asked Questions – Pain Management In Orthopaedic Practices

Increasingly, pain management specialists—physical medicine and rehabilitation specialists or anesthesiologists—are joining orthopaedic groups that have adopted a more global approach to musculoskeletal system care. However, this presents challenges for the billing time, particularly with respect to coding procedures and transfers of care from the orthopaedists to their pain colleagues. The coding team at KarenZupko & Associates shared the following frequently asked questions.

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Every autumn, the American Medical Association’s (AMA) Current Procedural Terminology (CPT) book is updated with changes for the next year. In 2016, minimal changes were made, possibly due to the implementation of the International Classification of Diseases, 10th edition (ICD-10) and a desire to not overload physician practices. In a prior article, 2017 changes for the spine area were presented. (See “2017 Spine CPT Code Changes,” AAOS Now, November 2016.) This column points out the CPT changes made for the foot and toes region.

In summary, effective Jan. 1, 2017, two new codes—28291 and 28295—have been established to report bunionectomy procedures, three codes—28290, 28293, and 28294—have been deleted, and six codes—28289, 28292, 28296, 28297, 28298, and 28299—have been revised.

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7 Golden Rules for Reducing Hip Arthroscopy Denials

Michael R. Marks MD, MBA

AAOS Now – December 2016
by Michael R. Marks, MD, MBA

If a constant stream of denials for hip arthroscopy procedures frustrates you, know that you are not alone. These denials are a common source of angst for physicians. The good news is, if you know how to avoid common coding pitfalls, document correctly, and follow payer medical policies, most of these denials will disappear.

The key is having proper documentation, prior to submitting the claim.

Hip Arthroscopy from a Coding Context
This minimally invasive hip surgery is still relatively new. Although the number of Current Procedural Terminology (CPT) codes is expanding, carrier policies have not quite caught up with the orthopaedic community’s acceptance.

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Five Often-Overlooked Areas of Medical Practice Risk

Your Instructor: Karen Zupko, President

Physicians Practice – November 2016
by Karen Zupko

The end of the year is a great time for physicians to review practice operations and policies and assess what’s being done well, what can be improved, and where priorities for next year lie. Reducing overhead and improving collections are no doubt high on that list. But don’t overlook the importance of managing risks – here are five that we find, all too often, are unaddressed in practices.

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2017 Spine CPT Code Changes
Spine surgeons face a multitude of Current Procedural Terminology ® (CPT) code changes, effective Jan. 1, 2017. This article provides a summary of these changes so practices can get a head start on understanding their implications. A complete listing of changes can be found in the 2017 CPT manual.

**Approach and Visualization Definitions**

The Spine and Spinal Cord section of the Nervous System codes in CPT 2017 provides new definitions of key terms and surgical approaches to further clarify these CPT code descriptors, as shown in Table 1.

Surgical CPT codes are presumed to be open unless the code descriptor states otherwise.

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Medicare eliminated payment for consultations in 2010, which resulted in significant revenue losses for spine surgeons and
all specialists. All office consultations for Medicare patients became a new or established patient, or an emergency department visit if the patient was seen in the emergency department, which is an outpatient facility.

Due to this change, payment for these visits was reduced 20% or more. Inpatient consult revenue for Medicare patients was also lost. For inpatients, this meant spine surgeons must code an initial hospital care code or a subsequent hospital care code in lieu of an inpatient consultation code, depending on the circumstances.

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Benefits of Patient Financing: 4 Practices Speak Out

KZA News Brief
by Cheryl Toth, MBA, Consultant and Speaker
Deductibles and coinsurances continue to skyrocket. Many Affordable Care Act (ACA) exchange plans have deductibles of $5,000 or more. The result is that more and more patients are finding it difficult to come up with surgery deposits or pay for elective procedures.

Offering payment plans and recurring, automated monthly payments are good options. But for those who need more time to pay in full, patient financing through a company such as CareCredit® is an effective way to clear patient balances off the books.

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Liability Management 101

Michael  R.
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Liability Management 101 – August 2016
by Michael R. Marks, MD, MBA

Why Malpractice Insurance Is Not Enough

Today’s orthopaedic practices are at a crossroads. Many face possible mergers or acquisitions and potential relationships with hospital systems and third-party payers. As the healthcare landscape shifts, so too does a practice’s
professional liability exposures. Recently, I spoke with David Burke, director of Smith Brothers Insurance Healthcare Division, to find out what orthopaedic surgeons can do to protect themselves and their practices.

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The Revenue Engine that Could “Think You Can” by Refining the Revenue Cycle with the Right People, Processes, and Tools

Kim Pollock, RN, MBA, CPC

Many physicians continue to wrestle with an economy-in-recovery and declining reimbursements. In this business climate, practices can’t afford reimbursement process mistakes and inefficiencies; they’re simply too expensive. Just a few
denied surgical claims can cost a practice thousands of dollars. That’s the cost of the annual electronic health care records licence or the T1 line. Uncovering any and all opportunities to improve the speed and efficiency of getting paid can positively contribute to the bottom line. This article reiterates the basics and “best” practices for efficient revenue cycle operations. The goal is to have the right tasks performed by the right number of people at the right time and with the right tools to optimize revenue.

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New Physician Onboarding Checklist

Use this checklist to manage the orientation and onboarding activities for each new physician you hire. Ask for regular status updates – especially about the credentialing process. Items listed in each section are not necessarily in
chronological order.

Download Checklist