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

Subject: Acromioplasty and hardware removal with total shoulder arthroplasty
Hello All,
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? Perhaps you think your employees would have enough common sense not to post something like this online. But unfortunately, we see questions like Debra’s on coding discussion boards and listservs all the time.

If you haven’t caught on yet, Debra’s question has inferred that her doctor prefers unbundling to following CCI edits. And the domain name in her email address would make any auditor salivate, because identifying this practice and
The top two things that can trigger a payer audit are computer algorithms and coding outliers, according to attorney Patricia Hofstra, a partner at Duane Morris LLC.

“It’s almost guaranteed that if you bill a lot of one CPT code, it will eventually trigger an audit,” Hofstra said. “There may be nothing wrong with your coding and documentation, but you will be subject to more scrutiny.”

That is because payers run claims through analytics systems to identify patterns that are outside of the bell curve, Hofstra noted.
“If you perform a high volume of total knee arthroscopy compared to your peers, you are going to be an outlier of that CPT code, and outliers get audited,” Hofstra said.

If there is a potential audit in your future, there is no better time than now to be prepared. Here’s how to do that.

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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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Four Reasons Staff Don’t Get Trained & How to Fix Them

Cheyenne Brinson, MBA, CPA

Four Reasons Staff Don’t Get Trained & How to Fix Them
Physicians Practice – May 2018
by Cheyenne Brinson, MBA, CPA

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
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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Reduce the Pain of Precertification
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.

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When Loyalty Becomes a Liability

Healio ⋅ Orthopedics Today – March 2018
by Karen Zupko, President

I was approached by an orthopedic client at a recent conference. Our firm had conducted a revenue cycle assessment for his solo practice. He told me we had issued a good report with lots of practical ideas for improvement. The problem was he couldn’t get the staff to implement any of them. They would not/could not/did not want to do anything differently and were unreceptive to his requests for new technologies and billing process changes. As the physician did not want to upset the staff, he didn’t push things, but he told me it was like being tethered to a ball and chain. Still, the staff wouldn’t budge. Ultimately, cash flow crumbled and managing the practice became too frustrating, so he took an employment offer from a large group and everyone in the practice lost their jobs.

Increasingly, we find ourselves coaching physicians to recognize staff are not shareholders in the business and do not get a vote on what is best for the business side of the practice. This orthopedic surgeon’s mistaken sense of loyalty to the staff resulted in all of them having to seek other jobs, which was not easy given their outdated skill sets. All of them had, in our assessment, below average reimbursement cycle and technology abilities.

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Five Reports and a Dashboard: Review this Data Every Month

Running a practice without looking at financial reports is like diagnosing a patient without checking blood pressure or ordering blood work: Chances are, you are going to miss something important. Truth is, it is impossible to identify or make sound business decisions without first looking at some data.

Practice management systems spit out a dizzying array of reports. But for busy physicians and managers, reviewing these five reports is like taking a practice’s vital signs every month. If things look good, you are healthy. If something is off, it is time to investigate. Aim to review these five reports by the 7th of the month, for the previous month’s data.
Is your orthopedic clinic running as smoothly as it could? Do you find yourself getting behind or waiting around for patients to complete their paperwork? Do your clinics start on time? Do your staff members seem to be overwhelmed?

If you answered yes to any of these questions, the following five operational challenges may be the root cause of those issues.

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Something we hear all too often from employed physicians is, “I’m just an employed physician.” Later, those same physicians are surprised when their contract is renegotiated at a lower salary.

High productivity isn’t everything; your employer must get paid for those services in order to support your salary. Savvy employed orthopedic surgeons routinely review billing office reports and keep abreast of payment issues.

Here are descriptions of five key reports for an employed surgeon to review monthly.

**Productivity report**

As you are likely compensated, in part, based on production, it is natural that your first inclination is to review productivity – a report that outlines the services that were generated by you during the month. Typically, this report shows CPT codes, frequency of the codes (the number of times
billed), the value of work relative value units (RVUs), charges and payments.

Here is an example:

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