

ASC Communications, Inc.
10th Annual Orthopedic, Spine and Pain Management Driven
ASC Conference
The Westin Michigan Avenue
Chicago, Illinois June 2012


10 KEY CONCEPTS FROM TOP PERFORMING PAIN MANAGEMENT PROGRAMS

Repeat Business

- Patient's need to resolve their pain disorder... think about the patient's experience in your ASC from scheduling to discharge.
- You must offer prompt, courteous, compassionate and professional services.

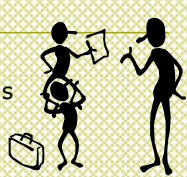
AND..

- You should be offering the most advanced, market driven, proven techniques at a fair fee.



1. Unique Identity

- ▣ **OBJECTIVE**
Clearly define in specific terms
- ▣ **IMAGE**
Plainly state the types of pain you are going to treat and how
 - ▣ What specific specialty?
 - ▣ With what specific training?



Unique Identity, Continued



- ❑ Do you refer patients for ancillary/alternative services?
- ❑ Do you have an expertise in certain procedures?
- ❑ Speak a language native of that community?

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Unique Identity, Continued

- ❑ Training, Continuing Education and Board Certification
- ❑ Strengths in clinical operations
- ❑ Patient loyalty - *Satisfied patients will spread the word*
- ❑ Referring physician loyalty
- ❑ Effective use of staff time and strengths



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2. Follow The Three As

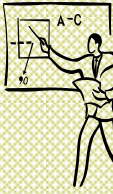
AVAILABILITY, AFFABILITY AND ABILITY

- ❑ Availability: work out shared call systems, *but be careful about who you get in bed with...*
- ❑ Affability: you have many customers-patients, referral sources, hospital personnel, and third-party payors **and your own pain physicians**
- ❑ Ability: stay up to date on everything that could impact your organization, your physicians and patients.

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3. Awareness

- ❑ The best marketing is educating. You get more 'bang for your buck' speaking to doctors than patients, but some speaking to patient groups can generate lots of good will.



- Give presentations to local groups
- Volunteer to answer questions on radio or TV talk show
- Build external credibility through promotional activities and educational public relations

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4. Payor Relations



- ❑ **Communicate** algorithms', protocols, treatment options **and then** costs and reimbursement
- ❑ Perform QA studies
- ❑ Benchmarking will become mandatory - Outcomes, Procedures, Patient/Physician/Staff Satisfaction and Practice Management
- ❑ Utilize peer review through national clinical outcomes studies.
- ❑ Use demand for types of services in your favor

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Payor Relations, Continued

- ❑ Review all contracts closely before agreeing to any terms. **PLEASE** re-visit upon termination date!
- Case Rates
- Multiple Procedures
- Carve outs
- Always inquire as to their reimbursement re: changes in CPT codes and descriptions
- ❑ Only keep contracts when you can clearly explain how the contract enhances the profitability of your ASC.



Payor Relations, Continued

- Ensure all payor contracts are loaded into your billing and collection software
- Drop the payor if they have unilateral changes in product participation
- Discuss all costs with the payor during contract negotiations
- Train ALL staff in patient collections

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Payor Relations, Continued

- CLEAR financial policies on your charges for cancellations or no-shows (**PREVENTION is #1**)
- Collect all co pays and co insurance at time of service, offer payment plans and "Care Credit".
- Verify Eligibility
- Pre Certification/Pre Authorization
- Valid Referral?
- Pre Procedure tests obtained?
- Medicare "non grouped" (off-list) procedures?

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Payor Relations, Continued

- FILE CLEAN CLAIMS
- Know the nuances of pain billing
 - Bundling issues?
 - Covered diagnosis? Medical Necessity?
 - Know what modifiers apply to the ASC
 - Be aware how each payer wants bilateral and multiple procedures reported.
 - Are there procedure limits?

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5. Referrals

- ❑ Serve as a resource to current and potential referring physicians for pain management advice and/or clinical assistance
- ❑ Discuss new techniques, recent successes and always serve as team players
 - Keep referring physicians informed and part of the treatment plan
 - **Thank them** for the opportunity of being involved in their patients overall care.



6. Bring On New Physicians

- ❑ Carefully seek out the best providers and then ensure these physicians are a good fit for your ASC
 - Offer ownership. There is simply not the same buy in on time and resources without
- ❑ Obtain mandatory peer references, use web based background checks as well as verification sources
- ❑ Do not be shy about looking over [the recruited] physicians work
 - Watching for warning signs of poor care ...
 - Not returning calls or answering pages, frequent complaints and mishaps that could be avoided with precautions.

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7. Operational And Business Functions

Your Staff Is Key To Keeping Pain Cases

- If you train your staff to apply the same criteria as you would yourself (by example and full explanations) then they will be exercising your control on your behalf.
- Communications with staff **and how they communicate with your patients, insurance companies and referral sources.**

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**Operational And Business Functions,
Continued**

- ❑ To increase productivity, build morale, and create a sense of achievement

- **Set Goals -**

- ❑ **Specific, Realistic And Mutually Determined**

- Empowered employees results in enhancing effectiveness & productivity

Violate these basic guidelines at your own risk.

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**Operational And Business Functions,
Continued**

- ❑ Delegate or outsource responsibility while maintaining oversight **and accountability**.

- ❑ To enable people to do things for you, you must ensure:

- 1. They know what you want**
- 2. They have the authority to achieve it**
- 3. They know how to do it**



- ❑ These all depend upon communicating clearly the nature of the task, the extent of their discretion, **and the sources of relevant information and knowledge.**

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**Operational And Business Functions,
Continued**

Delegation 101

- ❑ Getting the job done by someone else includes:
 - Decision making
 - Changes which depend upon new information
- ❑ Works best if staff have the authority to react to situations without referring back to you

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8. Efficiency



- ❑ Quickly responding to telephone calls
- ❑ Limiting waiting time
- ❑ Effective and efficient scheduling - Modify hours of availability based on case volume
- ❑ Responding to satisfaction surveys and comments left in suggestion boxes, complaints and complications
- ❑ Paying careful attention to new patients and referrals
- ❑ Always staying focused on your customers

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9. Procedure Type Considerations



- ☞ Staffing and equipment or supplies you will need
- ☞ Realistic reimbursement expectations

Revenue has to be viewed in context of risk, hours input, etc.

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Procedure Type Considerations, Continued

- ❑ **Run a utilization report**
 - Determine highest paying services
 - Determine lowest paying services
- ❑ **Capitalize on this data by:**
 - Eliminating services that are not within the facility profile
 - Reducing volume of some procedures that are not reimbursed at a level that covers your costs
 - Increasing volume without increasing staff
 - Promoting procedures with highest payment and best treatment outcomes

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Cost Reality

Item Description	Cost/Case
Epidural Tray	\$8 - \$15
Contrast Dye	\$15 - \$25
Equipment	\$60 - \$100
Staffing	\$30 - \$50
TOTAL	\$113 - \$190

Payment for Space? Utilities? Physician Payment?
What components above are covered separately?



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Medicare Reimbursement

CPT	Short Description	ASC Facility Fee
27096	Inject sacroiliac joint	\$295.98
62311	Inject spine l/s (cd)	\$295.98
64483	Inj foramen epidural l/s	\$295.98
64490	Facet Joint Inj	\$288.44
64622	Destr paravertebrl nerve	\$477.56
64623	Destr paravertebrl addtl	\$295.98

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Spinal Cord Stimulators

Description	CPT/ HCPCS Codes	Medicare Bundled Rate
Implantable Neurostimulator Electrode Array	63650 + L8680	\$3506.75
Implantable Neurostimulator Pulse Generator	63685 + L8687	\$13,651.18

Trial and Permanent CY 2007 Group 2 = \$446
Plus L8680 (Electrode Array) lead \$376.52-\$502.12 – (Cost: \$800-\$1500
per lead)
Plus L8687 (Generator) \$13,052.03-\$18,602.70 (Cost – up to \$20K)

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Stimulators Vs. Pain Pumps

- ❑ Complications with the pumps include the possibility of infection and blockage
 - Refills in physician's office is mandatory
 - Cost of the medication usually outweighs the reimbursement.
- ❑ Spinal cord implants do not need to be refilled **and receive better reimbursement than pumps**

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Vertebroplasty

22520	Vertebroplasty (Thoracic)	\$1,285.87
22521	Vertebroplasty (Lumbar)	\$1,285.87
22522	Vertebroplasty - Additional	\$1,285.87

- Twice the complexity and time of most pain procedures.
- Must have properly selected patients.
- Increased risk, infections, complications.
- Cement Kit- \$500.00

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Kyphoplasty

22523	Percut kyphoplasty, (Thoracic)	\$3474.22
22525	Percut kyphoplasty, Add on	\$3474.22

- Turf Battle-Neurosurgeons, Interventional Radiologists.
- More often performed in HOPD.
- Costs run about \$3,000

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10. Technology



- Invest in technology - electronic medical records, and technology to manage the other information flow, phones and document management.
- In some cases, technology can replace an entire staff member by automating a process that requires significant staff member time.

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Final Thoughts



- Expand the hours
 - Expand or even narrow the scope of services
 - Enhance the efficiency
 - Enhance the profitability
 - Case Cost Management
- Or:**
- Do not change a thing.....
 - Depends on your own tolerance for risk

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Helpful Links and Resources

- 📄 CMS Transmittals -
<https://www.cms.gov/Transmittals/2012Trans/list.asp>
- 📄 American Society of Interventional Pain Physicians-
<http://www.asipp.org/index.html>
- 📄 2012 Pain Management Service Fee Table (Excel)
www.mowles.com
- 📄 Part B News - registered trademark of
UCG/DecisionHealth
www.partbnews.com

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