ASC Communications, Inc.
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Pain Management in ASC's
Current Methods to Increase Profits

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Top 6 Procedures

CPT	Short Description	Non-Facility	Facility	SOS Difference	ASC Facility Fee
27096	Inject sacroiliac joint	$184.49	$71	$113.82	$294.00
62311	Inject spine l/s (cd)	$197.74	$84.94	$112.80	$294.00
64483	Inj foramen epidural l/s	$240.21	$102.61	$138	$294.00
64490	Facet Joint Inj	$196.38	$111.44	$137.60	$294.00
64622	Destr paravertebrl nerve	$335.01	$182.79	$152.21	$495.72
64623	**Destr paravertebrl addtl**	**$125.03**	$49.95	$75.09	$294.00

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Cost Reality

Item Description	Cost/ Case
Epidural Tray	$10 - $20
Contrast Dye	$20 - $30
Equipment	$60 - $100
Staffing	$30 - $50
TOTAL	$120 - $200

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Medicare Payment

- $294 facility fee for first procedure of most commonly performed procedures
  - Not bad if you consider the following:
    - No verification of eligibility
    - No pre certification or pre authorization
    - NCD and LCD's are transparent
    - File a clean claim and no fight for payment=less overhead
    - $495 for 1st level neurolytics (RF)..at typically only $75 more on cost per case

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Payer Mix and Negotiations

- Know what you can offer to the plans enrollees, other participating providers and their patients.
- Offer to share your outcomes and algorythms
- **What Sets You Apart from the Competition?**

- Utilize demand for these types of services, your physicians' and ASC's expertise, familiarity in your *area, community, language*… in your favor.

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Commercial Payer Policies

- How are multiple procedures paid?
- Case Rate? Make sure it high enough to cover 3-4 billable procedures.
- Make sure it does not include radiology and anesthesia
- How will they pay the technical component of C-arm and/or US use?

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Review Payer Policies

- Is the fee based on Medicare's former ASC payment groupers? Same mapping?
  - Which is better for your ASC? New or old??
- How are off list (non-grouped) procedures paid?
- How are implantable devices such as spinal cord electrodes and stimulators and/or drug infusion pumps paid?
- Other carve outs? Percutaneous Disc Probe-C2614?
  - Is the procedure covered anyway? 62287 coverage…

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Retain Your Physicians

- Understand the SOS Differential
  - Needle localization under fluoroscopic guidance is now **included and required** in facets and transforaminals.
    - See Category 111 codes for ultrasound guidance
- Be well versed on overhead and State Regulations affecting Office Surgery
- Offer ownership shares at fair market value without creating an unrealistic sense of empowerment

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State Regulations

- 28 State Health Departments have jurisdiction on office based surgery
- Typically involves:
  - Levels of anesthesia used and/or
  - Complexity of procedure performed
    - $ Licensed
    - $ Registered
    - $ Accredited

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This Business of Pain

- 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.

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Successful Scheduling

- Blocks and Injections first
  - **3-4 patient encounters per hour**
- Then more involved OR cases, i.e. neurolytics, discography, for last of the day or intermingle any long case to be done right before lunch so that discharge by the afternoon is probable
  - **2 patient encounters per hour**
- Cases that require longer recovery time should be the first slots.

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Efficiency

- An ASC that is accustomed to doing only 2 cases per hour may have trouble keeping up with a specialty such as Pain Management.
  - Don't give up, make adjustments.
- **Above all else, STAY ON TIME. If you are running behind, keep your patients and their responsible party (driver) apprised.**

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Cross Train Staff

- Train Radiology and/or surgical technicians to:
  - Process sterile supplies
  - Take vital signs
  - Place patients in pre op rooms for RN
  - Assist in PACU to discharge patients.

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Anesthesia Provider (s)

- Credentialing vs. Privileging.
  - Pain procedures training and insurance vs. a separate Anesthesia provider for another pain physician. Billing opportunity?
- LCD's -Check Part B Medical Necessity Guidelines
- Who can supervise as well?

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Manipulation Under Anesthesia

- Who is credentialed to provide this?
  - Who should be privileged to provide this?
- What are your revenue expectations?
- Will your payers recognize this?

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Important Policies For Pain

- 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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Billing

- 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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Supplies

- *PLEASE* negotiate on your epidural and nerve block trays – GPO's or purchasing organizations can help save significant $

  Or,
- Consider picking items off the shelf vs. using packs, *the amount of time it takes to pull the 10 things you need for a pain case takes seconds.*

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Adding More Invasive Procedures

😐The good and not so good..

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Spinal Cord Stimulator

Description	CPT/ HCPCS Codes	Medicare Bundled Rate
Implantable Neurostimulator Electrode Array	**63650 + L8680**	**$3,707.45**
Implantable Neurostimulator Pulse Generator	**63685 + L8687**	**$13,816.04**

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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Other Payers Equipment-Implant

- CMS' revised ASC payment methodology has **not** been implemented by all non-Medicare payers
  - ASCs should continue to charge non-Medicare payers for procedure and equipment ***unless*** contractual agreements have been revised
  - Unlike CMS, non-Medicare payer payment methodology is not transparent
    - Should be tracking payer allowances for expensive equipment

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Thermal Intradiscal Procedures (TIPS)

- CMS has a National Coverage determination (NCD) that TIPS are not reasonable and necessary for the treatment of low back pain.
  - TIPs include procedures that employ the use of a radiofrequency energy source *or* electrothermal energy **to apply or create heat and/or disruption within the disc**

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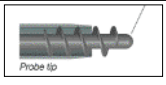
Conundrum



The MCR NCD does not include procedures that do not utilize radiofrequency energy source or electrothermal energy

- The code description for **CPT 62287** *Decompression procedure of nucleus pulposus of intervertebral disc…* describes "any method"
- When mechanical or laser methods are used, Medicare carriers / contractors may deny the service based on the NCD in error.

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Discography

62290	**N1 (Packaged)**	Discography, lumbar	ASC MCR: 0.00
62291	**NI (Packaged)**	Discography, cervical	ASC MCR: 0.00

☞ Identify this on the physician's delineation of privileges as not permitted for **MCR patients**.

☞ Review other payers contracts for appropriate reimbursement

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Vertebroplasty

22520	Vertebroplasty (Thoracic)	$1249.23
22521	Vertebroplasty (Lumbar)	$1249.23
22522	Vertbroplasty - Additional	$1249.23

- Twice the complexity and time of most pain procedures.
- Properly selected patients. Increased risk, infections,
- complications.
- Cement Kit- $500.00 usually enough for additional levels.

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Kyphoplasty

22523	Percut kyphoplasty, (Thoracic)	$3,447.64
22524	Percut kyphoplasty, (Lumbar)	$3,447.64
22525	Percut kyphoplasty, Add on	$3, 447.64

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

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Ancillary Billing Opportunities (20610-Large Joint Injection)

J7321	Hyalgan/supartz inj per dose	K2	$89.91
J7323	Euflexxa inj per dose	K2	$147. 13
J7324	Orthovisc inj per dose	K2	$167.44
J7325	Hyaluronan or derivative, Synvisc or Synvisc-One	K2	$11.81

✓ K2 - Drugs and biologicals **paid separately**

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Final Thoughts

- Be aware of what is going on in the pain management industry.
- Know what Medicare is planning next and how it will affect your bottom line.
  - ✓ Any ASC with adequate pain management procedure volume to keep staff productive and equipment busy will be profitable

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Helpful Links and Resources

- CMS Transmittals - http://www.cms.gov/Transmittals/2011Trans/list.asp
- American Society of Interventional Pain Physicians- http://www.asipp.org/index.html
- 2011 Pain Management Service Fee Table (Excel) www.mowles.com
- Part B News - registered trademark of UCG/DecisionHealth www.partbnews.com

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