

DERMATOLOGY DIALOGUE

A Message From IPMS's Training Specialist

New Medicare Adjustment Code

Effective January 1, 2009 Medicare is implementing a new adjustment code #213: "Non-compliance with the Physician Self-Referral Prohibition Legislation or Payer Policy." This means that a physician cannot refer a patient for "designated health services (DHS)" if that referral will financially benefit that physician or that physician's immediate family. Per Medicare, this financial benefit would include "both ownership/investment interests and compensation arrangements (ex., contractual arrangements)".

DHS that would be included are listed in the MLN Matters Number: MM6131, released on August 15, 2008, which can be found on the Medicare website.

This is a new code and there was no previous code for this situation. This adjustment code follows section 1877 of the Social Security Act also referred to as the "Stark Law".

—Michele Krpata, CPC
Training Specialist

CONCIERGE MEDICINE

What is that? Concierge medicine is a term used to describe a relationship with a primary care physician where a patient pays an annual fee or retainer. In exchange for this retainer, physicians provide enhanced care. This concept has also been referred to as "boutique medicine", "retainer-based medicine" and our personal favorite—"innovative medical practice design".

Concierge physicians tend to care for fewer patients than in a conventional practice. All claim to be accessible via cell phone or email at any time of the day or night. The annual fees vary widely, from \$60 to \$15,000 per year for an individual, with the lower annual fees being in addition to the usual fees for each service and the higher annual fees including most services.

Those opposed to this practice feel that concierge medicine is not the solution to the healthcare system's woes, but is a symptom of too much emphasis being placed on cost control and too little emphasis on the patient. Insurers are among those opposing.

Proponents of concierge feel that it meets consumer demand, allows physicians to provide the treatment they deem necessary, and improves quality of care by increasing the amount of time that can be spent on preventative medicine. Physicians significantly reduce the number of patients they see in a day which allows them to spend extra time and attention with each patient. Often physicians disillusioned and fed up with managed care rules and exclusions are among those willing to entertain this as a possible solution to their woes.

Some personalized services that a concierge patient may expect are:

- Same day or next day preferred appointments
- Physician availability 24 hours a day, seven days a week
- Private reception area with numerous amenities
- Dedicated support personnel

The Government Accountability Office presently reports 146 such practices and notes that they are mostly concentrated on the East and West coasts.

—Sharon Donelli, CPC
Administrative Officer

WHY DAYS IN AR MATTER

While the argument could be made that there is really no difference between 30 and 60 days in AR because the accounts are still paid—the reality is that the older a claim is, the greater the risk that it will not be paid. Most carriers have timely filing limits, meaning the provider will not be paid if a charge is not submitted within a certain number of days from the date of service. A service that is payable, but not submitted timely, is basically being provided for free.

Electronic claims submission and direct payer billing have sped up the payment process significantly over the past five years. With the average payment turnaround time for Medicare and Blue Cross Blue Shield being within 15 days, and the other major payers being within 30 days, a high days in AR is the result of poor performance by the billing service or department. It is often due to a

(continued on page 2)

CODING CORNER

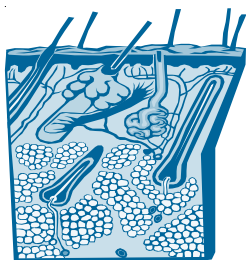
When is a Biopsy NOT a Biopsy?

When it's a REMOVAL!

In the coding world, there is often confusion about how to code biopsies, particularly when a shave technique is used. The two code series that come into play are:

- 11100-11101 - *Biopsy of skin, subcutaneous tissue and/or mucous membrane*
- 11300-11313 - *Shaving of epidermal or dermal lesion, single lesion*

Part of the confusion lies in the terminology used when documenting the service. A "shave biopsy" can be misinterpreted as a biopsy (11100) when it is often a "shave removal" (11300 series). A shave removal is generally done for something that is expected to be benign and



hence is removed fully, i.e., nevi or skin tags. The path service, if performed, is included.

When a shave technique is utilized to perform a diagnostic PARTIAL removal

(continued in next column)

MENTOR AND MOTIVATE

Mentoring is about motivating and empowering staff, creating a system of semi-structured guidance that encourages staff members to maximize their full potential in the workplace. This sharing of knowledge and experience can have a positive affect throughout the practice.

There are four main types of mentoring that you can tailor to your practice's needs:

1. Mentoring for New Employees

This type of mentoring is useful as a source of information on policies and procedures and for practice orientation.

2. Developmental Mentoring

This mentoring is useful for employees given new roles or increased responsibilities, helping the employee to build confidence, develop strengths and potential.

3. Peer Mentoring

This type of mentoring is for experienced staff that can cover progress and development, but may also involve peer support with project management and accountability to each other for action plans.

4. External Coaching

This type of mentoring is useful where confidentiality is essential. The external mentor will be working purely on behalf of the employee.

A well-developed mentoring system is an efficient way to manage the careers of staff members. It can be used as a vehicle for building an integrated practice team and assist with implementing new initiatives and communicating practice goals.

Mentoring systems can also aid practices in breaking down any barriers that may exist within the team and improve staff satisfaction and motivation by uncovering under-utilized staff skills. Confident staff will feel unthreatened and happy to be mentored as part of their career development.

It is important to remember that mentoring is not about taking remedial action or fixing a problem around a hopeless employee. It is about a skilled colleague sharing knowledge and experience to assist another team member and your practice to grow and progress professionally.

—Tina Scavetta

IPMS Account Manager



WHY DAYS IN AR MATTER

(continued from page 1)

slow charge process, lack of follow-up on unpaid accounts, or a combination of the two.

In addition, the excess cash sitting in AR could be used to either invest or pay out bonuses sooner to the owners.

—Elizabeth Dickman,

IPMS Chief Financial Officer

CODING CORNER - WHEN IS A BIOPSY NOT A BIOPSY?

(continued from previous column)

of a lesion, then it would be a true billable biopsy (11100).

Another difference between the two sets of codes is that the 11100's can be done on the epidermis, dermis or subcutaneous tissue, whereas the 11300's are performed on the epidermis or dermis only.

Of course once the lesion has been identified by a prior biopsy, coding for the excision would be specific—11400 series for benign and 11600 series for malignant. Payment for benign or malignant excisions include path.

—Sharon Donelli, CPC
Administrative Officer

NEW LAW RE-DEFINING DEPENDENTS



Cynthia Ambrose
Human Resources Manager

Last year, Connecticut passed a law that changed the definition of dependent under group and individual health policies. This law will extend coverage to children until the age of 26. The former definition under most plans was "a child under age of 19 or a child under 23 who is a full-time student". The new definition will change to "a child under 26 who resides in the State of Connecticut" subject to certain conditions in the law.

This law takes effect for group health plans on January 1, 2009. Changes for individual policies take effect for new policies issued on or after January 1, 2009 and for existing policies on the first date of policy renewal after January 1, 2009. This definition does not require an economic relationship, i.e., no requirement that the child rely on the employee-parent for support in order to be a dependent under their health plan.

The right of enrollment ends when the child:

- Marries
- Ceases to be a resident in the state (except for students)
- Becomes covered under a group health plan through the dependent's own employment; or,
- Attains the age of 26

If you are covered under a group plan, you will be able to add dependents that are under age 26 effective January 1, 2009.



UPDATES FROM MELANIE



Melanie Vail
Director, Ops & Marketing

At IPMS, our state of the art billing software has been customized to what IPMS feels is most important—capturing every penny of revenue you're



entitled to. We pride ourselves on our follow through.

We have created special no response reports that we run on a weekly basis to capture any charges that have not been responded to within 30 days of submission. This ensures that nothing falls through the cracks and each and every one of your services are accounted for and followed-up on until we receive payment in the door.

At IPMS no stone is left unturned—IPMS will turn the services you provide into the reimbursement you deserve, both timely and effectively.

DO YOU HEAR WHAT I HEAR?



Sitting in an exam room waiting to see my physician I could hear the conversation in the next room. It was only a discussion about dinner plans between the patient and the person accompanying her to the visit, but it could have been a discussion of her medical condition with her doctor.

How private are discussions of patient information in your office? Are you sure a patient visiting your office is not overhearing discussions regarding

other patients?

How can you check an area for privacy? Sit in that area of the office. What can you hear? Can you hear conversations regarding patient information being discussed across the room, through a closed door or through a wall?

Areas you may want to check:

- Patient waiting area - Can discussions at the reception desk be heard from the waiting area?
- Exam rooms - When the door is closed or partially open can you hear a conversation being held outside the door or in the next room?
- Physician's office - Does the physician speak with or about patients in his/her office? Are other patients within the area of this office? Can conversations within this office be heard in the hall outside the office?

What simple things can be done to mask private conversations around the office?

- Play music in waiting area and exam rooms.
- Place a television in the waiting area.
- Place white sound machines around the office.

—Michele Krpata, CPC

WHAT OUR HIGHLY VALUED CLIENTS HAVE TO SAY ABOUT IPMS . . .

“I have been outsourcing my medical billing for ten years and have been disappointed with both my A/R as well as the care and treatment given to both my patients and my staff by previous billing companies. The professionalism exhibited, the excellent results obtained, the personal care to my patients and myself is outstanding . . . I could not be more pleased with IPMS.”

**~Rand L Werbitt MD
Dermatologist
Stamford, Connecticut**



IPMS Integrated Physicians
Management Services

111 Founders Plaza, Suite 300
East Hartford, CT 06108
Main Phone # (860) 282-0833
Fax # (860) 282-0170

Dermatology Dialogue Staff

Tina Scavetta, Editor-in-Chief
Email: tina_scavetta@ipmscorp.com
Phone #: 860-282-4118

Bea George, Editorial Assistant
