

MAKING THE MOST OF CASES IN *YOUR* ASC

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OUTLINE

- Medicare changes – 2016
- Local Coverage Determination (LCD's)
- Managing changes
- Authorization changes
- Reimbursement by Specialty
- Case costs
- Managing cases in your ASC





MEDICARE 2016

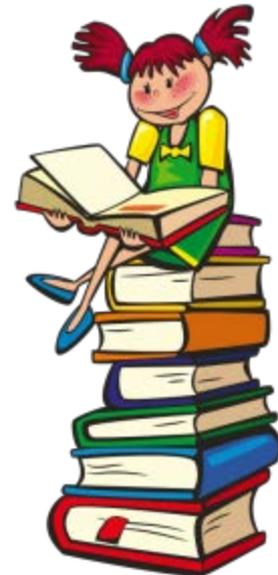
○ Changes to Medicare

- 2016 added codes (17)
- Device intensive codes
 - This payment includes the payment for implants
 - What does this look like for your ASC?
 - Payments vs cost
- Office Based Procedures
 - Payable but does it cover your costs..?
 - Is it done with another procedure?
 - Does it make operational sense to keep these types of cases when physician is performing several cases that day... maybe..?



MEDICARE 2016

- Separately payable codes
 - Additional payment made
- Packaged codes
 - No additional payment on additional procedure codes one reimbursement rate for the case.
- Multiple Procedure discounting except
- Ancillary procedures



ADDED PROCEDURES FOR 2016

- 0171T (Lumbar spine proces distrac)
- 0172T (0172T (Lumbar spine process add)
- 37241 (Vasc embolize/occlude venous)
- 37242 (Vasc embolize/occlude artery)
- 37243 (Vasc embolize/occlude organ)
- 49406 (Image cath fluid peri/retro)
- 57120 (Closure of vagina)



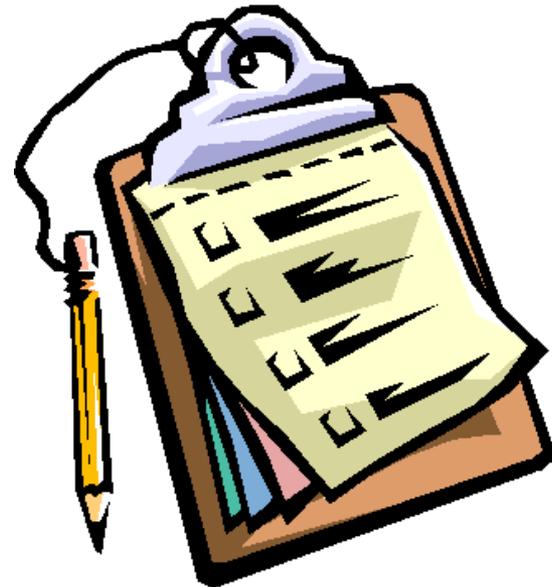
ADDED PROCEDURES FOR 2016 – CONT'D

- 57310 (Repair urethrovaginal lesion)
- 58260 (Vaginal hysterectomy)
- 58262 (Vag hyst including t/o)
- 58543 (Lsh uterus above 250)
- 58544 (Lsh uterus above 250)
- 58553 (Laparo-vag hyst complex)



ADDED PROCEDURES FOR 2016 – CONT'D

- 58554 (Laparo-vag hyst w/t/o compl)
- 58573 (Tlh w/t/o uterus over 250)
- 63046 (Remove spine lamina 1 thr)
- 63055 (Decompress spinal cord thc)



ANALYZE NEW PROCEDURES

- Review new procedures and what this may look like for your ASC
 - Gather reimbursement from all payers
 - Are you doing any similar cases you can pull costing?
 - Can the new cases be easily added to your schedule?
 - Will it require staff education/training



ANALYZE NEW PROCEDURES

- How will this change volumes in your ASC?
 - Will you need to add Staff
 - Special supplies required
 - Implants needed and implant costs
 - Equipment new/ or use existing
 - Commercial contracts
- Share new payable codes/procedures with providers



MONITOR REIMBURSEMENT CHANGES

- What are your top volume cases
- How do the 2016 changes affect your ASC?
 - Arthroscopy
 - Shoulder 29819-29825 -43.7%
 - Knee 29850 -43.7%
 - Knee 29851 -65.8%
 - Ankle 29891 -43.7%
 - Colonoscopy cases -2.7%-12.7%
 - Cystos (52204-52343) -26.3%
 - Increases
 - Rotator Cuff 23410-23412 20.6%
 - EDG's 2%-5.5%
 - Cystos 26.3%



UNDERSTANDING REIMBURSEMENT

- Work with your Business Office Manager
 - Analyze numbers
 - Compare commercial contracts
 - Make sure it “works” in your ASC
 - Educate providers on payable procedures
 - Educate schedulers of changes
 - Update credentialing

Given: $a = b$

$$a^2 = ab$$

$$a^2 - b^2 = ab - b^2$$

$$(a+b)(a-b) = b(a-b)$$

$$(a+b) = b$$

$$a+a = a$$

$$2a = a$$

$$2 = 1 !!!$$





REIMBURSEMENT 2016

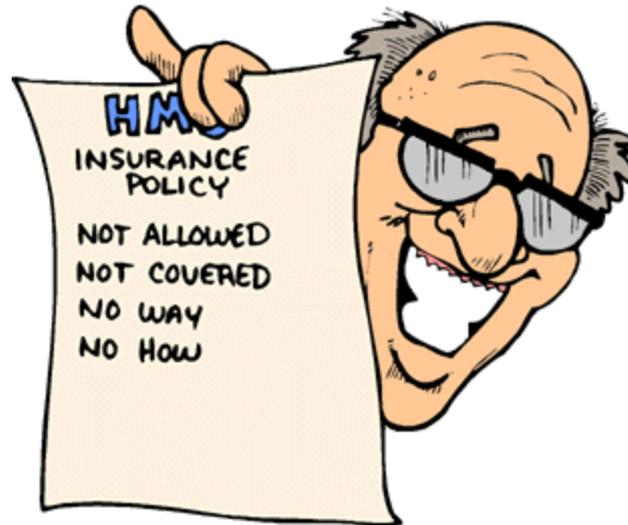
○ Commercial payers

- How do the Medicare 2016 rates affect your commercial contracts?
 - Are you paid a % of current Medicare
 - Carve outs for implants
 - Do they follow all of Medicare's rules
 - Bundled, device intensive, etc.



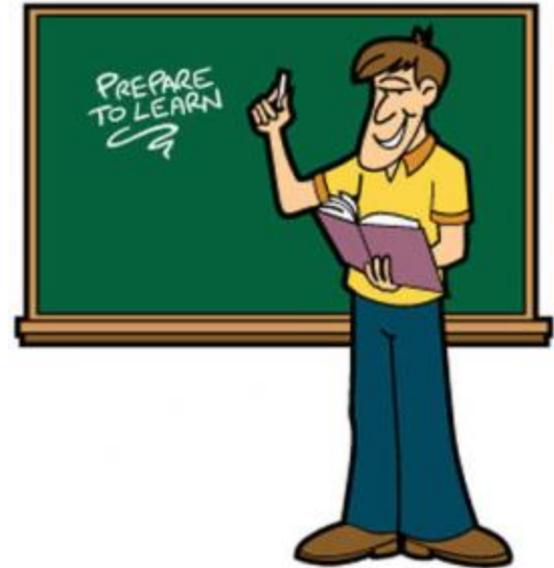
AUTHORIZATIONS

- Authorization changes for procedures
 - UHC – will require authorization in the ASC 4/1/2016
 - Arthroplasty, Arthroscopy, foot surgery, spine surgery, back pain- Implants beginning
 - Does your ASC rely on the clinic for Authorization?
 - Monitor payers and watch for these kind of changes



LCD's

- Understanding the LCD's
 - Coverage information
 - Pain injections
 - Medical Necessity
 - GI cases
 - Screening vs diagnostic coverage
- Great tools to assist with documentation and education of physicians
 - Medical necessity
 - Covered diagnosis codes



EDUCATING LCD'S

- Pain injection
 - Changes to payable diagnosis codes
 - Query physicians –detailed questions
 - Documentation, Documentation, Documentation !
 - Share LCD's with physicians
 - Changes with covered codes and change to ICD-10
 - Physicians not fully aware of the conversion code
 - Or the payable ICD10 codes
- Created a crosswalk for the anesthesia doctors



CROSSWALK - EXAMPLE

<u>ICD9</u>	<u>Description</u>	<u>ICD10</u>	<u>ICD10 Description</u>	<u>Medicare covered IDC10</u>
053.19	Post Herpetic neuralgia	B02.29		Yes
337.21	RSD upper limb	G90.519		No
337.22	RSD lower limb	G90.529		No
338.18	PO pain	G89.18		Yes
338.12	Post Hora/Pain	G89.12		Yes



REIMBURSEMENT 2016

- How does reimbursement look for each Specialty
 - Are any codes packaged?
 - Do you get paid for Implants?
 - Device intensive
 - Does this reimbursement cover the procedure and implants
 - Work with your vendor on pricing
 - Give them the data
- Cost related to these cases
 - Direct costs
 - Rental fees
 - Implants



MANAGING CASES

- Managing cases and making the most of what you have
 - Are you able to add new cases?
 - Understanding direct costs and reimbursement
 - Managing physicians schedules
 - Maximizing time at the ASC = added cases?
 - What does 1 or 2 new cases mean to your bottom line?



PARTING THOUGHT: THE 5 MINUTE FIX

- Spend 5 minutes to review these two high level reports
- Have your business office run an AR Aging
 - Compute the amount of AR over 90 Days
 - Less than 10%: Very Fun
 - 10-15%: Kind of Fun
 - 15%-20%: Not much Fun
 - Over 20%: No Fun at All!
- Compute your Days in AR
 - Average Daily Revenue divided by AR Balance
 - Less than 35 Days: Very Fun
 - 35-40 Days: Kind of Fun
 - 41-45: Not much Fun
 - Over 45 Days: No Fun at All!



THANK YOU!!

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There is
FUN
to be done!

~ Dr. Seuss

