

## Collections Require Vigilance

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mended the use of flow sheets for outlining individual duties and overall processes, with routine weekly or monthly reviews. He also suggested the use of an audit trail to ensure that all prescribed patients are infused as soon as possible.

Of particular importance in the infusion process is verification of insurance coverage. Changes in coverage are common, and patients don't always remember to keep you updated. Authorization services can be useful for this purpose. Most are performing well and provide a good service, Dr. Schweitz said, adding that coverage should be verified for every infusion, if possible.

Mr. Allen recommended that patients be informed in writing of their responsibility to provide notification of any insurance changes. Co-payments should always be collected prior to infusions, and payment plans should only be arranged for those who have high deductibles, he said.

For patients who need help to pay their portion of the bill, each drug company has foundations that may be able to help. Learn about these services, including their financial limitations, Dr. Schweitz suggested.

Scheduling is another important issue. Maximizing efficiency means filling chairs to make the best use of nursing time. A 3:1 or 4:1 nurse/patient ratio is ideal, and scheduling and staffing should reflect this, Mr. Allen stressed.

Other areas requiring careful attention are inventory control, accounts receivable, and debt management.

Know the terms of your arrangements with inventory suppliers. For example, know your credit limit so shipments won't be unexpectedly denied, and create a supply shortage. Also, know the payment terms and whether extra charges are incurred for payments made by credit card, he advised, adding that airline miles earned by paying with credit cards are nice but extra charges cut into profits.

It also is important to establish ordering policies. Because keeping too much inventory is costly, set a maximum to have on hand. The ideal is only 1 extra day's

supply. Determine how often to order; doing so weekly works well, Mr. Allen advised. Know the turnaround time from order to delivery, and be sure that your insurance policy covers drugs on hand in the event of loss, he said.

The decisions you make regarding acceptance of specialty pharmacy patients and involvement with a competitive acquisition plan (CAP) have to be made on an individual basis, but you must thoroughly consider the potential effects on the practice, he said.

Vigilance is required to stay on top of collections. It is prudent to spend time with the billing manager, looking at reimbursements, and identifying problems.

Dr. Schweitz described how a computer error canceled a facilities fee agreed-to at the outset by a carrier, which had been paid to the practice for years.

Without careful attention to the details of reimbursement, the mistake might never have been caught and corrected, and the practice would have lost an important source of revenue.

Careful attention should also be paid to follow-up on unpaid claims. Accounts receivables should be reviewed monthly, and any unpaid claims over 60 days should be followed up with a phone call to the carrier, Mr. Allen said.

To improve reimbursement, know the details of each plan, not just the policies of a particular carrier, and note the procedures for reimbursement as well as preauthorization and referral requirements. A payer control form listing each of these factors for each plan can be a useful reference for office staff.

With a 90-day payment program and about 200 patients, cash flow could be in the \$1 million range at the end of 90 days. While it would be tempting—and easy—to utilize funds in other areas of the practice, it is imperative to keep in mind the debt that is being amassed, and to plan ahead to ensure funds are available to pay suppliers, he said.

Debt should be cut to the greatest extent possible to avoid financial dependency on an infusion program. ■

## Infusion Coding for Drugs, Procedures Made Simple

BY SHARON WORCESTER  
Southeast Bureau

DESTIN, FLA. — With proper coding in place, billing for in-office infusion procedures can be as simple as billing for an office visit, Reuben A. Allen said at the annual Rheumatology on the Beach.

Infusion coding typically involves infusion procedure codes and drug codes for primary and secondary drugs, and can also include office visit codes, said Mr. Allen, a certified health care compliance consultant and certified management consultant who has a consulting practice in Wilmington, N.C.

Infusion coding is further broken down into complex, diagnostic, and hydration infusion procedures, with primary and secondary coding for each category. For example, with complex infusions, the primary code (96413) is used for the first hour. This code can be used for any complex infusion that exceeds 15 minutes. For each additional hour of infusion, physicians should use code 96415,

keeping in mind that this code applies only to an infusion lasting at least 31 minutes following the initial or prior hour, thus it would only be used after 91 minutes of infusion, Mr. Allen noted. The first hour of diagnostic infusion procedures should be coded as 90765, and subsequent hours (the 31-minute rule applies here, as well) are coded as 90766. Hydration infusion codes (90760 for the first hour, and 90761 for subsequent hours) follow the same rules.

Code a first drug pushed as 90774, and each sequential drug pushed as 90775. The correct way to code methotrexate and diagnostic drugs is as subcutaneous or injection drugs. Only one primary code can be used per visit, he said. To code for office visits, there must be a reason for the visit. Billing for an office visit with every infusion will serve as a red flag. When warranted, it is appropriate to use Modifier 25 for the separate and distinct office visit service, keeping in mind that the diagnosis may be different for that than for the infusion. ■

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## EMR Initial Cost Yields Big Payoff

BY GLENDA FAUNTLEROY  
Contributing Writer

WASHINGTON — When Dr. Joseph Heyman was starting his small private practice in Massachusetts in 2001, he knew there was no choice but to install an electronic medical record system.

"Electronic medical records were a must for me for three reasons," Dr. Heyman said at a meeting on health information technology sponsored by eHealth Initiative and Bridges to Excellence. "Cost was the first because I did not want to hire a lot of people. Then there was efficiency, to make my job easier, and third was image, because I wanted to seem capable to my patients."

Dr. Heyman, an ob.gyn., started with an initial investment of about \$9,000 for two desktop computers, a scanner, and laser printer. He stored all his important information on the computers—patient records, contracts, fee schedules, billing—and things went well until a year later when disaster struck. The system crashed wiping out access. It took 6 weeks and about \$15,000 to get back up and running. Four years later, it happened again.

Despite two major electronic mishaps in 5 years, Dr. Heyman maintains a paperless office. His patients have secure access to his Web site to make appointments as well as view and update their interactive health record. He even offers online consultations for a \$15 fee, though "I rarely charge them," he said. As part of the online consultation transaction, pa-

tients enter a credit card number for the fee; Dr. Heyman said that he only charges the card if he feels he really saved them the time and expense of an office visit.

Dr. Heyman said his performance has improved as well: He has eliminated the need for transcription services and improved his coding, and produces error-free legible prescriptions.

And what does he see as the best reward? "All the performance measures are great," he said. "But to be honest, I wanted to spend less time in the office and make more money, and I've done that." He added, "I used to see about 30 patients per day, now I see about 2 every hour. And my patients are happier because they have more time with their doctor."

According to Dr. James Morrow, the physicians of North Fulton Family Medicine in Cummings, Ga., "didn't go electronic to be better doctors, we did it to survive."

Dr. Morrow, vice president and Chief Information Officer of North Fulton, said the benefit of their EHR is all about time. The practice has been able to "save" about 44 hours per day or about 11,400 billable staff hours per year. He said it's equal to a time savings of more than \$239,000 per year (based on 100 patients per day).

"We can now track quality of care at an outcomes level," he explained. "We easily track HbA<sub>1c</sub>'s, cholesterol, and blood pressure. And we receive reports securely, electronically, legibly, and much quicker from other hospitals." ■

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