BY SARIA CARTER SACCOCIO, M.D.

THE OFFICE

Business Lessons I Didn't Learn in Residency

Do you ever wish that your residency years had prepared you better for managing the business side of your practice?

It's critical to learn how to get paid for what we do, yet my experience in residency provided little preparation for doing just that. Here are a few tips I wish I had learned back in residency and that I think are important to pass along to the residents who I teach:

1. Always read your mail. Delegating this task to an office manager means you're out of the loop when it comes to knowing the trends occurring with your explanations of benefits and denials for payment. It's important to know what you are—and are not—getting paid for. Don't assume that if you bill for a service, you'll get paid for it. And don't assume that the amount you bill always covers your own costs. Manufacturers of vaccines and devices can change their charges on a dime, and that can eat into your margin if you're not paying attention. If you can't find the time to read your mail, train someone on your staff to push the information to you.

2. Develop solid relationships with patients. Medicare patients are constantly receiving reminders in the mail to report cases of fraud. Although absolutely no one should ever take advantage of these patients, sometimes they feel they are being taken advantage of due to miscommunication. A Medicare patient of mine recently called to question why I had billed for tobacco cessation, since she believed our discussion about her plans to quit smoking was just part of being a good doctor. I was relieved to be given the opportunity to explain to her that it was a legitimate claim, given that Medicare now reimburses physicians for providing such counseling. Not all your patients are going to like you. The aim is to develop an open relationship so they feel that they can come to you first if they have a question about their bill.

Because residents are not allowed to bill above a 99213, they never really become used to doing the expanded documentation that is required for a 99214.

3. Be complete on review of systems. In cases of audit, inadequate review of systems (ROS) is the leading reason for physicians to write checks back to insurance companies. If you're doing the work of a ROS for a higher level of visit, make sure that you're documenting that fact. With any code, you need to at least spell out the pertinent ROS to justify payment.

4. Understand the difference between 99213 and 99214. Over the course of a year, the cumulative difference between billing for a level-3 visit versus a level-4 visit can be huge. Unfortunately, because residents are not allowed to bill above a 99213, they never really become used to doing the expanded documentation required for a 99214. And that's what they stick to once they are in practice, even when they are doing the work of a 99214.

5. Learn how to code based on time in situations that warrant it. Family physicians in particular manage patients who may not always involve a high level of complexity but who do require a lot of time. The patient who has just been diagnosed with diabetes or the patient with depression, for example, both require considerable counseling time. To get paid for that time, you need to document that you spent at least 50% of the visit counseling and educating these patients on issues related to their diagnosis.

6. Remember consultation codes are a thing of the past. Learn how to add AI modifiers if you are the principal provider or consultant for a Medicare pa-

Continued on following page

Continued from previous page

tient. These AI modifiers help explain to Medicare how there can be two codes for the same patient on the same day. They explain who is the principal provider and who is the consultant on the case, and if you don't use them your claim may be denied.

7. Use tobacco cessation counseling codes when appropriate. Codes 99406 and 99407 have been around since 2005, but a lot of physicians still aren't using them. In a patient with a disease or condition affected by tobacco use, these codes allow reimbursement for smoking cessation counseling for two quit attempts per patient during the year, and coverage is for four counseling interactions for each quit attempt. For 99406, the physician must document 3-10 minutes of counseling per interaction; for 99407, more than 10 minutes of counseling must be documented.

In a patient with a condition affected by tobacco use, codes 99406 and 99407 allow reimbursement for cessation counseling for two quit attempts during the year.

8. Use all the codes for diabetic foot exams and care. Physicians can bill for an initial foot exam for loss of protective sensation, or LOPS (G0245), as well as a follow-up exam code for LOPS at subsequent visits. In addition to the LOPS code, the code for routine foot care (G0247) can be used if you address the causes of LOPS, by shaving calluses, for example.

9. Keep au courant. Even if you think you know all there is to know about coding, take a coding class every now and then because things change. I pay very close attention to coding and I still have to look up the rules and coding changes.

10. Count your time for home health or hospice care plan certification and recertification. If you spend 30 minutes every month reviewing the care plan for a patient in home health or hospice you can bill for that. A lot of home heath care companies have cheat sheets to help you keep track of your time. Reviewing a new care plan can be coded as G0180. Recertification of the care plan after 60 days can be coded as G0179. ■

DR. SACCOCIO *is an associate director of the Floyd Family Medicine Residency Program in Rome, Ga. She reported having no conflicts of interest.*

CLASSIFIEDS

www.familypracticenews.com

PROFESSIONAL OPPORTUNITIES

MERCY HEALTH PARTNERS

Family Practice Openings in Beautiful East Tennessee
Enjoy the wonderful out-of-doors in your own back yard!

Mercy Health Partners based in Knoxville, TN is recruiting BE/BC family practice physicians for several practices in the East Tennessee area — the heart of the beautiful Great Smoky Mountains National Park and the Cumberland Mountains.

In LaFollette, TN - Employment with Mercy Health Partners. New physician will take over a very successful practice with a nurse practitioner. Outpatient practice – no hospital call - with excellent benefits, mal practice, CME and relocation expenses. LaFollette is 30 minutes from Knoxville and is near beautiful Lake Norris and the Cumberland Mountains. Area is popular for those who love boating, golf, hiking, and out of doors.

In Newport, TN - Several private practice physician groups are looking for physicians to join practices. Opportunities are with physicians in group or solo practices, and hospital call is optional, based on the physician's preferences. Newport is on the border of North Carolina, the Great Smoky Mountains National Park, and near beautiful Douglas Lake. Hiking, fishing, top-flight golfing and boating are abundant. It's located only an hour from both Knoxville, TN and Asheville, NC.

If you're interested, please contact: Karen McKinney, Regional Director, Physician Recruitment, Mercy Health Partners, 865-549-4529, kmckinney@mercy.com

Northeastern NY, Adirondack Mountains, Lake Champlain Region. Outstanding practice, family & recreation opportunity! Elizabethtown Community Hospital, Elizabethtown NY, (www.ech.org) seeks FP or IM. Adirondack High Peaks region, 25-bed inpatient facility, well appointed clinics, great MD and support staff. Develop "old-style", patient & family oriented practice within security of employed position. ECH is affiliated with CVPH, the regional referral center 45 minutes away.
Zaidee Laughlin, CVPH Medical Center, 800-562-7301, Lzaidee@cvph.org

Disclaimer

FAMILY PRACTICE NEWS assumes the statements made in classified advertisements are accurate, but cannot investigate the statements and assumes no responsibility or liability concerning their content. The Publisher reserves the right to decline, withdraw, or edit advertisements. Every effort will be made to avoid mistakes, but responsibility cannot be accepted for clerical or printer errors.

20K Signing Bonus Family Medicine / Windham, NH. Elliot Health System, the largest provider of comprehensive healthcare services in Southern New Hampshire, seeks a BC/BE family medicine physician for our Windham Location. Outpatient practice only with 24/7 hospitalist coverage.
Flexible, four-day workweek. Superb shared call schedule with other primary care physicians. Full access to EMR. Competitive compensation and comprehensive benefits package. Come see why Money magazine annually ranks the area one of the nations "Best Places to Live." Contact Joanie Hill at 800-678-7858 x63318 or via email jhill@elliotphysicianjobs.org
ID#134323FN.

WASHINGTON

Hospital employed Medical Director position - two hours to Seattle and Spokane 1-5 call - $200K salary, bonus and benefits.
800-831-5475 F: 314-984-8246
E/M: donohueandassoc@aol.com

PRACTICE FOR SALE

Family Practice Sale
Indianapolis, Indiana

Doctor retiring w/practice gross receipts $1,100,000. Established 30 yrs-moved to modern office w/ 2400 sq. ft.
Call: G. Wiessen 631-281-2810
buysellpractices.com

McFarland Clinic PC

Family Medicine
The Right Place to Live

Join our exceptionally trained physicians and practice progressive state-of-the-art medicine in a welcoming community. This family friendly midwestern town is located in the scenic edge of the Boone River.

- Central Iowa's Largest Multi-Specialty Clinic
- Excellent Built-in Referral Network
- Physician-led Management
- Competent, Devoted Support Staff
- JCAHO Accredited Hospital
- Epic EMR System
- One of the Least Litigious States in the Nation
- Loan Forgiveness

Picturesque city offers one of the highest rated school systems in the country, world class businesses and turn of the century architecture. Parks and recreation abound. J1 Visa opportunities available.

Kathleen Kittredge
800.303.6893
kathleenkittregde@gmail.com

Have questions on classifieds?
Call Karon Hunley (812) 212-0061
for more information.