



# NEWS from NICKA

## Sharon's Corner

2006 has been a whirlwind — fast-paced and constantly changing!

Changes to all aspects of our lives is inevitable. However, change is difficult to accept or even understand. Alas, change we must! Without change, all aspects of our lives, both personal and professional, become stagnant and pass us by.

I believe we must become contemporary thinkers and *"think outside the box"* to embrace and move onward and upward with a positive approach to the many changes ahead.



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- Optimal reimbursement with minimal risk
- Credentialed coders who are current on coding initiatives
- Proven solutions to assure your financial success

## The Three C's Of Change

In emergency medicine, change comes in many forms and disguises: unknown diseases, undiagnosed injuries, new drugs, new treatments and methodologies, new medical records and templated forms, new improved documentation, new guidelines, new codes, complex billing rules and changes, new coders, new billing companies, or new owners of your hospital, group or company. . . the list can go on and on. You may be asking yourself — how can I handle all of this? Well, I for one, have had to consider change a lot lately and offer these tried and true pearls of wisdom to embrace change.

Understanding the importance of change and managing it are the first steps to making the right kind of changes that will fit your wants and needs. Consider these three C's:

1. Change — we have to manage change to go forward.
2. Challenge — we need to constantly challenge what we do and why we do it. The challenge is doing the right things and doing those things in the right way. Don't hesitate to look at every aspect of your business and challenge all of your processes, from mal-practice insurance to scheduling physicians. Document your opportunities and develop a logical plan to implement the change. Involve the people that do the work. Quite often, this is our best resource to challenge what we do and how we do it!
3. Commitment — once you step up to the challenge, you and your management team will need to be committed to implementing the plan.

Once the change is implemented, work with your management team to ensure they implemented the change correctly and achieved the results they desired. Often times the processes will need to be tweaked to optimize the desired results. Sometimes you will find that the change did not have the affect you wanted. If that is the case, you didn't fail. You can always go to back to where you were before the implementation. Trial and error is a wonderful teacher of implementing change!

Finally, once the three C's have been initiated in your practice and change is ingrained in your management staff, the result will be what I call the payoff; the forth C component: **Confidence!**

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## Dreams and Deficiencies

*This was the year of our long awaited dream vacation. My husband and I had spent months planning a European trip of a life time. We did all of our homework in terms of cities, accommodations, side trips, schedules all designed to enhance our experience of the rich cultural and geographic regions. Once our trans-Atlantic jet landed on the runway, we found ourselves almost giddy with delight, knowing our trip was finally REAL. We were at long last ready to begin this most promising adventure! Well, almost — our luggage was lost. And yes – it was MY entire luggage!*



*I understand that life is not perfect and lost luggage happens. I was very concerned with how I was going to initially manage without any of my packed personal belongings in this foreign land. My real frustration came with the airline carrier's response and their seemingly deficient services.*

Deficiencies in emergency medicine happen as well. Complete, thorough chart documentation in the ED & Urgent Care environment is often challenging. Every physician group should have a documentation deficiency profile that aligns with their philosophy of ED & Urgent Care practices and reimbursement. Definitive policies should be in place to determine what kinds of charts warrant being sent back for completed or addendum information and what deficient charts are subject to down coding and/or lost, missed charges.

Documentation deficiency feedback through monthly reports are generated and available offering the physician group and individual physicians specific feedback on deficiencies that resulted in lost billings. In some cases, where the physician group's deficiency report is provided directly to the business manager or medical director, somehow it doesn't manage to make it to the individual physicians.

*EKG interpretations* are a frequent area of deficiency and revenue loss. Requirements for Medicare are specific — documentation of 'EKG normal' would not suffice as a separately payable interpretation. This form of documentation would be considered a review and payable through the E/M code. To code and bill a 93010, an EKG interpretation should include at least 3 of the following 5 elements:

- Rhythm or rate
- Axis
- Intervals
- Comparison to a prior EKG
- Summary of clinical condition

While the single charge for an EKG is not significant, practices where the aggregate lost billings quickly grow to significant proportions! One multi-hospital system physician group was losing over \$8,000 in EKG billings a month — an annualized loss of \$96,000!

*HPI and ROS chart components* are also common areas of documentation deficiency. HPI documentation should include onset, location, duration and severity. One deficiency area for Level 5 to 4 is the ROS. Physician

group charges are being negatively impacted to the tune of \$216,000 annually on this type of deficiency. Level 4 requires 2–9 systems with Level 5 requiring 10+. List positives and/or negatives with statement 'all other ROS negative' meets Level 5 requirements. *You don't get paid for what you do; you get paid for what you document!*

*Fracture care* routinely appears on deficiency reports. CPT has an extensive list of fracture and/or dislocation treatment codes. Codes descriptors are specific as to anatomical location and treatment provided. Codes include the appropriate diagnostic evaluation of that site of injury, manipulation or reduction, and the application of the first splint or other immobilization device. Documentation should include the following information:

- Identify the bone (displaced or non-displaced)
- Stabilization method
- Pain treatment
- Orthopedic consultation / referral
- Evaluation of other sites/ injuries or the r/o of significant "other" injuries

*Splint application* is also an area which often results in lost reimbursement. Some tips on documentation of splints:

- Medicare documentation should support placement of splint.
- You do not have to be the one who puts on the splint, but if someone else (e.g. nurse) applies it, you must document that you checked it, e.g. "splint in good position, distally neuro-vascular status intact."
- Documenting "a splint will be placed" is inadequate. You must note that it was actually placed.

I hope this deficiency information will either support you in your current efforts or stir you into some action regarding this important area of practice management. Shoring up deficiencies can and will improve your revenue stream and support your compliance efforts.

*Travel footnote: You can imagine my delight when my bags finally caught up to us. The remainder of our trip was truly magnificent – I encourage everyone to dream their dream and go for it!*

## Ka-Ching!

**Ka-ching!** The sound of money can be a sweet sound depending on the location and source! It could be dollars lost when documentation does not support the level of service rendered. **Ka-ching** may also be the sound of dollars paid to a third party when audit results are dismal and money must be paid back to the payer. This sound should be music to your ears when year-end projections are met, increased profitability is noted, and compliance standards have a five star rating!

The reality is the **Ka-ching** of dollars earned is challenging in today's environment. Medicare and Medicaid coding, billing and reimbursement issues are ever changing and far reaching. Medicaid funding has been cut by ten billion dollars! With flat reimbursement and increased Medicare cuts anticipated for 2007, where is it all going to end? Certainly not with the commercial payers or managed care plans. Their reimbursement practices are sometimes worse than the government payers!

With Medicare, most of the rules have and will be consistent. Medicare's goal is to protect their beneficiaries. The commercial payers on the other hand have no motivation to pay. They won't give you a copy of the rules they play by or the diagnostic list they down code by. If we agree to participate in their plans, some want to pay us less than CMS. It certainly is a frustrating environment in which we practice!

Education will help for solutions and answers, but will not solve all the issues. Payers and providers must be on the same page to obtain solutions and optimum reimbursement. For example, Infusion/Hydration protocols.

Infusion confusion is a problem both professionally and to hospital billing departments. Medicare has clearly defined the use of 90760 and 90761 Hydration/Infusion codes, but to date, very little tracking or feedback has been received. While Medicare assigned RVUs, they appear to be bundling codes into the E/M — what will be the ultimate trend?

Diagnostic test interpretations, x-rays (70000 series), EKGs (93010), and pulse oximetry (94760) each have value either as a separately billed interpretation or in contributing to the medical decision making of the E/M code. Who should get paid — the specialist or the ED doc?? The ED physician's interpretations do benefit the patient, however, hospital politics often get in the middle of the payment issue. **Ka-ching!** Any time controversy exists on procedure codes, it's about the money, not the service.

Critical care continues to provide well deserved revenue, but is often under utilized. It is simple for the coder to read a medical record and know the physician has met the criteria for critical care. A far greater challenge is to get the physician to document it! In this instance, the phrase 'time is money' truly applies. Documentation of critical care time is essential and should include the ongoing care provided to the patient. Be sure to include *re-examination, updating vitals, procedures, interventions, discussions with consulting physicians, and discussions with family*. Take a look at your monthly acuity report — improved documentation of critical care services provided will favorably impact revenues.



The electronic medical record mandated by HIPAA is supposed to be the solution for protecting personal healthcare information. But to date, the transition to an EMR has been costly and not without scrutiny. The ability to cut and paste the documented HPI, ROS, PFSH and MDM has created a look of cookie cutter or cloned documentation. The result is that all encounters start looking the same. Another area of concern is the audit trail. It is difficult to determine provider entries into the medical record. NPPs, nurses and physician entries frequently become or appear to be one in the same. Another thing to note is that EMRs are not created equal. Evaluate them thoroughly and make a smart decision. Begin by considering your physician group. Will each physician use it or will they continue to use what they are comfortable with? A word of advice and caution — if the group is split on usage, revenues will be negatively impacted. If the decision to use an EMR is a foregone conclusion, select and use it wisely! Be sure to educate the physicians on the importance of consistency, team work and utilizing the EMR processes appropriately.

So, what else can you do to hear the sweeter sounds of **Ka-Ching!** Your very best tool is a complete and thorough documented chart that accurately reflects the ED encounter — both for optimizing appropriate reimbursement and minimizing compliance risk. **Ka-ching! Ka-ching!**



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## Reimbursement Opportunities

Reimbursement opportunities have a cadre of meanings and interpretations. Basic practice management strategies can contribute to reimbursement success. Assimilating and responding to coding and billing management reports could open doors of opportunity. For example, do you know your documentation deficiency 'report card'? Provider documentation education will provide support for overall risk management while improving acuity distribution and average patient charges.

Some groups may want to take a closer look at the billing operations. The quality of a billing company's overall operational efficiencies can provide reimbursement opportunities for you. Conversely, inefficiencies related to the coding or billing processes, management of accounts receivable and/or aging AR collections could snag the revenue stream and your bottom line.

For some entities, reimbursement opportunities could be actualized with a review and update of fee schedules. During this process, revenues can be improved by adjusting fees as well as adding services not previously included on the fee schedule. Does your fee schedule include Observation, Hydration Therapy, EKGs, X-rays, Pulse Oximetry and After Hour services? When was the last time your fee schedule was updated?

Reimbursement opportunities could mean obtaining a formal review of the coding processes. Audit feedback obtained is valuable information to assess and verify if compliance standards are being met and if appropriate revenues are being captured. Quality coding services performed by certified, specialized coders can and will favorably impact your revenues and minimize your compliance risk.

Nicka & Associates, Inc. specializes in emergency medicine and urgent care coding, compliance, consulting and education services. Let our expert staff assist you in meeting your reimbursement, compliance and management goals. Give us a call to discover the Nicka difference!

**News from Nicka** is designed to provide educational support and current information for Emergency Medicine documentation and coding. We strive to make every reasonable effort to ensure the accuracy of the material provided. Should you have any questions, concerns or comments, please feel free to contact us at: [www.nicka-associates.com](http://www.nicka-associates.com).