

BEST

Practice

A PUBLICATION FOR PHYSICIANS' OFFICE ADMINISTRATORS AND STAFF

Newest Updates to CPT Coding Reflect Changes in Health Care



Jean Buble, R.N., C.P.C., Vice President of Case Management and Health Information Management at RWJBarnabas Health reviews this year's changes to CPT Coding.

According to Jean Buble, R.N., C.P.C., Vice President of Case Management and Health Information Management at RWJBarnabas Health, the most recent changes to current procedural terminology, also known as CPT Coding, can be described as "exciting."

Each year, the American Medical Association (AMA) makes changes to CPT Coding based upon the latest scientific and technological advances in medical, surgical and diagnostic services available to mainstream clinical practices. These guidelines describe medical services and procedures provided by physicians and other health care providers to create uniform communication and language among physicians' offices and health care facilities, patients and payers.

The annual changes affect reporting and reimbursement of health care services. The accuracy and quality of code assignment in physicians' offices directly impacts

reimbursements from payers. Without utilizing the updated codes, providers will face denials of claims from payers.

As part of RWJBarnabas Health's ongoing commitment to providing the latest coding information to the Office Managers Association, Buble hosted two seminars to help practice managers learn and effectively implement the new changes. This year's workshops highlighted 148 new codes, 81 deleted codes and 498 revised codes included as part of the 2017 CPT Coding updates.

Among the most noteworthy, according to Buble, are the codes that address telemedicine.

continued on page 2

"In general, many of the changes this year speak to the advancements in technology and how it is being used to provide medicine," says Buble. "CPT Coding is keeping pace with changes in technology and changing times."



Jean Buble with OMA members at one of the recent CPT Coding Update workshops.

Staying Healthy at Work

Most Americans spend a significant portion of their waking hours at work. The environment and habits developed in the office can have a profound impact on the life and health of employees. For example, recent research has linked excessive sitting with a short lifespan and an increased risk for heart disease, diabetes and some cancers.

Healthy habits shouldn't stop when you enter your office. Through small, mindful steps, you can stay healthy inside and outside of the office.

1. Get moving. Exercise is key to staying healthy and in shape. Take a short walk at lunch time to burn calories and get away from your desk for a mental break. Rainy weather? Take a few trips up and down the stairs to get blood moving.

2. Drink enough water. Staying hydrated has big benefits for health. In addition to fighting a host of ailments, including high blood pressure, allergies and asthma, drinking water can help combat fatigue, which is especially helpful during the dreaded afternoon lull. Timers and apps for cell phones and internet browsers are available to keep track of your water intake and remind you when it's time for your next sip.

3. Trade the candy bowl for a fruit bowl. Colleagues' birthdays and other workplace goodies can cause problems for even the healthiest eater. Rather than hitting a co-worker's candy dish, reach for a piece of fruit or replace the candy dish with a bowl of apples, pears or plums.

4. Take a break. Stress – over the long-term or short-term – can seriously hamper attempts to get healthy. A few minutes spent outdoors or away from the task at hand can provide the necessary time needed to recharge and refocus.

5. Clean your desk. It may be a no-brainer, but just like door handles and light switches, your computer keyboard, mouse, phone – even the copy machine – can be home to all kinds of germs. Make sure all surfaces are clean to avoid spreading viruses during cold season and all year long.

CPT Coding continued

"We're beginning to see a structure put in place to allow for the ability to provide telemedicine," she says.

"There are still many questions that need answers, including how a physician can complete a hands-on exam, but it's exciting that we're starting to see the AMA lay the groundwork for this service."

The requisites for utilizing the new telemedicine modifier include providing the service via both real-time interactive audio and video. However, Buble notes it's still unclear if and how providers will be paid for providing telemedicine services.

Additionally, surgical codes saw a number of changes, with many relating to cardiology.

"As in years past, we're seeing these updates because there have been many advancements in cardiac care.

Services are more interventional and less invasive so the codes must be revised to reflect that," says Buble.

While the presentations focused on the CPT Coding updates, Buble received questions from attendees relating to the status of patients and billing for observation services while in the hospital.

"Ensuring patients are in the right status when receiving treatment has a direct impact on how billing is done, and can ultimately impact patients," she says. "If a provider believes he or she admitted a patient but the status was identified incorrectly, billing will be an issue."

According to Buble, the proper status of patients is more important than ever with the new Medicare Outpatient Observation Notice, also known as MOON, which requires

hospitals to notify patients who receive observation services as outpatients for more than 24 hours.

"Not only do we now need to notify a patient, but under observation, a patient's deductible and co-pay may kick in and they may end up with more out-of-pocket costs. Patients cannot be arbitrarily placed into observation," she stressed.

"Understanding the impact of these new regulations is of the utmost importance."

OMA members have access to a wide variety of training opportunities on CPT Coding and more through the association. For presentation materials or more information on the CPT Coding Program please visit www.barnabashealthofficemanagers.org.

Ask the Practice Management Expert

"Ask the Experts" is a question-and-answer forum featuring leading practice management experts.

Q: Physicians and their practices have had to deal with a number of changes, such as Meaningful Use, PQRS, MIPS/MACRA and ICD-10, over the past decade. How has your practice dealt with these changes?

A: Health care is changing and we've tried to embrace it rather than fight it. When you have a big project – and there have been many over the past decade including ICD-10, Meaningful Use, PQRS and MIPS/MACRA – and you're a small team, you get together to figure out a plan and then you tackle it. These challenges have made us a stronger team. I, like many office managers, also have an open door policy. When a staff member has an idea, I make it a point to listen to them. And normally, because they're in the thick of it, they are often 100 percent on the money with their ideas.

Additionally, I've found it's important to constantly educate your staff and yourself in order to stay current. We're always learning, educating ourselves on our software, discussing any issues, reading through regulations to figure out what applies to us. Yes, people make mistakes from time to time and something may slip, but it's imperative to stay ahead of the game. I encourage my staff to educate themselves outside of the office, too – if someone is a strong coder or likes billing, I encourage them to get certified. You can become a better biller simply by taking the prep courses. There are always opportunities to learn.

Q: How have you worked with your physicians to address these changes and new regulations?

A: We've put a number of steps in place to make sure we're providing the support for our physicians so that they can continue to treat and care for patients – and be properly reimbursed. For example, our physicians have started to use speech recognition software, which we've found to be much better than transcription. The physicians will dictate the patient's exam and assessment and staff members are able to code right off the patient's note. We see the note and the documentation and do the hard coding to meet the required measures, allowing the physicians to look patients in the eyes rather than at a computer screen.

Q: Despite the challenges that have come from so many changes, you've had a lot of success in maintaining a good rapport with your staff. What are your secrets?

A: First of all, the physicians here treat us very well and I think that contributes to our low turnover. We also get along well and work like a team for the good of the practice. We are never going to agree on everything, and that's okay – but we've figured out how to ensure the practice runs as seamless as possible while being friendly with one another. We celebrate birthdays and holidays and get together outside of the office whenever possible because we know it's important to have that comradery.

I've found it's helpful to focus on cross-training so my staff knows a little bit about everyone's job. As an office manager, you should know and understand all of the little pieces that make the practice work. But, it also helps others understand what people are up against. I thought that as office manager for surgeons, I really needed to understand the surgical coordinator's job – surgery is their bread and butter, and I should understand what they need, what they require in the operating room versus a surgical center.

Our Expert

Jeanne Ryan, Office Manager, Specialty Surgical Associates



A veteran of the health care field, Jeanne Ryan has significant experience in ensuring that all aspects of a physician's practice run smoothly. For the past 12 years, she has served as office manager with Specialty Surgical Associates, where she oversees a staff of seven and is responsible for all administrative and management aspects of the practice. She is a certified procedural coder and has also worked in anesthesiology, interventional and physical therapy billing. Jeanne is a long-standing member of the Barnabas Health Office Managers Association and the Office Managers Advisory Council at Monmouth Medical Center. In her spare time, Jeanne is a volunteer singer with Holiday Express, a nonprofit organization that works to deliver the gift of human kindness.

Addressing Unconscious Bias in the Workplace

Unconscious bias, also known as implicit bias, is a fact of life. Unlike conscious or explicit bias, in which an individual knowingly has beliefs about social and identity groups, unconscious bias are thoughts and feelings that we are unaware of and happen outside of our control. In

addition to racial bias, a number of characteristics are subject to bias, including age, gender, weight, gender identity, physical ability, religion and sexuality, among others.

Believed by researchers to have helped early humans survive – aiding

in the ability to distinguish friend from foe – these quick assessments of others are influenced by our background, environment and personal experiences. But, they are also the foundation for stereotypes, prejudice and discrimination.

continued on page 4

Physician Management Team

- ❖ **Alyssa Ruby-Mako**
732.272.7772
Monmouth Medical Center
Monmouth Medical Center,
Southern Campus
- ❖ **Shari Beirne**
732.914.3805
Barnabas Health Behavioral
Health Network
- ❖ **Fran Monteleone**
973.450.2997
Clara Maass Medical Center
- ❖ **Ashley Esposito**
732.923.7523
Monmouth Medical Center
Monmouth Medical Center,
Southern Campus
- ❖ **Brian Case**
732.557.3427
Community Medical Center
- ❖ **Jennifer Berens**
201.396.8872
Saint Barnabas Medical Center
Imaging Services
- ❖ **Lindsay DiGiacomo**
201.400.4106
Saint Barnabas Medical Center
- ❖ **Diane Sirna-Miller**
862.400.6709
Barnabas Health Ambulatory
Care Center & North Wing
- ❖ **Holly St. Clair**
732.232.6715
Radiation Oncology –
CyberKnife & GammaKnife
- ❖ **Cheryl Cilento**
201.309.2380
Jersey City Medical Center

Addressing Unconscious continued

In health care, there is extensive evidence and research that finds unconscious bias can lead to differential treatment of patients by race, gender, weight, age, language, income and even insurance status. However, there are steps employers and organizations can take to identify and address unconscious bias.

- ◆ Resist the temptation to defend the stance that you are already taking on personnel moves and consider other talent selections.
- ◆ In your professional and personal life, build more relationships with people who are different. Get to know them or their culture. This helps to loosen “associations” that might be negative and unconscious.
- ◆ Create project teams that are diverse by design.

- ◆ Frequently speak about diversity and inclusion, but more importantly act, so that those in your office will know that it is important to you.
- ◆ Challenge others who might be making knee-jerk selections in hiring so that they can think differently before concluding.
- ◆ Constantly challenge yourself to see if your assumptions about someone or a situation might be incorrect. This will often only be seen by asking for honest feedback from a diverse set of people.

To learn more about any unconscious bias you may have, check out Project Implicit, a non-profit organization and collaboration between researchers interested in implicit social cognition. Project Implicit

offers a number of tests at <https://implicit.harvard.edu/implicit/takeatest.html>. You can take many of the Implicit Association Tests (IATs), but understand that the data might not make sense because it represents things operating in the unconscious.



"I would be a lot healthier if you'd stop finding things wrong with me!"