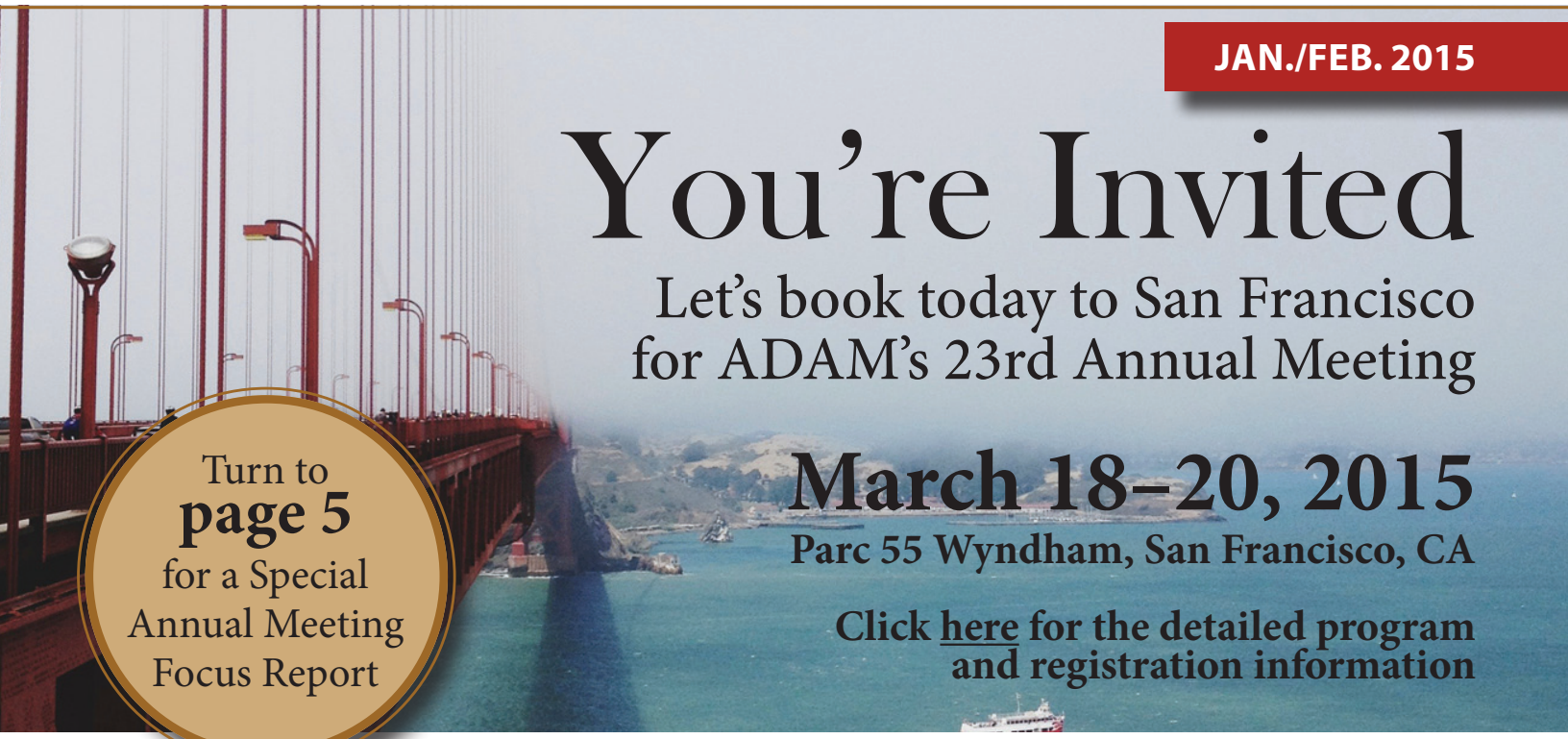
ADAM

Executive Decisions in
DERMATOLOGY

JAN./FEB. 2015



You're Invited

Let's book today to San Francisco for ADAM's 23rd Annual Meeting

March 18–20, 2015

Parc 55 Wyndham, San Francisco, CA

Click here for the detailed program and registration information

Turn to **page 5** for a Special Annual Meeting Focus Report

- **New! Billing roundtable added this year**
- **Topic-focused programming: Six key tracks include Compliance/Regulatory, Patient Centered Care, Human Resources, Marketing, Practice Management and Revenue**
- **More networking choices—Welcome Reception and two Networking Dinners**
- **Expanded Exhibitor Show and Reception**
- **Choice of lunchtime Topic Tables or relax and network**
- **40 CEUs available**

Our ADAM membership continues to grow nationwide, and one reason is our Annual Meeting, an excellent resource for all ADAM members. This year's meeting is a don't-miss event; mark your calendar now and complete your advance meeting registration by March 2 for great savings; special hotel rates available for ADAM members through Feb. 21.

This year at the Annual Meeting, ADAM is focusing on six critical topics essential to healthy day-to-day practice management and growth:

- Compliance/Regulatory
- Patient Centered Care
- Human Resources
- Marketing
- Practice Management and
- Revenue

Three full days learning, discussing and honing best practices in these areas:

ADAM 23rd ANNUAL MEETING

NEW REGULATIONS, mergers, *customer service*, leadership development, *strategic planning*, MANAGED CARE CONTRACTING, *coding*, **hiring and managing employees**, AUDITING, modifiers, PQRS, *change management*, **cross-promotion**, Web marketing, *the patient experience*, PAYMENT *strategies*, **revenue growth**, HIPPA, scheduling, *Medicare*, data security, cash flow, *billing*, **closing the sale**, inventory, clinical trials **and MORE**

MARCH 18–20, 2015 | **SAN FRANCISCO, CA**

INSIDE:

Executive Decisions in Dermatology is a bi-monthly publication of the Association of Dermatology Administrators & Managers (ADAM). ADAM is the only national organization dedicated to dermatology administrative professionals. ADAM offers its members exclusive access to educational opportunities and resources needed to help their practices grow. Our 650 members (and growing daily!) includes administrators, practice managers, attorneys, accountants and physicians in private, group and academic practice.

To join ADAM, or for more information, please visit our Website at ada-m.org, call 866.480.3573, email adaminfo@shcare.net, fax 800.671.3763 or write Association of Dermatology Administrators & Managers, 1120 G Street, NW, Suite 1000, Washington, DC 20005.

From the President

ADAM Annual Meeting promises to yield benefits then and beyond

By Pamela M. Matheny, MS/IO Psychology, MBA/HCM, CMPE

It's annual meeting time, so please mark your calendar and register online at ada-m.org. This 23rd Annual Meeting is a can't-miss event for every busy professional ADAM member.

Make your plans to join us in San Francisco March 18-20 at the Parc55 Wyndham—it's going to be a great three days!

This year, we've worked hard to design a practical program that covers many of the topics we face everyday in our individual practices. From coding to leadership to marketing and regulation, every one of us, whether new to the field or a seasoned veteran, will find a topic to help hone our skills.

When you're at the meeting, be sure to participate in the receptions and networking dinners that are a key part of the program agenda. Networking with your peers is one of the best ways to learn new ways of solving problems as well as share what you've learned in your job to help someone else.

Speaking from experience, I guarantee a key and often unexpected benefit of the meeting are the relationships and friendships you'll develop with your peers that may last a lifetime—providing you access to your peer's advice, expertise and assistance when you need it the most—at the meeting face-to-face, and via email and phone long after.

Thank you for the chance to serve as President this year; I am honored to represent you—the members of ADAM—and to work closely with you now and in the future.

I also want to invite and encourage each of you to step up and volunteer for a committee and consider serving on the board. Our board exists solely to serve you. We are fortunate to have a very active board that works tirelessly to add value to your membership and that makes decisions based on a strong sense of ethical and fiscal responsibility.

Enjoy the newsletter, and we look forward to seeing you in San Francisco!

In the Spotlight . . .

Jill Sheon, Children's Dermatology Services of Children's Community Pediatrics, UPMC Children's Hospital of Pittsburgh

Each issue, ADAM focuses on an ADAM member who tells his or her personal story.

When did you join ADAM?

I joined ADAM in 2007. However, I attended two annual meetings prior to joining ADAM.

How long have you been a practice manager?

I have been a Dermatology practice manager for 14 years. Previously, I was a practice manager in Vascular Surgery for one year and in Cardiothoracic Surgery for five years.

As a practice manager, what is the most challenging part of your job?

Is this a trick question? Naming the most challenging part of my job is difficult because it's a daily moving target. But, if my job weren't challenging, it wouldn't be rewarding and I wouldn't be in this line of work.

Some of the ways I'm challenged: I can be tested by an HR issue in terms of considering what is best for our office, how to maintain equity with the other staff members, and what is best for the employee. I can be challenged with implementation of new legislation (is ICD-10 really going to happen?). Right now I am challenged with ensuring we are compliant, as required by our parent corporation, Children's Community Pediatrics, with approximately 100 pages of JCACHO accreditation participation requirements to become an accredited (subspecialty care) patient centered medical home.

ADAM provides me with a sense of security, knowing there are others across the country dealing with the same issues, and that I can reach out for experience and knowledge (or even to vent!), when I need to. Also, LinkedIn is an incredibly valuable tool I use to seek advice and support from other ADAM members.

What is the best part of being an ADAM member?

Without a doubt, my best experience as an ADAM member is attending the annual meetings. The meetings are well planned and provide a terrific opportunity to learn and grow professionally, and give me a chance to connect with others who do exactly what I do. The annual meeting is the ideal setting to create and foster new and existing professional and personal friendships. Plus, when the meeting ends, I always leave with a boost in my work adrenaline.

What would you recommend to an ADAM member who is looking to be more involved?

Just do it! Come on, you've probably thought about it but haven't yet done anything about getting more involved with ADAM. Start by sending an email to **Pam Kroussakis (Pam.Kroussakis@shcare.net)** or just pick up the phone and call her at **866.480.3573**.

As a member of the Communication and Education Committees, a Board member and an Executive Board member, I can tell you my involvement started slowly. I first joined the Membership Committee, and from there, I was asked to join the Communication Committee, then serving as chair two years ago. Committee involvement gives me the opportunity to work in community with other dermatology managers and leaders, and continues to be a very rewarding experience.

Q&A: Ask the Lawyer

How to handle collection fees for past-due accounts

By Michael J. Sacopulos, JD, Medical Risk Institute

Q We recently decided to add a flat collection fee on top of the percentage that the collection agency charges for listing the account with them. Our current financial responsibility reads "in the event that my account is referred to a collection agency, I agree to pay all collection costs associated, including reasonable attorney fees." What is your professional guidance about best practices here?

A There are several different laws that come into play here. Generally, the law requires there be an agreement of some sort before additional fees are added to existing charges. The wording of the statement below leads me to believe the additional fees authorize by this language pertain only to collection agencies and attorneys and not to your practice.

Although your practice could argue the additional charge is a "collection cost" for your practice, I think that argument is fairly weak. That said, it is easy to change your language and practice policy. I would change the form to read: Any professional fees not paid within ____ amount of days are subject to a late fee of _____dollars.

Additionally, you may also wish to charge an interest rate on delinquent accounts. You may set the interest rate as you please but it should not exceed what your state allows. Usually, annual interest rates in excess of 25% are considered "usury".

Further, I am sure the next question will center on patient forms, also signed with the above language. I think you will not be able to collect late fees for services rendered prior to the changing of this language and your practice's policy.

You should also consider placing a sign at the reception window that reads: Payment is expected when services are rendered. Delinquent accounts are subject to late fees. This places individuals on notice.

Finally, here are several practical tips to help you further refine your approach in this area:

1. Make sure you have a Business Associate Agreement with your collection agency,
2. Ask your collection agency if they have consumer language regarding late fees and penalties. Many collection agencies are familiar with local courts and what judges will and will not allow, and are more than happy to provide you with tried and true language to be included in your practice's policy.
3. Be sure to include in reminder letters that late fees and interest will attach to the account if the balance is not paid in full.

You're always far better off collecting funds sooner rather than later. I hope your change in policy will result in fewer accounts becoming delinquent.

SAN FRANCISCO, here we come!

All about the 23rd ADAM Annual Meeting March 18-20

We know your time is valuable, and that's why we made sure our annual meeting program lineup is filled with in-depth information, new industry updates, multiple networking opportunities, and ample time for sitting, talking and sharing the challenges and opportunities you face every day in your practice.

Don't miss this great chance to move your practice and your own professional development forward by a giant step . . . in just three days in beautiful San Francisco.

Here's a sampling of what you can expect:

COMPLEX CODING

So many ways to close a wound, come and learn about the complex coding guidelines . . .

Faith C.M. McNicholas, RHIT, CPC, CPCD, PCS, CDC and Peggy Eiden, CCS-P, CPC, CPCD, CPCMA, American Academy of Dermatology, will help clarify the complexities and demonstrate the differences between simple closures and the more complex closures, e.g., flaps and grafts. Come and learn the different types of closures, and understand the guidelines on how and when to add closures that will protect your practice from unnecessary claim denials.

SESSION **WEDNESDAY, MARCH 18, 2:30 P.M.–3:30 P.M.**

HOW TO HAVE AN UNFORGETTABLY POSITIVE OFFICE VISIT

Learn how to recreate the great office visit and patient experience . . .

Join Steven K. Sharma, MD, MPH, JoyWorks Communications and Tena Brown, Tenacity Consulting to explore specific methods of bringing back that sacred time between provider and patient that is the backbone of our industry. The office visit is plagued today with pressures from all sides, including time constraints and intrusions of a changing healthcare system. Opportunity for Q/A and shared success stories, along with practical methods and tips to make the office visit a positive experience once again.

SESSION **THURSDAY, MARCH 19, 10:50 A.M.–11:50 A.M.**

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ICD-10 CODING VIGNETTES

Reaching for improved accuracy via new coding documentation instruction . . .

Join Peggy Eiden, CCS-P, CPC, CPCD, CPCMA and Faith C.M. McNicholas, RHIT, CPC, CPCD, PCS, CDC, American Academy of Dermatology, Wednesday morning for an in-depth review of ICD-10 Coding. Both Eiden and McNicholas will provide real-world examples and vignettes on the revised and updated coding guidelines, providing you with practical and actionable learning you can take right back to your practice and implement immediately. ICD-10 requires enhanced medical record documentation to allow for accurate diagnosis code assignment—not just a Medicare requirement but also a HIPAA mandate.

SESSION **WEDNESDAY, MARCH 18, 9:55 A.M.–12:05 P.M.**

SUCCESSFULLY NAVIGATING THE PHYSICIAN QUALITY REPORTING SYSTEM (PQRS)

Learn exactly how-to navigate the Physician Quality Reporting System (PQRS) . . .

Scott Weinberg with the American Academy of Dermatology will walk you through exactly how to successfully report PQRS measures to increase your practice quality and avoid payment reductions in 2017 and beyond. You'll also understand the implications of reporting and not reporting in 2015.

SESSION **WEDNESDAY, MARCH 18, 4 P.M.–5 P.M.**

CLIA 101—BASIC CLIA INFORMATION

CLIA explained . . .

Come and learn the history of the CLIA program from Gary Yamamoto, CMS, CLIA, Laboratory Consultant, Centers for Medicare & Medicaid Services (CMS). He'll cover the latest certificate data, certification process, regulations structure, and basic requirements.

SESSION **THURSDAY, MARCH 19, 9:10 A.M.–9:40 A.M.**

HOW TO INTEGRATE CLINICAL TRIALS INTO A MEDICAL PRACTICE

Learn the benefits of incorporating a clinical trial in your practice . . .

Join Linda Simon, TKL Research, Inc. for an informative hour discussing the necessary steps, risks and benefits of conducting clinical trials within your practice. She'll review the factors you need to consider to manage a successful integration.

SESSION **FRIDAY, MARCH 20, 4 P.M. – 5 P.M.**

Special thanks and appreciation FOR YOUR LEADERSHIP AND HARD WORK:

23rd Annual Meeting Chair Angela Short, MHA, CPCO, CPC-D

2014/2015 EDUCATION COMMITTEE

Tony Davis, *Committee Chair*
Stein Berger
Gabi Brockelsby
Becky Coen
Terri Esposito
Kyle Geer
Roger Gentry
Don Glazier
Amanda Harris
Trish Hohman
Brent Homer
Larry Huff, BSHA, CMPE, CPC
Virginia King-Barker
Darren Lange
Linda Leiser
Barbara Lupton
June McKernan
Shannon Page
Jill Sheon
Sarah Sherrill
Jeff Stewart
Brenda Stufflestreet, CMPM
Tamron Thompson
Darlene Tomlinson, MBA
Tara Watson

IF YOU'RE LOOKING FOR A PLACE TO GET INVOLVED AND GET CONNECTED IN ADAM,

please consider joining the Education Committee. The Education Committee provides educational programming opportunities to the ADAM membership throughout the year. The Committee develops topic priorities and speaker/author ideas that best deliver the topic message. In addition, the Education Committee develops the Webinar schedule and assists the Annual Meeting Program Chair as needed. The Education Committee is the liaison for information and resources from CMS, HHS, AAD, MGMA and AAPC and other relevant entities to the ADAM Board and membership and works to distill the information to dermatology and practice management, keeping the ADAM Board and membership up-to-date and aware of current dermatology issues and topics. To get involved with the Education Committee or any other ADAM committee, sign up at the registration desk at the Annual Meeting or email **ADAMinfo@shcare.net**.

Annual Meeting Notes

- Get motivated! Each day begins with a leading keynote speaker who will inspire you and provide you with specific, practical, actionable ideas to take back to your practice. Keynotes are Wednesday at 8:25 a.m. by Meryl D. Luallin, Sullivan/Luallin Group; Thursday at 8 a.m. by Larry Broughton, Broughton Companies; and Friday at 8:10 a.m. by Justin Hand and Bart Holt, Provident Healthcare Partners
- We welcome all of our presenters and guests from the American Academy of Dermatology. Thank you for your expertise, involvement and support of ADAM.
- Join us at a Topic Table for lunch Wednesday during the conference. Six topic tables both days on subjects like these: New Managers; Managed Care Contracting, Hiring, Complex Coding, Internal Marketing, Ask the Lawyer, Billing
- Be sure to visit the Exhibitor Showcase all day Thursday, March 19! Our vendors and suppliers help us make this meeting possible, and we value them very much!

2014/2015 MENTORING AND NETWORKING COMMITTEE

Shannon Page, *Committee Chair*
Gabi Brockelsby
Marie Edwards
Terri Esposito
Kathleen Mitchell
Angela Short
Jeff Stewart
Brenda Stufflestreet
Christina Watson
Ellie Weinstein
Thelma Westrom

ANOTHER GREAT PLACE TO GET CONNECTED WITH ADAM . . . MENTORING AND NETWORKING COMMITTEE

Each month Mentoring and Networking Committee members are assigned new members to welcome to ADAM and answer any questions they may have. This committee also plans the networking events at the Annual Meeting such as Networking Dinners and the Welcome Reception. To get involved with the Mentoring and Networking Committee or any other ADAM committee, sign up at the registration desk at the Annual Meeting or email **ADAMinfo@shcare.net**.

CMS introduces four new modifiers

By Faith McNicholas, RHIT, CPC, CPCD, PCS, CDC

The Centers for Medicare and Medicaid Services (CMS) recently announced the establishment of four new Healthcare Common Procedure Coding System (HCPCS) modifiers to define subsets of modifier 59—the most broadly used and applied modifier, according to CMS. By definition, modifier 59 has been used to indicate a "distinct procedural service."

According to American Medical Association Current Procedural Terminology (AMA CPT), modifier 59 is used to indicate a "procedure or service was distinct or independent from other non-E/M services performed on the same day."

Services reported with modifier 59 indicate multiple procedures that are not normally reported together, but are appropriate under the circumstances performed.

Documentation must support that the service rendered was a different session, different procedure or surgery, different site or organ system, separate incision/excision, or separate lesion, not ordinarily encountered or performed on the same day by the same individual.

It is important that the use of modifier 59 is in limited circumstances when no other modifier can best explain the circumstances of the encounter.

If a more descriptive modifier is available to explain the circumstances of the encounter, report that instead of modifier 59. The use of modifier 59 is limited only to those circumstances that its use will best explain the circumstances of the encounter.

According to CMS, there is a need for more precise coding options, along with increased education and selective editing to reduce the errors associated with overpayments related to the use of modifier 59. To achieve this, CMS created the following HCPCS modifiers to selectively identify the subsets of modifier 59:

- **XE—Separate Encounter:** A service that is distinct because it occurred during a separate encounter
- **XS—Separate Structure:** A service that is distinct because it was performed on a separate organ/structure
- **XP—Separate Practitioner:** A service that is distinct because it was performed by a different practitioner
- **XU—Unusual Non-Overlapping Service:** The use of a service that is distinct because it does not overlap usual components of the main service

Collectively, these four codes are known as -X{EPSU}. CMS states it will continue to recognize modifier 59, but reminds healthcare providers that CPT instructions state that modifier 59 *should not be used when a more descriptive modifier is available.* This means that it may selectively require one of the more specific -X{EPSU} modifiers.

For example, dermatology settings would routinely report the following:

1. Excision of benign lesion as well as biopsy of distinct and separately identifiable lesion on a different site

   You report:
   11400: Excision, benign lesion…t/a/l; 0.5 or less when reported with
   11100–**XS**: Skin Biopsy

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OR Mohs performed on one lesion and a destruction performed on a distinct and separately identifiable malignant lesion.

You report:
17311: Mohs first stage when reported with
17260–**XS**: Malignant lesion destruction . . .

2. To report modifier XP represents a service that is distinct because it was performed by a different practitioner e.g. 20 sq cm non pressure sore is debrided on right ankle in the morning but, because of the patient's condition, selective debridement of a 17 sq cm sacral non pressure sore is performed at a separate session in the afternoon on the same date by a different provider

You report:
11042: Debridement, subcutaneous tissue . . . , 20 sq cm or less
11045–**XP**: . . . each additional 20 sq cm

3. Use of XU modifier will technically refer to physician/provider work not overlapping e.g. biopsy of a suspected skin lesion on the same day as Mohs surgery with no prior pathology confirmation of a diagnosis

You report:
17311: Mohs micrographics technique, . . . first stage . . .
11100: Skin biopsy;
88331–**XU:** Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen

XU would be reported to distinguish the surgical pathology from the subsequent definitive surgical procedure of Mohs surgery

There are rare to no circumstances that a dermatology setting would require the use of modifier XE- *Separate Encounter:* A service that is distinct because it occurred during a separate encounter.

The effective date for this new CMS directive is Jan. 1, 2015. However, CMS has stated that MACs are not prohibited from requiring the immediate use of the selective modifiers in lieu of modifier 59 when necessitated by local program integrity and compliance needs. Please check with your local MACs and determine what their new requirements will be.

For more information on this topic, please visit **http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8863.pdf**