Executive Decisions in DERMATOLOGY

ADAM

September/October 2011

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ADAM 20th Annual Meeting

Mark your calendars! The ADAM Annual Meeting is March 14-17th, 2012 at The Westin San Diego located in the heart of beautiful downtown San Diego. From any of the hotel's 436 signature rooms, you can take in the panoramic views of San Diego Bay, Coronado Island, and the downtown cityscape.

Classes offered at the Annual Meeting will take place on three tracks: Management, Special Topics and Coding. The Annual Meeting Planning Committee has worked hard to book high-profile speakers who are experts in their fields. The hardest decision will be which classes you want to attend! The At-A-Glance calendar for the Annual Meeting will be on the ADAM website at the end of September, with a full schedule out in October.

Please book your rooms now as space is going quickly! Visit www.ada-m.org for reservation instructions.

400 West Broadway, San Diego, CA 92101

Phone: 619-338-3602

http://www.westinsandiego.com/

New Corporate Leader Program

The Fund Development Committee has launched a new program catering to vendors, exhibitors and corporate sponsors.

The program features new sponsor levels that companies purchase. Each sponsor level is unique and offers a variety of customizable contact methods to network with ADAM members, as well as marketing and advertising opportunities.

If you would like to get involved with the Fund Development Committee, please contact

ADAMinfo@shcare.net

President's Corner

A new series about the state of the Association and what's new with ADAM. Do you have a question for Rhonda?

Email us at ADAMinfo@shcare.net

This Fall is a very exciting time for ADAM. We are introducing new webinars, working on the Annual Meeting Educational Tracks and expanding our membership. In the meantime, our members are continuing the discussion online. Through our new social media platforms, members and nonmembers can interact with one another, ask questions and get immediate answers. This resource is a phenomenal opportunity for our members to learn and share information.

Now is a great time to renew your membership with ADAM and spread the word to your colleagues to join ADAM. The 20th Annual Meeting is right around the corner, and the educational and networking opportunities are unlike anything we were ever able to offer in previous years. During the month of September, potential ADAM members will have the opportunity to join ADAM for only $400! Those dues will cover their membership through December 2012. Upon joining, they will also receive a free webinar of their choosing. Please encourage your colleagues to join ADAM.

Being a part of this great Association is one of the most beneficial experiences I have had in my professional career, I hope you feel the same way.

Warmly,

Rhonda Holloway, President

Member Spotlight

A new series on an ADAM member who does extraordinary work in their field and is an active member in the ADAM community. Would you like to nominate someone for a Member Spotlight? Email us at ADAMinfo@shcare.net

ADAM: What is your name and where do you work?

Janice: Janice Smith, Spencer Dermatology Associates, LLC.

ADAM: When did you join ADAM?

Janice: I joined ADAM in 2002 when I started with the practice.

ADAM: How long have you been a practice manager?

Janice: I have been a practice manager since 1997. I started in pediatrics, but the majority of my career has been in dermatology. Wow, now I feel old!

ADAM: Tell us a little about your practice.

Janice: We are located in Crawfordsville, IN, which is a small city of about 15,000. Dr. Linda Spencer started her practice here in 1989. We also have a wonderful derm-certified nurse practitioner, Kay Nannet, who's been with Dr. Spencer since 1998. Both have built strong reputations for quality, cost-effective care while focusing mainly on the medical side of Dermatology.

ADAM: As a practice manager what do you find to be the most challenging part of your job?

Janice: I think one of the most challenging parts of my job has been building and maintaining a strong staff. Turnover was an issue when I started. We all know how difficult it is to find capable staff members, let alone those that actually enjoy each other and have fun, too. We work hard and laugh often with each other every day.

ADAM: What has been your best experience as an ADAM member?

Janice: My best experience has been building professional relationships though ADAM over the years. I remember thinking a few years into being a member that I wasn't sure I was getting the most out of my membership. I decided to get involved and joined the Education Committee. I can't tell you how invaluable that decision has been!

ADAM: What has an ADAM benefit done for you lately?

Janice: I love the networking opportunities that ADAM provides its membership. That's one benefit that I use quite often. Recently I used it as a quick way to get information that I needed on Medicare's eRx Incentive Program . It's also a great way to get tips and ideas from other managers regarding insurance issues, staffing, etc.

ADAM: What would you recommend to a member of ADAM who is looking to be more involved?

Janice: Volunteer to join one of the several committees that ADAM has. It's a great way to have your voice heard as a member! It doesn't take a large amount of your time, and it's very rewarding.

2012 Dermatology ICD-9-CM Coding Update

By Faith C. M. McNicholas, CPC, CPCD, PCS, CDC
Manager, Coding & Reimbursement/Government Affairs, American Academy of Dermatology

Medical coding is an intricate and immense process that is present in every health care setting. In dermatology, **accurate** diagnostic coding is a critical component of claim submissions. The diagnosis code listed on a claim form will establish the medical necessity for the encounter and allow the healthcare payer to assess the benefit and reimbursement level (s) during claims processing. These codes also provide a meaningful patient profile that helps healthcare providers to collect and analyze patient medical demographics.

Over the years, medical coding has become more and more complex and extensive with new codes being introduced, revised and deleted. It is important that dermatology practices keep up with these changes and update their coding systems to reflect the current diagnosis codes in a timely manner to avoid inaccurate and unspecific diagnosis code application during claim submission. One is encouraged to code to the highest level of detail and specificity i.e. a three-digit ICD-9-CM code can only be used when fourth and fifth digits are not available.

The National Center for Health Statistics (NCHS) and The Center for Disease Control and Prevention (CDC) in conjunction with Centers for Medicare & Medicaid Services (CMS) annually revises and updates the ICD-9-CM codes to be effective on October 1st every year.

For 2012, NCHS has revised and updated the coding and reporting structure for malignant neoplasms of the skin and other codes pertaining to dermatology in the 2012 International Classification of Diseases, Clinical Modification 9th Revision (ICD-9-CM).

These updates and revisions are scheduled to be effective as of October 1, 2011. On the next few pages is a list of revised and new codes.

In today's dermatology practice, code selection and application is often done by electronic means within the practice management software. However, the following simple steps will allow for accurate coding and higher specificity of your code selection:

✓ Locate the main term within the diagnostic statement in the medical record;

✓ **Locate the main term in the Alphabetic Index (Volume 2)**;

✓ Review the text box comments immediately following the main term;

✓ Review all modifiers that appear in parentheses next to the main term to determine if they apply to your code selection;

✓ Review any of the subterms that are indented beneath the main term. Subterms differ from the main term as they provide greater specificity, becoming more specific the further they are indented from the main term;

✓ Be sure to follow any cross reference instructions;

✓ **Confirm the code selection in the Tabular List (Volume 1).** Select the appropriate classification in accordance with the diagnosis;

✓ When the primary reason for the encounter is not related to disease or injury, use the appropriate "V" code;

- ✓ Follow all instructional terms in the Tabular List (Volume 1), watching for exclusion terms, notes and fifth-digit instructions that apply to the code selected. Search the selected code number for instructions, including the category, section and chapter in which the code number is collapsible. The instructional information is often located one or more pages preceding the actual page that includes the code number;
- ✓ **Code to the highest level of detail.** A three-digit ICD-9-CM code can only be used when fourth and fifth digits are not available.
- ✓ In lieu of a firm diagnosis, there are codes available for signs and symptoms (780 - 799.9) that can be used to describe the encounter. Signs and symptoms must also be coded to the highest level of detail; and finally;
- ✓ Sequence codes correctly. List the ICD-9-CM code for the diagnosis, condition, problem or other reason for the encounter, shown in the medical record as the primary reason for the services provided. List all additional codes that describe any co-existing conditions thereafter.

Locate the main term in the Alpha Index

Some conditions may be listed under more than one main term. Review all notes listed under the main term as these maybe helpful in the final code selection.

REVISED/NEW	CODE	CHANGES
Revised	010	Primary tuberculous infection **010.0** Primary tuberculous infection ***Excludes*** -nonspecific reaction to tuberculin skin test for without active tuberculosis without active tuberculosis (795.51-795.52) -positive PPD (795.51) -positive tuberculin skin test without active tuberculosis (795.51)
Revised	140	**Malignant neoplasm of lip** ***Excludes*** -malignant melanoma of skin of lip (172.0) -malignant neoplasm of skin of lip (173.00-173.09)
Revised	173 173.0	**Other and unspecified malignant neoplasm of skin** ***Excludes***: Merkel cell carcinoma of skin (209.31-209.36) Other and unspecified malignant neoplasm of skin of lip
New	173.00 173.01 173.02 173.09	Unspecified malignant neoplasm of skin of lip Basal cell carcinoma of skin of lip Squamous cell carcinoma of skin of Other specified malignant neoplasm of skin of lip

REVISED/NEW	Code	Changes
Revised	173.1	**Other and unspecified malignant neoplasm of eyelid, including canthus**
New	173.10	Unspecified malignant neoplasm of eyelid, including canthus
	173.11	Basal cell carcinoma of eyelid, including canthus
	173.12	Squamous cell carcinoma of eyelid, including canthus
	173.19	Other specified malignant neoplasm of eyelid, including canthus
Revised	173.2	**Other and unspecified malignant neoplasm of skin of ear and external auditory canal**
New	173.20	Unspecified malignant neoplasm of skin of ear and external auditory canal
	173.21	Basal cell carcinoma of skin of ear and external auditory canal
	173.22	Squamous cell carcinoma of skin of ear and external auditory canal
	173.29	Other specified malignant neoplasm of skin of ear and external auditory canal
Revised	173.3	**Other and unspecified malignant neoplasm of skin of other and unspecified parts of face**
New	173.30	Unspecified malignant neoplasm of skin of other and unspecified parts of face
	173.31	Basal cell carcinoma of skin of other and unspecified parts of face
	173.32	Squamous cell carcinoma of skin of other and unspecified parts of face
	173.39	Other specified malignant neoplasm of skin of other and unspecified parts of face
Revised	173.4	**Other and unspecified malignant neoplasm of scalp and skin of neck**
New	173.40	Unspecified malignant neoplasm of scalp and skin of neck
	173.41	Basal cell carcinoma of scalp and skin of neck
	173.42	Squamous cell carcinoma of scalp and skin of neck
	173.49	Other specified malignant neoplasm of scalp and skin of neck
Revised	173.5	**Other and unspecified malignant neoplasm of skin of trunk, except scrotum**
New	173.50	Unspecified malignant neoplasm of skin of trunk, except scrotum
	173.51	Basal cell carcinoma of skin of trunk, except scrotum
	173.52	Squamous cell carcinoma of skin of trunk, except scrotum
	173.59	Other specified malignant neoplasm of skin of trunk, except scrotum
Revised	173.6	**Other and unspecified malignant neoplasm of skin of upper limb, including shoulder**

New	173.60	Unspecified malignant neoplasm of skin of upper limb, including shoulder
	173.61	Basal cell carcinoma of skin of upper limb, including shoulder
	173.62	Squamous cell carcinoma of skin of upper limb, including shoulder
	173.69	Other specified malignant neoplasm of skin of upper limb, including shoulder
Revised	173.7	**Other and unspecified malignant neoplasm of skin of lower limb, including hip**
New	173.70	Unspecified malignant neoplasm of skin of lower limb, including hip
	173.71	Basal cell carcinoma of skin of lower limb, including hip
	173.72	Squamous cell carcinoma of skin of lower limb, including hip
	173.79	Other specified malignant neoplasm of skin of lower limb, including hip
Revised	173.8	**Other and unspecified malignant neoplasm of other specified sites of skin**
New	173.80	Unspecified malignant neoplasm of other specified sites of skin
	173.81	Basal cell carcinoma of other specified sites of skin
	173.82	Squamous cell carcinoma of other specified sites of skin
	173.89	Other specified malignant neoplasm of other specified sites of skin
Revised	173.9	**Other and unspecified malignant neoplasm of skin, site unspecified**
New	173.90	Unspecified malignant neoplasm of skin, site unspecified Malignant neoplasm of skin NOS
	173.91	Basal cell carcinoma of skin, site unspecified
	173.92	Squamous cell carcinoma of skin, site unspecified
	173.99	Other specified malignant neoplasm of skin, site unspecified
Revised	174	**Malignant neoplasm of female breast** ***Excludes***: malignant melanoma of skin of breast (172.5, 173.5) malignant neoplasm of skin of breast (173.50-173.59)
Revised	175	**Malignant neoplasm of male breast** ***Excludes:*** malignant melanoma of skin of breast (172.5, 173.5) malignant neoplasm of skin of breast (173.50-173.59)
Revised	704	**Diseases of hair and hair follicles**
New	704.4	Pilar and trichilemmal cysts
New	704.41	Pilar Cyst
	704.42	Trichilemmal Cyst/Trichilemmal proliferating cyst
Revised	706	Diseases of sebaceous glands
	706.2	Sebaceous cyst ***Excludes:*** Pilar cyst (704.41) Trichilemmal (proliferating) cyst (704.42)

REVISED/NEW	Code	Changes
New	980-989	**TOXIC EFFECTS OF SUBSTANCES CHIEFLY NONMEDICINAL AS TO SOURCE** ***Excludes*** respiratory conditions due to smoke inhalation NOS (508.2)
New	995	Certain adverse effects not elsewhere classified
New	995.0	Other anaphylactic shock reaction

For more information on ICD-9-CM coding guidelines and conventions, please visit the following resources:

AAD - www.aad.org/member-tools-and-benefits/practice-management-resources
CDC - http://www.cdc.gov/nchs/icd/icd9cm.htm

How to Market Your Practice's Cosmetic Services

Marketing your practice's aesthetic services can be difficult because you are reaching out to a specific client base. It is important to keep in mind, a patient who wants to look good today, will also want to look good tomorrow, next week and next year, so it is in your best interest to keep them happy and connected to the practice.

If you already have an established cosmetic patient list you've done the hardest part! A buyer is a buyer forever so keep in touch with patients.

Even if you don't have an established client base, the easiest and quickest way to market is through email. Send out simple e-blasts explaining new procedures you offer. Make the emails colorful and theme it with exciting deals and gift certificates. Also remind patients to forward the email to friends and family to help with referrals; you can even offer a referral discount!

Email not working? Try handwritten notecards or personalized post cards. Buy a colorful envelope to put the card in so the note will stand out in the mail. You can do mailers for first time patients, referrals, holiday deals, and more. This extra effort is always a sincere way to reach out to patients.

On the subject of notes and cards, personalized outreach to a cosmetic patient before and after their visit makes them feel more special. This is a time to not only answer any of their questions, but also show genuine concern for each and every patient.

Having a holiday party or an annual fundraiser for cosmetic patients is also a great way to get face-to-face time with clients. The fundraiser can collect money for a cosmetic cause for the underprivileged such as cleft palettes or a skin cancer research foundation. Make the patients feel involved all year round, not just for procedures.

Overall, your best strategy is to stay in contact with this client base. Outreach is the only way to continue the relationship between patient and practice. Keep a list of cosmetic clients who haven't come in in a few years and send them a "We Miss You" card. The more points of contact you establish, the more likely the patient will return for another aesthetic enhancement.

Patient relations can be very hard to manage, but learning how to balance outreach within your practice will pay for itself when returning patients come back or when referrals start to come in!

Building a Staff Support Model

Understanding benchmarks and setting goals

Managing a clinical staff is time consuming. By building a model that helps keep staff on track, employees will become more efficient and reliable.

In order to determine how the practice will measure productivity, set benchmarks that are realistic. Look at similar practices in the area and make note of important staff information like number of employees, type of employees, number of appointments per day, etc. Use this data to decide how your practice can improve or adapt.

Once benchmarking is complete, look at what it takes to make your practice run smoothly. How many patients can be seen in a day? How many nurses does it take to manage the patients load? How many bills are you sending out? How long is the wait time? How long is someone on hold when calling the office? How many prescription refills are needed? These questions and more will help you as a manager understand what it takes to keep the office running smoothly.

These answers will help you

gauge your staff's workload. In order to keep the office running smoothly, approximate how long it takes staff to complete tasks and given that time, how much can or should be accomplished each day. Then compare to your benchmark.

Setting productivity goals for your practice does not have to be a race; but rather an ideal model of how the office should run on a day-to-day basis. By establishing these goals you can have more productive discussions with your staff about efficiency and reliability.

Have you Liked us yet?

ADAM is now on Facebook, Twitter and Linkedin! These new social media opportunities allow members to interact with other members and nonmembers in a live forum setting.

ADAM's **Facebook** fan page is a public page where members and nonmembers can 'like' ADAM. Post on the wall, read about upcoming events and spread the word about ADAM to friends and coworkers.

ADAM's new **Twitter** page is a public site where you can follow @ADAMHQ to get the most up to date information about webinars, news, and more!

Linkedin is a member's only private group. Membership must be approved by HQ in order to post on or read the discussion wall. This is a great place to ask questions where only other ADAM members can see it. This group's membership and discussions are ***confidential,*** specifically within the group.

Thank you to everyone who participated in the August webinar, "How to Manage Your Practice's Social Media Image" brought to you by Marketing Works.

If you would like to join us for the next webinar, "Human Resources in a Medical Office" it will take place on October 12, 2012 at 3:00pm EST. Sign up today at www.ada-m.org

Interview with Mary White

Webinar with Mary White will take place on Wednesday, October 12th, at 3:00pm EST

ADAM: Tell us a little about yourself.

Mary: I am co-owner of Mobile Technical Institute and MTI Business Solutions (www.mobiletechwebsite.com). We are a corporate training and consulting firm. I primarily focus on management, HR and public relations training and consulting. My partners provide information technology training and consulting services including database development and website solutions.

ADAM: How did you get started in human resource management?

Mary: I spent several years working in advertising and public relations agencies after graduate school before deciding to become an instructor at a career college. In school I moved into administration and operations management after teaching for several years and realized quickly that acquiring HR skills was a significant key to success in this role.

ADAM: What do you think are the biggest issues HR professionals deal with today and in your opinion how can they overcome it?

Mary: HR is such a broad area that it's hard to narrow down to just a few issues. One of the things that I see clients struggling with the most is regulatory compliance. There are so many employment laws and regulations that companies are responsible for complying with that it's difficult for professionals who juggle multiple responsibilities to keep up with everything they need to know, implement and follow through with from a legal perspective.

Leadership development is another important issue. So often, HR managers try to "fix" employee issues that are really related to supervisory problems rather than problems with the workers themselves. It's important for HR practitioners to make sure that the people who are put in supervisory positions within their organizations know how to be effective leaders and are good fits for the culture. Taking care of this often involves developing a different mindset toward hiring and promoting supervisory team members as well as developing and implementing formal supervisory training programs.

ADAM: In your book, *101 Human Resource Management Tips*, you say that an HR professional needs to know all aspects of the management from hiring to legal matters; do you think that applies to medical offices?

Mary: Individuals who manage medical offices certainly need to be knowledgeable when it comes to human resource management issues. Practice managers are either directly involved with every aspect of personnel management, or are responsible for supervising the people who are. Medical practices – and every other type of business – must operate within the boundaries of the regulatory and legal environment that impacts their industry and must focus on fostering a positive workplace that is engaging for their employees. Employment law applies to every industry, and the factors that motivate employees don't really vary that much from one industry to another. People are people – no matter what their skills are.

ADAM: A lot of our practice managers are dealing with the ever changing world of healthcare, with such issues as electronic health records, how do you think they should stay up to date on these issues while balancing their practice?

Mary: It's important for practice managers to realize that keeping up with industry-specific technology changes and regulatory matters is truly

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essential to balance and effective management. Staying aware of what's going on in the legal environment is essential to risk management. Keeping up with technology is an important way to make sure that your practice stays competitive. Being involved in professional organizations specific to your industry – like ADAM -- is certainly a good way to stay tuned in to what is going on in the profession. Seeking out relevant training opportunities for yourself and key members of your team is also important. Remember that being proactive is much better than being reactive when it comes to keeping up with change.

ADAM: In addition to balancing a medical practice, our managers also need to consider the current economic conditions. What are some of the more cost effective ways to train staff?

Mary: When you are looking at whether or not you can afford to budget money to train your employees, I encourage you to think about this. It's easy to think, "What if I spend all this money training employees and they leave?" Here's the bigger question. What if you *don't* train them … and they stay?

With that said, I do know that cost control is important. Look internally to identify areas of training need that can be handled internally. For example, allow employees to cross-train in other departments (where credentialing isn't an issue, of course) so they develop broader skill sets. Identify training needs that can be handled internally effectively, but don't try to do things that are just not realistic. Don't assume, for example, that you can send one person to a seminar on a tough topic – like leadership, ethics or HR law – and assume that person can come back and teach the subject to everyone else. Developing expertise in teaching those types of topics takes years of experience. For those topics, consider sending key personnel to local seminars or industry trade shows. Also consider online training and audio conference and webinar courses.

If there's a problem that needs to be corrected, stop and consider whether the issue is really a training issue or if it should be handled in another way. For example, one medical practice I worked with asked for customer service training for front desk workers. While customer service training can almost always be beneficial, it turned out in their situation that they had some process problems that were causing patients to be dissatisfied. All of the customer service training in the world wouldn't make up for ineffective patient check-in procedures. That had to be fixed first.

ADAM: What will your webinar cover on October 12th?

Mary: In the webinar, I'll discuss some of the key HR areas that practice managers need to step back and think about in terms of whether they are being handled correctly in their organizations.

ADAM: Describe the perfect practice manager in three words.

Mary: Responsive balanced leader.

Mary White's Books

101 Human Resource Management Tips click here to purchase.

101 Successful PR Campaign Tips click here to purchase.

New ADAM Member Benefit and Upcoming Events

ADAM is now offering a brand new benefit to members! Thanks to a great new collaboration with Greenbranch Publishing, ADAM members will receive 20% off all book purchases.

Greenbranch Publishing is the industry-leading publisher of medical practice management books and journals. They offer a wide variety of office management books that would be a great asset to any ADAM member.

"No longer can the business of the medical practice be based on the intuition of the physician or office manager. Running a profitable medical practice takes more than your staff's strong clinical skills," said Nancy Collins, CEO of Greenbranch Publishing. "Today's medical practice management is complex – declining reimbursement per patient or procedure, complexity in managing the patient process, technology needs, personnel management. We are pleased that the ADAM members will have access to our authoritative publications to enhance their level of medical practice management knowledge."

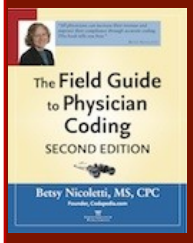
Some of the books Greenbranch offers cover practice management while other focus on health care reform. Any purchase an ADAM member makes using the promo code: ADAMMember0811 at checkout, will receive 20% off their transaction.

Notable Titles

Secrets of the Best-Run Practices

Capko shares "best of the best" ideas plus ready-to-use tools. Whether you have a practice that's growing so fast you're losing control … or a practice that's struggling with patients and profitability, "Secrets" shows you proven tactics for improving practice revenues and patient satisfaction, managing the phones, streamlining workflow, and hiring and retaining dedicated staff.

The Field Guide to Physician Coding



This book should be on the desk of every clinician, biller and coder in the country! No-nonsense advice supported by weblinks that answers the most pressing questions from physicians, practice mangers, billers and coders.

Upcoming Events

September 10-11: American Society of Derm Surgery and Injectables, Chicago, IL

September 16-18: CalDerm Annual Meeting, Sacramento, CA

September 16-18: PA Derm Annual Meeting, Hershey, PA

September 16-18: Intermountain Derm Annual Meeting, Sun Valley, ID

September 23: CO Derm Annual Meeting, Englewood, CO

September 24: MN Derm Annual Meeting, Rochester, MN

September 30– October 2: OH Derm Annual Meeting, Columbus, OH

October 12: ADAM Human Resources Webinar

October 14-16: APD Annual Meeting, Chicago, IL

October 14-16: ASDS Meeting, New York, NY

October 20-23: American Society of Derm Path Annual Meeting, Seattle, WA

Do you have an upcoming event to add to the calendar? Email us at ADAMinfo@shcare.net

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