

Notes

PRACTICE

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A MANAGEMENT
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DOCTORS
MANAGEMENT

“Leave the business of medicine to us”

We “dodged another bullet” with the recent congressional override of the proposed cuts in Medicare reimbursements to you. Thanks to all who wrote letters and helped give attention to this important legislation. DM continues to focus on finding ways to make practices more profitable **now** to help better prepare you for the future if these cuts do happen.

A recent study of DM-managed practices reports that these practices are doing as well or better financially than ever. This may have occurred because of the concerted effort of your hard work with DM playing a supporting role.

Many practices are increasing the number of patient visits, adding profit centers, reducing operating costs (often because of our Power Buying Program), and continuing to satisfy their patients and staff.

One example of our most recent profit center success stories occurred in a very successful orthopedic practice with the addition of Nutraceuticals (vitamins). We continue to be amazed at the success of this program. Clinical trials is another profit center that is now implemented by several DM customers.

Some of the cost savings our practices are enjoying through vendors such as Staples, FedEx, and even cellular service carriers (i.e., discounts: AT&T 24%; Sprint 23%; and Nextel 10-18%) are a result of their relationship with our Power Buying Program. For most any purchase your practice makes, the Power Buying Program can get you connected for significant cost savings.

Seminars / Certification Classes / Webinars

DoctorsManagement continues to have impact on the success of our customers through our education programs. As indicated on our website, www.drsmgmt.com, practice personnel can elect to attend our Practice Manager School, Certified Professional Coder training, or Certified Auditor Training (NAMAS). You can schedule an OSHA training for your personnel in your own office, our office, or utilize our training videos and DVDs. Our latest addition to disseminating information is through webinars that have been sponsored by EnServe/Practice Optimizer.

From the
President

Paul L. King



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National Alliance of Medical Auditing Specialists

This is a new certification program that was launched this year by NAMAS, a subsidiary of DoctorsManagement, LLC. With EMR adaptation on the rise, physicians are finding themselves more reliant on their coding staff for auditing duties of the EMR-produced record. An auditing certification will make this a seamless transition for coders in the workplace.

For more information call 800-635-4040

New OSHA Standard: Employer Payment for Personal Protective Equipment

by Ann Bachman
MT (ASCP), CLC (AMT)



On November 14, 2007, Federal OSHA announced its new rule clarifying who is responsible for paying for personal protective equipment (PPE). This new rule, **Employer Payment for Personal Protective Equipment; Final Rule - 72:64341-64430**, was effective February 13, 2008, and required complete compliance by May 15, 2008.

This new rule does not change the original 1996 personal protective standard, **Personal Protective Equipment for General Industry - 61:19547-19548**. Nor does it affect PPE requirements in existing standards. Rather, it is an amendment to the original Personal Protective Equipment for General Industry and has been added as a new paragraph. It does not alter requirements for PPE but *clarifies* who is responsible for payment of certain PPE.

The new Employer Payment for Personal Protective Equipment Final Rule requires employers to pay for almost all PPE required by OSHA's standards for general industry, construction, and maritime activities. Employers must pay for replacement PPE unless the employee has lost or intentionally damaged the PPE.

Employers cannot *require* employees to provide their own PPE, but may *allow* them to do so. If employers allow employees to provide PPE, the employer must ensure that the equipment is adequate to protect the employee from hazards at the workplace. If employees choose to purchase PPE or use PPE they already own, the employer is not required to reimburse the employee.

While this rule requires employers to pay for most PPE, it also specifies certain exceptions. Employers do not have to pay for uniforms, items worn to keep clean, prescription safety eyewear, everyday clothing, weather-related gear, safety-toe footwear, and logging boots.

The new rule does not impact PPE requirements of the Bloodborne Pathogen Standard, 1910.1030, the greatest concern for medical offices. The Standard states, "When there is occupational exposure, the employer shall provide, *at no cost to the employee*, appropriate personal

protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices." (Italics added.)

Under the Bloodborne Pathogen Standard, the employer is also responsible for cleaning, repairing, replacing, and discarding personal protective equipment. Employees must not take PPE home for cleaning or repair! Additionally, the employer must accommodate employees who may be allergic to the gloves normally used by providing alternatives such as hypoallergenic gloves, glove liners, or powder-free gloves.

Tennessee OSHA, or TOSHA, embraces most federal OSHA regulations, including the new Employer Payment for Personal Protective Equipment and the Bloodborne Pathogen Standard. In TOSHA's "25 Most Cited Standards in Medical Facilities" for 2006 (the most recent available), TOSHA listed three standards that involve personal protective equipment.

- 1910.1030(c)(1)(i) - No Written Exposure Control Plan (which must include personal protective equipment). This Bloodborne Pathogen violation was number 11 on the list.
- 1910.133(a)(1) – No Eye or Face Protection Used. This violation of Personal Protective Equipment, Eye and Face Protection, was eighteenth on the list.
- 1910.132(d)(1) – No PPE Hazard Assessment Conducted. This violation, number 23 on TOSHA's list, violates the Personal Protective Equipment Standard's General Requirements rule.

At this time, TOSHA inspections in medical offices are primarily complaint driven. However, TOSHA is inspecting hospitals and ambulatory surgery centers for compliance with the safer sharps regulations and may eventually add medical offices to that targeted effort.

WORKPLACE VIOLENCE:

Policy Reference Guide



by Philip Dickey, MPH, PHR
HR Services Director/COO

Workplace violence continues a disturbing upward trend. It includes verbal threats, intimidation and physical assaults. Historically, the health care industry has faced a significant risk of job-related violence. The accessibility of healthcare in walk-in clinics and now in some retail establishments is likely to contribute to this trend.

The medical practice must be prepared to respond. The risks and liabilities of failing to do so includes low staff morale and productivity, employee injury, lost work time, and the risk of civil judgments against the practice.

The first step to making a safer workplace is to recognize the circumstances and people likely to pose danger. Employees familiar with these danger signs can curtail problems and alert others to the need for personal safety precautions.

Causes

Anger and frustration are normal feelings. But when people lose control of those emotions, they may turn violent. If a weapon is used, the situation can become critical, even deadly. Workplace violence may have work-related and/or personal causes, characterized by the following:

Certain Jobs Have Greater Risk of Violence

- Working with people in emotional situations (e.g., nurses working with patients or patients' family, office personnel handling billing issues, patients dissatisfied with results)
- Handling cash (e.g., petty cash, deposits, check-out)
- Working late at night and/or alone (e.g., medical records, transcription, custodial work, collection calls, overtime, board meetings)
- Managing drug samples or on-site pharmacy (e.g., drug theft or burglary)

Some Work Situations Create Potential for Workplace Violence

- Layoffs and firing (or fear of being laid off or fired)
- Not receiving an expected raise or promotion
- Receiving a reprimand or warning
- Ongoing or unresolved arguments between co-workers

Personal Problems Can Cause Workplace Violence

- Failed, one-sided, or abusive personal relationships
- Romantic obsession that includes stalking or harassment
- Serious personal problems combined with job-related problems

Red Flags

Watch for signals an employee, patient, spouse or vendor might turn violent.

Examples include someone who:

- Threatens violence and intimidates others
- Blames others for problems
- Gets angry easily and often
- Uses abusive language
- Talks a lot about weapons
- Holds grudges
- Reacts angrily to criticism
- Has difficulty maintaining relationships
- Abuses drugs or alcohol
- Has history of violent acts

WORKPLACE VIOLENCE: Policy Reference Guide (cont.)

by Philip Dickey, MPH, PHR
HR Services Director/COO

Precautions & Actions

The goal is to reduce or eliminate employee exposure to conditions that lead to injury or death from violence. Consider effective security devices, policies and workplace practices including these steps:

Implement Security Systems and Rules to Help Prevent Workplace Violence

- Follow all security procedures
- Report non-working lights, locks, cameras, etc.
- Cooperate with security and police and know how to contact them
- Report weapons, violence, threats, or harassment
- Escort visitors from the lobby
- Alert security to any unidentified strangers
- Check for history of violence in pre-employment and reference checks
- Don't be alone when disciplining a potentially violent employee
- Obtain keys, IDs, etc., before a discharged employee leaves the premises

Take Sensible Daily Precautions to Prevent Violence

- Know your surroundings
- Carry little cash
- Lock away personal items
- Carry purses close to the body
- Walk only on busy and in well-lit areas
- Report missing items or signs of break-ins
- Advise others when you are working late
- Keep emergency numbers near

Take Special Precautions When Working at Night or Weekends

- Try not to work alone
- Stay close to a phone and lock the door
- Leave with another worker or advise security
- Park in well-lit areas close to entrances
- Have car keys ready as you leave work
- Check your car before unlocking it; lock it once inside

Try to Defuse an Angry Person

- Stay calm and polite
- Don't argue or threaten
- Look the person in the eye
- Focus on the behavior, not the person
- If the person stays angry, get help

Respond Carefully to Direct Attack

- Run away if possible
- Scream to alert others
- Hand over valuables a robber demands
- Avoid going somewhere with an attacker
- Report criminal or violent acts to authorities, with detail
- Seek personal counseling as necessary

Heightened awareness of workplace violence and taking proper precautions and actions can reduce the potential of becoming a statistic. Experience has shown that successful safety efforts have management and front-line employees working together.

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CMS “Moderately” Awake on Sedation Reimbursement



by Shannon Smith, CPC, CMSCS
Director, Coding and Reimbursement

CMS appears to have finally woken up from its “moderate” sleep and recognized that conscious sedation performed by the surgeon should be reimbursed additionally. DoctorsManagement had been trying to get CMS to notice the need for additional reimbursement for moderate sedation services, and it finally recognized that need.

Effective August 2007, CMS is now reimbursing physicians who, while performing a procedure, use moderate sedation (“conscious sedation” was the old term) 99143-99150. Moderate sedation allows patients to enter a complete relaxed state in order to make a procedure or test more tolerable; as a result, the physician is able to produce better results.

Long Overdue

This service should have been recognized by CMS for reimbursement long before now. A procedure assumes a substantially higher risk when the physician is administering moderate sedation while performing the procedure. Anytime a physician assumes an additional risk, all payers should reimburse additionally.

Prior to this new release, many third-party payers recognized this service for additional payment, but the payment did not necessarily come without a fight. This service would usually be reimbursed after a primary level appeal was filed, but still there was never a guarantee of payment based on the appeal. As we well know, CMS sets precedents within the reimbursement world. Hopefully, now that CMS recognizes this service for additional reimbursement, other payers will follow their lead.

Impact on Your Practice

With the new reimbursement decision by CMS, check to see if your practice is performing this service. Moderate sedation is achieved when the patient reaches a medicinally-induced level of a relaxed or resting state of mind. Although many patients do not remember what occurs during this time, the patient is fully able to speak and respond to questions as well as breathe on their own. Moderate sedation is typically

used for a variety of outpatient procedures which include breast biopsy, vasectomy, minor foot or plastic surgery, dental work, scope procedures, cardiac catheterization, pain management procedures, and much more. During a procedure using moderate sedation, a trained individual will monitor the patient’s vital signs and conscious state.

Do not get moderate sedation and monitored anesthesia care (MAC) confused. Monitored anesthesia care requires the presence of an anesthesiologist who can convert the procedure to general anesthesia if needed. Moderate sedation can be performed by any trained physician, and should only be used for minor surgical procedures.

The pricing of this service has been left up to the discretion of each Medicare carrier, as there have been no RVUs assigned as of now. If you treat patients in multiple carrier districts, be sure to look up each varying reimbursement rate. The 2008 Medicare national average rate is approximately \$30 for the service. This reimbursement amount is a drop in the bucket compared to the rate it should be for the level of risk assumed, but at least CMS is finally reimbursing for this procedure.

CMS continues to bundle topical and light sedation services. Topical and light sedation services are rendered in many provider offices for less invasive procedures. An example of this type of sedation would include a procedure where an area is numbed prior to a biopsy or excision. When the surgeon delivers this type of sedation service, it is still bundled into the global package of the surgical procedure, so don’t get too carried away with sedation billing.

The new ruling by CMS in no way “trumps” the CPT bundling guides, so all of those services in your CPT book noted with a bullseye and listed in Appendix G are still considered bundled. Check the services you provide in your office to see if you can begin receiving this long overdue reimbursement. The complete memorandum from CMS can be found at www.cms.hhs.gov/Transmittals/downloads/R1324CP.pdf.

Thank You!

"We appreciate our clients referring our services to their colleagues. We continue to be honored with this manner of obtaining new business and are grateful to each of you."

Paul King, President

New Business

Family Practice	Goldsboro, NC
Family Practice	Harrogate, TN
Family Practice	Orangeburg, SC
Family Practice	Montgomery, AL
Family Practice	Monterey, CA
Ophthalmology	Frankfort, KY
Orthopedist	Hagerstown, MD
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