

Anesthesia practices avoid these financial curve balls in 2018 (7 Case Studies From 2017)

2018 is going to be the year of MIPS, RADV audits, value based reimbursement and more. There are several challenges facing anesthesia practices and anesthesiologists. And the top most challenge is unfortunately going to be, keeping the lights on.

A recent survey states that close to 71% of medical practices are ill-equipped to handle MACRA. Mammoth changes are also taking place in the [insurance billing and reimbursement](#) arena.

It is the time for an all-hands-on – deck approach to tackle the colossal stumbling blocks that 2018 poses. Here is a round-up of the top 7 challenges with case studies and examples.

Top 7 challenges with case studies and examples

1. Data, data everywhere...



Being a consultant anesthesiologist is hectic. You'll have to rush from one care setting to another and work with multiple patients, billing teams, RCM systems and insurance companies.

The billing data of an anesthesiologist is scattered across various hospitals and surgery centers. Consolidating this data to receive appropriate reimbursement is a tough proposition.

Anesthesiologists leave behind a huge paper that is difficult to manage.

Though there are several automated charge capture apps most of them fail to have key features such as options to edit or submit PQRS data securely.

AnesthesiaBillingBridge in action

A super-busy anesthesiologist contacted our office sometime last month to know if we'd help with charge capture in addition to medical billing as he found it difficult to [keep a handle on his reimbursement](#).

Every facility he worked with gave him a different picture and sketchy receivables reports.

We introduced him to our [Anesthesia ChargeCapture app](#) that offers easy-edit options, dynamic tickets, ability to scan patient data and more. He saw a 47% revenue improvement after tracking and consolidating his charges using our app.

2. MIPS – the monster under the bed

MIPS is scaring the daylights out of anesthesiologists.

One of the key concerns of anesthesia providers is that the current reporting methods for MIPS is not suitable for specialties who provide care in a team-based setting.



The relationship between the anesthesiologist and the facility they work in goes beyond regular care setting such as inpatient, outpatient or [ambulatory surgery centers](#).

Anesthesiologists provide care in a variety of facility and care settings, from office based locations to several hospital departments. This makes collecting and submitting data a laborious task.



Jeffrey Plagenhoef, the president of the ASA (American Society of Anesthesiologists) expressed this concern recently. There is a clear need for CMS to broaden the definition of hospital based physicians.

There is also lots of confusion of which non patient facing physicians fall under the Advancing Care Information league of MIPS.

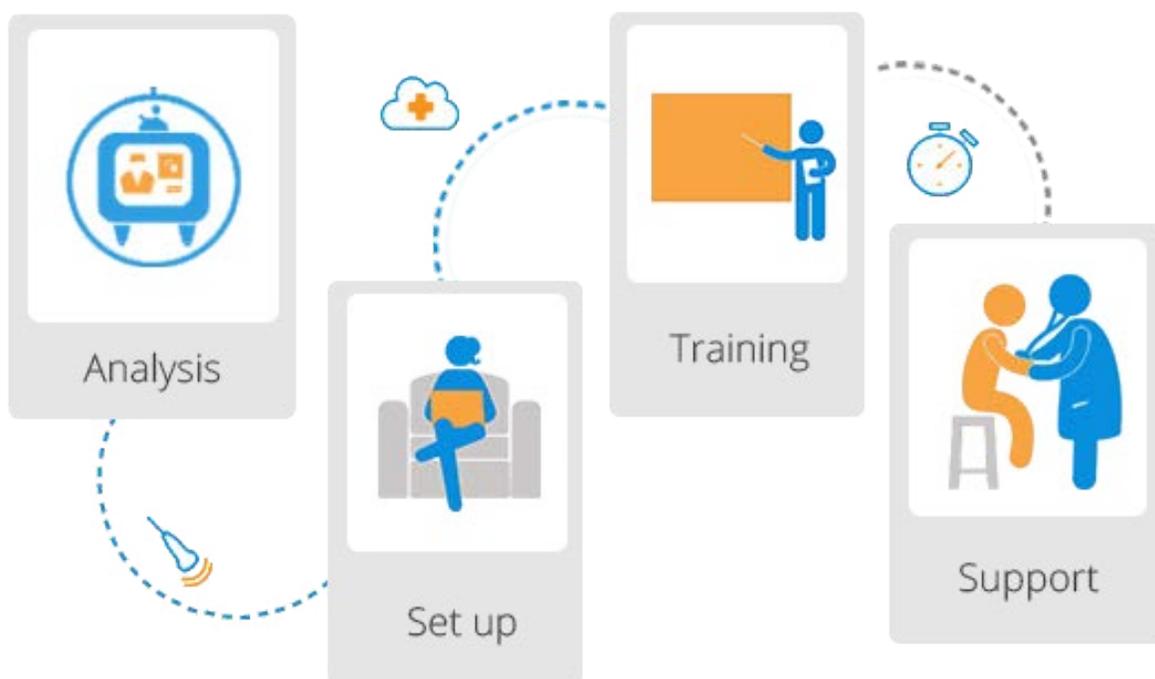
Case in point

Our MIPS helplines are always ringing with EPs requesting us to help with PQRS extrapolation, advice on reviewing the Quality and Resource Use template (QRUR) and the data reporting options available. Because despite the vast majority of unprepared medical practices the MACRA juggernaut continues to roll on!

3. Excuse me- that's my EHR

Limited access to EHRs is a huge drawback for anesthesiologists. It becomes immensely difficult to access data for [identifying revenue and operational bottlenecks](#).

Successful reporting through QCDR or other registries requires data to be structured and transmitted in a specific format.



But as the workflow of an anesthesiologist is splintered and complex and much of their data is stored in multiple EHRs, access to vital clinical and financial data remains a major issue.

There is the growing need for a system that captures, streamlines and centralizes perioperative data.

4. Starting a new practice is mind-bending

10 seconds case study

An anesthesiologist wanted to start a pain management practice with an interventional radiologist and needed help getting her practice off the ground. AnesthesiaBillingBridge helped her start on the right foot but not before encountering several hurdles along the way.

It was a revelation. It proved once again how ill-equipped physicians are when it comes to handling the business side of medicine.

From, helping the fledgling practice to obtain a tax ID and get credentialed, to guiding them on CRNA billing we hand-held the practice every step along the way.

When the flustered practice manager asked us why we were “under billing” we had to explain that pain management practices cannot bill for medical direction at the same time they are personally performing procedures such as nerve blocks or spinal injections. This is just one instance.

There were several times when we had to step in explain pain management billing procedures.

And this is just the tip of the iceberg. Implementing technology, utilization of resources and overhead costs add a huge layer of complexity to anesthesiologists planning to start their own practice.

5. No specialized RCM Support

[Medical billing for anesthesia](#) is ridden with tripwires. There are very few revenue cycle management organizations that specialize in billing anesthesia procedures.

Because, it is a tough nut to crack.



Case in point

An anesthesia practice was in neck-deep trouble because the billing company they worked with couldn't understand the balance billing regulations of their state.

Based in Florida the anesthesia practice was working with a [medical billing company](#) in Massachusetts. A patient can be balance billed if they are admitted in the ED and treated by an out of network provider in Massachusetts. Florida, in contrast is one of the six states in the USA that has comprehensive state laws to protect consumers from balance billing in emergency departments.

After several patients complained of unexpected bills both to their insurers and the provider's office the practice after conducting a thorough revenue audit AnesthesiaBillingBridge was able to spot where the cracks were

6. Why was my claim denied?

Claim denials are messy. And the claim denials of anesthesia practices are way above AHS benchmarks. The medical necessity of procedures under monitored anesthesia care (MAC) remains a grey area.

Case in point

One of our longstanding clients, an anesthesia group based in Texas faced a shockingly high number of MAC related denials. But as they didn't [have a denial management system in place to classify and prioritize denials](#), the MAC denials just ended up as a vague percentage.

Our revenue recovery team aided by the proprietary denial management software developed by AnesthesiaBillingBridge found out that insufficient documentation was the reason for the MAC denials.

Most insurers reimburse coverage of anesthesia to patients with a documented medical need that warrants a deeper level of sedation. The Medicare LCD defines specific diagnoses required when targeting MAC anesthesia services.

We obtained the anesthesia record and necessary clinical documentation required for an appeal. And were able to recoup 94% of lost revenue for the anesthesia medical group.

7. Inability to conduct routine audits

The financial information of anesthesiologists is spread across several facilities and care settings. Charge capture is a huge blank wall staring down at anesthesiologists. A complete audit to gauge the billing efficiency of an anesthesiology remains a pipe-dream for many.



A comprehensive review of historical charges, payments, adjustments and [in-depth analysis of aging accounts receivable on a payer-by-payer basis is vital to improve collection](#) efforts and yield.

AnesthesiaBillingBridge in action

AnesthesiaBillingBridge recently conducted a [LRRRA audit](#) for a solo anesthesia practice based in Dickinson, Texas. We consolidated the financial information given by the practice and identified 16 areas for financial and operational improvement.

About US:

AnesthesiaBillingBridge is a revenue cycle management and medical billing company that specializes in offering technology enabled RCM services for anesthesia practices. Our certified anesthesia coding experts provide wholesome and result-driven coding solutions. Power your anesthesia practice with the right teams and technology.

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