Objective

- Align with pain management physicians to enhance the pain program in the ASC
  - While adding to the pain practice,
  - Opioid prescriptive regulation adherence (UDS/POL)
  - Multi-disciplinary approaches
  - Adding new services
  - High End Procedures
  - Marketing opportunities
  - Investment Strategies

Hot Topic - UDS and POL

- Clinical drug testing plays important roles in chronic pain management and addiction treatment, and can be revenue centers for physician practices.

- Investment opportunities continue to exist but awareness of the impact of legal and regulatory procedures is strongly advised before any financial consideration is given.
Hot Topic-UDS Terminology Changes

- **Presumptive** - results that indicate possible but not definitive, presence of drugs or drug metabolites.
- Not restricted to CLIA waived tests
- Some new CPT codes would be performed by high complexity testing methods, i.e. immunoassay analyzer, chromatography, etc.
- **Definitive** - provides specific identification of individual drugs and drug metabolites; most typically performed with either LC/MS or GC/MS
- Both would be typically considered to be high complexity testing but not from a coding perspective

Prior 2015

- Mass Spectrometer (MS) and Liquid Chromatography (LC) equipment for definitive testing used to allow billing about 15 different 82xxx codes with reimbursement around $250.
- Some people thought they could bill all those codes by just getting a desktop analyzer that is a high-complexity test.

  ➢ Ensure that you know which tests are “waived” by CMS and your State.

Drug Testing - 2015

- The AMA in CPT 2015 adopted 63 new drug codes.
  - Old codes deleted
- Medicare, essentially, isn’t recognizing these codes. **But it is providing a crosswalk from some of those codes to its own new G codes**... since new codes were not adopted, no RVUs or fees for the new CPT codes
Presumptive Drug Testing Services

- Which class or classes are you testing?
  - Class A
  - Class B

- What testing method was used?

- Is it billable per DOS or per procedure?

Definitive Drug Testing

- Includes gas chromatography with mass spec and liquid chromatography with mass spec.
- May either be qualitative or quantitative.

- Definitive testing groups each class of drugs into a single CPT code, and each CPT code can only be billed once per DOS, although each class of drugs is billed separately from each other class on the same DOS.

- Consult the Definitive Drug Class Listing table in CPT

Genetic Testing in Pain Medicine

- Designed to screen for genetic variations in enzymes that influence how a patient’s metabolism processes opioids.
- Supposed to significantly help prescribers adjust dosages, anticipate side effects, or change medications for patients who do not respond well to opioid therapy.
- Also a "once in a lifetime" type of testing unlike urine drug testing.
- Many non-coverage policies for payers.
  - Should be considered to be cash, but most patients won’t agree to paying potentially over $1000 for testing that only requires a swab of their cheek!
Impact of UDS Changes for POL

- Physician-owned labs (POLs) must work to ensure they are complying with self-referral and anti-kickback rules, fee-splitting, and importantly, CURRENT billing and coding issues.

- Billing is more challenging since Medicare did not adopt the 2015 CPT lab codes.

- Ongoing regulatory changes made by the CMS have modified physician investment guidelines in the Phase III final regulations of the Stark Law.

Expansion Ideas

- Therapy Types
  - Aqua
  - Physical
  - Occupational
  - Rehab
  - Chiropractic
  - Massage

- Other
  - Palliative, acute and/or end of life care
  - Yoga
  - Pain Psychology
  - Management Services
  - DME
  - Pharmacy
  - Leasing Services

Multidisciplinary Care

- Look big and comprehensive while keeping overhead down
  - Will typically involve outside providers
  - Should appear as a package to get the most benefit
  - Many different possible arrangements

- Set aside weekly time to meet with the team
Physical, Occupational and Rehab Services

- Onsite (even if rented space) is certainly more convenient for the patient
- Best if appearance is integrated as collaborative effort
- If PT and OT are employed, the practice in itself becomes multi-disciplinary
- MDs/NPPs should always be available if they have immediate questions about a patient

- These services are not generally considered a profit center to the practice.

Palliative Care

- Consider expanding your practice into cancer pain and palliative medicine
- Anesthesiologists are the most trained physicians in pain medications and titration.
  ➔ Meet with Social Workers that work with Oncology Groups and Hospice Administrators.
  - Recognize this may significantly increase demands for availability
  - Could prove to be very rewarding work

Advance Care Planning

- New codes 99497, 99498 for counseling a patient regarding advance care directives, without active management of a problem, but may be billed separately from another E&M service on same date.
Treating Acute Pain

- Chiropractors and physical therapists are typically the first line.
- Create relationship referral pattern early.
- Establish a relationship with neighborhood gyms and their trainers.
- If personal injury, start a referral system to and from attorneys.

Yoga Studio

- In addition to the general benefits of stretching, Yoga can also help to reduce perception of pain.
- The best techniques for pain management are Yoga breathing, relaxation, and meditation.

Pain Psychology

- Extremely important – if this is not part of your practice, then have a close working relationship with psychology colleagues.
- Develop pain psychology protocols that allow you to refer your patient for pain treatment rather than for the treatment of psychopathology.
Bringing On New MDs

- Learn options for how to structure the hire
- Mandatory peer references
- Verification Sources
  - Don’t be shy about looking over their work
  - Watch for warning signs of poor care
    - Not returning calls or answering pages
    - Frequent complaints
    - Mishaps that could be avoided with precautions

Monitored Anesthesia Care

- Can you meet the medical necessity guidelines in local coverage determinations?
- Some payers bundle the professional fee for Anesthesia into an ASC ancillary contract
- MAC in OBS will most often face state jurisdiction
- What are your reimbursement expectations?

Needle Localization

**Fluoroscopy** - CMS bundles 77003 with Translaminar epidurals now- but the AMA still allows 77003 for translaminar epidurals (bill to non Medicare payers)

- 2015 new codes bundles also bundles image guidance for vertebroplasty, kyphoplasty, sacroplasty
Ultrasound Investment

- 2015 bundled US for the small, medium, and large joint injections with the new codes.
- U/S guidance remains separately billable with most soft tissue and nerve injections, of course would require medical necessity.

FYI-

- US codes require “with permanent recording and reporting”, as follows:

  “I performed a focused ultrasound evaluation, including reviewing the specific area to be injected, and the best approach for the injection. The joint was noted to be of [normal] [abnormal] anatomic structure. The pathological findings included using ultrasound guidance. I inserted the needle into the joint. Permanent images were recorded and placed in the chart.”

Adding High End Pain Procedures
Impact on High End 2015

- Approximately $130 drop for the parent codes for vertebroplasty and $100 for the add-on vertebroplasty code in a facility.
- Approximately $100 decrease for all of the kyphoplasty codes in a facility.

In-office Pharmacy (Dispensing)

- Provides immediate care and continuity in an environment patients trust
- Patient compliance and adherence
- Can educate on potential side effects and mitigate their magnitude
- On-site pharmacy dispensing system can help you determine which patients need to return for a refill of their medications
- Consider state and federal laws as well as any applicable Stark regulations
- Inventory and technology investments
- Commitment and staffing but realistic diversified revenue stream for the practice

Topical Anesthetics

- Make the creams yourself or buy the creams from a compounding pharmacy and resell at an unbelievable mark-up.
- Serious public health risks related to compounded topical anesthetic creams.
- 2006 FDA Warns Five Firms To Stop Compounding Topical Anesthetic Creams

http://www.fda.gov/NewsEvents/PressAnnouncements/ucm108793.htm
Durable Medical Equipment

- Purchase or rental of non-implantable medical equipment
- DME supplier license required through enrollment and survey –
  - Must have DME supplier number and a separate NPI
  - Must bill Medicare DME MAC directly
- An ASC may not simultaneously be a DME supplier

Medical Equipment Leasing Companies

- Leasing companies continue to present investment opportunities for physicians.
- Either own or lease space and/or equipment and will lease or sublease the space and/or equipment to a health care facility.
- In return for the lease or sublease of the space and/or the equipment, the health care facility will pay the leasing company a rental fee.

Management Company

- A management company (for a fee) will manage a health care practice or facility by performing tasks such as billing, collecting, accounting, hiring and firing of personnel.
Medical Space Leasing Company

- There are no restrictions on the physician specialty (even primary care) that can invest in a medical space/medical equipment leasing company or in a medical management company:
  1. a medical space leasing company that owns or leases the building in which the ASC is located and that leases or subleases the space to the ASC;
  2. a medical equipment leasing company that owns or leases equipment, such as MRIs and CTs, to the ASC;
  3. a medical management company that manages the ASC.

Clinical Centers of Excellence Awards

- APS established the Clinical Centers of Excellence in Pain Management Multidisciplinary program in 2006 to increase awareness about teams of health professionals who address critical, sometimes unmet, needs in pain management within their communities.

Everything You Thought You Didn’t Need To Know!

- Don’t be fooled by the fact that pain management procedures are percutaneous and endoscopic in nature.
- Many states consider pain management to be invasive and require oversight by the State (AHJ) or even OBS accreditation.
- Know what you are getting into with new service lines.
- Consult with successful and trusted colleagues and enlist others who know as well or better.
CPT 2014 Drug Testing List Becomes Drug Class A List

- Alcohol (Ethanol)
- Amphetamines
- Barbiturates
- Benzodiazepines
- Buprenorphine
- Cocaine metabolite
- Heroin metabolite (6-monooacetylmorphine)
- Methadone
- Methadone metabolite (EDDP)

*Desktop analyzer, single drug class method from Drug List A, per DOS (i.e., only 1 unit, regardless of the # of drugs tested)*

CPT 2014 Drug Testing List Becomes Drug Class B List

- Acetaminophen
- Meperidine
- Tapentadol
- Carisoprodol/Meprobamate
- Methylphenidate
- Tramadol
- Ethyl
- Glucuronide
- Nicotine/Cotinine
- Zolpidem
- Ketamine
- Salicylate
- Fentanyl
- Synthetic
- Cannabinoids
- Any other drug not in List A
Resources

Tests Granted Waived Status Under CLIA

How to Apply for a CLIA Certificate

Local Coverage Determinations (LCDs) by State Index

ASA
https://www.asahq.org/resources/standards-and-guidelines (Statement on anesthetic care during interventional pain procedures for adults)