URS BILLING SERVICES, LLC

August 2010

Medical E-Newsletter

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The Professional Receivable Management Company

Background of Childhood Obesity

- A child is considered obese when the weight of the child is 10% higher than that recommended of the child's specific height and body type
- Majority of the time, obesity begins at ages 5 to 6, and in adolescent hood
- Although certain medical disorders can cause obesity, less than 1% are caused by these physical problems
- The lack of poor diet and exercise result in 300,000 deaths each year

Features In This Issue:

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Influencing Factors

Obesity frequently becomes a lifelong issue. When a child or adolescent diagnosed as obese, chances are emotional issues might exist and a child or adolescent psychiatrist can work with the family physician to develop a comprehensive treatment plan. These plans include realistic weight loss goals, dietary needs, physical activity, behavior modification, and family involvement.

Support is one of the most influential factors on one's goal to achieving weight loss. When support by family and friends are not included, this often leads to lack of success. When one parent is obese there is a 50% chance the children will also be obese. It is important to encourage weight loss in the family to promote health and wellness.

Promoting Physical Activity

Chances are there's a wide range of options in your neighborhood for getting your child to participate in school or youth sports. Many parents see this as an opportunity to get involved in their child's life as well as enhancing his/her own physical abilities. Check your local community center or online to view different events and sports located near you.

Upward Sports

American Youth Soccer Organization

Kid's Lacrosse

Sources:
www.aacap.org
www.who.int/en
www.hhs.gov

Special Feature

Managing Accounts Receivables

By: Richard Tamburello

Establishing effective A/R management strategies are critical to the overall financial and operational success of today's medical practices, especially in a time when most insurance `reimbursement rates' are trending downward. Over the next several issues of URS E-Newsletter, I will address several key operational points that will help practices identify financial and practice opportunities along with proven methods for achieving optimal revenues and cash flows. It is unfortunate that many physicians tend to overlook the importance of directly involving themselves in overseeing A/R, primarily because of unfamiliarity and their focus remaining in clinical areas.

In this issue, I present the basic differences between `optimal revenues' and `cash flows'. `Optimal Revenues' and `Cash Flows' are terms often tossed around by many trying to sell a variety of products and services. Let's first address the primary characteristics of `Optimal Revenues' (OR). OR means every possible dollar is collected on the date of service. However, as we can all attest, this rarely, if ever, occurs particularly in today's credit driven economy. Therefore, the challenge is obvious – targeting as close as possible this ideal goal. The financial concept `Cash Flow' (CF) refers to the amount of cash, which remains available, after all required cash outlays are paid in a 30-day period.

Continued…

These two critical aspects of managing A/R are challenges that today's medical practices must vigorously pursue. Keep in mind, though, they are becoming increasingly complex, time consuming and require an astute, dedicated management team and motivated staffs. In the next issue, the focus will be on the importance of establishing `tolerance ratios' for key designated success factors and why working together as a team delivers positive results.

If you would like to receive any additional information on A/R please e-mail our featured writer @ RTamburello@e-urs.com

The Coding Corner

6 Medical Coding Tips

1. Document height, weight, and blood pressure-The physician can then pinpoint possible problems and discuss any unusual weight gain or loss, changes in blood pressure or loss of height (associated with osteoporosis) with the patient during the face-to-face encounter.
2. Choose the E&M and ICD-9-CM codes yourself- A coder or other staff member might easily down code or up code E&M visits, resulting in lost revenues or skewed statistics of higher-level visits.
3. Don't confuse consultations with referrals- For a true referral...the patient's initial visit would be coded as a new-patient E&M service
4. Don't confuse modifiers –52 (reduced services) and –53 (discontinued procedure)- Modifier 52 is used when a procedure is performed but didn't involve all of the components defined by the code reported, or the treatment was less than would be normally expected for the code.
5. Obtain an advance beneficiary notice (ABN) from Medicare patients- An ABN needn't include items that Medicare never pays—only those covered under certain circumstances or subject to carrier discretion.
6. Use "Incident to" coding only with Medicare- Medicare's "incident to" rule requires that a physician be present in the office suite when a non-physician practitioner is treating patients.

Q & A

Q: *Do Electronic Medical Records (EMRs) make sense from a business perspective?*

A:

1. Yes, there is a large amount of evidence this is an intelligent business decision, here are a couple reasons explained briefly:

2. Confidentiality and convenience increase in the use of EMRs. Doctors no longer need to ask new patients to fill out endless forms and possibly risk them leaving out important information.

3. Money is saved from the less labor, paper, file folders and space.

Please direct questions, comments or desired topics for future discussion to info@e-urs.com!