

Highlights from the 2007 AAN Fall Conference

Written by William Henderson, FACMPE
Upstate Neurology Consultants, LLC
Member, AAN Practice Management and Technology Subcommittee

What a difference 10 years makes! When I went to my first AAN conference in 1996 and attended sessions on Practice Management, there were relatively few people present – mostly naïve residents thinking about private practice. But the AAN Fall 2007 Conference was a full-house in Las Vegas. The people who attended the all day Saturday session who I talked with, indicated that with declining revenue and increasing costs, physicians and staff had to be masters of this material.

The Fall sessions were presented over one and a half days, and were the first Practice Management Series to be graded in three levels: 101 [Basics], 201 [Advanced] and 301 [Special Topics].

Practice Management 101: Basics

Course Director: Neil Busis, MD, FAAN

In the Practice Management 101 Series there were presentations on four critical topics. The ICD-9-CM provided the basic information needed to properly code for neurological diagnoses. The session also included a discussion of the 2007 and 2008 new codes. In the ‘sister’ session, the focus was on CPT coding for neurological procedures. This course discussed the key CPT codes and modifiers that are necessary to understand to code properly. Relevant changes for 2008 were also reviewed. A third session dealt with the crucial Evaluation and Management Documentation topic. Since 80%+ of all charges submitted by neurologists are E&M codes, it is essential for neurologists to know how to accurately code for those visits. The fourth session dealt with reducing claims denials and avoiding coding pitfalls. The message of this session was direct – if you don’t understand how to bill properly, you can go out of business.

Practice Management 201: Advanced

Course Director: Orly Avitzur, MD, MBA, FAAN

The Practice Management 201 Series focused on more intense, but crucial, topics in practice management. The first presentation handled the rationale for seriously considering and purchasing an Electronic Health Record. The elements of an EHR were reviewed as well as sources of reference that should be reviewed before making a purchase. A second presentation dealt with adding an advanced practice provider to a neurology practice and how such a person can increase the bottom line of a practice or department. The third presentation reviewed the ‘Pay for Performance’ programs that have been developed nationally and how this is becoming the means of transparently benchmarking neurologists in a community or by a health plan. The fourth presentation covered how AAN resources can assist a neurology practice keep up to date, with special attention to the new aan.com.

Practice Management 301: Towards Neurology Practice in 2012

Course Director: Marc Raphaelson, MD

The Practice Management 301 Series encompassed four specialized topics: emerging technologies for communications management, moving patient safety into the practice environment, opportunities to learn how to influence lawmakers via advocacy efforts, and a future look at what neurology might look like in five years.

If you were not able to attend the Fall Conference contact AAN member services at 1-800-879-1960 about purchasing the course syllabi.

Some Things I Learned – or Re-Learned at the Conference

I learned many years ago that if I pay \$300 tuition to attend a conference like this [or even \$1,500 for all expenses], I will learn one new thing. The conference pays for itself at least twice over in the first 3 months. Now, more than ever, neurologists need to be at the forefront of knowing what is happening in the coding, reimbursement and management world and how it impacts their practice.

Here are some of things I learned in Las Vegas:

1. Add a PA or NP – although most of the AAN member surveys show a decline in practices using physician extenders, the reality is that a properly trained PA can generate a contribution of at least \$50,000 to the bottom line after covering their own expenses and overhead share.
2. Pay for performance programs are increasing dramatically and insurers are ranking physicians and making those rankings available to the general public. To counter inaccurate data, which will potentially decrease referrals or revenue, consider purchasing an EHR or develop a method to record the necessary clinical data to appeal incorrect rankings. It is hard to know how much this will save – likely thousands of dollars a year per neurologist.
3. In E/M coding the two key things that physicians often overlook are documenting decision making complexity and face-to-face time spent with a patient. It is only proper to be reimbursed for the level of work a neurologist does.
4. Remember to consult Appendix J in the CPT manual so that you are absolutely certain you and your staff know how to count units of NCS.
5. You save money and get money quicker if you only send out clean claims to an insurer – one of the key factors is to check insurance eligibility and coverage for patients before they walk in the door of your office. Each denied claim will cost you at least \$25 to rework or resubmit.
6. The AAN sponsors some great programs to train neurologists to be better governmental advocates on behalf of our specialty – for example, Neurology on the Hill.
7. You need to check the AAN website at least monthly. There are new things there all the time and new features are being introduced regularly. Go to aan.com, customize your AAN web page profile, and see the things that matter most to you.