



## Non-CME Webinar Series

designed with the trainee in mind

*second Tuesdays of odd-numbered months*

Brought to  
you by



— THE ASSOCIATION OF —  
**PAIN PROGRAM DIRECTORS**  
ADVANCING PAIN MEDICINE IN HOSPITALS AND OUTPATIENT CLINICS

# Developing a Viable Pain Practice Based on Quality, Efficiency, and Economic Sustainability

**David Provenzano, M.D.**

**Pittsburgh, PA, USA**



Pain Diagnostics  
And Interventional Care



# Faculty Disclosure

Company Name	Honoraria/ Expenses	Consulting/ Advisory Board	Funded Research	Royalties/ Patent	Stock Options	Equity Position	Ownership / Employee	Other (please specify)
Abbot			X					
Boston Scientific		X						
Medtronic		X	X					
Stimgenics			X					
Nevro		X	X					
Avanos		X	X					
Wise		X						
Heron		X						

## Off-Label Product Use

Will you be presenting or referencing off-label or investigational use of a therapeutic product?	
X	No



## Non-CME Webinar Series

designed with the trainee in mind

*second Tuesdays of odd-numbered months*

Brought to  
you by



— THE ASSOCIATION OF —  
**PAIN PROGRAM DIRECTORS**  
— ADVANCING PAIN MEDICINE IN HOSPITALS AND OUTPATIENT CLINICS —



# Objectives



- Describe program development
- Identify benchmarking & revenue cycle management
  - Volume & productivity
  - Economic indicators
- Define site of service differences
- Define surgery center decision making



## Non-CME Webinar Series

designed with the trainee in mind

*second Tuesdays of odd-numbered months*

Brought to  
you by



— THE ASSOCIATION OF —  
**PAIN PROGRAM DIRECTORS**  
— ADVANCING PAIN MANAGEMENT IN HOSPITALS AND OUTPATIENT CLINICS —

# Prior Perspective



Work Area



Floor Layout



Exam Room



Procedure Room



## Non-CME Webinar Series

designed with the trainee in mind

*second Tuesdays of odd-numbered months*

Brought to  
you by



— THE ASSOCIATION OF —  
**PAIN PROGRAM DIRECTORS**  
— ADVANCING PAIN MANAGEMENT IN HOSPITALS AND OUTPATIENT CLINICS —

# Hybrid – Office and Surgery Center

## Office



Pain Diagnostics  
And Interventional Care

## Surgery Center



## Multispecialty

- Orthopedics
  - Upper extremity
  - Foot & ankle & SM
- Ophthalmology
- Oculoplastic Surgery
- Pain medicine



## Non-CME Webinar Series

designed with the trainee in mind

*second Tuesdays of odd-numbered months*

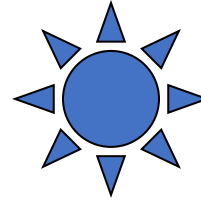
Brought to  
you by



— THE ASSOCIATION OF —  
**PAIN PROGRAM DIRECTORS**  
— ADVANCING PAIN MEDICINE IN HOSPITALS AND OUTPATIENTS —

# Modified Treatment Algorithm

Injured Patient  $\Rightarrow$  PCP/Surgeon



Pain Clinic/Physical Therapy



Better Outcomes



## Non-CME Webinar Series

designed with the trainee in mind

*second Tuesdays of odd-numbered months*

Brought to  
you by



— THE ASSOCIATION OF —  
**PAIN PROGRAM DIRECTORS**  
— ADVANCING PAIN MANAGEMENT IN HOSPITALS AND OUTPATIENT PAIN MEDICINE —

# Office & Program Development





## Non-CME Webinar Series

designed with the trainee in mind

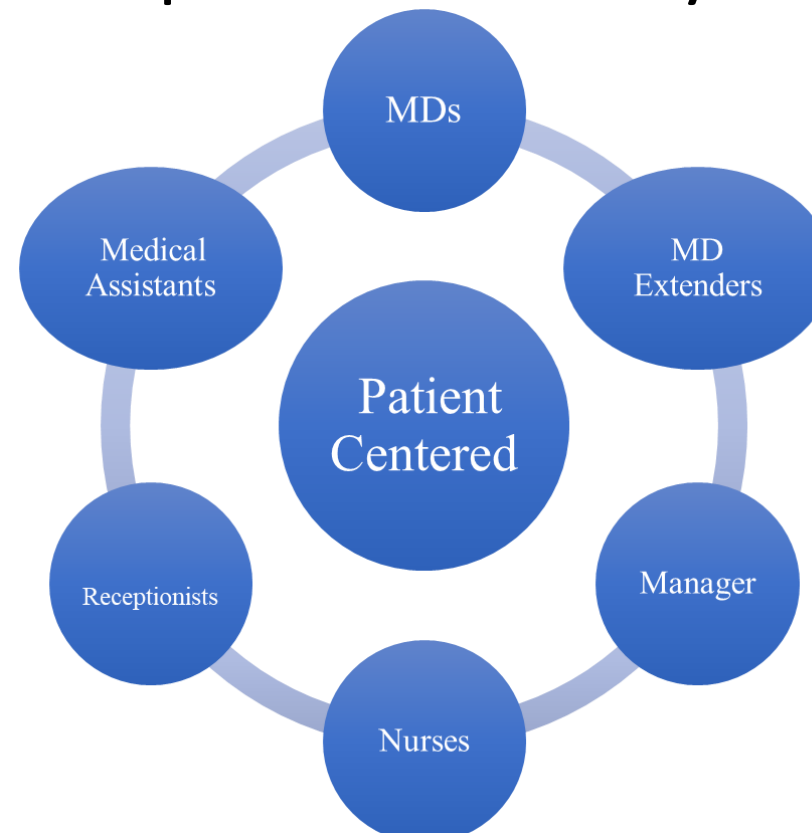
*second Tuesdays of odd-numbered months*

Brought to  
you by



— THE ASSOCIATION OF —  
**PAIN PROGRAM DIRECTORS**  
— ADVANCING PAIN MEDICINE IN HOSPITALS AND OUTPATIENT CLINICS —

# Important Players



- ✓ Defined roles and duties
- ✓ Optimize MD & extenders ability to see patients



## Non-CME Webinar Series

designed with the trainee in mind

*second Tuesdays of odd-numbered months*

Brought to  
you by



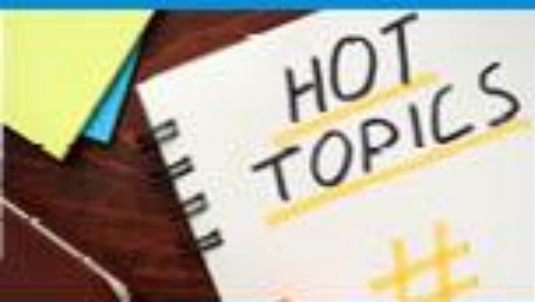
— THE ASSOCIATION OF —  
**PAIN PROGRAM DIRECTORS**  
— ADVANCING PAIN MEDICINE IN HOSPITALS AND OUTPATIENT CLINICS —

# Schedule Design

## Goals $\Rightarrow$ time is your most important asset

- Access & efficient flow of pts.  $\Leftrightarrow$  minimal wait time
- Flexibility to accommodate
  - Acute (HNP, cancer pain) & emergency
  - Referral Base
  - No-shows & cancellations
- Proper utilization of staff & facilities
- Analyzing patient flow
- Ready at designated times





# Overbooking vs. Double Booking

## Overbooking $\neq$ double booking

- Double booking
  - SCS reprogramming
  - Early in the day
- Alternatives
  - Compress time between bookings
  - Clustering
  - Wave scheduling
  - Shift staff for better productivity

Double Booking
Provider > PT.
Congestion
Long wait times
Staff overtime



## Non-CME Webinar Series

designed with the trainee in mind

*second Tuesdays of odd-numbered months*

Brought to  
you by



— THE ASSOCIATION OF —  
**PAIN PROGRAM DIRECTORS**  
— ADVANCING PAIN MEDICINE IN HOSPITALS AND OUTPATIENT CLINICS —

# Waiting time

- 2007 Consumer Reports Survey
- 39,000 patients & 335 primary care doctors

Patient	Physician
Time spent in waiting room (24% > 30 minutes)	Noncompliance
Couldn't schedule an appointment within a week	Wait too long before making an appointment
Spent too little time with me	Reluctant to discuss symptoms
Didn't provide test results promptly	Request unnecessary tests
Didn't respond to my phone calls	Request unnecessary prescriptions



## Non-CME Webinar Series

designed with the trainee in mind

*second Tuesdays of odd-numbered months*

Brought to  
you by



—THE ASSOCIATION OF—  
**PAIN PROGRAM DIRECTORS**  
ADVANCING BEDROCK IN HETEROGENEOUS PAIN MEDICINE

# Schedule - No-Shows

## Reduce cancellations & no-shows

- Wasting time & impacting revenue
- Average collection per patient x # of no-shows
- Monitor weekly & monthly
- Paid before scheduling again

## Confirmation Calls

- 24 hours not adequate
- Minimum of 48 hours
- Warm calls vs. automated



## Priority waiting list



## Non-CME Webinar Series

designed with the trainee in mind

*second Tuesdays of odd-numbered months*

Brought to  
you by



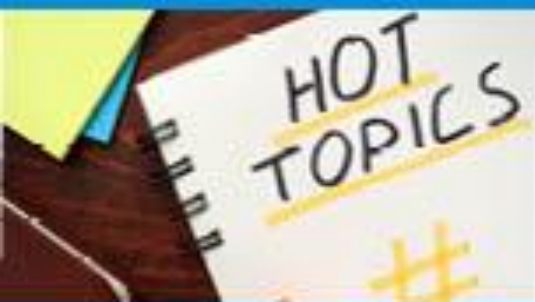
— THE ASSOCIATION OF —  
**PAIN PROGRAM DIRECTORS**  
— ADVANCING PAIN MEDICINE IN HOSPITALS AND OUTPATIENT CLINICS —

# Physician Assistant & Nurse Practitioners

## 2053 individuals examined - 2 scenarios

- New primary care provider
  - 50% preferred a physician
  - 23% PA/NP & 26% no preference
- Physician (tomorrow) or PA/NP (same-day)
  - 60% PA/NP same-day
  - 25% wait
- Time significant role





## Non-CME Webinar Series

designed with the trainee in mind

*second Tuesdays of odd-numbered months*

Brought to  
you by



— THE ASSOCIATION OF —  
**PAIN PROGRAM DIRECTORS**  
— ADVANCING PAIN MEDICINE IN HOSPITALS AND OUTPATIENT SETTINGS —

# Incident to Billing

- Only applies to Medicare
- Billed under the supervising physician's NPI
- Service must take place in a noninstitutional setting
  - All settings other than a hospital or skilled nursing facility
- Cannot be rendered on the patient's first visit
- Cannot be rendered if a change of plan occurs
- Supervising physician must be in the office suite at the time of the service



## Non-CME Webinar Series

designed with the trainee in mind

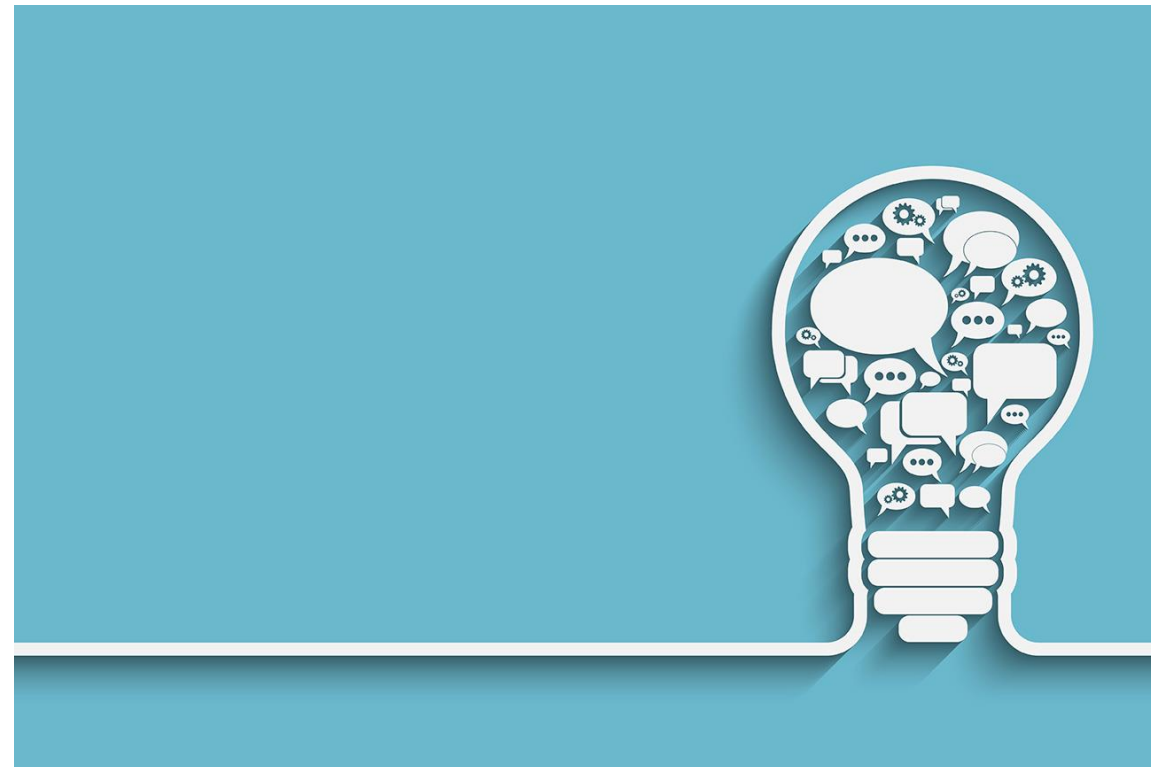
*second Tuesdays of odd-numbered months*

Brought to  
you by



— THE ASSOCIATION OF —  
**PAIN PROGRAM DIRECTORS**  
— ADVANCING PRACTICE IN MULTIDISCIPLINARY PAIN MEDICINE —

# Revenue Cycle Management





## Non-CME Webinar Series

designed with the trainee in mind

*second Tuesdays of odd-numbered months*

Brought to  
you by



— THE ASSOCIATION OF —  
**PAIN PROGRAM DIRECTORS**  
— ADVANCING PAIN MEDICINE IN HOSPITALS AND OUTPATIENT CLINICS —

# Revenue Cycle Management

## Internal Components

- Fee Schedule Development
  - Set by CPT code and charge for procedure
- Financial Policies
  - Enforce Compliance consistently

## External Components

- Payer Contracts
  - Copy of contracts with fee schedules
  - Plans fees for the top 10 to 20 codes utilized
  - Payment schedule and state prompt payment law
- Patients



## Non-CME Webinar Series

designed with the trainee in mind

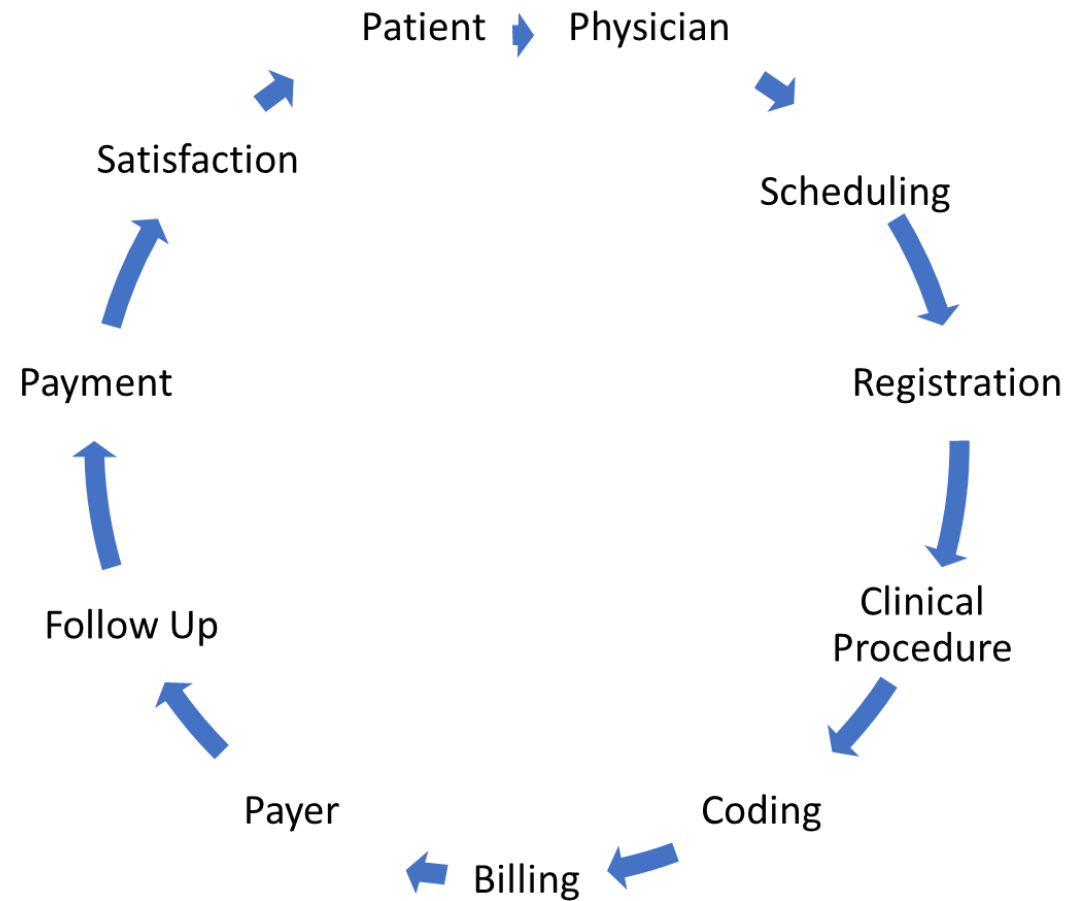
*second Tuesdays of odd-numbered months*

Brought to  
you by



— THE ASSOCIATION OF —  
**PAIN PROGRAM DIRECTORS**  
— ADVANCING EDUCATION IN INTERDISCIPLINARY PAIN MEDICINE —

# Revenue Cycle Management





## Non-CME Webinar Series

designed with the trainee in mind

*second Tuesdays of odd-numbered months*

Brought to  
you by



— THE ASSOCIATION OF —  
**PAIN PROGRAM DIRECTORS**  
— ADVANCING PAIN MEDICINE IN HOSPITALS AND OUTPATIENT CLINICS —

# Revenue Recovery

- Set standards
- Accurate claim submission
  - Number of claims initially rejected (less than 3 to 5%)
  - Turnaround standard
  - Rejected claim resubmitted as a clean claim
- Timely claim payments
- Timely patient billing



## Non-CME Webinar Series

designed with the trainee in mind

*second Tuesdays of odd-numbered months*

Brought to  
you by



— THE ASSOCIATION OF —  
**PAIN PROGRAM DIRECTORS**  
— ADVANCING PAIN MEDICINE IN HOSPITALS AND OUTPATIENT CLINICS —

# Revenue Recovery

## Examining payors

- Authorization
- Claims processing
- Provider relations
- Review the outstanding claims report
- Assess reimbursement rates
  - Based on the top 10 CPT codes



# Non-CME Webinar Series

designed with the trainee in mind

second Tuesdays of odd-numbered months

Brought to  
you by



# ASPA

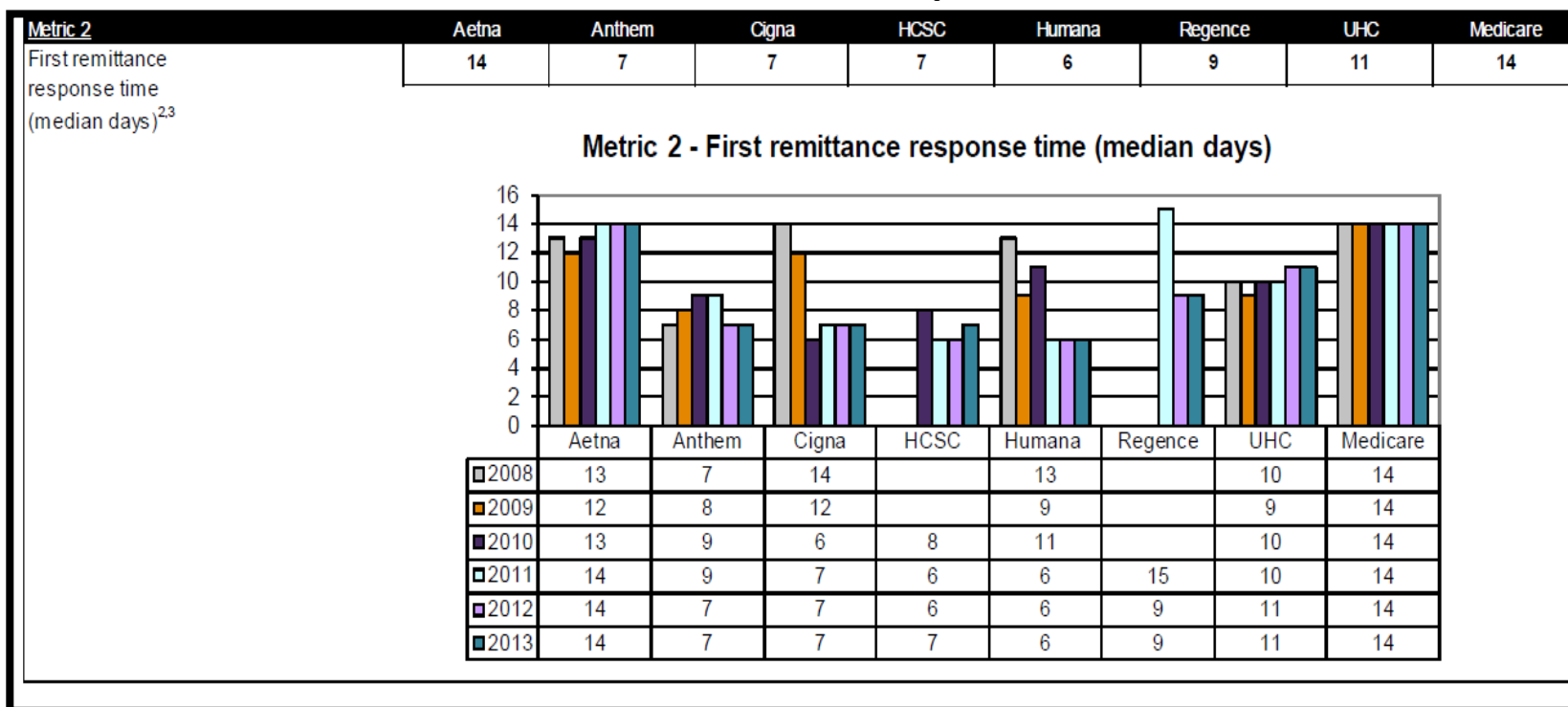


# &

THE ASSOCIATION OF  
PAIN PROGRAM DIRECTORS  
ADVANCING PAIN MEDICINE



## Revenue Recovery: Remittance Response Time



- 7 to 10 days clean claim
- Understand payor mix



## Non-CME Webinar Series

designed with the trainee in mind

*second Tuesdays of odd-numbered months*

Brought to  
you by



— THE ASSOCIATION OF —  
**PAIN PROGRAM DIRECTORS**  
— ADVANCING PAIN MEDICINE IN THE 21ST CENTURY —

# Revenue Recovery

## Office collections

- Over-the-counter payments – Front desk policy
  - Co-pays and existing balances
  - Avoid repeated statements
- Examine claims greater than 60 days





## Non-CME Webinar Series designed with the trainee in mind

*second Tuesdays of odd-numbered months*

Brought to  
you by



— THE ASSOCIATION OF —  
**PAIN PROGRAM DIRECTORS**  
ADVANCING PAIN MEDICINE IN HOSPITALS AND OUTPATIENT SETTINGS

# 2018 AMA Prior Authorization: Physician Survey

In your experience, has the PA process ever affected care delivery and led to a serious adverse event (e.g., death, hospitalization, disability/permanent bodily damage, or other life-threatening event) for a patient in your care?

**28% reported PA led to a serious adverse event**



## Non-CME Webinar Series designed with the trainee in mind

*second Tuesdays of odd-numbered months*

Brought to  
you by



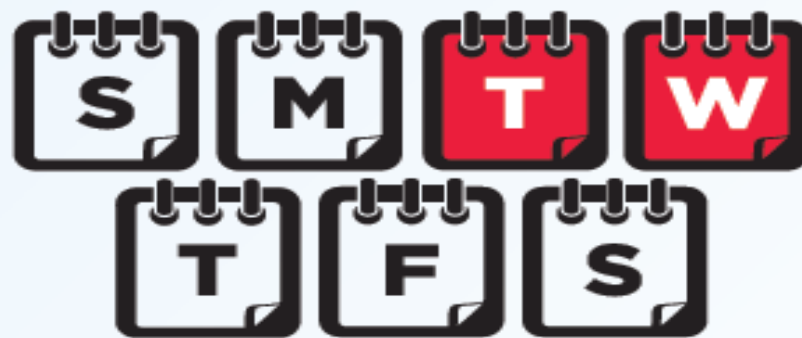
—THE ASSOCIATION OF—  
**PAIN PROGRAM DIRECTORS**  
ADVANCING PAIN MEDICINE IN HOSPITALS AND OUTPATIENT CLINICS

On average,  
practices complete

**31**

**PAs per physician,  
per week\***

Physicians and their staff spend an  
average of almost



**two business days** (14.9 hours)  
each week completing PAs<sup>†</sup>



**More than 1 in 3**

**36%**

of physicians have  
staff who work  
exclusively on PA<sup>††</sup>



## Non-CME Webinar Series designed with the trainee in mind

*second Tuesdays of odd-numbered months*

Brought to  
you by



**ASPA**



**&**

THE ASSOCIATION OF  
**PAIN PROGRAM DIRECTORS**  
ADVANCING EDUCATION IN HETEROGENEOUS PAIN MEDICINE

# Financial Responsibility $\Rightarrow$ Collection of Co-Pays-

	BILLED	ALLOWED	DISCOUNT	NOT COV	MEMBER PAY	INT DSC	
****	.00	.00	.00	.00	.00	.00	.00
****	154.00	104.86	49.14	.00	25.00	.00	79.86
****	.00	.00	.00	.00	.00	.00	.00
****	.00	.00	.00	.00	.00	.00	.00
****	.00	.00	.00	.00	.00	.00	.00
****	154.00	104.86	49.14	.00	25.00	.00	79.86
CHECK TOTAL:		79.86					
EXPLANATION LEGENDS:							
ADJUSTMENT CODE LEGEND:							
OA = PAID AT CONTRACTED RATE - DO NOT BILL MEMBER							

- ✓ Co-pay = 24% of total payment
- ✓ Point of service co-pay collection rate > 95%



# Non-CME Webinar Series

designed with the trainee in mind

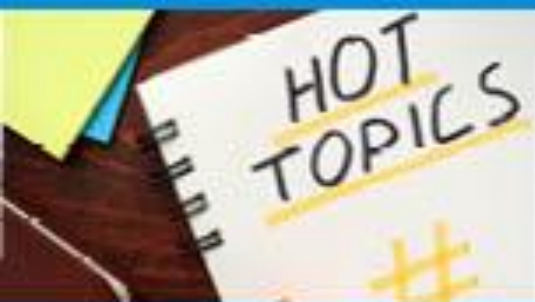
*second Tuesdays of odd-numbered months*

Brought to  
you by



—THE ASSOCIATION OF—  
**PAIN PROGRAM DIRECTORS**  
—ADVANCING EDUCATION IN HUIETDIOCTEPLINARY PAIN MEDICINE—





## Non-CME Webinar Series

designed with the trainee in mind

*second Tuesdays of odd-numbered months*

Brought to  
you by



— THE ASSOCIATION OF —  
**PAIN PROGRAM DIRECTORS**  
ADVANCING REGIONAL ANESTHESIA IN PAIN MEDICINE



# Key Performance Indicators



## Billing

- Gross and net charges
- Gross and net collections
- GCR & NCR
- DRO – 45 to 55 days
  - 12 month average = 40.4
- Monthly average
  - 12 month average & percent variance



## Non-CME Webinar Series

designed with the trainee in mind

*second Tuesdays of odd-numbered months*

Brought to  
you by



— THE ASSOCIATION OF —  
**PAIN PROGRAM DIRECTORS**  
— ADVANCING PAIN MEDICINE IN HOSPITALS AND OUTPATIENT CLINICS —



# Key Performance Indicators



## Billing

- %ARO > 60 days – 12 to 15%
  - 8.5% to 20.3%
- Net bad debt
- ↑ pt. responsibility – ↑ co-pays & deductibles
  - 3% to 4% (better performers closer to 2%)
- **Average net collection per patient encounter**
  - Approximately \$110 to 120



## Non-CME Webinar Series

designed with the trainee in mind

*second Tuesdays of odd-numbered months*

Brought to  
you by



— THE ASSOCIATION OF —  
**PAIN PROGRAM DIRECTORS**  
ADVANCING PAIN MANAGEMENT IN HOSPITALS AND OUTPATIENT CLINICS

# Where Should I Perform My Cases?





## Non-CME Webinar Series

designed with the trainee in mind

*second Tuesdays of odd-numbered months*

Brought to  
you by



THE ASSOCIATION OF  
PAIN PROGRAM DIRECTORS  
ADVANCING EDUCATION IN HETEROGENEOUS PAIN MEDICINE

# Site of Service - Lumbar Epidural (CPT 62323)\*

PROCEDURE	OFFICE	ASC	HOSPITAL
62323	\$282.64	322.32	\$634.6
Physician Reimbursement		\$101.89	\$101.89
Total Reimbursement	\$282.64	\$424.21	\$736.49

### Cost Difference

#### Office – HOPD

- Difference = \$453.85
  - 160%

### Cost Difference

#### ASC-HOPD

- Difference = \$312.28
  - 110%

\*Based on 2021 final fee schedule



## Non-CME Webinar Series

designed with the trainee in mind

*second Tuesdays of odd-numbered months*

Brought to  
you by



— THE ASSOCIATION OF —  
**PAIN PROGRAM DIRECTORS**  
ADVANCING PAIN MEDICINE IN HOSPITALS AND OUTPATIENT SETTINGS

# Surgery Center Decision-Making

## Important considerations

- New vs. established
- Participating partners (e.g., years for clinical practice)
- Stability
- Multispecialty vs. single specialty
- Number of physician owners
- Management structure
- Billing structure
- Distributions over time
- Site of service payment differential
- Exit plan





## Non-CME Webinar Series

designed with the trainee in mind

*second Tuesdays of odd-numbered months*

Brought to  
you by



— THE ASSOCIATION OF —  
**PAIN PROGRAM DIRECTORS**  
ADVANCING PAIN MEDICINE IN HOSPITALS AND OUTPATIENT CLINICS

# Decision-Making - Calculation

## Compare

- Office-based reimbursement vs. additional ASC reimbursement
- Office-based
  - Gross income based on procedures (mix and procedure type)
  - Supply costs and labor
  - Efficiency
- Surgical center
  - K-1 distribution/case number = increase in reimbursement per case
  - Professional fee
  - Professional fee + reimbursement per case



## Non-CME Webinar Series designed with the trainee in mind

*second Tuesdays of odd-numbered months*

Brought to  
you by



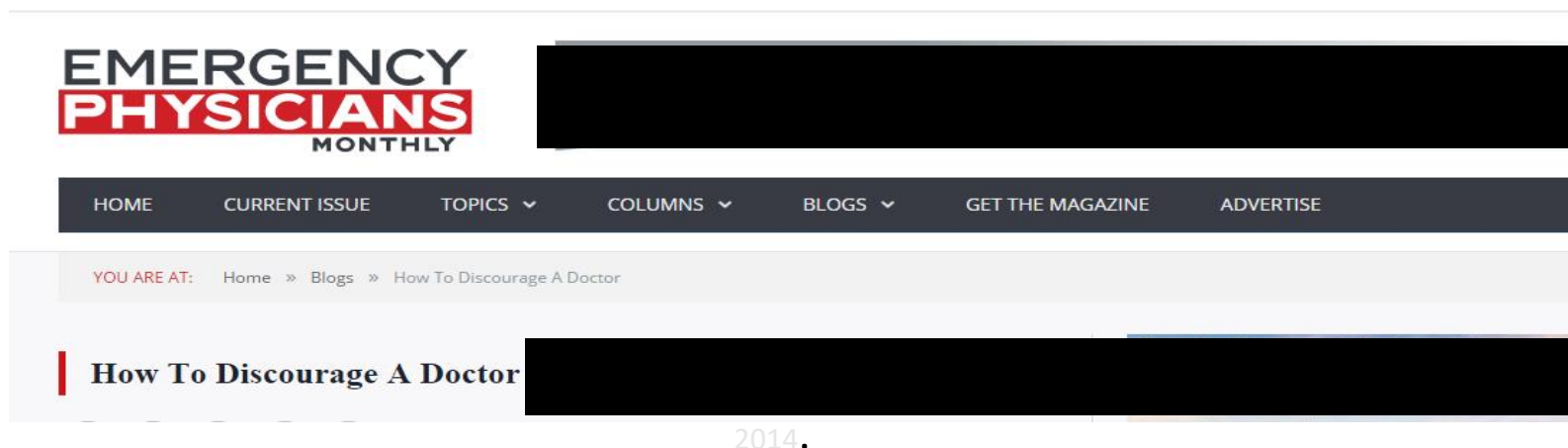
# ASPA



# &

— THE ASSOCIATION OF —  
**PAIN PROGRAM DIRECTORS**  
ADVANCING EDUCATION IN HUIETEDUCTEDINARY PAIN MEDICINE

# How to Discourage a Doctor



- **Transform physicians from decision-makers to decision implementers**

“Convince them that their professional judgment regarding particular patients no longer constitutes a reliable compass. Hiring, firing, promotion, and all rewards should be based on conformity to hospital-mandated policies and procedures”



## Non-CME Webinar Series

designed with the trainee in mind

*second Tuesdays of odd-numbered months*

Brought to  
you by



— THE ASSOCIATION OF —  
**PAIN PROGRAM DIRECTORS**  
ADVANCING EDUCATION IN MULTIDISCIPLINARY PAIN MEDICINE

# Leaders





## Non-CME Webinar Series

designed with the trainee in mind

*second Tuesdays of odd-numbered months*

Brought to  
you by



— THE ASSOCIATION OF —  
**PAIN PROGRAM DIRECTORS**  
— ADVANCING PAIN MEDICINE IN HOSPITALS AND OUTPATIENT CLINICS —

# Conclusions

- Healthcare uncertainty → ability to adapt
- Leaders and all in this together
  - No safe harbor
- Site of services changes
- Revenue management
- Business
  - Based on patient care & **quality**
  - Economically viable

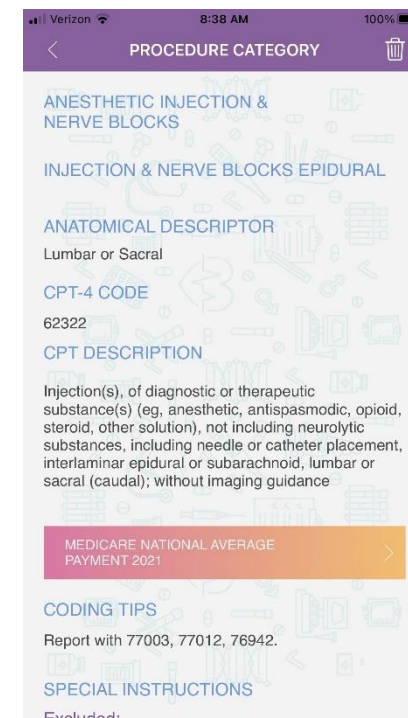




# ASRA Coder App – CPT Codes at Your Fingertips Now Updated for 2021!

- Updated payment rates for common codes used by acute and chronic pain physicians
- Search by procedure category or E&M with anatomical/procedural descriptions; CPT codes and their descriptions; Medicare National Average Rates including physician fee schedules for facility and non-facility, hospital outpatient, and total RVUs
- Coding tips and special instructions to aid in obtaining accurate and timely payments

**Available for Android and iOS devices**



Learn more at [www.asra.com/apps](http://www.asra.com/apps)



# Thank You

davidprovenzano@hotmail.com



@DprovenzanoMD