



## Non-CME Webinar Series

designed with the trainee in mind

*first Tuesday of the month*



# How to Build and Manage Your Practice

Tuesday, February 1, 2022

7-8:30 pm ET



**Pain Diagnostics**  
*& Interventional Care*

COMPASSIONATE CARE • RESEARCH DRIVEN • EVIDENCE-BASED

**David Provenzano, M.D.**  
**Pittsburgh, PA, USA**



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## Faculty Disclosure

<i>Company Name</i>	<i>Honoraria/ Expenses</i>	<i>Consulting/ Advisory Board</i>	<i>Funded Research (Institution)</i>	<i>Royalties/ Patent</i>	<i>Stock Options</i>	<i>Equity Position</i>	<i>Ownership/ Employee</i>	<i>Other (please specify)</i>
Abbot			X					
Medtronic		X	X					
Stimgenics			X					
Nevro		X	X					
Avanos		X	X					
SI Bone		X						
Heron		X						
Wise		X						

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



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### Objectives

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



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# Hybrid – Office and Surgery Center

- Office



## Pain Diagnostics & Interventional Care

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- Surgery Center



### Multispecialty

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





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## Read this Article

Techniques in Regional Anesthesia and Pain Management (2010) 14, 190-196



Techniques in  
Regional Anesthesia  
& Pain Management

### Logistics of establishing an office-based interventional pain practice

B. Todd Sitzman, MD, MPH

From *Advanced Pain Therapy, PLLC, Hattiesburg, Mississippi.*

#### KEYWORDS:

Pain;  
Private practice;  
Business

Establishing a successful office-based interventional pain practice takes time and hard work but is achievable with proper planning. The question asked by most physicians contemplating starting their own practice is, "Where do I start?" Using a chronologic framework, this article provides an outline of necessary steps to establish an office-based pain practice, from planning, implementation, and management phases through opening day. Topics reviewed include practice location; billing, accounting, and financial services; licensure and provider applications; leasing vs buying office space and capital equipment; staffing; policies and procedures; electronic health records; utilities; insurance needs; and others.

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- Billing, accounting and financial services
- Office space and medical equipment
  - Leasing vs buying
- Licensing and credentialing process
- Office equipment and supplies
- Electronic health record
- Policies and procedures
- Insurance
- Advertise, meet and greet



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# Challenges

- Increase workload
  - Complex patients in limited time setting
- Increased administrative burden
- Overhead costs
- Loss of autonomy
- Declining reimbursement
- Decrease in funding and time for scholarly activities





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# Challenges



## Policy Research Perspectives

**Recent Changes in Physician Practice Arrangements: Private Practice  
Dropped to Less Than 50 Percent of Physicians in 2020**

By Carol K. Kane, PhD

**40% of physicians worked directly for a hospital or for practice at least partially  
owned by a hospital or health system**





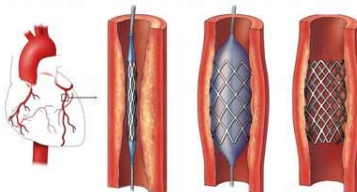
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## Cardiac Care







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# Office & Program Development





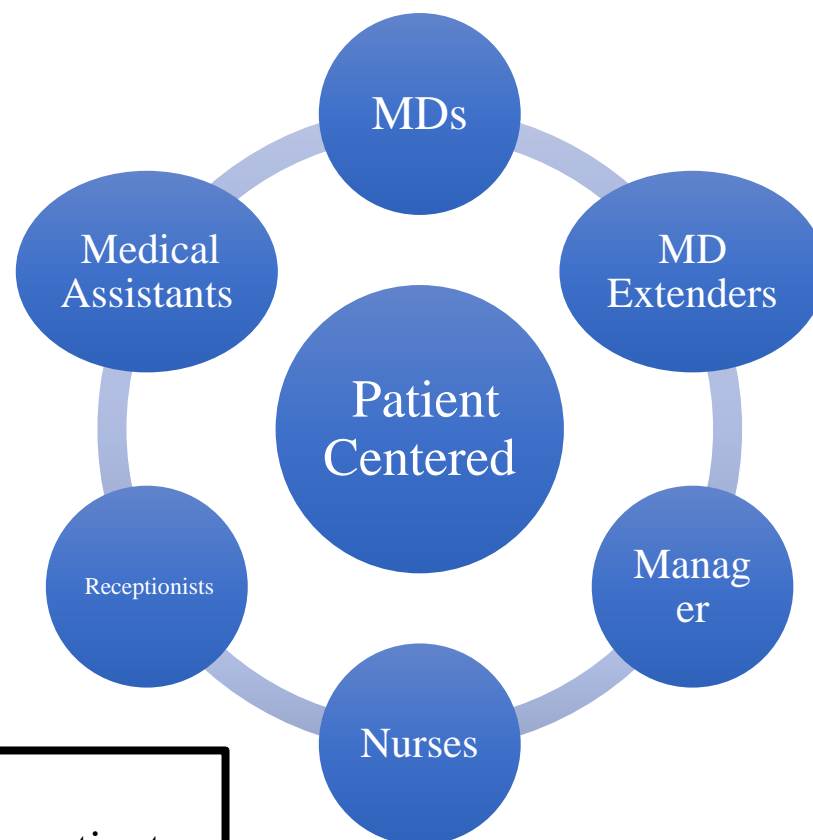
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## Important Players



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



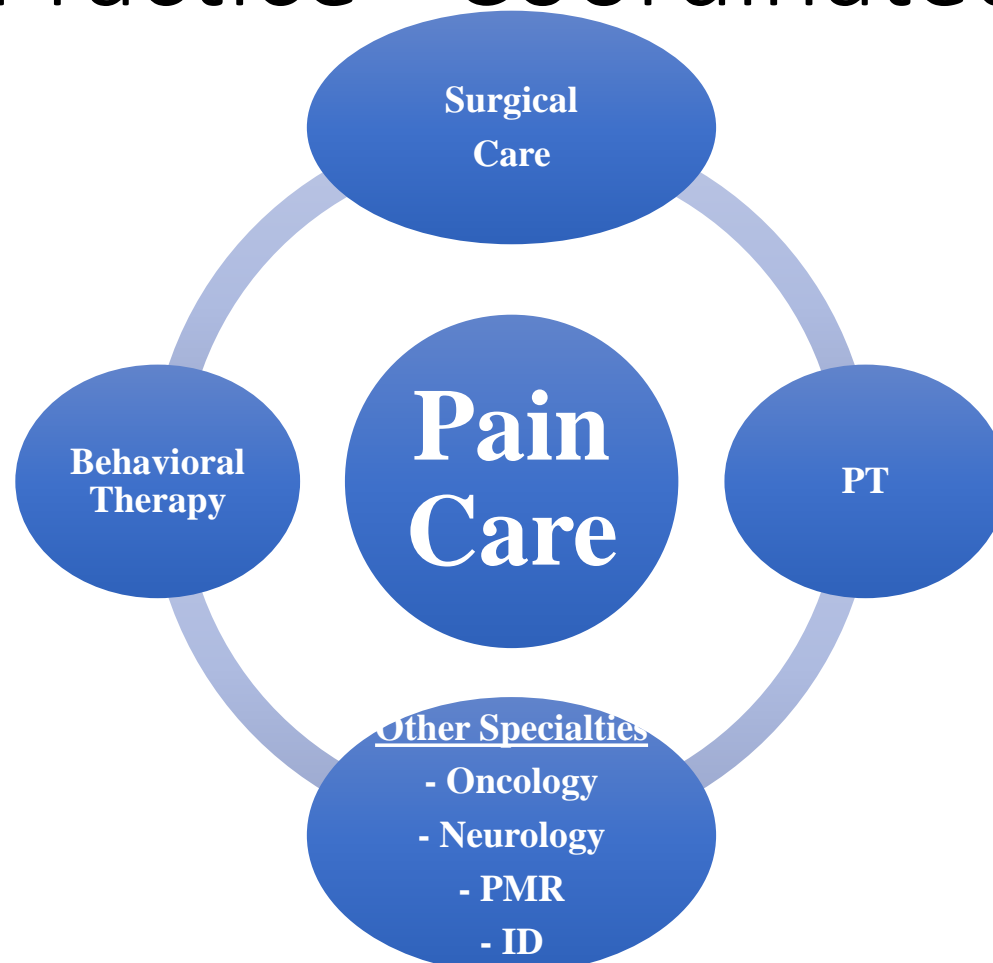
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## Pain Practice - Coordinated Care



- Hospital Based
- Large group practice
- Private practice
  - Multidisciplinary
  - Single Specialty





# 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





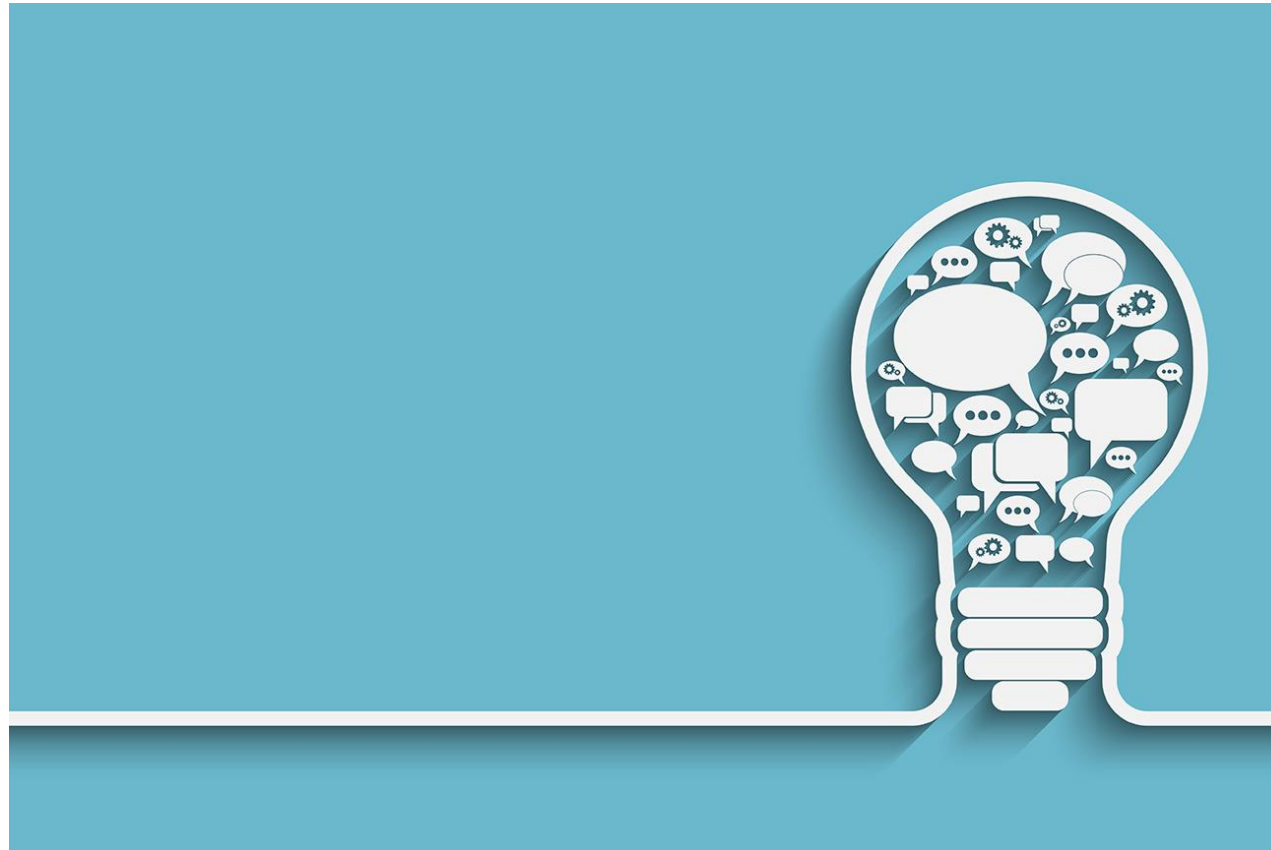
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# Revenue Cycle Management





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## Understanding Payor Mix

Payor Group	Jan-Mar2012	Apr-Jun2012	Jul-Sep2012	Oct-Dec2012	Jan-Mar2013	12 Mth Avg
AETNA	2%	3%	3%	0%	2%	2%
BLUE SHIELD	26%	35%	22%	28%	21%	27%
CHAMPUS	1%	0%	0%	0%	0%	0%
CIGNA	0%	1%	2%	1%	0%	1%
COMMERCIAL	7%	3%	2%	4%	5%	3%
GATEWAY	4%	4%	5%	3%	2%	4%
HEALTH AMERICA / ASSURANCE	3%	3%	1%	0%	2%	2%
HEALTH AMERICA ADVANTRA MEDICARE	5%	4%	4%	5%	2%	4%
HMO NON MEDICARE	0%	0%	0%	0%	0%	0%
MEDICAID	0%	0%	0%	0%	0%	0%
MEDICARE	9%	8%	12%	11%	10%	10%
MEDICARE HMO	5%	4%	7%	7%	8%	6%
SECURITY BLUE	8%	5%	7%	13%	9%	8%
SELF-PAY	1%	1%	1%	1%	1%	1%
UHC	3%	3%	0%	0%	1%	1%
UNISON HEALTH PLAN	0%	0%	0%	0%	0%	0%
UPMC	6%	10%	11%	6%	8%	9%
UPMC MEDICAID	4%	2%	3%	2%	3%	2%
UPMC MEDICARE	4%	5%	8%	6%	13%	7%
WORKERS COMP	13%	8%	11%	12%	14%	11%
	100%	100%	100%	100%	100%	100%

Medicare/HMO – 35%  
 Medicaid - 6%  
 Workers comp-11%





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# 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



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# Revenue Recovery

## Examining payors

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



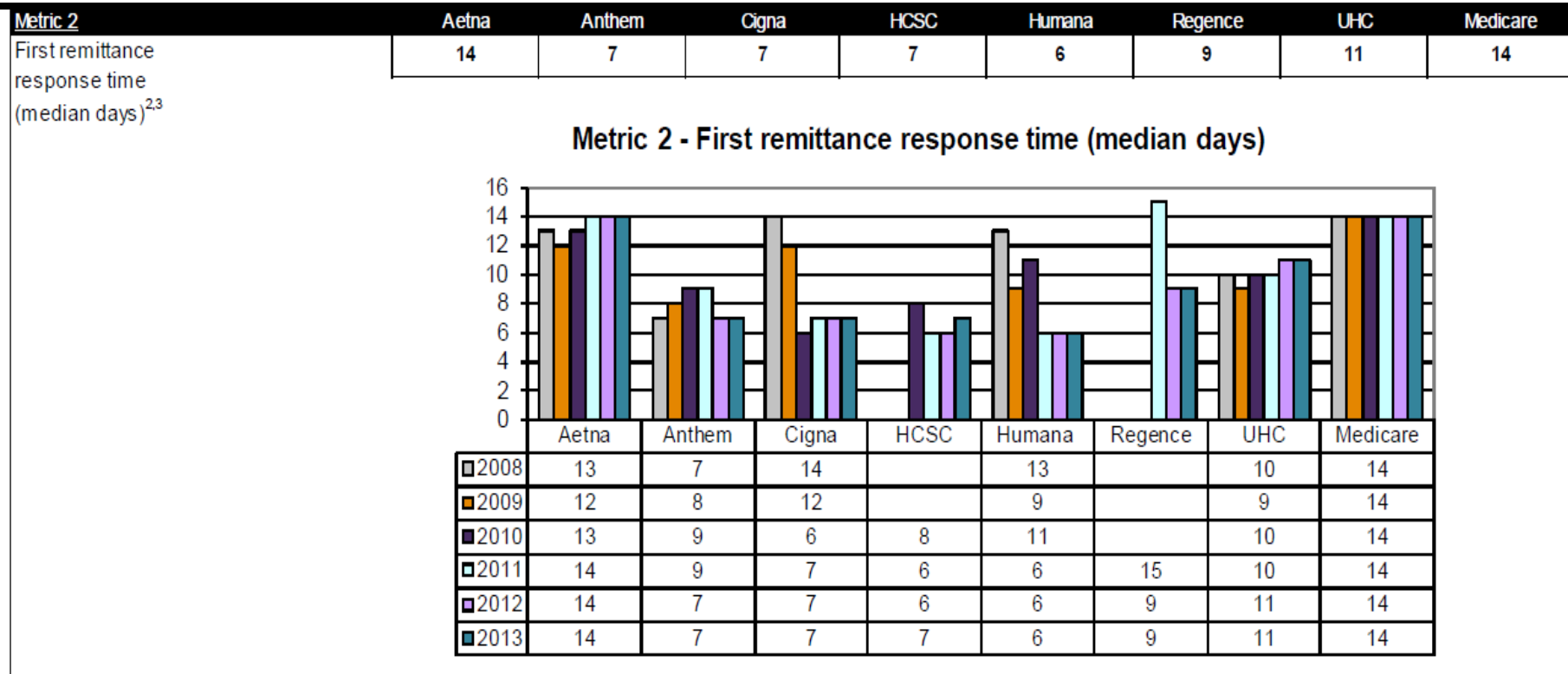
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## Revenue Recovery: Remittance Response Time



- 7 to 10 days clean claim
- Understand payor mix





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# 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





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# Patient Financial Responsibility





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		BILLED	ALLOWED	DISCOUNT	NOT COV	MEMBER PAY	INT DSC	UPMC Pay
UPMC FOR YOU TOTAL	****	.00	.00	.00	.00	.00	.00	.00
COMMERCIAL TOTAL	****	154.00	104.86	49.14	.00	25.00	.00	79.86
MEDICARE TOTAL	****	.00	.00	.00	.00	.00	.00	.00
UPMC FOR KID TOTAL	****	.00	.00	.00	.00	.00	.00	.00
ADULT BASIC TOTAL	****	.00	.00	.00	.00	.00	.00	.00
VENDOR TOTAL	****	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%





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## Indicators





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# 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





# 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**



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# Key Performance Indicators

## Expenses

- Overhead
- Total operating expenses
  - Staff & general operating expenses
- Overhead/total medical revenue
  - Varies by specialty
    - Orthopedic surgery - 45%
    - Pediatrics - 60%





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# Estimating Practice Costs

- Space, rent, & leasehold improvements
  - Itemized total furniture and equipment budget
- Estimated staff costs
  - Salaries, payroll taxes, insurance benefits
- Professional services:
  - Accountant, legal, & practice management
- Marketing and advertising
- Other operating costs
  - Medical supplies, rent, telephone, benefits
- Personal - compensation & malpractice



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## Where Should I Perform My Cases?





## 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%

\*Based on 2021 final fee schedule

### Cost Difference

#### ASC-HOPD

- Difference = \$312.28
  - 110%





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# Personal Development

- Health
- Sleep – Why We Sleep
- Family
- Focused work
- Saying no
- Practice primary focus
  - Volunteer work





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# Internet Reviews

Dr. Provenzano and staff was very professional and knowledgeable. They are confident in the procedures and care they give. I would recommend anyone to him if they are looking for relief or solution to there pain issues.

My husband, Ron is doing exceptionally well! He says that Dr. Provenzano was very thorough, and his staff were very caring and made him feel at ease. The doctor's advice on getting the stimulator saved him as he was in constant pain. He is extremely happy with being virtually pain free. Definitely recommend Dr. Provenzano and his medical team.

I took my mother to Dr. Provenzano. He is truly one of the most compassionate and kindest providers we have ever seen, and he genuinely cares about his patients. His clinical skills and knowledge are excellent. After attempting to see multiple physicians for her knee pain, Dr. Provenzano was the first provider to successfully help my mother. I would trust him to treat myself, my friends, and my family members.

42% of  
consumers have  
used social  
media to learn  
about physicians  
or treatments



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# 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 PAIN MEDICINE CODER – CPT CODES AT YOUR FINGERTIPS!

- 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

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





**Thank You**

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# Conclusions

- Time management
  - Efficient & productive
- Value your time
- **Long-term planning with frequent check ins**
- Team approach  $\Rightarrow$  delegate
  - Quality people around you.

