



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

*second Tuesdays of odd-numbered months*

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

***Building a Neuromodulation Practice:  
Referral Development, Preapproval, Coding, and Billing***

Dr. Alexios Carayannopoulos

Tuesday, January 12, 2021

7-8:30 pm ET



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# Art of Medicine



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- Become a pain ambassador
  - Multi-disciplinary pain management
  - Clinician, not technician
  - Healthcare economics
- Effectively communicate, educate
  - Patients and families
  - Referral sources, healthcare professionals
  - Liaison and support services



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- Patient selection: key to success!
  - Patient outcomes
  - Patient satisfaction
  - Team morale, cohesion
  - Self confidence
  - Referral base
  - Institutional, payer support
  - Healthcare economics



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- Educate Referral Base
  - Indications and contraindications
  - When to consider in comprehensive treatment
  - Very careful patient selection, timing, coordination
  - Partner for patient care
- Educate Patient and Family
  - Introduce SCS early in paradigm as component of MPM
  - Assess motivations and explain work-up, longitudinal process
- Educate Medical Support Staff
  - Managing patients pre, peri, post trial/implant



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- Create:
  - Relationships
    - Spine surgery
    - Pain psychology
    - Functional rehabilitation
- Coordinate:
  - Build a cohesive, efficient, team, infrastructure
    - APPs, RNs, MA, CMs, Schedulers, Coders, Billers
- Collaborate:
  - Hospital administration, payers, industry



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- Multidimensional practice
  - Education
    - Courses, lectures: enhances skill and adds perspective
  - Training
    - Students, resident, fellows: adds dimension, credibility
  - Research
    - Clinical: elevates, differentiates (gravitas and recognition)
    - Basic Science: understand and evolve the technology



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- Develop “excellence” in neuromodulation
  - Formal education
  - Continuing education
  - Mentorship
  - Experience, confidence, efficiency, proficiency, competence
  - Evidence, best practice
  - Outcome assessment : processing, reporting, sharing
  - Longitudinal management , surveillance





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# Business of Medicine



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- Business of medicine
  - Starting a practice
    - Develop business plan
      - SWOT Analysis
      - Location, scope of practice, financial support, procedure suite, staffing, overhead costs
    - Undertake needs analysis
    - Marketing strategies
  - Maintaining a practice
    - Reputation
    - Clinical excellence
    - Financial stability: Pre-approval: get paid for what you do



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- Billing and Coding
  - ICD-10-CM
    - Principal diagnosis for pain control or pain management
      - G89.0, G89.29, G89.4 (Central, other, chronic pain)
    - Additional codes to identify cause, give detail (nature, location)
  - ICD-10-PCS
    - Procedure codes used for inpatient services
      - Lead implantation, removal, replacement
      - Generator implantation, removal, replacement, revision
  - Device Edits (Medicare)
    - When CPT procedure codes submitted on hospital outpatient bill
      - 63650 vs 63655, 63685 (percutaneous vs surgical, IPG insertion, replacement)



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- Billing and Coding: Professional Fees
  - Physician coding and payment: CPT codes and descriptions
    - Allows calculation of Medicare RVUs
    - Compares to Medicare national average
    - Differentiates services provided in office vs healthcare facility
    - Analysis, Programming: 95970, 95971, 95972



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- Billing and Coding: Outpatient
  - Hospital outpatient coding and payment (1/1/20 – 12/31/20)
    - CPT procedure codes (770 ambulatory patient classes/APC)
    - Each APC has a relative weight, converted to flat payment
    - Multiple APCs can be assigned for each encounter
    - Depends on number procedures coded and mapping to APC
    - For 2020, 67 APCs designated as comprehensive (C-APCs)
    - Each CPT code assigned is considered a primary service
    - Results in single APC payment, beneficiary co-payment
    - Separate payment is not paid for any adjunctive (packaged) service
    - If more than one APC coded, codes ranked via fixed hierarchy



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- Billing and Coding: Inpatient
  - Hospital inpatient coding and payment ( 10/1/19 – 9/30/20)
    - MS-DRG assignments (760 diagnosis related groups)
    - Based on ICD-10-CM and ICD-10-PCS codes for procedures
    - Carries relative weight, converted to a flat payment amount
    - Only 1 MS-DRG assigned to each inpatient stay
      - Regardless of number of procedures performed
    - For SCS (chronic pain), DRG assignment varies depending on:
      - Diagnosis
      - Specific procedures performed