



Billing Bits

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Insurance & Medical Billing Services

Cloud Vs. Client Servers

With so many choices, how do I know what is right for my practice? Here at IMBS we would like to help you narrow your choices. In the following article, we will explore why Cloud based systems may be more beneficial for small to medium sized practices than a client server.

A cloud based system stores a practices data on an external server and can be accessed through the web. The equipment is minimal; practices only need a computer and an internet connection. A client server puts data on an in-house system and requires several pieces of equipment including a server, hardware, and software to be installed. Although this has been the traditional choice for many practices, here are Six reasons we like cloud based systems:

Set up is much easier and faster with Cloud-base E.H.R. systems- Because a cloud-based system runs via the web, practices can avoid the time involved to install software and hardware in their offices. They can continue their normal business during the installation process; therefore not restricting cash-flow. Practices will see a quicker return on their investment because it takes less time to implement a cloud based system.

Savings, savings, savings- E.H.R. often requires huge installation fees which can run upwards of \$40,000 for a traditional client server (that's to get setup), maintenance costs, and licensing fees. If you require help, updates or patches those are usually charged separately.

The NEED for the IT people- is virtually eliminated. All of the updates, configurations, and testing of the system can be done internally in the cloud by your SaaS provider insuring that you're always running the most up to date version of the software.

Cloud-based software allows for EASY access and Comparisons- as long as you have internet access you can use your log in and password to access a medical record. This allows for better response time from physicians, easier access for patients and less confusion for collaborating physicians or patient and physician.

Expanding made simple- In a traditional client-based server it is quite the ordeal to add more physicians or branch offices. Cloud-based E.H.R simplifies this process making it easy to add new users, doctors, and new branch offices. Cloud base allows for physicians to grow their practices without the expense of needing a larger server.

Your practices security- Security is a large concern, especially with the amount of personal information on the web these days. Web-based systems E.H.R. systems can actually be more secure than traditional client based and paper systems. Cloud-based E.H.R is **HIPAA** compliant; they use data centers with bank-level security and high-level encryption methods so that if a breach were to occur, the information would be un-readable. Client -server systems are only as good as the door lock in the room they are stored in, often they are not encrypted and easily accessible. In the event of a natural disaster (fire or flood), cloud based E.H.R would be safe. Data is securely backed up in multiple locations, while client based records or paper is in a storage-facility and remains vulnerable or un-recoverable.

In the end Cloud-based E.H.R. is a fantastic option for our medical community. Most folks already use the web for many secure dealings; think shopping, banking, and social networking. Cloud-based can have a huge impact on the ease of use for our patients, physicians, and office staff alike; allowing great advantages in cost savings, accessibility, and security.

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Saving Time and Money by Scanning Medical Records

There always seems to be a shortage of space in Doctors' offices. A big reason is medical practices are legally obligated to store their paper medical records for up to ten years. Records can include: EOBS, payment receipts, registration forms, and patient charts. Most of the contents of medical records are legal documents, and the responsibility falls to the practice to keep them stored in a HIPAA compliant manner. These records need to be readily accessible for the staff or billing companies to answer patient questions, have an insurance follow up, or make copies at the patient or providers request. Many practices store older records in off site HIPAA compliant storage facilities, which can become very costly and are not easily accessible.



One solution that many practices have taken advantage of, and is very cost effective, is scanning paper records and storing them within a secure internet file or private server. Providers can store all of their documents in one place without taking up any physical space in the office. Several of the new Electronic Health record(E.H.R.) software systems offer a scanning feature for this purpose. Documents simply get scanned as they are collected and go directly into a patient's Electronic Medical Record. Once the file is scanned, the paper document can be shredded.

E.H.R. can certainly be an easy choice, but many of you may be asking, "What if E.H.R. is not an immediate option for our practice? or our practice is so large we do not have the time or man power to scan all of our files,"

An option in either of these situations is to outsource the scanning. Electronic document storage companies can provide storage on a server as well as scanning services. This would allow the practice easy access to all their documents.

Practices and staff waste precious hours having to locate and pull charts, EOBS, and many other important documents. Insurance companies, patients, providers, and office staff need this information at their fingertips cutting down on recovery time of information, and allowing such processes to be expedited.

Having this information readily available will also allow each practice, its branch offices, and their billing offices to view a record at the same time eliminating confusion when trying to discuss a particular patient's chart, and also eliminating the need and costs of a courier.

Having E.H.R. and it's storage options will free up time and space. It allows practices to remain HIPAA compliant, while continuing to allow office personnel to have immediate access to records creating more efficiency, eliminating a paper trail, confusion, and space dilemmas.

Compliance Corner

Billing therapeutic injections correctly

96372- Therapeutic, prophylactic, or diagnostic injection: subcutaneous or intramuscular (Physicians do not report 96372 for injections given without direct supervision. To report, use 99211)

99211- Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem (s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

Injections given to patients by a nurse or medical assistant, while the provider is physically in the office can be billed with the 96372. Injections given while the physician is not physically in the office should be billed with 99211. Neither service can be billed to Medicare if the provider is not physically in the office.

Example 1: Patient A comes in to the office for her monthly B12 injection. Dr. Smith is in the office seeing other patients, and a supervised assistant gives the patient her B12 medication. Because Dr. Smith was in the office providing direct physician supervision, the service is billed to Medicare using CPT 96372 to report medication administration. The two charges should not be billed in conjunction unless the criteria has been met for both the office visit and the administration of the injection.

Example 2: Patient B comes in to the office early one morning to receive her monthly B12 injection for pernicious anemia. Dr. Smith is still rounding at the hospital. Jane Jones, RN greets Patient B, verifies that it is the appropriate time to receive her monthly B12 injection and then administers the medication subcutaneously. Dr. Smith was not available to provide direct supervision, so this service is billed as CPT 99211. Patient B was not a Medicare patient.

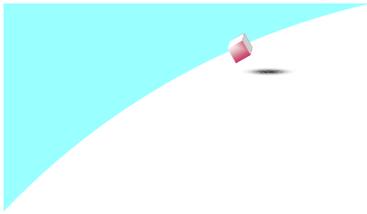
CMS provides some direction for reporting code 99211 for Medicare patients. For visits in which only the nurse sees the patient and gives an injection, CMS notes that it is not correct to report an E/M service if the nurse services are only related directly to the injection itself.

"If the nurse provides the 99211 visit, it is reported under the physician's name and tax ID number, making it inherently an "incident to" service. In such situations, it is a service restricted to established patients and requires the supervising physician's "direct supervision", which is defined by CMS as the physician being physically present in the office suite (not in the patient's room) and immediately available to provide assistance."

Requirements for incident to:

- Services commonly furnished in a physician's office
- Physician must have initially seen the patient.
- There is direct personal supervision by the physician of auxiliary personnel.
- Physician has an active part in the ongoing care of the patient.





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