Client Billing Results in Lower Pathology Charge

BY ALICIA AULT
Associate Editor, Practice Trends

WASHINGTON — Client billing may cost patients less than other forms of billing for pathology services. Manisha Kumar, M.D., and her associates said in a poster presentation at the annual meeting of the American Academy of Dermatology that patient billing may increase billing costs and lower quality.

In a poster presentation at the American Society for Dermatologic Surgery conference in Winston-Salem, N.C., the researchers called 229 private dermatology practices, asking if they charged for interpreting biopsies, and whether those biopsies were directly billed to the patient. Twenty-two percent sent the specimens to a pathologist but billed the patient for the interpretation. There is a lack of practice variation for the interpretation—client billing was practiced in 9% of cases.

Client billing resulted in the lowest charge—a mean of $120. Patients who received a bill for interpretation by dermatologists on-site were charged an average $131. The most expensive charges were from pathologists who billed directly—a mean of $147. Ms. Kumar and her associates reported.

When pathologists were asked to report charges, only 48 of the 213 offices responded. The average reported charge was $190. The average reported charge was $190. Ms. Kumar and her associates reported.

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Client billing is probably less expensive because dermatologists have lower billing costs and less risk of unpaid bills than pathologists.

The researchers also called 213 pathology offices to ask if they interpreted specimens from dermatology practices, and whether those biopsies were interpreted in-office or sent out to pathologists. Of the 229 dermatologists, only 105 reported charges. Half of those 105 dermatologists could not give the exact charge because specimens were sent to pathologists who directly billed the patients. Of responding dermatologists, 9% interpreted skin biopsies in their office and directly billed the patient. Twenty-two percent sent the specimen to a pathologist but billed the patient for the interpretation—client practice.

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Office Staff Can Be Helpful For Testing Cosmetic Products

BY BETSY BATES
Los Angeles Bureau

LAS VEGAS — Look no further than your own office staff in deciding which cosmetic products to offer for sale in your practice. Dr. Kathy Fields suggested at the annual meeting of the American Society of Cosmetic Dermatology and Aesthetic Surgery that the best product lines are simple, effective, affordable, and beyond all else, safe, said Dr. Fields, a dermatologist in private practice in San Francisco.

But do you know? She suggests conducting mini-trials in-house, using your office staff. “Leverage your team. Grab your staff and do your own before and after,” she said.

It will quickly become clear if a product line is popular. An added bonus is that staff members serve as in-house experts of how well a product works. In one mini-trial in her office, 7 out of 12 staff members had skin reactions to a product line she was testing. Obviously, that one never made it to the consumer shelf.

“Test it and make sure,” she said. Certain products are sure to sell if they work, especially if they’re “elegant, simple products.”

In one mini-trial in her office, 7 out of 12 staff members had skin reactions to a product line she was testing. Obviously, that one never made it to the consumer shelf. “Test it and make sure,” she said. Certain products are sure to sell if they work, especially if they’re “elegant, simple products.”

For example, many consumers love eye creams, night “boosters,” and products containing Retin-A, Dr. Fields said.

MANAGING YOUR DERMATOLOGY PRACTICE

Is a Billing Service Right for You?

BY JOSEPH S. EASTERN, M.D.

Before I begin this month, let me take a paragraph to say how nice it is to receive so many excellent questions from readers. Please keep ‘em coming.

Several recent questions have concerned billing services: Are they a good idea, and are they worth the cost?

As with most things, it depends. To answer the question for your particular situation, you and your office manager should do a detailed analysis of how your billing is being handled now.

In reviews of this type that I’ve observed or participated in, it is common to find examples of mixed charges, as well as failures to add modifiers and unbundle services (where that is legal and proper).

The most common errors made by in-house billing employees include the following: missing charges, writing off services that should be appealed, appealing issues that are not winnable, not responding to carrier requests for information or not working accounts receivable, and not sending out timely statements.

Engaging a good billing service will correct these problems.

Emberly Ellzey, a former national accounts manager and state-of-the-art technologic capabilities.

She also suggests you consider the following questions before making a final decision:

► Are you willing and ready to give up control of the day-to-day billing process?

► Can you accept that a billing service has its own ways of doing things, which may be different from yours?

► Is your entire staff willing to change the way billing is handled? (A stubborn holdout could be an embezzler.)

► Does outsourcing of billing make economic sense for your practice?

If the answer to all of these questions is an emphatic yes, outsourcing may be the way to go.

Then again, now that I have perhaps convinced you of the merits of billing services, there is another alternative you might consider—one that I’ve mentioned before. Consider doing what a growing number of businesses—including every hotel, motel, and country inn on the planet (and my office)—are already doing. Ask each patient for a credit card, take an imprint, and bill balances to it as they accrue.

It takes time to implement such a system, but once in full swing, your billing needs could decrease by as much as 80%, as they have in my office.

The details of this system were spelled out in my columns of December 2005 and March 2006.