

# IONM Status Update: Compliance and Reimbursement Challenges Quality Opportunities

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- Compliance
- Reimbursement Modifications
  - Quality
- Proof of Concept



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## Trends

- **Three (3) trends in medicine and there linkage:**
  - A shift in focus from increasing access to healthcare to a focus on convenience and cost.
  - A change from caring for acute conditions to caring for episodic and chronic conditions.
  - Migration from hospitals and satellite clinics to home and mobile devices.

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Barriers

- **Four (4) potential barriers to telemedicine and telehealth, and provide legitimate solutions:**
- Reimbursement: limited coverage, fear of abuse or overuse.
- Clinical concerns: lower quality patient-physician relationships, physical examination vs in person visits.
- Fragmentation of care: potential for narcotic prescribing abuse, legal issues.
- Credentialing: licensure, and social / geographic limitations which limit access.

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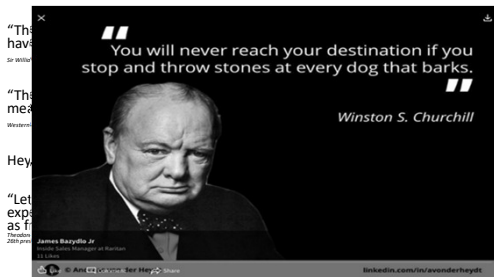
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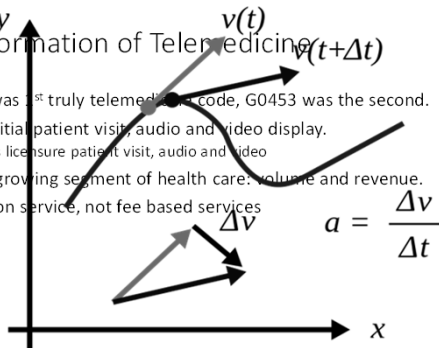
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Transformation of Telemedicine

- 95941 was 1<sup>st</sup> truly telemedicine code, G0453 was the second.
- FSM# initial patient visit, audio and video display.
  - States licensure patient visit, audio and video
- Fastest growing segment of health care: volume and revenue.
- Ascription service, not fee based services




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### Transformational Telemedicine

- Open access within HITECH (Health Information Technology for Economic and Clinical Health) environment
- Massive data surge / capacity
- Integration / transparency of health records
- Organizational integration of telemedicine services (Mercy Health)
- Massive opportunity for market leaders.

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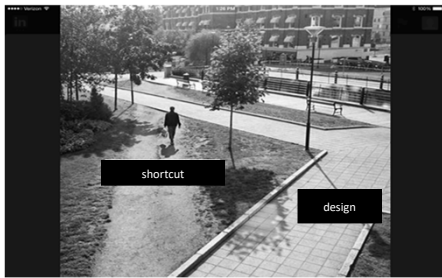
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### NPI / NPDB




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All individual HIPAA covered healthcare providers (physicians, pharmacists, physician assistants, midwives, nurse practitioners, nurse anesthetists, dentists, denturists, chiropractors, clinical social workers, professional counselors, physical therapists, pharmacy technicians, athletic trainers, etc.) or organizations (hospitals, home health care agencies, nursing homes, residential treatment centers, group practices, laboratories, pharmacies, medical equipment companies, etc.) must obtain an NPI for use in all HIPAA standard transactions, even if a billing agency prepares the transaction.

- The NPI must be used in connection with the electronic transactions identified in HIPAA.
- In addition, the NPI may be used in several other ways:
  - by health care providers to identify themselves in health care transactions identified in HIPAA or an related correspondence;
  - by health care providers to identify other health care providers in health care transactions or on related correspondence;
  - by health care providers on prescriptions (however, the NPI will not replace requirements for the DEA number or State license number);
  - by health plans in their internal provider files to process transactions and communicate with health care providers;
  - by health plans to coordinate benefits with other health plans;
  - by health care clearinghouses in their internal files to create and process standard transactions and to communicate with health care providers and health plans;
  - by electronic patient record systems to identify treating health care providers in patient medical records;
  - by the Department of Health and Human Services to cross reference health care providers in fraud and abuse files and other program requirements;
- for any other lawful activity requiring individual identification

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### Coverage Concerns

Ransomware?

- **Cyber:** Cyber coverage is a must for any physician or medical office that obtains personal information of others. If they can hack into Sony, Google, Department of Defense, Microsoft, what makes you think they can't hack into you?
- **Regulatory/ Medical Defense:** If you bill Medicare or Medicaid, this is a necessary coverage. With the evolution of RAC (Recovery Audit Contractor) in addition to regular Medicare/Medicaid audits, the policy can pay the cost of the audit, fines or penalties, as well as damages due to billing errors.
- **Billing Errors & Omissions:** If you bill on behalf of others or for others, then E&O is a must since the General Liability policy will not pick up these types of claims. The malpractice policy will not provide coverage either.

Clinical EMG, 95920

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### CPoM / Fee Splitting

State	Corporate Practice of Medicine Restrictions?	Fee Splitting Restrictions?
Alabama	No	No
Alaska	No	No
Arizona	No	No
Arkansas	No	No
California	No	No
Colorado	No	No
Connecticut	No	No
Delaware	No	No
District of Columbia	No	No
Florida	No	No
Georgia	No	No
Hawaii	No	No
Idaho	No	No
Illinois	No	No
Indiana	No	No
Iowa	No	No
Kansas	No	No
Kentucky	No	No
Louisiana	No	No
Maine	No	No
Maryland	No	No
Massachusetts	No	No
Michigan	No	No
Minnesota	No	No
Mississippi	No	No
Missouri	No	No
Montana	No	No
Nebraska	No	No
Nevada	No	No
New Hampshire	No	No
New Jersey	No	No
New Mexico	No	No
New York	No	No
North Carolina	No	No
North Dakota	No	No
Ohio	No	No
Oklahoma	No	No
Rhode Island	No	No
South Carolina	No	No
South Dakota	No	No
Tennessee	No	No
Texas	No	No
Utah	No	No
Vermont	No	No
Virginia	No	No
Washington	No	No
West Virginia	No	No
Wisconsin	No	No
Wyoming	No	No

State	Corporate Practice of Medicine Restrictions?	Fee Splitting Restrictions?
California	Yes	No
Illinois	Yes	Yes
Indiana	Yes	No
Iowa	Yes	No
Michigan	Yes	No
Minnesota	Yes	No
North Dakota	Yes	No
West Virginia	Yes	No
Kansas	Yes	No
Maryland	Yes	Yes
New Jersey	Yes	No
Oregon	Yes	No
South Dakota	Yes	No
Tennessee	Yes	Yes
Texas	Yes	No
Wisconsin	Yes	No
Arizona	Yes	No
Colorado	Yes	No
Nebraska	Yes	Yes
Washington	Yes	No
Pennsylvania	Yes	No
North Carolina	Yes	Yes
Arkansas	Yes	No
Connecticut	Yes	No
New York	Yes	No
Georgia	Yes	No
Idaho	Yes	No
Massachusetts	Yes	No
New York	Yes	Yes
South Carolina	Yes	No

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### Reimbursement Modifications

- Value Based Payment/Reimbursement
  - Wide variation (Google "Dartmouth health atlas")
- Value Based payments are based on the outcome and cost metrics. Hospital's have large fixed overhead, therefore, excess capacity is the hospitals economic driver.




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Here is the problems, cause we are all in the solutions together

- # of cases we monitor
  - 100,000 - 150,000
  - 250,000
  - 750,000
- Types of cases we monitor
  - Seizures
  - Amnesia
  - Brain Mapping
  - Facial Nerve
  - Non-complex spike
- Places we monitor
  - Facility based (2/3)
  - Resource based (2/3)
- Why does this matter:
  - Payment is based on RVU
  - RVU (NIC) is based on
    - Cost of professional
    - Cost of service
    - Cost of risk
    - Base rate (Neuro = \$38.70)
  - Therefore, if the cost exceeds the reimbursement, "Houston, we have problem."




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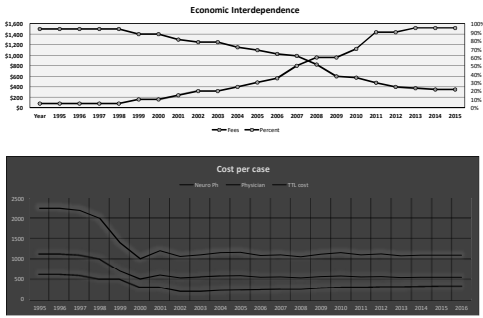
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Or...




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### Merit-base Incentive Payment System

- Quality** accounts for 50% of a total score.
  - Clinicians would choose to report six measures from among a range of options that accommodate differences among specialties and practices.
- Cost** accounts for 10 percent of total score.
  - The score would be based on Medicare claims, meaning no reporting requirements for clinicians, HHS points out. This category would use 40 episode-specific measures to account for differences among specialties.
- Advancing Care Information** counts for 25 percent of total score.
  - Here, clinicians choose to report customizable measures reflecting their use of technology in day-to-day practice – with a particular emphasis on interoperability and information exchange. HHS emphasizes that, unlike current reporting program, this category would not require all-or-nothing EHR measurement or redundant quality reporting.
- Clinical Practice Improvement Activities** count for 15 percent of total score.
  - Rewarding clinical practice improvements, such as activities focused on care coordination, beneficiary engagement, and patient safety.
  - Clinicians may select activities that match their practices' goals from a list of more than 90 options.

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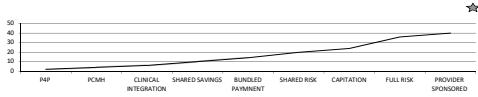
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### Reimbursement Modifications

- Bundled Payments for Care Improvements (BPCI)
  - Model 1: acute care discounted PPS.
  - Model 2: retrospective PPS vs actual payments (acute care, post op care and 90 days post)
  - Model 3: retrospective PPS and FFS Model 2 plus rehab, home care, etc.
  - Model 4: prospective payment for acute care and all care providers. Providers submit "nopay" claims.
- Began in 2013 and first round of prospective payments began 2015-2016.




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### Bundle payment




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### Bundle Payment



Who is going to do a "happy dance"  
 -distributor of the \$\$\$  
 -BMOG  
 -Friends and Family

Who is going to not.....  
 -out of sight / out of mind  
 -LMOTP  
 -perceived injustice




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### The Hospital: The Bank

- Taking care of patients is their primary business
  - A hospital without surgery is a nursing home
- The complexity of managing hospital operations is 20 times more complex than a retail business
  - Medical staff right to practice
  - Patients rights to access
  - IRS status
  - Multiple payment methods
- Standardization of practice patterns is their only escape
  - They must do the same things consistently and well to succeed
  - Variance leads to errors and people die from medical errors
- Few have the insight or the resources to project into the future, the good ones do, others join systems to protect themselves and enable services and consultation, they would not be able to financially secure free-standing.




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### QA

- Man walking into the bar.. And says "Is the food good here?"
- Bartender says "heck, yeah bunc"
- Man says "anyone get sick, not li"
- Bartender says "people that puki"
- Man says "what about those tha"
- Bartender says.. "they either co"
- Man says "do you provide them"
- Bartender says, "sure if they con"
- otherwise we don't have a public feedback, that takes too much time quality assurance guy for an heal




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The IONM "business proposition" will look something like:

- **Value = (Q+S)+S+P**  
Cost - (A+R)
- **Quality + Safety** – of measurable QA data
- **Services** – staffing a wide range of surgical cases
- **Professionalism** – competency of staff technologist / physician interpreters
- **Cost** – charges for the services
- **Accessibility + Reliability** – seamless hassle free HIPAA compliant IONM services

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## Measures / Metrics

### Performance Measure

- A quantitative tool (e.g., rate, ratio, index, percentage) that provides an indication of performance in relation to a specified process or outcome.

### Measure Types

- Process measure: A measure which focuses on a process which leads to a certain outcome, meaning that a scientific basis exists for believing that the process, when executed well, will increase the probability of achieving a desired outcome.
- Outcome measure: A measure that indicates the result of the performance (or non-performance) of a function(s) or process(es).
- Structure measure: A measure that assesses whether organizational resources and arrangements are in place to deliver health care, such as the number, type, and distribution of medical personnel, equipment, and facilities.

Vanity Metrics

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## Quality and Outcome Metrics

- Process
  - Structural
  - Outcome
  - Composite
- TcMEP alert criteria a compliance quality data set?

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surgical launch and IONM data consistent with scheduled time	a metric to determine IONM services initiated consistent with schedule time
percent of interpretable IONM data	a technical metric to determine the data generated in the OR meets standards for accurate professional interpretation
percent documentation completed within 24 hrs	a metric of documentation completion to facilitate revenue cycle management
number of IONM cases per technician per week	a metric of productivity

**Process Measures** show whether steps proven to benefit patients are followed correctly. They measure whether an action was completed — such as writing a prescription, administering a drug, or in the case of IONM consistent with these examples .

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number of concurrent cases per provider per hour per day	a metric of access and concurrency
percent of "technical warnings"	a metric demonstrating provider/technical activity level
percent of "surgical alerts"	a metric demonstrating provider/surgical team activity level

**Structural Measures** reflect the conditions in which providers care for patients. These measures can provide valuable information about staffing and the volume of procedures performed by a provider, for example.

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percent of "medical interventions"	a metric demonstrating provider interpretation of potential of unfortunate patient outcome (risk)
percent of true positive interpretation	a metric of provider's interpretation of unfortunate patient outcome

**Outcomes Measures** take stock not of the processes, but of the actual results of care. They are generally the most relevant measures for patients and the measures that providers most want to change, for example.

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"medical intervention" and true positive" consistent with patient discharge	a metric of actual patient outcome data
percent idiographic "false negative" outcome	a metric confirming EDNM limitations

**Composite Measures** combine the result of multiple performance measures to provide a more comprehensive picture of quality care, for example.

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### Proof of Concept

- Quality metrics
- Measures Performance
  - Aetna anatomic level L1-L2 SSEP....
- Audits
  
- Cost of delivery of IONM
  - Technology, supplies, Technical staff, Professional staff (RUC) RVU
  - Revenue Center or Risk Management
  - \$2.75M .....

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### Further enhancements

Clearly defined / identified Provider structure (neuro, aud, neuroph, anest, physiatrist, psychology, ortho, peds, DC, tech, surgical neurophys).

"IONM anonymity"  
Access to care  
EMR access....

No one advocates for us (patient or surgeons: professional associations)  
[www.choosingwisely.org](http://www.choosingwisely.org)

Medical practice or Risk management (by \$).

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### What are current and future challenges for IONM

- Technical Component
- Definitions of Telemedicine
- State Licensure
- Bundled payment for services.

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The End....

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Additional slides

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Relationship Models

- Employment of physician(s)
  - Company bills patient for physician work
  - Corporate Practice of Medicine
    - Applicable (limited) to 29 states
    - Generally set up as a Management Agreement
- Independent Contractor physician(s)
  - Physicians meet the IRS definitions of IC
    - Physician forms Limited Liability Company
  - Practice bills patients for physician's work.
    - Compensation per "click" basis (time or case)
    - Must include "risk"

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### Entity Relationships

- Exoskeleton
  - Corporation
    - Professional
    - 501(c)(3)
  - LLC(ompany)
    - Limits access to personal assets
    - Actions of one member, not liability of other member(s)
    - Members pay self employment tax
- Endoskeleton
- "Gig" labor (Uber drivers)
  - Independent Contractor
    - IRS test
    - Legal repercussions

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### Practice Risk Models

- Company contracts for physician interpretation
  - Practice bills patient
  - Need Access Agreement
    - Practice compensates Company for system access
    - Practice physician must be available (unencumbered)
- Company contracts for physician interpretation
  - Company bills patient
  - Company contracts for Physician practice resources
    - Company compensations practice for staff and services
    - Must abide by anti-markup rules / fee splitting.

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### IRS Rules of Independent Contractor Status

<input type="checkbox"/> YES	Profit or loss. Can the worker make a profit or suffer a loss as a result of the work, aside from the money earned from the project? (This should involve real economic risk-not just the risk of not getting paid.)	<input type="checkbox"/> NO
<input type="checkbox"/>	Investment. Does the worker have an investment in the equipment and facilities used to do the work? (The greater the investment, the more likely independent contractor status.)	<input type="checkbox"/>
<input type="checkbox"/>	Works for more than one firm. Does the person work for more than one company at a time? (This tends to indicate independent contractor status, but isn't conclusive since employees can also work for more than one employer.)	<input type="checkbox"/>
<input type="checkbox"/>	Services offered to the general public. Does the worker offer services to the general public?	<input type="checkbox"/>
<input type="checkbox"/>	Instructions. Do you have the right to give the worker instructions about when, where, and how to work? (This shows control over the worker.)	<input type="checkbox"/>
<input type="checkbox"/>	Training. Do you train the worker to do the job in a particular way? (Independent contractors are already trained.)	<input type="checkbox"/>
<input type="checkbox"/>	Integration. Are the worker's services so important to your business that they have become a necessary part of the business? (This may show that the worker is subject to your control.)	<input type="checkbox"/>
<input type="checkbox"/>	Services rendered personally. Must the worker provide the services personally, as opposed to delegating tasks to someone else? (This indicates that you are interested in the methods employed, and not just the results.)	<input type="checkbox"/>
<input type="checkbox"/>	Hiring assistants. Do you hire, supervise, and pay the worker's assistants? (Independent contractors hire and pay their own staff.)	<input type="checkbox"/>

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### IRS Rules of Independent Contractor Status

<input type="checkbox"/>	Continuing relationship. Is there an ongoing relationship between the worker and yourself? (A relationship can be considered ongoing if services are performed frequently, but irregularly.)	<input type="checkbox"/>
<input type="checkbox"/>	Work hours. Do you set the worker's hours? (Independent contractors are masters of their own time.)	<input type="checkbox"/>
<input type="checkbox"/>	Full-time work. Must the worker spend all of his or her time on your job? (Independent contractors choose when and where they will work.)	<input type="checkbox"/>
<input type="checkbox"/>	Work done on premises. Must the individual work on your premises, or do you control the time or location where the work must be performed? (Answering no does not by itself mean independent contractor status.)	<input type="checkbox"/>
<input type="checkbox"/>	Sequence. Do you have the right to determine the order in which services are performed? (This shows control over the worker.)	<input type="checkbox"/>
<input type="checkbox"/>	Reports. Must the worker give you reports accounting for his or her actions? (This may show lack of independence.)	<input type="checkbox"/>
<input type="checkbox"/>	Pay Schedules. Do you pay the worker by hour, week, or month? (Independent contractors are generally paid by the job or commission, although by industry practice, some are paid by the case.)	<input type="checkbox"/>
<input type="checkbox"/>	Expenses. Do you pay the worker's business or travel costs? (This tends to show control.)	<input type="checkbox"/>
<input type="checkbox"/>	Tools and materials. Do you provide the worker with equipment, tools, or materials? (Independent contractors generally supply the materials for the job and use their own tools and equipment.)	<input type="checkbox"/>
<input type="checkbox"/>	Right to fire. Can you fire the worker? (An independent contractor can't be fired without subjecting you to the risk of breach of contract lawsuit.)	<input type="checkbox"/>
<input type="checkbox"/>	Worker's right to quit. Can the worker quit at any time, without incurring liability? (An independent contractor has a legal obligation to complete the contract.)	<input type="checkbox"/>

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