

Private Healthcare's Coding Challenges

Leonie Maritz

Senior Medical Coding Consultant

Private Practice Department SA Medical Association

The South African Medical Association





Discussion Topics

- General Coding matters
 - Coding submission process
- Coding Challenges facing Private Practice
 - Current Vacuum
 - Forensic Investigations
 - Emergency medicine
- Unity in the profession
 - Joint coding meetings
- HPCSA Tariffs
- Medical Practice in the 21st Century



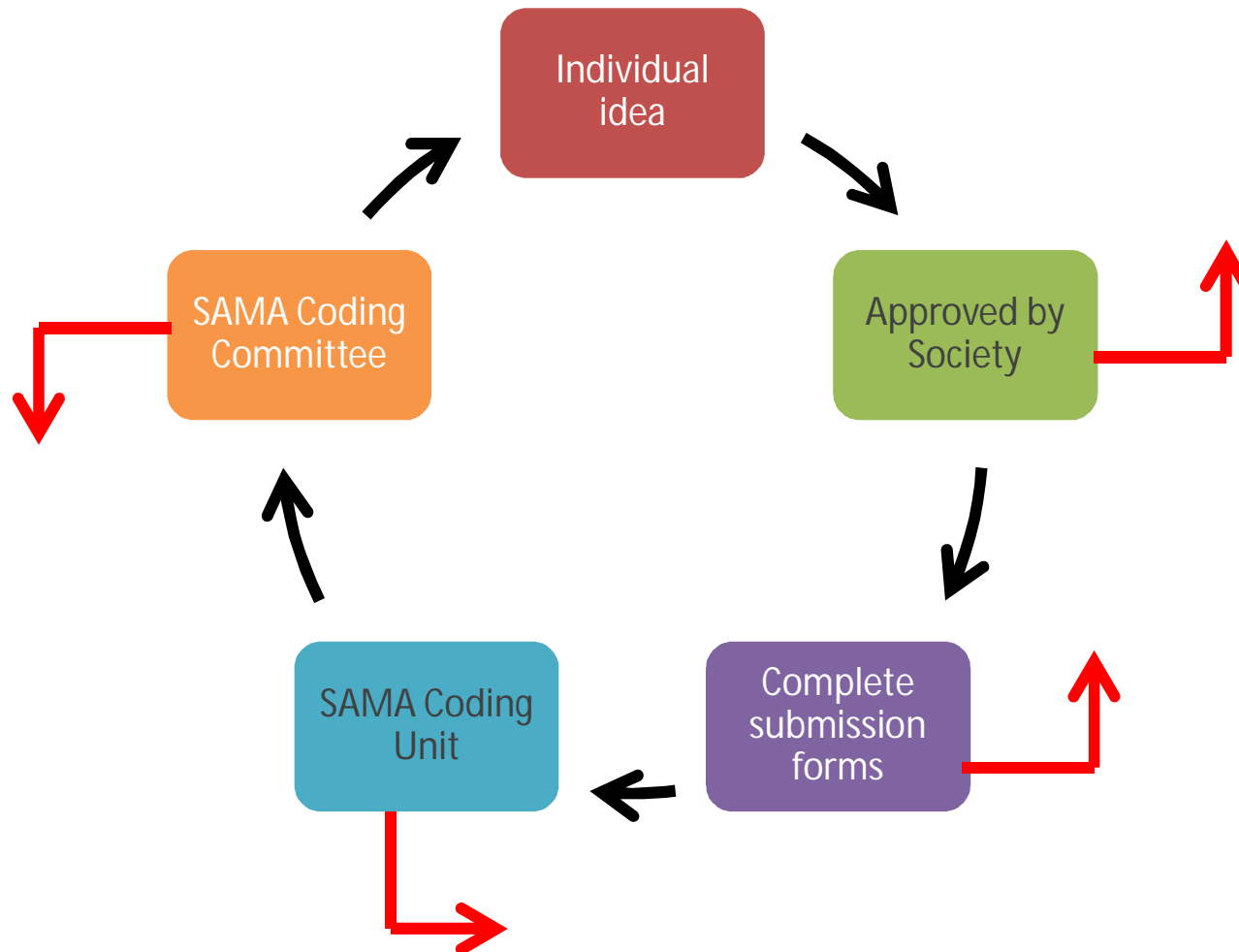


Coding Submission Process

- SAMA Coding products
 - Complete CPT for South Africa - CCSA
 - Medical Doctors' Coding Manual -MDCM (previous DBM)
- Submission
 - Revision
 - Deletion
 - New Codes



Coding Submission Process





Current vacuum in coding

- 2006 RPL
 - Due to court ruling – left in a vacuum (outdated)
 - Still used as basis for private procedure coding
 - Scheme's offer 130% of RPL
 - Comparative inflation was 146.6%
 - *CMS reports*
- No universally accepted coding guidelines
 - Schemes generate their own interpretations
 - Asymmetry of information prejudices doctors
- No multi-lateral discussions between all parties
- Time consuming process of crosswalk to CPT



Forensic Investigations

- SAMA decision - CPT as a baseline for South African Procedural codes
 - Societies have to assist
- Medical Schemes are currently utilising the opportunity to scrutinise doctors on the historic codes not yet based on CPT
 - such as accusations of unbundling of codes
- SAMA has had meetings with schemes requesting opportunity for the profession to revise current and non-existing structures



Emergency Medicine

- No dedicated emergency medicine coding structure
- Historically the coding manual was written for doctors practising from practices and not 24/7 emergency room
- Complicated issues
 - Hospital contracts
 - Procedures done by nurses
- Awaiting EMSSA submissions for a dedicated coding structure for ER doctors



Unity in the Profession

- Joint coding meetings
 - General Practitioners
 - Specialists
 - Medical Schemes
 - Department of Health
 - Council for Medical Scheme
 - Board of Healthcare Funders



HPCSA Tariffs (2012 process)

- Merely inflating the 2006 RPL with a factor of 46.66%
- HPCSA based its guidelines on the 2006 RPL that contains almost 1 000 less procedures than those currently being performed by doctors in private practice. (20% less)
- Since 2006, the inflation rate as reflected by the CPI has increased by 54%
- During the same period medical scheme contributions have increased by an inflation factor of 79%
- HPCSA results in a situation where doctors could earn 5% less than they were earning 10 years ago in 2003



Medical Practice in the 21st Century

- The status of the profession is deteriorating
- Doctors are not as respected as they once were
 - The control of healthcare has moved to professional managers and bureaucrats
 - Doctors are often viewed as obstacles
 - Patients do not accept doctor's decisions at face value anymore
 - Non doctors are encroaching on doctors' scope of practice
- Who are doctors therefore accountable to?



Accountability

accountability [ah-kown"tah-bil ĭ-te]

1. Responsibility for one's own actions; this is a principle of professional practice that is obligatory for health care providers.

(Miller-Keane Encyclopaedia and Dictionary of Medicine, Nursing, and Allied Health)

2. Accountability or responsibility for the moral and legal requirements of proper patient care.

(Mosby's Medical Dictionary, 8th edition. © 2009, Elsevier)



Accountability

- In the past Doctors generally considered themselves accountable only to:
 - Themselves
 - Their colleagues in the medical profession
 - For religious believers, to God



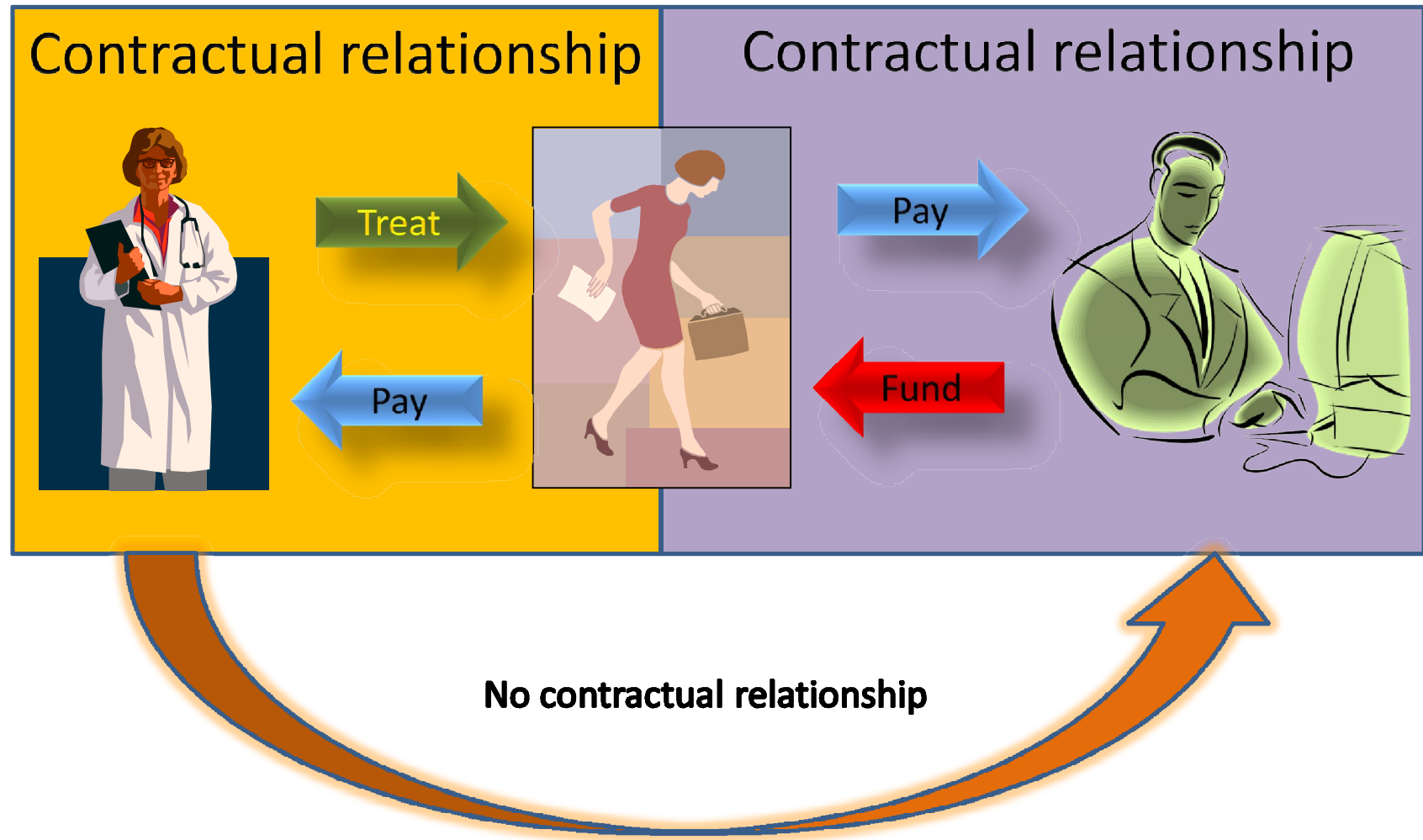


Accountability

- Today they have additional accountabilities to:
 - Their patients
 - Third parties
 - Hospitals and managed healthcare organisations
 - Medical licensing and regulatory authorities,
 - Courts of law
- These different accountabilities create conflict
 - Dual loyalty/ accountability

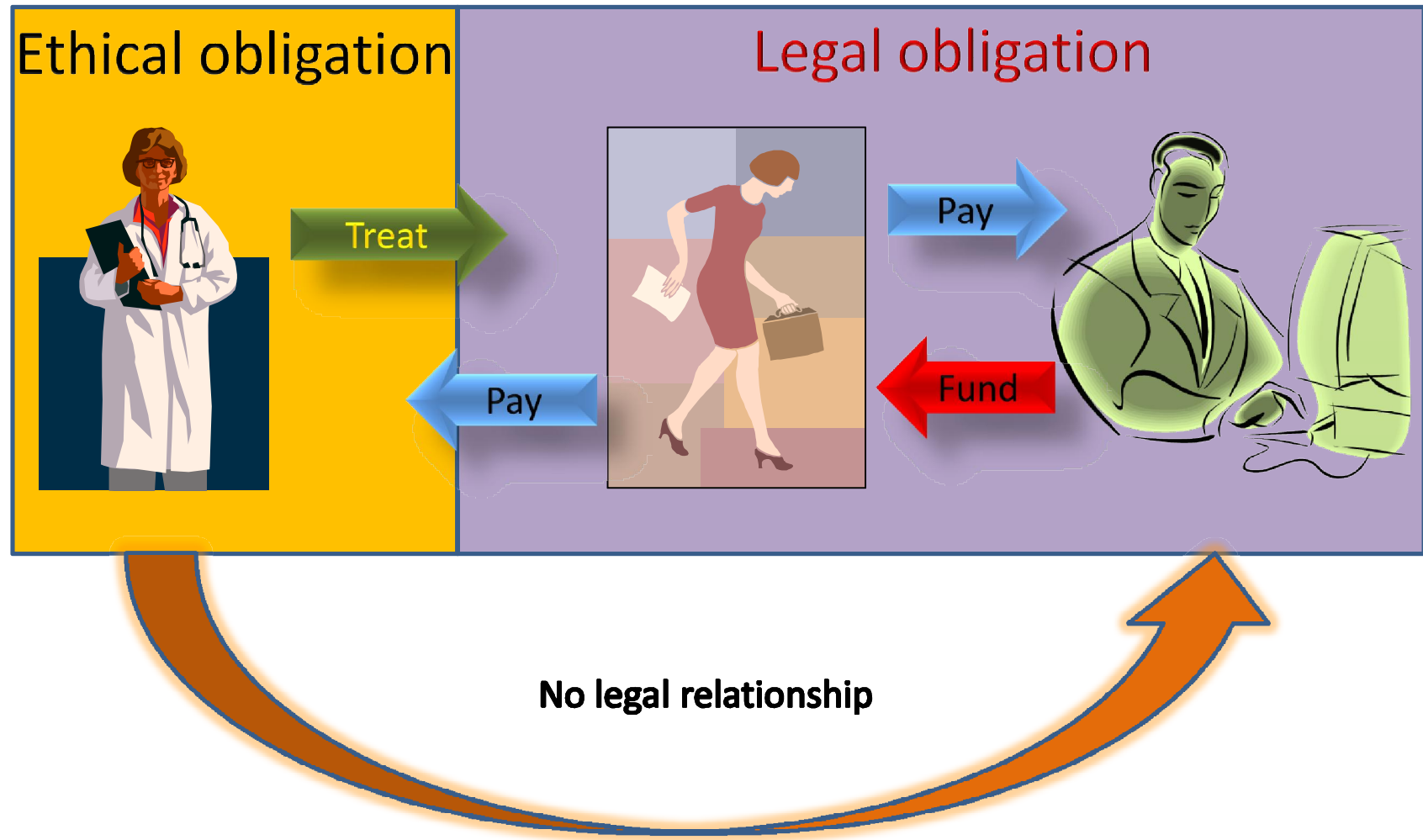


Who is Accountable to Whom?



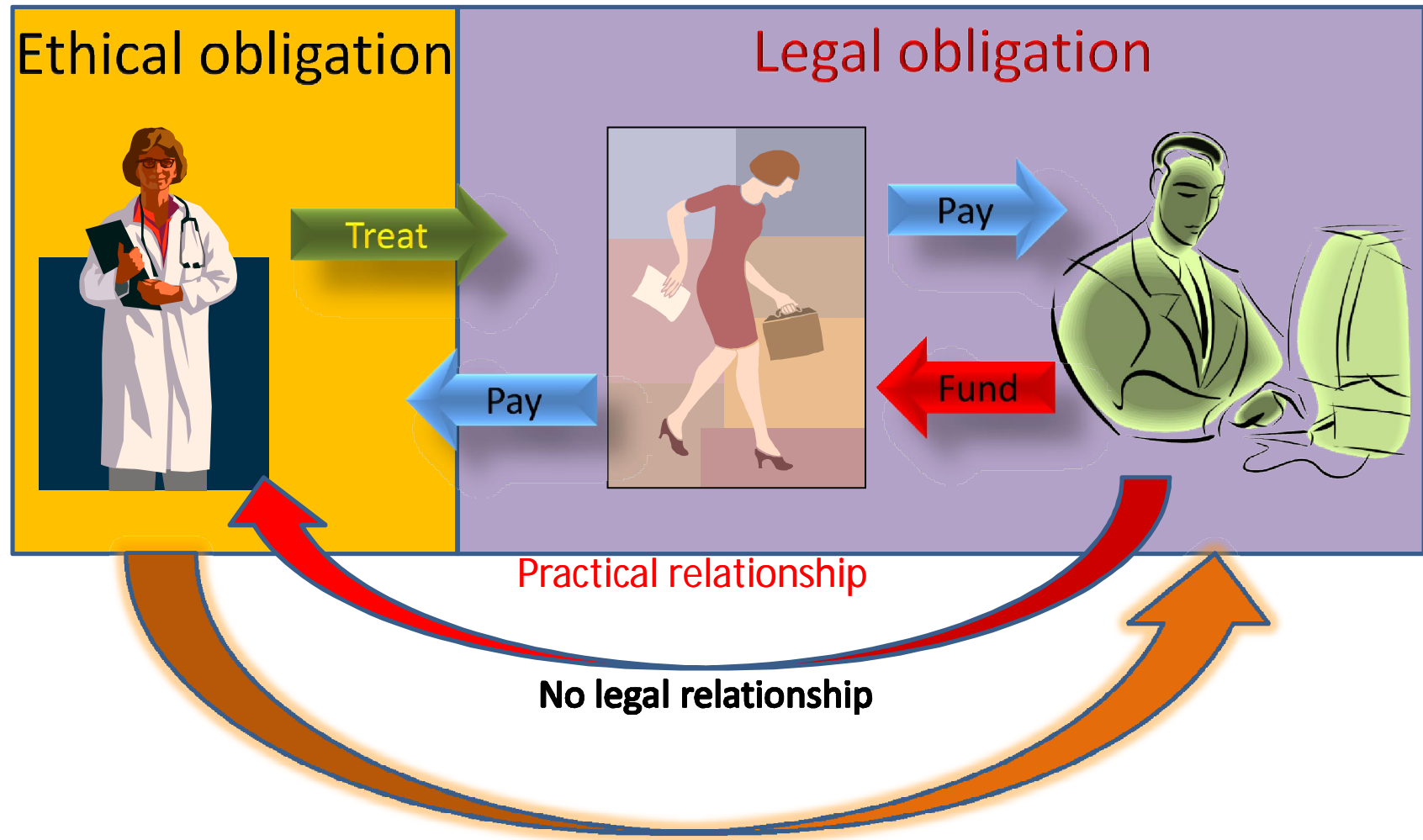


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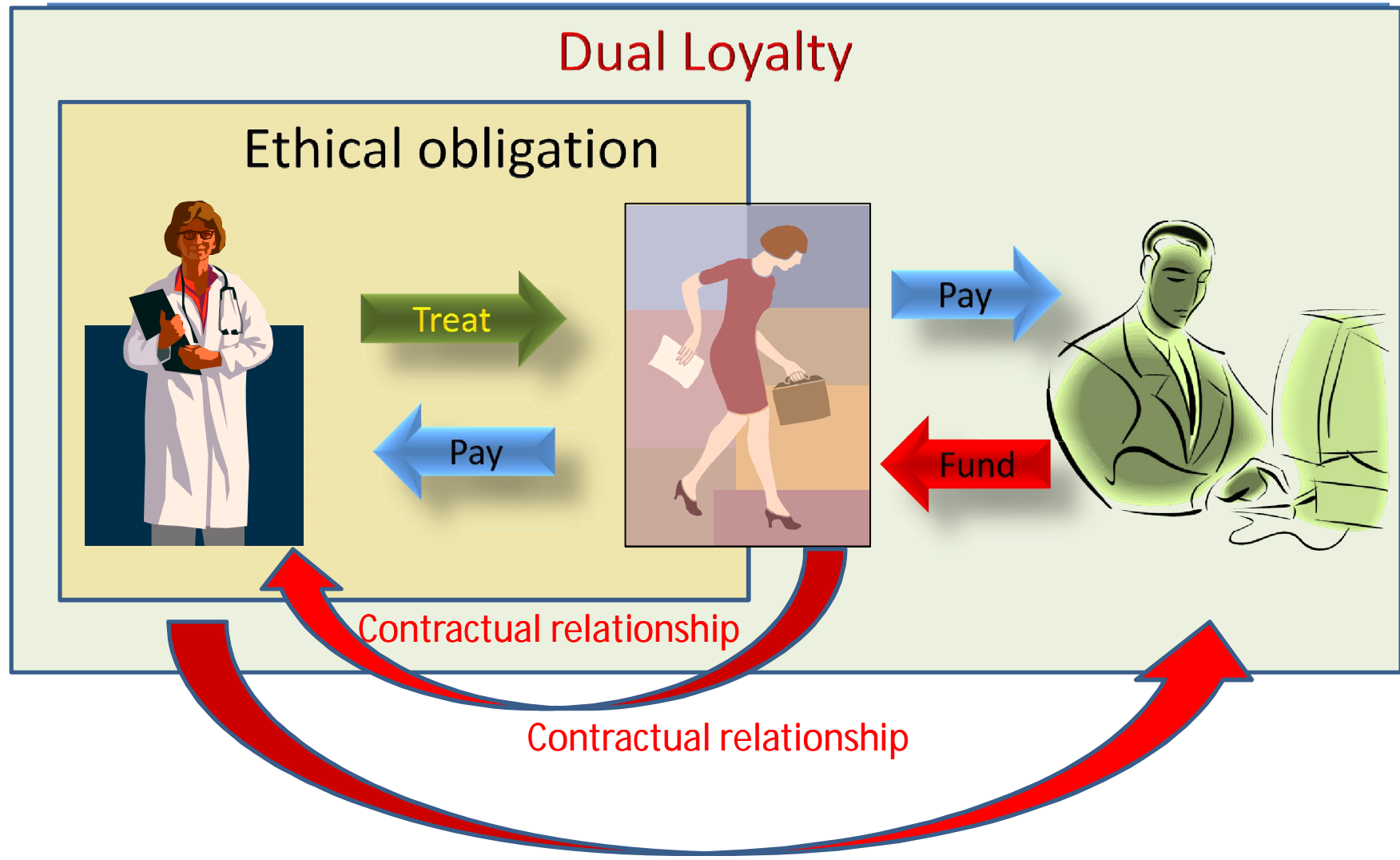


Direct Payment model





DSP / Network Contracts





Dual Accountability

- Network contracts & practice profiling
 - Does allow for doctor's deviation from contractual stipulations in exceptional circumstances
 - Deviation negatively influences doctor's practice profile
 - Leads to reduced income
- Ultimately affects doctor's clinical behaviour
 - Treatment decisions not for clinical reasons
 - Contravention of HPCSA Ethical rule 7(c)





HPCSA Ethical Rule N^o: 7

Fees & Commission

(c) A practitioner shall not offer or accept any payment, benefit or material consideration (monetary or otherwise) which is calculated to induce him or her to act or not to act in a particular way not scientifically, professionally or medically indicated or to under-service, over-service or over-charge patients.



Conclusion

- Better cooperation and discussion must take place between all role players in the healthcare industry.
- Coding affects all – patients, doctors and medical schemes.
- SAMA strives to protect the doctor and the viability of a private practice.

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