Taking STEPSSS to stop smoking

Getting patients to stop smoking is one of the most relevant and challenging aspects of preventive medicine. Rather than just telling patients to quit, I write out a prescription – using the mnemonic STEPSSS – that increases the probability of success.

1) S – Set a quit date (so the patient will be psychologically, emotionally, and physically prepared).

2) T – Take medication as directed (evidence overwhelmingly indicates most who quit smoking successfully require pharmacological therapy at some point).

3) E – Email your physician on a regular basis with your progress (I have found that patients who are continually held accountable have greater success as they try to improve their health and please their doctor).

4) P – Pride (I encourage patients to feel pride in any level of improvement, even smoking one fewer cigarette per month).

5) S – Set goals and a vision for the future (their investment in smoking cessation today will pay dividends in the form of a healthier, longer life).

6) S – Share stories of success with family (I also ask that they allow me to share their challenges and successes with other patients to demonstrate that smoking cessation is achievable and sustainable).

7) S – Success (I award certificates or ribbons to patients who meet their quit date to continue motivating them and avoid relapses).

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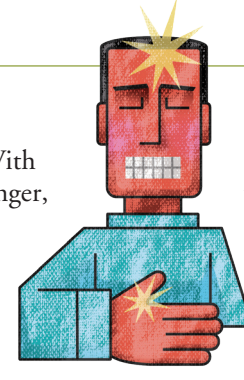
Pinch the pain away

Having a patient come into the office complaining of a headache is common. I have a technique that works with about a third of these patients: With your thumb and index finger, squeeze the web between the patient's thumb and index finger. The pressure should be steady. This is an acupuncture point and, for some patients, the results can be dramatic with the headache going away immediately.



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FPM

Q&A

Correctly billing for group visits

Q **I'm interested in using group visits to increase my practice's productivity, but how should I bill for them?**

A Medicare hasn't published official payment or coding rules for group visits. However, the Centers for Medicare & Medicaid Services (CMS) said a physician "could furnish a medically necessary face-to-face E/M visit (CPT code 99213 or similar code depending on level of service) to a patient that is observed by other patients." The agency added that none of the activities of the group, such as group counseling, should affect the level of coding. In other words, if you provide each individual patient with a medically necessary, one-on-one encounter in addition to the group discussion, you could bill for the visit based on the history, exam, and decision making you documented.

While some private payers have allowed physicians to bill an office visit code (99201-99215) based on the activities of the entire group visit, not just the one-on-one portion, we recommend you ask for these instructions in writing and keep them for your files.

Other potential billed services for a group visit include services from nutritionists (medical nutrition therapy, 97804) or behavioral health specialists (health and behavior intervention, 96153), or education and training for patient self-management involving a standardized curriculum (98961-98962). Physicians can't directly bill for these codes, of course, but payers may allow your practice to use them to capture the work of nonphysician providers.

Depending on your payers, you could also potentially bill physician education services in a group setting (99078).

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