

Cancer Survivor, Ashley May,
Northeastern Oklahoma Cancer
Institute

Why We Do What We Do: Survivor's Story

By [Dan Moore](#)

Last month, we celebrated the grand opening of our newest cancer center, [Northeastern Oklahoma Cancer Institute](#) in Claremore, Oklahoma. One of our first patients, a 38-year old woman named Ashley, shared her personal journey with breast cancer. I was so impressed with her candor, her strength and her willingness to share her story to help others. Ashley, and patients like her, are the reason that we do what we do.

Ashley gave me permission to share her speech with you.

On a gray, rainy February morning, I was working my son's Cub Scout pancake breakfast. I'd spent four hours mixing endless bowls of batter, doing my best to keep busy while making small talk with the other parents. I'd surreptitiously check my phone, because I was waiting for The Phone Call.

It came as we finished washing three electric griddles and what felt like 14 mixing bowls. The church kitchen was noisy, so I took the phone and went to the back door, which was propped open. Rain drops bounced off my jeans as I answered the phone.

The doctor dropped the news swiftly, as if he knew it would be less painful if he got it out of the way. Like ripping off a Band-Aid, I suppose.

"The biopsy came back and it is, indeed, breast cancer."

I didn't feel anything. Not the rain, not the cold wind blowing in the door, not the heat from the kitchen behind me. I was numb. Shocked. I stood there silently and listened to the doctor talk about surgery, radiation, chemotherapy.

He was leaving town the following Monday, on a church trip to Israel. I asked him to say a prayer for me, as I figure Holy Land prayers must count for extra credit. Also, my little boy's name is Canaan, so maybe THAT would give me some bonus points, too.

The doctor said, "I'll do you one better. I know you're on Facebook a lot. When I got to the Wailing Wall, I'm going to write your name on a piece of paper and put it in the Wall. And I'll go live on Facebook. You watch for it."

I knew then that I was in good hands.

He told me that I would be fine. I responded with, "Do you promise?"

"I promise."

Then we hung up. The Phone Call that changed everything lasted exactly sixteen minutes.

To be continued next month...

Thank you, Ashley, for sharing your experience to help others. You very poignantly brought home to me the importance of our mission to bring radiation therapy to patients in rural, underserved areas. We are grateful for the opportunity to serve.

~Dan

Proposed 2019 Changes to E&M Codes

By [Rachel Mudd](#)

CMS caused quite a stir with the posting of their 2019 Proposed Rule this year, with some rather significant changes to evaluation and management reporting requirements, as well as evaluation and management reimbursement.

With the implementation of this proposal, there would be little to no change for Level 1 visits; either for new patients or established patients. However, this proposal promotes that Levels 2 through 5 will now hold the same RVUs, be paid at the same rate, and require the same amount of documentation regardless of level. This proposed change would increase reimbursement 23% for payment of Level 3 consultations, while payments for Level 4 and 5 visits would decrease by 19-36%. A similar pattern is revealed for established patient visits as well.

The complexity of specialist offices visits (generally billed from Level 3 to Level 5) means that radiation oncologists could take a significant cut in their payment for evaluation and management services. In order to combat this issue, CMS has also proposed a \$14 'add-on' code, GCG0X, that could be applied to recognize additional resources inherent to the complexity of specialty professionals who would generally be reporting Level 4 and Level 5 E/M codes. The chart below reflects the adjustment in payment with this add-on code included.

| New Patient Visits | % Change w/add-on code |
|----------------------------|------------------------|
| 99201 | -2% |
| 99202 | 78% |
| 99203 | 23% |
| 99204 | -11% |
| 99205 | -29% |
| Established Patient Visits | % Change w/add-on code |
| 99211 | 9% |
| 99212 | 107% |
| 99213 | 26% |
| 99214 | -2% |
| 99215 | -28% |

In addition to cutting down on documentation and reimbursement for evaluation and management codes, CMS is also proposing what they are calling a multiple procedure payment adjustment that will reduce the allowable amount of payment of any other service done on the same day as an evaluation and management service by 50%.

The final rule is scheduled to be published in early November. Please [contact us](#) if you are interested in determining how this may affect reimbursement for your practice.



Rachel Mudd
Patient Advocate Team Lead

Meet Jackie!

Jackie has been with RBS for over two years, and was recently promoted to Training Coordinator.

What do you do on a typical day?

I assist in training our new RBS team members on revenue cycle management, patient advocacy, and radiation oncology coding and policies.

Describe the culture at RBS - what do you like about working here?

RBS has an open and honest culture that encourages the growth of every individual in the company. Everyone is so positive and eager to help our patients, our doctors, and each other. I am proud to work for a company that is devoted to doing the right thing in every situation.

What do you enjoy most about your job?

I enjoy sharing the great policies RBS has in place with our new team members. Every new team member is always impressed when they hear how much we do for our patients. It is great to know that your actions are directly helping alleviate the stress of individuals going through cancer treatment.

What do you like to do in your spare time?

I enjoy running, spending time with my family, and going to parks with my dog.

Interested in joining our team? [Click here](#) to see current job openings.



Jackie Sendewicz, Training Coordinator



Audits

Time for an Audit?

Are you sure that your revenue cycle is running at top efficiency, accuracy, and compliance? Are you billing correctly (and collecting appropriately) for the services that your oncology program provides?

RBS can help! Let our expert auditors give you an independent, third-party review of your revenue cycle. We will provide you a full report, with actionable items that you can put into place immediately to make a measurable impact on your program.

[Contact us](#) today for more information.



Upcoming Meetings:

Will you be at any of these events? If so, please be sure to say hello!

[ACCC National Oncology Conference](#)

October 17 -19

Phoenix, AZ

Visit [Robert LoBue](#) in booth #406

[ASTRO Annual Meeting](#)

October 21 - 24

San Antonio, TX

The RBS Team will be in Booth #1110! We hope to see you there!

For Your Listening Pleasure!

At RBS, cancer patients come first! We want to reduce the financial anxiety of cancer patients by providing valuable information and education that helps to alleviate their concerns. Join host Josh Ledbetter for our podcast, "Care Connection by RBS." Every month, Josh explores a topic related to the patient financial experience. Be sure to tune in on your favorite podcast app!

Episode 5: [Medicare Explained](#)

Show notes are now available on our [website](#).

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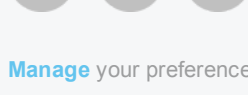
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