Nurses—Stand Up and Start Counting!

by Beth L. Olson, R.N.

If you owned a restaurant, would you refuse to bill your customers for their food because the joy of running the restaurant was reward enough? Your restaurant would go out of business very quickly if you did. Yet hospital oncology nurses watch patients leave after chemotherapy treatments or check-ups and don't even think about charging for the nursing services they performed during those visits.

After all, billing is beneath us, isn't it? We're nurses and we didn't enter the profession to become coders or billers. We nurture and help people, not push paper.

When we administer chemotherapy we focus on watching the IV, educating our patients, and listening to their fears and hopes; we don't focus on what charges we should be entering for these tasks. Dealing with money seems almost like a desecration of our profession. It's the accounting staff's job, not ours. We have more important things to do!

Well, if we want to keep on doing those important things, we'd better start thinking about billing.

Correct billing is absolutely crucial if the places where we work are going to survive. No practice or institution can stay solvent these days without being fully reimbursed for the services its staff performs. Medicare is guiding reimbursement and will soon decrease the amount of money it pays for oncology drugs to below breakeven levels. We will need every penny we can get for administering those drugs to compensate for the upcoming reductions, so bill for your set-up time, bill for the time you are working with the patient in the chair, and bill for the time you spend documenting all these tasks.

And since someone woke up and realized that nurses provide different levels of service just like doctors, we should bill for all our service levels as well. Since second- and third-party payers now follow the Medicare guidelines, we can no longer recoup lost revenues from other insurance carriers. Billing for every service we perform and billing those services correctly is essential.

Of course, we all want more money, better working conditions, more time with patients, and time to pursue clinical interests. If we can prove that nurses can bring in revenue, we'll impress the people at the top and maybe some of what we want will happen.

Now, if you think you can't master coding, you're wrong and I'll prove it to you. Let's look at a basic chemotherapy visit. Up until now, nurses could only use the charge code 99211 for care teaching. But suppose the patient isn't feeling well. You take vital signs, discuss the side effects of the patient's medications, reassure the patient, and document what you've done. These services take 30 to 45 minutes and, because you provided some of the higher levels of service and spent a significant amount of time with your patient, you can use 99213, 99214, or 99215, depending on your hospital's written service-level definitions. (Medicare will standardize service levels next year.) If a patient comes in for a Procrit® or Neupogen® shot, you check lab values, ask how the patient is feeling, take vital signs, and document what you've done. These services take 15 to 30 minutes, so you can charge at least 99213.

The new codes were designed to reimburse hospitals for their staff overhead costs. Because Medicare payments to doctor's offices include overhead costs in the doctor's professional fee, office nurses can still only bill 99211 unless they are providers and have their own provider number.

Medicare reimburses 99211 and 99212 at $44.29, 99213 at $48.36, and 99214 and 99215 at $70.25. After participating in numerous monthly chart audits, I've found that nurses should be charging 99212 or 99213 at the very least. If you see 100 patients and bill conservatively at 99213, you will earn your practice the difference between $4,429 and $4,836, or $405. If you bill at 99214 or 99215, you will bring in the difference between $4,429 and $7,025, or $2,596. How many patients do you see each week?

Learning a few new codes and filling out one more form is not that hard. We are already great at documenting the care we give. Learning what we need to do to bring in all that extra money won't take long. This task is a lot easier than going to nursing school and a hundred times easier than struggling with cancer.

Ask your administrators for seminars on the proper way to document and code, and ask for all the help you need. There is no such thing as a stupid question when money is on the line. If you want the billing process to go even more smoothly, work with administration to create billing forms that are easy to fill out and suit the way you run your clinic.

Oncology care couldn't possibly take place without nurses. Medicare and other third-party payers need to understand this fact. So, learn those codes, and bill for every single thing you do at the right level. Billing correctly is a winning move for you, your patients, your practice, and your community.

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