

OCCUPATIONAL MEDICINE

Using Fallback Options to Your Advantage

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e tend to operate in a black-and-white world: win or lose, succeed or fail, make the sale or don't make the sale, achieve your objective or don't achieve your objective. The reality is that our world is exceedingly gray, and that success can and should be measured along a continuum of success and not always viewed as win/loss.

The Concept

There are many reasons why even the best sales professionals fail to make the sale. The prospect may not be ready for your service, they may simply be in a bad mood, the prospect may be satisfied with their current provider (only to change their mind at some point in the future), the prospect may be in a hurry, or the prospect may simply not have all the information they need to make a decision.

None of these reasons would seem to shut the door on getting the business once and for all; a wise businessperson should never accept rejection as final.

The Variants

The use of fallback options need not be restricted to face-toface sales calls. Indeed, the "fallback option" concept can be applied to almost any stage of the sales cycle, as well as to virtually all interpersonal activities.

During a telephone call

Every call should have an overarching objective. For example, the purpose of the call might be to learn more about a prospect's needs, qualify the prospect, set up a meeting, or actually close a sale.



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But what if you fail to achieve your core objective during the call? The instinctive reaction is to chalk one up in the loss column and move on to the next prospect. But such a reaction closes the door and assumes that you will never achieve your objective. It is better to find some way to keep the objective alive. For example:

Unsuccessful primary objective	Fallback option
Learn more about the prospect's needs	Send them a self- assessment questionnaire
Qualify the prospect	Assume they qualify and move on
Set up a meeting	Ask if they will agree to speak with you again in three months
Close a sale	Suggest they visit your clinic

The key to using a fallback option during a telephone call is to prepare the fallback option *before* you place the call. Before placing any business call, consider three questions:

- What is the purpose of my call? If everything goes my way, what do I want to achieve?
- 2. If things do not go my way, what is my fallback option?
- 3. If I get voicemail, exactly what message do I want to leave? Do I even want to leave a message, or would I prefer to call back at a later time or date?

During a face-to-face meeting

These principles apply during a one-on-one or group meeting, as well. The primary difference between the two venues is that when you are with a prospect, you can gauge their facial expressions and body language and provide them

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CODING Q & A

If I bill an E/M with 96360 (Intravenous infusion, hydration; initial, 31 minutes to 1 hour) and 17030 (Infusion, normal saline solution, 1000 cc), do I need modifier -59 on the CPT code 96360?

- Question submitted by Francine Nicoletti, Veterans Administration, Northport, NY

In general, modifier -59 is reserved for when you are coding for services that would otherwise be considered bundled together. You should not use modifier -59 if neither code could be considered as bundled into the other code

For example, modifier -59 should be used when a patient has two separate lacerations on two different fingers-one laceration involves the tendon and requires a tendon repair (CPT code: 26418, Extensor tendon repair, dorsum of finger, single, primary or secondary, without free graft, each tendon) and the other laceration involves a simple repair (CPT code: 12001, Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less).

The code for tendon repair assumes and includes a simple skin closure over top of the repaired tendon and the other laceration, so one would not generally add a code for a simple laceration repair to a tendon repair.

In this specific example, however, the simple laceration repair is on a different finger, so it is clearly distinct from the tendon laceration repair. Thus, the simple laceration repair should be coded as a simple skin closure (12001), and modifier -59 should be added to CPT code 12001.

In addition, when the lacerations are on different fingers, the coder should also use the modifiers particular to specific fingers (modifiers -Fo to -F9).

In the specific question that you ask, however, the E/M code and the IV code are obviously distinct procedures that are never bundled together in either code. Thus, it would not be a standard coding procedure to use modifier -59.

In addition, the CPT code for IV hydration (96360) includes the fluids administered to the patient. Thus, it is not appropriate to add J7030 to CPT code 96360. ■

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with appropriate material right on the spot.

You should review and answer the same types of questions before a face-to-face meeting as you would before placing a phone call. In a face-to-face meeting, there can be a fourth question: "What, if anything, do I need to bring with me so I can hand it out should the need arise?"

Often, the answer to this question is to bring nothing, knowing that you will send them something quickly upon returning to your office (or via a quick call to your assistant at the office).

There are pros and cons to both approaches, depending on the circumstance:

Option 1: Hand it to them.

- 1. Provides instant information to the prospect.
- 2. Suggests to the prospect that you are prepared.
- 3. Prolongs the encounter, which may enable you to achieve your initial objective.

- 1. Suggests that you are pre-programmed.
- 2. May distract the prospect as they eyeball the handout.
- 3. May suggest to the prospect that the meeting is over.

Option 2: Send it to them.

- 1. Allows you to fine tune and customize the material.
- 2. Fast turnaround indicates responsiveness.
- 3. You buy time to think of additional information you can add.

- 1. Not turning it around quickly may suggest poor responsiveness.
- 2. They may receive it at a time they are not focused on you ("out of sight, out of mind").
- 3. It gives the prospect time to consider other options ("A bird in the hand...).

It is far better to consider your sales calls results to be "success or deferred success" rather than success or failure. In sales, there is always a tomorrow.