ANO REVENUE CYCLE MANAGEMENT MONTHLY NEWSLETTER

October 2023

CODING HIGHLIGHT

Social Determinants of Health (SDOH)

Centers for Medicare and Medicaid Services (CMS) is proposing to create five new HCPCS Level II codes to define and put a price on practitioners' time and resources.

The services proposed in the new rule are:

- Community health integration services
- SDOH risk assessment
- Principal illness navigation

More to be explained in later issues.

** Proposed rule for 2024*

"The Intensive Care Unit is next door. This is the Intensive Billing Unit."

Monthly humor

Q&A

Q: What are some common injuries during Halloween?
A: Y93.D, Activities involving arts and handcrafts / X06, Exposure to ignition or melting of other clothing and apparel / V036.10, Pedestrian injured in collision with car, pick-up truck or van in traffic accident.

Q: What is the difference between a Rejected Claim and a Denied Claim?
A: A *Rejected Claim* occurs at the clearinghouse level, before it is sent to the insurance company. Typically due to coding, modifier or ICD10 errors. A *Denied Claim* was processed by the insurance company and can be denied for contract issues, out of network provider, coding or modifier issues, and/or issues at the insurance level.

Do you have a question you would like answered? Send us your questions at info@ano-rcm.com

"Our greatest weakness lies in giving up. The most certain way to succeed is always to try just one more time." ~ Thomas Edison

NEW COVID-19 CODES:

On November 1, 2023, the AMA is getting rid of almost all the COVID-19 administration and product CPT codes. There will be a new, shorter, list of product codes and a single administration code. The updates will help streamline the codes for COVID-19 vaccines. Product codes are likely to have annual updates, so they may change yearly. The new codes are pending approval from the FDA, and will become effective once approval is granted. The codes are based on dosage:

Pfizer vaccines:

- 91318 - Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.2mL dosage, tris-sucrose formulation, for intramuscular use

- 91319 - Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.2mL dosage, tris-sucrose formulation, for intramuscular use

- 91320 - Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.2mL dosage, tris-sucrose formulation, for intramuscular use

Moderna vaccines:

- 91321 - Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for intramuscular use

- 91322 - Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.25 mL dosage, for intramuscular use

  Administration code for these vaccines will be 90480, *Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2*) (coronavirus disease [COVID-19]) vaccine, single dose. You should not report counseling separately, as 90480 includes counseling.

**AAPC: Healthcare Business Monthly; October 2023 issue; *Get Ready to Relearn COVID-19 Vaccine Coding*

IMPORTANT SERVICES THAT MAC'S ARE REVIEWING

Medicare Administrative Contractors (MAC) perform audits on different services throughout the year. Below are some services that are currently being reviewed by MAC's and suggestions on how to make your claims and information stand up to a MAC audit:

Psychiatric services: Psychotherapy (90832, 90834, and 90837). Medical necessity and insufficient documentation are the top denial reasons for these claims.

- Medical necessity must be evident in the documentation.
  - Results of clinical tests that have been performed
  - Medication prescription and monitoring (if / when applicable)
  - Frequency of treatment furnished, progress and prognosis
  - Maladaptive behavior that supports the need for continued psychotherapy treatment
  - Summary of diagnosis/symptoms, treatment plan and functional status
- Documentation needs to show:
  - Practitioner was working within the scope of their practice
  - Evidence of work to support the amount of time billed
  - Evidence of physician supervision if billing Incident-To services under a physician
- Monitor the units billed

Trigger point injections (20552 – 20553). Medical necessity, insufficient documentation, and coding errors are the main reason for denial of these claims.

- Documentation needs to include:
  - Detailed history and exam
  - Procedure note describing the procedure, injection(s) site, and medication injected

Drugs and biologicals: Drug injections, Hyaluronan Acid Therapies (J7318, J7320-J7329, J7331, J7332). The top denial reasons for these claims are medical necessity and insufficient documentation.

- Documentation needs to include:
  - Evidence of failed conservation therapy for three months
  - Use of standardized assessment tool to assess functional limitations

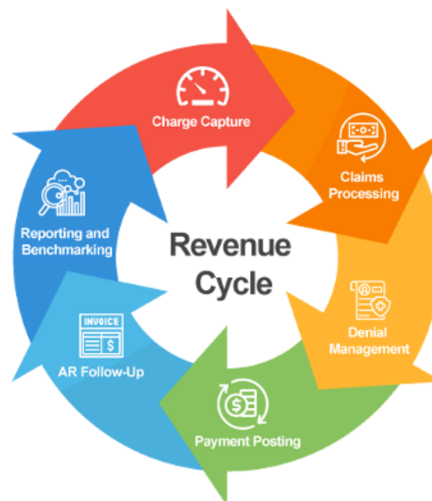
**AAPC: Healthcare Business Monthly; October 2023 issue; *10 Services, MACs are reviewing, and Why You Should, Too*

BILLING COMPANY VS REVENUE CYCLE MANAGEMENT COMPANY

Over the last decade *Billing Companies* have evolved and expanded their services and have begun calling themselves *Revenue Cycle Management Companies*. What is revenue cycle management though? Well, Revenue Cycle Management (RCM) is the financial process that a practice utilizes to track a patients' care through registration, scheduling, visits, charges, all the way to the final payment.

So, what is the difference between a Billing Company and a Revenue Cycle Management Company? This is not an easy question to answer. Many companies present themselves as an RCM company but you need to know the services they offer and what services they are not offering.

Understanding the steps and process for RCM will help you understand the differences between a billing company and a RCM company. There are several important steps within the RCM process, the number of steps can change based on the process and detail. Below are the main steps.



- **Patient Registration** – The information received from the patient and entered into the billing system needs to be accurate and up to date as this is the starting point for all other steps.
- **Eligibility Verification** – Verifying the information received from the patient is valid and active at the time of service. This information directly affects the claim process.
- **Charge Capture** – Coding and billing for the services a provider renders during a patients' visit requires an understanding of medical billing.
- **Claim Submission** – Review the charges that have been entered into the billing system and process the claim through a clearinghouse to the insurance company.
- **Payment Posting** – Review and post all payments to the corresponding patient, dates of service and service.
- **Denial Management** – Identify any claim that has been denied and take the required steps to resolve the denial and reprocess the claim.
- **Insurance Follow up (AR)** – Identifying all claims that are outstanding, research the reason they are outstanding, and take the necessary steps to have the claim processed and paid.
- **Patient Collections** – Sending out statements to any patient that has a balance after the insurance has processed their claim.

- **Reporting** – Monthly reports to show productivity, AR, charges, payments and other items relevant to the health of your practice.

Many billing companies claim they are RCM companies, that they *offer* all or many of the services listed above. However, what they neglect to tell you, or maybe not mention up front, is that many of the services listed are **extra** and will cost more than the package they are presenting to you. The devil is in the details. Presenting and actually offering the service as part of the package they are presenting can be very different.

Many companies will state their standard RCM team does not consist of medical coders, so they are limited in what they are able to do. Here is where some knowledge is helpful. There is a difference between a Medical Coder and a Medical Biller. Billing companies will tell you that their staff consists of medical billers or billing specialists, but not coders so they cannot (will not) code claims, adjust modifiers, and are unable to work only some denials as the other denials require medical coders to review and appeal. Medical coding and medical billing are distinct but related processes.

A true *Medical Biller* is educated, experienced, and knowledgeable in reading medical records, CPT codes, HCPCS codes, and ICD-10 codes. A medical biller is educated in medical terminology, anatomy and pathophysiology. They understand how CPT codes work and when they should or should not be paid. They understand when and where to place ICD-10 codes and they know and understand denial codes and when things should be appealed or adjusted. The misconception is these tasks are the job of a *Medical Coder*, that is false, but this is what many billing companies tell their clients. In truth, much of the staff at a billing company is made up of data entry personnel or billing specialists that are not fully trained in medical billing. The staff is able to *read* and enter information, but are not able to break down the information and understand what needs to be processed, corrected, or appealed.

Partnering with a full-service RCM company may cost you a little bit more, but you will also be investing in a company that utilizes educated and experienced personnel and offers all or most of the services listed above in one package and at one fee. So, to understand the difference between a *Billing Company* and a *Revenue Cycle Management Company* you need to understand the different types of services within the RCM process and the staff available and for each type of company. Do your research, do not be afraid to ask questions, and know the difference between a Medical Biller, Medical Coder, and Billing Specialist. It's YOUR practice, do what is best for YOU.

If you have any questions or would like a specific code highlighted in our next newsletter, please send those requests to info@ano-rcm.com.

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