ADVANCED DATA SYSTEMS RCM

DECEMBER 2024

*IN*SIGHTS

Articles of Interest in the World of Revenue Cycle Management from Advanced Data Systems RCM

Anthem BCBS would've Put Anesthesia Groups to Sleep in CT, MO, and NY

In an announcement dated 11/14, Anthem BCBS of CT, MO, and NY had stated that starting 2/1/25, they'd only pay anesthesia claims with CMS-established service times. This would've affected CPT® codes **00100 through 01999**.

Exclusions were set for patients under the age of 22 years and maternity-related care at any age.

Other than that, a surgeon in CT, MO, and NY would've had to work faster or risk the anesthesiologist being underpaid. Let's say that, thankfully, it all worked out.

(ADSRCM is expert with anesthesia claims, billing, CRNAs, start/stop time or time units, base units linked to procedure codes, ASA crosswalk coding, concurrency reports, and more. Our insurance discovery option is ideal for anesthesiology, where patients' coverage may be missing or incomplete.)

The Downfall in Upcoding

Everyone wants to derive the most revenue possible, regardless of industry or business. But when doing so goes over the line—as with price gouging—the problems for the overcharging entity can be onerous.

In our world, this is often done is by upcoding. In fact, a recent RAND study showed that hospitals, for example, total over $14.5 billion in upcoded charges.

You probably know this, but upcoding is when claims are submitted with CPT® codes in a higher billing category to receive higher reimbursements. The problem is, upcoding is generally considered to be a form of medical fraud when submitters upcode to a level of complexity that's not appropriate. That said, the RAND report points out that upcoding can at times accurately reflect the severity of a patient's case or illness.

So, there is a fine line to be walked. You have to know the pitfalls and be very careful about upcoding, as seen in this 2022 Justice Department press release about a CA-based physician sentenced to nearly eight years for his involvement in an upcoding scheme to defraud Medicare. One of the elements in his case involved billing Medicare for unnecessary procedures, which themselves were upcoded.

The caveat is to carefully ensure your claims aren't improperly upcoded while you don't shortchange yourself by being too careful through undercoding. It's a fine line between being paid correctly and incorrectly.

(ADSRCM, with our AI-driven platforms and expert billing team, ensures claims are submitted for correctly maximized reimbursement, which includes proper E/M coding as well.)

Medical Fraud Story of the Month

The previous article provides a nice segue into this month's fraud story.

An IL-based owner of a consulting company in NY pleaded guilty to purchasing beneficiary information for which Medicare would guarantee payments for COVID-related tests. Medical providers in NJ, TN, CO, CT, UT, and elsewhere would use that information to submit claims for up to eight OTC tests per month that beneficiaries didn't need or didn't order.

According to the report, sham agreements and fraudulent invoices caused a Medicare loss of $5.3 million.

A considerable number of years in prison and an equally considerable fine can be levied when the defendant is sentenced in April.

Click here for the Justice Department press release dated December 12.

The Risk in Concentration

This one may be a little deceptive. Of course, there's no risk in concentration except when "concentration" refers to a single point of failure. In that case, concentration is a risk.

According to a newly released report, healthcare facilities and settings stand to be at tremendous risk when one key system or process ceases to function. One example given of concentration risk is when something like a workforce shortage severely derails the operation.

Another example is when there are mergers/acquisitions that limit patients' access to care and/or when the combined organization is unable to handle any particular crisis.

The obvious way to mitigate concentration risk is to identify all your potential single points of failure, and to develop contingency plans for each in an "if X happens then we activate Plan Y."

If you concentrate on that, you'll go a long way in eliminating single failure points.

Click here for the Forrester report.

Take the Downtown Express to the 2025 Medicare Physician Fee Schedule (PFS)

The uptown express would've been better, but that train was canceled.

On a positive note, the goal for 2025 was to strengthen primary care and preventative services. However, the conversion factor in 2025 will be reduced to 2.83%, equating to $32.35 vs. $33.29 in 2024, or a $0.94 negative difference.

A number of other elements were involved in the PFS, including telehealth and ACO participation.

Click here for the November 1st CMS overview.

(Now is not the time to submit claims for the sake of submitting them! As mentioned, ADSRCM ensures claims are maximized for optimal reimbursement, which is critical as the PFS conversion factor has traveled down-town.)

Putting your Patients to Work for *You*!

It's subtle, but not only can patients do a lot of their own work when they're empowered to do so, they'd no doubt prefer to do it. A Becker's Review on that is only one many other similar reviews.

The key technology piece needed is a secure 24/7/365 patient portal that enables patients to make payments online, schedule appointments, edit demographics, complete forms, view their information, and more, all without disrupting your staff. This patient empowerment through technology not only enhances patient experience but also streamlines your operations, paving the way for a more efficient healthcare system.

To supplement the portal, a kiosk on arrival helps as well to automate intake and avoid last-minute clipboards of paperwork.

Ideally, the portal and kiosk would be device-friendly so patients can be mobile while using them in advance or when they arrive for appointments.

With staffing being an ongoing issue for healthcare settings, empowering and encouraging patients to do so much of their own work in advance helps you to be more streamlined and efficient. By the way, patients almost assuredly won't need much encouragement!

(ADSRCM supports a portal and kiosk as described, as well as powerful mobility pieces such as telemedicine and remote patient monitoring, both of which can produce significant revenue as billed for by the ADSRCM team.)

Burnout Bedevils Everyone

Following up on the previous article about staffing issues, a recent JAMA study shows that nurse burnout not only affects them but it also, but perhaps unsurprisingly, has a ripple effect on patient satisfaction ratings.

While some efforts have been made to address burnout, the researchers suggested that interventions by the particular organization have been most effective. Fostering more teamwork, community involvement, profes-sional development, and recognition can help alleviate the burnout issue, at least to some degree.

The Full Frontal on Back Surgeries

According to a report by the Lown Institute, an unnecessary back surgery is performed on patients every eight minutes. The old joke is, let's find out who that surgeon is and tell them to take a break.

But this isn't a joke.

These supposed unnecessary surgeries are putting thousands of patients at risk while also costing Medicare an

estimated $2 billion over the three-year period the study was conducted.

The surgeries include spinal fusions, laminectomies, and vertebroplasties. It turns out that patients with low back pain caused by aging (not due to neurologic, trauma, or structural abnormalities) receive little or no benefit from spinal fusions or laminectomies. The same is true for vertebroplasties when patients have spinal fractures due to osteoporosis (excluding bone cancer, melanoma, or hemangioma).

The report states that approximately 30 million people seek help for spinal problems annually, and while surgery can benefit some, many are performed with little to no evidence of benefit.

Click here for the Lown Report.

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We hope you enjoyed the read.
Wishing you all the best for the holidays, and a happy, healthy, and prosperous 2025!

Next: Starting all over again with InSights for January!

Contact us at **844-599-6881** or by emailing **rcminfo@adsc.com** for more about how you can drive maximized revenue and productivity with ADSRCM, which includes access to the ONC-certified MedicsCloud EHR and its built-in MedicsScribeAI for natural language data capture during encounters. Clients can also retain their existing EHRs if preferred. The platform we use (the MedicsCloud Suite) is available from ADS if in-house automation is preferred.

Feedback or comments on our newsletters/content are greatly appreciated.
Please opine by emailing marc.klar@adsc.com or by calling 800-899-4237, Ext. 2061.
We'd love to hear from you!
-Marc E. Klar, Vice President, Marketing, ADS RCM.