

INSIGHTS

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

The Code Zone:

Dex Z-Codes® for Molecular Diagnostic Testing

Welcome to “The Code Zone,” where you already know that UCH and Optum had begun requiring Dex Z-Codes for some time. Now (as of 9/18/24), Humana is doing the same. Humana denials will start appearing for claims without the appropriate Z codes.

A reminder that you must register to obtain your codes.

[Click here for details from Palmetto GBA.](#)

(ADSRM clients have their Z-Coding covered to ensure they exist on claims when needed!)

AMA Provides 2025 Code Sets for Genetic Testing

The new code set has 420 updates, including genetic testing, AI-related medical services, and more.

[Click here for the AMA press release.](#)

(ADSRM has clients covered with coding, which has become unwieldy and complicated since it also includes E/M’s nuances.)

AI in Genetic Testing for Cancer Risk

Speaking of genetic testing, this month's AI feature is particularly intriguing. It delves into the world of chatbots and how they are revolutionizing genetic testing for cancer risk.

Just in case you’re not familiar, a chatbot is that little mechanical friend who can be invoked or who often jumps onto the scene uninvitedly asking if they can help with any questions. In this case, a chatbot can assist patients through a series of questions to guide them to pursue (or not pursue) genetic testing, bypassing the traditional genetic counseling scenario.

The University of Utah and NYU Langone researchers in this chatbot experiment found that the chatbot was equally as likely to recommend genetic testing as were human genetic counselors as performed in a more traditional setting.

People who decided to pursue genetic testing by the chatbot were then brought directly to a portal to schedule their testing appointments.

Yes, the chatbot was wearing jeans.

[Click here for the details from the University of Utah.](#)

Needles in Haystacks: Finding Missing Insurance

An annoying and expensive problem for some specialties is the dilemma of patients who don't have insurance. It's doubly irritating to think that many of them really do have insurance, but you just don't know it.

Access to an accurate insurance discovery option will find coverage for as many as 30% of patients with no coverage or who only have partial insurance information on their accounts. You might want to compile or display a listing of all patients without insurance. From that, you can get an idea of what it would mean to uncover insurance for as many as 30% of them.

So, if no insurance is on the patient's record, it doesn't necessarily mean they don't have it.

(ADSRM supports a highly accurate insurance discovery option for clients!)

No Surprises Surprise

Getting an occasional surprise can be good, assuming it's a good surprise. But more than 16,000 of them? And not good ones? It's unfathomable, unless you're talking about the No Surprises Act (NSA).

As of the end of June (2024), CMS had handled 12,700 complaints related to the NSA, resulting in almost \$4.2 million in relief paid to healthcare consumers.

A reminder that the NSA went into effect in January 2022 to help consumers/patients not be the victims of unknown or previously unexplained medical charges. The Act calls for providers or entities to fully explain costs to consumers/patients so they don't get a surprise statement for something they had no knowledge about.

By the way, "entities" include air ambulance service providers, accounting for more surprise billings than might be thought.

[Click here for the CMS report on NSA violations.](#)

(Don't be an NSA victim! ADSRCM supports access to a patient responsibility estimator that is ideal for advising patients/guarantors about close approximations of their balances after insurance is reimbursed. It's accessible as part of scheduling appointments and produces results based on appointment reasons. The estimator can be viewed again as patients leave for an even more accurate picture now that actual procedures have been performed. It's also available with MedicsPremier from ADS if an in-house platform is preferred.)

Noncompete Nonstarter

It was set to be quite the watercooler conversation topic, but now, a TX judge blocked the noncompete ban that was ironically set to take effect a few days after Labor Day.

The ban would've barred most types of post-employment agreements and prevented employees from working for a competitor within specific time constraints. With the ban being struck down, employers can continue to use noncompete agreements, at least for now, as it could take quite some time to overturn if appealed.

[Click here for an American Hospital Association article](#) with more details about the noncompete ban.

Medical Fraud Story of the Month Club

On September 18, a federal grand jury in LA returned an indictment charging a Louisiana doctor for his role in a scheme to defraud Medicare of over \$32.7 million by submitting claims for medically unnecessary definitive urine drug testing services.

The doctor owned and operated a pain management clinic with an in-house drug testing laboratory. The scheme involved testing all patients despite a lack of documentation or suspicion of drug use by those patients. He was reimbursed almost \$12 million by Medicare for medically unnecessary urine tests. The doctor used that money for personal expenses.

The doctor faces six counts, each of which carries a maximum penalty of ten years.

HHS-OIG and the FBI's New Orleans field office are the investigating agencies.

[Click here for the DOJ's details.](#)

Postage Reminder

We'd mail you a reminder, but it's become too expensive.

On July 14, the cost of first-class postage rose .5 cents from .68 to .73 cents. Paper, envelopes, handling, and printing also increased.

You'll want patient statements to be digital through interactive texts, email, or both. Both should support a way for patients to pay you directly through their texts or emails.

Each format should provide other advantages. They should be trackable, with you able to see if they're received and then if they're opened. If received and opened, have they been paid, or are they still unpaid? If unopened, why? Based on each result, you're able to make intelligent follow-up calls.

The only time you should need paper is when texts or emails aren't received (they've bounced back as undeliverable), or they haven't been opened for a period of time. In that way, paper becomes only a "last resort" requirement.

An extra credit feature is a patient portal that supports online patient payments.

Balance due texts and emailable statements will dramatically reduce your need for postage and paper and provide you with powerful ways to track and follow up.

(ADSRM clients take advantage of digital statements and a portal as described, as to ADS clients with Medicare Premier if an in-house platform is preferred.)

EMTALA: a Sign of the Times

You know it's a slow news month when this is a featured article:

The Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG) on August 13 published a memo titled, "Updated Model Signage for the Emergency Medical Treatment and Labor Act (EMTALA)."

In short, CMS is providing updated signage for Medicare-participating hospitals to use to meet signage requirements of §489.20(q)(1) and (2), both of which reference EMTALA.

The memo noted above spells out how:

- ✓ CMS is dedicated to safeguarding the health and safety of millions of individuals including enforcing federal laws such as EMTALA.
- ✓ CMS regulations require that Medicare-participating hospitals post signage in the ER and other areas where patients are waiting to be or who are being examined or treated, which explains a patient's rights under EMTALA emergency medical conditions (EMCs).
- ✓ CMS is releasing said model signage that hospitals may use to meet this obligation.

Not to downplay this, patients certainly should know their rights as described. EMTALA will help with that.

[Click here for the memo.](#)

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We hope you enjoyed the read.

Next: InSights for October with a special article on uses for witch hazel.

Contact us at **800-899-4237, Ext. 2264** or email info@adsc.com for more about how you can drive maximized revenue and productivity for your laboratory with ADSRCM or about the MedicsPremier platform if in-laboratory automation is preferred!

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