InfoCode

The more you know, the better you code

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With cases of breakthrough infections of COVID-19 and the Delta Variant on the rise, it's no surprise that coders are under pressure. Accurate coding is paramount because it helps public health officials monitor these and other health trends. Coders are among the unsung heroes of the pandemic. They work behind the scenes to collect critical data and ensure data integrity. It's an exciting time to be a coder. Congratulate yourself and your colleagues for a job well done.

While you're at it, read through these five newsworthy stories we've collected this month. What can you do as a coder to ensure compliance and share your knowledge with others throughout your organization? As always, we're here if you need us. Email us at info@qualcodeinc.com.

August was a busy month for CMS Final Rules. Have you taken a look?

This month, CMS released five different final rules for fiscal year 2022:

- Skilled nursing facility prospective payment system final rule
- Hospital payment rate update final rule
- Inpatient rehabilitation facility final rule
- Inpatient psychiatric final rule
- Inpatient prospective payment system final rule

QualCode, Inc. can help you understand the changes and what they might mean for your organization.

There are two new HCPCS codes for third doses of COVID-19 vaccines. Have you started to report them, when appropriate?

Effective August 12, 2021, coders can now report two new HCPCS codes to denote third doses of the COVID-19 vaccine. Specifically, report 0013A for a third dose of the Moderna vaccine and 0003A for a third dose of the Pfizer vaccine. Both of these codes have a national payment allowance of $40. These third dose 'booster shots' are currently available for moderately or severely immunocompromised individuals.

Chronic care management is on the OIG's radar. Is it on yours, too?

A recent Office of Inspector General (OIG) audit found that Medicare continues to overpay for chronic care management (CCM) services. In particular, it found $1.9 million in overpayments associated with 50,192 claims. How did the overpayments occur? Providers billed noncomplex or complex CCM more than once for the same beneficiary for the same service period. Another reason was that the same provider billed for both noncomplex or complex CCM services and overlapping care management services for the same beneficiary for the same service period. How compliant is your CCM coding, and might it be time for an audit? QualCode, Inc. can help.

Surprise billing compliance is required as of January 1. Is your revenue cycle department ready?

The No Surprises Act, which prohibits surprise billing, goes into effect January 1, 2022. This article provides an overview of the rule and what revenue cycle managers need to do now to prepare. In particular, they should ask these questions: What workflow changes must occur to accommodate new patient cost sharing and reimbursement rules? How do state laws interact with the federal ban on surprise billing? How will the organization seek compensation from payers for out-of-network care using the independent dispute resolution process? What is your organization doing to prepare for this major change, and what challenges do you anticipate?

CMS has resumed its Targeted Probe & Educate Program. Are you ready?

CMS recently announced it will restart its Targeted Probe & Educate (TPE) Program to help educate providers and reduce future denials and appeals. What types of providers does CMS target? Those with high claim error rates or unusual billing practices as well as those that bill items and services that have a high national error rate.

If you're selected to participate, you'll receive a letter from your Medicare Administrative Contractor (MAC). The MAC will review 20-40 of your claims and supporting medical records. If some of these claims are denied, you'll be invited to a one-on-one education session and given at least 45 days to make changes and improve. If there's no improvement after three rounds of education sessions, you will be referred to CMS for next steps. What might this entail? 100% prepay review, extrapolation, referral to a Recovery Auditor, or other action.

About QualCode, Inc.

QualCode is a comprehensive revenue cycle management company, specializing in revenue integrity and compliance. As our name suggests, Quality is in our DNA. It's also what drives everything we do at QualCode. Our seasoned staff make quality and revenue integrity a priority regardless of whether we're helping clients streamline billing, eliminate coding backlogs, reduce unpaid claims, or decrease Recovery Audit Contractor (RAC) and other third-party denials.

When you need superior medical coders, auditors, or consultants, QualCode is your partner, making sure you get paid for every claim you submit and retain every dollar you earn. To learn more, visit our website.

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