

InfoCode

The more you know, the better you code



Today's medical coders work diligently to collect critical information necessary to combat the COVID-19 pandemic. With that comes an enormous amount of pressure to follow ever-changing regulations and assign the correct codes. The goal? Ensure revenue and data integrity. Medical coders play an important role in patient care during the pandemic and beyond. If you're a medical coder, you already know that the days are long, but the work is worth it.

To stay abreast of important industry changes, check out these six newsworthy stories we've collected this month. As always, we're here if you need us. Email us at info@qualcodeinc.com.

IN THIS ISSUE

Hospital revenue cycle automation is increasing

FY 2022 CPT code changes have been released

Modifiers -25, -59, and -XU were the focus of a \$3 million whistleblower lawsuit

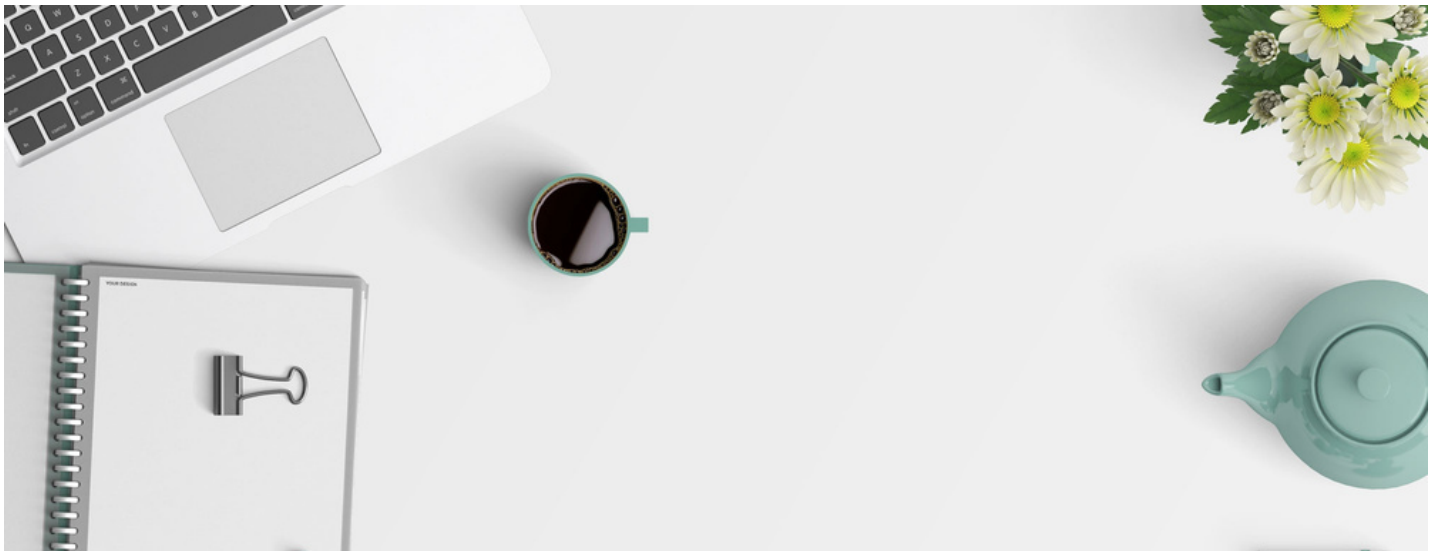
Additional provider relief funds on the way

Telemedicine fraud is real

CMH may revise its definition of 'reasonable and necessary coverage'

Hospital revenue cycle automation is increasing. What role will coders play?

One [recent report](#) found that revenue cycle automation increased by 12% in the last year. Nearly a third of organizations said they plan to automate revenue cycle functions in 2022. What does this mean for coders? Though it will vary by organization, it could mean that coders will step into auditing roles and/or absorb other responsibilities. It's likely that they will add greater value to their organizations by handling more complex tasks. The more important question is this: As a medical coder, are you ready for the challenge? Contact us to learn more about how you can [take your career to the next level](#).



FY 2022 CPT code changes have been released. Do you know what's included?

There are plenty of CPT code changes — [405 editorial changes](#) to be exact—that take effect January 1, 2022. For example, there are [eight new Category 1 CPT codes](#) for COVID-19 vaccine administration, five new CPT codes (i.e., 98975, 98976, 98977, 98980, 98981) to report therapeutic remote monitoring, four new codes (i.e., 99424, 99425, 99426, 99427) for principal care management, and a new appendix that provides a taxonomy for digital medicine services. Need help sorting out the changes? QualCode can assist you.

Modifiers -25, -59, and -XU were the focus of a \$3 million whistleblower lawsuit.

Are you ‘in the know?’

One Texas-based hospital has agreed to pay more than \$3.3 million to [settle allegations](#) it upcoded hundreds of claims by improperly appending billing modifiers -25, -59, and -XU. Does your coding software automatically append these modifiers, and if so, does someone validate them prior to code submission? Do you perform internal audits to ensure revenue integrity? These are the questions every organization should be asking in the wake of this lawsuit. QualCode can help.

Additional provider relief funds on the way. Do you know how/when to apply?

September 29 is an important date for healthcare providers because it's when they can apply for \$25.5 billion in relief funds. This includes \$8.5 billion in American Rescue Plan resources for providers who serve rural patients and \$17 billion for Provider Relief Fund (PRF) Phase 4. The PRF targets a broad range of providers who have experienced revenue loss and expenses associated with the pandemic. What can organizations do now to prepare? Start gathering supporting documentation such as most recent tax documents and financial statements for the second half of calendar year 2020 and the first quarter of calendar year 2021.



Telemedicine fraud is real. How will you ensure compliance?

The Department of Justice [recently announced](#) criminal charges against more than 43 criminal defendants for their alleged participation in fraud schemes using telemedicine. The schemes resulted in more than \$1.1 billion in false and fraudulent claims. In some cases, medical professionals billed Medicare for telehealth consultations that did not occur as documented. Now is the time to ensure documentation accurately represents any services rendered. Consider performing an internal audit or hiring an external auditor to validate coding and documentation integrity. QualCode can help steer you on a path toward compliance.



CMS may revise its definition of ‘reasonable and necessary coverage.’ Have you commented on the proposed rule?

The Centers for Medicare & Medicaid Services (CMS) has [proposed repealing](#) a final rule that would alter the definition of ‘reasonable and necessary coverage’ under Medicare Parts A and B. The current definition states that reasonable and necessary services are ones rendered for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member. The [new definition \(if finalized\)](#) has three main elements: An item or service must be (1) safe and effective, (2) not experimental or investigational, and (3) appropriate for Medicare patients. If CMS moves forward with the new definition, that definition would take effect December 15. To comment on the proposed rule to repeal the final rule, visit <https://www.regulations.gov/>, and refer to file code CMS-3372-P2.



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](#).



Natalie Williams
President & CEO