# December 2020 Infoline Newsletter

**Leading with Energy & Excellence**

## What's New

HI Happy holiday season! We are seeing a flurry of activity -regardless of the Public Health Emergency – by CMS with new regulations rolling out Jan 1, 2021 while confirming other major changes in 2022 and 2023. We will include them in the "Hot Off The Press" Section. We won't be bored!

EFFECTIVE JAN 1, 2021 HIGHLIGHTS: 1) Provider E&M major change for office visits. With 67% of all providers having an employment arrangement, hospitals and providers need to get their " A Game on." Major changes since 1995-97 guidelines. Free Webinar with Compliance 360 on Dec 17th. (Stay tuned) 2) Transparency -likely not to be delayed as the hearing did not appear to favor hospitals. From a patient perspective, this is a big win. From a hospital perspective, the big 'thorn' is the releasing of the negotiated rates with all payers. This one will continue to be 'discussed' as the payer's contract language & rates -between competing hospitals in the same location/region – will be known. 3) More movement from inpt only to outpt procedures for Traditional Medicare. Nearly 300 procedures -with 266 musculoskeletal-related procedures

## Perspective- COVID-19 and the personal impact

Deaths from WWII – 291,577. Deaths from COVID as of today – 302,141. Vaccines have started to be given to healthcare workers but will take until late spring/early summer to get all the country immunized.

What to do in the meantime? Wear masks, social distance…and strategy? Change "I" to "We' and we could make a significant dent. Keeping it personal – our family, who do wear masks and have had very little contact outside work/masks and quick trips to stores – the following is our story as of today.

Deaths: it is "real" especially as you have to say goodbye to close friends and loved ones. 1) 64 yr old, healthy, contracted and after 4 weeks in the hospital, his body could not fight anymore. Husband's boss's brother/knew for many years. 2) 50 yr old, down syndrome, lived at home until he became ill. Went to a nursing home to help him recover. Ended up needing emergency surgery, air flighted to hospital 2 hrs away/no room at the local hospital. Tested positive for COVID upon arrival. Had surgery, very sick. After 2 weeks on a ventilator, no progress. Family faced with a horrible decision. He passed on Sun -with only

his sister present. His mother admitted to local COVID unit/treated for 5 days. Father ill but not hospitalized. Always the 'card' at the family gatherings , very well known in his small community – a cousin of my husband. We have had 5 immediate family members with COVID: 3 work outside the home, 1 works in a SNF, 1 works as an RN.. With multiple members of our family having pre-existing conditions, the risk is sky high.

When we look back at 2020- can we say 'we did enough to lead by example?" I will never understand the 'cult mentality' that has caused so much suffering thru exposure beyond 'self.'

Christmas: The first time in 64 years I will be alone for the holidays. My husband & I are hosting Zoom Family calls – trying to stay connected. What do we know – We will have "CHRISTMAS IN JULY" when it is safe to rejoice and reflect. We will be immunized and ready to enjoy 'face -to-face' quality time. YAHOO! Once in a lifetime event = COVID.

**MORE COVID NEWS:**

As people are receiving their bills, national data has been complied. Using CPT code 87635/Nasal swab test, the following is the range of charges for the test.
LOW: NV $111, SC $113, DE $115 – moving upward to MT $122, VA $122, ID $125- to highest AL $190, NH $190, AK $201, NJ $302. Lots of explaining the large ranges. (Becker Report)

'COVID FEE showing up on medical bills across the country" NY Times found COVID Fees/add on charges being seen on Dental and Assisted Living facilities. But the AMA lobbied CMS to begin reimbursing a billing code that covers increased protective gear costs. (Becker Report)

"New ICD-10 codes for COVID." CMS has announced 21 new ICD-10 procedure codes for COVID-19 vaccines and treatments. Additionally, CMS has assigned Medicare Severity Dx Related Groups to six new ICD-10 diagnosis codes, effective 1-1-21. The codes, announced Nov 25th: COVID screening, suspected exposure to COVID, personal hx of COVID, pneumonia caused by COVID, multisystem inflammatory syndrome and other systemic involvement of connective tissue." (Hint: Ensure the scrubber is updated to accept new codes.)

## Fun Stuff



Two new virtual classes and yes, post vaccine, face to face:

"2021 Changes to physician office visits –
Audit Risk, Financial Implications and Documentation guidelines" – co-taught by Day & Karen Kvarfordt, RHIA, CCS-P, CCDS

"Payers Gone Wild"- dynamic class highlighting the multiple payer rule changes along with audit risk and at- risk revenue patterns. This one is WAY fun!

Both classes are added to the existing free classes on the webpage. Plus happy to teach to any facility, association or physician group. Let me know and we can get it done!

Additionally, once we are live Jan 2021, we will *begin auditing for compliance and revenue opportunities* – using the new MDM or Time. Again, let's chat.

**FREE WEBINAR WITH COMPLIANCE 360/SAI GLOBAL:** Join us for a free webinar on the 2021 new physician office visit E&M – audit risk, financial impact and documentation guidelines.
Thurs, Dec 17th 1:00 EST/noon CST/11:00 MTN/10:00 PST Karen and I will be teaching a dynamic class highlighting all the identified topics. Sign up and join us! FREE!
https://www.saiglobal.com/hub/webinars/telehealth-and-new-em-time-based-documentation-and-audit-risk



## HOT OFF THE PRESS

**T**on of major changes
1) *"Finalizes policies to give Medicare beneficiaries more choice around surgery."* In addition to the 300ish CPTs moving off the inpt only list for 2021 and the expanded list of outpt surgeries being allowed in an Ambulatory Surgery Center, CMS has finalized the elimination of the inpt only list 'to allow pts more choice in inpt or outpt/location." As this rolls out (unless changed with the incoming administration), there will be significant financial 'hits' along with how to 'justify an inpt.' Anticipate continued justification thru the 2 MN rule. In 2021, the focus is on ortho (again). Feel free to use the class on our webpage as it has 2 sets of CMS recommended guidelines for a) documentation of the medical need to have the procedure and b) Inpt vs outpt. The PEPPE report now includes the total knee and hip. Another audit at-risk indicator. (Note: Which Medicare pt knows the difference between inpatient and outpatient surgeries? APC guidelines = no pt's co-payment for outpt can exceed the inpt deductible. )

2) *Transparency*. As every hospital looks to comply – a couple pointers with the Estimator. Remember – easy to access/no password & consumer friendly/narratives that are NOT healthcare written but patient understandable. Easy to maneuver thru the steps as no one knows the CPT code -so have a way to look up that 'matches' the order. Here we go!

3) *CMS makes Telehealth permanent benefit*. Of the 144 temporarily covered services, final rule codifies nine permanent with allowance of 59 temporary codes thru the end of the PHE. Permanent authorization is for rural areas only at this time as CMS does not have statutory authority beyond rural. Stay tuned…

4) *Proposed Prior Authorization rule to streamline prior authorization and make data sharing easier.* Applies to Medicaid, CHIP, and qualified health plans. (Note – no MA plans at this time) CMS proposed rule would reduce the amount of time providers have to wait for a decision from a payer on a prior authorization request. It proposes a maximum 72-hr limit for payers for urgent requests and 7 days for non. Build to interface with the interoperability provisions. The rule also mandates payers implement and maintain an API that makes it easier for exchanging patient data when a patient moves from one payer to another. (Note: No regulations about when to request , repeat requests, etc but attacks the administrative costs.) Comments thru Jan 6.

5) *"Surprise Billing Agreement Reached, May Be Enacted Before Year End."* As Congress

negotiates an end of year agreement on fiscal year 2021, federal spending and a potential COVID-19 Relief package there is a strong potential that surprise billing legislation may also be included. Six key elements including creation of an independent dispute resolution (IDR) system for out-of-network medical bills. Stay tuned…it will happen!

## Dynamic Educational Opportunities

*IN THE HOLIDAY SPIRIT*--- Join a fireside chat with Bill and Day. Yes, we share some warm Christmas memories and traditions…and yep a few 2021 focal points. (see above)
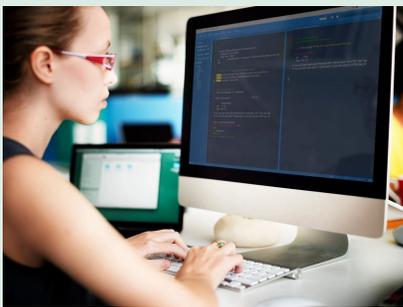Thanks, Mr Bill (Eikost) , for reaching out and yes, sharing the 'glass is half full' with us, always. To view our chat, go to https://www.youtube.com/watch?v=9RpcHwYSYz4.
(Bill is the VP for Nemadji, a company that provides a back-end data analytics recovery solution called Eligibility Detection that looks for insurance on older aged accounts that didn't previously have insurance identified.)

## Remote Coding Options

Do you need help with "Just in time remote coding'"—maybe one patient type, maybe maternity coverage, maybe employee dealing with medical issues, maybe vacation coverage- or a longer/more permanent partnership with no minimums and 24/48 hr guarantee turnaround with ready to code accounts? Here anytime you need us-large or small hospitals and employed providers… Love it!

## VIRTUAL LEARNING LIBRARY

**NEW NEW NEW** – ARS Is thrilled to announce an enhanced educational opportunity – Interactive Virtual Training has arrived! In addition to the no-cost powerpt classes, ARS can create a site-specific learning experience that includes subject experts in many diverse topics. For more details look at the new webpage section: Virtual Learning Library . Drop me a note and let's get connected.

*While you are on the webpage, take a look at the multiple services we are excited to offer -which includes specific ones for Critical Access hospitals. From coding and documentation integrity audits with up to 2 hrs of education with the telephonic presentation of findings, to remote coding /all size facilities/no volume limit/24-48 hr guarantee to diverse general site-specific education – We are here! With over 200 years of combined experience from our auditing and training teams –we have you covered. Drop me a note and we can chat.*

## Final Thoughts

As we look to a special, yet very different holiday season, there are many unique ways to stay connected. At Thanksgiving, my extended family had a great zoom call and we said what we were grateful for. Me – for ZOOM so I could still see my family and share with them. For Christmas Eve zoom call – we will sing carols/yep, I will be holding up the words to my camera/HA, the infamous 12 days of Christmas and the beauty of the Christmas story. For Christmas Day zoom call – a walk around their home to share with all of us their decorations, gifts , and stores of their favorite memories. I look forward to CHRISTMAS IN JULY when we can all be together. Hold on thru this horrible public health emergency, but we can get thru it… focusing on WE! Virtual hugs to you all.. Thank you for allowing me to be a part of your healthcare village!
It matters. On to a super -charged, healthy, with face-to-face celebrations in 2021. Count me in!

## Info line Subscriptions

If you know someone that might appreciate being added to future Info line Newsletters please have them submit a request through the below link.

Info line Signup

**Kind regards,**

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