

Is Your Billing Up-to-Date?

It's important to keep up with fee changes for 2022.

BY PAUL KESSELMAN, DPM

This month's DME for DPMS will provide a review of what you need to address in order to be sure your office is properly updated to third-party payer billing during the first month of the year. The article will also focus upon some of the other issues your office should be addressing during January 2022.

At the time this column is being prepared, the largest increase (estimated at 5%, depending on the DME category) in many years for DMEPOS through Fee for Service Medicare (FFS MCR) is soon to be released. Make sure that you are billing the most up-to-date fees for DMEPOS to FFS Medicare, as well as the MCR Part C plans and private payers. Both private and public payers often pay a percentage of MCR FFS. Therefore, limiting the update to just FFS MCR may deprive you of the increase you are entitled to for other third party payers. The DMEPOS fee schedule in its entirety can be found on the CMS website, or you can simply review the HCPCS codes you bill and find their fees on the various DME MAC

contractor websites. Take note that the DMEPOS fee schedule is based on where your patient lives, not where your office is.

The CFR for 2022 was released in the first days of November 2021, and

prosthetics, surgical dressings, etc.) are also factored differently.

The FFS local Medicare fee schedules are based on many categories—including but not limited to practice expense, malpractice in-

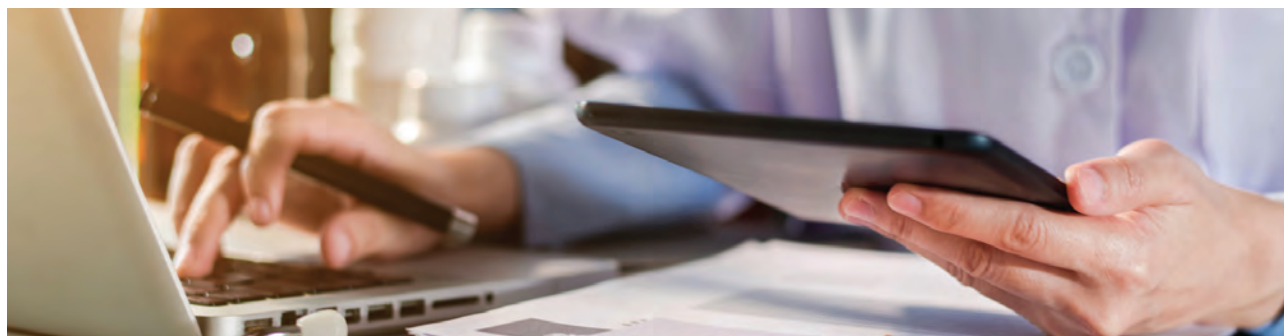
Make sure that you are billing the most up-to-date fees for DMEPOS to FFS Medicare, as well as the MCR Part C plans and private payers.

a preliminary review suggests most podiatrists will see a 1% increase in their fees through FF MCR depending on the mixture of CPT codes you bill.

The disparity between FFS MCR with respect to DMEPOS and local Medicare billing is that the calculations are based on different formulas. The DMEPOS fee schedule is based on a complex formulation and the Consumer Price Index (CPI). The DME fee schedule is more in line with the reality of the costs of producing goods and services. Other factors as the type of DMEPOS service (e.g., therapeutic shoes, orthotics/

insurance, procedure category, local factors, etc.—and then are multiplied by a conversion factor. The many categories in calculating the fee schedule for specific CPT may increase or decrease each year and the conversion factor also changes from year to year. These many factors make it difficult to predict the average increase or decrease for a given practitioner. Therefore, it is the specific mixture of CPT codes that you perform and bill which will determine whether you receive an increase or decrease from year to year.

Continued on page 58



Billing (from page 57)

Again, as with DME, your MCR Part C and third-party payers often take their fee schedule directions from FFS MCR. So don't forget to update those schedules as well. This difference in how the fee schedules is calculated for DMEPOS and medical/surgical procedures and is why one can make a broader prediction for DME. With CPT and medical/surgical procedures that prediction is often far more elusive.

Fortunately, most billing software provides the opportunity to make those elusive economic predictions possible. By running reports which illustrate the dollar amount and percentage change in fees for each HCPCS/CPT code you bill, then factoring in the frequency each code was billed the previous year, some estimates for the coming year can be forecast. This report should be run

mation of the information you are requesting. Saving this date and time stamped information is critical. It should be imported into the patient's EMR. It is often your only proof that your office has done their due diligence and obtained the pre-authorization

practice. Engaging in the free educational forums is also a good way to improve your knowledge of third party payer policies.

How the public health emergency has affected all aspects of healthcare delivery and vaccination re-

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at the time your fee schedules are updated in early January. If you don't know how to do this, it is imperative you contact your billing software as soon as possible.

Provider Portals

Provider portals for all third-party payers are free and often updated at the beginning of the year and often quarterly. These portals provide you with methods by which to inquire on coverage and deductible status, submit appeals, pre-authorizations, and pre-determination of benefits, all of which can be tracked online. These are far more efficient than phoning a call center, or faxing or mailing documents, all of which often lead to unnecessary delays, due to a myriad of inefficiencies associated with delivery delays and document loss.

Online communication also provides you with instant digital confir-

mation or other proof required should the insurance renege and deny a claim.

Initial enrollment in many provider portals is often challenging and staying up-to-date on enrollments with frequent password resets and other requirements is sometimes difficult. However, the potential rewards are well worth the initial frustrations and

requirements vary for each state and sometimes even between county lines or municipalities. These should be researched for your office to be compliant with federal, state, municipal and other local mandates. As with payer policies, these government agencies all have websites where small businesses can stay abreast of local mandates.

There are far too many new CPT codes and policies in place which may impact your practice for 2022 to present in this column. They all have their own set of challenges associated with them. Suffice it to say that the categories which this column will address and which your office may need to address over the next few months include: DME changes, wound care coding, telemedicine CPT codes and coverage issues, remote patient and remote therapeutic monitoring (the latter is new for 2022), principal care management and prescription digital therapeutics (the latter of which is not about prescribing medications and doesn't even have a CPT/HCPCS code just yet). **PM**

weekly, monthly, or quarterly requirements. Over the last several years, provider portals have become much more user-friendly and if you don't have access to one, 2022 is the year to start.

Listserv subscriptions which keep you up-to-date on policies, educational forums, fee schedules, etc. are also free from most if not all third-party payers. This is how the experts stay up-to-date. If you don't have a subscription to your third-party payers, make this one of your New Years Resolutions for your practice to make sure someone in your office is responsible for receiving the daily barrage of listserv messages from all your third-party payers. There may be days or weeks that go by before any announcements are made that affect your practice. But having advance notice of a change will keep you from being adversely surprised should a policy change affect your



Dr. Kesselman is in private practice in NY. He is certified by the ABPS and is a founder of the Academy of Physicians in Wound Healing. He is also a member of the Medicare Provider Communications Advisory

Committee for several Regional DME MACs (DMERCs). He is a noted expert on durable medical equipment (DME) for the podiatric profession, and an expert panelist for Codingline.com. He is a medical advisor and consultant to many medical manufacturers.