

Who's Watching Your Wallet?



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MACs instructed by CMS to hold claims amid sequestration freeze

CMS announced MACs are being instructed to hold all claims with dates of service of April 1 or later in anticipation of Congress extending the 2% sequestration suspension for the remainder of 2021.

While the bill to extend the suspension has already passed the Senate, the House is not expected to take up the issue until after it returns from Easter break in mid-April. CMS also clarified any claims paid with the reduction will be automatically reprocessed.

“This will minimize the volume of claims the MACs must reprocess if Congress extends the suspension; the MACs will automatically reprocess any claims paid with the reduction applied if necessary,” CMS said in a news release regarding the move.

Prior to the bill’s passage, the sequestration cut was set to resume April 1 after having been suspended for the duration of the Covid-19 Public Health Emergency. Several advocacy groups, including the College of American Pathologists (CAP) and American Hospital Association (AHA), lobbied for the cut to be suspended for the remainder of 2021 due to the ongoing PHE.

While the Senate bill extends the Medicare sequester moratorium, it does not include a provision included in the earlier version passed by the House that would also stop additional sequestration cuts created by most recent Covid relief package, The American Rescue Plan. Because of the plan's effect on the national deficit, several federal programs, including Medicare, will face drastic cuts in 2022 unless a waiver is approved.

Recent audit and coding news

- During a recent lab audit, we found a wellness panel code had been billed to Medicare. We reminded the biller that Medicare does not recognize the panel in question (80050) and instead requires those services to be billed individually. While that claim was denied, we've since helped the lab install an edit to prevent the panel from being billed to Medicare moving forward.
- When performing a billing #audit, we aim for a benchmark of 2-4% of cases affected by our review (ie: charge capture issues, adjustment delays, missed appeal, etc.) However, in one recent audit we identified 27% of the caseload as being affected by one of these issues!

Fortunately, we find these rates typically decrease dramatically between our initial audits and the subsequent follow-up review. That's why your audits should be conducted on a routine quarterly basis as opposed to an annual cycle.

Free webinar: What's next for Covid labs?

Mike Ricciardi, founder of Miami Medical Consulting Corp, will join Vachette CEO Mick Raich and President Ann Lambrix to discuss new strategies for utilizing antibody testing to measure the effectiveness of Covid-19 vaccines. With the general public eager to understand their immune response to the vaccine, this could be a significant line of business in the near future. The webinar will take place at 3 p.m., Tuesday, March 16. **Sign up today!**

Medicare recouping advances as of March 30

If you accepted a Medicare Advance last year and have not yet paid it off, those payments have begun to be automatically deducted from borrowers future Medicare payments as of March 30. Starting one year after the issuance date, Medicare will recoup 25% of your Medicare payments for up to 11 months. After that, recoupment increases to 50% for six months.

MIPS deadline approaching
Don't forget, 2020 MIPS submissions are due by March 31. That includes Improvement Activity attestations for groups still reporting via the QPP portal.

Starting June 1, UHC will deny multiplex PCR respiratory viral panels of six or more targets, bringing the payer in line with the current CMS LCD.

At Vachette, we specialize in consulting and auditing for labs and pathology practices

We have been working with hospitals, laboratories, and hospital-based groups for more than 16 years.

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UHC placing pre-pay review on some Covid claims

Multiple labs Vachette works with have recently received pre-payment records requests from UnitedHealthcare to support their Covid-19 testing. While UHC isn't denying these tests for improper coding, the payments they've put on hold amount to nearly \$1 million in some instances.

Despite attempts to provide documentation, the payer has continued to hold these charges by claiming they haven't received the paperwork or need additional records. When reaching out to Optum directly, our client was only informed that the review was, "based on the billing pattern submitted to insurance, including lab orders and the number or frequency performed for a patient."

While it's not surprising to see UHC use this tactic, it still feels like it's going against the intent of the CARES Act and recent Biden Executive Order to broadly cover Covid testing for individual clinical assessment for the duration of the Public Health Emergency.

Update on UHC DDP program

Although United Healthcare's Designated Diagnostic Provider Program (DDP) is set to launch July 1, many labs who will be affected by the move to restrict outpatient lab payments for diagnostic services to a select group of in-network providers are still seeking clarification on a number of issues.

Fortunately, the College of American Pathologists (CAP) has been in regular contact with UHC and provided and update on details of the program's roll-out following a March 22 meeting with UHC reps, according to the latest CAP Advocacy Update.

As previously reported, there is no deadline for providers to complete the survey to be considered for inclusion. However, CAP did confirm the program applies to any provider billing laboratory services using POS 19, 22, or 81, and includes the entire lab and pathology suite of CPT codes.

Additionally, while there is no deadline to complete the survey, UHC reps did recommend that interested providers should fill it out sooner rather than later. Those who complete it by May 15 will be included in current beneficiary plan materials/education.

Finally, UHC said it is adjusting the survey to make it easier for all pathology groups to apply. They also clarified that the questionnaire should be completed at the TIN level, as opposed to individual providers applying via NPI.

Timely filing extension set to continue with extension of National Emergency declaration

Timely filing extensions for claim submissions that were instituted by the IRS/DOL last March as part of a Covid-19 National Emergency declaration will be extended after President Joe Biden said he would extend the emergency in a Feb. 24 letter to Congress.

After the Trump Administration issued the emergency declaration on March 1, 2020 (keep in mind this is distinct from the HHS Public Health Emergency), the Internal Revenue Service (IRS) and Department of Labor (DOL) issued a regulation that paused the timely filing requirements clock for claims that would have exceeded filing limitations during the national emergency period. Once the declaration is allowed to expire, a corresponding "outbreak period" extends 60 days past the end of the national emergency, at which time the timely filing exception expires.

Commercial payers were not required to implement this policy, although many have. This includes Aetna, UnitedHealthcare, Cigna, and several BCBS products. Most payers typically allow a 180-day time frame from the date of service for a provider to submit a claim and be eligible for payment.

Webinar: Strategies for maximizing Covid opportunities in 2021

With the Covid-19 Public Health Emergency now set to stretch into at least mid-April 2021, labs and pathologists working to meet the testing demand must continue to refine their strategies as it becomes increasingly clear this will be a significant line of business throughout 2021.

Testing providers must work not only to meet public demand, but also must contend with ever-shifting payer policies and the recent Medicare payment reductions brought on by the U0005 add-on code.

This webinar is now available to view for free on our website. And don't forget to sign up for our next webinar on March 16.



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Quick Covid news

- Remember the drastic cuts we initially saw in the Medicare 2021 PFS that were reduced at the last minute by the December Covid relief package? Did you know that **UHC is currently paying the initial rates until they have their fee schedules updated with the new “offset” rates?**

Check your contracts – in many instances they have 90 days to update their fee schedules with the new rates. And apparently, they won't be reprocessing either!

- While the recent Biden Executive Order reaffirms Covid testing performed for individual assessment should always be covered without cost sharing, **it still creates a gray area surrounding proper diagnosis coding to attach to your claims for these asymptomatic individuals.** While the most appropriate code in most instances would be Z20.822 for suspected exposure, this is likely to create some confusion for payers who have not yet updated their policies to disregard medical necessity for individual assessment.

CMS boosts payments for Covid vaccine administration

CMS announced the Medicare payment for administering Covid-19 vaccines has been increased in an effort by the Biden Administration to expand capacity and vaccinate as many adults as quickly as possible, according to a recent press release.

Effective March 15, the national average payment rate for administering a single dose of a Covid-19 vaccine is \$40, up from the \$28 rate established last year. This also raises the payment rate for administering vaccines that require two doses from \$45 to \$80.

The exact payment rate for administration of each dose of a COVID-19 vaccine will depend on the type of entity that furnishes the vaccine and will be geographically adjusted based on where the service is provided.

These updates to the Medicare payment rate for COVID-19 vaccine administration reflect new information about the costs involved in administering the vaccine for different types of providers and suppliers, and the additional resources necessary to ensure the vaccine is administered safely and appropriately, CMS stated in the release.

The release also reminded providers and insurers that the vaccine must be administered without cost-sharing while the Public Health Emergency remains in effect, regardless of whether a patient has Medicare, Medicaid, or private insurance.

UHC to require new status for non-patient payments

What's the reimbursement rate for administering a COVID-19 Vaccine?

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What vaccines have received FDA approval?

Vaccine developer	Name	Date of FDA EUA approval
Pfizer/BioNTech	Pfizer-BioNTech Covid-19 Vaccine	Dec. 11, 2020
Moderna	Moderna Covid-19 Vaccine	Dec. 18, 2020
Janssen Biotech Inc., a Janssen Pharmaceutical Company of Johnson & Johnson	Janssen Covid-19 Vaccine	Feb. 27, 2021

Who's eligible to administer the vaccine?

If you're enrolled in Medicare under any of the below provider types and want to bill for administering COVID-19 vaccines, you must also separately enroll as an institutional or non-institutional provider type, such as a mass immunizer, that can bill for the COVID-19 shot.

You may enroll by calling your MAC-specific enrollment hotline (PDF). During the process, you'll be asked to provide your valid Legal Business Name (LBN), National Provider Identifier (NPI), Tax Identification Number (TIN), practice location and state license, if applicable.

Institutional	Non-Institutional	Durable Medical Equipment (DME)
<ul style="list-style-type: none"> • Outpatient Physical Therapy • Occupational Therapy • Speech Pathology Services • Histocompatibility Lab • Religious Non-Medical Health Care Institution 	<ul style="list-style-type: none"> • Independent Clinical Lab • Ambulance Service Supplier • Independent Diagnostic Testing Facility • Intensive Cardiac Rehab Supplier • Mammography Center • Medicare Diabetes Prevention Program Suppliers • Portable X-ray Supplier • Radiation Therapy Center • Opioid Treatment Program • Organ Procurement Organization • Home Infusion Therapy Supplier 	<ul style="list-style-type: none"> • Durable Medical Equipment Supplier • Pharmacy (enrolled as DME supplier)

Who can be billed for the COVID-19 Vaccine?

Providers who participate in the CDC COVID-19 Vaccination Program contractually agree to administer a COVID-19 vaccine regardless of an individual's ability to pay and regardless of their coverage status. You must also agree not to seek any reimbursement, including through balance billing, from a vaccine recipient. -- **DOWNLOAD THE FULL GUIDE ONLINE HERE.**