



NARA
The National Association of
Rehabilitation Providers and Agencies

Together We Thrive
www.naranet.org

Part B: A - Z

December 7, 2022

NARA Webinar Provided by
Lincoln Reimbursement Solutions

1




NARA
The National Association of
Rehabilitation Providers and Agencies

Together We Thrive
www.naranet.org

Housekeeping Reminders

- All attendees are on mute
- Handouts were provided in the reminder email for this webinar sent 1 hour ago
- **Questions for Speakers:** submit them using the Q&A button on the attendee control panel
- **Technical Questions:** submit them using the Chat button on the attendee control panel
- **Recording:** will be emailed to all registered attendees 48 hours after concluded; posted for NARA Members on the Portal within 24 hours
- **Awarding of CEUs:** During the presentation, there will be 2 key words provided that will be needed to complete the Assessment. The assessment must be completed by January 6, 2023. ASHA members must provide their ASHA number on the assessment to be awarded credit.

2



NARA
The National Association of
Rehabilitation Providers and Agencies

Together We Thrive
www.naranet.org

Disclaimer

The information shared in today’s presentation is shared in good faith and for general information purposes only. It is accurate as of the date and time of this presentation. Providers should seek further guidance and assistance from CMS and their Medicare Administrative Contractor (MAC), commercial payers, state and national associations, and continue to watch for new developments and information regarding the topics discussed today.

3



Lincoln
Reimbursement Solutions

PART B

A - Z

November 2022

4

ABOUT the PRESENTERS



Bryanne Johnson
CEO Lincoln Reimbursement Solutions

Melissa Lally RN, BSN-BC
COO Lincoln Reimbursement Solutions



5

OBJECTIVE

1

Discuss the impact the 2022 payment cuts

2

Understand the common reasons for denials and non- payments

3

Implement processes to generate a high first pass payment

4

Understanding of payor requirements for authorizing visits

5

Understanding the importance and common mishaps of contracting and credentialing

6

Understand and optimize key performance indicators

6

CLAIM PROCESSING with ASSISTANT PAYMENT REDUCTION

- 1

Application of the beneficiary's deductible
- 2

Application of the MPPR
- 3

Application of the beneficiary's 20% coinsurance
- 4

Application of the 15% reduction for PTA/OTA services
- 5

Application of 2% sequestration*
2% effective July 1, 2022
- 6

Coinsurance / secondary insurance

7

EXAMPLE 1

Allowed amount on 97012 = \$11.56

PT is paid \$9.06

PTA paid \$7.70

Coinsurance = \$2.31

Difference on one unit = \$1.36

Difference on four unit = \$5.44



REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC	AMT	PROV PD
NAME			HIC		ACNT				ICN			MA01 MA18
	0803	080322	1	97012 GP		22.30	11.56	0.00	2.31	CO-59	10.74	9.06
										CO-253	0.19	
	0808	080822	1	97012 GP		22.30	11.56	0.00	2.31	CO-59	10.74	9.06
										CO-253	0.19	
	0811	081122	1	97012 GP		22.30	11.56	0.00	2.31	CO-59	10.74	9.06
										CO-253	0.19	
	0815	081522	1	97012 GP		22.30	11.56	0.00	2.31	CO-59	10.74	9.06
										CO-253	0.19	
	0818	081822	1	97012 GPCQ		22.30	11.56	0.00	2.31	CO-59	10.74	7.70

8

EXAMPLE 2

Allowed amount = \$438.53

Total "Allowed" When all rendered by PTA = \$365.13

Coinsurance = \$87.71

If all were delivered by a PT, difference of +\$73.40

REND	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC	AMT	PROV PD
NAME			HIC		ACNT				ICN			MA01 MA18
REM: NBS1	0805	080522	1	08283 GPCQ		18.22	9.82	0.00	1.96	CO-59	0.40	
									CO-253		0.13	6.55
									CO-45		1.18	
REM: NBS1	0809	080922	1	08283 GPCQ		18.22	9.82	0.00	1.96	CO-59	0.40	6.55
									CO-253		0.13	
									CO-45		1.18	
REM: NBS1	0816	081622	1	08283 GPCQ		18.22	9.82	0.00	1.96	CO-59	0.40	6.55
									CO-253		0.13	
									CO-45		1.18	
REM: NBS1	0818	081822	1	08283 GPCQ		18.22	9.82	0.00	1.96	CO-59	0.40	6.55
									CO-253		0.13	
									CO-45		1.18	
REM: NBS1	0805	080522	2	97110 GPCQ		136.58	47.58	0.00	9.52	CO-59	89.00	31.70
									CO-253		0.05	
									CO-45		5.71	
REM: NBS1	0809	080922	2	97110 GPCQ		136.58	47.58	0.00	9.52	CO-59	89.00	31.70
									CO-253		0.05	
									CO-45		5.71	
REM: NBS1	0816	081622	2	97110 GPCQ		136.58	47.58	0.00	9.52	CO-59	89.00	31.70
									CO-253		0.05	
									CO-45		5.71	
REM: NBS1	0818	081822	2	97110 GPCQ		136.58	47.58	0.00	9.52	CO-59	89.00	31.70
									CO-253		0.05	
									CO-45		5.71	
REM: NBS1	0805	080522	1	97112 GPCQ		71.23	35.56	0.00	7.11	CO-45	39.94	23.70
									CO-253		0.48	
REM: NBS1	0809	080922	1	97112 GPCQ		71.23	35.56	0.00	7.11	CO-45	39.94	23.70
									CO-253		0.48	
REM: NBS1	0816	081622	1	97112 GPCQ		71.23	35.56	0.00	7.11	CO-45	39.94	23.70
									CO-253		0.48	
REM: NBS1	0818	081822	1	97112 GPCQ		71.23	35.56	0.00	7.11	CO-45	39.94	23.70
									CO-253		0.48	
REM: NBS1	0805	080522	1	97140 GPCQ		63.94	22.23	0.00	4.45	CO-59	41.71	14.81
									CO-253		0.30	
									CO-45		2.67	
REM: NBS1	0809	080922	1	97140 GPCQ		63.94	22.23	0.00	4.45	CO-59	41.71	14.81
									CO-253		0.30	
									CO-45		2.67	
REM: NBS1	0816	081622	1	97140 GPCQ		63.94	22.23	0.00	4.45	CO-59	41.71	14.81
									CO-253		0.30	
									CO-45		2.67	

9

OTHER PAYERS and the CQ/CO MODIFIERS

Cigna

- CO/CQ effective 10/15/2022 for all states except
- CO, KY, OH, TX effective 11/1/22
- Contract through ASH you will not be affected

Humana

- CO/CQ effective 1/1/2020
- OTA/PTA service paid at 85% of the contracted rate or base maximum amount payable under the member's plan effective 1/1/2020

Tricare

- CO/CQ effective 4/16/2020
- OTA/PTA service shall be reimbursed at the non-physician class CMAC effective 1/1/2020

UHC Medicare Advantage Plan

- CO/CQ effective 1/1/2020
- For dates of service on and after January 1, 2020 reimburse providers with Medicare Fee for Service (FFS) contract agreements at 85% of the otherwise applicable Part B payment amount

Highmark

- CQ/CO effective 3/2022

10

MEDICARE CONVERSION FACTOR 2022

- .75% Conversion Factor

➔

97110
2020 → 2022
difference of **-\$1.36**

➔

97530
2020 → 2022
difference of **-\$2.22**

➔

97162
2020 → 2022
difference of **+\$14.43**

Proc. Code & Modifier	Per Fee	Non-Per Fee	Limiting Charge	Effective Date
97110	\$28.97	\$27.52	\$31.65	01/01/2022
97112	\$33.54	\$31.86	\$36.64	01/01/2022
97140	\$26.70	\$25.37	\$29.18	01/01/2022
97162	\$98.60	\$93.67	\$107.72	01/01/2022
97530	\$36.21	\$34.40	\$39.56	01/01/2022

Proc. Code & Modifier	Per Fee	Non-Per Fee	Limiting Charge	Effective Date
97110	\$29.21	\$27.75	\$31.91	01/01/2021
97112	\$33.82	\$32.13	\$36.95	01/01/2021
97140	\$26.92	\$25.57	\$29.41	01/01/2021
97162	\$98.01	\$93.11	\$107.08	01/01/2021
97530	\$37.46	\$35.59	\$40.93	01/01/2021

Proc. Code & Modifier	Per Fee	Non-Per Fee	Limiting Charge	Effective Date
97110	\$30.21	\$28.70	\$33.01	01/01/2020
97112	\$34.65	\$32.92	\$37.86	01/01/2020
97140	\$27.83	\$26.44	\$30.41	01/01/2020
97162	\$84.17	\$79.96	\$91.95	01/01/2020
97530	\$38.43	\$36.51	\$41.99	01/01/2020

11



CEU Key Word 1:

12

COMMON REASONS for NON PAYMENT & UNDERPAYMENT

✓
Intake / patient registration

✓
Verification of benefits / eligibility

✓
Missing or incorrect authorizations

✓
Place of Service

✓
Credentialing denials

✓
Contracting c



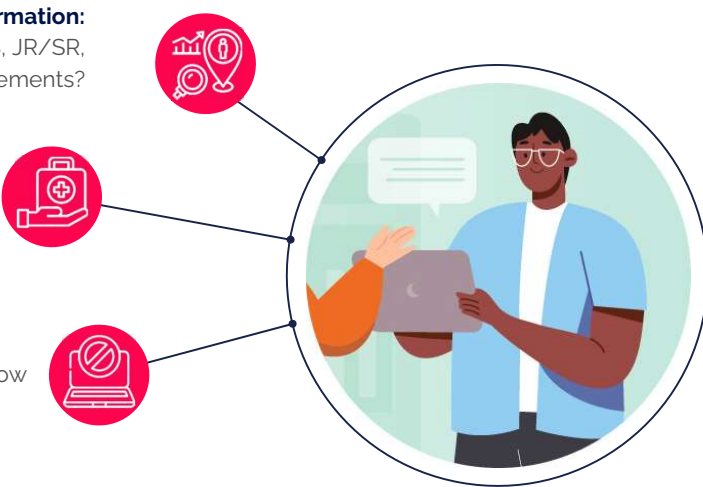
13

VERIFICATION of BENEFITS/ELIGABILITY

Importance of accurate demographic information:
Claim rejections for incorrect spelling, DOB, JR/SR, Eligibility dates, Claims address, Auth requirements?

Verify coverage of patient diagnosis/treatment up front: Place of Service, TMJ, Aquatic, Splints, etc.

COB Denials: example to follow



14

COB DENIAL EXAMPLES:

Service Date	Claim	Charge Code	Remark Codes	Charged	Adjusted	Allowed	Taken Back	Paid	Patient Portion
Reason Codes									
Patient:									
20220920		97112	N25	\$45.00	\$0.00	N/A	\$0.00	\$0.00	\$45.00
			PR22						\$45.00
20220920	10450409A	97140	N25	\$45.00	\$0.00	N/A	\$0.00	\$0.00	\$45.00
			PR22						\$45.00
20220920		97530	N25	\$49.00	\$0.00	N/A	\$0.00	\$0.00	\$49.00
			PR22						\$49.00
Patient Total:				\$139.00	\$0.00	N/A	\$0.00	\$0.00	\$139.00
Grand Total:				\$139.00	\$0.00	N/A	\$0.00	\$0.00	\$139.00

Service Date	Claim	Charge Code	Remark Codes	Charged	Adjusted	Allowed	Taken Back	Paid	Patient Portion
Reason Codes									
Patient:									
20220216		97140		\$45.00	\$30.59	\$14.41	\$0.00	\$0.00	\$14.41
			CO45		\$30.59				\$14.41
			PR3						
20220216		97140		\$45.00	\$33.74	\$11.26	\$0.00	\$0.67	\$10.59
			CO59		\$33.74				\$10.59
			PR3						
20220216		97164		\$95.00	\$95.00	N/A	\$0.00	\$0.00	\$0.00
			COL19		\$95.00				
Patient Total:				\$185.00	\$169.33	\$25.67	\$0.00	\$0.67	\$25.00
Grand Total:				\$185.00	\$169.33	\$25.67	\$0.00	\$0.67	\$25.00

- Whole balance gets pushed to the patient
- Did patient give you incorrect information? Or was incorrect payor selected at intake?

15

AUTHORIZATIONS



When asking for initial or additional visits, important to document medical necessity



How many visits are you aiming for them to approve?



Ensure the diagnosis is clear



Evaluate the patient's goals and clearly document progress



16

IMPORTANCE of DIAGNOSIS in VERIFICATIONS/AUTHORIZATIONS

Authorizations will not be approved without thorough documentation and explanation in notes of condition and diagnosis.

Need a strong diagnosis code to support the story for why more visits are needed

→ Diabetic

→ Post OP

→ TMJ

→ Speech Therapy

19



The Stars Align:

Contracting and Credentialing

20

CONTRACTING

Negotiating and renegotiating the best rates for your practice

1

Review your contract

- Know your current rates
- Compare most frequently billed codes to the Medicare fee schedule

2

Set the stage

- Which payers have the lowest reimbursement rate?
- Which payers account for the largest portions on your payer mix?

3

Make your case

Include the following:

- Date contract was executed or last negotiated
- Current fee schedule and Proposed reimbursement rate
- Cost to deliver care
- Outcome measures and Patient satisfaction scores
- Certifications, technology, specialty programs
- Volume of patients

4

Write your letter (of intent)

- Make a connection
- Draft a formal letter of intent

5

Follow up

- Don't be forgotten
- Declined request - reconsideration!
- Escalate if needed

6

REPEAT!

- Review every 2 years
- Consider going OON
- Fight for the reimbursement you deserve!



21

CREDENTIALING for NEW HIRES

1

Create and utilize comprehensive new hire credentialing documents (include specific payor materials, CAQH information, education)

2

Submit credentialing payor applications to payor

3

Have a clear process for keeping track of payor applications, submission ids, reference numbers, etc.

4

Set follow up guidelines for each payor. Ask the payor for expectations.

5

Clear guidelines for your cosignature process or claim hold process. All team members need to be aligned on this, scheduling, intake, verifications, therapist, billers, etc.

6

Process for communication with billing team as approvals come in

7

Process to recredential and reattest CAQH profiles

22

www.naranet.org www.lincolnrns.com

11

CONTRACTING and
CREDENTIALING DENIALS

Look for and analyze trends with providers or payors

↓

Provider Denials

- Did you attach your provider to your TIN / locations?
- Do you need a provider # on your claims?
- Is your CAQH updated and attested?
- Did your provider have a name change?
- Be aware of credentialing denials disguised as auth denials.

↓

Payor Denials

- Are you OON and you were misquoted during benefits?
- Did a 3rd party contract term?
- Did you miss a recredentialing window?

↓

Location Denials

- Did you forget to add a location to your contract?
- Determine if all locations are denying or just one.

23

KPI's to STAY ON TOP OF

Control the controllables!

→

Top 5 denial reasons:

- Work backwards
- These are your holes

How can you improve processes here?

→

Top 5 used CPT codes:

- Reimbursement per payor on these codes
- Have a general idea of what each pay

Is there an adjustment issue?

→

Total write off amount per month

- What are the trends?

How can you fix this?

→

Revenue per payor

- Revenue per visit per payor

Is it time to evaluate your contacts?

Is it time to go out of network?

24



25

2023 UPDATES

- In 2023, the Part B deductible will be \$226.00. This is a \$7.00 decrease from 2022.
- PHE scheduled to end on January 11, 2023
- The Centers for Medicare and Medicaid Services (CMS) has confirmed that CMS will reimburse for outpatient physical, occupational and speech therapy services for 151 days after the public health emergency (PHE) due to COVID-19 has ended. On the 152nd day after the PHE has ended, physical therapists, occupational therapists and speech-language pathologists will not be able to be reimbursed for outpatient therapy services delivered via telehealth under Medicare Part B.
- In the calendar year 2021 Final Rule for services reimbursed under the Medicare Physician Fee Schedule, the Centers for Medicare and Medicaid Services finalized their proposal to have the following CPT codes remain temporarily on the Medicare telehealth list through the end of the year in which the PHE for COVID-19 ends (category 3 services):
 - 92521- 92524, 92507, 97161 – 97168, 97110, 97112, 97116, 97535, 97750, 97755, 97760, and 97761.
- CMS states "Direct supervision requires that the supervising private practice therapist be present in the office suite at the time the service is performed. These direct supervision requirements apply only in the private practice setting and only for therapists and their assistants".
 - During the PHE, CMS is revising the definition of direct supervision to include a virtual presence through the use of interactive telecommunications technology for services paid under the Medicare Physician Fee Schedule (MPFS).
 - State practice act trumps CMS rulings

<https://www.cms.gov/newsroom/fact-sheets/2023-medicare-parts-b-premiums-and-deductibles-2023-medicare-part-d-income-related-monthly>
<https://www.cms.gov/medicare/acute-inpatient-pps/fy-2023-ippa-final-rule-home-page>
<https://www.govinfo.gov/content/pkg/FR-2022-11-18/pdf/2022-23873.pdf>

26



27



NARA
The National Association of
Rehabilitation Providers and Agencies

Together We Thrive
www.naranet.org

Thank You!

- CEU Requirements:
 - Complete the assessment by January 6, 2022
- NARA Spring Conference 2023
 - May 2 – 5, 2023 in Washington DC
- Next Webinar: Re-Engaging Treatment Tactics for Diversification – January 25, 2023

28