

INSIGHTS FOR PODIATRY

Articles of Interest in the World of Podiatry
Revenue Cycle Management, Billing,
Consolidated Workflow, and Industry News

*Presented by ADSRCM and our
MedicsRCM Services for Podiatry*

*Driving Clients' Revenue,
Productivity, and Efficiency*

Capitalizing on Reimbursements and Efficiency for Podiatry

We might as well start right off with a – or the – podiatric topic of interest to everyone: revenue. But not just revenue. Maximized revenue (there's a difference) especially at a time when staffing is weak and expenses are mounting.

- ☑ If you or your RCM company are submitting claims just for the sake of submitting them, you're no doubt shortchanging yourself because those claims can probably be submitted for better reimbursement by the payer without over-coding.
- ☑ Attention must be paid to E/M to ensure those codes are returning the most revenue possible.
- ☑ NCCI editing has to be respected in order to avoid denials on individual claims for a patient which should've been bundled into one master claim.
- ☑ If time consuming and labor intensive eligibility verifications and out-of-network situations aren't handled, you could end up working for free.

- ☑ Your second payer world – patients – can't be forgotten when it becomes their turn to pay.
- ☑ Are you adept with 99203, 99213, 20550, 29405, 29500, 45640, 58550, 11720, 11721, 11730, 11731, 11740, L3020, L3030, and L3040? Do you know about Class A, B, C, and D findings? (Did you spot the ones that are bogus?)
- ☑ If you have workers compensation/no-fault patients, are you able to easily handle those claims which can be more complicated than "regular" HCFA and UBs?
- ☑ Bonus question: on the clinical charting side, does your EHR correctly support Podiatry?

Outsourcing with a service that's (1) completely familiar with your coding requirements, (2) which has a behind-the-scenes Podiatric-knowledgeable offsite workforce to help alleviate staffing issues, and (3) which can offer access to a Podiatric-specific EHR (or let you keep your existing if preferred) would offload so much of what you need while driving revenue and productivity.

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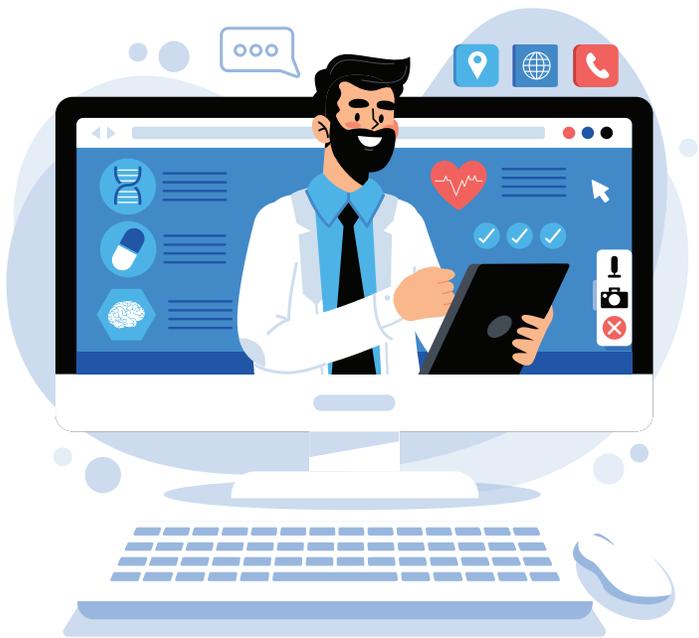
Healthcare.gov Enrollments Exceed 15 Million

As of December 2023, enrollments have exceeded 15 million; 2024 expects over 19 million enrolling through Affordable Care Act (ACA) marketplaces.

Over 745,000 enrolled in one day (December 15, 2023) to have coverage by January 1, 2024.

[Click here for details from HHS.](#)

On a somewhat related note, you'd be surprised to learn how many "uninsured" patients have coverage. You'd know that using an accurate insurance discovery (ID) mechanism that quickly identifies coverage. A good ID-er will find as many as 30%, which is an astounding number. And we can help with that! Our insurance discovery option finds missing coverage as described. [Contact us for more about finding insurance for your "uninsured" patients.](#)



**Affordable Care Act
(ACA)** HealthCare.gov



**U.S. Department of
Health and Human Services**

Enhancing the health and well-being of all Americans

Health Plans for People with Disabilities

As a follow-up our first article comes news of the types of coverage available to people with disabilities.

The [CDC reports](#) up to three in ten adults in the US (roughly 27%) have some type of disability, including mobility, cognition, non-independent living/self-care disabilities, vision, and hearing.

Unsurprisingly, health conditions such as obesity, heart disease, and diabetes, are more common among those with disabilities. So, while affordable access to healthcare is especially important for that population group, one in four of them who are 18 to 44 years old do not have a usual healthcare provider and have unmet healthcare needs due to costs.

[Medicare](#), [Medicaid](#), the [Affordable Care Act](#) (ACA) marketplace, and [commercial insurance plans](#) all have their own "flavors" on how their coverage can help.

Each of the links above has details on how people with disabilities can qualify for coverage based on the individual's particular situation.



Hearing Aids and their Additional Health Benefits

Yes, it's a Podiatry newsletter but this story is so good, we had to include it.

Wearing hearing aids may reduce the risk of early death, according to a study published in The Lancet Healthy Longevity journal. [\(Please don't say "WHAT?"\)](#)

In a study of over 10,000 people, 24% had a lower mortality risk among regular hearing aids users, indicating a possible connection between hearing health and overall well-being. As an additional side note, JAMA's Otolaryngology-Head and Neck Surgery notes that using hearing aids may also be associated with a lower risk of dementia in individuals with hearing loss.

So there it is: hearing aids can help people hear better and perhaps actually live longer and avoid dementia. Presumably a **SOUND** conclusion.

[Click here for the Lancet report.](#)

Medicare (dis)Advantage Plans

CMS is being called-on by four US Senators, bipartisonally, to improve the way Medicare Advantage data collection and reporting. One example of the impetus for this is how in 2019, 13 percent of prior authorization-related denials and 18 percent of payment denials by Medicare Advantage plans would've been approved by traditional Medicare standards. Significant Medicare Advantage plan overpayments were also noted ("significant" meaning anywhere from an estimated \$27 to \$75 billion in 2023).

Additionally, CMS should collect and publish data on why **prior authorizations should be justified** and the Senators urged CMS to release certain data the agency already collects, including out-of-pocket costs and provider payment information. This data would allow regulators and beneficiaries to understand the different cost-sharing requirements in Medicare Advantage and how they compare to traditional Medicare.

More to come as to how CMS will improve reporting and data collection as requested by the Senators.

(ADSRM helps clients to proactively avoid so many denials, and then edits/resubmits others within 72 hours easily turning them into revenue. So, while denials can't be avoided they can be much more manageable. Let us know if we can help you!)



The Most Expensive Chronic Diseases for Healthcare Payers: an Interesting Top Ten List

You probably know what they are but one may be a somewhat obscure. Here's the list in descending order as compiled by the CDC:

- **Heart Diseases and Stroke:** you might've thought these were two separate listings but the CDC put them together as the number one biggest payer item totaling \$363 billion.
- **Diabetes:** care was at \$327 billion for the year recorded.
- **Arthritis:** \$304 billion with an eye-opening 25% of adults in the US affected (59 million people) expected to rise to 78 million by 2040. So, that \$304 billion will increase.
- **Alcohol-Related Illnesses:** in the year surveyed, payers expended \$249 billion. There were 95,000 alcohol-related deaths with the working life of adults shortened by 30 years.
- **Cancer:** you probably thought this would be higher up but here it is with estimated costs in by 2030 being \$240 billion. 1.7 million people are diagnosed every year with cancer; 600,000 will die as a result of cancer.
- **Obesity:** \$147 billion annually is spent on obesity-related healthcare while it also impacts diabetes and heart disease.
- **Alzheimer's:** Here's a stat: in 2019, 16 million Americans provided 17 million hours of care to loved ones with Alzheimer's. Long term and hospice care account for \$305 billion.
- **Smoking-Related Illnesses:** \$225 billion per year is expended by payers on this. Payers are generally urged to subsidize cessation programs.
- **Tooth Decay:** affects roughly 1 in 4 adults and accounts for an estimated 34 million school hours lost with children being taken to dental appointments.
- **Epilepsy:** costs payers \$8.6 billion with 3-4 million people nationally suffering from it.

Diabetes and arthritis also involve Podiatry. But were you surprised by tooth decay and epilepsy?

[Click here for the list from the CDC and more of its details.](#)



Podiatry Fraud Story of the Month

Two Texas defendants were convicted for their roles to defraud Tricare, a payer for US service members and their families. The scheme involved prescribing creams that were medically unnecessary in order to support their kickbacks and bribes.

One is a podiatrist who signed prescriptions for creams for pain and scars for “patients” he never met or spoke with. The other person acted as a patient recruiter. From 2014 to 2017, approximately \$8.5 million in unnecessary prescriptions were generated.

Both were convicted on seven counts, each count carrying a maximum penalty of ten years in prison.

Click here for details from the Justice Department and ponder, as do we, about how there’s no shortage of these articles and how people think they won’t be detected.



For your Consideration: The “Uninsured Patients Syndrome”

With so much of the preceding information being about payers and coverage, do you suffer from “Uninsured Patients Syndrome?” It’s an interesting condition since many don’t know they have it until it’s too late. You probably have it if any number of your “uninsured” patients have insurance that you just don’t know about.

The syndrome’s cure is a big dose of an accurate insurance discovery option that will find coverage when same is missing from a patient’s profile. You’d be astounded by the results which can be as much as a 30% find factor. Imaging discovering insurance for 3 in 10 of all “uninsured” patients and what a difference that could make to you?



Our insurance discovery option such a mechanism: with a high success rate, it’ll almost instantaneously find primary and secondary insurance(s) when it’s missing from the patient’s record. Please be in touch to see how we can help you on finding missing coverage.

Contact Us:

We hope you enjoyed the read! Contact us to schedule a MedicsRCM presentation for your Podiatry setting, or for an overview of the MedicsCloud Suite for Podiatry if in-practice automation is preferred.

We look forward to being in touch!

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