

RCM Life Newsletter: January 2022 Edition

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Protecting Patient Billing With the No Surprises Act

The **No Surprises Act put into effect on January 1, 2022**, protects uninsured (self-pay) patients from being caught off guard by being balance-billed for medical services. With this new regulation, healthcare Providers and Facilities must provide a "good faith estimate" to patients prior to rendering services. We recommend reviewing or establishing your Practice's self-pay fee schedule. As part of your OP RCM partnership, we're happy to help with this review and will assist you with making any modifications you see fit. Please contact rcmlife@officepracticum.com to begin this review process. Here are some helpful links that will provide additional information on the new regulations.

[No Surprises Act \(CMS.gov\)](#) | [Surprise Billing FAQs \(MGMA\)](#)



New Year, New Insurance? Validation Best Practices

The new year often brings new insurance policies for many families. To ensure your Practice is keeping the most up-to-date information on file and to prevent claim denials, here are the **top 3 best practices for maintaining accurate patient insurance information**:

1. **Validate insurance** prior to the patient coming into the office and **address errors**.
2. Confirm what is entered into OP matches the patient's insurance card at every visit.
3. Scan a new copy of the patient's insurance card every 6 months.

Not only will these practices help with timely claim payment, but you'll also be able to accurately project patient responsibility making it easier to collect copays and deductibles at the time of service.



Demystifying External Cause Codes (V00-Y99)

External causes of morbidity codes (category V00-Y99) are undoubtedly the most creative codes in the ICD-10 codeset. However, according to ICD-10 coding guidelines, **these codes are not intended to be listed as a primary diagnosis on claims** because they do not depict a clear picture of the patient's actual diagnosis. That is why claims that contain these codes as the primary diagnosis will be denied, ultimately delaying claim payment. Click [here](#) for more information on policies around inappropriate primary diagnosis coding.



Contact Us

Email our Process Improvement Associate inbox at rcmlife@officepracticum.com for **urgent issues or non-claim-specific questions**. Tickets will automatically be created and routed to your Process Improvement Associate.

RCM Team Member Spotlight



Team Member Anne Coffey

Contact Info

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Current Role Process Improvement Specialist

Experience After completing her CPC certification, Anne began her Billing and Coding career in 2012 working for a Radiology company. She joined OP in 2016, as a dedicated biller, performing all billing activities from billing claims to payment posting to A/R follow-up before transitioning into her current Process Improvement Specialist role in 2020.

Fun Facts In her spare time, Anne enjoys reading, gardening, and playing with her beagle, Mollie Mae!



