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Learn To Get Paid, Legally & Ethically

Hi Susan,

A yellow square graphic with the year '2024' in large, bold, black numbers on a white background.

Happy New Year!

After the fun of the holidays: January! Are we ready?

Along with rain, snow, cold, and short gloomy days, January means **other** things I don't consider fun:

- Deductibles
- New health insurance (*and clients not understanding what they need to give providers!*)
- Delays in everything - claims processing, increased hold times, waiting on insurance cards and eligibility returns
- An onslaught: clients want to know what they will owe, therapists want to know what to collect, and in most cases I'm not able to provide definitive answers.

While we're (*hopefully*) having fun times with friends and family, eating yummy food, giving and receiving gifts and decorating our homes to brighten the shortest days of the year, it's easy to forget that with the end of December, comes the start of a new year - and what that means for a private psychotherapy practice. And those of us who support them!

Important actions to keep your income steady in January and throughout the year!

- **EVERYONE needs to be asked to provide their insurance info.** Don't just ask *"is your insurance the same?"* GET. THE. CARD. Over and over, I find that having the card can prevent unpleasant surprises. You'd be amazed what kind of shortcut information is on cards! I did a whole 4-hour, 2 webinar series on that subject last year. You can find it here in the [Store](#). And don't forget to **get the back of the card too!**
- **No insurance card? Collect at the time of service - remember that the \$ can always be refunded or credited to future visits.** Ask yourself: would your client visit their medical doctor and not bring their card? Of course not! So why do you allow it? (*if you participate with insurance*).
- **Reverify your clients' addresses, email addresses, mobile phone numbers.**
- **Get a credit card on file** - and remember to renew the auto-pay agreement in case of disputes.
- **Ask your client if they have a Health Savings Account.** HSA's will pay for therapy - even if you're out of network!
- **(Re)Verify eligibility.** It may or not be necessary to call for benefits, but you never know what a basic eligibility inquiry will turn up. Often it's not what you expect - that's the nature of insurance!
- **SAVE** the eligibility profile you run - because if it doesn't have other insurance, and you're clawed back later, this is proof you will need...!
- **If you do call, remember that *"verification of benefits is not a guarantee of payment."*** It's distressing, and shouldn't be this way, but often online benefits profiles are NOT accurate where mental health is concerned. And it may be impossible to do any better by calling - assuming you even had the time to sit on hold for every client. Discuss with your clients and make a plan to collect enough at each January session such that they do not accumulate a large balance - which can cause problems later.
- **Is there another health plan?** Ask the client: *"Do you have any other coverage - even coverage you don't want to use? Even coverage that you don't think would pay for our work together?"* It's important you know about every plan, even ones you may never bill. Why? **Coordination of benefits issues are the # 1 reason for nasty retroactive clawbacks. (see below)**
- **Deductibles often reset** come January 1.
- **Even if someone has Medicare? YES!** Why? Because of Medicare Advantage. 50% of all Medicare beneficiaries are now enrolled in private "Advantage" plans. They can change every year.
- **Especially if someone has Medicaid.** Medicaid "redeterminations" are still ongoing, and people are losing coverage. Just because someone loses Medicaid, doesn't mean they suddenly are wealthy enough to pay your full fees. Best to run eligibility to find out if there's coverage - BEFORE providing services.
- **Revisit your practice policies with clients.** If you do it at the start of a new year, then it's not personal. *"I remind all my clients at the start of each year that..."* This could be a time to implement

new policies, update your fees, give reminders about charges for no-shows and late cancellations, renew a Good Faith Estimate if applicable...etc.

These two blogs have a lot more New Year's information you may find useful:

[Those Darn Deductibles! Part 1](#)

[Those Darn Deductibles! Part 2](#)



2024 Medicare Telehealth Coding Reminder

When billing Medicare, the days of using an in-person place of service + modifier 95 are now OVER!

Beginning 1/1/24, Medicare has new telehealth coding:

Place of Service 10 = Client located at home during the session

Place of Service 02 = Client elsewhere than at home **Reimbursement will be reduced to facility rate!**

NO MODIFIER 95 (or GT) needs to be used!

What do you need to do / know?

- **Document** where the client is located during the session. Yes, every session. Notes that do not contain this information, if audited, will most likely be considered deficient, and the reimbursement clawed back.
- **"Home" has a fairly broad meaning under the 2024 Physician Fee Schedule final rule.** Medicare directly stated (*page 150*), that "home" can include hotels, homeless shelters, and even a private vehicle parked away from the actual home for privacy reasons. Presumably, even group homes or a friend or relative's house would be acceptable under this broad definition.
- **Place of Service 02** is meant for settings in which Medicare pays a fee to a facility for hosting the patient - which is why the reimbursement to you will be reduced if you use POS 02.
- **No, I do not know which POS you should use, if the client is at work.** Best to ask the client to sit in their car, weather and safety factors permitting.

Hey, I don't make these crazy rules, I just report on them...



[More telehealth...](#)

Rumors about Aetna discontinuing telehealth coverage for 2024 aren't entirely accurate!

As of Dec 1, 2023:

Aetna has ended audio-only coverage (*modifier 93*)

But it is NOT true that audio/video telehealth will be denied (modifier 95 or GT)



Follow the link and download the document. It lists all mental health CPT codes as covered for audio/video telehealth (*they call it telemedicine*). Aetna further specifies that this document only covers *self-insured* commercial policies. It specifies that fully insured products will follow state mandates.

Huh? Say what?

Self-insured: the employer funds their own claims with money set aside in a claims trust fund. Self-insured policies are under federal, not state, jurisdiction.

Fully-insured: these are policies designed under laws of a specific state and sold with the approval of the state's insurance commissioner/department of insurance. Anyone who meets underwriting criteria and is willing to pay the premium can buy a fully-insured plan, whether as a group or an individual.

According to the [Center for Connected Health Policy](#), 43 states, DC, and the Virgin Islands have laws relating to telehealth coverage, in full or in part.

Aetna further specified that for Medicare Advantage, they will follow CMS guidelines for coverage, the same as Original Medicare (*see above*).

What I find interesting about the referenced Aetna documents, is not what they say...but what they don't say. In other words, **is there coverage for both POS 02 and 10? More importantly...is it the same? And if Original Medicare is no longer requiring modifiers - what about Aetna Medicare Advantage?**

Inquiring minds want to know! If I find out, I'll pass it on.

If you're looking for more resources on telehealth, I highly recommend checking out the Center for Connected Health Policy, and subscribing to their mailing list. [This page](#) is especially useful, as it references the laws in all states regarding telehealth coverage by private payers.

Just realize that your client's coverage may not be in the jurisdiction that you think it is...!



Medicare HELP!



You're a Medicare provider! *(or soon will be!)*
What now?!?

You need to get paid! Do you know how?

This is the workshop for YOU! Everyone is welcome, even if you've been a Medicare provider for a while and would like to get better at billing.

Here's just a partial list of what we'll cover - click the link below to see the rest!

- Benefits
- Secondary/supplemental billing
- Setting up Medicare billing
- Understanding eligibility returns
- Does your client really have Medicare Advantage?
- Common billing errors & how to avoid them
- Everything you need to know about Advantage plans
- How much do I collect from my client?
- ... and much more!

There are no dumb questions: if you have no experience with Medicare, this event is for YOU!

Friday, January 19, 2024

10 am-noon pacific time

Recordings will be available to all registrants

**New Medicare Therapists: Billing
(OMG what did I sign up for?)**

Medicare means rules. A lot of them.

The January 19th webinar focuses on billing - this one looks at Everything Else.

Medicare can be easy - IF you follow the rules. But they don't make the rules easy to find or understand. This workshop translates the arcane government-speak into plain language and answers your day-to-day questions so that you can focus on what's important: taking care of your clients and getting paid.

All topics will be explored in the context of Medicare Advantage as well as Original Medicare. Here are a few things we'll discuss:

- Telehealth
- Documentation & Audits
- Clinical coverage determinations
- Incident-to / coverage for supervisees
- Making provider enrollment changes - and what happens if you don't!
- Resources for help - and more!

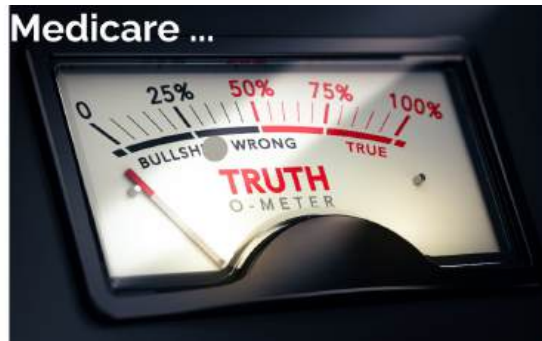
Don't let Medicare intimidate you!

Friday, January 26, 2024

10 am-noon pacific time

Recordings will be available to all registrants

**New Medicare Therapists: The other
stuff (rules) to know!**



Should I Enroll in Medicare??

A frank, honest assessment. An unprecedented chance to pick Susan's brain about Medicare. What do you need to know to make your decision? We'll talk about any issue you bring to the Zoom room: fees, enrolling difficulties, billing, rules, documentation, what you have to do in order to collect self-pay, Medicare Advantage, pros/cons. You name it! Plus a large bonus file of handouts delivered after the event.

Every session to date has been sold out! Enrollment is limited to allow for 100% participation. This is NOT a formal webinar that will put you to sleep. Nor is it a guilt trip from professional organizations, telling you how hard they worked on your behalf. The ONLY goal here is for you to make the best decision for your practice - and for that, you NEED this information!

New Sessions Added!

THIS SATURDAY! Jan 6 * 9:30 am PST

MONDAY JAN 15 * 4:30 pm PST



Secondary Claims, Coordination of Benefits, & Clawbacks!

Is there a way to protect your income?



I get asked this a lot.
So I decided to do a webinar on it.



YES, there ARE ways to
successfully fight clawbacks! But
no one wants you to know how.



Managing secondary claims does
not have to be a nightmare. Find
out more!

Friday, February 16, 2024
10 am Pacific / 1 pm Eastern

The number 1 reason for Clawbacks
is...Coordination of Benefits!

It's extremely confusing. How are you supposed to know what's primary? Most of the time the client doesn't even know!

Register Today!

And then you do what you're told, and for your pains, a letter comes in the mail a year or so later, saying "Oh, by the way..."

- What steps can you take to prevent clawbacks?
- What kinds of documentation will save you if clawbacks do occur?
- How do you address it with the client?
- Ways to fight back that you never knew existed!
- Basic Coordination of Benefits Rules
- Expediting CoB determinations
- How do they find all this out, anyway? CAQH??? Really?

- Secondary claims: why are they so ***** hard?
- What??? Those little codes at the bottom actually MEAN something when I file to the secondary?
- How do I get the information about those codes?
- What are your options for filing secondary claims? What works? What doesn't?
- Common secondary claims billing errors
- How do I know how much to collect from my client?
- If I'm only in network with the secondary, what do I do?
- If I'm out of network with the primary, can I collect self pay?



Check out the Store for more help!

All you need to know about opting out of Medicare!

You've decided to opt-out, but there are a ton of questions!! All that Medicare has on their websites are the opt-out affidavit and the private contract. But what if...?

- You need to see a Medicare client before your opt out is finalized?
- WHY it's in your best interest to either opt out or enroll.
- Groups: what if some therapists opt in but others opt out?
- What happens if you don't want to take Medicare in your private practice but you work for someone else in a different setting and that employer wants you to enroll?
- What about Medicare Advantage?
- What if Medicare is secondary?

Credentialing for Billing Success!

We missed you during the live event on November 3rd! But here's another opportunity to understand why all those ridiculous, boring, lengthy enrollment forms matter to the one important thing: **Getting Paid!**

Finally - an entertaining way to understand how NPI, CAQH, Availity, and all these other things talk to one another and influence HOW **(and IF)** you get paid. The webinar is full of practical suggestions for:

- Organizing your enrollment data.
- Cutting down the time spent on credentialing & provider data maintenance
- Screen shots showing *exactly* what to do in CAQH and Availity.
- Manage the credentialing, contracting, and provider data update processes with ease.
- Setting up your claims to pay correctly based on your enrollment data.

And much more!

Plus, contact info for all Medicare contractors, and links to the forms.

Note: this presentation focuses exclusively on private payers - not Medicare or other government plans.

Use Coupon Code 2024CRED and get 15% off! Good through 1/31/23.



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