

Updating Your Practice Fee Schedule

Live Webinar Q&A Session

- **Is SHA invalid this year for most of the insurances?**
 - Yes. Effective 1/1/20 Codes 96150, 96151 were deleted. Those codes distinguished assessment from re-assessment and were reported "per 15 mins." The new code 96156 combines both and does not include time. The new code 96156 has a total non-facility RVU of 2.77 (\$99.97).
- **Charging patient responsibility for some wellness visits - Is there a certain rule?**
 - Under the ACA, the preventive well visit codes should be covered without patient responsibility. We know there are some "grandfathered" plans where this does not apply but they should be in the minority. Ancillary services associated WITH the preventive well visit codes (hearing/vision/screens) are a different story. If they are considered "covered" within the well visit code itself (bundled), you cannot balance bill the patient. If they are "covered" but "patient responsibility" you should balance bill for hearing/vision/other screenings whatever amount the payer assigns to patient responsibility. If they are considered "non-covered" services, you can/should bill the patient according to your fee schedule.
- **If I heard you right, you said you cannot bill 90460 with a Rota. What code would you use?**
 - Thank you for asking. I misspoke. If the patient is counseled, it is the correct code. If the patient returned for a "catch-up" and was not counseled on the same day the vaccine was administered, you should use 90473. This is a great resource: https://www.aap.org/en-us/Documents/coding_vaccine_coding_table.pdf
- **Do you have webinars on which reports you recommend to track vaccines quarterly by insurance carrier?**
 - We don't currently have a recorded webinar, but thanks for the great idea!
- **You said about increasing the fees but the insurance dictate how much to pay you...**
 - That is correct, but you likely have more than one payer and they likely pay you at more than one rate. In addition, you may have patients who see you for new plans that you may be out-of-network or not participating, so you want to set your fee schedule to be your value statement so you can capture all appropriate payment resources. In addition, if you set your fee schedule at the maximum your payer currently pays you, and they increase their payment schedule, they are not going to pay you more than you billed them for. Your colleagues will get the increased payment, but you will continue business as usual receiving your lower payments. (This year's CMS Conversion factor is up \$0.05 so if you continue last year's schedule, you will potentially not take advantage of that bump.)
- **Does OP import the current Medicare local fee schedule?**
 - It does not because of the GPCI and there are practices on the border of more than one GPCI and need to be location adjusted. OP Intelligence DOES load the Medicare fee schedule to do its benchmark calculations. The resources (AAP and

Dr. Berman's) contain instructions on how to do this in a spreadsheet. Stay tuned for additional resources for OP clients on how to streamline this in OP.

- **Is there a tutorial for OP to show me where to view full fee schedule?**
 - Our OP Educational Experience materials for clients will be forthcoming in the next few weeks so you can roll up your sleeves and get to work.
- **At what point are you allowed to write off copays if a patient does not pay at time of service?**
 - Technically, according to your contract if it is adjudicated as "patient responsibility" you are not allowed to write it off without "making a valid attempt" to collect it. As long as you have an office policy and procedure that you follow consistently, it is likely reasonable to write off things like screenings. For example, you may want to create an office policy that "Our practice believes that post-partum depression screening, developmental screenings, adolescent depression screening are integral to safe care. We pledge to not create an environment where patients refuse what we consider safe care in order to avoid a patient responsibility charge. We follow CPT guidelines and submit charges to payers for 96161, 96110 and 96127. If payment for these services fall to personal responsibility we will make a valid attempt to collect patient responsibility, but will not progress through our collections process in order to make sure that all patients get safe care."
- **I've always had to manually update the fee amount, one CPT at a time. Does OP have the functionality to allow me to upload a csv file obtained from our individual payers with their allowable amounts?**
 - Yes. Many clients have submitted us a spreadsheet of all their payer allowables. OP Support can run a script which will import and attach all of them to your payers. The turnaround time is typically a few business days from the time when your spreadsheet is complete and errors have been fixed. There is a fee for this service but it has true return on investment vs hand data entry.
- **Is it illegal to write off copays and balances of Employee's kids?**
 - Employee's children and professional courtesy fall under the same payer rules. If you submit to the payer, you must bill patient responsibility as outlined in your payer contract and adjudication reasons. However, you may have a practice policy for reimbursement (appropriate use of the word reimbursement) of employees as long as you apply consistently.
- **What report in OP do you like to run quarterly that shows you the fully paid vs charges?**
 - OP will be inviting our practices to additional educational materials on this subject and this is one of the first in the series by Dr. Suzanne Berman, soon to be released.
- **How do you add the separate fee schedule for APPs that get paid 15% less than the MDS?**
 - Adding multiple fee schedules, specifically in OP, will be covered in the forthcoming educational materials for clients.

- **I have never contacted an insurance company about raising my fees. Who would I contact? What department?**
 - You would start with your payer representative. Depending on what you are trying to accomplish, it may involve the medical director of the payer. For vaccine cost increases, the majority of national payers are informed through national communications. If you are trying to renegotiate your contract, that usually starts with your payer representative. Join SOAPM to learn from your colleagues!
- **Is it wise to charge cash newborn visit in first 5 days and then submit claim, or better not to submit claim?**
 - Submitting a claim ensures you get credit for performing a newborn well visit, which may be important for payers that track HEDIS W15. Some practices have better success waiting until the patient is 30 days old to get insurance information and an accurate first name.
- **How do we convince insurances to use CDC Private Sector Costs instead of AWP? We are having a major issue with this.**
 - Start with your Pediatric Council of your Chapter <https://www.aap.org/en-us/professional-resources/practice-transformation/getting-paid/Pages/aap-pediatric-councils.aspx>
- **Please send me the resources on Dr.'s insisting on doing some insurance only charges and waiving copays.**
 - <https://www.medicalbillingstudycourse.com/tips/truth-about-waiving-copays/>
- **Insurances rarely pay for vision and developmental screens. Our Doctors want to perform the screens but never charge the patient's for the screens. Any advice as to how to get these screenings paid from the insurances?**
 - The Payer Advocacy Advisory Committee is working on draft information that you can use to advocate for your payers. In the meantime, consider asking your Pediatric Council for assistance and/or see the answer above about writing off patient responsibility for screens.
- **What is the best report or SQL to use in OP to get at the fee schedule and to see the data quickly?**
 - Stay tuned for our upcoming OP Educational Experience information series on this subject.
- **Our practice bills Pulse ox and have noticed that most insurers will not pay the office visit - is this normal?**
 - Less than 1% of OP client charges for pulse ox are paid. 99% of the time, they are bundled with an office visit. Obviously, it's better to be paid for the office visit and not the pulse ox than vice versa. So many practices include that in the cost of doing business and don't bill. (Make sure they are charging an appropriate 99214 or 99215 E/M service! Simple complaints don't require a pulse ox.)
- **I usually stay on our payers fee schedule updates but I am having a hard time with OP's payer fee schedule. I feel that I am doing double work because I have to go back after posting insurance payments and ensure the payment is correct.**

- I would contact support and walk through this so we are better able to assist your team.
- **If a practice is NOT SUBMITTING any EMPLOYEES children's claims to avoid having to ask them for copay; what would be your recommendation? With the costs of vaccines these days this is a large contribution to some employees. However, this is a hurdle in the group.**
 - There are all kinds of reasons why this is not a great idea. Your payers P4P metrics include doing well visits and vaccines (and they should not generate a copay). But it also doesn't reflect the work you do! Why not have a policy to reimburse employees for out of pocket costs for care delivered within the office and charge the payer and the family appropriately?
- **We are having ongoing issues getting reimbursed for consults where the physicians are seeing for depression/anxiety. Claims are being rejected stating "this physician cannot perform these services." Any suggestions?**
 - Some of the payers have associated mental health diagnoses with only being allowed to be billed by a provider who has a mental health taxonomy code. You may want to try an alternative ICD (such as headaches, sleep problems, or a generic code. However, this is an ongoing problem that the AAP wants to hear about. Please submit a Hassle Factor form. As part of submission: please determine if this is an employer sponsored TPA (third party administrator) plan or a commercial private or public payer. Also, please include information for a biller where we might be able to get some examples. <https://www.aap.org/en-us/professional-resources/practice-transformation/getting-paid/Pages/Hassle-Factor-Form-Concerns-with-Payers.aspx>
- **Regarding same fee schedules for ALL payers. Are you suggesting, for example, that we charge Medicaid vaccines (VFC) the same \$\$ as we would private vaccines, although we have 0 cost (well...other than storage) to the vaccines, and we get reimbursed for the administration?**
 - It is appropriate to charge \$0.01 for VFC vaccines to avoid artificially inflating your receivables, and so that you can see at-a-glance from the claim that VFC vaccine was used. Providing VFC vaccine is technically providing a different product than providing private stock vaccine, so having 2 different charges to reflect this is reasonable.
- Can you give advice charge for self-pay patients? Example, patients wishes to know how much to pay ahead of time but we don't exactly know level of service until after visit? So right now, we only have one fee for self-pay.
 - **You should ask your providers to give you at least an E/M code for the visit at time of check out so that you can use your self-pay (and sliding scale if needed) to collect payment after the visit.**
- **When entering the fee schedules into OP, we put our fee in FEE#1, if we put a reimbursement amount for BCBS in Fee #2, that is not what is billed to BCBS is it?**
 - This will be covered in our upcoming OP Educational Experience information series – stay tuned!

- **When we increase the fee schedule, if we use OP billing, who do we notify of the change?**
 - Please do your homework, decide what you want to change and then contact support or your RCM account manager so they can do this work for/with you. Understand that this will likely change your practice KPIs including AR and adjustments.
- **We sometimes get denials when sending claims for double services on the same day due to "inclusive charges." For example, the client sees a psychiatrist and therapist the same day. The insurance would pay the family therapy but deny the medication management due to inclusive. Where do I find that rule in the fee schedule?**
 - This is payer specific. Some of these rules are discoverable in the payer level websites (which many of the national carriers have) to enter combinations of codes to see how they will pay and what modifiers they will want.
- **Dr. Kressly - Will I be able to contact you offline regarding additional questions concerning copays not being charged for employees?**
 - Any questions which are not OP specific, please send to skressly@kresslypediatrics.com
- **I know you stated that it was not legal; however, it has been in effective for years here.**
 - See above for information on employees.
- **When increasing fee schedule, do we also increase for self patients? Applying the new rate?**
 - It is best practice to have it the same across the board with one fee schedule and then you can decide what percentag is going to be your "time of service/self-pay" discount.
- **Is it illegal if the doctor decides to not charge the copay? Even though we submit the claim?**
 - Yes, see above and additional resource here: <https://www.beckersasc.com/pdfs/articles/Ch316896.pdf>
- **For those of us that already have OP, where can we find OP Intelligence?**
 - Contact your OP Client Solutions Manager.
- **How to get carriers' to re-negotiate reimbursements? How to find the appropriate person at insurance to re-negotiate contract? Most don't have regional reps anymore.**
 - This is a problem for many pediatric practices. Start with your Pediatric Council, and then escalate with a Hassle Factor form if needed.
- **When you said 17%-28% over vaccine cost. Is that for what we should be paid or what we should bill?**
 - That is the minimum to "break even." So if you want to make a profit (and you deserve to) I'd absolutely choose a higher % above cost and monitor your payments. Your fee schedule should always be more than your highest payer is willing to pay for vaccines.
- **Is there an SQL report to identify the 100% allowable of charge so we are able to make the correction to the fee?**

- There is. And Dr. Berman will include this in our OP Educational Experience to come.
- **We are thinking about obtaining an instrument for point of care lipid testing. Is this something you are generally seeing get reimbursed in pediatrics?**
 - This is very regionally specific. Some practices have done the ROI and they can't cover their costs. Some practices are in fact finding it profitable and good care. Your Pediatric Council might be able to connect you to others in your state and this is a great question for the SOAPM listserv!
- **Is it acceptable to bill 90460 for VFC vaccines administration for Indiana?**
 - I would contact your state VFC department or your state AAP Chapter for state specific instructions.
- **This is an AWESOME webinar. Dr. Kressly could you PLEASE PLEASE do a webinar on Modifier 25 on future?**
 - Thanks for the suggestion. We will take it into consideration.
- **When giving a self pay discount, can you just give the discount for the services or does that include vaccines as well?**
 - For the most part, vaccines are covered and should never be discounted. In most states, underinsured or uninsured patients are covered under VFC (check with your state VFC program). If there is a payer that is letting vaccine costs fall to patient responsibility, PLEASE fill out a Hassle Factor form!
- **What can I do about a doc who insists on waiving co-pays and doing "insurance only?" BTW, outstanding webinar! So very needed.**
 - Educate them. Invite them to listen to this webinar. Have them email me directly. Or ask them to put in writing that "any recoupments, penalties that result from the practice of waiving co-pays will be directly my responsibility, including financial, and will not be taken out of practice funds or use practice resources to defend."
- **When will OP start calculating RVU's?**
 - Please add this to the [Aha Ideas portal!](#) In the meantime, some practices have asked OP to do this for them as a custom report.
- **Are there videos to show you step-by-step how to set up the Fee schedules?**
 - Those educational materials will be coming in the near future.
- **Is there a ready-made SQL report in OP that shows my charges and payments broken down by insurance for the CPT codes that we use?**
 - Yes, they will be reviewed in the upcoming materials. In the meantime, feel free to look on the OP Help Center under the SQL Clip and Save Section!
- **Can you waive co-pay for your employees' children?**
 - See above. Would recommend reimbursing the employee instead.