

Late Night With Chip & Paulie

Episode #17

Thursday May 18, 2023 @ 8:00PM ET

1



Heidi Chamberlin & Tim Rushford

PedOne

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2

Last Webinar

Practice Purchase Guide

Merck Is No Friend Of Pediatricians

NFP Hospital Shenanigans

State of Medicaid

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2023 PMI Roadshows



PEDIATRIC MANAGEMENT INSTITUTE
HELPING PEDIATRICIANS SUCCEED

REGISTER TODAY!
Seating limited in all venues to ensure optimal learning

3

Join us for our upcoming seminar on Practice Management, curated specifically for Pediatricians, Administrators, and Office Managers, where one will gain invaluable insights and skills to operate a thriving pediatric practice in today's healthcare environment.

This program features interactive lectures, engaging case studies, and dynamic discussions to provide an in-depth understanding of the nuances and best practices for running a thriving Pediatric practice. Take advantage of this opportunity to network with peers and learn from industry leaders.



Paul Vanchiere, MBA



Brandon Betancourt, MBA

SCHEDULE

Registration	8:30AM
Introduction/ Welcome	9:00AM
Measuring Your Practice's Financial Progress	9:15AM
Break	10:15AM
Improve Morale, Productivity, and Profitability	10:30AM
How Much Should You Pay a Provider?	11:30AM
Complimentary Luncheon	12:15PM
Burnout on Burnout? Welcome To The Club	1:00PM
Practice Valuation & Succession Planning	2:00PM
Break	3:00PM
Practical Guide to Differentiate Your Practice	3:15PM
Cracking Common Challenges In Pediatric Practices	4:15PM
Group Q&A Session	5:00PM
Roadshow Adjourns	5:30PM

CITY	DATE
Washington, DC	May 30, 2023
Richmond, VA	June 1, 2023
Boston, MA	June 27, 2023
Philadelphia, PA	June 29, 2023
Los Angeles, CA	August 8, 2023
San Francisco, CA	August 10, 2023

REGISTRATION FEE \$249

Fee covers lunch, snacks, beverages, and digital copies of all presentation materials.

SCHEDULE

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2 tickets left for Washington DC

4 tickets left for Richmond, VA

.com



Agenda

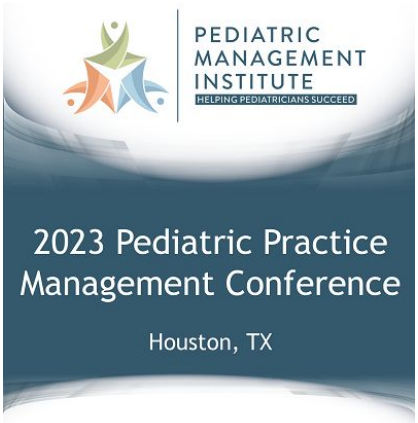
- This Week's Focus
- Data Nerd Report
- News Round Up
- Pediatric Billing Issues

4



PMI Conference 2024

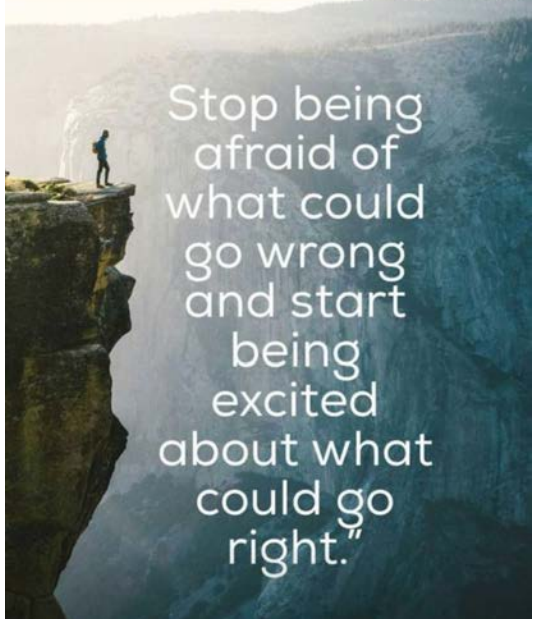
- Discounts (\$75) ends Oct 31st
- Over half of tickets already sold!



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Focus For The Week...



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CPT	AVG Chg	AVG Pmt	Chg %	PMT %	CPT	AVG Chg	AVG Pmt	Chg %	PMT %	CPT	AVG Chg	AVG Pmt	Chg %	PMT %
99213	\$147.75	\$81.70	15.90%	16.28%	90716	\$145.14	\$109.02	71.12%	74.42%	87880	\$32.51	\$13.44	82.30%	85.01%
99214	\$209.43	\$116.13	27.48%	28.17%	90686	\$31.63	\$16.07	72.09%	75.33%	90734	\$134.37	\$92.27	82.81%	85.65%
90460	\$44.35	\$21.27	33.68%	33.68%	96127	\$24.30	\$6.18	72.98%	75.75%	99051	\$41.00	\$11.23	83.32%	85.91%
99392	\$202.47	\$116.73	39.60%	40.00%	99395	\$238.63	\$139.07	73.84%	76.68%	90633	\$47.52	\$25.83	83.82%	86.41%
99391	\$189.62	\$108.60	44.69%	45.39%	87426	\$83.53	\$41.17	74.64%	77.41%	96160	\$25.66	\$5.23	84.31%	86.60%
99393	\$203.19	\$117.81	49.75%	50.83%	90471	\$44.73	\$22.06	75.40%	78.10%	92587	\$96.58	\$29.44	84.79%	86.87%
90670	\$216.17	\$160.70	53.94%	56.59%	87804	\$36.88	\$14.33	76.13%	78.63%	99177	\$38.80	\$10.78	85.23%	87.10%
99394	\$221.68	\$131.23	57.98%	61.02%	90619	\$180.14	\$130.10	76.87%	79.62%	99072	\$16.74	\$0.29	85.64%	87.11%
90461	\$29.91	\$11.78	60.91%	63.16%	90710	\$221.13	\$164.08	77.58%	80.59%	99383	\$231.23	\$126.47	86.05%	87.52%
90651	\$265.55	\$194.22	62.96%	65.93%	87428	\$120.05	\$57.33	78.23%	81.17%	99203	\$201.45	\$110.21	86.43%	87.91%
87635	\$109.46	\$52.88	64.31%	67.14%	99381	\$219.58	\$118.01	78.88%	81.81%	99204	\$298.34	\$161.99	86.81%	88.29%
90698	\$126.87	\$86.92	65.59%	68.76%	90620	\$211.78	\$156.25	79.48%	82.63%	87651	\$79.53	\$33.37	87.18%	88.58%
90680	\$104.01	\$69.39	66.86%	70.33%	99212	\$94.36	\$47.56	80.07%	83.19%	92552	\$55.43	\$35.29	87.51%	88.97%
87502	\$157.31	\$73.57	68.01%	71.32%	90707	\$87.01	\$63.03	80.66%	83.98%	99460	\$192.45	\$93.96	87.84%	89.27%
96110	\$33.20	\$11.57	69.14%	72.06%	92551	\$29.36	\$12.52	81.23%	84.42%	90744	\$44.63	\$22.36	88.15%	89.55%
99215	\$292.07	\$158.40	70.13%	73.05%	99173	\$21.54	\$3.96	81.79%	84.62%	90715	\$57.25	\$33.96	88.45%	89.88%

2022 CPTs by Total Charges

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CPT	AVG Chg	AVG Pmt	Chg %	PMT %	CPT	AVG Chg	AVG Pmt	Chg %	PMT %	CPT	AVG Chg	AVG Pmt	Chg %	PMT %
99213	\$147.75	\$81.70	15.90%	16.28%	99204	\$298.34	\$161.99	62.99%	63.16%	54150	\$334.65	\$138.27	67.84%	66.76%
99214	\$209.43	\$116.13	27.48%	28.17%	99203	\$201.45	\$110.21	63.37%	63.55%	69210	\$102.39	\$43.47	67.95%	66.85%
99392	\$202.47	\$116.73	33.40%	34.49%	99383	\$231.23	\$126.47	63.78%	63.96%	99211	\$50.28	\$20.91	68.07%	66.94%
99391	\$189.62	\$108.60	38.49%	39.88%	G0447	\$14.65	\$7.23	63.89%	64.06%	96160	\$25.66	\$5.23	68.56%	67.13%
99393	\$203.19	\$117.81	43.55%	45.32%	96127	\$24.30	\$6.18	64.77%	64.48%	99177	\$38.80	\$10.78	69.00%	67.35%
90460	\$44.35	\$21.27	49.75%	50.83%	99460	\$192.45	\$93.96	65.10%	64.78%	90472	\$33.40	\$13.92	69.12%	67.44%
99394	\$221.68	\$131.23	53.79%	55.26%	99382	\$225.18	\$122.82	65.39%	65.07%	17250	\$147.71	\$76.70	69.18%	67.51%
90461	\$29.91	\$11.78	56.73%	57.40%	99384	\$250.87	\$139.90	65.63%	65.32%	99443	\$146.67	\$69.92	69.22%	67.54%
99215	\$292.07	\$158.40	57.72%	58.39%	99238	\$140.35	\$73.88	65.87%	65.55%	99442	\$116.68	\$40.20	69.27%	67.57%
99395	\$238.63	\$139.07	58.58%	59.32%	92587	\$96.58	\$29.44	66.35%	65.82%	99205	\$378.40	\$215.71	69.33%	67.64%
99212	\$94.36	\$47.56	59.17%	59.88%	99401	\$61.11	\$29.83	66.54%	65.99%	96161	\$22.21	\$5.16	69.61%	67.76%
96110	\$33.20	\$11.57	60.31%	60.61%	97802	\$32.17	\$10.11	66.64%	66.05%	99462	\$105.29	\$43.99	69.69%	67.82%
99381	\$219.58	\$118.01	60.95%	61.25%	99173	\$21.54	\$3.96	67.20%	66.24%	99174	\$50.69	\$14.00	69.93%	67.94%
90471	\$44.73	\$22.06	61.71%	61.94%	90837	\$302.75	\$123.14	67.35%	66.35%	90834	\$207.26	\$81.83	69.99%	67.98%
92551	\$29.36	\$12.52	62.27%	62.39%	99188	\$37.57	\$15.61	67.59%	66.53%	94640	\$40.25	\$16.52	70.08%	68.05%
92552	\$55.43	\$35.29	62.60%	62.78%	17110	\$195.47	\$113.50	67.71%	66.66%	96372	\$40.19	\$18.65	70.16%	68.12%

2022 CPTs by RVUs

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PCC User's Conference 2023

July 11-14, Burlington, VT



<https://www.pcc.com/uc-2023/>

[Last year's conference is all there for free...](#)

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What's On The Pediatric Practice Management Calendar?

May 18, 2023

Paulie and Chip Late Show Webinar 8pm

Check Practice Brochure (Y)

Locate Payor Contracts and Fee Schedules (Q)

Active shooter/fire/evacuation plan (Y)

HIPAA Training (Y)

OSHA Training (Q)

bit.ly/PediatricPracticeManagementCalendar

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News Round Up ...Important News Pediatricians Need To Know!

www.PediatricSupport.com



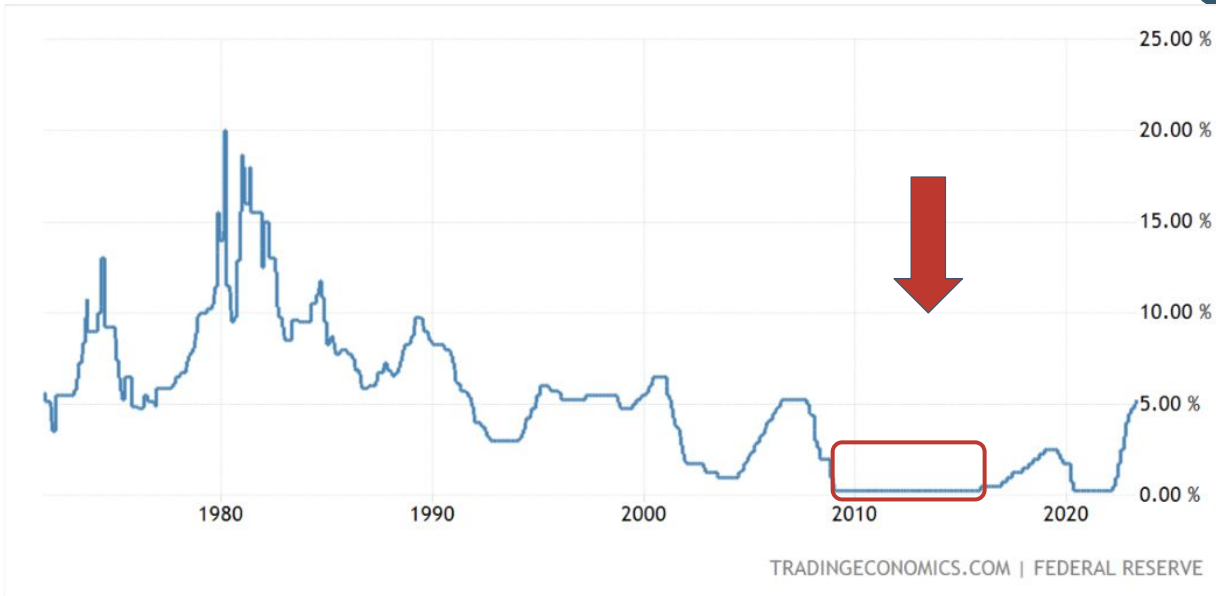
Federal Funds Rates

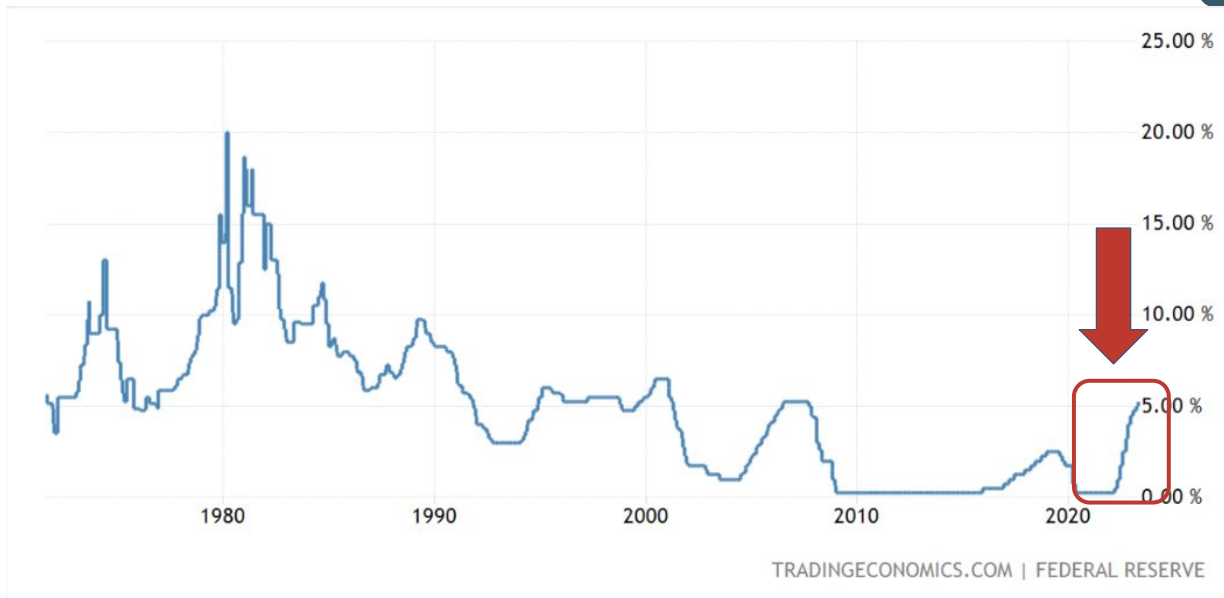
- Cost for “overnight bank lending” sets the bar for all lending rates
- Increases lending costs to discourage spending
 - Personal / Home / Car Loans
- Aims To Reduce Spending & Slow Down The Economy
 - Get Inflation Under Control



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As “Cost of Borrowing” increases, other things happen...

1. Corporate and Government Bond Rates Increase
 - Increases cost for government & corporations to borrow money
2. Capitalization Rates on investments increase

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Categories > Money, Banking, & Finance > Interest Rates > Corporate Bonds

10-Year High Quality Market (HQM) Corporate Bond Spot Rate (HQMBC10YR)

DOWNLOAD

Observations:
Apr 2023: **4.92**
(+ more)
Updated: May 10, 2023

Units:
Percent,
Not Seasonally Adjusted

Frequency:
Monthly

1Y | 5Y | 10Y | Max

1984-01-01 to 2023-04-01

EDIT GRAPH

FRED — 10-Year High Quality Market (HQM) Corporate Bond Spot Rate



Shaded areas indicate U.S. recessions.

Source: U.S. Department of the Treasury

fred.stlouisfed.org

IC
:M
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TE

Categories > Money, Banking, & Finance > Banking > Consumer Credit

Finance Rate on Personal Loans at Commercial Banks, 24 Month Loan (TERMCBPER24NS)

DOWNLOAD

Observations:
Feb 2023: **11.48**
(+ more)
Updated: Apr 7, 2023

Units:
Percent,
Not Seasonally Adjusted

Frequency:
Monthly

1Y | 5Y | 10Y | Max

1972-02-01 to 2023-02-01

EDIT GRAPH

FRED — Finance Rate on Personal Loans at Commercial Banks, 24 Month Loan



Shaded areas indicate U.S. recessions.

Source: Board of Governors of the Federal Reserve System (US)

fred.stlouisfed.org

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Where there's chaos,
there is opportunity...

Banks Want Your
Deposits

CD	SPECIAL OFFER EXPIRES 9/16/2023					
Marcus: by Goldman Sachs Goldman Sachs Bank USA Member FDIC	APY as of May 18 5.05%	Min. deposit \$500	Term 10mo	Est. earnings \$1,048	Next →	Offer details ↓
Member FDIC ★★★★★ 4.9 ⓘ Promoted offer: APY may change before CD is opened & funded						
Forbright™	APY as of May 18 5.20%	Min. deposit \$1,000	Term 1yr	Est. earnings \$1,300	Next →	Offer details ↓
Member FDIC Promoted offer: Easy Signup. High Yield. FDIC Insured.						
BMO	APY as of May 18 5.10%	Min. deposit \$1,000	Term 1yr	Est. earnings \$1,275	Next →	Offer details ↓
Member FDIC ★★★★★☆ 3.9 ⓘ Promoted offer: Grow your money with a high-rate, secure CD						
BARCLAYS	APY as of May 18 4.90%	Min. deposit \$0	Term 1yr	Est. earnings \$1,225	Next →	Offer details ↓
Member FDIC ★★★★★ 4.9 ⓘ Promoted offer: No Minimum Balance. No Monthly Maintenance Fees. FDIC Insured.						

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CD	SPECIAL OFFER EXPIRES 9/16/2023					
Marcus: by Goldman Sachs Goldman Sachs Bank USA Member FDIC	APY as of May 18 5.05%	Min. deposit \$500	Term 10mo	Est. earnings \$1,048	Next →	Offer details ↓
Member FDIC ★★★★★ 4.9 ⓘ Promoted offer: APY may change before CD is opened & funded						
Forbright™	APY as of May 18 5.20%	Min. deposit \$1,000	Term 1yr	Est. earnings \$1,300	Next →	Offer details ↓
Member FDIC Promoted offer: Easy Signup. High Yield. FDIC Insured.						
BMO	APY as of May 18 5.10%	Min. deposit \$1,000	Term 1yr	Est. earnings \$1,275	Next →	Offer details ↓
Member FDIC ★★★★★☆ 3.9 ⓘ Promoted offer: Grow your money with a high-rate, secure CD						
BARCLAYS	APY as of May 18 4.90%	Min. deposit \$0	Term 1yr	Est. earnings \$1,225	Next →	Offer details ↓
Member FDIC ★★★★★ 4.9 ⓘ Promoted offer: No Minimum Balance. No Monthly Maintenance Fees. FDIC Insured.						

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Bank	APY as of May 18	Min. deposit	Term	Est. earnings
Marcus by Goldman Sachs	5.05%	\$500	10 mo	\$1,048
Forbright	5.20%	\$1,000	1 yr	\$1,300
BMO	5.10%	\$1,000	1 yr	\$1,275
BARCLAYS	4.90%	\$0	1 yr	\$1,225

Certificate of Deposit

CURRENT BALANCE

Interest rate	4.76%
Term	90 Days
Issue date	04/07/2023
Renewal date	04/07/2023
Maturity date	07/06/2023

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BARRON'S

A Fed Pause Could Be an 'Almost Generational' Opportunity for Bond Investors

By Elizabeth O'Brien
Updated May 18, 2023, 8:37 am EDT
Original May 18, 2023, 3:30 am EDT

Jerome Powell's Fed is expected to hold rates steady in June after a series of increases. Credit: ANNA MONEYMAKER/GETTY IMAGES

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In June, the **Fed is expected to pause**—meaning hold rates steady, after raising them at each meeting since March of last year.

Since 1990, **the Fed paused an average of 10 months between the last rate hike and the first cut of each cycle**, according to a BlackRock analysis. Every time, the bond market initially rallied, then experienced volatility as the cut approached.

This climate offers an “almost generational” opportunity in fixed income, Akullian says. **The potential for total return is greater now than it will be as the Fed starts to loosen.** Rate cuts will boost bond prices and decrease yields, eating away at future total returns.

The sweet spot on the yield curve is between about three and seven years, unlike last year, when the short end of the curve was more attractive, Akullian says. “It’s not a bad thing to own some duration right now,” says Jack Janasiewicz, portfolio manager at Natixis Investment Managers Solutions. Shorter-maturity yields are best when inflation is hot and rates are rising rapidly.

Home > Politics & Policy

May 09, 2023 06:00 AM

Medicaid work requirements plan worries providers

LAUREN BERRYMAN    MERDIE NZANGA   

TWEET SHARE SHARE EMAIL

REPRINTS



How Will Work Requirements Get Pushed Through?

Tie less-than-popular legislation to
legislation that must be passed....

POLITICO

Playbook PM: Will the GOP line up behind McCarthy's red line?

By GARRETT ROSS | 05/16/2023 01:22 PM EDT | Updated 05/16/2023 04:05 PM EDT

Presented by



Speaker Kevin McCarthy said a debt limit deal must include new work requirements for some federal assistance programs. (Francis Chung/POLITICO)

4 NEWS

How the debt ceiling debate could put health insurance in jeopardy for millions

How the debt ceiling debate could put health insurance in jeopardy for millions

A Republican plan to link Medicaid coverage to estate work requirements could result in an estimated 1.5 million people losing health insurance coverage, according to the CBO.



- McCarthy told reporters that a **debt limit deal must include new work requirements for some federal assistance programs...**

33

- House Republicans' debt increase bill increased work requirements to 20 hours per week for recipients of Supplemental Nutrition Assistance Program (previously known as food stamps) between 50-56 years old. There were also changes proposed to the Temporary Assistance for Needy Families program, and an **outline for work requirements for Medicaid.**

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What Is the U.S. Debt Ceiling?

It's the limit for how much debt the federal government can have at once

It's imposed by Congress

Not raising the ceiling could lead to total debt default

Having a debt ceiling focuses national attention on the debt



the balance

The debt ceiling is the cap placed on the amount of money the government can borrow to pay for everything from Medicare benefits and military salaries to payments it owes bondholders for prior debt.

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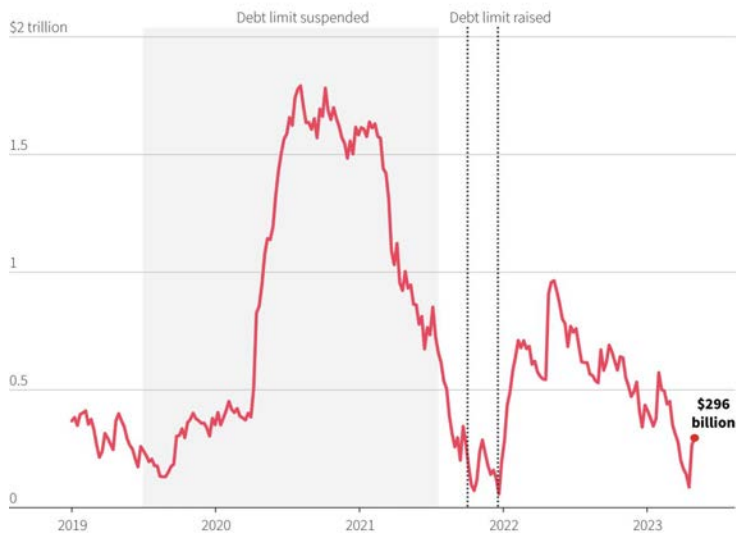
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Cash at the Treasury gets depleted as the 'X-date' looms

Cash available at the U.S. Treasury general account, used to pay for all official U.S. obligations, is draining fast as extraordinary measures are exhausted, pending a debt ceiling deal to raise the limit.

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Note: Latest data as of May 2, 2023.

Source: Refinitiv Datastream

Prinz Magtulis | Reuters, May 9, 2023



DEPARTMENT OF THE TREASURY
WASHINGTON, D.C.

SECRETARY OF THE TREASURY

May 15, 2023

The Honorable Kevin McCarthy
Speaker
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Speaker:

I am writing to follow up on my previous letters regarding the debt limit and to provide additional information regarding the Treasury Department's ability to continue to finance the operations of the federal government.

In my May 1 letter, I noted that our best estimate was that Treasury would be unable to continue to satisfy all of the government's obligations by early June if Congress does not raise or suspend the debt limit before that time. In that letter, I also noted that while it is impossible to predict with certainty the exact date when Treasury will be unable to pay all the government's bills, I would continue to update Congress as more information becomes available. With additional information now available, I am writing to note that we still estimate that Treasury will likely no longer be able to satisfy all of the government's obligations if Congress has not acted to raise or suspend the debt limit by early June, and potentially as early as June 1.

These estimates are based on currently available data, and federal receipts, outlays, and debt could vary from these estimates. The actual date Treasury exhausts extraordinary measures could be a number of days or weeks later than these estimates. I will provide an additional update to Congress next week as more information becomes available.

We have learned from past debt limit impasses that waiting until the last minute to suspend or increase the debt limit can cause serious harm to business and consumer confidence, raise short-term borrowing costs for taxpayers, and negatively impact the credit rating of the United States. In fact, we have already seen Treasury's borrowing costs increase substantially for securities maturing in early June. If Congress fails to increase the debt limit, it would cause severe hardship to American families, harm our global leadership position, and raise questions about our ability to defend our national security interests.

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The National Debt Explained

The national debt is the amount of money the federal government has borrowed to cover the outstanding balance of expenses incurred over time. In a given fiscal year (FY), when spending (ex. money for roadways) exceeds revenue (ex. money from federal income tax), a budget deficit results. To pay for this deficit, the federal government borrows money by selling marketable securities such as Treasury bonds, bills, notes, floating rate notes, and Treasury inflation-protected securities (TIPS). The national debt is the accumulation of this borrowing along with associated interest owed to the investors who purchased these securities. As the federal government experiences reoccurring deficits, which is common, the national debt grows.

Simply put, the national debt is similar to a person using a credit card for purchases and not paying off the full balance each month. The cost of purchases exceeding the amount paid off represents a deficit, while accumulated deficits over time represents a person's overall debt.



Revenue



Spending

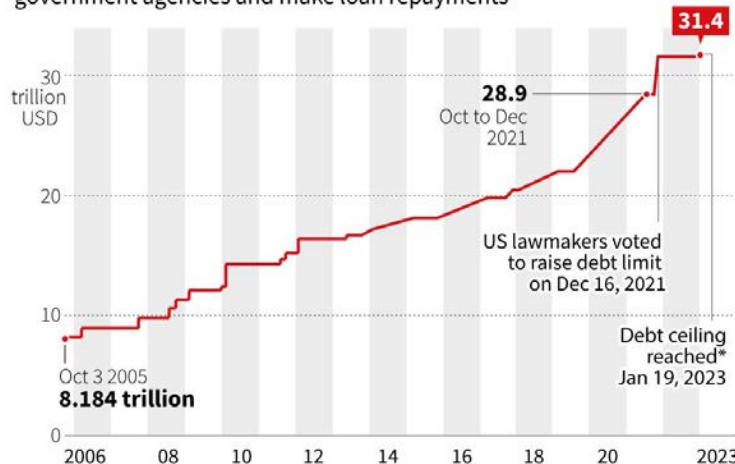


Deficit

	Revenue	Spending	Deficit
Year 1	\$400	\$500	-\$100
Year 2	\$600	\$800	-\$200
			-\$300
			Debt

US debt ceiling

The amount above which the country cannot issue new loans to fund government agencies and make loan repayments



Source: US Treasury *govt can operate until July-Sept with "extraordinary measures"

BECKER'S
HEALTHCARE



LOOKING FOR PROCESS IMPROVEMENT
Click here to see what's coming up next

Financial Management

From private equity to bankruptcy: Envision's last 5 years

Alan Condon and Nick Thomas - an hour ago



Nashville, Tenn.-based Envision Healthcare, a physician services company and ambulatory surgery center operator, has filed for bankruptcy almost five years after a private equity firm acquired it for \$9.9 billion and took the company private.

Under the restructuring plan, all of Envision's debt — excluding a revolving credit facility for working capital — will be equitized or cancelled, deleveraging about \$5.6 billion. Envision said it will continue to operate as usual throughout the restructuring process.



ER Doctors Vow to Pursue Case Against Envision Despite Bankruptcy

By Bernard J. Wolfson
MAY 12, 2023

REPORT THIS STORY



The lawsuit does not ask for monetary damages, so the physician group would presumably not have a financial claim against Envision. Instead, the doctors seek a legal finding that the company's alleged use of shell business structures to retain de facto ownership of ER staffing groups is illegal.

The doctors believe that a victory in their case would lead to a ban on that business strategy across California — not just in ERs run by Envision but also by TeamHealth, another private equity-owned medical staffing firm, and in other medical services the two companies provide, including anesthesiology, hospital-based medicine, and gynecology.



Medicaid Redetermination & Retroactive Disenrollment

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NOVEMBER 10-12, 2023**

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**Suzanne Berman,
MD, FAAP**

Former AAP SOAPM chair and nationally recognized physician advocate, Dr. Berman is a friend to pediatricians and children across the US. You may have benefited from her pediatrician guidebooks for the Provider Relief Fund, the OSHA COVID ETS, and the 21st Century Cures Act.
www.pediatric-ceo.com

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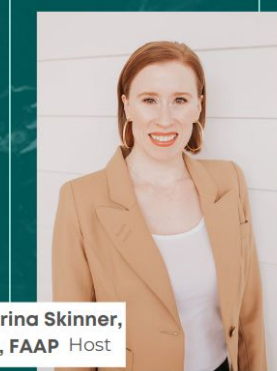
Chip Hart
Host

LIVE STREAM

THREE SIGNS YOUR PEDIATRIC PRACTICE IS BAD A\$\$

Wednesday, 24 May
Starts at 4PM PT/ 7PM ET

Facebook + Instagram



Katrina Skinner, MD, FAAP
Host

<https://bit.ly/3W2Xw5M>

www.PediatricSupport.com



Commercial Reimbursement Policy
CMS 1500
Policy Number 2023R5025A

Services Incident-to a Supervising Health Care Provider and Split or Shared Visits Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, the enrollee's benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations. UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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- Direct personal supervision means the Supervising Health Care Provider is present in the location of service
- Services rendered by a Nonphysician Provider that meet the "incident-to" criteria should be appropriately reported under the Supervising Health Care Provider's NPI number.



Avoid those Incident-To Headaches:

First off- **What is incident-to billing?** Under certain circumstances, supervising physicians can bill NPP (non-physician practitioner) visits under their own National Provider Identifier (NPI) number for full payment. The Centers for Medicare & Medicaid Services defines such services as "incident-to" because they are incidental to the physician's diagnosis and treatment of an injury or illness.

* Do not avoid credentialing your mid-levels in order to use incident-to to collect 100% of the fee schedule.

* Do not use this to bill providers who are "in the process" of being credentialed.

* The physician and provider billing **MUST** be employed by the same group.

* Have the overseeing physician on site (varies by state).

* No new problems or patients!

* Remember there are outliers.

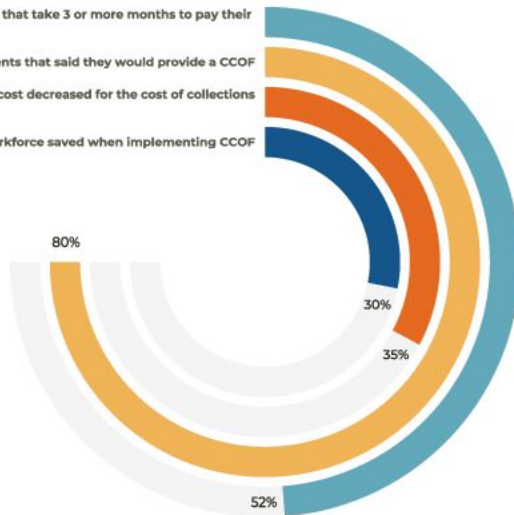
CCOF and Budget Plans

Amount of patients that take 3 or more months to pay their medical bills

Percentage of patients that said they would provide a CCOF

The amount of cost decreased for the cost of collections

The amount of workforce saved when implementing CCOF



Budget Plans

Is your staff offering budget plans and how are they being monitored? Do you have a set allowed amount or will you accept anything? Is this clearly documented?



Utilizing Your Front Desk

- ✓ Teach your front desk staff how to catch issues through the use of flags or alerts
- ✓ Train the front desk how to properly read and enter insurance info.
- ✓ Help your front desk feel comfortable asking for money-co-pays or balances.
- ✓ Have your staff check for needed forms/signatures every Jan 1st such as financial policy, privacy notices, etc.
- ✓ Help staff understand the DOB rule for entering 2 insurances for one child.



Utilizing Your Front Desk

- 1 | Make sure the patient's most current insurance card is scanned in - both front AND back- and on every child individually in the family- not just one.
- 2 | Eligibility is one of the biggest denial reasons! Ensure your staff knows how to run and verify eligibility.
- 3 | Correct start and term dates are essential!
- 4 | Entering the subscriber's DOB is another essential step to ensure correct billing.
- 5 | Knowing if your office is "in-network" is the family's responsibility- have your front desk work with them to verify this. NPIs are public.
- 6 | Ensure that patient suffixes are correct for each individual child if applicable.

