

2025 Telehealth Updates

Congress has extended telehealth waivers only through the first quarter, meaning the geographic location and site-of-service restrictions for Medicare telehealth services will be reinstated starting April 1, 2025. Although there are some important exceptions, including for behavioral health services and ESRD-related clinical assessments, most Medicare telehealth services will once again, in general, be available only to beneficiaries in rural areas and only when the patient is located in certain types of medical settings.



Originating Site Location

The location where a patient receives care is the originating site.

NOTE: A patient's home is no longer a valid originating site.

Valid sites are in:

- A county outside of a Metropolitan Statistical Area (MSA)
- A Rural Census Tract Area • Both Determined by the Census Bureau
- A Health Professional Shortage Area (HPSA)
- Determined by the Health Resources and Services Administration (HRSA)

Valid Originating Sites

- Physician and practitioner offices
- Hospitals
- Critical Access Hospitals (CAHs)
- Hospital-based or CAH-based Renal Dialysis Centers
- Rural Health Clinics
- Federally Qualified Health Centers
- Skilled Nursing Facilities (SNFs)
- And a few others

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2025 Medicare Deductible Updates

These adjustments reflect rising healthcare costs and inflation. Familiarizing your team with these amounts can help in communicating changes to patients and assisting with questions on Medicare billing.

How Deductible Season Impacts Your Practice

As deductibles reset, many patients may experience "sticker shock" when faced with higher-than-expected medical costs, which may affect their treatment decisions. Here's what your practice might experience:

- 1. Increased Patient Inquiries:** Many patients may have questions about why their out-of-pocket costs are higher at the beginning of the year. Your front desk and billing teams should be prepared to explain the deductible structure and provide estimates.
- 2. Possible Delays in Non-Essential Treatments:** Some patients may choose to postpone non-urgent care until they meet their deductible. Proactive communication can help your practice manage schedules and ensure essential care is not delayed.
- 3. Streamlined Claims Processing:** Accurate billing is critical for a smooth deductible season. Make sure your billing software and team are updated with 2025 deductible amounts to reduce processing delays and expedite reimbursements.

Tips to Help Prepare Your Practice for 2025

Here are some steps you can take to ease the transition into 2025's deductible season:

- **Educate Your Staff:** Ensure front desk and billing teams are well-versed in the new deductible amounts and common patient questions. This can enhance patient interactions and prevent misunderstandings.
- **Offer Flexible Payment Options:** Higher deductible amounts can lead to larger upfront costs for patients. Consider offering payment plans or financial counseling to help patients manage costs and reduce the likelihood of deferred care.
- **Encourage Preventive Services:** Since some preventive services may not require the deductible to be met, encourage patients to take advantage of these, particularly Medicare wellness visits and routine screenings.
- **Optimize Communication:** Consider sending a message to Medicare and private insurance patients explaining deductible season, along with reminders about important appointments or screenings. Transparent communication can improve patient experience and trust.

Stay Informed for a Smooth 2025 Deductible Season

Deductible season presents both challenges and opportunities for patient care and practice efficiency. By staying up-to-date on Medicare and general deductible changes, your team can continue providing excellent care and support to your patients, even as healthcare costs evolve.

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DME Revenue Cycle Management in 2025: Key Updates

The Durable Medical Equipment (DME) industry has experienced substantial changes in recent years, and as we approach 2025, the revenue cycle management (RCM) landscape is evolving rapidly. Healthcare providers, suppliers, and payers must adapt to these changes to maintain compliance, optimize operations, and improve financial performance. This article outlines key updates in DME RCM, providing practical strategies to enhance revenue, minimize denials, and remain competitive in an increasingly regulated market. The landscape of DME billing has evolved significantly, with the latest changes for 2025 set to reshape how healthcare providers manage the procurement and reimbursement of DME items. As healthcare delivery grows more complex, so too do the regulations governing medical equipment billing. The 2025 updates aim to streamline the process, enhance transparency, and ensure fair reimbursement rates for both providers and patients. This article delves into these updates and their implications for DME providers, suppliers, and patients.

Key Changes in the 2025 DME Billing Rules

1. Introduction of a New Fee Schedule One of the most significant updates in the 2025 Durable Medical Equipment (DME) regulations is the comprehensive revision of the Medicare Durable Medical Equipment Fee Schedule. The Centers for Medicare & Medicaid Services (CMS) have adjusted the payment amounts for a broad range of DME items, aiming to better reflect current market conditions. These changes are designed to enhance access to care for patients while ensuring fairness for suppliers. As the healthcare industry transitions from fee-for-service (FFS) models to value-based care (VBC), reimbursement will increasingly be tied to patient outcomes, quality of care, and overall satisfaction, rather than the volume of services provided. DME suppliers must adapt their revenue cycle management (RCM) strategies to align with these evolving expectations, ensuring that the equipment they deliver contributes to improved patient outcomes and supports the broader goals of value-based care.

2. Emphasis on Transparency As deductibles and co-pays continue to rise, patient financial responsibility is becoming an increasingly critical factor in Durable Medical Equipment (DME) Revenue Cycle Management (RCM). By 2025, the trend toward higher patient cost-sharing is expected to persist, leading to greater patient involvement in the billing process. Patients now expect enhanced transparency and clarity when understanding their financial obligations. New regulations will require DME suppliers to provide more transparency in pricing and billing practices. Suppliers will be obligated to provide detailed invoices that clearly break down the costs of individual items and services. This update aims to prevent overcharging and ensure both patients and insurance providers are fully informed of all charges. Increased transparency will also support fraud prevention efforts, as discrepancies in billing will be easier to identify and address. As patients become more informed healthcare consumers, their expectations for a seamless and personalized experience have grown. DME suppliers must adapt their RCM practices to offer greater transparency, flexibility, and communication in their billing processes. By fostering a positive patient experience, suppliers can improve payment collections, reduce the likelihood of chargebacks, and minimize disputes.

3. Mandatory Use of Electronic Health Records (EHR) and Billing The 2025 updates push for more efficient, automated processes. One of the key changes is the requirement for all DME suppliers to use Electronic Health Records (EHR) and electronic billing systems. This transition to digital platforms aims to reduce errors and paperwork while speeding up the reimbursement process. With the move to a fully electronic system, billing procedures will be standardized, and paperwork requirements will be minimized, benefiting both healthcare providers and patients.

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4. Changes in Documentation Requirements To avoid delays in reimbursement, the 2025 DME billing rules place a greater emphasis on documentation accuracy. Providers must submit detailed, accurate documentation to substantiate the medical necessity of the equipment being prescribed. The requirement for specific documentation will depend on the type of equipment being requested and the patient's medical condition. Inadequate or incomplete documentation could lead to claim denials, which could impact cash flow and create additional administrative burdens for providers.

5. Changes to Coverage for Certain Equipment As part of the 2025 DME updates, CMS has updated its coverage policies for certain categories of equipment. For example, there may be expanded coverage for newer technologies, such as advanced mobility devices and telemedicine-enabled equipment. However, some categories of DME, such as certain types of home-use medical devices, will face tighter restrictions on reimbursement. Healthcare providers will need to stay updated on which items are eligible for coverage under the new guidelines.

6. Reimbursement for Remote Patient Monitoring Devices The COVID-19 pandemic significantly accelerated the adoption of telehealth and remote patient monitoring (RPM) services, and this trend is expected to continue into 2025. Both public and private insurance plans are increasingly covering RPM and telehealth consultations, which is particularly important for DME suppliers offering equipment such as blood pressure monitors, glucose meters, and CPAP devices. In 2025, remote patient monitoring devices will see broader coverage under Medicare and Medicaid, marking a key shift in the healthcare landscape. Providers can expect reimbursement for devices that enable the monitoring of patients outside traditional healthcare settings, including glucose meters, blood pressure cuffs, and wearable devices that track heart rates. This expansion aims to improve the management of chronic conditions, reduce hospital readmissions, and ensure that reimbursement rates remain equitable for all parties involved.

7. Audit and Compliance Measures Regulatory requirements within the Durable Medical Equipment (DME) sector are rapidly evolving, with both federal and state governments intensifying enforcement efforts. As we move into 2025, healthcare providers should anticipate more stringent audits, enhanced documentation requirements, and more detailed guidelines for claims submission. The Centers for Medicare & Medicaid Services (CMS) and private insurers are increasingly focused on ensuring proper reimbursement processes, reducing fraud, and ensuring accurate coding practices. With these heightened regulatory standards, there will be a significant increase in audit and compliance measures. Medicare and other insurers will implement more frequent and rigorous audits to verify that DME items are medically necessary, properly prescribed, and compliant with the updated billing rules. Providers must adopt a proactive approach, ensuring that their billing practices align with the new regulations to mitigate the risk of audit penalties or repayment demands.

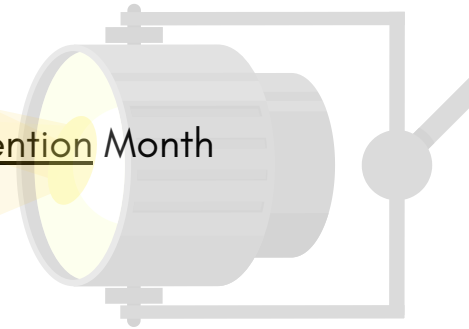
8. Impact on Small Providers and Suppliers The updates in the 2025 rules also bring challenges for smaller DME suppliers. Many smaller businesses may struggle with the increased administrative burden, especially the transition to electronic billing and the need for detailed documentation. However, the changes are expected to level the playing field, making it easier for providers to demonstrate their quality and qualifications. For those who can adapt, this shift may offer opportunities to build trust and loyalty among patients and insurers alike.

Spotlighting Awareness

January Health Awareness

The health observances for January include:

- January 1-31: Cervical Health Awareness Month
- January 1-31: Glaucoma Awareness Month
- January 1-31: International Quality of Life Month
- January 1-31: National Birth Defects Awareness/Prevention Month
- January 1-31: National Blood Donor Month
- January 1-31: National Radon Action Month
- January 1-31: National Winter Sports Traumatic Brain Injury Awareness Month
- January 1-31: Thyroid Awareness Month
- January 4: World Braille Day
- January 11: Paget's Awareness Day
- January 26: World Leprosy Day
- January 30: World Neglected Tropical Diseases Day



Powering Up Private Practices

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Zucchini Crust Pizza



Level: **Easy**

Cook Time: **25 min**

Prep Time: **20 mins**

Yield: **6 servings**

Nutrition Facts

1 piece: 188 calories, 10g fat (5g saturated fat), 30mg cholesterol, 514mg sodium, 12g carbohydrate (4g sugars, 1g fiber), 14g protein.

Diabetic Exchanges: 2 vegetable, 2 lean meat, 1/2 fat.

Directions

Step - 1 Preheat oven to 450°. In a large bowl, combine the first 4 ingredients; stir in 1/2 cup mozzarella cheese and 1/4 cup Parmesan cheese. Transfer to a 12-in. pizza pan coated generously with cooking spray; spread to an 11-in. circle.

Step - 2 Bake until crust is golden brown, 13-16 minutes. Reduce oven setting to 400°. Sprinkle with remaining mozzarella cheese; top with tomatoes, onion, pepper, herbs and remaining Parmesan cheese. Bake until edge is golden brown and cheese is melted, 10-15 minutes. Sprinkle with chopped basil if desired.

Ingredients

- Ingredients
- 2 cups shredded zucchini (1 to 1-1/2 medium), squeezed dry
- 1/2 cup egg substitute or 2 large eggs, lightly beaten
- 1/4 cup all-purpose flour
- 1/4 teaspoon salt
- 2 cups shredded part-skim mozzarella cheese, divided
- 1/2 cup grated Parmesan cheese, divided
- 2 small tomatoes, halved and sliced
- 1/2 cup chopped red onion
- 1/2 cup julienned bell pepper
- 1 teaspoon dried oregano
- 1/2 teaspoon dried basil
- Chopped fresh basil, optional

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Meet Our Staff

We take pride in the talented team members who contribute to our success every day. This month, we're highlighting a few individuals who make a difference in our organization!



Suman M - Assistant Manager - Client Delivery

Suman brings over 10 years of expertise in the US medical billing industry, with a proven ability to identify and resolve issues efficiently. His in-depth knowledge of medical billing, combined with a passion for prompt problem-solving, ensures smooth and seamless operations. Committed to professional excellence, Suman also values personal growth and maintaining a healthy work-life balance. Happily married and a proud father to a one-year-old son, Suman finds joy in hiking, fishing, traveling, and spending quality time with friends and family. These activities keep him grounded and energized, allowing him to bring a positive attitude to work every day.



Sharvani P - Team Lead - Client Delivery

Sharvani has been immersed in the healthcare domain since 2014, steadily gaining valuable experience and insights throughout her journey. Alongside her professional pursuits, she nurtures a deep passion for cooking and dreams of one day becoming a professional chef. She is also captivated by interior design, finding joy in creating warm and inspiring spaces.

When she's not at work or pursuing her creative interests, Sharvani loves traveling with her husband and their two adorable pets. Together, they explore new destinations, embrace adventures, and create cherished memories along the way.

Words of Encouragement

"Pursue your dreams with courage and curiosity."

"Every day is a chance to design your perfect story."

"Adventure, creativity, and love are the spices of life."



Jessica Blake - Revenue Cycle Lead

Jessica Blake is a proud mother to five remarkable children, each of whom brings a unique sense of joy, purpose, and love into her life. She finds her greatest peace in the outdoors, drawing endless inspiration from the natural beauty that surrounds her. Her enthusiasm for automobiles goes beyond a mere hobby—it's a passion that connects her to the dynamic world of design and innovation. Through life's ups and downs, her loyal dog has been a constant source of companionship and unwavering support, offering unconditional love.

For the past three years, Jessica has devoted herself to the field of Durable Medical Equipment (DME), where she has had the privilege of contributing to the well-being of others while advancing her own professional growth. Her life is a vibrant blend of family, nature, and passions, interwoven to create a deeply fulfilling journey.



Balaji B - Associate Revenue Cycle Lead

Balaji brings over 13 years of experience in the US healthcare industry, with expertise in identifying and implementing technology-driven automation solutions that enhance productivity, quality, and collections for clients. He excels in strategic planning for outstanding A/R management and conducting cash tank analyses to support business partners effectively.

In his free time, Balaji enjoys spending quality moments with his family and cherishes time with his little ones, finding balance and joy in these precious experiences.

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