

Value Based Care

The Centers for Medicare & Medicaid Services (CMS) has introduced significant updates to the 2025 Physician Fee Schedule (PFS), aimed at strengthening value-based care (VBC) initiatives. These changes focus on expanding reimbursement opportunities, reducing administrative burdens, and promoting holistic patient care. Here's a breakdown of the key modifications and their impact on providers.



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Key Changes in the 2025 PFS for Value-Based Care

1. Advanced Primary Care Management (APCM)

CMS has introduced three new HCPCS G-codes that replace traditional care management codes, streamlining billing and reducing administrative time:

- G0556: Level 1 - Patients with one chronic condition
- G0557: Level 2 - Patients with two chronic conditions
- G0558: Level 3 - Qualified Medicare Beneficiary Patients with multiple chronic conditions

These new codes bundle Chronic Care Management (CCM) and Principal Care Management (PCM) services with Communication Technology-Based Services (CTBS), including virtual check-ins, remote evaluations, e-visits, and interprofessional consults. This consolidation is designed to enhance care coordination while increasing provider reimbursement.

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Navigating MIPS 2025

2. Increased Reimbursement for CCM and RPM

The 2025 PFS includes higher reimbursement rates for CCM and Remote Patient Monitoring (RPM):

- RPM:
 - CPT 99457: \$47.87
 - CPT 99458: \$38.50
- CCM:
 - CPT 99490: \$60.49
 - CPT 99439: \$45.93

These adjustments incentivize the adoption of technology-driven care, incorporating AI-driven monitoring tools and advanced analytics to improve patient outcomes.

3. Simplified Billing for Transitional Care Management (TCM)

TCM services (CPT 99495 and 99496) will now have simplified documentation requirements. CMS has also introduced new codes for more complex transitions, encouraging broader adoption of TCM services to improve post-discharge patient outcomes.

4. Support for Principal Care Management (PCM)

PCM codes (CPT 99424 and 99425) will now align with CCM reimbursement rates, reflecting the intensity of care required for managing high-risk conditions. Nurse practitioners and physician assistants can now bill for PCM services under general supervision, increasing provider flexibility.

5. Enhancements to Annual Wellness Visits (AWVs)

AWV reimbursements are being adjusted to better reflect the resources needed for comprehensive preventive care planning. Telehealth will now be an approved modality for AWVs, expanding access to underserved populations and enhancing preventive care initiatives.

6. Expanded Behavioral Health Integration (BHI)

CMS is increasing reimbursement for behavioral health services (CPT 99492, 99493, and 99494), encouraging collaborative care models that integrate mental health services into primary care settings. This expansion is part of a broader initiative to address the national mental health crisis.

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The Critical Role of Documentation in DME Billing

In the world of Durable Medical Equipment (DME), proper documentation isn't just a formality, it's the foundation of accurate, efficient, and compliant billing. Whether you're a provider, supplier, or healthcare professional, understanding the importance of documentation is essential for ensuring timely reimbursement and maintaining high standards of patient care.

Why Documentation Matters

1. Proving Medical Necessity

Insurance providers, including Medicare and Medicaid, require clear and comprehensive documentation to confirm that the DME is medically necessary. This includes a physician's order, a detailed diagnosis, and supporting clinical notes. Without this proof, claims can easily be delayed or denied.

2. Ensuring Accurate Reimbursement

Incomplete or inaccurate paperwork is one of the primary reasons for claim denials. Detailed documentation ensures that the right equipment is billed at the correct rate, reducing the risk of underpayment or payment delays.

3. Maintaining Compliance

The DME industry is heavily regulated, and strict compliance with the Centers for Medicare & Medicaid Services (CMS) guidelines is crucial. Proper documentation demonstrates that all required steps—like patient assessment and equipment justification—have been completed correctly.

4. Avoiding Audits and Penalties

Insurance companies frequently audit DME claims to prevent fraud and overbilling. Comprehensive documentation serves as your best defense, showing that each claim is legitimate and backed by accurate, thorough information.

5. Facilitating Clear Communication

Proper documentation keeps all parties—prescribing physicians, DME suppliers, and insurance companies—on the same page. This minimizes errors and ensures patients receive the right equipment without unnecessary delays.

In the fast-paced world of DME, accurate documentation is more than just paperwork—it's a vital tool for providing exceptional patient care and keeping your business running smoothly. By prioritizing thorough and organized records, you ensure proper reimbursement, maintain regulatory compliance, and enhance overall patient satisfaction.

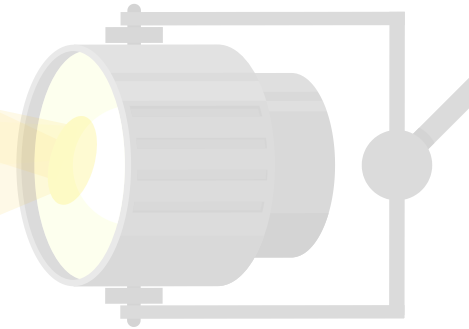
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Spotlighting Awareness

March Health Awareness

The health observances for March include:

- March 1-6: National Aplastic Anemia & MDS Awareness Week
- March 2: World Teen Mental Wellness Day
- March 3: World Birth Defects Day
- March 3: World Hearing Day
- March 4: HPV Awareness Day
- March 4: World Obesity Day
- March 5: Dissociative Identity Disorder Awareness Day
- March 6: National Hospitalist Day
- March 9-15: Patient Safety Awareness Week
- March 9-15: Pulmonary Rehabilitation Week
- March 9-15: Sleep Awareness Week
- March 10: National Women and Girls HIV/AIDS Awareness Day
- March 24: World Tuberculosis Day
- March 25: American Diabetes Alert Day
- March 26: Epilepsy Awareness - Purple Day
- March 30: National Doctors' Day
- March 30: World Bipolar Day



Powering Up Private Practices

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Corned Beef and Cabbage in Guinness



NUTRITION INFO	
Serving Size: 1 (411) g	
Servings Per Recipe: 8	
AMT. PER SERVING	% DAILY VALUE
Calories: 717.2	
Calories from Fat 390 g	54 %
Total Fat 43.4 g	66 %
Saturated Fat 14.5 g	72 %
Cholesterol 222.1 mg	74 %
Sodium 2875.7 mg	119 %
Total Carbohydrate 35.5 g	11 %
Dietary Fiber 6.8 g	27 %
Sugars 7.8 g	31 %
Protein 45.3 g	90 %

Directions

1. Rinse corned beef under cold water, and pat dry.
2. In a Dutch oven, or other large pot with a cover, brown corned beef well on all sides over high heat.
3. Pour Guinness over the meat, and add enough water to just cover the brisket.
4. Add the onion, garlic, bay leaf, cinnamon, cloves, allspice and pepper to the pot.
5. Bring pot to a boil and skim off any foam.
6. Reduce heat to a simmer. Cover pot and simmer for 3 hours.
7. Add carrots, then potatoes and then the cabbage wedges to the pot.
8. Cover pot, and continue cooking until meat and vegetables are tender (about 20-30 minutes).
9. Remove meat and vegetables to warm serving platter/dishes, leaving the cooking liquid/sauce in the pot.
10. Over high heat, bring the cooking liquid to a boil, and cook until the amount of liquid is reduced by half (about 10 minutes).
11. Slice the corned beef; serve with the vegetables and the sauce on the side.
12. Note: Corned beef should always be sliced across the grain.

Ingredients

- 4lbs flat cut corned beef brisket
- 1(12 ounce) bottle Guinness draught (make sure you use Guinness draught, not stout as it will turn it bitter!)
- 1medium yellow onion, peeled and cut into wedges
- 3garlic cloves, minced
- 1bay leaf
- 1/4teaspoon ground cinnamon
- 1/8 - 1/4teaspoon ground cloves (to taste)
- 1/4teaspoon ground allspice
- 1/4teaspoon ground black pepper
- 1head cabbage, cut into wedges, rinsed and drained
- 6medium white potatoes, peeled and quartered
- 1 -2lb carrot, peeled and cut into 3-inch pieces

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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!



Meenakshi Subramani - Team Lead Patient Services

With over 8 years of experience in medical billing, I have had the opportunity to work across various specialties, including Pediatrics, Urgent Care, Gynecology, and Pain Medicine. For the past three years, I have been fortunate to be a part of Svast Healthcare, where I currently manage the end-to-end patient calling process.

I take great pride in helping patients, addressing their concerns, and ensuring a smooth experience for them. My time at Svast Healthcare has been incredibly rewarding, and I am excited to continue making a positive difference.



Hashkar EK - Manager - Assistant Manager - Client Delivery. AR

Hashkar is a highly experienced professional with 14 years of expertise in Revenue Cycle Management. He is passionate about problem-solving, continuously improving his skills, and mentoring others. A strong believer in teamwork, Hashkar excels at motivating and leading his team toward success. Outside of work, he enjoys spending quality time with his family and children.



Francy Russell - Associate Revenue Cycle Lead - HME Operations

Francy brings over 19 years of experience in the healthcare industry, with a background spanning DME, Hospice, and Home Infusion. Her expertise includes medical billing, collections, customer service, training, systems support, and leading as a senior medical biller. In her free time, she enjoys traveling and watching her son play competitive hockey. When not traveling for hockey, she loves spending time with her family (including her two dogs), hiking, fishing, and enjoying the outdoors.



Edison R - Assistant Manager - Client Delivery

I have 10 years of experience in US Healthcare, starting my career as an AR Associate and currently working as an Assistant Manager. My main responsibilities involve analyzing inventory, identifying global trends contributing to AR 90+, and working closely with insurance companies and providers to resolve issues efficiently. Outside of work, I enjoy playing cricket and football and spending quality time with friends.

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