



Your *PATH* to
Medical Technology
Reimbursement

What's on the Horizon?

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What's on the Reimbursement Horizon, May 2021

Want to know what we have been up to recently? Want to add to your payer coverage and payment success cases? Check out an overview of our most recent blog posts to catch up to speed. These include posts on denied claims from CMS' CERT Program, up-to-date information on the new Medicare Part D Payment Model, and an informative video on HCPCS coding changes for 2021. We also had some notable success cases.

[Case Study: The GIRS Payer Advocacy Compass® \(PAC\) Team works with Payer to Obtain Appropriate Reimbursement](#)

In November 2019, our client was not receiving coverage for a complex medical supply in a key Medicaid market. The product design had changed, and the old pricing was not appropriate for the redesigned product. In addition, the coding was not representing the redesigned product and there were several coding options that needed to be verified with each Medicaid program to advise accounts appropriately. Read on to find out how our PAC team collaborated with the payer to help our client gain a higher reimbursement rate and obtain information on correct documentation for prior authorization.

[Case Study: A Client's Account Overcomes Billing Hurdles with The GIRS Payer Advocacy Compass® \(PAC\) Team Support](#)

The GIRS Payer Advocacy Compass® (PAC) team created a reimbursement strategy for a client's account when they reported that they were unsuccessful in getting certified by a payer in a key Medicaid market to begin billing for our client's Product. Read on to find out how our PAC team initiated and facilitated contact with the payer and multiple parties to get the issue resolved successfully.

[What is the Implication of the CMS' Comprehensive Error Rate Testing \(CERT\) for Your Accounts?](#)

CMS resumed the Comprehensive Error Rate Testing (CERT) program that establishes whether claims paid by Part A/B Medicare Administrative Contractors (MACs) and Durable Medical Equipment MACs (DME MACs) are paid correctly each year. The CERT program resumed reviewing claims submitted from July 1st, 2019 through June 30, 2021. The program releases data on improper payment in the Medicare Fee-for-Service (FFS) program on a national scale. CMS considers the improper payment rate as being the "measurement of payments that did not meet Medicare requirements."

Have your accounts received a request from CMS' CERT program for additional documentation for Medicare claims? Are you having problems submitting the correct documentation or having your denied claims overturned? Read our most recent blog post to find out the implications CERT has for your accounts and how our team can help get those claims paid appropriately.

[Medicare Part D Modernization Model and What it Means for You](#)

The Centers for Medicare and Medicaid Services (CMS) announced a new five-year (CY 2020-2024) payment model to address the high list price of drugs covered by Medicare Part D and to "modernize" payment options for patients and providers.

Have you heard about the new Medicare Part D Payment Model? Not sure how this impacts your reimbursement? Plan and keep up to date with this month's blog post and let our team devise a strategy that fits your timeline.

[Drugs, Medical Devices, and DME HCPCS Coding Changes for 2021](#)

Are you aware of the new HCPCS codes for 2021? Not sure how the new codes impact your product and your bottom line? Watch our brief video [here](#) to find out options and details surrounding new HCPCS coding changes.

Want to catch up on our blog? Join our [mailing list](#) to receive our newsletter and be the first to know news on reimbursement trends and success cases for our clients as soon as they happen.

LET US HELP YOU #LookAheadoftheCurve: GET A COMPLIMENTARY REVIEW OF YOUR REIMBURSEMENT NEEDS AND STRATEGIES



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