

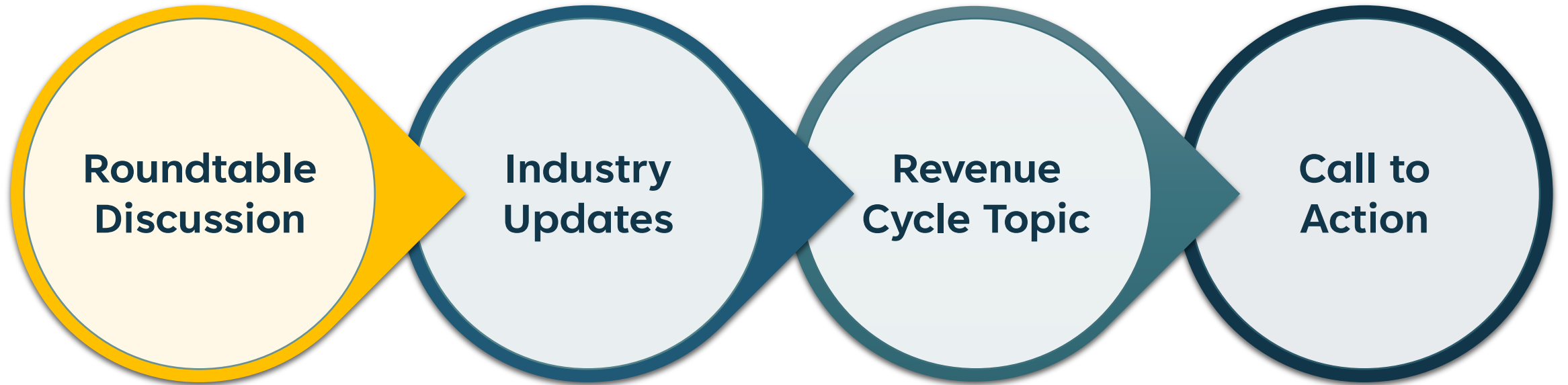


STROUDWATER

WEST VIRGINIA REVENUE CYCLE NETWORK MEETING

November 20, 2025

Agenda





ROUNDTABLE DISCUSSION

Round Table Discussion



- What is going well within your organization regarding RCM?
- What are some wins we can celebrate?
- What challenges are you seeing?
- What is keeping you up at night?





INDUSTRY UPDATES

National Rural Health Day

National Rural Health Day

Celebrating the **Power of Rural!**®



THURSDAY, NOVEMBER 20, 2025

MEDICARE UPDATES

- Reinstatement of Telehealth Limitations:** As of October 1, 2025, restrictions on Medicare telehealth payments have resumed, limiting services in homes, non-rural areas, and hospice recertifications via telehealth, except for behavioral/mental health and ESRD assessments
- CMS Processing Actions:** CMS has instructed MACs to pay identifiable compliant claims using specific HCPCS codes and diagnosis while holding others due to systems limitations, including some behavioral/mental health and ACO-related claims.
- Resolution for Held Claims:** To address held telehealth claims submitted by November 10, 2025 (with service dates from 10/1/25 onward), CMS will return them to providers with codes CARC 16 and RARC M77, allowing resubmission of those meeting statutory requirements.
- Improving Cash Flow:** This return-and-resubmit process aims to expedite payments for valid claims, enhancing cash flow for practitioners; providers should check the All Fee-for-Service Providers webpage for details and updated submission instructions.



<https://www.cms.gov/medicare/payment/fee-for-service-providers>

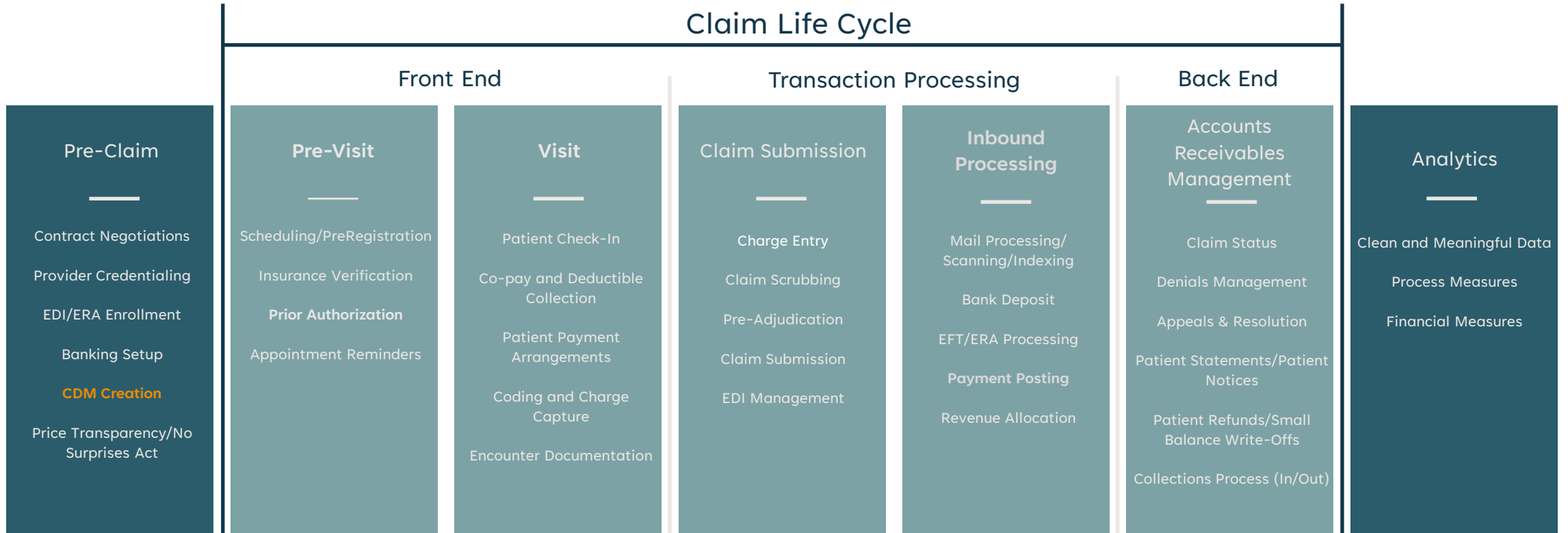




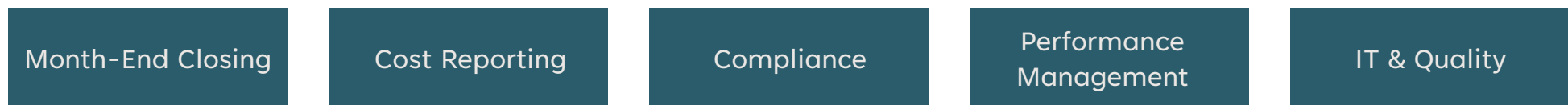
REVENUE CYCLE TOPIC

Chargemaster Changes

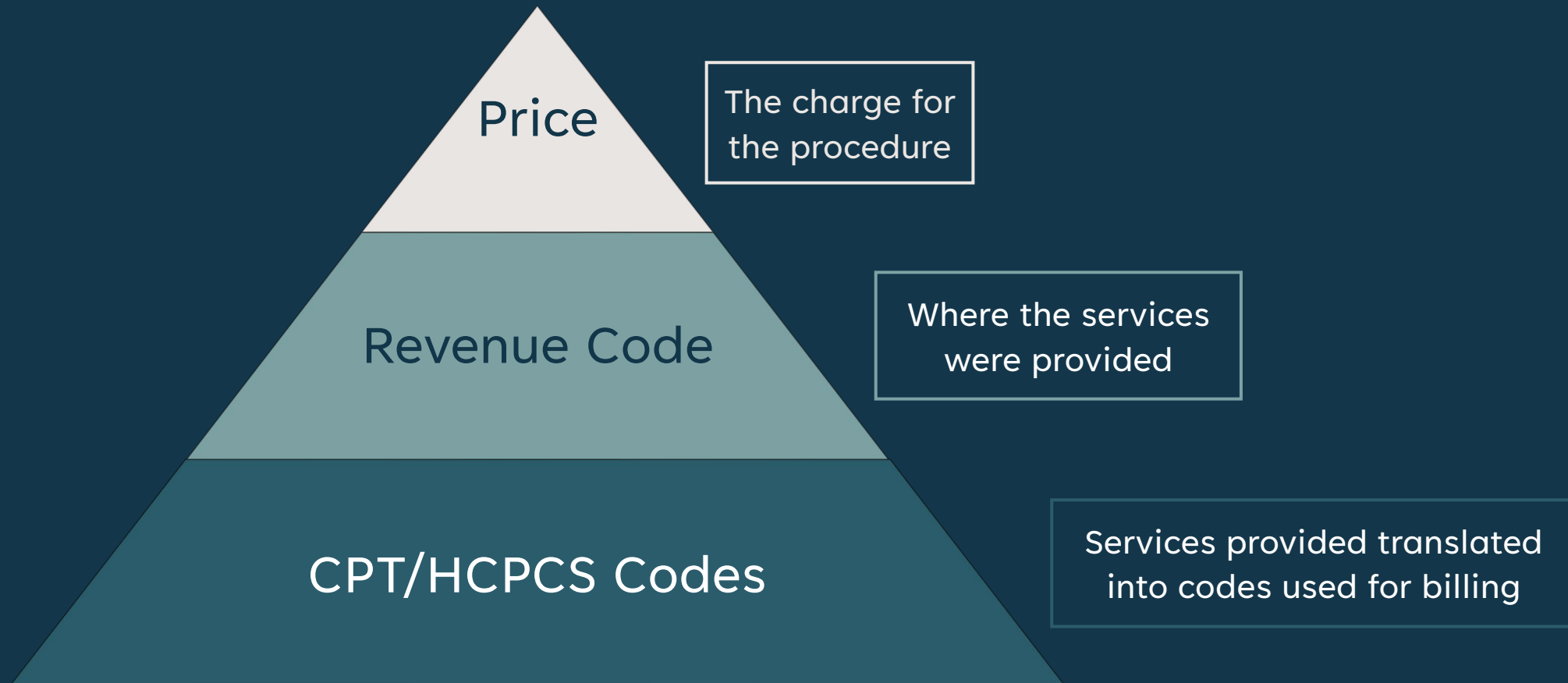
REVENUE CYCLE MANAGEMENT



Claim Life Cycle



CHARGEMASTER (CDM) FOUNDATIONAL ITEMS



Chargemaster best practices



Remember: Errors within the chargemaster mean manual intervention later in the claim life cycle!

Chargemaster – Key Questions

Defensible Pricing Strategy

- › Does your hospital have a strategy established for pricing?
- › Is this strategy defensible?

Full Chargemaster Review

- › When was the last time your entire hospital chargemaster was reviewed?
- › Consistent pricing – Same CPT/HCPCS with different prices
- › Deleted codes

CDM Maintenance

- › Ongoing policy for establishing new procedures that engages both operations and revenue cycle

CPT UPDATES 2026

- 418 total changes reflected in CPT 2026 code set
- 84 deletions and 46 revisions in addition to the 288 new codes.
- Proprietary laboratory analyses accounting for the largest proportion of new codes (27%).
- Category III CPT codes for emerging medical services accounted for more than a quarter of new codes (27%), supporting further innovation in health care.
- New Category I CPT codes are effective for use as of Jan. 1, 2026.



NEW CODES FOR SHORTER DURATION REMOTE MONITORING

- Purpose of New Codes: Five new CPT codes enable reporting of remote monitoring services for 2–15 days within a 30-day period, addressing shorter-duration monitoring supported by emerging technology and clinical evidence of patient benefits.
- Updated Time Thresholds: Two additional codes cover remote monitoring treatment management with a reduced minimum of 10 minutes per calendar month (previously 20 minutes).
- Alignment with Modern Care: The codes reflect advancements in data collection/analysis for managing acute/chronic conditions outside traditional settings and ensure coding evolves with research and technology



NEW CODES FOR HEARING DEVICE SERVICES

Twelve codes have been introduced that reflect innovative approaches to providing hearing device services.

These patient-centered approaches include assessing visual, dexterity, and psychosocial factors; validating device performance and sound quality; and providing training and support for patients using personal devices, such as smartphones, connected to their hearing devices.



APPENDIXES UPDATED

Several existing codes, mainly for behavioral health services, have been added to CPT appendices P and T that list services rendered via audio-video or audio-only technologies that are recognized by the CPT Editorial Panel as correlating to in-person services.

These additions increase flexibility in how behavioral health services are delivered, helping to overcome access barriers, especially in rural, underserved, and vulnerable communities.



PRICING TRANSPARENCY

November 15, 2019: CMS finalized in the *CY 2020 Hospital Outpatient PPS Policy Changes and Payment Rates and Ambulatory Surgical Center Payment System Policy Changes and Payment Rates: Price Transparency Requirements for Hospitals to Make Standard Charges Public (CMS-1717-F2)* (Pricing Transparency)

Effective 1/1/21 and required for all licensed hospitals

Provides accessible pricing information in two ways:

- A comprehensive machine-readable file
- Display of “Shoppable Services” in a consumer-friendly format
(Shoppable Services: services that can be scheduled in advance)

Failure to comply will result in a civil monetary penalty of \$300/per day for hospitals with a bed count of 30 or fewer and a penalty of \$10/bed/day for hospitals with a bed count greater than 30

Comprehensive machine-readable file

- Include all standard charges for all items and services for all locations operating under a single hospital license
- Be posted on a publicly available website
- Easily accessible, without barriers
- Digitally searchable
- Updated at least once annually
- Follow a standard naming convention
- Contain the following data elements
 - **Description of each item**
 - **Discounted Cash Price:** the charge that applies to an individual who pays cash, or cash equivalent, for the shoppable service
 - **Payer-specific negotiated charge:** the charge that a hospital has negotiated with a third-party payer for the shoppable service. Each payer-specific charge must be associated with the name of the third-party payer.
 - **De-identified minimum negotiated charge:** the lowest charge that a hospital has negotiated with all third-party payers for the shoppable service
 - **De-identified maximum negotiated charge:** the highest charge that a hospital has negotiated with all third-party payers for the shoppable service





Q&A AND CALL TO ACTION

QUESTIONS & CALL TO ACTION:

➤ Call to Action:

Review your chargemaster and prepare for new codes, deleted codes, and any other updates that may be needed.

➤ Next Meeting

January 15, 2026

OPPS Updates for 2026





THANK YOU

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