

Get credit from CMS for the excellent patient care you already provide

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Objectives

- ▶ Medicare wants you to perform high-value services, incentivizes this with wRVUs.
- ▶ Understand availability of codes to get paid for what you already do
- ▶ Understand documentation needs for billing for services - **“Sufficient documentation is the key to proper payment” - CMS**

Disclaimer : we are not certified coders

but we use these codes every day

Question

67YOF who enrolled in Medicare 6 months ago, presents for “annual exam”. She needs refills on her atorvastatin, metformin and lisinopril. She would like to discuss gradually progressive knee pain, which you evaluate, diagnose as probable osteoarthritis, order knee XR to confirm, and refer to PT. Possible wRVU for this visit:

- A. Preventative (1.5) + 99214 (1.5) = 3
- B. Preventative (1.5) = 1.5
- C. Preventative (2.43) + 99214 (1.5) = 3.73

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Billing Tips AWV

- ▶ IPPE, IAWV, SAWV - do not include any physical examination, labs.
- ▶ Any acute or chronic problem evaluation is an add-on E&M (hence add on 99212-99214)

Service	Code	wRVU	Description	Coverage Indications
IPPE - “Welcome to Medicare” exam	G0438	2.43	Includes a personalized prevention plan of service (PPS), initial visit	w/i 12 months of Medicare enrollment
IAWV SAWV	G0402 G0439	2.43 1.50	Includes a personalized prevention plan of service (PPS), subsequent visit	After 12 months of Medicare enrollment

Medicare Annual Wellness Visit

What must be included:

- ▶ Health Risk Assessment (self-reported)
- ▶ Establish PMHx, FHx
- ▶ Current list of providers
- ▶ PE: Height, weight, BMI, BP, other per Med Hx
- ▶ Assess cognitive function - direct obs, caregiver report
- ▶ Screen for depression, other mood disorders
- ▶ Assess fall risk, ability to perform ADLs, home safety, hearing impairment
- ▶ Give written screening schedule for 5-10y
- ▶ Establish list on basis of above for which interventions are indicated
- ▶ Referral to community resources, education and counseling services (fall prevention, nutrition, physical activity, etc.)
- ▶ Discuss, at pt discretion, advanced care planning








https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/AWV_chart_ICN905706.pdf

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MPS_QRI_IPPE001a.pdf

Best Practices - AWW

ACP Tools for the Annual Wellness Visit

The following forms and templates can be customized for use in your practice:

- [Practice Checklist](#) 
- **Health Risk Assessment:**
 - [View a paper version](#) 
 - [View an electronic version](#)  from [HowsYourHealth.org](https://www.howsyourhealth.org)
- [Women's Prevention Plan](#) 
- [Men's Prevention Plan](#) 
- [Adult Health Maintenance Form](#) 
- [Advanced Care Planning](#) 

Patient Handouts

- [Patient FACTS](#) 
- [Patient Letter and Checklist](#) 

<https://www.acponline.org/practice-resources/business-resources/payment/medicare-payment-and-regulations-resources/how-to-bill-medicares-annual-wellness-visit-awv>

Add-on counseling services to AWW - there are many!

https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html#BONE_MASS










MEDICARE PREVENTIVE SERVICES

× SELECT A SERVICE

FREQUENTLY ASKED QUESTIONS

RESOURCES

Watch the [CMS Provider Minute: Preventive Services video](#) for pointers to help you submit sufficient documentation when billing for certain preventive services. You may provide some preventive services [via telehealth](#) where you see the following symbol: 

Alcohol Misuse Screening & Counseling 	Annual Wellness Visit 	Bone Mass Measurements	Cardiovascular Disease Screening Tests	Colorectal Cancer Screening	Counseling to Prevent Tobacco Use 	Depression Screening 
Diabetes Screening	Diabetes Self-Management Training 	Glaucoma Screening	Hepatitis B Virus Screening	Hepatitis B Virus Vaccine & Administration	Hepatitis C Virus Screening	HIV Screening
IBT for Cardiovascular Disease 	IBT for Obesity 	Influenza Virus Vaccine & Administration	Initial Preventive Physical Examination	Lung Cancer Screening	Medical Nutrition Therapy 	Medicare Diabetes Prevention Program Expanded Model
Pneumococcal Vaccine & Administration	Prolonged Preventive Services 	Prostate Cancer Screening	Screening for Cervical Cancer	Screening for STIs & HIBC to Prevent STIs	Screening Mammography	Screening Pap Tests

Screening Pelvic Examinations

Ultrasound Screening for AAA

<https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html>

Question

69YOF presents for “Medicare Annual”. She is a current smoker, 40 pk-y smoking history. She also has CAD and h/o coronary stent placement. You discuss tobacco cessation - she is pre-contemplative. However, when you discuss annual low dose CT Chest for lung cancer screening, she is very interested in pursuing this. You bill for this as:

- A. General counseling
- B. Tobacco cessation
- C. Tobacco cessation + Lung cancer screening counseling
- D. No additional billing, considered part of AWW.

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- C. Tobacco cessation + Lung cancer screening counseling
(additional $0.24 + 0.52 = 0.76$ wRVU)
- D. No additional billing, considered part of AWW.

Billing Tips lung cancer screening

Service	Code	wRVU	Description	Coverage Indications
Lung Cancer Screening Counseling	G0296	0.52	Counseling visit to discuss need for lung cancer screening using low dose CT	Annually for pts age 55-77y, 30-pk-y smoking history, current smoker or quit within last 15y.

https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html#LUNG_CAN

Best Practices - lung cancer screening

“Patient meets the following categories, has received counseling from me and participated in shared decision making to proceed with annual LDCT for lung cancer screening:

- ▶ Aged 55 through 77
- ▶ Asymptomatic (no signs or symptoms of lung cancer)
- ▶ Tobacco smoking history of at least 30 pack-years (one pack-year = smoking one pack per day for one year; 1 pack = 20 cigarettes)
- ▶ Current smoker or one who has quit smoking within the last 15 years”

Billing Tips Counseling - Tobacco cessation

Service	Code	wRVU	Description	Coverage Indications
Tobacco Cessation Counseling, Intermediate	99406	0.24	Smoking and tobacco-use cessation counseling; 3-10min	2 cessation attempts; each attempt can have 4 sessions. Code with F12.2XX nicotine dependence
Tobacco Cessation Counseling, Intensive	99407	0.50	Smoking and tobacco-use cessation counseling; >10min	As above

https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html#LUNG_CAN

Best Practices - Tobacco Cessation counseling

“At least 3 min spent in face to face counseling regarding tobacco cessation. Patient currently smokes 1PPD, and is pre-contemplative regarding quitting. She has tried NRT in the past without success. At this time, she is not interested in medications to help with smoking cessation. Will recheck readiness for change at future visits.”

Best Practices - Obesity management counseling

“At least 15 min spent in face to face counseling regarding patient’s obesity. We discussed the following plan:

Nutrition plan/goal:

Exercise plan/goal:

Medications or surgery for weight loss:

Referral to therapy for eating behaviors:

Other referrals:

Follow-up: x lbs wt loss in 4 weeks “

Billing Tips Counseling - Obesity

Service	Code	wRVU	Description	Coverage Indications
Obesity Counseling	G0447	0.45	Behavioral counseling for obesity, 15min	BMI \geq 30. Bill with both Z code for specific BMI <i>and</i> E66.01 code for obesity

https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html#LUNG_CAN

Question

- ▶ You are scheduled to see a patient who has CHF and type 2 diabetes, both of which are sub-optimally controlled. She has both Medicare and Medicaid insurance. The team RN has been working with her on insulin and diuretic management and spending about 15 minutes every week on the phone with her. She has a documented care plan in the chart and you are in close contact with her endocrinologist and cardiologist. Are there available CPT codes to reimburse the non-face-to-face care this patient receives?

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 - ▶ **Yes, this patient is likely eligible for Chronic Care Management Services.**

Chronic Care Management

CPT Code	Requirements	wRVUs
99490	20 min care management by care team	0.61
99487	Complex CCM - 60 min timed service by care team, mod-high MDM	1.00
99489	Each additional 30 min care management by care team	0.50
99491	CCM services provided personally by physician or APP \geq 30 min	1.45

CCM Pearls

- ▶ Consent
- ▶ Copays
 - ▶ Medicaid and Medicare supplements generally will cover the 20% cost sharing and patients with these plans will not get charged
- ▶ Time tracking
- ▶ CCM components
 - ▶ Comprehensive Care Plan
 - ▶ Certified EHR
 - ▶ Access and continuity
 - ▶ Comprehensive care management
 - ▶ Management of care transitions

Table 1. CCM Service Summary

<p>Initiating Visit – Initiation during an AWW, IPPE, or face-to-face E/M visit (Level 4 or 5 visit not required), for new patients or patients not seen within 1 year prior to the commencement of CCM services.</p>
<p>Structured Recording of Patient Information Using Certified EHR Technology – Structured recording of demographics, problems, medications, and medication allergies using certified EHR technology. A full list of problems, medications, and medication allergies in the EHR must inform the care plan, care coordination, and ongoing clinical care.</p>
<p>24/7 Access & Continuity of Care</p> <ul style="list-style-type: none">• Provide 24/7 access to physicians or other qualified health care professionals or clinical staff, including providing patients/caregivers with means to make contact with health care professionals in the practice to address urgent needs regardless of the time of day or day of week• Continuity of care with a designated member of the care team with whom the patient is able to schedule successive routine appointments
<p>Comprehensive Care Management – Care management for chronic conditions including systematic assessment of the patient’s medical, functional, and psychosocial needs; system-based approaches to ensure timely receipt of all recommended preventive care services; medication reconciliation with review of adherence and potential interactions; and oversight of patient self-management of medications.</p>
<p>Comprehensive Care Plan</p> <ul style="list-style-type: none">• Creation, revision, and/or monitoring (as per code descriptors) of an electronic person-centered care plan based on a physical, mental, cognitive, psychosocial, functional, and environmental (re)assessment and an inventory of resources and supports; a comprehensive care plan for all health issues with particular focus on the chronic conditions being managed.• Must at least electronically capture care plan information and make this information available timely within and outside the billing practice as appropriate. Share care plan information electronically (can include fax) and timely within and outside the billing practice to individuals involved in the patient’s care.• A copy of the plan of care must be given to the patient and/or caregiver.
<p>Management of Care Transitions</p> <ul style="list-style-type: none">• Management of care transitions between and among health care providers and settings, including referrals to other clinicians; follow-up after an emergency department visit; and follow-up after discharges from hospitals, skilled nursing facilities, or other health care facilities• Create and exchange/transmit continuity of care document(s) timely with other practitioners and providers

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ChronicCareManagement.pdf>

Proposed Changes in Physician Fee Schedule - CCM

- ▶ Principle Care Management (PCM)
- ▶ Complex Chronic Care Management (CCCM)

Question

- ▶ A patient is scheduled with you following hospital discharge 5 days ago for community acquired pneumonia. The team RN called the patient day after discharge and reviewed medications and functional status. You review the discharge summary and find admission was uneventful and the patient improved quickly on antibiotics. During the visit, the patient feels much improved. What CPT code should you use to bill this visit?
 - A. 99213
 - B. 99214
 - C. 99495
 - D. 99496

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 - A. 99213
 - B. 99214
 - C. **99495**
 - D. 99496



Transitional Care Management

- Total costs of care and mortality were significantly lower in patients who received TCM services compared to those who did not in the 31-60 days following discharges
- TCM services billed in 3.1% eligible discharges in 2013, 5.5% in 2014 and 7.0% in 2015

JAMA Internal Medicine | [Original Investigation](#) | HEALTH CARE REFORM

Changes in Health Care Costs and Mortality Associated With Transitional Care Management Services After a Discharge Among Medicare Beneficiaries

Andrew B. Bindman, MD; Donald F. Cox, PhD

Transitional Care Management

CPT Code	Requirements	RVUs
99495	Initial contact within 2 business days of discharge and face-to-face visit within 14 days of discharge, at least mod MDM	2.11
99496	Initial contact within 2 business days of discharge and face-to-face visit within 7 days of discharge, high MDM	3.05

TCM Pearls

- ▶ Patients eligible for TCM services who have been discharged from hospital (inpatient or observation) and/or SNF
- ▶ Patients receiving CCM, home health services with care plan oversight (G0181), hospice services and ESRD currently not eligible for TCM
- ▶ Patients readmitted within 30 days of initial discharge not eligible for TCM services (charges held until 30 days post-discharge)
- ▶ Initial contact is generally a phone call - often by RN - reviews medications and functional status within 2 business days of discharge
 - ▶ If visit within 2 days of discharge, no phone call needed
 - ▶ If patient is contacted twice but not reached, can still bill TCM for visit (make sure attempts documented!)
- ▶ TCM services can be billed via telehealth visit

Proposed Changes in Physician Fee Schedule- TCM

- ▶ Proposed wRVU increase to 2.36 (from 2.11) for 99495 visit
- ▶ Expanded eligibility - home health services with care plan oversight (G0181), hospice services and ESRD

Summary

Service	Code	wRVU	Description	Coverage Indications	ICD10 Code
Annual Wellness Visit	G0438	2.43	Welcome to Medicare, IPPE	Medicare, 1 st visit	Z00.01 - Encounter for well adult exam with abnormal findings
	G0402	2.43	Initial AWV	1st AWV	
	G0439	1.50	Subsequent AWV	Subsequent AWV	
Lung Ca screening	G0296	0.52	Counseling + shared decision making, lung cancer screening	Annual, 55-77yo, >/= 30 pk-yr smoking hx, current/ quit in last 15 yr	Z87.891 Personal hx of nicotine dependence
Tobacco cessation	99406	0.24	Counseling, tob 3-10 min	2 cessation attempts, 4 sessions each	F17.200 Nicotine dependence
	99407	0.50	Counseling, tob > 10 min		
Obesity	G0447	0.45	Behavioral counseling, 15 min	BMI >/=30	E66.01 - Obesity Z code for specific BMI
TCM	99495	2.11	14 day f/u, mod/high MDM	Inpt, obs or SNF discharge; not eligible if readmit within 30 days	(discharge dx(s))
	99496	3.05	7 day f/u, high MDM		
CCM	99490	0.61	20 min care management	Patient has at least 2 chronic conditions (*may change with 2020 PFS)	(chronic conditions)
	99487	1.00	Complex CCM - 60 min		
	99489	0.50	Each additional 30 min care		
	99491	1.45	CCM services by provider		

Work with your coding team to create auto-texts which satisfy documentation needs for billing for these services

Recap and questions

The background of the slide is white with abstract green geometric shapes on the right and bottom edges. These shapes consist of overlapping triangles and polygons in various shades of green, from light to dark, creating a modern, layered effect.