

Reimbursement Environment

1

2017 Medicare Physician Fee Schedule

Enhancing Integrative Medicine:

- CMS adopting additional care management codes in 2017 MPFS.
 - Support patient-centered and collaborative strategies.
 - Also in comprehensive primary care alternative payment models.
 - Incorporates behavioral health services.
- Increase payments and relaxed billing requirements for chronic care management.
- Coverage of Cognitive Impairment Assessments.

2

Chronic Care Management Services

- Chronic Care Management (CCM) CPT 99490 introduced in the 2015 Medicare Physician Fee Schedule.
- Payment of CCM services cultivated reimbursement for managing care of comorbid beneficiaries outside of face-to-face evaluation and management services.
- Highly underutilized:
 - Undervalued relative to time spent and resources utilized.
 - Complexities complying with burdensome core requirements.

3

Complex Chronic Care Management Services

- Complex CCM CPT 99487 and its add-on CPT 99489 integrated into 2017 MPFS.
 - Acknowledges concerns that time spent for CCM CPT 99490 services regularly exceeded 20 minutes as valued by MPFS.
- CMS reduces “administrative complexities” fostering greater beneficiary access to CCM services, while easing barriers to provider reporting.
- Providers participating in Comprehensive Primary Care Plus (CPC+) alternative payment model are not eligible for fee for service reimbursement of CCM services for CPC+ attributed beneficiaries.

4

Psychiatric Collaborative Care Model

- The Psychiatric Collaborative Care Model (CoCM) embodies ongoing care management for certain patients with psychiatric diagnoses and/or substance use disorders.
 - Billed by primary care provider in collaboration with behavioral health care manager.
- Three new temporary HCPCS codes for 2017 for the Psychiatric CoCM.
 - G0502, G0503 and G0504.
- CPC + Advanced Primary Care practices can bill Psychiatric CoCM fee.
- CMS also introduced HCPCS G0507 in 2017:
 - Does not represent services furnished under the Psychiatric CoCM.
 - Care management services for behavioral health conditions.
 - Not compensable to CPC + practices.

5

Cognitive Impairment Assessment and Planning

- Temporary HCPCS Code G0505 reimbursed per the 2017 MPFS.
 - CMS recognizes the work of a physician or other appropriate non-physician practitioner in assessing and creating a care plan for beneficiaries with cognitive impairment.
 - Appropriate for patients diagnosed with such diseases as Alzheimer's or dementia.
 - CPC + practices may bill this for attributed beneficiaries.

6

Prolonged Evaluation & Management Services

- 2017 MPFS introduces payment of CPT Codes 99358 and 99359
 - Reimbursement of extended, non face-to-face time of billing practitioner (not clinical staff) before or after an E&M service.
 - Bundled until 2017; considered included under related face-to-face E&M.
 - Cannot be billed in same month as complex care management services or transitional care management services.
 - CPC + practices may not bill prolonged E&M for attributed beneficiaries.

7

Evolving Landscape of Preventative Medicine

- Patient Protection and Affordable Care Act (ACA):
 - Amended definition of “Preventive Services”
 - Two additional preventive physical examination services compensable in January 2011:
 - Initial Preventive Physical Examination (IPPE)
 - Annual Wellness Visit (AWV)

8

Initial Preventive Physical Examination (IPPE)

- IPPE is reported under HCPCS Code G0424.
- This is not a routine physical exam as reported under CPT codes 99381 through 99387).
- Face-to-Face visit with focus on disease prevention in the context of individualized risk, early detection, health education and health counseling.
- Limited to new Medicare beneficiaries during the first 12 months of Medicare Part B enrollment.
- Also known as the “*Welcome to Medicare Preventive Visit.*”

9

Annual Wellness Visit (AWV)

- AWV reported under HCPCS G0438 for the first visit.
- Compensable annually. Reported in following years under HCPCS G0439.
- Specific elements set AWV apart from a routine physical exam, similar to the IPPE.
- Face-to-Face visit with focus on personal prevention.
- Health Risk Assessment (HRA) is a fundamental component of the AWV’s individual personal prevention plan.

10

Preventive and Screening Services

- Section 4104 of the Affordable Care Act revised §1861 of the Social Security Act facilitating coverage of “additional preventive services” for Medicare beneficiaries if certain statutory requirements are met.
- Since 2011 additional preventive and screening services have been established under the MPFS.
- Utilization of these services has been low.
 - Pennsylvania only 12% of newly eligible Medicare Beneficiaries had AWW in 2014.
 - 14.5% nationally.

11

Tobacco Cessation Counseling

- CPT codes 99406 and 99407 can be utilized to report smoking and tobacco-use cessation counseling for outpatients and hospitalized Medicare beneficiaries.
- Counseling must be furnished by a qualified physician or other Medicare-recognized practitioner.
- Medical necessity and frequency limitations apply per CMS National Coverage Determination (NCD) 210.4.

12

Depression Screening

- CMS has identified one in six persons (>65) suffers from depression with depression comorbidity estimated to occur in 25%.
- Citing missed opportunities to improve health outcomes when mental illness is under-recognized and under-treated, CMS will cover annual screening up to 15 minutes reported by HCPCS G0444.
- Must be furnished in a primary care setting that has staff-assisted depression care support in place to assure accurate diagnosis, effective treatment and follow-up.
- CMS National Coverage Determination 210.9

13

Intensive Behavioral Therapy for Obesity

- According to CMS, directly or indirectly correlated with many chronic diseases, over 30% of men and women in the Medicare population are obese.
- Furnished by a qualified primary care physician or other primary care practitioner, Medicare covers counseling either individually in or groups; HCPCS G0447 and G0473 respectively.
- Program requirements including frequency and response to therapy apply per CMS NCD 210.12.

14

Intensive Behavioral Therapy for Cardiovascular Disease

- The leading cause of mortality in the United States, CMS covers Cardiovascular Disease risk reduction by promoting healthy diet and lifestyle.
- Counseling provided by primary care provider covered annually per HCPCS Code G0446.
- Program components including indications and limitations of coverage per NCD 210.11.

15

Medical Nutrition Therapy

- Medical Nutrition Therapy (MNT) compensable by Medicare for patients who have diabetes or renal disease.
- Interventions performed by a Registered Dietitian individually or as a group.
- NCD 180.1 outlines frequency and duration as well as indications and limitations of coverage for reporting CPT Codes 97802 - 97804; HCPCS G0270 and G0271. Novitas, Medicare Administrative Contractor, offers further guidance.

16

Diabetes Self-Management Training

- Diabetes Self-Management Training (DSMT) may be performed by a Registered Dietitian individually (HCPCS G0108) or in a group (G0109) for patients diagnosed with diabetes.
- DSMT programs must be accredited as meeting quality standards by a CMS approved national accreditation organization.
- Medicare beneficiaries must receive an order for DSMT from the physician or qualified NPP treating the patient's diabetes.
- Novitas offers specific guidance in addition to NCD 40.1.

17

Alcohol Misuse Screening and Counseling

- CMS will cover annual alcohol screening and up to four brief, face-to-face, behavioral counseling interventions per year for Medicare beneficiaries who screen positive.
- Beneficiaries may be screened (HCPCS G0442) and briefly counseled (HCPCS G0443) in the primary care environment by PCP or other primary care practitioner.
- NCD 210.8 outlines indications and limitations of coverage.

18

Complementary Services

- **Massage**
 - Medicare may cover certain therapy services, to include massage,
 - Under written treatment plan developed by physician or non-physician practitioner;
 - Require the skill of a trained and licensed practitioner to perform or supervise to address specific therapeutic goals for which modalities and procedures are planned out specifically in terms of type, frequency and duration; and the patient's functional limitations are documented in terms that are objective and measurable.
 - Guidelines including limitations for coverage of, and indications for payment of, manual therapy and massage recognized by CPT codes 97124 and 97140 is addressed locally by Novitas In LCD L35036 *Therapy and Rehabilitation Services*.

19

Complementary Services

- **Chiropractic and Osteopathic Manipulation**
 - Services reported under CPT codes 98940-98942 and 98925-98929 may be covered; Medicare does not cover extraspinal manipulation (CPT 98943).
 - Novitas Solutions outlines limitations of and indications for Chiropractic Manipulation per its Local Coverage Determination (LCD) L35424.
- **Acupuncture**
 - Not considered “reasonable and necessary” by Medicare, therefore non-compensable under the MPFS.
 - Recognized by the AMA under CPT codes 97810-97814.

20

Diabetes Prevention Program (MDPP)

- MPFS 2017 designates MDPP as a preventive service:
 - Prevention of Type II diabetes is focus.
 - Target goal of 5% weight loss for eligible beneficiaries.
 - Core benefit consists of 12 months of sessions using a CDC approved curriculum.
 - Services compensable January 2018.
 - Enrollment to begin this year ahead of implementation.
 - Payment will be addressed in future rulemaking.
- CMS and CDC to host a Webinar this week.
 - March 22nd 1:00 EDT.

21

Revenue Cycle Opportunities

Policies/Protocols

- **Beneficiary cost-sharing waived by CMS for many preventive services:**
 - Increases billing efficiencies + decreases days in A/R = less costly to bill!
- **Develop robust self-pay policies and procedures:**
 - Collection of cancelation and no-show appointments.
 - Reconciliation of services.
 - Policy for issuing ABN.
 - Collecting payments for non-covered charges and outstanding self-pay balances at time of service.
- **Develop formal productivity measures:**
 - Establish benchmark.
 - Empower and train staff.
 - Monitor and track improvements.

23

Revenue Cycle Analytics

- **Denial management trending & formal contract analysis:**
 - Identify weaknesses
 - Manage denials
 - Ensure appropriate payment for integrative services
 - Renegotiate when necessary
- **Manage Like but Different than Primary Care Practice:**
 - Monitor productivity by provider

24

“Outside the Box”

- Ornish, Pritikin, or Chopra Center
- Pharmacogenomics Testing (Kailos Labs)
- Department of Defense Research Project
- Exercise Affiliations
- Vitamin Supplements

25

Presenter Contact Information

Nick Jacobs, **Principal**

- 412-992-6197
- nickjacobs@sunstoneconsulting.com

Kailey Verbickey, **Consultant**

- 717-576-1863
- kaileyverbickey@sunstoneconsulting.com

26



THANK YOU &
HAVE A GREAT DAY!