



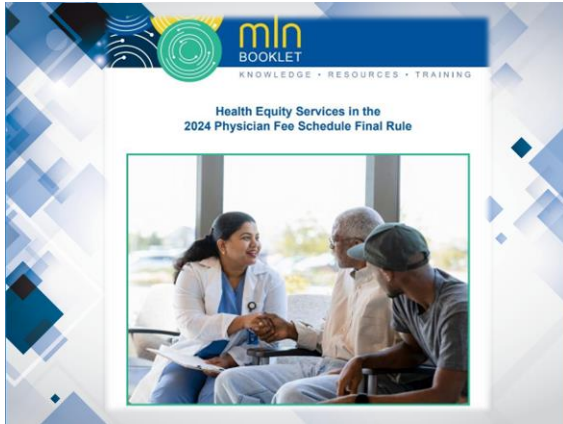
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Development of Health Equity Billing

- ◆ V-Bid Payment Demonstrations
- ◆ Health Disparities
 - SDOH
 - Minorities
 - Largest utilizers

Advocacy update: \$12.5 million for NIA palliative care research included in FY 2024 appropriations bill

Michigan Association for Home Care

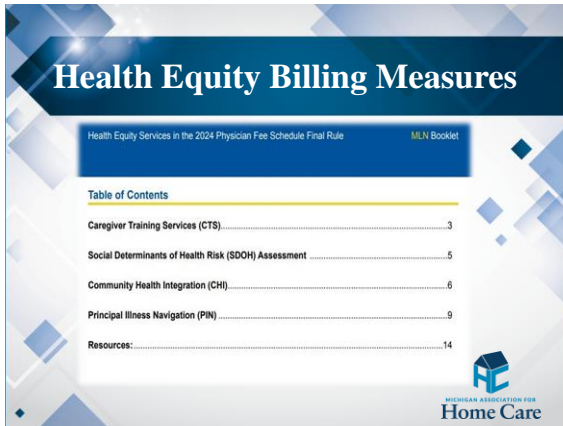
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Health Equity Billing Measures

- ◆ Time vs. Complexity Billing
- ◆ Advanced Care Planning
- ◆ Telehealth Billing
- ◆ Billing for Dementia patients

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Health Equity Billing Measures

Health Equity Services in the 2024 Physician Fee Schedule Final Rule MLN Booklet

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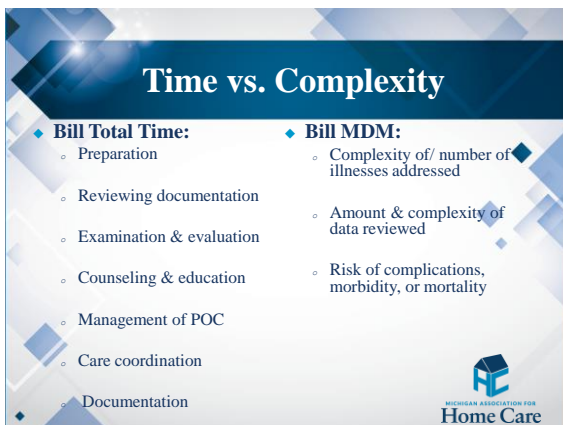
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Time vs. Complexity

<p>◆ Bill Total Time:</p> <ul style="list-style-type: none"> ◦ Preparation ◦ Reviewing documentation ◦ Examination & evaluation ◦ Counseling & education ◦ Management of POC ◦ Care coordination ◦ Documentation 	<p>◆ Bill MDM:</p> <ul style="list-style-type: none"> ◦ Complexity of/ number of illnesses addressed ◦ Amount & complexity of data reviewed ◦ Risk of complications, morbidity, or mortality
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PC Application



- ◆ Cannot bill more than one time-based code in a single visit.
 - Health equity billing measures are time-based codes
- ◆ High complexity patient seen for 30 minutes—same reimbursement as highest time-based code.
 - Majority of PC patients= Mod or High MDM level of service

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EVALUATION & MANAGEMENT GUIDELINES			
Elements of Medical Decision Making			
Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed at the Encounter	Amount and/or Complexity of Data to be Reviewed and Analyzed *Each unique test, order or document contributes to the combination of 2 or contribution of 3 in Category 1 below.	Risk of Complications and/or Morbidity or Mortality of Patient Management
High	High <ul style="list-style-type: none"> 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or 1 acute or chronic illness or injury that poses a threat to life or bodily function 	Extensive (Must meet the requirements of at least 2 out of 3 categories) Category 1: Tests, documents, or independent history/physical • Any combination of 3 from the following: –Review of prior external records from each unique source* –Review of the result(s) of each unique test* –Ordering of each unique test* –Assessment requiring an independent history/physical or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	High risk of morbidity from additional diagnostic testing or treatment Examples only: • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization or escalation of hospital-level care • Decision not to resuscitate or to de-escalate care because of poor prognosis • Decision regarding parenteral controlled substances

AMA, 2021, CPT Codes and Descriptions Only

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TABLE OF RISK			
LEVEL OF RISK	PRESENTING PROBLEMS	DIAGNOSTIC PROCEDURES	MANAGEMENT OPTIONS
Minimal	<ul style="list-style-type: none"> One self-limited or minor problem (eg, cold, insect bite, strep sore throat) 	<ul style="list-style-type: none"> Laboratory tests requiring venipuncture Chest x-rays EKG/ECG Urinalyses Ultrasound (eg, echocardiography) KOH prep 	<ul style="list-style-type: none"> Pain Diarrhea Electric handgrips Superficial dressings
Low	<ul style="list-style-type: none"> Two or more self-limited or minor problems One stable chronic illness (eg, well-controlled hypertension, non-insulin-dependent diabetes, colitis) Acute uncomplicated illness or injury (eg, cystitis, allergic rhinitis, simple sprain) 	<ul style="list-style-type: none"> Physiologic tests not under stress (eg, cardiac stress test, fetal contraction stress test) Non-cardiovascular imaging studies with contrast (eg, barium enema) Superficial needle swabs Clinical laboratory tests requiring venipuncture Skin biopsies 	<ul style="list-style-type: none"> Over-the-counter drugs Minor surgery with no identified risk factors Physical therapy Occupational therapy Or fluids without additives
Moderate	<ul style="list-style-type: none"> One or more chronic illnesses with mild exacerbation, progression, or side effects of treatment Two or more stable chronic illnesses Uncomplicated new problem with short-term prognosis (eg, lumbago) Acute illness with systemic symptoms (eg, osteomyelitis, pneumonia, zollis) Acute complicated injury (eg, head injury with brief loss of consciousness) 	<ul style="list-style-type: none"> Physiologic tests under stress (eg, cardiac stress test, fetal contraction stress test) Diagnostic endoscopies with no identified risk factors Deep needle or incisional biopsy Cardiovascular imaging studies with contrast and no identified risk factors (eg, echocardiogram, cardiac catheterization) Obtain fluid from body cavity (eg, lumbar puncture, thoracentesis, paracentesis) 	<ul style="list-style-type: none"> Minor surgery with identified risk factors Elective major surgery (open, percutaneous or endoscopic) with no identified risk factors Prescription drug management Therapeutic nuclear medicine Or fluids with additives Closed treatment of fracture or dislocation without manipulation
High	<ul style="list-style-type: none"> One or more chronic illnesses with severe exacerbation, progression, or side effects of treatment Acute or chronic illness or injury that poses a threat to life or bodily function (eg, multiple trauma, acute respiratory distress syndrome, pneumonia, sepsis, stroke, myocardial infarction, anaphylaxis, peritonitis, acute renal failure) An acute change in neurologic status (eg, seizure, TIA, weakness, sensory loss) 	<ul style="list-style-type: none"> Cardiovascular imaging studies with contrast with identified risk factors Diagnostic endoscopies with identified risk factors Diagnosis 	<ul style="list-style-type: none"> percutaneous or endoscopic) with identified risk factors Emergency major surgery (open, percutaneous or endoscopic) Parenteral controlled substances Drug therapy requiring intensive monitoring for toxicity Decision not to resuscitate or to de-escalate care because of poor prognosis

AMA, 2015, E/M Codes and Descriptions Only

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EVALUATION & MANAGEMENT GUIDELINES

Home or Residence Services (New Patient)

CODES ▶	99341	99342	99344	99345
REQUIRED FOR REPORTING				
Medically Appropriate History and/or Examination	*	*	*	*
Medical Decision Making Level				
Straightforward	*			
Low		*		
Moderate			*	
High				*
OR Total Time (Date of Encounter)				
Minutes	15/more	30/more	60/more	75/more

Home or Residence Services (Established Patient)

CODES ▶	99347	99348	99349	99350
REQUIRED FOR REPORTING				
Medically Appropriate History and/or Examination	*	*	*	*
Medical Decision Making Level				
Straightforward	*			
Low		*		
Moderate			*	
Moderate to high				*
OR Total Time (Date of Encounter)				
Minutes	20/more	30/more	40/more	60/more

AHA, 2023, CPT Codes and Descriptions Only

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Advanced Care Planning

- Sharing of patient's personal values and goals of care
- Discussing and/or completing advanced directives, living wills, and other ACP documents
- Reviewing health care options available for advanced illness or E-O-L care
- Treatment discussions and decisions based on patient's GOC

ADVANCE DIRECTIVES

The diagram shows four arrows pointing towards the center. The top-left arrow is orange and labeled "Living Will". The top-right arrow is blue and labeled "Medical Decisions". The bottom-left arrow is green and labeled "Health Care Wishes". The bottom-right arrow is red and labeled "Health Care Power of Attorney".

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CPT Codes

- ◆ 99497- Time-based code that can be billed with 16-45 minutes of ACP (\$75-\$80)
- ◆ 99498- Additional ACP time-based code that can be billed in addition to 99497 with 46-75 minutes of ACP (\$65-\$70)
- ◆ Must document that patient/family participated voluntarily.
- ◆ No code limit



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PC Application



- ◆ E/M visit + ACP= Additional PC Revenue
 - E/M Visit must be billed on MDM
 - Cannot bill two time-based codes within the same visit
- ◆ Can be billed as an additional service at every PC visit applicable
 - Ex. 99350 High MDM (\$175) + 99497 (\$75)= \$225



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Telehealth

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Telehealth

- ◆ Telehealth Flexibility Extended
 - ◆ September 30th, 2025
 - ◆ Complete TH from home using practice address
 - ◆ Virtual Supervision
 - ◆ Modifier 93
- ◆ Time vs. Complexity (MDM)
- ◆ TH codes cannot be billed on same day as another E/M Service.
- ◆ Can bill for either A/V or audio-only communication



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Telehealth CPT Codes

- ◆ **98000-98003 (A/V Codes: New Pt.)**
 - 98000= SF MDM (15 Min)
 - 98001= Low MDM (30 Min)
 - 98002= Mod MDM (45 Min)
 - 98003= High MDM (60 Min)
- ◆ **98004-98007 (A/V Codes: Estab. Pt.)**
 - 98004= SF MDM (10 Min)
 - 98005= Low MDM (20 Min)
 - 98006= Mod MDM (30 Min)
 - 98007= High MDM (40 Min)



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Telehealth CPT Codes

- ◆ **98000-98003 (Audio Only: New Pt.)**
 - 98008= SF MDM (15 Min)
 - 98009= Low MDM (30 Min)
 - 98010= Mod MDM (45 Min)
 - 98011= High MDM (60 Min)
- ◆ **98004-98007 (Audio Only: Estab. Pt.)**
 - 98012= SF MDM (10 Min)
 - 98013= Low MDM (20 Min)
 - 98014= Mod MDM (30 Min)
 - 98015= High MDM (40 Min)



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Telehealth CPT Codes

◆ 98016 (Audio Only: Estab. Pt.)

- Brief Communication Technology Service
- Pt. Initiated
- 5-10 minutes of medical discussion
- \$15-\$16



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Telehealth CMS Codes

◆ 99202-99205 (A/V & Audio Only: New Pt.)

- 99202= SF MDM (15 Min)
- 99203= Low MDM (30 Min)
- 99204= Mod MDM (45 Min)
- 99205= High MDM (60 Min)

◆ 99212-99215 (A/V & Audio Only: Estab. Pt.)

- 99212= SF MDM (10 Min)
- 99213= Low MDM (20 Min)
- 99214= Mod MDM (30 Min)
- 99215= High MDM (40 Min)

◆ 98016 (Audio Only: Estab. Pt.)



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PC Application

- ◆ Greater ease in meeting patient's needs
 - Eliminate travel time
 - Emergent patient concerns
- ◆ Increase patient caseloads/frequency in visits
 - Initial visit F2F & F/U visit TH
- ◆ Expansion of services
 - SW provision via TH
 - Patient & family education TH
- ◆ Reimbursement potential
 - ACP & Health equity services via TH
 - Patient initiated communications
 - CMS= A/V & Audio same coding



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Caregiver Training Services

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Caregiver Training Services

- ◆ Services that involve a practitioner training and involving 1 or more caregivers that assist in carrying out the patient's POC.
 - NP
 - PA
- ◆ Patient not present



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Caregiver

- ◆ Adult family member
- ◆ Friend
- ◆ Neighbor
- ◆ Any individual that has a significant relationship with the patient
- ◆ Unpaid assistance



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CPT Codes

- ◆ **G0541**- Time-based code that can be billed for the initial 30 minutes of CG training. (~\$50)
 - Direct care strategies and techniques
 - POC
 - Safety
 - Reduce Complications
- ◆ **G0542**- Each additional 15 minutes (~\$25)
 - Patient/Representative consent documented
 - Telehealth or Face-to-Face



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PC Application

- ◆ F2F or TH training sessions with CGs to implement POC
 - Expansion of services offered
 - Additional PC visit to maintain rapport & care management
 - Strategies & safety techniques
- ◆ CG training and support programs
 - Medication management
 - Clinical care training



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Social Determinants of Health


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Social Determinants of Health

- ◆ G0136- Provision of standardized SDOH risk assessment (~\$17-\$18)
 - 5-15 minutes
 - Every 6 months
 - Unmet social needs that interferes with treatment of an illness and that influences POC



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AHC HRSN Screening Tool Core Questions

If someone chooses the underlined answers, they might have an unmet health-related social need.

Living Situation

1. What is your living situation today?¹

☐ I have a steady place to live

☐ I have a place to live today, but I am worried about losing it in the future

☐ I do not have a steady place to live. I am temporarily staying with others, in a hotel, in a shelter, home outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park.

2. Think about the place you live. Do you have problems with any of the following?²

CHOOSE ALL THAT APPLY

☐ Bugs such as bugs, ants, or mice

☐ Mold

☐ Leaky pipes or pipes

☐ Lack of heat

☐ Oven or stove not working

☐ Smoke detectors missing or not working

☐ Water leaks

☐ None of the above

Food

Some people have made the following statements about their food situation. Please answer whether the statements were **OFTEN**, **SOMETIMES**, or **NEVER** true for you and your household in the last 12 months.³

3. Within the past 12 months, you worried that your food would run out before you got money to buy more.

☐ Often true

☐ Sometimes true

☐ Never true

CMS, 2023, AHC HRSN Screening Tool

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4. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

☐ Often true

☐ Sometimes true

☐ Never true

Transportation

5. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?²

☐ Yes

☐ No

Utilities

6. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?²

☐ Yes

☐ No

☐ Already shut off

Safety

Because violence and abuse happens to a lot of people and affects their health we are asking the following questions.⁴

7. How often does anyone, including family and friends, physically hurt you?

☐ Never (1)

☐ Rarely (2)

☐ Sometimes (3)

☐ Fairly often (4)

☐ Frequently (5)

CMS, 2023, AHC HRSN Screening Tool

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8. How often does anyone, including family and friends, insult or talk down to you?

☐ Never (1)
☐ Rarely (2)
☐ Sometimes (3)
☐ Fairly often (4)
☐ Frequently (5)

9. How often does anyone, including family and friends, threaten you with harm?

☐ Never (1)
☐ Rarely (2)
☐ Sometimes (3)
☐ Fairly often (4)
☐ Frequently (5)

10. How often does anyone, including family and friends, scream or curse at you?

☐ Never (1)
☐ Rarely (2)
☐ Sometimes (3)
☐ Fairly often (4)
☐ Frequently (5)

A score of 11 or more when the numerical values for answers to questions 7-10 are added shows that the person might not be safe.

CMS, 2023, AHC HHSN Screening Tool

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Community Health Integration

◆ Provided by:

◦ Auxiliary personnel

- CHW
- Certified/Trained
 - ◆ Communication/Interpersonal Skills/Ethical Conduct
 - ◆ Service/Resource Coordination
 - ◆ Patient Advocacy



◦ Under supervision of a billing practitioner

- Initial visit identifying unmet SDOH needs
- Completes CHI Billing



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Requirements

- ◆ Initial visit identifying unmet social needs
 - SDOH Risk Assessment

◆ POC

- Specify how meeting needs would fulfill POC
- Estab. CHI services as an incidental service

◆ Verbal/Written Consent

- ◆ 1 billing practitioner per month



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G Codes

- ◆ **G0019-** CHI services to address SDOH needs (60 minutes per calendar month) (~\$75)

- ◆ **G0022-** CHI services (each additional 30 minutes per calendar month) (~\$50)

◆ Completed via combination of:

- In-person
- A/V
- Audio only



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PC Applications

- ◆ SDOH risk assessment completed in initial PC visit
 - POC & Consent
 - Incidental service
- ◆ Expansion of service offerings
 - SW/CHW
 - F2F or TH
 - Standard PC model of care
- ◆ IDT Approach



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Principle Illness Navigation

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Principle Illness Navigation



- ◆ Services addressing a serious high-risk illness:
 - 3 months
 - Hospitalization
 - NH placement
 - Exacerbation
 - Functional decline



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Principal Illness Navigation


- ◆ Provided by:
 - **Auxiliary personnel**
 - Certified/Trained
 - ◆ Communication/Interpersonal Skills/Ethical Conduct
 - ◆ Service/Resource Coordination
 - ◆ Health System Navigation
 - ◆ Patient Advocacy
 - ◆ High-risk Illnesses
 - **Under supervision of a billing practitioner**
 - Initial visit identifying need for PIN services
 - Completes PIN Billing

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Requirements


- ◆ Initial visit identifying medical necessity of PIN services
- ◆ POC
 - Specify how PIN services needs will fulfill POC
 - Estab. PIN services as an incidental service
- ◆ Verbal/Written Consent
- ◆ 1 billing practitioner per month



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G Codes

- ◆ **G0023-** PIN services to address SDOH needs (60 minutes per calendar month) (~\$75)
- ◆ **G0024-** PIN services (each additional 30 minutes per calendar month) (~\$50)
- ◆ Completed via combination of:
 - In-person
 - A/V
 - Audio only




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PC Applications



- ◆ Initial PC visit
 - POC & Consent
 - Incidental service
 - **No assessment**
- ◆ Expansion of service offerings
 - SW/CHW
 - F2F or TH
 - Standard PC model of care
 - **Non-SDOH Focused**
- ◆ IDT Approach


Home Care


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Billing for Dementia Patients

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Billing for Dementia Patients

- ◆ Refers to the evaluation, treatment, and care planning for patients living with dementia
- ◆ Provided by:
 - Physicians
 - NPs
 - PAs
- ◆ Services can be provided to patients formerly diagnosed or to those who have a cognitive impairment based on clinical judgment
 - Mod and High MDM




Home Care

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Requirements

- ◆ ICD-10 code related to dementia or mild cognitive impairment
- ◆ Independent historian must be present
- ◆ Evaluation Elements:
 - Cognitive assessment
 - Functional assessments w/ decision making capacity
 - Dementia stage w/ use of standardized assessment
 - Neuropsychiatric & behavioral symptom assessment
 - Safety (MVO)
 - Medication reconciliation/Review
 - Identify CGs
 - Knowledge
 - Needs
 - Social supports
 - Willingness
 - ACP
 - POC



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ICD-10 Codes

ICD-10 Code	Description
G30.0	Dementia Alzheimer's disease with early onset
G30.1	Dementia Alzheimer's disease with late onset
G30.9	Dementia Alzheimer's disease, unspecified
F01.50	Vascular dementia without behavioral disturbance
F01.51	Vascular dementia with behavioral disturbance
F02.80	Dementia in other diseases classified elsewhere without behavioral disturbance
F02.81	Dementia in other diseases classified elsewhere with behavioral disturbance
F03.90	Unspecified dementia without behavioral disturbance
F03.91	Unspecified dementia with behavioral disturbance
G31.01	Pick's disease G31.09 Other frontotemporal dementia
G31.83	Dementia with Lewy bodies
G31.84	Mild cognitive impairment, so stated
G31.85	Corticobasal degeneration

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CPT Codes


- ◆ **99483-** Evaluation, treatment, and care planning for patients with dementia (50 minutes) (~\$260)
- ◆ **G2212-** Prolonged service code with direct patient contact (additional 15 minutes) (~\$30)
 - Can be billed every 180 days
 - Can be completed via telehealth
 - Cannot be billed with ACP



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PC Applications

- ◆ PC Dementia specific programs/protocols
 - Expansion in service offerings
 - F2F or TH
- ◆ Incorporate with CG training
 - Dementia support groups
- ◆ Incorporate with PIN



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Questions?

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The End



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