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Determining the Level of Service is the Same in 2021 as Previous Years (Home & ALF Settings)

Are you Billing on Documentation & Complexity:

- History
- Exam
- Medical Decision Making
- Medical Necessity

OR

Time-Based Billing

- Dominated by Counseling and/or Coordination of Care (50%)

"I spent 45 minutes directly with the patient and caregiver during this telehealth encounter, greater than 50% was dominated by counseling the patient/caregiver on coping skills to deal with social isolation, emotional stress and uncertainty of prognosis" (CPT 99349)

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Payment Comparison

MPFS CY 2021 Conversion Factor: 34.8931 (2020; 32.4085)

CPT Code	2020 National Non-Facility Payment	2021 National Non-Facility Payment	wRVU (2021)
99341 (New Home Level 1)	\$ 55.58	\$54.47	1.01
99342 (New Home Level 2)	\$ 79.76	\$78.16	1.52
99343 (New Home Level 3)	\$ 131.01	\$128.39	2.53
99344 (New Home Level 4)	\$ 185.86	\$182.14	3.38
99345 (New Home Level 5)	\$ 226.28	\$221.75	4.09
99347 (EST Home Level 1)	\$ 55.58	\$54.47	1.0
99348 (EST Home Level 2)	\$ 85.53	\$ 83.74 (-2%)	1.56
99349 (EST Home Level 3)	\$ 131.01	\$128.39	2.33
99350 (EST Home Level 4)	\$ 182.61	\$ 178.65 (-2%)	3.28

Disclaimer: The MPFS files only confirmed CMS national fee-schedule prices for CPT 99348 & 99350. Using the -2% methodology as specified by CMS the other codes are approximate estimates. Please check your local MAC fee schedule for exact price confirmation.

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Payment Comparison

CPT Code	2020 National Non-Facility Payment	2021 National Non-Facility Payment	wRVU (2021)
99324 (New DOM Level 1)	\$ 55.58	\$54.57	1.01
99325 (New DOM Level 2)	\$ 80.84	\$79.22	1.52
99326 (New DOM Level 3)	\$ 140.75	\$137.94	2.63
99327 (New DOM Level 4)	\$ 189.11	\$185.33	3.46
99328 (New DOM Level 5)	\$ 223.76	\$219.28	4.09
99334 (EST DOM Level 1)	\$ 61.35	\$60.12	1.07
99335 (EST DOM Level 2)	\$ 97.08	\$95.14	1.72
99336 (EST DOM Level 3)	\$ 137.14	\$134.40	2.46
99337 (EST DOM Level 4)	\$ 197.77	\$193.81	3.58

Disclaimer: The MPFS files only confirmed CMS national fee-schedule prices for CPT 99348 & 99350. Using the -2% methodology as specified by CMS the other codes are approximate estimates. Please check your local MAC fee schedule for exact price confirmation.

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Who is my Medicare Administrator Contractor (MAC)

<https://www.cms.gov/Medicare/Medicare-Contracting/FFSPProvCostSvcSenMAC-Website-List>

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Other E/M Services Receiving Increased Reimbursement

CPT Code	Description	NGS Non-Facility PAR Payment 2021	wRVU (2021)
99495	Transitional Care Management, seen within 14 calendar days, moderate MDM	\$218.05	2.78
99496	Transitional Care Management, seen within 7 calendar days, high MDM	\$295.19	3.79
99483	Cognitive Assessment & Care Planning Visit	\$296.59	3.80
HCPCS G0439	Subsequent Annual Wellness Visit	\$140.18	1.92

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Transitional Care Management (TCM) Templates

TCM Interactive Contact Call:

- Discharge Date & Date of Call include the identity of who the call was conducted with.
- How is the patient handling their transition home?
- Do they feel their condition is stable enough to be safe at home?
- Review of discharge medications.
- Review of hospital discharge instructions.
- Does the patient or caregiver have any questions regarding discharge instructions or medications?
- Does the patient have all the necessary medications or are refills/new prescriptions needed?
- Does the patient or caregiver require any assistance arranging follow-up doctor visits, testing, therapy, and/or in-home needs?
- Does the patient or caregiver have all the necessary durable medical equipment (DME)? If not, what additional orders are needed?
- Confirm the appointment date on which the provider is scheduled to see the patient for the face-to-face visit.

HCCI Tip Sheet:
<https://redaction.hccinstitute.org/PublicCatalogDetails.aspx?tbl=13P&tbl1COL17625374235w%34%36>

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TCM Face-to-Face Post Discharge Visit

- Date of Discharge
- Hospital Records Received & Reviewed/Summary
- Date of Interactive Contact
- Medication Reconciliation
- Follow-up Pending Diagnostic Tests or Treatments
- Other Health Care Professional Care Partners
- Patient/Caregiver Education Provided
- Referrals & Community Resources Needed
- Appointment or Scheduling Needs



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TCM is Unbundled With Care Management Services

[illegible]

http://www.cmc.com/flag/document/12120_rfs_final_rule.pdf

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Cognitive Assessment & Care Planning

CPT 99483

2. Cognitive-focused evaluation, including pertinent history and examination.
3. Medical decision-making of moderate or high complexity.
4. Functional assessment (i.e., basic and instrumental activities of daily living), must include decision-making capacity.
5. Use of standardized instruments for staging dementia (i.e., functional assessment staging test or clinical dementia rating).
6. Medication reconciliation and review for high-risk medications.
7. Evaluation for neuropsychiatric and behavioral symptoms, including depression, using a standardized screening instrument.
8. Identification of safety (e.g., home environment), including motor vehicle operation.
9. Identification of caregivers and the caregiver's knowledge, needs, social supports, and willingness to take on caregiving tasks.
10. Development, updating, revision, or review of an advance care plan.
11. Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, and effective symptomatic, functional limitations, and referral to community resources as needed (e.g., adult day care programs, rehabilitation services, support groups).

Resource: http://www.nhtsa.nhtsa.gov/nhtsa/downloads/cars_conspire.pdf

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Consider AWW's



HCP/CS Code	Payment	2021 wRVU
G0438 (Initial AWV once a lifetime)	\$176.96	2.60
G0439 (Subsequent AWV's, once/12 months)	\$140.18	1.92

HCCJ Tip Sheet: <https://education.hccinstitute.org/Public/Catalog/Details.aspx?id=5vrXlPQLyMG1oG%2fwf98FA%3d%3d>

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Care Management



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Chronic Care Management Refresher

Code	Explanation
9490 \$42.84 wRVU 0.61	• 20 minutes or more combined provider and clinical staff (15 minutes assumed billing practitioner time) • Ongoing oversight and management of established, implemented, revised or monitored care plan
9491 \$63.37 wRVU 1.45	• 30 minutes or more • Personally provided by Physician or other qualified healthcare professional. No combine clinical staff time. • Reported instead of traditional CCM when all other requirements are met
9498* \$94.08 wRVU 1.0	• 60 minutes or more • Ongoing oversight and management of care plan that has been established or <i>substantially revised</i> as of 2/2020 + medical decision making of moderate-high complexity
9499* \$47.16 wRVU 0.50	• Each additional 30 minutes of clinical staff time • Ongoing oversight and management of care plan that has been established or <i>substantially revised</i> + medical decision making of moderate-high complexity

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New Replacement CCM Add-On Code

CPT Code	NGS 2021 Non-Facility Payment	2021 wRVU
99439 (Replaces G2058) CCM, each additional 20 minutes of clinical staff time directed by a provider	\$39.58	0.54

- Maximum of 2 billable units (total of 60 minutes per calendar month)
- May require modifier 25 when billing multiple units due to medically unlikely edit, check MAC guidance
- Can only be billed in conjunction with traditional CCM CPT 99490

Complex Chronic Care Management Services	HCPCS G2058 (Replaces CPT 99439)	Chronic care management services, each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month
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Source: Table 18 MPFS Final Rule

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Remote Patient Monitoring (RPM)

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RPM Digitally Stored Data Services

CPT Code	Description	wRVU	Payment
99453	Remote monitoring of physiologic parameters (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial set-up and patient education on the use of equipment	0	\$18.77
99454	Device supply with daily recordings or programmed alerts, during a 30-day period	0	\$62.44

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RPM Collection & Interpretation

CPT Code	Description	wRVU	Payment
99091	Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and transmitted by the patient and/or caregiver to the physician or QHP min of 30 minutes, each 30 days	\$59.19	1.1

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Remote Physiologic Monitoring Treatment Management Services

CPT Code	Description	wRVU	Payment
99457	MGMT Services 20 mins per calendar month, provider and clinical staff time, requires interactive communication	0.61	\$51.61
99458	Each additional 20 mins (add-on code which can only be billed in conjunction with CPT 99457)	0.61	\$42.22

- Requires development & monitoring of a formal treatment plan (recommend formal care plan that specifies patients RPM use and specific treatment goals)
- Permitted under general supervision

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RPM Revenue Example

CPT Code	Description	Estimated 1 st Month Revenue
99453	Remote monitoring of physiologic parameter(s) (e.g. weight, blood pressure, pulse oximetry, respiratory flow rate), initial, set-up and patient education on use of equipment (RPM)	\$18.77
99454	Device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days (RPM)	\$62.44
99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes (RPM)	\$51.61
99453, 99454, & 99457	Total 1 st Month Revenue=	\$132.82

40 minutes of clinical staff management time per month
(CPT 99457 & 99458: Estimated Revenue = \$93.83)

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Public Health Emergency (PHE) Flexibilities

- 1135 Telehealth waivers creating access in the home remain in effect for the duration of the PHE
- PHE declarations are governed by HHS for 90-day periods, PHE was renewed for the 4th time and remains in effect through April 21, 2021
- The home is still not an approved originating site, legislative action would be required to un-restrict access outside of SUPPORT Act exceptions
- Refer to the following CMS COVID-19 FFS FAQs: <https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>

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Permanent vs. Temporary Telehealth Designations

Medicare Telehealth Category 1 (Defined as services permanently added to Medicare telehealth list, home codes still only permissible under SUPPORT ACT exceptions)

- Group Psychotherapy (CPT code 90853)
- Psychological and Neuropsychological Testing (CPT code 96121)
- Domiciliary Established Patient, only levels 1-2 (CPT codes 99334-99335)
- Home Visits, Established Patient, only levels 1-2 (CPT codes 99347-99348)
- Cognitive Assessment and Care Planning Services (CPT code 99483)
- Visit Complexity Inherent to Certain Office/Outpatient Evaluation and Management (E/M) (HCPCS code G2211-Payment & Implementation delayed for 3 years)

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Permanent vs. Temporary Telehealth Designations

Medicare Telehealth Category 3 (Defined as temporary, will remain on Medicare telehealth list through year the PHE ends)

- Domiciliary, Established patients, only levels 3-4 (CPT codes 99336-99337)
- Home Visits, Established Patient, only levels 3-4 (CPT codes 99349-99350)
- Nursing facilities discharge day management (CPT codes 99315-99316)
- Psychological and Neuropsychological Testing (CPT codes 96130-96133; CPT codes 96136-96139)
- Therapy Services, Physical and Occupational Therapy, All levels (CPT codes 97161-97168; CPT codes 97110, 97112, 97116, 97535, 97750, 97755, 97760, 97761, 92521-92524, 92507)

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Centers for Medicare & Medicaid Services (CMS) Resource

<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

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New Virtual Check-in G-Code for Audio-Only

HCPCS Code	Description	NGS PAR Non-Facility Payment	2021 wRVU
G2252 (NEW)	Brief communication technology-based service, (e.g., virtual check-in, 11-20 minutes of medical discussion)	\$ 28.17	0.50
G2012	Virtual Check-in; 5-10 minute medical discussion)	\$ 15.38	0.25
G2010	Remote evaluation of photo or video	\$12.77	0.18

- Payment on an interim basis for CY 2021
- Must be an established patient
- Billable by a qualified provider who can bill E/M services
- Cannot relate to an E/M service within the previous 7 days and cannot result in an E/M visit within the next 24 hours or sooner available
- Intended to be an assessment if in-person care is needed

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Solutions & Strategies

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Practice Sustainability

- Maximize fee-for-service revenue outside of E/M
- Strategic focus on creating efficiencies & boosting productivity standards
- Consider additional support staff (e.g. scribes, medical assistants, community health workers)
- Prepare for and seek Value-Based Contracts

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COVID-19 Vaccine Administration

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COVID-19 Vaccine Administration

AMA

[illegible][illegible]

<https://www.ama-assn.org/system/files/2020-11/covid-19-immunizations-appendix-q-table.pdf>
<https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-mono-clonal-antibodies>

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COVID-19 Vaccine Administration

Documentation & Service Includes:

- The physician or qualified healthcare professional reviews the patients chart to confirm that vaccination to decrease the risk of COVID-19 is indicated
- Counsel the patient/caregiver on the benefits and risks of vaccination to decrease the risk of COVID-19 and obtain consent
- Provide the patient/caregiver with a copy of the VIS/fact sheet
- Administer the appropriate dose as indicated (e.g., intramuscular in the upper arm)
- Monitor the patient for any adverse reaction
- Update the patient's administration record (and registry when applicable) to reflect the vaccine was administered

CPT Code	Description	Payment
0001A	Pfizer-Biontech Covid-19 Vaccine Administration – First Dose	\$ 16.94
0002A	Pfizer-Biontech Covid-19 Vaccine Administration – Second Dose	\$ 28.39
0011A	Moderna Covid-19 Vaccine Administration – First Dose	\$ 16.94
0012A	Moderna Covid-19 Vaccine Administration – Second Dose	\$ 28.39

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