

Webinar Transcript

1

00:02:32.520 --> 00:02:33.900

Dianna Ranger: Hey, Kelly, are you there.

2

00:02:37.860 --> 00:02:39.180

Kaylie Doyle: Hi. Yes, I'm here.

3

00:02:39.930 --> 00:02:40.500

Dianna Ranger: Okay.

4

00:02:40.920 --> 00:02:44.850

Dianna Ranger: I made you a co host and when they could get on, I'll do that.

5

00:02:46.440 --> 00:02:51.060

Dianna Ranger: Is that Janet and Nathan that are speaking today. I wasn't sure.

6

00:02:53.400 --> 00:02:55.320

Kaylie Doyle: Nathan, the main speaker or

7

00:02:56.490 --> 00:02:57.450

Kaylie Doyle: Janet is

8

00:02:58.620 --> 00:03:04.290

Kaylie Doyle: One of the other Max from the last session so still okay to be on to. Okay.

9

00:03:05.550 --> 00:03:07.020

Dianna Ranger: I've got her in and I just

10

00:03:07.560 --> 00:03:09.030

Dianna Ranger: Admitted Nathan so

11

00:03:10.530 --> 00:03:11.520

Dianna Ranger: Okay, perfect.

12

00:03:11.580 --> 00:03:15.600

Dianna Ranger: Patient they getting on shortly. DIANA. Are you there.

13

00:03:16.290 --> 00:03:18.480

Janet Hunter: Yes, I'm here. Thank you. Okay.

14

00:03:18.750 --> 00:03:22.560

Dianna Ranger: I saw your name as soon as I got him. So I just want

15

00:03:24.030 --> 00:03:26.190

Janet Hunter: Him. Thank you. Yep.

16

00:03:49.530 --> 00:03:52.170

Kaylie Doyle: Nathan. Have you joined. I think you're muted.

17

00:03:56.910 --> 00:04:00.540

Nathan Kennedy: Okay, now I'm here, I think. Yes, yes. We are you.

18

00:04:15.720 --> 00:04:16.260

Kaylie Doyle: And

19

00:04:17.310 --> 00:04:21.660

Kaylie Doyle: I think others are still joining in tonight. You're on. I can see you.

20

00:04:23.100 --> 00:04:24.270

Kaylie Doyle: Can hear my Kaylee.

21

00:04:25.470 --> 00:04:26.130

Michael Boyson: Hi Michael

22

00:04:27.660 --> 00:04:28.140

Kaylie Doyle: I can hear you.

23

00:04:29.610 --> 00:04:29.970

Gina Jones: Okay.

24

00:04:39.990 --> 00:04:45.900

Kaylie Doyle: And Fran. Are you on. I see your name and then 515 number might be

25

00:04:47.250 --> 00:04:48.750

Kaylie Doyle: Yeah, I just I admitted her

26

00:04:48.750 --> 00:04:53.280

Dianna Ranger: 515 number cuz I'm pretty sure that's her so she should be. Yeah.

27

00:04:55.140 --> 00:04:56.760

Dianna Ranger: So we changed her name to France, so we

28

00:04:56.760 --> 00:04:57.600

Michael Boyson: Don't freak out.

29

00:04:58.380 --> 00:04:58.950

Yeah.

30

00:05:00.480 --> 00:05:03.240

Dianna Ranger: Well, either that or connector up with our video.

31

00:05:05.820 --> 00:05:08.100

Dianna Ranger: Either and are you there I unmuted you

32

00:05:09.210 --> 00:05:10.230

Dianna Ranger: Yeah, you don't see my

33

00:05:10.230 --> 00:05:10.980

15159540577: Name on the screen.

34

00:05:11.760 --> 00:05:18.750

Dianna Ranger: I see our name for the computer. But is your phone number. The OH 577. Yes. Okay.

35

00:05:18.810 --> 00:05:21.540

Dianna Ranger: I'm going to merge it with your video. So it's not a

36

00:05:23.820 --> 00:05:24.690

Dianna Ranger: Special function.

37

00:05:24.720 --> 00:05:26.490

15159540577: Okay. Thanks, Mary Yeah.

38

00:05:29.310 --> 00:05:30.690

15159540577: Hopefully it'll pop up there.

39

00:05:31.980 --> 00:05:32.850  
Dianna Ranger: I see both of them.

40  
00:05:32.910 --> 00:05:34.830  
15159540577: Now, thank you. Okay.

41  
00:05:35.280 --> 00:05:35.730  
Merge

42  
00:05:39.510 --> 00:05:40.080  
All right.

43  
00:05:41.610 --> 00:05:46.920  
Kaylie Doyle: Nikki joined. I think she was running the fly social pull those up. So yep

44  
00:05:46.980 --> 00:05:48.030  
Dianna Ranger: Let me get her in here.

45  
00:05:49.050 --> 00:05:51.000  
Dianna Ranger: And there she just popped up.

46  
00:05:54.660 --> 00:06:01.590  
Michael Boyson: And then we ought to probably let Mary know who the other candidates are

47  
00:06:03.060 --> 00:06:04.410  
Michael Boyson: From the other max.

48  
00:06:05.460 --> 00:06:06.510  
Michael Boyson: Who will be joining I have

49  
00:06:07.320 --> 00:06:12.840  
Dianna Ranger: I have Janet and Nathan both them anybody else. Okay, Ellen is in my

50  
00:06:13.470 --> 00:06:18.060  
Kaylie Doyle: I let her in. She Ellen Berra, it's the other. Okay, Alan.

51  
00:06:19.980 --> 00:06:20.820  
Kaylie Doyle: I see her name.

52

00:06:23.130 --> 00:06:24.270  
Kaylie Doyle: Muted right now.

53

00:06:32.310 --> 00:06:32.880  
Michael Boyson: Sounds good.

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00:06:47.490 --> 00:06:48.720  
Michael Boyson: This is my sixth

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00:06:49.860 --> 00:06:50.550  
Dianna Ranger: Well, this will be

56

00:06:50.580 --> 00:06:50.970  
Coming.

57

00:07:01.560 --> 00:07:08.970  
Michael Boyson: Moose tracks Lou loose tracks is could be trending here,  
although I have to say chocolate chip is another one that

58

00:07:10.500 --> 00:07:12.330  
Michael Boyson: People are interested in it as well.

59

00:07:14.400 --> 00:07:16.800  
Michael Boyson: Hi, Debbie. All the way from delta County.

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00:07:18.360 --> 00:07:20.490  
Michael Boyson: Diane likes chocolate fudge brownie.

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00:07:22.920 --> 00:07:25.080  
Michael Boyson: Awesome, that's great.

62

00:07:30.600 --> 00:07:35.700  
Michael Boyson: Kelly welcome from all the way from Oklahoma cherry  
vanilla ice cream. That's great.

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00:07:39.540 --> 00:07:43.140  
Michael Boyson: Alright, well, we're going to get started here in about  
30 seconds.

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00:07:44.400 --> 00:07:50.430

Michael Boyson: When I welcome everybody. As you log in, give us your name, your organization.

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00:07:52.440 --> 00:07:55.950

Michael Boyson: And the state, you're from, as well as your favorite

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00:07:59.220 --> 00:07:59.880

Michael Boyson: Ice cream.

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00:08:10.170 --> 00:08:11.160

Michael Boyson: Alright.

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00:08:12.600 --> 00:08:21.630

Michael Boyson: Well, I have 11 o'clock, so we're going to go ahead and get started. If I could have Nikki, the slides advanced, that would be great.

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00:08:27.420 --> 00:08:37.560

Michael Boyson: Hi, everyone. Thanks for joining today's call. I'm Michael voice in a I'm one of the directors here intelligent and will be your facilitator for today.

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00:08:38.940 --> 00:08:40.980

Michael Boyson: For those that don't know, intelligent, is the

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00:08:42.480 --> 00:08:48.450

Michael Boyson: For Colorado, Illinois, Iowa and Oklahoma and welcome to today's webinar.

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00:08:49.710 --> 00:09:05.220

Michael Boyson: Taking your chronic disease prevention, management to the next level understanding Medicare coverage and services including Tele health and this is a session to on Medicare's diabetes management screening and preventive services.

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00:09:06.780 --> 00:09:07.860

Next slide please.

74

00:09:13.290 --> 00:09:18.270

Michael Boyson: We're excited to bring you this learning series in partnership with three of the Medicare administrative

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00:09:19.470 --> 00:09:29.310

Michael Boyson: Contract contractors or max national government services is the Mac for Illinois and they're in the jury jurisdiction of six and k is their responsibilities.

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00:09:30.270 --> 00:09:45.360

Michael Boyson: And will be our main presenter for today's session. We also have representatives from WPS government health administrators, which is the Mac for Iowa and then also know vintage solution is the Mac for color out on Oklahoma.

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00:09:46.410 --> 00:09:54.660

Michael Boyson: And they will be available to provide question or response to your questions today.

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00:09:55.740 --> 00:10:04.320

Michael Boyson: And they are also participating in this part four part learning series. So welcome, want to welcome them as well. Let's go to the next slide.

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00:10:07.410 --> 00:10:17.850

Michael Boyson: So with this fast moving pandemic, we wanted to do our part and help you re engage your patients. Well, understanding how to navigate the tele Health Reimbursement maze.

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00:10:18.780 --> 00:10:22.980

Michael Boyson: And we know that this is really unprecedented times and we understand

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00:10:23.700 --> 00:10:38.790

Michael Boyson: You and your colleagues are in a constant flux and turbulence trying to stay informed while taking care of your patients as well as your families and we're so appreciative of what you are doing on the front lines and we are here to support you.

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00:10:39.870 --> 00:10:48.630

Michael Boyson: This webinar is designed to give you the most current up to date information that is coming out, weekly, and sometimes daily. So keep in mind this is our best shot.

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00:10:49.500 --> 00:11:00.390

Michael Boyson: This material is for informational purposes only and does not constitute medical advice. It's not intended to be a substitute for professional medical advice diagnosis or treatment.

84

00:11:01.500 --> 00:11:07.530

Michael Boyson: Today's content reflects Nathan Kennedy's our speakers best understanding as of actually today.

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00:11:08.490 --> 00:11:16.290

Michael Boyson: We're new information about the CMS rules and regulations, including waivers are coming out weekly sometimes even daily. Therefore,

86

00:11:17.100 --> 00:11:30.090

Michael Boyson: It remains important that you continually check CMS is most up to date guide and more information. We encourage you to have this visit the masses website and you can see the link here on our slide.

87

00:11:32.250 --> 00:11:33.210

Michael Boyson: Next slide please.

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00:11:35.640 --> 00:11:46.710

Michael Boyson: Tell us. It takes all the available steps to provide secure use of this video conferencing platform and we share this disclaimer regarding the links to other websites or third party content.

89

00:11:47.520 --> 00:11:59.010

Michael Boyson: You know that Zoom is continually improving their security, but we want to be wants you to be aware of this disclaimer, as it associates using this platform.

90

00:12:01.710 --> 00:12:03.060

Michael Boyson: Let's go to the next slide please.

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00:12:05.340 --> 00:12:22.470

Michael Boyson: As I mentioned. Today's webinar is the second in a four part learning series in partnership with the max in our Quinn Q IO states, and we hope you'll join us for the remaining two six sessions that are listed on this slide, each session requires its own registration.

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00:12:24.180 --> 00:12:30.570

Michael Boyson: The April 22 slide deck is already on our website at WWW dot

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00:12:32.490 --> 00:12:46.650

Michael Boyson: Com, and we'll give that information out when we send out the slide deck. The recording resource document as well as a Q AMP a document so that you can link to it.



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00:12:49.020 --> 00:12:59.880

Michael Boyson: And we'll talk about these last two sessions at the end of this session so that you understand what's coming up in our last two minute remaining session. So let's go to the next slide.

95

00:13:02.160 --> 00:13:09.960

Michael Boyson: So the objective of taste calls to share information about the diabetes management screening and preventive services including Tele health services.

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00:13:12.240 --> 00:13:16.260

Michael Boyson: Some of the agenda topic items that we're going to be covering

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00:13:17.310 --> 00:13:18.390

Michael Boyson: Include coven

98

00:13:20.910 --> 00:13:35.160

Michael Boyson: Section 35 waiver and changes will touch on some Medicare diabetes prevention program information billing overview beneficiary eligibility in the TP HC HC

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00:13:36.480 --> 00:13:49.320

Michael Boyson: HC Pix coding MVP claim submissions instructions will also talk about diabetes self management training and some medical nutrition therapy training.

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00:13:50.850 --> 00:13:51.750

Next slide please.

101

00:13:53.850 --> 00:14:06.300

Michael Boyson: We're excited to have Nathan Kennedy with us today from national government services, Nathan has worked with NGOs for 32 years teenager broad knowledge base of the entire Medicare Part B program.

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00:14:06.990 --> 00:14:16.830

Michael Boyson: Nathan began his medical care career with over three years working and claims processing then moved on to spend over seven years in the appeals area.

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00:14:17.550 --> 00:14:35.400

Michael Boyson: Nathan was part of the team that initiated the telephone interview process helped to implement the DM ERC when created and

implemented the letter writing system used at that time, Nathan has also worked as the appeals auditor and as an appeals analysts.

104

00:14:36.480 --> 00:14:50.670

Michael Boyson: Nathan then moved on to provider outreach, education, where he's been there for now 21 years Nathan has served as a liaison with a wide variety of state medical societies organizing communication directly with the organization.

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00:14:51.990 --> 00:15:00.990

Michael Boyson: He's been the facilitator of correlate POV advisory group meetings and has worked with other Medicare partners on many occasions, including the QA and QA

106

00:15:02.370 --> 00:15:07.200

Michael Boyson: Nathan also serves as the CPC instructor of Indian Health Services staff.

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00:15:09.750 --> 00:15:16.860

Michael Boyson: Meeting. We're really thankful for you to be here today, and I'll turn it over, you to share with our audience Nathan

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00:15:18.420 --> 00:15:22.080

Nathan Kennedy: All right. Thank you, Michael. Go ahead to our next slide please.

109

00:15:23.160 --> 00:15:29.220

Nathan Kennedy: And as as Michael was mentioning, you know, a lot of that's just a good way of saying I'm old and I've been around for a long time. So,

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00:15:30.870 --> 00:15:44.040

Nathan Kennedy: One of the pieces of that anyone that's worked in in health care Medicare, especially, you know, the disclaimers that you've seen just means everything can and possibly will change at some point. So,

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00:15:45.510 --> 00:15:48.690

Nathan Kennedy: I think we're all aware of that. So,

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00:15:50.640 --> 00:16:03.030

Nathan Kennedy: You know, that just means. Keep in mind, especially you know now that we're in this this Hoeven 19 world. Things are changing even more rapidly. So I want to start with a few updates from

113

00:16:03.900 --> 00:16:14.400

Nathan Kennedy: The public health emergency things that are going on. And then, as Michael said we'll get into some of the diet diabetic screening and services information.

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00:16:15.240 --> 00:16:21.060

Nathan Kennedy: Just know throughout the the PowerPoint. There are several slides that are there for reference.

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00:16:21.840 --> 00:16:26.910

Nathan Kennedy: I may or may not touch on all of them. I'm going to give you some highlights and then the rest of the information is there.

116

00:16:27.540 --> 00:16:40.290

Nathan Kennedy: For your benefit something good for you to take away from this session that you have going forward. So with this slide, you see this, the general public health emergency I think everyone's aware that was issued.

117

00:16:42.300 --> 00:16:43.860

Nathan Kennedy: More than a couple months ago now.

118

00:16:45.270 --> 00:16:55.500

Nathan Kennedy: There is on CMS website a link to the CMS current emergencies. They have a coronavirus page that has everything out there that's been updated.

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00:16:56.280 --> 00:17:12.600

Nathan Kennedy: Make sure you're looking at the latest information because we've had three major updates since since this began. We have march 17 then we had march 30 and then we just had a latest one. On April 30 providing additional information also

120

00:17:13.620 --> 00:17:23.130

Nathan Kennedy: Weird NGS and Nova toss and WPS as well. We have our list serves that that send regular updates out as well with it with any changes.

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00:17:23.610 --> 00:17:34.200

Nathan Kennedy: Those are important to know within the state. You're practicing because there may be things that are handled a little bit differently between the max generally we approach everything the same.

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00:17:35.310 --> 00:17:43.800

Nathan Kennedy: But sometimes in processing based on regional differences, things are are going to be a little bit different. So next slide place.

123

00:17:46.200 --> 00:17:46.590

Nathan Kennedy: This

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00:17:47.100 --> 00:17:59.670

Nathan Kennedy: There we go. Special Edition article MLM se 20 011 is an important one. This is the Medicare fee for service response to the public health emergency

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00:18:00.420 --> 00:18:13.590

Nathan Kennedy: This tops quite a bit about the public health emergency. It talks about the DR condition code for par de the modifier CR for Part B and gets into

126

00:18:14.190 --> 00:18:31.890

Nathan Kennedy: Several other pieces of important information that are going to be helpful throughout the public health emergency. So definitely something you want to look at. And then the second link in the second bullet is regarding disaster related policies in relation to the 1135 waiver so

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00:18:33.210 --> 00:18:40.290

Nathan Kennedy: A lot of detail within those that may or may not apply to your practice, but at least you have the resource to to find that

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00:18:41.550 --> 00:18:42.630

Nathan Kennedy: And. Next slide please.

129

00:18:48.060 --> 00:19:06.390

Nathan Kennedy: Okay, I'm talking about the public health emergency, the big, big piece of this that we we see, especially in part B is the tele health waivers and a lot of things have occurred with Tele health. We've seen a couple different changes with that and it is

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00:19:07.680 --> 00:19:11.040

Nathan Kennedy: Temporary currently through the duration of the public health emergency

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00:19:12.240 --> 00:19:21.690

Nathan Kennedy: I know, CMS has said that they are looking at at things going forward as well. But for right now. During the THC.

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00:19:23.070 --> 00:19:30.270

Nathan Kennedy: With Tele health services any physician type that can bill Medicare can provide Tele health services.

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00:19:31.830 --> 00:19:47.580

Nathan Kennedy: And there has been an expansion on the tele health listing of services that can be provided via tele health and with the last update on April 30 CMS even added several procedures that can be done via audio only

134

00:19:48.870 --> 00:20:02.880

Nathan Kennedy: And there's been a lot of questioning back and forth regarding this. But anything that is on that list of codes is a tele health service for the public health emergency. Okay. Next slide please.

135

00:20:07.080 --> 00:20:26.670

Nathan Kennedy: Just a few notes here. One of the things that CMS has done over the last couple years of patients over paperwork and there are several pieces that they have implemented trying to to limit paperwork requirements during the public health emergency a temporary eliminated some

136

00:20:28.200 --> 00:20:36.690

Nathan Kennedy: And others. They've just kind of provided some temporary relief from auditing and reporting requirements, along with the big and the

137

00:20:39.060 --> 00:20:42.630

Nathan Kennedy: Civil rights group here. Next slide please.

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00:20:46.410 --> 00:20:59.910

Nathan Kennedy: Hey. This slide gives you a list of some of the, the major areas where we have seen the MS deliver guidance that that has been changed due to the public health emergency

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00:21:00.720 --> 00:21:09.420

Nathan Kennedy: You can look up the form name or the form number with covert 19 and you will get that information as well. Next slide please.

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00:21:15.780 --> 00:21:26.460

Nathan Kennedy: Okay Beneficiary Notice delivered guidance. One of the key things we've seen a lot of questions on is is is giving a an Advanced Beneficiary Notice and the slide has

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00:21:27.630 --> 00:21:33.750

Nathan Kennedy: Some of the ways around actually having a patient sign that ABM during the the public health emergency

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00:21:34.860 --> 00:21:44.460

Nathan Kennedy: Less person to person and hand to hand, contact is being made. So these are some different ways that that can be achieved. Next slide please.

143

00:21:47.250 --> 00:21:51.570

Nathan Kennedy: Just a couple of notes here with hospitals without walls.

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00:21:52.830 --> 00:22:05.640

Nathan Kennedy: CMS Health and Human Services has worked to expand the healthcare workforce and there are many waivers available where hospitals can provide services outside of their normal

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00:22:06.450 --> 00:22:20.160

Nathan Kennedy: Brick and mortar walls of that facility. So, up to and including providing a patient making a patient's home a provider outpatient hospital department for services that are rendered their

146

00:22:21.270 --> 00:22:22.230

Nathan Kennedy: Next slide please.

147

00:22:24.450 --> 00:22:31.470

Nathan Kennedy: This slide I wanted to make sure everyone had the provider enrollment telephone hotline numbers for each of our max.

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00:22:32.880 --> 00:22:38.070

Nathan Kennedy: One of the things that has occurred with the hospitals without walls, especially

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00:22:39.330 --> 00:22:47.610

Nathan Kennedy: And physicians coming in and going into different practices, a lot of enrollment things have to be done in our meeting to be done more rapidly.

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00:22:48.180 --> 00:23:00.480

Nathan Kennedy: So, CMS has had each of the max establish their provider Roma's hotline and you can actually call to get that paperwork taken care of and initiated. Next slide please.

151

00:23:01.590 --> 00:23:13.440

Nathan Kennedy: The slide just has a link to the provider enrollment frequently asked questions going to be an important document to look at if you're dealing with anything with enrollment. Next slide please.

152

00:23:17.280 --> 00:23:24.840

Nathan Kennedy: Okay, as I mentioned Telehealth services, there was a the latest update was April 30 that's probably been the biggest update we've seen to date.

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00:23:25.710 --> 00:23:36.960

Nathan Kennedy: Everything that is listed on the list of Telehealth services is considered Tele health and CMS has clarified we've we've had a few discussions with CMS on that but

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00:23:37.980 --> 00:23:56.160

Nathan Kennedy: Modifier 95 has to be applied or attended to every procedure code that's on that Telehealth listing on their website. Now, any of those services, even the audio only, you know, it doesn't make the definition of the modifier CMS is adapting through the waiver for it to fit the situation.

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00:23:57.960 --> 00:24:05.070

Nathan Kennedy: medical nutrition therapy and diabetes management treatment services have always been part of tele health

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00:24:06.870 --> 00:24:15.480

Nathan Kennedy: So that there's not much for change there, but they are still on the tele health listing and available to be used the audio and video

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00:24:16.020 --> 00:24:29.940

Nathan Kennedy: And most of those codes have also been related to audio only. So if you have a patient that you cannot obtain a video connection with you can speak with them on the phone and it still counts as Tele health care. Next slide please.

158

00:24:33.660 --> 00:24:42.930

Nathan Kennedy: One other thing that has changed or been allowed is 98966398968. These are our telephone e&m services.

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00:24:43.500 --> 00:24:54.900

Nathan Kennedy: And these are the telephony and M codes that have been allowed set up to allow for Registered Dietitians to perform. So if you have something that

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00:24:55.710 --> 00:25:10.380

Nathan Kennedy: falls outside of inventory or DS empty, you're just doing some kind of an evaluation service that's really for checking up on patients seeing what's going on from a health standpoint. These codes can be used by a registered dietitian.

161

00:25:11.430 --> 00:25:20.820

Nathan Kennedy: That was updated in the Medicare systems couple weeks ago. So if you had services prior to the end of April.

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00:25:22.260 --> 00:25:24.690

Nathan Kennedy: Actually, I think it was May 1

163

00:25:26.010 --> 00:25:34.680

Nathan Kennedy: Then you would have seen those services denied but but CMS actually updated those and they now allow any services you had prior to that.

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00:25:35.880 --> 00:25:41.010

Nathan Kennedy: It NGOs, we are working to adjust those for you. So, okay. Next slide please.

165

00:25:43.710 --> 00:25:47.490

Nathan Kennedy: The next few slides deal with diabetes screening and

166

00:25:49.230 --> 00:25:52.830

Nathan Kennedy: These the service has been around for a while. There are three codes.

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00:25:54.000 --> 00:26:08.430

Nathan Kennedy: Eight to 94750 and five, one that can all be used. These are used for diabetic screening based on what kind of blood test is being done. Next slide please.

168

00:26:09.570 --> 00:26:15.600

Nathan Kennedy: These were effective in January, since January of 2005, as I mentioned, the three codes.

169

00:26:16.980 --> 00:26:30.870

Nathan Kennedy: If a patient is not pre diabetic and Medicare allows once every 12 months if they are pre diabetic, then you can perform the service every six months or diabetic screening. Okay. Next slide please.

170

00:26:32.220 --> 00:26:38.850



Nathan Kennedy: This slide just contains the diagnosis coding and to note, if the patient is pre diabetic.

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00:26:39.960 --> 00:26:51.900

Nathan Kennedy: You're going to indicate modifier T s on the service that is being built that just indicates to us that it is a pre diabetic and that will allow that service to be performed every six months.

172

00:26:53.370 --> 00:26:54.570

Nathan Kennedy: Okay, next slide please.

173

00:26:56.310 --> 00:27:04.080

Nathan Kennedy: We'll talk for a few minutes on the Medicare diabetes prevention program and and how you can build that through Medicare

174

00:27:05.970 --> 00:27:21.720

Nathan Kennedy: This has been around for a couple years, and reviewing this this morning. Actually, I noticed I've got a couple of typos throughout the next few slides I failed to update. I didn't use the latest information. I still had

175

00:27:23.850 --> 00:27:43.620

Nathan Kennedy: Payment data. So I'll give you those that update on this slide where you see in the second sub bullet says can be up to \$689 per beneficiary for 2020 that's actually up to \$702 so a little bit of an increase and bump for 2020

176

00:27:44.790 --> 00:27:52.170

Nathan Kennedy: Good to be aware of. But all of the other information in here regarding the services has not changed. So

177

00:27:53.550 --> 00:28:09.450

Nathan Kennedy: This is an expanded model, as I mentioned, dealing with behavior change interventions aims to prevent the onset of type two diabetes and it is for Medicare beneficiaries. Obviously we we work with Medicare beneficiaries, so

178

00:28:11.760 --> 00:28:23.760

Nathan Kennedy: The payments within the MVP. Our performance based they do process through the CMS claim system. So, you will see that as we go along. Next slide please.

179

00:28:26.430 --> 00:28:34.530

Nathan Kennedy: Involved with in the MVP program are structured sessions with a coach using a CDC approved curriculum.

180

00:28:35.340 --> 00:28:50.160

Nathan Kennedy: And, you know, brings about training that can help patients in dietary changes, increasing physical activity and weight loss, all of those go along and over time have been shown to help with diabetes.

181

00:28:52.140 --> 00:29:01.350

Nathan Kennedy: Prevention and helping patients with with diabetic concerns. So 12 months of course sessions with an indication of pre diabetes.

182

00:29:02.070 --> 00:29:19.410

Nathan Kennedy: And then an additional 12 months of ongoing maintenance for participants who continue to make weight loss and attendance goals. So as long as the patients doing their part working along with that then everything's good and that that coverage continues. Okay. Next slide please.

183

00:29:21.990 --> 00:29:31.110

Nathan Kennedy: The coverage requirements. I won't touch on all of these, but you can see these you can have those available. The key thing obviously they have to be enrolled in Medicare Part B.

184

00:29:31.740 --> 00:29:41.790

Nathan Kennedy: There's BMI criteria and then blood testing criteria and no previous diagnosis of type one or type two and the patient may not have as Rd

185

00:29:43.380 --> 00:29:44.220

Nathan Kennedy: Next slide please.

186

00:29:45.660 --> 00:29:56.040

Nathan Kennedy: The next few slides are there for your information as well but determining beneficiary eligibility is a key piece to this as well.

187

00:29:57.390 --> 00:30:11.640

Nathan Kennedy: With Medicare Part B, they could be under fee for service Medicare, which is what NGS WPS and Nova toss. That's what we process. There are also Medicare Advantage plans that patients may have everyone's fully aware of them.

188

00:30:12.960 --> 00:30:21.900

Nathan Kennedy: And there's also railroad Medicare for patients who have retired from the railroad in the United States. So

189

00:30:23.610 --> 00:30:29.430

Nathan Kennedy: Always good always important to know what type of Medicare, the patient has

190

00:30:30.720 --> 00:30:31.620

Nathan Kennedy: Next slide please.

191

00:30:34.140 --> 00:30:42.840

Nathan Kennedy: Gave you giving a couple slides. This is the an example of Medicare Advantage eligibility anthem is obviously not the only

192

00:30:43.650 --> 00:30:52.800

Nathan Kennedy: Medicare Advantage plan. Many, many payers have Advantage Plans, but you will see as in the right top right hand corner of this anthem card.

193

00:30:53.340 --> 00:31:07.800

Nathan Kennedy: Medicare PPO advantage, something of that nature that's been indicate that it's an advantage plan versus the card that you see at the bottom, which is their Medicare Fee for Service Health Insurance Card. Next slide please.

194

00:31:10.380 --> 00:31:30.330

Nathan Kennedy: And the next slide. The difference is that you will see Railroad Retirement Board listed on that card. So both of these slides have claim remark reason codes listed. If you see that on a claim that you send to us in fee for service world. This is going to indicate to you.

195

00:31:31.500 --> 00:31:32.190

Nathan Kennedy: That that

196

00:31:33.870 --> 00:31:39.840

Nathan Kennedy: Service was sent to the wrong contractor in 105 means that was a railroad retiree

197

00:31:41.010 --> 00:31:44.700

Nathan Kennedy: Oh, a 109 indicates that it was a Medicare Advantage plan.

198

00:31:46.140 --> 00:31:47.580

Nathan Kennedy: Okay, next slide please.

199

00:31:49.530 --> 00:31:59.820

Nathan Kennedy: The slide gives you a way to access that information. If you need that for an MA Plan directory and how to contact the Railroad Retirement Board.

200

00:32:01.020 --> 00:32:02.550

Nathan Kennedy: Okay, next slide please.

201

00:32:04.590 --> 00:32:09.780

Nathan Kennedy: Next slide is an overview from a document that

202

00:32:11.010 --> 00:32:16.710

Nathan Kennedy: CMS has published and publishes each year, this, this goes through

203

00:32:18.480 --> 00:32:24.450

Nathan Kennedy: What the sessions look like how they are broken out and the codes that are involved with those so

204

00:32:26.790 --> 00:32:36.360

Nathan Kennedy: Each of these being a part of the MVP plan and each service brings about a different billing and different reimbursement within that

205

00:32:39.600 --> 00:32:49.050

Nathan Kennedy: As I mentioned MVP is a two year program and suppliers must submit claims. When a performance goal is met. So that's why you see different level.

206

00:32:50.070 --> 00:33:08.940

Nathan Kennedy: For maintenance sessions ongoing maintenance and then down the left additional attendance and weight loss and then additional codes for services. So always good to stay on top of MVP patients to see where they're at in the process and how they are doing and progressing with

207

00:33:10.200 --> 00:33:12.180

Nathan Kennedy: The benefit. Next slide please.

208

00:33:16.620 --> 00:33:23.670

Nathan Kennedy: So as we see here beneficiaries must attend to one course session to initiate services that will start them on the path.

209

00:33:24.780 --> 00:33:29.370

Nathan Kennedy: And then provider can continue to be paid based on beneficiaries attendance.

210

00:33:30.570 --> 00:33:41.730

Nathan Kennedy: Some benefits regard weight loss, but key point is beneficiary attendance. They're not always going to see weight loss with some of the MVP services that are being provided.

211

00:33:42.990 --> 00:33:50.280

Nathan Kennedy: You know, but the importance is they are attending. They were following the steps within the program. Next slide please.

212

00:33:52.950 --> 00:33:54.840

Nathan Kennedy: payments are made in three month intervals.

213

00:33:55.980 --> 00:34:06.390

Nathan Kennedy: And again, paid at the beneficiary meets attendance goals and then pay the additional if they may weight loss criteria during those intervals.

214

00:34:08.250 --> 00:34:09.150

Nathan Kennedy: Next slide please.

215

00:34:12.120 --> 00:34:15.390

Nathan Kennedy: Guess that same slide twice. Sorry, go ahead to the next one.

216

00:34:18.660 --> 00:34:22.800

Nathan Kennedy: So requirements for the sessions all sessions must be one hour in length.

217

00:34:24.540 --> 00:34:33.900

Nathan Kennedy: Again, you have to follow CDC approved curriculum and wait measurements are taken in person at sessions to count towards performance goals.

218

00:34:36.120 --> 00:34:37.320

Nathan Kennedy: OK, the next

219

00:34:39.270 --> 00:34:44.400

Nathan Kennedy: Three slides we go ahead to the next slide place yeah and and go through two more.

220

00:34:46.200 --> 00:34:54.510

Nathan Kennedy: Modifier VI M is a virtual makeup session that must be built with any G code associated with the session. That is a virtual makeup.

221

00:34:55.350 --> 00:35:12.240

Nathan Kennedy: And then these three slides show different procedure codes and descriptions, whether or not the virtual makeup is allowed for that session. And then the payment for that particular session as well go ahead to the next slide please.

222

00:35:14.310 --> 00:35:17.220

Nathan Kennedy: Now important information for claims submission for Medicare

223

00:35:18.390 --> 00:35:28.740

Nathan Kennedy: Beneficiaries first name, last name, Medicare identifier have to be on the claim. We have to have a data service. We have to have the appropriate G code that's being built.

224

00:35:30.000 --> 00:35:34.410

Nathan Kennedy: The rendering MTI that's associated with performing that G code.

225

00:35:35.850 --> 00:35:40.770

Nathan Kennedy: The Medicare enrolled MVP provider is listed as the billing provider.

226

00:35:42.930 --> 00:35:54.840

Nathan Kennedy: And then utilize any Hix Pix codes associated with service, even including non payable codes, because even those non payable codes are going to indicate progress for the patient.

227

00:35:56.940 --> 00:35:58.110

Nathan Kennedy: Okay, next slide please.

228

00:36:01.980 --> 00:36:11.580

Nathan Kennedy: Different places with service that are going to be involved office. Obviously, if it's within a practitioners office at can be performed in an outpatient facility.

229

00:36:12.840 --> 00:36:26.160

Nathan Kennedy: If it's on campus 19 if it's off campus and then also places service 99 can come into play because sometimes these services are performed in community settings or the virtual makeup session.

230

00:36:27.360 --> 00:36:44.640

Nathan Kennedy: Sometimes patients come into retirement centers or our places of that nature and have services as well. One key. Always make sure demonstration at two is a pendant when the services are provided. And then the appropriate ICD 10 code.

231

00:36:45.900 --> 00:36:46.770

Nathan Kennedy: Next slide please.

232

00:36:49.800 --> 00:37:00.990

Nathan Kennedy: You'll see here item 19 is where the demonstration code 82 is placed. And this slide in the next two, we can go ahead and skip the next two slides as well.

233

00:37:01.740 --> 00:37:11.940

Nathan Kennedy: This is where this is detailed information on where the information goes on the claim form or in the electronic field. If you're submitting electronically.

234

00:37:13.320 --> 00:37:14.610

Nathan Kennedy: Okay, next slide please.

235

00:37:16.740 --> 00:37:20.550

Nathan Kennedy: Moving on to diabetes self management training or DS empty.

236

00:37:22.860 --> 00:37:38.190

Nathan Kennedy: DSM T has been covered for for a while now for Medicare patient to qualify must be at risk for complications from diabetes recently been diagnosed or already suffer from diabetes. Next slide please.

237

00:37:41.880 --> 00:37:44.550

Nathan Kennedy: Keep wanting to say. Next question. There's not any questions. Yeah.

238

00:37:46.380 --> 00:37:57.540

Nathan Kennedy: As you can see, physician may consider a patient on high risk if during the last 12 months, they've had problems controlling blood sugar been treated in an ER or stayed overnight in hospital.

239

00:37:58.650 --> 00:38:02.310

Nathan Kennedy: Then diagnosed with kidney disease or I disease related to diabetes.

240

00:38:03.690 --> 00:38:04.920

Nathan Kennedy: Okay, next slide please.

241

00:38:06.960 --> 00:38:09.540

Nathan Kennedy: Just a couple of additional

242

00:38:10.920 --> 00:38:12.090

Nathan Kennedy: Next slide please.

243

00:38:16.560 --> 00:38:33.330

Nathan Kennedy: Important to note physician must order the training for DS empty to be covered, and it must be provided by Medicare approved Diabetes Education Program under a plan of care that's established by a physician or qualified non physician practitioner. Next slide please.

244

00:38:36.120 --> 00:38:44.370

Nathan Kennedy: So what we see in the coverage within the first year patients can receive 10 hours of initial training within that first 12 months.

245

00:38:45.660 --> 00:39:00.690

Nathan Kennedy: One of the hours may be given on a one on one basis. And then the other nine must be training in a group class unless the physician prescribes 10 hours of individual training, there may be situations where a person must have all individual training.

246

00:39:02.100 --> 00:39:12.840

Nathan Kennedy: But that initial training must be completed within 12 months from the time that starts. So not specifically a calendar year. It's from the time of stuff starts to the time it stopped.

247

00:39:13.890 --> 00:39:28.620

Nathan Kennedy: Next slide please. These are the codes for DS empty G 0108 an individual per 30 minutes and a 109 is a group meaning two or more per 30 minutes

248

00:39:30.240 --> 00:39:31.530

Nathan Kennedy: Okay, next slide please.



249

00:39:33.720 --> 00:39:39.030

Nathan Kennedy: And next we will talk about Medicare nutrition or medical nutrition therapy or empty.

250

00:39:40.170 --> 00:39:44.190

Nathan Kennedy: And this is another benefit for patients with diabetes.

251

00:39:45.870 --> 00:39:58.800

Nathan Kennedy: It is also offered to patients with renal disease but patients with diabetes, if they have type one or type two, they are eligible for him empty. Next slide please.

252

00:40:02.370 --> 00:40:13.950

Nathan Kennedy: Couple conditions that have to be met a physician, again, has to make a referral, just like we see what this empty an empty services can be given by a registered dietitian or nutrition professional

253

00:40:15.270 --> 00:40:25.290

Nathan Kennedy: If any of those are eligible. It could be a non physician practitioner, a nurse practitioner, it could be some other type of professional

254

00:40:26.250 --> 00:40:39.870

Nathan Kennedy: A registered nutrition professional really does not limit or or say exactly what that person has to be credentialed lies. They just have to be a nutrition professional. Next slide please.

255

00:40:41.670 --> 00:40:49.980

Nathan Kennedy: First year of m&t we are going to cover three hours of one on one training and then two hours for each year after that.

256

00:40:51.030 --> 00:41:03.210

Nathan Kennedy: Now additional hours may be available depending on how the patient is progressing from a medical necessity standpoint, it will be determined if if that's necessary. Next slide please.

257

00:41:07.590 --> 00:41:14.820

Nathan Kennedy: Additional hours may be available if there are changes within the patient's condition their treatment or their diagnosis. So

258

00:41:15.330 --> 00:41:27.990

Nathan Kennedy: As we know, when you're treating a patient things can change and alter the plan. So anytime that plan changes there could be additional services that are warranted. Okay. Next slide please.

259

00:41:31.050 --> 00:41:40.290

Nathan Kennedy: So here we see some of the coding. The next few slides have the different coding options for medical nutrition therapy 97802

260

00:41:41.640 --> 00:41:56.610

Nathan Kennedy: Is the initial assessment and intervention individual face to face with the patient and the code is for each 15 minutes and then this code must be used for the initial 97803 is reassessment

261

00:41:57.900 --> 00:42:03.420

Nathan Kennedy: 97804 is the group therapy session. Next slide please.

262

00:42:05.820 --> 00:42:17.250

Nathan Kennedy: We have a couple of G codes G 0270 which has medical nutrition therapy for the reassessment and any subsequent interventions, following a second referral.

263

00:42:17.700 --> 00:42:26.190

Nathan Kennedy: In the same year for a change in diagnosis when they're in the base service for the benefit. It's the nine seven codes.

264

00:42:26.880 --> 00:42:43.560

Nathan Kennedy: When they fall into a second referral within the year. Something has changed with that patient's condition or or the way their, their treatment is progressing, something needs to be altered. Then we get into the G codes G 0270

265

00:42:45.180 --> 00:42:53.520

Nathan Kennedy: Is for the reassessment and subsequent interventions for face to face with the patient for each 15 minutes. Next slide please.

266

00:42:54.990 --> 00:43:10.050

Nathan Kennedy: And then g 0271 if it's being done in a group setting and the group code is per 30 minutes so key, key thing to keep in mind their individual code is 15 minutes group code is 30

267

00:43:11.580 --> 00:43:12.720

Nathan Kennedy: Okay, next slide please.

268

00:43:16.530 --> 00:43:22.170

Nathan Kennedy: Okay, just a another reminder update information regarding

269

00:43:23.670 --> 00:43:30.090

Nathan Kennedy: Ds empty an empty Telehealth billing during I touched on this at the beginning of my presentation.

270

00:43:30.690 --> 00:43:45.570

Nathan Kennedy: But I want to make sure we've got this in here again make sure people are are aware, I think, by this point, most people are aware of this, but it's always good to see it again under the current public health emergency CMS has made

271

00:43:46.920 --> 00:43:49.950

Nathan Kennedy: Change for services that were traditionally allowed via tele health

272

00:43:51.390 --> 00:43:54.720

Nathan Kennedy: Ds empty an empty our traditional Tele health services.

273

00:43:55.980 --> 00:44:11.250

Nathan Kennedy: But any provider type can now perform Tele health services. So as long as you're qualified to do d s AMP T or m&t you're good with Telehealth these services can be performed the audio only

274

00:44:12.600 --> 00:44:21.990

Nathan Kennedy: So if you have a patient that you cannot access they cannot access video technology, you can talk to them on the phone. Make sure you attend modifier 95

275

00:44:22.800 --> 00:44:23.970

Michael Boyson: Because they are on the telephone.

276

00:44:24.720 --> 00:44:28.530

Nathan Kennedy: Tele healthservices listing easy for me to say.

277

00:44:29.550 --> 00:44:34.320

Nathan Kennedy: And then that identifies that it was being done via tele health. So the notes.

278

00:44:36.960 --> 00:44:38.160

Nathan Kennedy: That attended here.

279

00:44:39.240 --> 00:44:52.200

Nathan Kennedy: Actually needs to be changed as well. It is not audio and video any longer. CMS has qualified that for us. So that was my mistake there it's should the audio or video

280

00:44:53.220 --> 00:44:54.750

Nathan Kennedy: Communication must take place.

281

00:44:55.830 --> 00:45:00.720

Nathan Kennedy: Okay, with that I think we are done with my piece of the presentation.

282

00:45:01.800 --> 00:45:02.310

Nathan Kennedy: Mike

283

00:45:03.930 --> 00:45:06.540

Nathan Kennedy: Or am I turning it over to Fran and Kaylee now.

284

00:45:08.160 --> 00:45:17.430

Michael Boyson: I'll take it. Nathan, thanks. I really appreciate your presence presentation today management and screening and preventive services covered by Medicare for

285

00:45:18.480 --> 00:45:27.690

Michael Boyson: Diabetes. I have a question before we go to our chat and see what questions are in chat. When you think about all the

286

00:45:30.930 --> 00:45:49.050

Michael Boyson: Types of errors you get in terms of processing claims for diabetes management screening and preventive services. What's the one or two that always seem to crop up or consistently crop up as a problem area when it, when it comes to submitting a claim for diabetes.

287

00:45:50.100 --> 00:45:55.560

Nathan Kennedy: The, the most, excuse me, I would say most often

288

00:45:57.150 --> 00:46:16.770

Nathan Kennedy: The thing that we see is not really involving the coverage of the services is not not checking to find out what kind of coverage, the patient has I think too many times we we hear the patient has Medicare Part B and the assumption is made that it's fee for service.

289

00:46:18.720 --> 00:46:31.200

Nathan Kennedy: We see the number one rejection that we see at NGS is usually that there's other coverage that's involved and it's not one of our patients that that we would cover.

290

00:46:31.950 --> 00:46:40.770

Nathan Kennedy: So that's, that's why I included those other slides to make sure you know you know if you're patient has a Medicare Advantage plan or if they're a railroad retiree

291

00:46:42.330 --> 00:46:48.690

Nathan Kennedy: Beyond that, I would say the other thing that we see is failing to indicate

292

00:46:49.800 --> 00:46:52.110

Nathan Kennedy: On the claim the patient's condition.

293

00:46:53.220 --> 00:47:00.060

Nathan Kennedy: Body Mass Index where that's required or blood test results that indicate for that initial

294

00:47:01.110 --> 00:47:08.400

Nathan Kennedy: Treatment and then indications within the plan of care, those are probably the big things that we see.

295

00:47:10.530 --> 00:47:15.330

Michael Boyson: Terrific. And then I'm sorry I got one more question that I know that we had

296

00:47:16.560 --> 00:47:22.740

Michael Boyson: That was submitted to us beforehand. We have a couple of practices that are wanting to get

297

00:47:24.180 --> 00:47:34.590

Michael Boyson: Ds empty off the ground. What are some resources that they could go to on your website or even the other Mac websites that would help guide them.

298

00:47:36.210 --> 00:47:39.120

Michael Boyson: When it comes to submitting claims for DS empty.

299

00:47:40.500 --> 00:47:41.310

Nathan Kennedy: Yeah, I think.

300

00:47:42.570 --> 00:47:51.900

Nathan Kennedy: Actually a couple different things because and CMS has specific information regarding DS empty, empty.

301

00:47:53.010 --> 00:47:57.090

Nathan Kennedy: And other services up to their screening services they have an entire

302

00:47:59.070 --> 00:48:07.740

Nathan Kennedy: Booklet but it's typically it's totally online that requires that contains a lot of information. And then we also have under

303

00:48:08.940 --> 00:48:10.830

Nathan Kennedy: Her NGS and under our provider.

304

00:48:11.880 --> 00:48:17.250

Nathan Kennedy: Education section we have have a section that talks about DS empty.

305

00:48:18.600 --> 00:48:23.130

Nathan Kennedy: Empty and it really talks about all of those services together.

306

00:48:25.380 --> 00:48:33.450

Nathan Kennedy: And then getting into some of the information that I shared regarding where on the claim information goes and and that type of information.

307

00:48:34.650 --> 00:48:36.120

Michael Boyson: Terrific. Okay.

308

00:48:37.980 --> 00:48:39.570

Nathan Kennedy: Well, we are very fortunate to

309

00:48:39.570 --> 00:49:01.410

Michael Boyson: Have Janet AND ELLEN FROM OUR TWO OTHER max for our Quinn states on the line as well so want to make sure that they open up their wine from being muted and be prepared to respond to any questions that come up that we have in chat. So let me turn it over to Fran Fran. If you could

310

00:49:02.670 --> 00:49:18.330

Michael Boyson: Give us an update on what we have in chat in terms of questions and then we'll open it up to our panel, who's available to

respond, starting with Nathan, then go to Ellen and then Janet if there's any discrepancy, or if they have anything to add for him.

311

00:49:24.360 --> 00:49:26.490

Michael Boyson: Either for him via, are you on mute mute.

312

00:49:29.730 --> 00:49:31.680

15159540577: Ah, I've been unmuted now. Can you hear me.

313

00:49:32.700 --> 00:49:34.110

Michael Boyson: Yes. Okay.

314

00:49:34.260 --> 00:49:38.730

15159540577: Sorry about that, um, from Connie, she's asking, can I certified

315

00:49:38.730 --> 00:49:40.620

15159540577: health coach be used to provide the

316

00:49:40.620 --> 00:49:41.460

Empty

317

00:49:44.910 --> 00:50:00.270

Nathan Kennedy: The definition within the program administration indicates Medical Nutrition professional along with a registered dietitian. So if they have a medical nutrition certification.

318

00:50:01.680 --> 00:50:15.690

Nathan Kennedy: It really doesn't depend on their title as much if they have that certification, so they could be if they meet those certification guidelines have a certified medical nutrition specialist

319

00:50:18.060 --> 00:50:20.160

Nathan Kennedy: Okay, great. How about

320

00:50:22.980 --> 00:50:25.110

Michael Boyson: Ellen, Janet, anything to add to that.

321

00:50:29.040 --> 00:50:30.210

Ellen Berra: I agree with Nathan

322

00:50:32.520 --> 00:50:33.630

Ellen Berra: What a perfect world.

323

00:50:37.290 --> 00:50:38.280

Janet Hunter: Okay, great.

324

00:50:39.330 --> 00:50:41.790

Michael Boyson: All right next question fan.

325

00:50:42.780 --> 00:50:56.550

15159540577: Okay, we have two questions from Lorraine, she's asking, can you tell me when audio only became allowed for DS empty and their second question is our nurses and pharmacists still allowed to bill for this empty Tele health

326

00:50:57.810 --> 00:50:58.020

Nathan Kennedy: Go.

327

00:51:02.970 --> 00:51:03.690

Nathan Kennedy: I'm sorry, Michael.

328

00:51:04.920 --> 00:51:06.720

Michael Boyson: I think it's a skill not allowed.

329

00:51:10.140 --> 00:51:12.960

15159540577: Our nurses and pharmacists still not allowed to build

330

00:51:13.050 --> 00:51:14.280

15159540577: The DSM T Tele health

331

00:51:16.710 --> 00:51:24.270

Nathan Kennedy: Correct. And, you know, again, it's it's tricky. Technically speaking, nurses and pharmacists are not

332

00:51:25.860 --> 00:51:26.970

Michael Boyson: Because nurses and

333

00:51:26.970 --> 00:51:31.800

Nathan Kennedy: pharmacists, nurses and pharmacists too many. So is there.

334

00:51:34.320 --> 00:51:35.670

Nathan Kennedy: A nurse cannot receive



335

00:51:37.590 --> 00:51:47.700

Nathan Kennedy: A number to bill for Medicare on their own pharmacist in some capacities can. But again, if they are a

336

00:51:49.230 --> 00:51:57.810

Nathan Kennedy: Certified Medical Nutrition specialist that they receive that that designation, then they could enter into that.

337

00:51:58.980 --> 00:52:08.370

Nathan Kennedy: Ds and or empty category as far as when they became audio only that was on the list that was updated.

338

00:52:09.660 --> 00:52:10.920

Nathan Kennedy: APRIL THE 30th.

339

00:52:12.330 --> 00:52:17.010

Nathan Kennedy: The last big update the CMS may to Tele health services.

340

00:52:19.170 --> 00:52:23.310

Nathan Kennedy: They added in that that those can be performed audio only

341

00:52:24.570 --> 00:52:28.140

Nathan Kennedy: So it just changed. Not too long ago.

342

00:52:30.660 --> 00:52:31.170

Nathan Kennedy: I was good.

343

00:52:31.560 --> 00:52:33.420

Michael Boyson: Eleanor, Janet, anything to add there.

344

00:52:35.970 --> 00:52:51.570

Ellen Berra: The only thing that I would add to that is that CMS did state that the changes they just made on April 30 allowing the audio only for some of the procedure codes on that list will go back to March 1

345

00:52:53.820 --> 00:52:54.810

Ellen Berra: Good point. Yeah.

346

00:52:55.260 --> 00:52:56.250

Nathan Kennedy: Yeah, good point.

347

00:52:59.340 --> 00:52:59.790

Michael Boyson: Janet

348

00:53:00.750 --> 00:53:02.250

Janet Hunter: Nothing more day. That's perfect.

349

00:53:03.540 --> 00:53:05.010

Janet Hunter: Great. Alright.

350

00:53:05.190 --> 00:53:06.450

Michael Boyson: Next question for him.

351

00:53:07.740 --> 00:53:13.080

15159540577: Yes, from Deborah is audio only allowed for Medicare annual wellness visit

352

00:53:18.240 --> 00:53:19.140

Nathan Kennedy: For the

353

00:53:23.520 --> 00:53:25.350

Nathan Kennedy: I don't believe the web.

354

00:53:26.970 --> 00:53:29.430

Nathan Kennedy: I don't believe that's allowed for audio only

355

00:53:31.140 --> 00:53:32.100

Nathan Kennedy: Works here.

356

00:53:33.630 --> 00:53:35.910

Janet Hunter: It is on that list. Now, Nathan. This is Jay in it.

357

00:53:36.810 --> 00:53:38.670

Nathan Kennedy: It is on the list now. Okay. Yes.

358

00:53:39.120 --> 00:53:47.130

Janet Hunter: Yes, that separate column that same as added on April 30 you know where it said, Yes, I could be audio link annual wellness is on there now.

359

00:53:48.150 --> 00:53:48.870

Janet Hunter: Yeah, there it is.

360

00:53:48.930 --> 00:53:51.750

Nathan Kennedy: Okay, good. Yeah, too many things keep track of.

361

00:53:53.010 --> 00:53:53.280

Janet Hunter: It.

362

00:53:55.440 --> 00:53:56.040

Janet Hunter: And I would

363

00:53:56.190 --> 00:53:59.490

Nathan Kennedy: I would add within the annual wellness visit

364

00:54:01.980 --> 00:54:03.750

Nathan Kennedy: That you know that,

365

00:54:03.810 --> 00:54:19.530

Nathan Kennedy: You can obtain some of the basic biometric information from the patient that's a question we get quite often as well height, weight, you know, if they have a blood pressure monitor of some type. They can provide that information for you as well.

366

00:54:23.460 --> 00:54:26.730

Michael Boyson: Okay, Eleanor Jan. Anything else to add,

367

00:54:28.800 --> 00:54:30.210

Ellen Berra: I have nothing to add

368

00:54:33.150 --> 00:54:34.170

Ellen Berra: No, we're good. Okay.

369

00:54:35.010 --> 00:54:36.510

Janet Hunter: All right, next question.

370

00:54:37.650 --> 00:54:38.430

Michael Boyson: Okay, America.

371

00:54:38.490 --> 00:54:45.240

15159540577: asked, Can you please confirm the DS empty can be built on the UB 04 claim form.

372

00:54:48.270 --> 00:54:50.160

Nathan Kennedy: Um, I and I

373

00:54:51.360 --> 00:54:54.120

Nathan Kennedy: know enough about party to be dangerous. I'm not sure.

374

00:54:55.710 --> 00:54:57.420

Nathan Kennedy: I'm not totally sure if that can be done or

375

00:54:57.420 --> 00:55:02.790

Nathan Kennedy: Not Ellen or or Jana. Do you guys know you know anything more about party.

376

00:55:08.010 --> 00:55:09.810

Janet Hunter: This agenda that whale.

377

00:55:12.510 --> 00:55:30.870

Ellen Berra: Yeah part day is not my area of expertise. I do know through some of the questions that CMS has been receiving and responding to in their office hours, which is a teleconference that they're doing on Tuesdays and Thursdays.

378

00:55:31.980 --> 00:55:44.310

Ellen Berra: These are advertised on the CMS website. If you are receiving part of the CMS list, sir, they send out information on all of these different calls that are they're holding

379

00:55:44.850 --> 00:56:03.270

Ellen Berra: And based on the information that they have responded to on this question facilities can build for these services on the UB oh four form they can the professionals who are providing these services can provide these

380

00:56:04.560 --> 00:56:16.800

Ellen Berra: The term CMS uses is remotely. So in building the money you do for you would not include the modifier 95 if you were doing these through tele health as an example.

381

00:56:17.280 --> 00:56:31.290

Ellen Berra: You would not include modifier 95 the facility would simply bill for that service being performed. Nathan mentioned earlier, some of the expansions, one of which is the hospital without wall.

382

00:56:32.220 --> 00:56:47.190

Ellen Berra: So if your diabetes educator. If your nutrition professional is providing this service through tele health and the patient is in their home. If you have taken advantage of that waiver.

383

00:56:47.700 --> 00:56:58.590

Ellen Berra: To expand your location to include the patient's home then your facility would simply build that as as they normally would. Prior to the pandemic itself.

384

00:57:03.390 --> 00:57:03.900

Michael Boyson: Okay.

385

00:57:05.310 --> 00:57:09.660

Michael Boyson: Perfect, thanks for that response. Other questions we have for him.

386

00:57:10.890 --> 00:57:12.930

15159540577: Yes, Laura just asked that she believes

387

00:57:12.930 --> 00:57:21.930

15159540577: In Iowa, that RN can build DS empty Tele health may have just been passed in the last two days and she's wondering if that sounds. Correct.

388

00:57:27.540 --> 00:57:29.880

Nathan Kennedy: From a general standpoint.

389

00:57:31.470 --> 00:57:34.440

Nathan Kennedy: As I meant mentioned earlier, I know in our in could be

390

00:57:35.460 --> 00:57:47.220

Nathan Kennedy: A certified medical nutrition specialist and they they could enroll in that manner, but typically speaking an RN cannot receive a Medicare number

391

00:57:48.690 --> 00:57:58.080

Nathan Kennedy: To bill for services for for providers that they can enroll and Medicare state scope of practice comes into play.

392

00:57:59.250 --> 00:58:02.010

Nathan Kennedy: Outside of Medicare policy.

393

00:58:04.380 --> 00:58:06.060

Nathan Kennedy: But I think I don't know.

394

00:58:09.000 --> 00:58:14.670

Nathan Kennedy: Who has I was at you, Ellen. Is there anything else, because that's that you're aware of for for the

395

00:58:16.800 --> 00:58:18.450

Ellen Berra: You know, the, the response that

396

00:58:18.480 --> 00:58:30.750

Ellen Berra: Nathan has provided is correct in at for Medicare purposes. If your billing Medicare Part B on a CMS 1500 form for these services.

397

00:58:31.290 --> 00:58:40.320

Ellen Berra: You do have to enroll with Medicare as nation as Nathan mentioned earlier, and in order to enroll with Medicare, you have to have the correct

398

00:58:40.830 --> 00:58:53.010

Ellen Berra: Certifications in order to receive that provider member. So in our in without the additional certification would not be considered an eligible provider by Medicare

399

00:58:58.230 --> 00:58:58.830

Michael Boyson: Thank you.

400

00:59:00.630 --> 00:59:01.650

Alright folks.

401

00:59:04.020 --> 00:59:14.010

Michael Boyson: This is a rare opportunity for you. We have three national experts from the Mac community on the line, this is a great opportunity to be asking your question.

402

00:59:15.180 --> 00:59:22.050

Michael Boyson: Regarding diabetes management and preventive services. So are there any other

403

00:59:23.280 --> 00:59:25.950

Michael Boyson: Questions that we have friends in the chat.

404

00:59:27.570 --> 00:59:34.350

15159540577: No, there's no new questions. Laura just followed up with the previous question saying that we have it. So, and

405

00:59:34.950 --> 00:59:40.110

15159540577: Maybe she can clarify this, she mean that the R amp do have a billing number

406

00:59:42.270 --> 00:59:50.040

15159540577: one just came in from Christie Christie is asking, please state the certified designation again for nurses and pharmacists.

407

00:59:55.140 --> 01:00:10.680

Nathan Kennedy: It's a whether there's, there's the registered dietitians, of course, which I know there are our nurses that are registered dietitians as well or Certified Nutrition professional

408

01:00:11.790 --> 01:00:14.070

Nathan Kennedy: Certified Nutrition professional

409

01:00:15.270 --> 01:00:19.830

Nathan Kennedy: There's a specific nutrition professional certification that can be obtained.

410

01:00:20.490 --> 01:00:23.190

Michael Boyson: And any, any type of

411

01:00:23.610 --> 01:00:30.690

Nathan Kennedy: Individual within a provider office to proceed that destination and meet that criteria.

412

01:00:35.010 --> 01:00:37.470

Michael Boyson: Okay, Ellen or Janet, anything to add.

413

01:00:40.170 --> 01:00:41.340

Ellen Berra: I don't have anything

414

01:00:42.870 --> 01:00:43.740

No, nothing good.

415

01:00:45.060 --> 01:00:45.630

Janet Hunter: Okay.

416

01:00:46.560 --> 01:00:47.310  
Michael Boyson: Next question.

417  
01:00:48.510 --> 01:00:53.040  
15159540577: Yes, Eric, as if there is a modifier codes audio only  
claimed

418  
01:00:55.260 --> 01:01:00.150  
Nathan Kennedy: Yeah, it's not just for audio only but CMS has indicated

419  
01:01:01.500 --> 01:01:15.090  
Nathan Kennedy: Any of the codes that are on the tele health listing that  
they put out April 30 any code on that listing needs modifier 95 build  
with the procedure.

420  
01:01:16.260 --> 01:01:24.210  
Nathan Kennedy: Indicates that it was performed via tele health and that  
applies to the audio only as well as the audio video codes so

421  
01:01:28.560 --> 01:01:29.010  
Michael Boyson: Okay.

422  
01:01:30.690 --> 01:01:31.740  
Michael Boyson: Anything to add, there

423  
01:01:33.000 --> 01:01:33.570  
Michael Boyson: Eleanor

424  
01:01:34.650 --> 01:01:34.980  
Michael Boyson: Yeah.

425  
01:01:38.280 --> 01:01:40.170  
Ellen Berra: Nathan was perfect dizzily

426  
01:01:41.370 --> 01:01:41.850  
Janet Hunter: Boy.

427  
01:01:44.160 --> 01:01:45.390  
Nathan Kennedy: I remember you said that. Oh.

428  
01:01:49.380 --> 01:01:58.530



Michael Boyson: Alright, before we close out today's session, any last minute questions I want to make sure you get your questions covered today.

429

01:02:00.510 --> 01:02:01.500

Michael Boyson: We will be

430

01:02:02.970 --> 01:02:20.520

Michael Boyson: Putting these Q and A's into a document to share on our website, along with the slide deck the recording and the resources that Nathan was able to share with us today in a document so that you can link to it but wanted to make sure that there's any more questions.

431

01:02:20.910 --> 01:02:22.410

Michael Boyson: Ran anything in chat.

432

01:02:23.190 --> 01:02:33.600

15159540577: Yes, actually, there's two more Michael. One is, how are you handling group classes. And the second is, how do you engage patients in rural communities with poor internet access.

433

01:02:37.050 --> 01:02:42.870

Nathan Kennedy: In the other communities with poor Internet access currently in the public health emergency

434

01:02:44.070 --> 01:02:46.980

Nathan Kennedy: It can be done via audio only so

435

01:02:48.720 --> 01:02:52.110

Nathan Kennedy: There would need to be, you know, an audio connection via the phone.

436

01:02:53.910 --> 01:02:58.650

Nathan Kennedy: And as far as as group settings. I'm assuming they're talking about

437

01:02:59.400 --> 01:03:01.080

The same type of scenario.

438

01:03:02.160 --> 01:03:07.770

Nathan Kennedy: During the public health emergency, it can be done. You can have group.

439

01:03:09.360 --> 01:03:10.470  
Michael Boyson: telephone calls

440

01:03:10.620 --> 01:03:21.660  
Nathan Kennedy: Like a teleconference or a group video chat if that is available or some combination of those so

441

01:03:23.430 --> 01:03:31.920  
Nathan Kennedy: Some, some providers. I have talked with providers that that still have group sessions. They make sure everyone is socially distanced

442

01:03:33.120 --> 01:03:39.360  
Nathan Kennedy: People get together in their groups and they stay six feet apart and they were masks and hold the sessions that way.

443

01:03:40.620 --> 01:03:45.750  
Nathan Kennedy: Which was just acceptable or they can you know utilize technology that's available as well.

444

01:03:49.530 --> 01:03:51.180  
Michael Boyson: Now on our agenda anything they had

445

01:03:56.340 --> 01:03:57.420  
Ellen Berra: I don't have anything

446

01:03:58.500 --> 01:03:59.970  
Michael Boyson: So good. I think for me out there.

447

01:04:01.320 --> 01:04:02.100  
Janet Hunter: All right.

448

01:04:02.880 --> 01:04:07.710  
Michael Boyson: Any last questions before we move on and close out today's session.

449

01:04:10.530 --> 01:04:12.750  
15159540577: I know additional questions are in chat.

450

01:04:13.980 --> 01:04:17.970  
Michael Boyson: Okay, let's go ahead and go to the next slide please.

451

01:04:19.710 --> 01:04:36.300

Michael Boyson: So if you found today's presentation valuable. We encourage you to sign up with us to continue receiving timely content rich information at events or services are free and are shaped by what is important to you. So if you would take

452

01:04:37.530 --> 01:04:48.150

Michael Boyson: Just a minute or two to go to QA connect link is in chat to sign up for updates about resources and events. We would encourage you to do so.

453

01:04:48.960 --> 01:05:03.240

Michael Boyson: Our commitment to you is that you should expect quality improvement expertise for intelligent. We also have a subject matter expertise on a wide variety of quality improvement activities.

454

01:05:05.040 --> 01:05:09.210

Michael Boyson: We also provide timely relevant and useful tools.

455

01:05:10.260 --> 01:05:30.900

Michael Boyson: Including technical assistance data analysis and data reports for your community for your you as a provider. All of these can be available through our QA connect program, including access to a regional network of providers working on common problems within your community.

456

01:05:32.490 --> 01:05:45.060

Michael Boyson: In addition we also provide a compilation of best practices and outcomes for learning collaborative that we will be sharing with you in the coming weeks and months, through a year.

457

01:05:46.350 --> 01:05:48.090

Michael Boyson: Let's go to the next slide.

458

01:05:50.610 --> 01:06:05.340

Michael Boyson: Just a reminder, the next session is on May 28 cardiovascular screen services is the focus covered by Medicare. And again, there'll be a tele health component to our three experts will be on the call.

459

01:06:07.080 --> 01:06:10.770

Michael Boyson: Available to respond to your questions, like they did today.

460

01:06:11.820 --> 01:06:13.350

Michael Boyson: So keep that in mind as we

461

01:06:15.060 --> 01:06:25.290

Michael Boyson: Look forward to the future sessions and then on June 11. We also are focusing in on chronic kidney disease preventive services covered by Medicare and

462

01:06:26.400 --> 01:06:33.330

Michael Boyson: In the link to our website, you'll be able to register for each of these events. Next slide please.

463

01:06:37.080 --> 01:06:40.200

Michael Boyson: Okay upcoming events. In addition to this,

464

01:06:41.550 --> 01:06:45.900

Michael Boyson: Four part learning series Medicare Services provided

465

01:06:47.640 --> 01:07:03.330

Michael Boyson: For preventive services. We also have a post acute care collaborative office hours in each of our four states, we have one in Oklahoma Iowa and Colorado and you can see the dates and times. I also mentioned the MAC LEARNING series.

466

01:07:06.660 --> 01:07:09.630

Michael Boyson: That is coming up with that link there for events.

467

01:07:11.340 --> 01:07:13.050

Michael Boyson: Alright, so this is

468

01:07:14.220 --> 01:07:20.910

Michael Boyson: Our last slide. We're going to keep the phone line open for a little while in the chat, you'll see a link

469

01:07:23.580 --> 01:07:26.670

Michael Boyson: To our. Let's go to the next slide.

470

01:07:28.080 --> 01:07:28.530

Michael Boyson: There we go.

471

01:07:32.460 --> 01:07:41.190

Michael Boyson: There we go, you'll see a link to our post event assessment, it's important for you to tell us how we did. You're a quality improvement initiative or

472

01:07:41.880 --> 01:07:58.170

Michael Boyson: product quality improvement network. And so we always want to improve what we're doing. We also want you to tell us what's important for you to hear about next. So we will keep the phone line available for you to fill out this survey link.

473

01:07:59.430 --> 01:08:12.120

Michael Boyson: In chat for the next several minutes, and that basically concludes today's meeting again I want to thank Nathan and the rest of our experts Elena, Janet.

474

01:08:12.750 --> 01:08:21.330

Michael Boyson: From our Mac community and we want to thank you for your participation. So that concludes today's session and have a great rest of the day.