

Webinar Transcript

MAC Series: Cardiovascular Screening Services Covered by Medicare

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00:00:56.940 --> 00:01:08.700

Michael Boyson: from CMS and the federal government. So keep in mind this is our best shot. This material is for informational purposes only and does not constitute medical advice.

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00:01:09.420 --> 00:01:17.730

Michael Boyson: And it's not intended to be a substitute for professional medical advice diagnosis or treatment and today's content reflects

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00:01:18.330 --> 00:01:24.510

Michael Boyson: Helens barris best understanding as of today, however, new information from CMS.

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00:01:25.140 --> 00:01:39.690

Michael Boyson: Long rules or regulations are coming out sometime the weekly and you can more often than that. Therefore, it remains important to continue to check CMS and most up to date guidance and you can see a link to the website for CMS.

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00:01:41.070 --> 00:01:42.000

Michael Boyson: Next slide please.

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00:01:44.640 --> 00:01:55.350

Michael Boyson: Tell us, and also takes all the available steps to provide a secure video conference platform we share this disclaimer regarding the links to other websites and third party content.

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00:01:56.910 --> 00:02:08.130

Michael Boyson: So we just wanted to make you aware that even though we're using this platform that we're trying to make sure is a secure platform for everyone to use. Next slide please.

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00:02:11.790 --> 00:02:17.880

Michael Boyson: As I mentioned, today's webinars to the third of a four part learning series in partnership with the max in our Quinn states.

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00:02:18.450 --> 00:02:29.760

Michael Boyson: And we hope you'll join us for the remaining session as listed on the slide, each session requires its own registration and the slide deck for the sessions on May 13

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00:02:30.360 --> 00:02:43.350

Michael Boyson: Of April 20 seconds are available on our website with the link@www.tv que en que I O calm and you'll see that in the chat section here in a moment.

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00:02:45.930 --> 00:02:46.860

Michael Boyson: Next slide please.

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00:02:49.710 --> 00:03:04.680

Michael Boyson: The objective of today's call is to share information about cardiovascular screening services covered by Medicare as we go through today's presentation, please enter your questions in chat and we will respond to as many questions as possible during the Q AMP a

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00:03:05.700 --> 00:03:12.510

Michael Boyson: If we do not get all the questions will compile them and send out responses, along with the slides and the slide deck.

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00:03:13.650 --> 00:03:20.010

Michael Boyson: The recording and any additional resources that come up during today's presentation.

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00:03:21.060 --> 00:03:22.110

Michael Boyson: In the next few days.

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00:03:23.910 --> 00:03:25.050

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

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00:03:27.480 --> 00:03:32.490

Michael Boyson: we're real excited to have Ellen Barrow with us today from WPS government health administrators

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00:03:33.810 --> 00:03:45.600

Michael Boyson: And Elena has over 35 years working in the Medicare program. She's been in most of the Medicare departments, over the years, customer service and education has been her focus

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00:03:46.260 --> 00:03:58.080

Michael Boyson: She co chairs to provider outreach and educational advisory groups. The P. O. D. And AG who provide suggestions feedback supporting dissemination for educational activity.

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00:03:59.040 --> 00:04:06.030

Michael Boyson: LM that is part of several Mac collaborative groups, she passed or Certified Professional coder exam.

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00:04:06.750 --> 00:04:24.060

Michael Boyson: Looking at things always looking at things from a different perspective has been an eye opening experience for her. So we are delighted to have Ellen join us today. So I am going to request that we go to the next slide. And I'll turn it over to you. Oh, and take it away.

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00:04:25.230 --> 00:04:32.220

Ellen Berra: Okay. Thank you, Michael appreciate that the slide that we have up right now. It provides you with

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00:04:32.400 --> 00:04:51.570

Ellen Berra: A link to the information from CMS on all of the different waivers all of the different flexibilities the information that CMS has published concerning the declared healthy merchants, the public health emergency that we're going through right now.

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00:04:52.680 --> 00:05:08.340

Ellen Berra: If you go into the CMS website which is cms.gov. The first thing that you're going to see on that splash pages a big picture of the molecule, I guess you could call it or sell of the corona virus itself.

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00:05:09.030 --> 00:05:20.580

Ellen Berra: You want to click on learn more and then it will take you into the pages that are dedicated to all of the changes based on this public health emergency or Ph. D.

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00:05:21.420 --> 00:05:30.240

Ellen Berra: The first page has multiple articles on Tele health and you'll notice as you look through the articles on that first page. They're dated

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00:05:31.050 --> 00:05:44.280

Ellen Berra: There, the title of the article will be there. And then in parentheses there will be a date now on that first page, there are multiple articles concerning Tele health that have marched date.

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00:05:45.630 --> 00:05:56.880

Ellen Berra: You can use the information that's in there. Obviously, because the AMA still has it posted on their website, but you also want to look for any later information, a lot of the tele health

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00:05:57.330 --> 00:06:12.270

Ellen Berra: Information that CMS has published has been updated. And so where you want to go to find the latest information is kind of near the top of the screen, it will say waivers and flexibility.

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Ellen Berra: When you click them that the page that it takes you into is going to have both of the interim final rules that CMS has published

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Ellen Berra: It will also have a document that says frequently asked questions to assist providers.

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Ellen Berra: When you click on that document. There are several different sections within their. One of those is Telehealth and it will provide information response to questions.

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00:06:43.080 --> 00:06:54.780

Ellen Berra: About Tele health services. What services have to be audio, video, what services can be audio only there's just a huge amount of information in there.

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00:06:55.260 --> 00:07:07.260

Ellen Berra: But when you're looking at any of those articles in any of the Q and A's better listed on the CMS website. You always want to look at the data that question and answer.

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00:07:08.010 --> 00:07:28.080

Ellen Berra: As Michael said information coming out from CMS is changing rapidly Telehealth is one of the bigger changes that are being made through this public health emergency. And so you want to be looking at those dates to make sure that you're looking at, and finding the most recent information.

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00:07:29.640 --> 00:07:39.270

Ellen Berra: So on our next slide, then what we're going to be talking about more specifically here today is Medicare coverage or cardiovascular screening

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Ellen Berra: Medicare pays for a lot of diagnostic and therapeutic services that deal with cardiovascular disease.

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00:07:48.120 --> 00:07:59.100

Ellen Berra: However, what we're going to concentrate on those today are those services that are payable to patients without a diagnosis of cardiovascular disease.

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Ellen Berra: Our next slide gives you some of the different things that Medicare will make payment for cardiovascular disease screening, which are some lab tests, we'll talk about in just a second.

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Ellen Berra: We have intensive behavioral therapy for cardiovascular disease, also for obesity, there is counseling to prevent tobacco use.

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Ellen Berra: And that one's kind of misleading in in the fact that obviously your physicians and practitioners

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Ellen Berra: Are, are going to be providing information to patients about not starting to smoke, however, or to use tobacco. However, this one is really getting people to stop using tobacco.

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Ellen Berra: And then we're going to talk about blood pressure monitoring, CMS has made some changes to the blood pressure monitoring to ban coverage on this. Just recently, and we'll discuss some of those changes.

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Ellen Berra: So our next slide has information from the CDC or Centers for Disease Control. This is the latest information that they had available on their website and you can see here that it talks about percentage of underlying cause of heart failure related deaths and we have

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Ellen Berra: Now card coronary artery disease or coronary heart disease has dropped, which is, you know, yay. That's a real good sign. Other things, however, have gone up.

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Ellen Berra: Other cardiovascular diseases non cardiovascular diseases that are still heart related deaths and so the purpose of this this webinar today in the information that we're going to provide to you.

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Ellen Berra: Is really for you to assist your patients in knowing what Medicare can cover in order to screen patients.

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Ellen Berra: To determine whether they have any cardiovascular disease going on and then your clinicians can make determinations as to okay here's what the screening test says here's the different types of therapies that I can institute for the provider.

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Ellen Berra: Your actions as healthcare representatives can make a big difference to your patients, your patients are looking to your offices into your physicians and practitioners

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00:10:29.250 --> 00:10:40.110

Ellen Berra: hospital care managers, etc. To learn more about their health care they trust the responses that you provide back to them.

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00:10:41.130 --> 00:10:48.870

Ellen Berra: And so you're a real good resource to help them change behaviors, which is kind of what all this is about

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Ellen Berra: So the next slide that we have talks about cardiovascular disease itself. And as you can see here at the leading cause of mortality within the United States.

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Ellen Berra: It includes hypertension coronary heart disease, heart failure and stroke is also leading cause of hospitalization. There are multiple risk factors and you can see those in those that second bullet being overweight physical inactivity diabetes cigarette smoking, etc.

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Ellen Berra: Medicare has testing and therapies that you can use with your patients in order to help your patients reduce their risk of developing cardiovascular disease, the

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Ellen Berra: The goal of course is to save live safe patients from having to go into the hospital and to address the specific patients risk factors.

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Ellen Berra: Our next slide just remind you that Medicare has a lot of different preventive services that we cover.

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Ellen Berra: As Michael talked about. We're doing a four part series on several of those we've talked about a couple before we've got another one.

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Ellen Berra: The next one is going to talk about chronic kidney disease. This one's going to concentrate on cardiovascular

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Ellen Berra: So our next slide has information on cardiovascular disease screening and the screening that we're talking about here, our clinical lab tests that you can provide to your patients.

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Ellen Berra: Either through ordering them patient goes into a hospital. Outpatient lab goes into an independent clinical lab or you can provide these tests. If you do the lab services yourself.

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Ellen Berra: Now, number one, the patient would not already having known cardiovascular disease. So these services would not be covered as the screening service if your patient has already been diagnosed with heart failure. As an example, you can see a diagnosis code listed here.

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Ellen Berra: This just identifies that the encounter the lab tests that we're talking about are for screening for cardiovascular disease and then this would be what you would submit on your claim or what the labs would submit on your claim.

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Ellen Berra: And you'll notice the frequency here, Medicare will cover this for all of your non diagnosed patients every five years. So you wanted to let your patients know about the fact that this is available for them. One of the services that Medicare covers is an annual wellness visit

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00:13:42.960 --> 00:13:48.480

Ellen Berra: And during that annual wellness visit one of the things that you provide back to your patients.

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Ellen Berra: And it's also part of the welcome to Medicare visit. But one of the things you provide to your patients is a notification of the screening services that are available.

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Ellen Berra: And when they should have that screening service. So they have this information. This is payable once every five years, you want to have some type of mechanism within your office so that it alerts you to the fact that

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Ellen Berra: We need to consider whether this patient is eligible for the screening services. You can see here the lipid panel cholesterol lipoprotein and triglycerides. These particular procedure codes for these lab tests are also covered for patients with a diagnosis of cardiovascular disease.

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Ellen Berra: However, again, it can be done as a screening service patient doesn't have to have anything, our next slide provide you just with some additional information.

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Ellen Berra: In determining the every five years, or the 16 months actually. You can use what is called the interactive voice response system with your Medicare administrative contractor.

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Ellen Berra: And it will provide you the next available date for that patient. So for an example, if you provided this in January of 2020 after that claim processes through the system, the file then will be updated to show that the next available date would be January of 2025

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Ellen Berra: The Z diagnosis codes that you use identifies the service as a screening and then that causes the update to the national claims history file, which then filters down to your Medicare Administrative Contractors

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Ellen Berra: clinical lab services are paid at 100% of the clinical lab fee schedule. So there's no patient cost sharing involved in this.

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Ellen Berra: Patients, a lot of times are reluctant to get some of the screenings and do some of the things that really would benefit their health because they are a little worried about the cost sharing

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Ellen Berra: Well as part of clinical lab service Medicare pays those services at 100% again of the fee schedule and because this is the screening service deductible is also waived.

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Ellen Berra: You want to utilize. Of course, the appropriate diagnosis code for that patient. So if you're doing the CERT these lab tests as a screening service.

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Ellen Berra: Then you want to use this the diagnosis code if you're doing it as a diagnostic or therapeutic service, then of course you want to use the diagnosis code that's most appropriate for the patient's condition.

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Ellen Berra: Our next slide goes into another type of service that Medicare has available and you can see here the title is intensive behavioral therapy for cardiovascular disease.

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Ellen Berra: Now when these first came out, I'll just have to admit

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Ellen Berra: When I'm thinking about the title of the the picture that I got into my head and I'm a very visual person, but the picture that I got in my head.

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Ellen Berra: Was my mother who's was Medicare age before she passed away, but my mother sitting on the, you know, little table in the doctor's office with the doctor or the nurse really kind of yelling at her.

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00:17:36.540 --> 00:17:49.110

Ellen Berra: In in in trying to make sure that you know she's not going to get cardiovascular disease. Well, that's not what this service is all about the service is about helping your patients.

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00:17:50.010 --> 00:18:19.980

Ellen Berra: To change behaviors so that it reduces the risk. So you can see here, there's three different things included in this intensive behavioral therapy. The first is encouraging Aspirin use for the prevention and you can see here it's men ages 45 to 79 women 55 to 79

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Ellen Berra: It is also doing screening for high blood pressure in patients 18 years or older, we don't have a lot of Medicare patients or a team that did it would apply to Medicare patients that age. Also, and then the last part of it is really where you get into the counseling.

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00:18:42.750 --> 00:18:50.040

Ellen Berra: And this counseling is again to help people change their mind and help them.

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Ellen Berra: Kind of weigh the risks and benefits of. I'm not going to have ice cream after dinner every day. But this is how it's going to benefit me. So there's a cost to that I don't get to have ice cream every day, but the benefit is I'm going to reduce my risk for cardiovascular disease.

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Ellen Berra: So there's been a lot of information published on the use of a daily baby aspirin for people

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Ellen Berra: Your clinician will determine if they believe that this therapy will benefit the patient your documentation in the medical record indicates your practitioner did or did not recommend this therapy, and why not every patient

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Ellen Berra: Would benefit from this therapy. There are risks with any type of medication. So if for some reason your physician does not believe your patient would benefit.

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Just indicate that

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Ellen Berra: This still counts as that intensive therapy blood pressure screening, of course, is something that you would do in each encounter.

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Ellen Berra: And you're going to document the results documents, any type of medical decision making that your physician or practitioner would be making based on the results of that blood pressure test.

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Ellen Berra: We're going to discuss monitoring patients with identified high blood pressure in just a second.

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00:20:23.610 --> 00:20:42.210

Ellen Berra: And then the intensive behavioral therapy itself. It's more than just telling the patients that hey, you need to eat more fruit and vegetables or hey, you need to exercise more, there really is a process to that. And our next slide goes through what this process is

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Ellen Berra: The first thing that you're going to do is assess your patient, you will kind of determine the risk associated with that specific patient

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Ellen Berra: And and when we're talking about this intensive behavioral therapy. It is specific to that patient. So your patient bill and your patient Susie may not need the same things may not have the same risk. And so when you're assessing that patient.

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00:21:17.880 --> 00:21:32.520

Ellen Berra: The decisions that you're making about what information to share with the patient etc that all goes along with that specific patient. And so we're not talking about having a packet of material.

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00:21:33.660 --> 00:21:54.840

Ellen Berra: That talks about eating healthier exercising more, all of that kind of stuff that you have the same packet to every patient it is specific. The next one, there is advice. This is clear information to your patient that is specific to what behaviors they need to change.

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Ellen Berra: So your, your patient tells you that they pretty much watch TV all day, their family lives away their spouses deceased whatever the kind of situation is

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00:22:10.830 --> 00:22:20.550

Ellen Berra: That specific to that patient. And that's the behavior that you want them to change. So you've already determined that behavior under the

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Ellen Berra: Under the advice is going to be. Here's what we need to do with some of these behaviors. The next one is kind of a tough one. It is agree.

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00:22:34.380 --> 00:22:46.050

Ellen Berra: You want to work with your patient on what you're suggesting and what they'll agree to. You may make a suggestion that says again, the patient can't have ice cream every day.

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00:22:46.620 --> 00:22:59.520

Ellen Berra: Can you agree to this Susie is, can, can we agree that this is a good behavior or behavior that really needs to change. What can we do instead of that.

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00:23:00.780 --> 00:23:14.040

Ellen Berra: Can we agree that maybe ice cream is a weekly thing or can we agree that instead of ice cream, you'll have a glass of chocolate milk, whatever your clinician believes is appropriate.

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Ellen Berra: And then the next one is to assist. So how can you help the patient in what they have agreed to

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Ellen Berra: Okay, you want them to stop smoking. Okay, is this patient, a good candidate for maybe nicotine patches or the nicotine gum or something like that.

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Ellen Berra: Are there Community resources that would be available to assist your patient in changing the behaviors that you have agreed to

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Ellen Berra: Maybe a local church has a free exercise program. Maybe there you have a YMCA within your community that has free or low cost classes.

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Ellen Berra: Maybe there's a local college that does cooking classes or maybe your senior citizen Center does cooking classes in cooking low fat or cooking vegetables or whatever the situation might be

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00:24:19.710 --> 00:24:29.370

Ellen Berra: And then the last one, there is a range determine how you in the patient will follow up. How are we going to determine if

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00:24:30.390 --> 00:24:42.150

Ellen Berra: You have complied with what you have agreed to you've agreed not to have ice cream after dinner every single day. So how are we going to follow up on that.

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Ellen Berra: Is there a call we can make, is there a chart, we can put together and you get a gold star, whatever it is that you and your patient are agreeing to so that

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Ellen Berra: You can follow up and determine if they are making the changes that they have agreed to it could be additional counseling, which we'll talk about in just a second. It could be a brief check in with the patient. There's a procedure code out there for that. There's all kinds of things.

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00:25:15.690 --> 00:25:35.640

Ellen Berra: Our next slide then provides us with information on the procedure code itself and the GL 446 this the procedure code states that 15 minutes. However, it's, it really is just one procedure code Medicare does not have multiple units for the

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00:25:36.690 --> 00:25:39.870

Ellen Berra: Now under diagnosis codes there it says that

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00:25:41.100 --> 00:25:54.900

Ellen Berra: There isn't a required code. And what that means is that there's no specific diagnosis code, but you do have to submit a diagnosis code on your cloning. It's just one of the requirements on the cloning.

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Ellen Berra: This particular service also does not have cost sharing so the patient would not be responsible for deductible co-insurance

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00:26:05.820 --> 00:26:22.740

Ellen Berra: Patient has to be competent to make changes for an example, if you were in are dealing with a patient in an assisted living facility and they're in the memory care unit is that patient capable

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00:26:23.490 --> 00:26:34.860

Ellen Berra: Of making the the determination to make the changes that you have discussed. If the patient is not, then you don't want to be billing for the service.

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00:26:36.330 --> 00:26:41.940

Ellen Berra: And then the last thing there is primary care physician in a primary care setting.

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Ellen Berra: So what we're talking about here is it's going to be physicians with a primary specialty of Family Medicine internal medicine geriatric medicine or pediatric medicine and then a primary care setting is going to be generally an office setting.

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00:27:02.070 --> 00:27:10.950

Ellen Berra: The next slide then talks about intensive behavioral therapy for obesity and this goes along the same line.

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00:27:12.630 --> 00:27:15.480

Ellen Berra: Maybe we want to go ahead and go to the next slide.

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00:27:18.690 --> 00:27:20.610

Gina Jones: There we go. Thank you very much.

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00:27:21.450 --> 00:27:30.090

Ellen Berra: Now, this one has a qualifier on it that it is available for patients with a body mass index of greater than 30

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Gina Jones: And then you can see here

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00:27:32.310 --> 00:27:54.480

Ellen Berra: It's screening for obesity in adults. It provides dietary dietary or nutritional assessment. And then, of course, it's the behavioral counseling and behavioral therapy again to help them make those changes our next slide provides you with a BMI calculator.

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00:27:56.160 --> 00:28:18.120

Ellen Berra: Now there's all kinds of apps out there, you know, if you do a search on Google for BMI. There's probably 15 different websites that will come up. There's apps you can put on your phone, all that kind of stuff. So it will help you then calculate what a patient's BMI is now.

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00:28:19.650 --> 00:28:24.330

Ellen Berra: This calculation that's on this particular slide is done in weight.

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00:28:25.500 --> 00:28:38.850

Ellen Berra: And inches as opposed to in the metric system. As you can see a picture of one of the calculators that is out there. You can switch that over to the metric system. If you choose to

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Ellen Berra: If you use the metric system, then you don't have to multiply by that 703 so the patient would have to have a BMI, that is equal to or greater than 30

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00:28:53.580 --> 00:29:02.100

Ellen Berra: Our next slide has the same five A approach as what we talked about with the cardiovascular therapy.

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00:29:04.680 --> 00:29:06.960

Ellen Berra: Nikki, we'll go ahead and go to the next slide.

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00:29:09.060 --> 00:29:19.710

Ellen Berra: Now I'm not going to go through all of this information again. But this is what again what you want to be looking back, and what you want to be documenting within your records.

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00:29:20.160 --> 00:29:34.260

Ellen Berra: Again, it's more than, you know, hey, Mrs. Jones, you really need to take off 70 pounds, you know, with working with them, getting them to agree, helping them make the changes that they need to make

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00:29:35.370 --> 00:29:38.100

Ellen Berra: The next slide has the coding for the

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00:29:40.140 --> 00:29:45.270

Ellen Berra: Now there are two procedure codes there. The first one that God for four seven

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00:29:46.350 --> 00:29:56.010

Ellen Berra: This is on the tele health list now not just during the emergency. This is a procedure codes that has always been on there.

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00:29:56.400 --> 00:30:05.730

Ellen Berra: However, during the declared emergency. You can do this through audio only which means that a telephone call with the patient.

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00:30:06.210 --> 00:30:24.390

Ellen Berra: Through the declared emergency. It does not have to be audio and video. The second procedure code that geo 473 which is the group that does have to be done in person. This is not available for tele health at this time.

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00:30:28.320 --> 00:30:43.650

Ellen Berra: The group time is 30 minutes the individual time is 15 and you'll see on there for the group. It is two to 10 participants and Medicare really kind of does mean that

141

00:30:45.180 --> 00:30:50.280

Ellen Berra: A group of 35 people then this procedure code would not be appropriate.

142

00:30:52.080 --> 00:31:03.840

Ellen Berra: These are physician or practitioner services if it is provided incident to direct supervision must be supplied. And what I mean by that is

143

00:31:04.620 --> 00:31:14.520

Ellen Berra: That for an example of nurse practitioner or I'm sorry, a nurse within the doctor's office could not hold this group at night.

144

00:31:15.120 --> 00:31:35.610

Ellen Berra: And then bill for it under the physicians provider number and less that physician is on site at the time of the group meeting. There's no cost sharing that goes along with this your diagnosis code is going to be one of the the diagnosis codes that goes along with the BMI calculation.

145

00:31:37.050 --> 00:31:45.090

Ellen Berra: And again, it is primary care within a primary care setting. And that goes along with what we discussed just a minute ago.

146

00:31:48.450 --> 00:31:54.420

Ellen Berra: The next slide provides us with frequency, the frequency gets a little different.

147

00:31:55.440 --> 00:32:04.140

Ellen Berra: In this service. You can see there one visit every week for the first month every other month two through six.

148

00:32:05.160 --> 00:32:14.550

Ellen Berra: That those are covered bubble in order to cover for months, seven through 12 though, the patient has to have made some progress.

149

00:32:15.090 --> 00:32:35.370

Ellen Berra: So as you can see here on this slide. If the patient has lost more than three kilograms or what equals about 6.6 pounds, then they can have the additional services and the additional services are listed there. It's one visit per month per month seven through 12

150

00:32:36.390 --> 00:33:01.230

Ellen Berra: So you can have a total of 22 if the patient has not met that then they can't have these services for another six months after that six month period then you kind of be starting all over you start with the BMI calculation. Do the the five A's and then can start that process again.

151

00:33:01.470 --> 00:33:02.790

Gina Jones: And again, if they meet that

152

00:33:02.790 --> 00:33:08.190

Ellen Berra: Guideline meet the six at least 6.6 pounds, then they can have monthly

153

00:33:08.190 --> 00:33:09.840

Ellen Berra: Services after that.

154

00:33:11.910 --> 00:33:17.010

Ellen Berra: The next one that we're going to talk about is counseling to prevent tobacco use.

155

00:33:18.030 --> 00:33:38.370

Ellen Berra: This is available to patients who are using tobacco, regardless of whether they have signs or symptoms of tobacco related disease. Again, they have to be competent and counseling has to be furnished by a qualified provider our procedure cutters are on the next page.

156

00:33:39.600 --> 00:33:43.440

Ellen Berra: Then 99406 or the next slide, rather

157

00:33:43.740 --> 00:33:55.110

Ellen Berra: Than 99406 and 407 these services can be done through tower how and during the emergencies that can be done through audio only

158

00:33:56.460 --> 00:33:57.900

Ellen Berra: You can see the time

159

00:33:57.900 --> 00:34:11.430

Ellen Berra: They're less than three minutes, Medicare will not make payment for it simply part of your e&m has to be three to 10 or more than 10 minutes, which of course will be in your documentation.

160

00:34:12.330 --> 00:34:18.960

Ellen Berra: The next slide has frequency information again deductible and coinsurance is ways

161

00:34:19.530 --> 00:34:37.920

Ellen Berra: You can have up to eight intermediate sessions, which is the 406 or 407 within a 12 month period. And again, the transactional portals will show the next available date. This is not restricted to physician specialty or location.

162

00:34:39.240 --> 00:34:48.090

Ellen Berra: The next thing that will talk about in these. The next thing that will go over will be fairly quick is talking about blood pressure monitoring.

163

00:34:48.510 --> 00:34:56.490

Ellen Berra: And we really have two different services. The first one is ambulatory blood pressure monitoring.

164

00:34:57.420 --> 00:35:08.010

Ellen Berra: And the procedure codes are listed for you. There you can see they're scanning analysis recording interpretation and report, and then the rest of the procedure codes.

165

00:35:09.000 --> 00:35:21.240

Ellen Berra: This is covered. When a patient has either suspected white coat hypertension and what we mean by that is when they get in the doctor's office or blood pressure shoots up

166

00:35:21.600 --> 00:35:33.750

Ellen Berra: If they take their blood pressure someplace, though. It's fun. The other way and CMS has just now started covering this is what is called mask hypertension.

167

00:35:34.200 --> 00:35:52.770

Ellen Berra: And that's when they go in the doctor's office and blood pressures frontline that every place else where it gets taken it's through the roof. So Medicare can cover these services. These procedure codes are not tele health services because they're remote services themselves.

168

00:35:53.970 --> 00:36:06.000

Ellen Berra: And then the last one that we'll talk about. On the next slide is patient reporting blood pressure. So you've got two different procedure codes. Here the 473 and four seven for

169

00:36:06.720 --> 00:36:18.270

Ellen Berra: The 473 is a face to face service and where you're calibrating the device that the patient will be using that home to gather their blood pressure.

170

00:36:18.930 --> 00:36:30.480

Ellen Berra: And then also educating the patient on how to do this. What they need to be watching for when they provide that information back to you, etc.

171

00:36:31.080 --> 00:36:45.960

Ellen Berra: And then of course the 474 we're going to stay back on that other side. Just a second. The four seven for procedure code is when the patient is providing you with that self measurement

172

00:36:46.800 --> 00:36:58.830

Ellen Berra: You can see here it's a twice daily reading over a 30 day period, your documentation would have to show a minimum of 12 readings. And what you're doing is

173

00:37:00.480 --> 00:37:10.980

Ellen Berra: You're not just having the patient call in with these numbers, but your physicians are doing something with these numbers, they're determining a treatment plan.

174

00:37:11.460 --> 00:37:17.100

Ellen Berra: So either they're telling the patient. Hey, everything looks good. We're going to keep on doing what we're doing.

175

00:37:17.700 --> 00:37:29.220

Ellen Berra: Hey, your blood pressure is going a little bit too low. We're going to change your medication. It's really going to high. You need to come in because we need to look at doing something else.

176

00:37:30.600 --> 00:37:43.530

Ellen Berra: So that's some of the information that we have for cardiovascular screening the next several slides have the resources for all of the different topics that we have just discussed.

177

00:37:45.000 --> 00:37:48.510

Ellen Berra: So Michael, I will go ahead and turn it back over to you.

178

00:37:51.960 --> 00:38:10.320

Michael Boyson: Thanks, Ellen and really appreciate the overview and all these different screening services and just want to remind folks that if you have questions for Ellen or the rest of our Mac team just put them in chat and you have some chat monitors who can

179

00:38:11.940 --> 00:38:21.120

Michael Boyson: Read them to our speakers, while you're thinking of specific questions. I do have a question. Ellen that we we sometimes are

180

00:38:22.290 --> 00:38:30.180

Michael Boyson: Being asked, What are some when you think about all the services that you've described today. What are some of the reasons for

181

00:38:31.470 --> 00:38:33.030

Michael Boyson: A claim to be denied.

182

00:38:35.310 --> 00:38:35.880

Michael Boyson: Then

183

00:38:35.970 --> 00:38:43.320

Ellen Berra: The most common reason is going to where there's two more common ones. One is going to be frequency

184

00:38:45.240 --> 00:38:57.540

Ellen Berra: Where the the services are happening faster than what Medicare will allow and then on those two behavioral therapy ones. It is position specialty

185

00:38:58.740 --> 00:39:07.710

Ellen Berra: For those two services Medicare requires it to be a primary care physician and we listed out what those specialties would be

186

00:39:08.250 --> 00:39:21.060

Ellen Berra: And it has to be provided within a primary care setting which is generally going to be an office setting as opposed to some type of facility and like a hospital or no.

187

00:39:23.040 --> 00:39:24.390

Ellen Berra: Okay, thank

188

00:39:25.350 --> 00:39:29.550

Michael Boyson: You let me go to Kaylee and Brianna, to see if there's any questions in chat.

189

00:39:31.200 --> 00:39:50.940

Brianna Gass: Hi, Michael. This is Brianna. And we have one question in chat asking whether there are frequency guidelines for the geo for for six intensive behavioral therapy, whether that's different or the same as do 447 and 473 as far as the frequency parameters.

190

00:39:54.570 --> 00:39:56.610

Ellen Berra: Let me turn my page back here.

191

00:39:58.950 --> 00:40:12.900

Ellen Berra: The 446 Medicare does this will pay for this one in a 12 month period. And of course, you know, patient has to be competent those 447

192

00:40:13.680 --> 00:40:33.420

Ellen Berra: This is the one where you can have multiple services. And if you look on slide 24 there's a total of 22 that you can have within a 12 month period with the 447 and with the four, six. It's once every 12 months.

193

00:40:38.730 --> 00:40:48.090

Michael Boyson: Ellen or let me reach out to Janet and Nathan are two other Mac representatives to see if there's anything else that they'd like to add

194

00:40:49.350 --> 00:40:50.370

Michael Boyson: Janet Nathan

195

00:40:56.370 --> 00:40:56.640

Janet Hunter: Okay.

196

00:40:57.300 --> 00:40:57.600

Great.

197

00:41:01.440 --> 00:41:02.130

Nathan Kennedy: Okay.

198

00:41:03.390 --> 00:41:08.190

Michael Boyson: Then let's go see if there's any other questions in CAD Brianna or Kaylee.

199

00:41:09.900 --> 00:41:10.740

Michael Boyson: There are no

200

00:41:10.770 --> 00:41:20.520

Brianna Gass: Further questions in chat. At this time if people do have questions, they want to ask the speaker, just a reminder to enter them in chat. Oh, we did just get another one.

201

00:41:21.210 --> 00:41:38.610

Brianna Gass: FROM HEIDI Johnson, if the patient takes a medication that can elevate cholesterol levels, but does not have a diagnosis that supports yearly cholesterol checks, would that practitioner need to use a diagnosis for medication monitoring as opposed to cholesterol screening

202

00:41:40.890 --> 00:42:00.870

Ellen Berra: Well, what you would want to look at here. Number one is whether or not you're doing a screening service or whether you're doing a medically necessary tasks. If the patient is taking a medication that one of the side effects, is that it can raise their cholesterol.

203

00:42:02.160 --> 00:42:03.780

Ellen Berra: Then that's part

204

00:42:03.810 --> 00:42:06.150

Ellen Berra: Of the risk

205

00:42:06.240 --> 00:42:13.650

Ellen Berra: That goes along with that particular medication. And so that's the diagnosis information that you would want to use

206

00:42:14.190 --> 00:42:28.200

Ellen Berra: In addition to that, of course, if, if you're just kind of watching their cholesterol, then that can be done once every five years under the cardiovascular disease screening service.

207

00:42:33.090 --> 00:42:36.780

Michael Boyson: All right, how about Janet or Nathan, you want to add anything to that.

208

00:42:38.760 --> 00:42:39.870

Michael Boyson: Now, a great completely

209

00:42:41.220 --> 00:42:41.790

Janet Hunter: Yep.

210

00:42:41.970 --> 00:42:42.630

I agree.

211

00:42:43.680 --> 00:42:44.370

Sounds good.

212

00:42:45.600 --> 00:42:47.100

Michael Boyson: Any other questions in chat.

213

00:42:48.450 --> 00:42:49.770

Not at this time. Michael

214

00:42:51.690 --> 00:42:52.410

Michael Boyson: Alright.

215

00:42:53.250 --> 00:42:56.160

Michael Boyson: Well, we'll go through the remaining slides and if you still

216

00:42:56.160 --> 00:43:04.620

Michael Boyson: Have a question, please put it in chat and we'll make sure we get to it before the end of today's session. So Nikki, if you could go to the next slide please.

217

00:43:06.870 --> 00:43:17.040

Michael Boyson: So if you found today's presentation valuable, valuable. We encourage you to sign up with us to continue to receive timely content rich information and events.

218

00:43:17.910 --> 00:43:23.070

Michael Boyson: Our services are no cost and our share shaped by what is important to you.

219

00:43:23.850 --> 00:43:33.270

Michael Boyson: It only takes a minute or two to go into intelligence to I connect the link is in chat to sign up for updates about resources and upcoming events.

220

00:43:34.140 --> 00:43:47.100

Michael Boyson: As well as the specific training our commitment to you is that you can expect from us quality improvement expertise subject matter expertise timely relevant information and useful tools.

221

00:43:47.610 --> 00:44:05.970

Michael Boyson: Technical Assistance data analysis that is actionable, as well as data reports access to regional network of providers and stakeholders shared compilation of best practices outcomes and learning collaborative. Let's go to the next slide.

222

00:44:10.080 --> 00:44:23.880

Michael Boyson: So just a reminder June 11 the last of our four part learning series is on chronic, chronic kidney disease prevention services covered by Medicare. We encourage you to sign up and you need to register for that event.

223

00:44:25.140 --> 00:44:26.160

Michael Boyson: Go to the next slide.

224

00:44:30.360 --> 00:44:39.420

Michael Boyson: Other activities that we do in terms of events. We have a post acute care collaborative office hours in each of our coin states and you can see the dates and times.

225

00:44:40.440 --> 00:44:51.690

Michael Boyson: Again, I mentioned before part learning series last session on June 11. We also have a coven 19 long term care office hour if you happen to have a practice.

226

00:44:52.170 --> 00:45:03.720

Michael Boyson: That works in long term care. You can see those all our events are on the link. You can see here on our slide here as well as in our chat section. Next slide please.

227

00:45:07.260 --> 00:45:27.000

Michael Boyson: We've been getting quite a few questions from providers about funding resources, especially around Tele health and the next several slides will give you specific resources you can get from the federal government that are available to practices to implement Telehealth or telemedicine.

228

00:45:28.260 --> 00:45:29.610

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

229

00:45:33.960 --> 00:45:46.380

Michael Boyson: These are just some of the examples of what providers have been able to obtain in particular to this FCC grant opportunity, go to the next slide.

230

00:45:49.410 --> 00:46:00.690

Michael Boyson: These are also resort examples of what providers have been able to attain for their patients when it comes to Tele health or remote monitoring. Next slide please.

231

00:46:05.340 --> 00:46:18.450

Michael Boyson: Here's again another resource, particularly for rural areas when it comes to telehealth and remote monitoring. Next slide please.

232

00:46:21.390 --> 00:46:25.530

Michael Boyson: Again, another resource that you can take advantage of. If you're in a rural area.

233

00:46:27.660 --> 00:46:28.410

Michael Boyson: Next slide.

234

00:46:30.600 --> 00:46:39.870

Michael Boyson: So before we ask you to fill out our post the event assessment. Let me reach back to Brianna, to see if we have any last minute questions.

235

00:46:42.480 --> 00:46:51.720

Brianna Gass: We have one question. Can I get the resource that indicate some Tele health services can be audio only during the pH east, please.

236

00:46:53.310 --> 00:46:54.990

Brianna Gass: So, just making sure we pass

237

00:46:56.460 --> 00:47:00.450

Brianna Gass: That resource ALONG TO HEIDI Johnson and perhaps others on this call.

238

00:47:01.740 --> 00:47:07.320

Michael Boyson: Yes. Everything that you see in terms of the what's been listed in the slides will be made available to you.

239

00:47:10.230 --> 00:47:10.410

And

240

00:47:12.180 --> 00:47:13.470

Michael Boyson: Michael and we're heroin.

241

00:47:13.680 --> 00:47:34.080

Ellen Berra: Into this to one of the easiest ways to find this is to go into cms.gov over on the top right hand side of your screen. There's a search function. And if you put Tele health in there and hit enter, then there will be

242

00:47:35.220 --> 00:47:50.130

Ellen Berra: The top two Tele health things that come back. You want to go to the second one which says List of tele health services, click on that, you'll go into another area, there'll be a link

243

00:47:50.130 --> 00:48:00.120

Ellen Berra: To a zip file. When you click on that zip file, then it will bring you back the list of all of the tele health services.

244

00:48:00.780 --> 00:48:06.240

Ellen Berra: On that particular Excel file, it gives you the procedure code a brief description.

245

00:48:07.020 --> 00:48:13.920

Ellen Berra: It tells you whether or not it's a temporary additions as part of the public health emergency

246

00:48:14.310 --> 00:48:30.180

Ellen Berra: And then there's also a column that tells you whether or not the service can be done audio only. So if it says audio in there, then you know you can do it through phone only if it does not, then it has to be audio visual communication.

247

00:48:33.840 --> 00:48:36.930

Michael Boyson: That's great. Nathan, or Janet. Anything else you want to add

248

00:48:39.990 --> 00:48:41.370

Janet Hunter: Know, Janet.

249

00:48:43.800 --> 00:48:54.450

Janet Hunter: Janet just on that column that says also only I don't have the word yes and those are the ones that you can fill audio on. I just wanted to make sure when is looking for that. Yes.

250

00:48:57.090 --> 00:48:57.720

Michael Boyson: Terrific.

251

00:48:58.770 --> 00:48:59.250

Michael Boyson: Okay.

252

00:49:02.070 --> 00:49:10.410

Michael Boyson: So we'd like to make sure you have an opportunity to give us feedback on today's session, we're going to leave the line open

253

00:49:11.280 --> 00:49:24.510

Michael Boyson: To this link to our post assessment survey through Survey Monkey. The link will be part of the chat so you can click on it. It's really important. We get feedback on how to

254

00:49:24.960 --> 00:49:39.270

Michael Boyson: Improve these sessions. Understand what are some of your needs for future session so wanted to take that opportunity for you to take some time, that only takes to two minutes, two to three minutes to fill out the survey tool.

255

00:49:40.290 --> 00:49:41.370

Michael Boyson: So before we go.

256

00:49:42.630 --> 00:49:47.640

Michael Boyson: Just want to reach out to Briana, to see if there's any last minute questions to our speaker.

257

00:49:48.750 --> 00:49:49.830

Michael Boyson: Thanks Michael. I

258

00:49:49.860 --> 00:49:52.020

Brianna Gass: Don't see any other questions at this time.

259

00:49:53.070 --> 00:50:07.620

Michael Boyson: All right, thanks. Briana well on behalf of intelligent and our Mac friends. We really appreciate you joining us today. We look forward to you having you join us on June 11 regarding chronic kidney disease screening

260

00:50:08.280 --> 00:50:15.990

Michael Boyson: And this concludes today's session, and we hope that you have a great rest of the afternoon. Thank you, everyone.

