

Taking Your Chronic Disease Prevention and Management to the Next Level: Understanding Medicare Coverage and Services Including Telehealth Webinar

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00:01:08.400 --> 00:01:14.430

Michael Boyson: The reimbursement days when it comes to Medicare Services, and we know these are unprecedented times

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00:01:15.240 --> 00:01:20.310

Michael Boyson: And when you understand that you and your colleagues are in constant flux and turbulence trying to stay

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00:01:20.850 --> 00:01:30.660

Michael Boyson: Informed while taking care of not only your patients, but also your families and we appreciate your service that you're providing on the front lines to your

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00:01:31.170 --> 00:01:40.020

Michael Boyson: patient population as well as the community that you serve this webinar is designed to give you the most current up to date information that is coming out.

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00:01:40.680 --> 00:01:54.870

Michael Boyson: Weekly, and in some cases daily. So keep in mind this is our best shot. This material is for informational purposes only and does not constitute any type of medical advice and it's not intended to be a substitute for

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00:01:55.590 --> 00:02:05.040

Michael Boyson: professional medical advice diagnosis or treatment. So today's content reflects Janet's best understanding as of this morning, however.

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00:02:05.610 --> 00:02:23.070

Michael Boyson: New information about CMS rules and regulations are coming out weekly. Therefore, it remains vitally important that you continually check with CMS regarding their most up to date guidance and we give you a website there that you can go to for information.

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00:02:24.360 --> 00:02:25.620

Michael Boyson: So let's go to the next slide.

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00:02:26.640 --> 00:02:38.490

Michael Boyson: Intelligent takes all the available steps to provide secure use. So this video conference platform and we share this disclaimer to other websites or third party content.

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00:02:39.570 --> 00:02:49.920

Michael Boyson: You just want to make you aware of that possibility. But we're doing all in our power to make sure that it's a non issue. Okay, let's go to the next slide.

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00:02:54.450 --> 00:03:13.260

Michael Boyson: As we mentioned. Today's webinar is the fourth and final in our four part series in partnership with the max and our queen states if you weren't able to join us for the previous sessions, the slides and recordings have been posted on our website www.tv

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00:03:14.730 --> 00:03:21.030

Michael Boyson: Calm and you can see the dates and and topics that we've covered previously.

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00:03:23.550 --> 00:03:24.480

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

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00:03:27.240 --> 00:03:33.000

Michael Boyson: So the objective for today's call is to share information about chronic kidney disease prevention services.

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00:03:33.750 --> 00:03:50.370

Michael Boyson: covered by Medicare and as we go through today's presentation, please take the time to enter questions and chat and we'll be responding to as many questions as possible during our q&a and if we do not get all the questions we will compile them and send them out.

16

00:03:51.420 --> 00:03:53.520

Michael Boyson: With responses, following the call.

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00:03:54.570 --> 00:04:05.880

Michael Boyson: To everyone along with the list of resources that you'll be presented today as well as the today's presentation slide deck and recording in the next few days.

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00:04:07.260 --> 00:04:08.310

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

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00:04:10.650 --> 00:04:22.590

Michael Boyson: We're excited to have Janet hunter back with us today from Nova into solutions, she was with us at the first session. Janet has more than 37 years of Medicare experience.

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00:04:23.160 --> 00:04:34.260

Michael Boyson: She began processing claims and progress to customer service correspondence quality improvement internal training and supervisor provider outreach and education.

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00:04:34.890 --> 00:04:45.630

Michael Boyson: She's led several major projects, including coordinating ISO certification of workload transitions and Janet has developed both internal and external educational activities.

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00:04:46.380 --> 00:04:54.180

Michael Boyson: She has presented at several large national Medicare Advantage Centers for Medicare and Medicaid Services sponsored seminars.

23

00:04:55.080 --> 00:05:13.410

Michael Boyson: Janet has been with Nova solutions for seven years, serving providers as an educational specialist, which includes provider outreach and educational activities. In other words, she is an expert, Janet. Thank you so much for being part of today's call. And I will turn it over to you.

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00:05:15.930 --> 00:05:23.280

Janet Hunter: Thank you so much, Michael and thank everyone for joining us today. The slide that you see before you is that the acronym. I

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00:05:23.820 --> 00:05:33.240

Janet Hunter: apologize up front. If I didn't just say an acronym alone. I will try and say the full meaning that just in case. If I do, just say the acronym is here listed for you.

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00:05:33.990 --> 00:05:44.970

Janet Hunter: So let's go ahead and go on to the next slide. Want to give you a little bit about Graham. So we'll go ahead and go on to the next slide. We're going to talk about those five stages of chronic kidney disease.

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00:05:45.450 --> 00:05:55.350

Janet Hunter: I'm sure you're aware that sometimes this is also called the chronic kidney failure because it does describe the gradual loss of those kidney functions.

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00:05:56.760 --> 00:06:05.760

Janet Hunter: kidneys do filter the way they have that access level that from your blood which is excluded the end through the urine.

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00:06:07.200 --> 00:06:17.310

Janet Hunter: Now see, Katie or chronic kidney disease, it does affect that estimated 37 million. So that's quite a large number. It's the not leading cause of death.

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00:06:18.360 --> 00:06:30.810

Janet Hunter: And when it does reach an advanced stage you have dangerous levels of fluid dangerous levels electrolytes dangerous levels of waste that build up in your body.

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00:06:31.470 --> 00:06:40.740

Janet Hunter: So chronic kidney disease. It may not become a parent though until like kidney function is significantly impaired.

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00:06:41.370 --> 00:06:58.950

Janet Hunter: And normally, a lot of people may have this issue, but they really don't even realize they have it that they have a problem also normally once you start getting into issues with a kidney function it's reversible, it cannot be changed are reversed. So on our next slide.

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00:07:00.210 --> 00:07:04.920

Janet Hunter: We want to give you some helpful hints concerning finding out

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00:07:06.060 --> 00:07:15.840

Janet Hunter: Perhaps water, some of those underlying condition. It's very, very important to establish the call and also to try to

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00:07:16.800 --> 00:07:24.300

Janet Hunter: treat those underlying conditions, as I said earlier, initially, there's no symptoms for chronic kidney disease.

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00:07:24.990 --> 00:07:35.010

Janet Hunter: Later on, you might have, like, swelling, you might feel tired, you might have some vomiting or loss of Africa, but there are complications with a chronic kidney disease.

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00:07:35.700 --> 00:07:47.280

Janet Hunter: That could increase heart disease increase blood pressure bone disease and the media, but it's really, really important that you find what is that called

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00:07:48.420 --> 00:07:54.420

Janet Hunter: What's the underlying condition, it could be high blood pressure, it could be diabetes.

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00:07:55.440 --> 00:08:13.590

Janet Hunter: Heart disease. Maybe there's a family history even have kidney failure, and then treating those underlying conditions could slow down the progression of the kidney damage. So again, that underlying cause is going to be a key factor in treating this this disease.

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00:08:14.940 --> 00:08:16.110

Janet Hunter: Let's go to the next slide.

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00:08:17.940 --> 00:08:28.080

Janet Hunter: Again, just to give you a little bit of breath grams member we said in the very early stages of chronic kidney disease, you have very few signs or even none at all, are symptoms, either.

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00:08:28.680 --> 00:08:36.480

Janet Hunter: But chronic kidney disease can progress and it can go all the way to end stage kidney failure, which can be fatal.

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00:08:37.650 --> 00:08:46.860

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Janet Hunter: Without having any kind of artificial filtration, such as dialysis or it could be fatal if you don't have a kidney transplant. So it is something important.

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00:08:48.270 --> 00:09:00.960

Janet Hunter: we've listed here for you. The stages of their side. One is early the kidneys are functioning normally stage two. You've got a little bit of kidney damage, but it's ma

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00:09:01.830 --> 00:09:17.130

Janet Hunter: Ma badly decreasing our loss of kidney function. If you notice, like, three we've kind of broken it into two sections here three a, well now you're kind of got some mild and moderate kidney function law.

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00:09:18.330 --> 00:09:27.960

Janet Hunter: Three be now it's progressed to moderate to severe kidney law or kidney function love KB decrease in the loss of your kidney function.

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00:09:28.530 --> 00:09:39.540

Janet Hunter: And we've also given you a few possible signs and symptoms this age three, maybe low blood count now contrition bone pain could be some of the possible symptoms.

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00:09:40.560 --> 00:09:49.170

Janet Hunter: On our next slide we get into the ones that are actually a little bit more severe. You got your life stage of chronic kidney disease. It's severe

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00:09:49.650 --> 00:09:56.370

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Janet Hunter: Severe decrease or loss and that can be suction and then we've listed the stages for you the possible signs and symptoms.

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00:09:56.910 --> 00:10:04.620

Janet Hunter: Stage five is your in Stage Renal Disease, but the actual kidney failure. Here, you actually need dialysis or you need a transplant.

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00:10:05.190 --> 00:10:13.560

Janet Hunter: Sometimes you could possibly even have dialysis in that stage for that like stage. Also, but again, our goal is to try to prevent

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00:10:14.520 --> 00:10:22.380

Janet Hunter: House phone as long as possible before you get to these stages where the patient actually gets the stage for for Stage five. So I want to give you some helpful.

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00:10:23.340 --> 00:10:33.240

Janet Hunter: preventive services that can prevent this from the accelerating quickly. So on our next slide we're going to look at some of the laboratory tests.

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00:10:34.350 --> 00:10:46.650

Janet Hunter: Because laboratory tests are essential. They monitor the progression of this disease and testing is really the only way to know how well those kidneys are affection, how well they're working

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00:10:47.880 --> 00:10:57.450

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Janet Hunter: Each day is going to be based off of that blood test number and this is how it's going to be measured on how well the kidneys are filtering that blood

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00:10:58.170 --> 00:11:13.440

Janet Hunter: So the center, the patient is aware that I have kidney disease. The center. If I can start making some changes and try and protect those kidneys, the laboratory tests are very, very important. So on our next slide, we'll talk about the first one.

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00:11:14.850 --> 00:11:27.690

Janet Hunter: Estimated glomerular filtration, right, or we call it the EGFR, it's a marker or it's a way of measuring that kidney function when it's filtering the blood

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00:11:28.350 --> 00:11:46.050

Janet Hunter: There is a calculation that is performed. They take into consideration for different variables, the serum creatinine, the age, the race, the gender and then the chronic kidney disease. It's generally diagnosed when there's evidence for more than three months.

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00:11:47.250 --> 00:11:51.870

Janet Hunter: Of a decrease in that kidney function and that EGFR is less than 60

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00:11:53.070 --> 00:12:01.170

Janet Hunter: EGFR is really the most common test. It's utilized quite often to identify if there is a loss in some of the kidney function.

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00:12:02.340 --> 00:12:15.660

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Janet Hunter: On the next slide. We've got to giving you some of the result. Remember we talked about stage one. A moment ago. It's just slide but yet you still have normal function that EGFR of 90 or higher.

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00:12:16.740 --> 00:12:27.600

Janet Hunter: Stage to that one is the one where that was just mouth as far as the kidney function or the decrease or the law that EGFR is at nine to 16

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00:12:28.920 --> 00:12:41.610

Janet Hunter: They get a stage three A. That was the one who was kind of mild to moderate for the kidney loss or kidney decrease in function that Ed EGFR is 5945

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00:12:42.540 --> 00:12:53.010

Janet Hunter: Then the three be that was for the kidneys were moderate to severe for that decrease or the laws and the kidney function that level 44 to 30

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00:12:53.970 --> 00:13:10.320

Janet Hunter: Then Stage four is 29 to 15 that was a severe and then stage five. In Stage Renal Disease or you know how Medicare loves acronyms that end stage renal disease as RD. We call it there. The EJ EGFR is less than 15

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00:13:11.700 --> 00:13:21.690

Janet Hunter: So on our next slide is another laboratory tests can that can be used lot. Sometimes it is used in conjunction with EGFR, but it's albumin.

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00:13:23.520 --> 00:13:29.760

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Janet Hunter: That is a screen using I thought urine albumin to the Create ratio.

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00:13:30.840 --> 00:13:42.120

Janet Hunter: So generally, the ad is going to be diagnosed when there's evidence, more than three months of kidney damage again with that out view them greater than 30

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00:13:43.980 --> 00:13:45.030

Our next slide.

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00:13:47.040 --> 00:14:02.460

Janet Hunter: We did go in and let you know there is a NCD by national coverage determination that CMS has developed it is for laboratory tests for chronic renal disease patients. So I wanted to make sure you're aware that this was out there that this is a national policy.

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00:14:03.870 --> 00:14:12.750

Janet Hunter: Again, as I said earlier, laboratory tests are essential to monitor the progression of the chronic renal disease for all the patients.

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00:14:13.290 --> 00:14:25.110

Janet Hunter: And what this in MTD does the national coverage determination. It provides you a list of laboratory tests and their frequency as far as how often these tasks can be performed.

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00:14:26.040 --> 00:14:34.440

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Janet Hunter: Sometimes ever perfect image routine test, but also in the NCD they're going to give you a little bit of information on what they call a non routine task.

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00:14:36.000 --> 00:14:48.480

Janet Hunter: Don't miss slide we've listed the ones for you out of the NCD that are monthly even simpler complete blood count the potassium. The total protein and so forth. You see the listings that are monthly

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00:14:49.380 --> 00:15:00.990

Janet Hunter: Now one of the things I did want to mention if you do have these before more frequently, then you must include the medical justification for having them perform more often.

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00:15:02.370 --> 00:15:11.850

Janet Hunter: Our next slide gives you the rest of the information that's in this NCD per week or 13 per quarter had the button test.

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00:15:12.900 --> 00:15:20.910

Janet Hunter: That one when my side 13 per quarter what they're taking in consideration is some of those months I have five weeks.

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00:15:21.240 --> 00:15:34.230

Janet Hunter: In there, so they do give you that concession that yes they realized so much to have five weights instead of only four. So that's what same per week or 13 per quarter, then even see the per week one proton

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00:15:35.250 --> 00:15:42.720

Janet Hunter: You can see for dialysis an adequate and hemoglobin. Those are clotting test first incident to the dialysis treatments.

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00:15:43.290 --> 00:15:51.900

Janet Hunter: Of course do remember that. That's really what we're trying to promote here is slowing down that progression before it gets to the dialysis phase of it.

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00:15:52.860 --> 00:15:59.850

Janet Hunter: Also that next bullet point. You can see where it says guidelines for tests, other than those that are routinely performed include

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00:16:00.270 --> 00:16:13.470

Janet Hunter: Those are the ones that are referred to as the non routine now human so forth generally on these the justification for those is by the diagnosis that submitted on the line.

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00:16:15.180 --> 00:16:21.360

Janet Hunter: And at the very, very bottom, you can say directly to the NCD that out on the CMS is website.

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00:16:22.500 --> 00:16:24.030

Janet Hunter: Let's go and go to the next slide.

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00:16:25.200 --> 00:16:28.680

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Janet Hunter: Because we want to get into what are some of those preventive services.

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00:16:30.450 --> 00:16:39.270

Janet Hunter: The National Institute of kidney disease has created these healthy kidney tips that I want to just to pass along to you because it's good useful information.

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00:16:39.870 --> 00:16:49.260

Janet Hunter: Because they're giving tips, really, to encourage patients, especially patients. We were that underlying condition, having this blood pressure.

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00:16:50.370 --> 00:17:06.750

Janet Hunter: So encourage your patients to get a ticket to get those kidneys checked to take their medication is directed keep their blood pressure within that target range if they're diabetic. Make sure inside with a met targeted blood sugar range also

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00:17:07.980 --> 00:17:21.180

Janet Hunter: Even slow and installed get active lose weight if it's appropriate quit smoking. All of these are really good helpful hints for all of us, but definitely encourage them. If a patient is a chronic kidney disease.

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00:17:22.590 --> 00:17:33.270

Janet Hunter: On the next slide that I gave a couple of more helpful hands because having kidney disease does increase the chances of having heart disease, having a stroke.

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00:17:33.990 --> 00:17:49.500

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Janet Hunter: So early detection is important because it could result in cardiovascular death, even so good helpful hints. The treatment of a chronic kidney disease focuses on slowing that progression.

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00:17:50.550 --> 00:17:52.620

Janet Hunter: So again, the underlying condition.

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00:17:54.030 --> 00:18:02.700

Janet Hunter: Lowering that blood pressure, avoid situations such as a kidney infection also improve that lifestyle changes.

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00:18:03.810 --> 00:18:07.620

Janet Hunter: It was a dietitian Brett quit smoking, all of the though.

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00:18:09.870 --> 00:18:25.260

Janet Hunter: So let's go to the next slide. And we'll start talking about some of those helpful hints that the National Institute of kidney disease actually recommended. One of them was is treating that underlying condition which could be debated.

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00:18:27.570 --> 00:18:35.880

Janet Hunter: So here's the DNS at diabetes self management training. I know we've already spoken about this one in one of the other sessions, but I'll just briefly.

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00:18:36.420 --> 00:18:44.820

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Janet Hunter: You can see how 30 million patients actually have diabetes. It's the seventh leading cause of death. So it is very prevalent.

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00:18:45.390 --> 00:18:56.340

Janet Hunter: There is education for that you can see who's covered a patient does have to have diagnosis of diabetes and then they do have to have a order.

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00:18:56.970 --> 00:19:00.480

Janet Hunter: From their physician or a qualified non physician practitioner.

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00:19:00.930 --> 00:19:10.470

Janet Hunter: For that the MSP for the diabetes self management training and you can see the procedure codes that are listed there at the bottom there that per 30 minutes like the individual or in a group.

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00:19:11.160 --> 00:19:18.360

Janet Hunter: On our next slide we kind of expand on that a little bit more and tell you what the frequency is initial year that to 10 hours.

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00:19:18.900 --> 00:19:30.300

Janet Hunter: Then subsequent is up to two hours. Now we do stay here. This is not a calendar year. It is a continuous 12 months. So what that would mean is example.

103

00:19:30.900 --> 00:19:40.080

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Janet Hunter: This is June, June to do. And in other words, student of issue all the way to Jesus. Next year, but a continuous 12 minutes deductibles coinsurance his way.

104

00:19:40.890 --> 00:19:47.820

Janet Hunter: And then also, at the end of each one of these sections. I'm going to give you a link directly to the preventive services, educational tool.

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00:19:48.330 --> 00:19:53.970

Janet Hunter: Are a lot of times we used to call this the quick reference tool that easy. The detailed information.

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00:19:54.420 --> 00:19:59.940

Janet Hunter: It's real quick. You can get a quick snapshot of what is covered, who's covered what the frequency is

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00:20:00.360 --> 00:20:08.640

Janet Hunter: So it's a great tool to have handy and then also the link. A lot of promoters, forget that. On the second link listed down here at the bottom.

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00:20:09.030 --> 00:20:15.000

Janet Hunter: Is that the preventive services are created through a national coverage determinations through and exceeding

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00:20:15.600 --> 00:20:32.310

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Janet Hunter: So that we can find out more information. So that's why I gave you the link to that 40.1 sometimes you can go in there and find out what was the intent was seeing this trying to achieve by creating these preventive services or it's a great tool to go and research and look at

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00:20:33.390 --> 00:20:39.150

Janet Hunter: Our at our next one for the preventive services is an intensive behavioral therapy for obesity.

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00:20:40.710 --> 00:20:49.710

Janet Hunter: This one also can be associated with our chronic kidney disease because we were one of the healthy taps was to lose weight if it's appropriate.

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00:20:50.400 --> 00:21:00.060

Janet Hunter: So you can see here the ability that intensive behavioral therapy. It targets poor habits unhealthy eating not exercising.

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00:21:00.780 --> 00:21:13.830

Janet Hunter: It is a treatment that uses innovative interventions gives me to fix some of those poor habit. It can be a therapist doing a one on one training or it could be in a group session. Either one works.

114

00:21:14.700 --> 00:21:33.720

Janet Hunter: The treatments going to include tracking the daily food intake increasing their activity of setting realistic goals, creating an exercise plan. So that's some of the entity behavior aspects of it. So we're going to go to the next slide. And you can see who's going to be covered.

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115

00:21:34.950 --> 00:21:41.070

Janet Hunter: What is going to be a Medicare patient who's the another body mass index is equal to or greater than 30

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00:21:41.670 --> 00:21:49.920

Janet Hunter: Now, love the way to CMS terms. This next one, they do have to be confident and alert. Yes, they need to be awake during the counseling sessions.

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00:21:50.280 --> 00:21:56.520

Janet Hunter: Again, these are interventions to try and create new behaviors, try to take away those poor behaviors.

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00:21:57.420 --> 00:22:06.930

Janet Hunter: The canceling does need to be performed by a qualified primary care physician or other primary care practitioner and they do need to be in a primary care setting also

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00:22:07.680 --> 00:22:19.170

Janet Hunter: Co insurance co payment. Did I will have both wide they do require specific ICD 10 codes. So we've listed them. Therefore you plus the two different procedure codes.

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00:22:19.770 --> 00:22:32.520

Janet Hunter: Just learn point those out a little bit that GL 447 does show for 15 minutes that individual therapy, the geo 473 is also therapy, but it's in a group setting.

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121

00:22:34.110 --> 00:22:43.410

Janet Hunter: And let's go on to the next slide. The reason why I really emphasize those is because of the frequency, the frequency covers up to 22 visits.

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00:22:43.890 --> 00:22:56.550

Janet Hunter: The old way of those two codes combined in a 12 month period number. The first code was individual therapy. The 60437 the second code to be group therapy or is group therapy.

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00:22:56.940 --> 00:23:09.510

Janet Hunter: So it could be a combination of the individual or the group that together. A total of 22 visits within a 12 month period again that 12 month period is continuous. Now the first month is

124

00:23:10.650 --> 00:23:15.480

Janet Hunter: Face to face one on one every week, month two through six.

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00:23:16.680 --> 00:23:30.720

Janet Hunter: Are one face to face visit every other week and then month seven to 12 there one face to face visit every month, but there's certain criteria that has to be made for that month seven through 12

126

00:23:31.440 --> 00:23:39.990

Janet Hunter: So let's talk about those a little bit. That's what our next section there you can see is after a six month visit there needs to be a reassessment

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00:23:41.580 --> 00:23:53.400

Janet Hunter: What needs to happen is during that by suffice occur at once a month in order for the patient to be eligible for months, seven through 12 the patient must have lost at least three kilograms.

128

00:23:54.930 --> 00:24:12.510

Janet Hunter: And I know just thinking three kilograms. That's not that much. But if you equate it back to pay on. It's about six pounds 10 ounces. So are you can, you know, kind of sight. Almost seven pounds so patient has to lose within the first six months if they do not

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00:24:13.770 --> 00:24:22.290

Janet Hunter: Then you need to have another reassessment perhaps another talk with a patient to say, are they really ready to make these lifestyle changes.

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00:24:23.580 --> 00:24:34.440

Janet Hunter: And I know it's difficult. We're talking about patients that are elderly that I've had these poor habits for a number number number of years. So it's hard to my face off style changes.

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00:24:35.640 --> 00:24:45.000

Janet Hunter: Next slide. We gave you just some of the references to the educational tool and also to the NCD so that you can look at more information.

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00:24:46.260 --> 00:24:55.200

Janet Hunter: And let's go ahead and move on to the next slide for our next preventive service and it's tobacco. He's number one. Another one of those healthy tips with quit smoking.

133

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00:24:55.770 --> 00:25:04.740

Janet Hunter: So here's a perfect product or service for that. It's counseling to prevent tobacco use. A lot of times we might call this one of smoke sensation.

134

00:25:06.930 --> 00:25:23.100

Janet Hunter: The tobacco use is one of the leading causes of mortality, morbidity that can actually be prevented and growing list of adverse health effects. There's still more than 45 million adults, I continue to smoke.

135

00:25:24.360 --> 00:25:40.530

Janet Hunter: And you see the definition there of the smoking sensation nicotine definitely is addictive. So realize it is hard like even have withdrawal because of the nicotine being so addicted. So who's covered in this

136

00:25:41.820 --> 00:25:43.260

Janet Hunter: Outpatient wise.

137

00:25:44.670 --> 00:25:55.680

Janet Hunter: And this is going to be regardless of whether the patient does exhibit any compensation and symptoms as they are outpatient related to tobacco use.

138

00:25:56.760 --> 00:25:58.230

Janet Hunter: That it could be covered service.

139

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00:25:59.310 --> 00:26:09.990

Janet Hunter: Also the patient again has to be confident of alert during the counseling and the counseling is furnished by the qualified position or other Medicare recognized practitioner.

140

00:26:11.340 --> 00:26:12.420

Janet Hunter: On our next slide.

141

00:26:14.310 --> 00:26:21.690

Janet Hunter: We're talking about what even if an inpatient remember our first. I just wanted to go with outpatient, this was inpatient

142

00:26:22.500 --> 00:26:34.020

Janet Hunter: What if the patient is hospitalized and their primary diagnosis is just tobacco use disorder, then it's not reasonable unnecessary, it will not be covered.

143

00:26:34.560 --> 00:26:47.070

Janet Hunter: For tobacco smoking cessation. If the primary reason that their patient is being hospitalized is just for a tobacco use disorder so inpatient is not covered outpatient years

144

00:26:48.210 --> 00:26:59.130

Janet Hunter: You can see the frequency for the outpatient tune ization attempts per 12 month period and each a tip may include a maximum of four intermediate or intensive

145

00:26:59.760 --> 00:27:09.060

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Janet Hunter: The two procedure codes and who's in there at the bottom of the slide. The first one is for the intermediate, they're not on for six to nine and 407 is the intensive

146

00:27:09.750 --> 00:27:23.550

Janet Hunter: So frequency again is each attempt may include a maximum of four intermediate or intensive sessions with a total annual benefit of eight sessions per 12 months.

147

00:27:24.990 --> 00:27:26.100

Janet Hunter: At our next slide.

148

00:27:28.170 --> 00:27:40.200

Janet Hunter: Actually goes a little tiny bit more into the tobacco counseling we've listed for you the athletes in Yun and the no links to the NCD and also that preventive service education tool.

149

00:27:41.460 --> 00:27:44.790

Janet Hunter: Okay, our next preventive services. Let's move on to the next slide.

150

00:27:45.990 --> 00:27:53.610

Janet Hunter: Is cardiovascular disease grading maybe another one of those helpful here is to increase the chances

151

00:27:54.150 --> 00:28:03.810

Janet Hunter: Because the patient could also have heart disease. It could have a stroke, because what the kids need problem for early detection early treatment is crucial.

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152

00:28:04.650 --> 00:28:09.750

Janet Hunter: So that we don't have a cardiovascular data. I realize we have already

153

00:28:10.560 --> 00:28:21.150

Janet Hunter: looked over this one in our last session we did that just as a reminder, you can see the procedure codes they are listed 80061 and also as an ATM that's required.

154

00:28:21.600 --> 00:28:30.030

Janet Hunter: And then the frequency is once every five years, the deductible and coinsurance are both away, also for the cardiovascular disease screening test.

155

00:28:31.560 --> 00:28:41.310

Janet Hunter: And let's move to the next slide for our next one for preventive services is an intensive behavioral therapy that Abby t. This one is for cardiovascular disease, though.

156

00:28:42.300 --> 00:28:52.050

Janet Hunter: This one I've realized we have gone over before. And our last session, but also as a reminder, you can see here that allows the it's known as the season, seeing

157

00:28:52.740 --> 00:29:04.860

Janet Hunter: A cardiovascular disease risk reduction visit all time clock is called who's covered is going to be Medicare patients, again, that are competent of alerts. There a way during the counseling.

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158

00:29:05.400 --> 00:29:14.040

Janet Hunter: And they're canceling is being performed by a qualified primary care physician or a primary care practitioner in a primary care setting.

159

00:29:15.210 --> 00:29:16.200

Janet Hunter: On our next slide.

160

00:29:17.340 --> 00:29:33.780

Janet Hunter: We give you the procedure codes for that the GL fulfill its face to face for 15 minutes, it can be done annually is a frequency and in the CO pilot and the co insurance. A wide and you can see the link to the national coverage determination also

161

00:29:35.190 --> 00:29:44.310

Janet Hunter: And then let's move to the next slide. For our last one, the preventive services. This one is the medical nutritional therapy.

162

00:29:45.600 --> 00:29:57.390

Janet Hunter: We talked about this one a little bit. Whenever we talked about diabetes in one of our other sessions but again as a reminder, who's going to be covered. It's going to be a patient with diabetes or renal disease.

163

00:29:58.440 --> 00:30:03.690

Janet Hunter: Or a patient who is your see the kidney transplant within the last 36 minutes

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164

00:30:04.770 --> 00:30:08.430

Janet Hunter: It does have to have a referral that's required from the trading position.

165

00:30:09.780 --> 00:30:26.220

Janet Hunter: And then services must be rendered by a or can be rendered provided by a registered dietitian or nutritional professional, but that individual must be enrolled in the Medicare program and have a Medicare provider numbers. The car payment. The co insurance deductibles his way.

166

00:30:27.810 --> 00:30:31.680

Janet Hunter: So our next slide list for you. The procedure codes.

167

00:30:33.510 --> 00:30:43.530

Janet Hunter: I just want to draw your attention to those because some of them you will see our individual our group, each one of the codes are time codes also

168

00:30:44.640 --> 00:30:53.820

Janet Hunter: The bottom one, that God said no one mentioned a ton of data about it here in just a moment. But just to draw your attention to it because it is a reassessment

169

00:30:54.870 --> 00:31:01.890

Janet Hunter: For a change in diagnosis medical condition or treatment regimen, as a group, two or more each 30 minutes

170

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00:31:03.330 --> 00:31:10.650

Janet Hunter: And then just a helpful hint here are the DSM empty the debate of self management treatment and the medical nutritional

171

00:31:11.880 --> 00:31:28.590

Janet Hunter: Both of those are separate. They do cardio to complement each other, they cannot be build on the same day for the same patient. They can both be bailed but not on the same date for the presentation.

172

00:31:30.480 --> 00:31:33.240

Janet Hunter: Alright our next slide we give you the frequency

173

00:31:34.320 --> 00:31:49.080

Janet Hunter: First year is three hours of one on one counseling. Again, that's a rolling 12 months, meaning that June Daejeon and then subsequent years is two hours and you can see all the references that we've given me there is a link

174

00:31:51.060 --> 00:31:55.950

Janet Hunter: At our next slide, I'm sure you're curious about the tele health visit

175

00:31:57.150 --> 00:32:02.970

Janet Hunter: And I'll give you those in just a moment the services that we've just went over, can they be performed Tele health

176

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00:32:03.930 --> 00:32:23.190

Janet Hunter: But I did want to bring to your attention on this page, the billing portion is the place of service is going to be equal to what it would have been had the services been furnished in person and then the modifier 95 should go all those services that are being performed via tele health

177

00:32:24.360 --> 00:32:30.960

Janet Hunter: And then the link at the bottom. This is a frequently asked questions document that famous does continue to update

178

00:32:31.890 --> 00:32:42.630

Janet Hunter: Wanted to make sure that you're aware of this one because CMS does definitely update. They add new information to it. It was just updated. A few days ago on Jesus. Second,

179

00:32:43.260 --> 00:32:52.260

Janet Hunter: So please go out there, take a look at this document. Usually most questions are answered, especially that I didn't answer are from this document.

180

00:32:52.680 --> 00:33:02.370

Janet Hunter: Because it's fairly lengthy, but you can do a search for certain items that you're looking for. But that's a great, great, great tool for the tele health services.

181

00:33:03.510 --> 00:33:04.620

Janet Hunter: On the next slide.

182

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00:33:06.000 --> 00:33:13.620

Janet Hunter: Listed for you. Some of the procedure code is not all of them. This is just a snapshot, but at some of the ones that we went over today.

183

00:33:14.460 --> 00:33:31.980

Janet Hunter: Such as the diabetic self management training intensive behavior for cardiovascular disease and they had their therapist, obesity, the Council for prevent tobacco use the medical nutritional therapy and if you'll notice the side. Some of those codes, you're going to see an asterix

184

00:33:33.630 --> 00:33:50.130

Janet Hunter: What CMS is done and it's that first link there of the cover Telehealth services with public health emergency what they have done is created a list of all the services that are covered for telehealth but Sam. I've also added a column.

185

00:33:51.180 --> 00:34:05.070

Janet Hunter: And I've kind of put it as a legend there as our Asterix they put an extra column into say audio online interaction meets all of the requirements for telehealth, then they'll put a yes in that column.

186

00:34:06.480 --> 00:34:10.710

Janet Hunter: Yes, meaning yes audio only interaction meets the requirements.

187

00:34:11.940 --> 00:34:17.850

Janet Hunter: So all of the things we had an asterix on candy perform tell them telephone only

188

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00:34:18.870 --> 00:34:36.780

Janet Hunter: There was is on this cover Tele health listing if it's blight where it does not say yes, it's just like these. It has to be audio and video. But if you have a yes in that column, it can be telephone only meet the requirements. So, yeah.

189

00:34:38.070 --> 00:34:47.370

Janet Hunter: The FMT can be performed telephone only intensive behavioral therapy for cardiovascular disease. Yes, can be done telephone only

190

00:34:48.120 --> 00:35:02.310

Janet Hunter: I've been seen for obesity can be done telephone only. It has a yes. That's why just indicated with the asteroid. Just make sure it's clear for you that yes audio only internet interaction does meet the requirements for the telehealth.

191

00:35:03.630 --> 00:35:10.710

Janet Hunter: And then on our next slide just wanted to mention briefly about the virtual services. You can see the procedure codes there.

192

00:35:11.220 --> 00:35:19.800

Janet Hunter: Also the he visits and then the telephone services as refined as non test if I see any homes that I wish management and in the procedure codes.

193

00:35:20.280 --> 00:35:39.150

Janet Hunter: And then also just give you a couple of of helpful hands links as far as to the virtual services a video that Medicare and CMS has developed. Also the fact sheet and the in the in the article so 11805 for some of the interim sign rules that have been put in place.

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194

00:35:41.040 --> 00:35:48.750

Janet Hunter: So our next are just in summary what we've done is reviewed those soft stages for the chronic kidney disease. We've discussed those laboratory tests.

195

00:35:49.260 --> 00:35:54.210

Janet Hunter: And then also looked at several other preventive services for the chronic kidney disease.

196

00:35:54.960 --> 00:36:12.420

Janet Hunter: And then our last slide is just giving you helpful information as far as how to contact us. How can reach us for us at Jay H region, the Colorado Oklahoma our telephone numbers for our customer contact center as well as the WPS and for NGS as well.

197

00:36:13.830 --> 00:36:17.190

Janet Hunter: So at this time I'll go ahead and turn things back over to Michael

198

00:36:34.440 --> 00:36:35.700

Janet Hunter: Michael, are you there.

199

00:36:39.960 --> 00:36:40.590

Michael Boyson: There we go.

200

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00:36:41.490 --> 00:36:43.380

Frann Otte: Thanks. Janet appreciate

201

00:36:43.410 --> 00:36:50.760

Michael Boyson: All your comments today and sharing your expertise on the services covered by Medicare for chronic kidney disease.

202

00:36:52.050 --> 00:37:06.960

Michael Boyson: For those participants who've been eagerly awaiting to ask them questions. Let's go ahead and put them in chat. And while we're teeing up those questions in chat. I have a couple of questions I want to start off with.

203

00:37:08.610 --> 00:37:11.700

Michael Boyson: When you think about the services. You've described today.

204

00:37:13.590 --> 00:37:24.690

Michael Boyson: Do you have a sense as to which services are under build or yeah which services are under build based on your experience.

205

00:37:26.430 --> 00:37:30.780

Janet Hunter: It's usually around the antics of behavior therapy for obesity.

206

00:37:32.580 --> 00:37:42.690

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Janet Hunter: And just my personal experience of it is, it's easily because the patient. Again, we're dealing with elderly patients. So of course they've been doing these bad habit.

207

00:37:43.620 --> 00:37:51.180

Janet Hunter: For 6070 8090 years. So it's very, very hard for them to want to change.

208

00:37:51.900 --> 00:38:04.860

Janet Hunter: So a lot of patterns that one I think is the one that's under build and it's sometimes it's because of the problems with the patients and communication with the patients and getting their willingness their buy in, so to speak, to make some of these lifestyle changes.

209

00:38:06.060 --> 00:38:09.510

Michael Boyson: That's, that's great to know how about Nathan or Ellen.

210

00:38:09.570 --> 00:38:11.490

Michael Boyson: Do you won't have anything to ask

211

00:38:11.520 --> 00:38:13.470

Michael Boyson: Let's go with you first Nathan and then Ellen.

212

00:38:15.030 --> 00:38:15.660

Michael Boyson: Yeah, I

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213

00:38:15.900 --> 00:38:19.620

Nathan Kennedy: I was actually thinking the exact thing. Janet said because

214

00:38:20.850 --> 00:38:29.730

Nathan Kennedy: And I think we can all relate to that. It's hard to change. It's hard to want to change and and sometimes it's it's hard to see that that change is actually needed

215

00:38:30.930 --> 00:38:33.930

Nathan Kennedy: It's, it's easy for us to see that and other people but not ourselves.

216

00:38:35.040 --> 00:38:38.640

Nathan Kennedy: And, you know, another I think another piece of that, though.

217

00:38:40.620 --> 00:38:41.610

Nathan Kennedy: When physicians

218

00:38:42.210 --> 00:38:44.040

Michael Boyson: Do talk to patients about various

219

00:38:44.040 --> 00:38:55.650

Nathan Kennedy: Things I think sometimes it's hard for a lot of the Medicare related patients to think that, yeah. Some of these screening services are are no cost to you.

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220

00:38:56.790 --> 00:39:03.300

Nathan Kennedy: Because you know they're they're not believing the whole getting something for free.

221

00:39:04.650 --> 00:39:21.060

Nathan Kennedy: Kind of mindset. So I think sometimes that can be a roadblock to because they think, you know, sure. I'm not going to pay anything for it. There's then they're going to start thinking there's something else down the road where I will, you know, so that can be difficult, as well.

222

00:39:22.080 --> 00:39:27.240

Michael Boyson: Sure. Thanks, and Ellen any additional follow up there.

223

00:39:28.380 --> 00:39:32.850

Ellen Berra: No, I think, Janet and Nathan have covered it. Terrific.

224

00:39:34.890 --> 00:39:38.190

Michael Boyson: So let's go to our chat and see if there's any questions.

225

00:39:41.100 --> 00:40:00.570

Frann Otte: Yes, Michael. There's one from melody. She's saying what it doesn't address is whether risk adjustment documentation will be accepted during an audio only visit that's been her observation with with Tele health and telephone visit and a comment on that.

226

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00:40:04.560 --> 00:40:05.760

Nathan Kennedy: It's making sure I understand.

227

00:40:05.760 --> 00:40:05.910

Janet Hunter: That

228

00:40:06.330 --> 00:40:08.400

Adjustment documentation.

229

00:40:10.320 --> 00:40:11.070

Janet Hunter: Reminder that

230

00:40:11.760 --> 00:40:13.590

Ellen Berra: Will be accepted doing an

231

00:40:13.710 --> 00:40:15.360

Frann Otte: Audio only visit

232

00:40:17.550 --> 00:40:18.690

Nathan Kennedy: Usually kind of always

233

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00:40:18.720 --> 00:40:25.290

Janet Hunter: The rule of thumb is in document, document, document, the more documentation you can give us the better.

234

00:40:26.700 --> 00:40:33.570

Janet Hunter: Yes, you do need to document it at least a little bit of what the conversation was and to try and get the aspects of

235

00:40:33.690 --> 00:40:35.040

Janet Hunter: What was performed

236

00:40:35.550 --> 00:40:38.340

Janet Hunter: During the conversation, you know, was it

237

00:40:38.940 --> 00:40:40.620

Michael Boyson: You know, medical traditional therapy.

238

00:40:40.680 --> 00:40:48.030

Janet Hunter: Was what was the service, make sure that's clear, as far as what was being performed. And then, what were the responses from the patient.

239

00:40:51.540 --> 00:41:02.520

Nathan Kennedy: And I would add to that, just based on the question, I think, talking about risk adjustment. I think they may be talking about Medicare Advantage based services and

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240

00:41:03.660 --> 00:41:05.970

Nathan Kennedy: The three of us all work for fee for service so

241

00:41:07.140 --> 00:41:19.740

Nathan Kennedy: I don't think any of us are knowledgeable regarding Medicare Advantage, but you'd probably have to check with the Advantage Plan to see how the how your risk adjustment process works with them to see

242

00:41:20.010 --> 00:41:21.360

Janet Hunter: For it to get the

243

00:41:22.650 --> 00:41:24.150

Nathan Kennedy: A better answer to that.

244

00:41:27.090 --> 00:41:28.500

Ellen Berra: And I would agree with that.

245

00:41:30.060 --> 00:41:30.360

Frann Otte: And look,

246

00:41:31.560 --> 00:41:34.950

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Michael Boyson: At it in that she'll be going to HCC

247

00:41:34.980 --> 00:41:37.770

Frann Otte: Coding. But now she says she understands

248

00:41:43.980 --> 00:41:45.630

Frann Otte: Well, before we go back to chat. I do.

249

00:41:45.630 --> 00:41:46.620

Michael Boyson: Have another question.

250

00:41:46.680 --> 00:41:49.620

Michael Boyson: About of all the services that you talked about Janet

251

00:41:50.220 --> 00:41:55.230

Michael Boyson: Which ones which ones have had the most denied claims and for what reason

252

00:41:58.710 --> 00:42:11.970

Janet Hunter: Most of ours actually go through and process and pay the one issue though that we have noticed is after the fact, whenever we go back and ask for documentation.

253

00:42:12.990 --> 00:42:23.790

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Janet Hunter: It's usually on the diabetes self management treatment because those are times code that time a lot of time and community thing in the documentation.

254

00:42:25.050 --> 00:42:33.270

Janet Hunter: So that has become an issue that we sing. And I know a lot of the codes in preventive medicine or the side. Why they are time to code.

255

00:42:33.780 --> 00:42:46.590

Janet Hunter: So we do need that time factor, you know, listed in the documentation. So usually if we don't have an issue with them, denying it's more on the documentation side that some of the documentation is missing.

256

00:42:48.180 --> 00:42:49.560

Janet Hunter: Okay, good to know about you.

257

00:42:49.560 --> 00:42:51.540

Michael Boyson: Nathan anything to either

258

00:42:54.180 --> 00:42:54.990

Nathan Kennedy: No, well,

259

00:42:55.410 --> 00:43:12.870

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Nathan Kennedy: I would agree. I mean, we see, I think most of the issues we see are the documentation piece as well. People just forget to notate things and sometimes records are all over the place and they don't get compiled together like this should

260

00:43:13.950 --> 00:43:16.620

Nathan Kennedy: The only other thing I would, I would say.

261

00:43:16.650 --> 00:43:18.960

Nathan Kennedy: From a denial perspective, usually

262

00:43:20.400 --> 00:43:26.400

Nathan Kennedy: Most of the services we don't see a denial issue with if we do, it's, it's just usually because

263

00:43:28.350 --> 00:43:41.130

Nathan Kennedy: Someone forgot to put the right diagnosis code in or there's some kind of a mismatch with getting the wrong provider number indicated, it's usually the, the general things that caused the issues.

264

00:43:42.180 --> 00:43:47.850

Nathan Kennedy: But for the most part, we don't really see a lot of denial issues with with the screening services.

265

00:43:48.780 --> 00:43:53.610

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Michael Boyson: Gotcha. Sounds good. How about you, Ellen. Anything else to add,

266

00:43:54.990 --> 00:44:15.570

Ellen Berra: The only other thing I would add on. This is the frequency requirements, you know, as Janet mentioned a lot of these things are on a rolling timeframe, a rolling 12 months or something along that line there. There's so many services that can be provided within a certain amount of time.

267

00:44:16.590 --> 00:44:31.410

Ellen Berra: The additional services over the Medicare frequency limitations would be denied. I agree with Janet and Nathan know also we're not seeing a huge number of denials with Debbie PSG AJ

268

00:44:34.020 --> 00:44:35.400

Michael Boyson: Good to know. Great.

269

00:44:38.370 --> 00:44:40.230

Michael Boyson: One more question I have for you.

270

00:44:43.440 --> 00:44:51.240

Michael Boyson: There you're talking talked about some examples where there's some limited claims or the claims are denied.

271

00:44:53.010 --> 00:44:54.810

Michael Boyson: Or they don't happen too often.

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272

00:44:56.100 --> 00:45:09.480

Michael Boyson: But is there a problem in terms of resubmitting the claim and getting it approved or do they have to risk are you are you seeing multiple times. What a claim has to be submitted these it continues to be denied.

273

00:45:11.970 --> 00:45:16.860

Janet Hunter: It really kind of depends on the circumstance, if it wasn't mad because of the frequency

274

00:45:18.030 --> 00:45:27.450

Janet Hunter: You know that, then they can send it back in to have an appeal on it. But if that frequency is that frequency. You know, there's nothing that can be done to overturn it

275

00:45:28.620 --> 00:45:36.330

Janet Hunter: But if the circumstance is denying it, because as a knife and said, all the documentation was not there at the time.

276

00:45:36.810 --> 00:45:41.190

Janet Hunter: That they seem sad and they weren't able because you know separate location.

277

00:45:41.580 --> 00:45:53.580

Janet Hunter: They and all they have to do is Sandy and that documentation that complete documentation all compiled together in the appeal in the redetermination and then it's usually overturn usually just take that one time to do that here.

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278

00:45:54.750 --> 00:45:55.200

Janet Hunter: All right.

279

00:45:55.440 --> 00:45:55.860

Great.

280

00:45:57.000 --> 00:46:05.880

Michael Boyson: Just want to encourage you, if you have any questions, to put it in chat. Let me just check with friend and see if anything's been added. If not, we'll finish out the slides and then have one more.

281

00:46:07.050 --> 00:46:12.060

Michael Boyson: open session for questions for a minute or two, and then we'll call it a day. Fran.

282

00:46:12.900 --> 00:46:14.670

Frann Otte: And my father. I know this question.

283

00:46:15.720 --> 00:46:16.260

Frann Otte: Okay.

284

00:46:16.650 --> 00:46:19.020

Michael Boyson: Well then let's go to the next slide.

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285

00:46:20.160 --> 00:46:25.560

Michael Boyson: And wants you to know that if you've enjoyed or found this presentation valuable, please.

286

00:46:26.610 --> 00:46:36.270

Michael Boyson: Sign up with us to continue to receive timely content rich information and events. We have a weekly digest where we promote our events, but will also be promoting

287

00:46:37.140 --> 00:46:47.130

Michael Boyson: The max that have been represented today on their events they have some great opportunities for you to be educated on how to make sure that your claims are not being denied.

288

00:46:47.700 --> 00:46:57.600

Michael Boyson: In any of the topics we've discussed during this four part learning series as well as a whole host of other topic areas. So we encourage you to take advantage of that by

289

00:46:58.860 --> 00:47:17.670

Michael Boyson: signing up for Q i connect and take advantage of our weekly digest only takes a few minutes. And if you're not within our Quinn states of Colorado Iowa Illinois and Oklahoma. There is a link there as to where you can find out about your own Q and Q While so let's go to the next slide.

290

00:47:21.780 --> 00:47:28.680

Michael Boyson: Just a reminder about some upcoming events. We have a post acute care collaborative office hours for each of our

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291

00:47:29.790 --> 00:47:35.790

Michael Boyson: States. The next one is going to be in July, on the eighth at 11 O'clock Central time

292

00:47:36.300 --> 00:47:46.200

Michael Boyson: And you can see a link down below on this slide as to where you can get information about the topic areas as well as registration registration information.

293

00:47:46.920 --> 00:48:02.940

Michael Boyson: And if your practice has any long term care patients and you're interested in the long term care office hours. I would encourage you to take advantage of those coming up this month as well. Next month at 2pm Central Time. Next slide.

294

00:48:07.140 --> 00:48:17.100

Michael Boyson: Here are links to our Mac event. That's the national government services, you can see that link there no Vince's solutions has to

295

00:48:18.150 --> 00:48:31.890

Michael Boyson: Educational calendars, one for part A and part B. Please take advantage of that. And then of course WPS as learning center where you can take advantage of their upcoming events and also how to register for their newsletter.

296

00:48:35.940 --> 00:48:36.960

Michael Boyson: Next slide please.

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297

00:48:40.770 --> 00:48:48.870

Michael Boyson: We've been experiencing a lot of questions recently from providers about access to

298

00:48:50.340 --> 00:49:03.360

Michael Boyson: Resources in this really, really trying time of trying to get their practices up and running. And there are some funding opportunities for practices to take advantage of.

299

00:49:04.080 --> 00:49:22.050

Michael Boyson: And we've listed those out on this and the next slide, go to the next slide that you can take advantage of. And we've listed out some of the examples of how this funding is being used by different organizations across the country, as well as in our QA and Q iOS dates.

300

00:49:23.430 --> 00:49:35.970

Michael Boyson: And I want to encourage you to share this with your practice manager, your, your clinicians. There's some great opportunities when it comes to getting access to grants.

301

00:49:36.510 --> 00:49:52.860

Michael Boyson: And the fun some specific services, particularly around Tele health right now because of the pandemic, so please take advantage of those services and these will be part of our handouts in our slide deck when you get it the next day or two.

302

00:49:54.360 --> 00:50:06.120

Michael Boyson: So before we close out today. I want to give one last chance for people to ask some questions of our experts, whether it was today or anything.

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303

00:50:06.600 --> 00:50:22.200

Michael Boyson: In the previous sessions related to diabetes related to cardiovascular disease, the wellness visit. This is your chance to ask our experts when it comes to billing and services offered by Medicare

304

00:50:25.200 --> 00:50:41.160

Michael Boyson: While we're thinking of any questions we're going to have a link in our chat session for you to give us feedback on today's session will keep our session open for a few minutes so that you can click on that link and then go to it and give us

305

00:50:42.240 --> 00:50:57.990

Michael Boyson: Your assessment of how well we did today it's important for us to get your feedback and to understand how to improve these opportunities for education, for you as well as identify future topics that we can bring to the table.

306

00:51:00.840 --> 00:51:03.450

Michael Boyson: All right, let's go to the next slide.

307

00:51:07.410 --> 00:51:19.530

Michael Boyson: I guess that's it. So that's our last slide, and looking at chat. I'm not seeing any less friend if you have something. Are you seeing how when it comes. No, I'm not.

308

00:51:19.590 --> 00:51:20.850

Frann Otte: In any additional questions.

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309

00:51:22.920 --> 00:51:23.340

Frann Otte: Well,

310

00:51:24.420 --> 00:51:30.870

Michael Boyson: On behalf of TV and our Medicare Administrative Contractors, we want to thank you for joining us today.

311

00:51:31.350 --> 00:51:47.580

Michael Boyson: I know there's several of you who have been on all four sessions and we're really grateful for that opportunity to help you in terms of your work when it comes to providing services to Medicare beneficiaries continue to look for future events.

312

00:51:48.750 --> 00:51:50.220

Michael Boyson: Educational events from us.

313

00:51:51.060 --> 00:51:52.620

Michael Boyson: Through our weekly digest.

314

00:51:53.250 --> 00:52:00.180

Michael Boyson: And we're going to call it. We're going to close out the session today, but we will leave

315

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00:52:01.200 --> 00:52:10.440

Michael Boyson: The link in chat open for a few minutes for you to fill out the survey for us again. Thank you and have a great rest of the afternoon.