HCCI™

HOME CENTERED CARE INSTITUTE

Unlocking Revenue Streams: Navigating the 2024 Medicare Physician Fee Schedule for Home-Based Medical Care

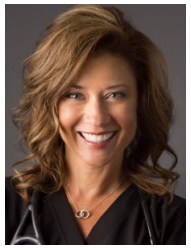
HCCIntelligence™– January 10, 2024

Presenters

Paul Chiang, MD

Medical Director, Northwestern Medicine, HomeCare Physicians

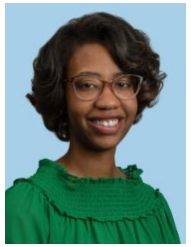
Senior Medical and Practice Advisor, Home Centered Care Institute



Tammy Browning, PA-C

Consultant, Education & Practice Development, Home Centered Care Institute

President, Grace At Home



Kera Holmes, CPC

Manager, Practice Development, Home Centered Care Institute

HCCI
HOME CENTERED CARE INSTITUTE

Objectives

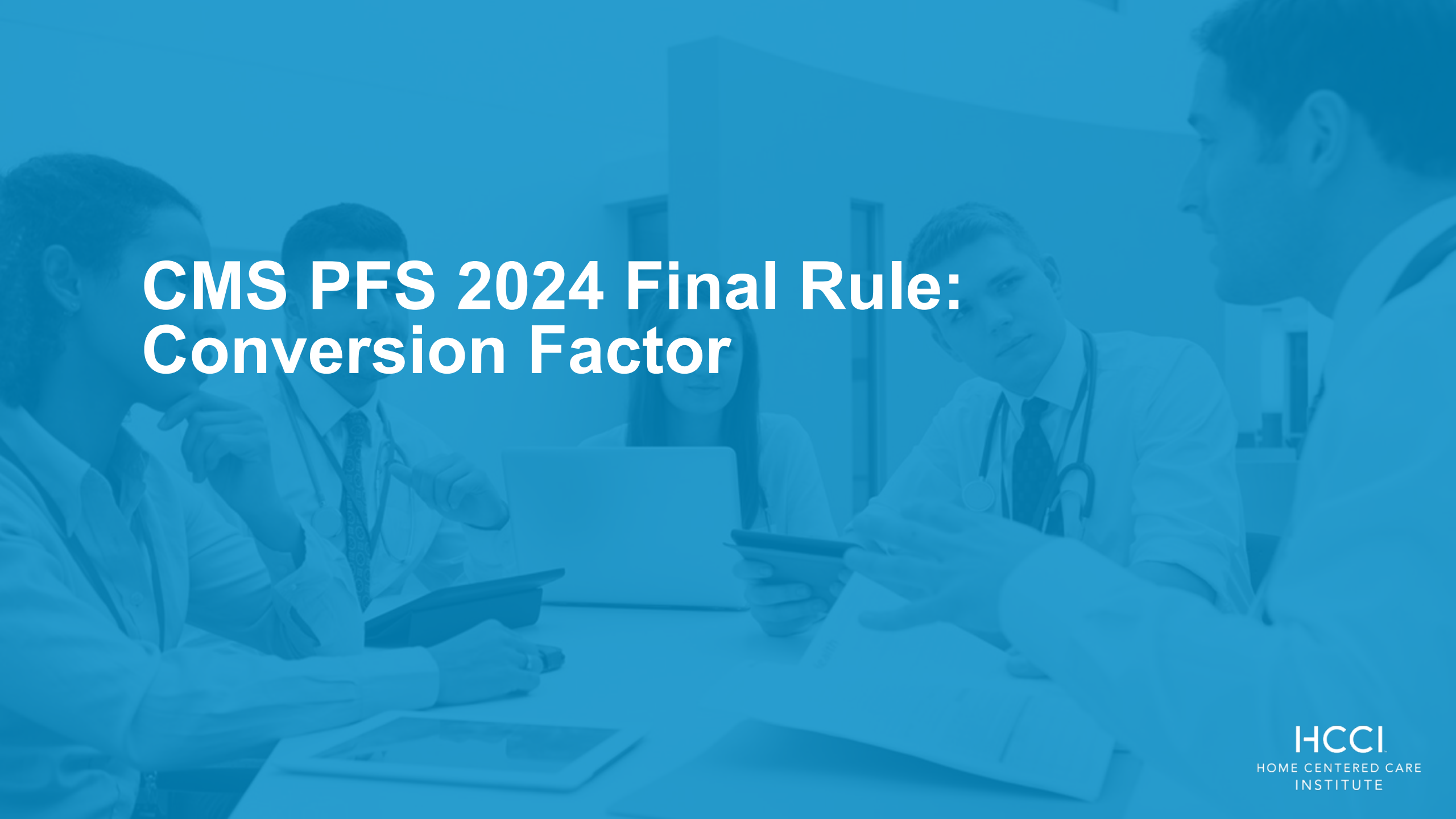
- Review the coding, reimbursement, and policy impacts specific to home-based medical care as a result of the CY 2024 Medicare Physician Fee Schedule Final Rule (MPFS) and how to best respond to these changes.

- Discuss newly implemented reimbursement CPT codes for additional revenue in home-based Medical Care

- Introduction to risk adjustment models, including Hierarchical Condition Category (HCC) Coding new model v28

Agenda

- **Review of changes/impact of CMS 2024 PFS Final Rule for Home-based Care**
  - Conversion factor change
- **Newly implemented rules to offset reduced conversion factor**
  - Social Determinants of Health (SDoH) Risk Assessment
  - Behavioral Health Services
  - Preventive Vaccine Administration Services
  - Caregiver Training
  - Community Health Integration
  - Telehealth
  - Hierarchical Condition Category (HCC) Coding
- **Ask the Experts: Q&A**
- **HCCIntelligence™ Premier Tools & Tip Sheets**
- **HCCIntelligence™ Resource Center**



CMS PFS 2024 Final Rule: Conversion Factor

HCCI
HOME CENTERED CARE INSTITUTE

Conversion Factor Update

- **The final CY 2024 PFS conversion factor is $32.74, down $1.15 from CY 2023 conversion factor of $33.89.**
- **Inability of house call providers to bill for G2211.**
- **However, CMS has finalized increased payment opportunities for primary care and various direct patient care.**

Social Determinants of Health Risk Assessment (SDoH)

HCCI
HOME CENTERED CARE INSTITUTE

SDoH Coding Reimbursement

The SDoH risk assessment code must be provided in conjunction with a qualifying visit, including and E/M visit, Annual Wellness visit, and in some cases behavioral health visits.

- Note: only bill once every six months

CPT2024	Description	2024 wRVU	2024 National Payment Amount
G0136	Administration of a standardized, evidence based Social Determinants of Health Risk Assessment tool, 5-15 minutes	0.18	$18.66

HCCI
HOME CENTERED CARE INSTITUTE

SDoH Assessment

Per CMS, the tool used to render a SDoH Risk Assessment must be an evidence-based, standardized tool covering, at *minimum*, the following domains:

- Housing Insecurity
- Food Insecurity
- Transportation Needs
- Utility Difficulty

- Practitioners can choose to add other domains if prevalent or culturally important to their patient population
- SDoH Risk Assessment Tools
  - HCCIntelligence™ Premier: Social Determinants of Health (SDoH) Screening and Coding Requirements
  - CMS - Accountable Health Communities Health-Related Social Needs Screening Tool
  - AAFP – Social Needs Screening Tool

Behavioral Health Integration Services (BHI)

HCCI
HOME CENTERED CARE INSTITUTE

Behavioral Health Integration Services (BHI)

Incorporates behavioral health care into other care to improve mental, behavioral, or psychiatric health for many patients. In addition to payment for E/M services, Medicare covers 2 types of BHI services:

General BHI services

- CPT code 99484 and HCPCS code G0323 to account for monthly care integration

General BHI service elements like:

- Systemic assessment and monitoring
- Care plan revision for patients whose condition isn't improving adequately
- Continuous relationship with an appointed care team member

Collaborative Care Management (CoCM)

- Use CPT code 99492-99494

CoCM requires:

- Psychiatric consultation
- Documentation of time spent in calendar month
- Continuous relationship with an appointed care team member

HCCI
HOME CENTERED CARE INSTITUTE

Preventive Vaccine Administration Services

HCCI
HOME CENTERED CARE INSTITUTE

Preventive Vaccine Administration

National in-home additional payment for Part B preventive vaccine administration is approximately $38 (geographically adjusted).

- Vaccinations included when administered in the patient's home:
    - Pneumococcal (G0009)
    - Influenza (G0008)
    - Hepatitis B (G0010)
    - COVID - (90480)

- HPCS Level II code M0201 to bill for the additional payment amount for administering the vaccine in the home

Preventive Vaccine Administration

When does the additional In-Home Payment apply?

- when the patient has difficulty leaving the home or faces barriers to getting a vaccine in settings other than their home.

Requirements for receiving additional In-Home payment:

- Medicare only pays the additional amount for administering the flu, hepatitis B, or pneumococcal shots in the home if the sole purpose of the visit is to administer 1 or more Part B preventive vaccines, including the COVID-19 shot.
- Medicare does NOT pay the additional amount if you (healthcare provider) provides another Medicare service in the same home on the same date.
  - In those situations, Medicare pays for administering the flu, hepatitis B, or pneumococcal shot at the standard amount (approximately $30 per dose) and COVID-19 (approximately $40 per dose).

Caregiver Training

HCCI
HOME CENTERED CARE INSTITUTE

Caregiver Training

Reimbursement for practitioners who train and involve one or more caregivers to assist patients with certain diseases or illnesses (such as dementia) in carrying out treatment plans.

CMS will reimburse for these services when provided by the following providers:

- Physicians
- Non-physician Practitioners (NPPs)
  - Nurse Practitioners
  - Clinical Nurse Specialists
  - Physician Assistants
  - Clinical Psychologists
- Therapists
  - Physical Therapists
  - Occupational Therapists
  - Speech Language Pathologists

Caregiver Training Requirements

- Consent is required from the patient or the patient's representative, especially because the patient may not be present for the training(s)
- The training should be directly relevant to the person-centered treatment plan for the patient for services to be considered reasonable and necessary under the Medicare program.
- Frequency and volume of the training can be based on the patient's treatment plan, changes in condition, diagnosis, or changing caregivers
- Caregiver training services codes are not included on CMS Telehealth list

Caregiver Training

Code set: 97550-97552

- Training session for one or more caregivers for an individual patient
- These codes are timed

Code set: 96202-96203

- Group training for behavior management of patients with a mental health or physical diagnosis
- Will include caregivers of different patients
- More than one caregiver for a patient can attend the training
- These codes are timed

Caregiver Training CPT codes

CPT Codes	Description	2024 wRVU	2024 National Payment Amount
97550	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (e.g., activities of daily living [ADLs], instrumental ADLs [IADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face-to-face; **initial 30 minutes**	1.00	$52.06
97551 (add-on code)	each **additional 15 minutes** (List separately in addition to code for primary service) (Use 97551 in conjunction with 97550)	0.54	$25.87
97552	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [IADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face-to-face with multiple sets of caregivers	0.23	$21.94

Caregiver Training CPT codes

CPT Codes	Description	2024 wRVU	2024 National Payment Amount
96202	Multiple-family ***group*** behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); **initial 60 minutes)**	0.43	$23.25
96203 (add-on code; billed in conjunction with 96202)	Multiple-family ***group*** behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); **each additional 15 minutes**	0.12	$5.57

Community Health Integration (CHI)

HCCI
HOME CENTERED CARE INSTITUTE

CHI Services

Designed to specifically include care involving community health workers, who link underserved communities with critical health care and social services in the community and expand equitable access to care, improving outcomes for the Medicare population.

CPT Code	Description	2024 wRVU	2024 National Payment Amount
G0019	*Community health integration services performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other practitioner; 60 minutes per calendar month*	1.00	$79.24
G0022	*Community health integration services, each additional 30 minutes per calendar month (List separately in addition to G0019)*	0.70	$49.44

Telehealth 2024

HCCI
HOME CENTERED CARE INSTITUTE

Expectations of Telehealth in 2024

Permanent Changes implemented for rendering telehealth services

- Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) can serve as distant site provider for behavioral/mental telehealth services
- Medicare patients can receive telehealth services for behavioral/mental health care in their home
- There are no geographic restrictions for the originating site for behavioral/mental telehealth services
- Behavioral/mental telehealth services can be delivered using audio-only communication platforms
- Rural Emergency Hospitals (REHs) are eligible originating sites for telehealth

Expectations of Telehealth in 2024

Temporary Changes implemented until December 31, 2024

- FQHCs and RHCs can serve as a distant site provider for non-behavioral/mental telehealth services
- Medicare patients can receive telehealth services in their home
- There are no geographic restrictions for the originating site for non-behavioral/mental telehealth services
- Some non-behavioral/mental telehealth services can be delivered using audio-only communication platforms
- An in-person visit within six months of an initial behavioral/mental telehealth service, and annually thereafter, is not required
- Telehealth services can be provided by all eligible Medicare providers

Expectations of Telehealth in 2024

Place of Services Codes

As of January 1, 2024 the following Place of Service codes will be enforced when billing telehealth services:

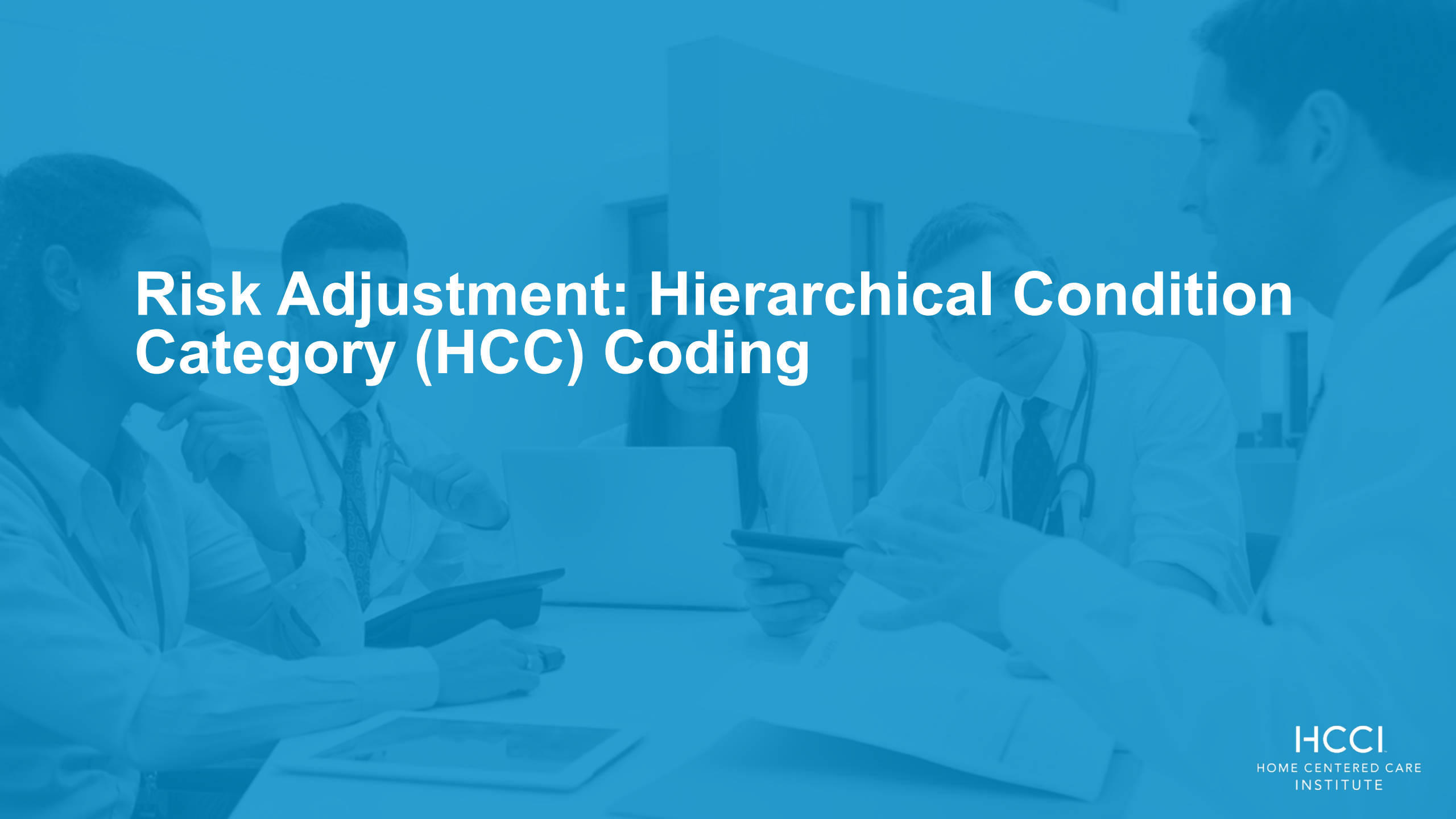
- **POS 02:** Telehealth provided other than in patient's home. Patient is not located in their home when receiving health services or health related services through telecommunication technology.
- **POS 10:** Telehealth provided in patient's home. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.

Modifier

- **95:** Apply this modifier to submitted claims for telehealth services rendered.

HCCI
HOME CENTERED CARE INSTITUTE

Risk Adjustment: Hierarchical Condition Category (HCC) Coding



HCCI
HOME CENTERED CARE INSTITUTE

Hierarchical Condition Category (HCC) Coding

- **Risk adjustment methodology used by CMS and other programs to determine**
  - annual capitated payments for Medicare Advantage beneficiaries
  - expected costs in Medicare Shared Savings Programs (ACOs) and newer Alternative Payment Models (APMs)
- **Calculates patient risk scores and predicts healthcare costs based on acuity and health status.**
  - critical to code each ICD-10 diagnosis to the highest level of specificity to reflect an accurate risk score.
- **Each diagnosis code is associated with a particular HCC weight that reflects the expected medical cost and severity of the condition**
  - More severe or complex conditions are assigned to higher levels within the hierarchy
- **Accurate coding can positively affect reimbursement rates, reflecting the actual complexity and health needs of the patient population**

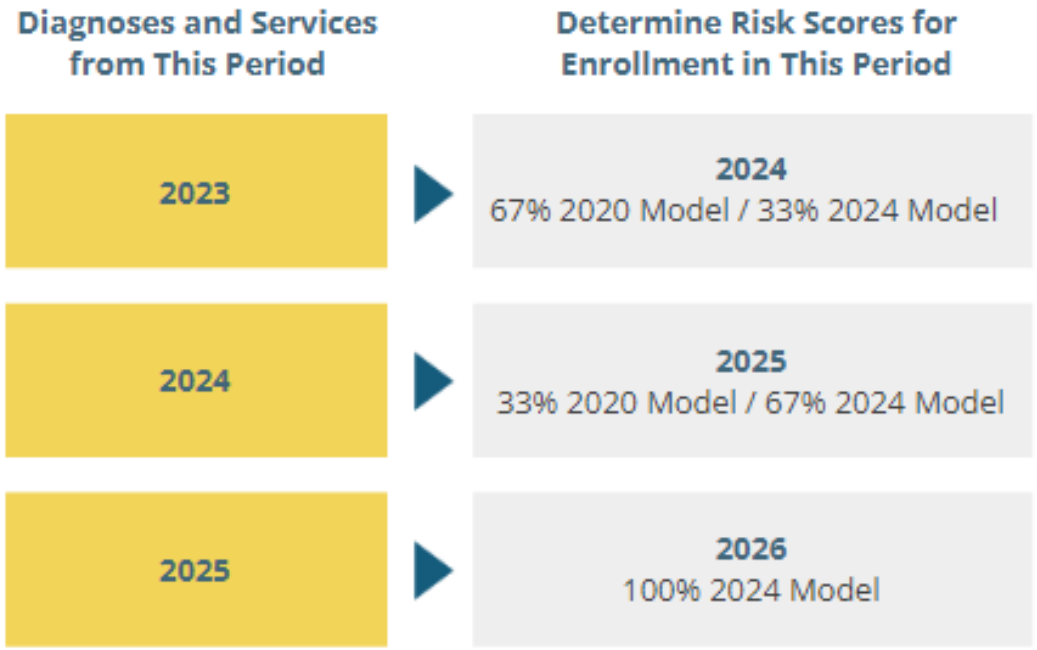
Hierarchical Condition Category (HCC) Coding

Medicare HCC Model Transition Changes 2023 – 2026

Medicare adjusts the HCC model annually, often removing or adding mapped ICD-10 codes to HCCs, adjusting RAF scores associated with HCCs, and potentially removing or adding HCCs themselves.

In 2023, Medicare started a three-year rollout plan to change the HCC structure from the 2020 model (v24) to the 2024 model (v28). The graph to the right shows the three-year rollout plan and the financial impact of each model in each year.

Staying up-to-date on Medicare HCC changes can be difficult, but the best practice is to designate someone to review any HCC changes annually to help support your practice as new information is released.



Commonly Used Terms:
- Data Collection Period
- Service Data Period
- Experience Period
- Diagnosis Period

Commonly Used Terms:
- Payment Year
- Calendar Year
- Enrollment Year

ICCI
ENTERED CARE INSTITUTE

HCCIntelligence™ : Ask the Experts

An open forum for questions and answers

HCCIntelligence™
PREMIER

Revenue Cycle Management Bundle

New bundle includes 2024 Centers for Medicare & Medicaid Services Updates

- Home-Based Medical Care: Superbill Worksheet - Itemized CMS Codes
- Home-Based Medical Care: Advanced Coding Opportunities
- Home-Based Medical Care: Evaluation and Management (E/M) Guidelines
- Home-Based Medical Care: Telehealth Guidelines & Coding Requirements
- Social Determinants of Health (SDoH) Screening and Coding Requirements
- Risk Adjustment Factors (RAF) for House Calls: Hierarchical Condition Categories (HCC) Coding Guide
- Transitional Care Management (TCM) Face-To-Face Visit Requirements
- Transitional Care Management (TCM) Interactive Contact Requirements
- Chronic Care Management (CCM) Care Plan Requirements
- Chronic Care Management Care Plan – Template
- Exclusive access to Office Hours series covering a range of Revenue Cycle Management topics specific to house calls

HCCI
HOME CENTERED CARE INSTITUTE

HCCIntelligence™ Revenue Cycle Management (RCM) - Office Hours Series

- Exclusive access for individuals who purchase the HCCIntelligence™ Premier Revenue Cycle Management or All-Access Bundle.
- Participation by industry leaders, including certified coders, practice managers, and providers experienced in house calls.
- Series topics to cover key aspects of Revenue Cycle Management.
- Kickoff in February 2024

HCCI
HOME CENTERED CARE INSTITUTE

HCCIntelligence™ Resource Center

Hotline

Call 630.283.9222 or email
Help@HCCInstitute.org
9:00 am-5:00 pm (CST)
Monday through Friday

Webinars

HCCI hosts free and premium webinars on topics relevant to HBPC. Visit the HCCIntelligence™ Resource Center for upcoming dates and topics.

Tools and Tip Sheets

Downloadable tools, tip sheets, sample forms and how-to guides on a variety of HBPC topics.

The John A. Hartford Foundation

HCCIntelligence™ is funded in part by a grant from The John A. Hartford Foundation.

HCCI HOME CENTERED CARE INSTITUTE

HCCI™

HOME CENTERED CARE INSTITUTE