Annual Wellness Visits, Chronic Care Management, and a few Other Things

MARKERS FOR THE MAJOR CHANGES IN HEALTH CARE DELIVERY AND REIMBURSEMENT THAT ARE THE NEW REALITY

What They Are Currently Paying

- G0402---IPPE---$167.67
- G0403---ECG/Interp/Report---$17.06
- G0404---ECG Tracing only---$8.41
- G0405---ECG Interp/Report only---$8.65
- G0438---AWVI---$172.84
- G0439---AWVS---$116.58
- 99495---Transitional Care 8-14 days---$164.54
- 99496---Transitional Care, Complex,7 days--$231.09
- 99490---Chronic Care Management---$42.91/month

A Quick Overview…

- Evidence Based Medicine;
- Quality Measures, HEDIS, PQRS, Leapfrog;
- Value and Value Based Payment for Medical Services;
- Medical Risk and Risk Based Payment for Medical Care;
- Chronic Conditions that Coexist;
- MCMXLVI

A Quick Overview…

- Patient Protection and Affordable Care Act (PPACA) 2010;
- Accountable Care;
- Care Coordination;

A Quick Overview…

- Wellness and Illness;
- Prevention and Treatment;

A Quick Review…

- Transitions of Care
- Chronic Care Management

Wellness and Illness

- CMS has 3 “Wellness Visit” Codes:
  - G 0402- “Welcome to Medicare Preventive Visit” or “Initial Preventive Physical Exam”, IPPE- only done once and must be done during first 12 months of Medicare Part B coverage;
  - G 0438- “Annual Wellness Visit”, AWV, initial- only done once in a lifetime; if the patient didn’t get an IPPE in the first 12 months of their Part B coverage, then this is done instead;
  - G 0439- “Annual Wellness Visit”, AWV, subsequent-can be done once every 12 months after the initial;

Wellness and Illness

- Well…sort of…
- There are 3 additional codes associated with the IPPE:
  - G0403—Screening ECG with Interpretation and report;
  - G0404—Screening ECG, tracing only;
  - G0405—Screening ECG, interpretation and report only

Wellness and Illness

- The required elements for the IPPE and the AWVI are quite different; AWVS is an update of the AWVI;
- ALL require a written or printed document that is presented to the patient outlining your recommendations for at least a year;
- Make sure you understand, complete, and document all elements for each code before you drop the bill.

Wellness and Illness

- There is no “Annual Illness Visit” as such…but there should be;
- There should be at least one comprehensive visit annually that documents all of the medical conditions that are being treated, and the treatment plan for each;
- This visit should be done on every patient to document the HCC risk score.

Transitions of Care

- CMS has 2 distinct codes for Transitional Care Management: 99495, and 99496…but they can be billed in 4 distinct scenarios (seriously!!)
  - Moderately complex decision making, visit within 7days of discharge: 99495;
  - Moderately complex decision making, visit within 8-14 days of discharge:99495;
  - Highly complex decision making, visit within 8-14 days of discharge: 99495
  - Highly complex decision making, visit within 7 days of discharge: 99496

Transitions of Care

- TCM services are a combination of non-F2F and F2F services;
- TCM services are sensitive to both when the services are supplied, and the complexity of the services provided;
- TCM services can only be billed once per episode, and by only one provider;
- The initial contact, at least by phone, has to take place within 2 business days of discharge.

Chronic Care Management

- Finally, payment for what everybody has been doing all along…well, at least a start;
- CCM can only be billed by one provider each month, and it's first come, first served;
- CCM cannot be billed in the same month that TCM services are billed;
- CCM is complex:
  - It requires formal patient consent and documentation of consent status;
  - It requires an Electronic Medical Record;
  - It requires detailed documentation of at least 20 minutes of non-F2F time by licensed clinical staff

The Triple Aim

- The CMS mantra for health care reform:
  - Better care for each patient;
  - Better health for the population;
  - Better cost;
- Care that is Evidence Based, Comprehensive, Coordinated, and Accessible;
- Care that is Patient Centered in design and delivery;
- Care that is both Cost and Resource Efficient;
- Care that offers Value to the patient, the provider, and the payer.

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Wellness and Illness

- For a complete description:

- https://www.cms.gov/outreach-and-education/outreach/npc/downloads/ippe-awv-faqs.pdf

- https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MPS_QRI_IPPE001a.pdf

- https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/IPPE_AWV_Call_Presentation.pdf