

The role of telehealth and other newer service CPT codes in patient centered care

CMS has added newer service codes including Principal Care Management (PCM), Cognitive service assessment and USPSTF recommended screening (G0513/G0514)

These services to a certain extent address cancer health disparities and improve access to care, help improve MIPS score, provide road to NCQA accreditation for PCSP, reduce hospitalization and readmission and improve patient experience

CMS has substantially increased fee schedule for some of these codes

(CCM, TCM)

These services will improve MIPS performance and add revenue to the practice

MACRA FINAL RULE- Quality Payment program (QPP)

Who is in QPP

- If you bill Medicare for >30k/yr or see > 100 Medicare Pts
- Physicians
- Physician assistants
- Nurse practitioners
- Clinical nurse specialists
- CRNA

What is at stake? Pick your pace

- No Quality report: - 4%
- Minimal reporting: 0 change
- 2022: Full implementation

Opportunities versus penalties \$\$

Average oncologist collect approximately \$4 million

Medicare would be (approximately \$2.7million; actual figures may vary based upon payers and demographics)

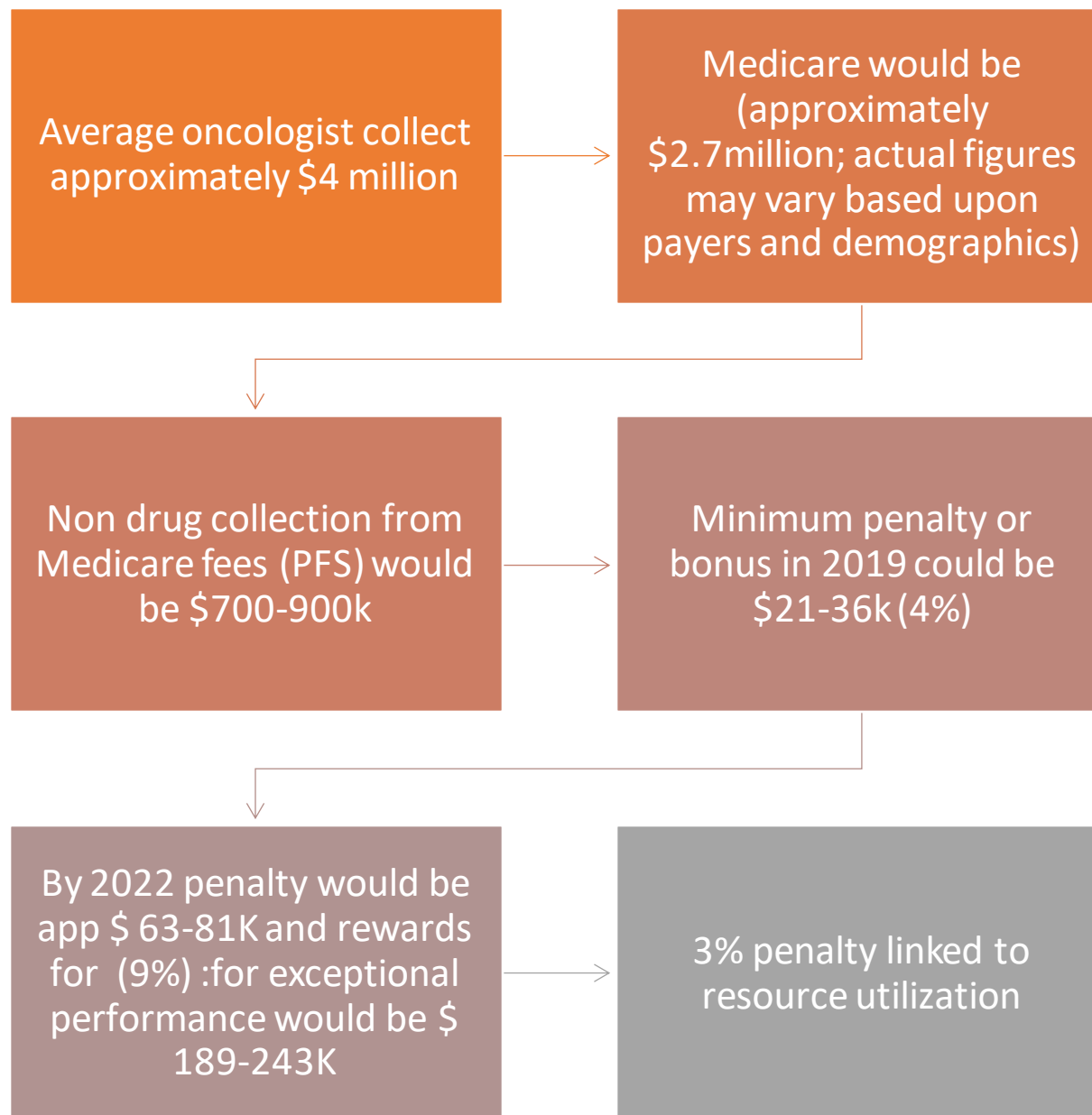
Non drug collection from Medicare fees (PFS) would be \$700-900k

Minimum penalty or bonus in 2019 could be \$21-36k (4%)

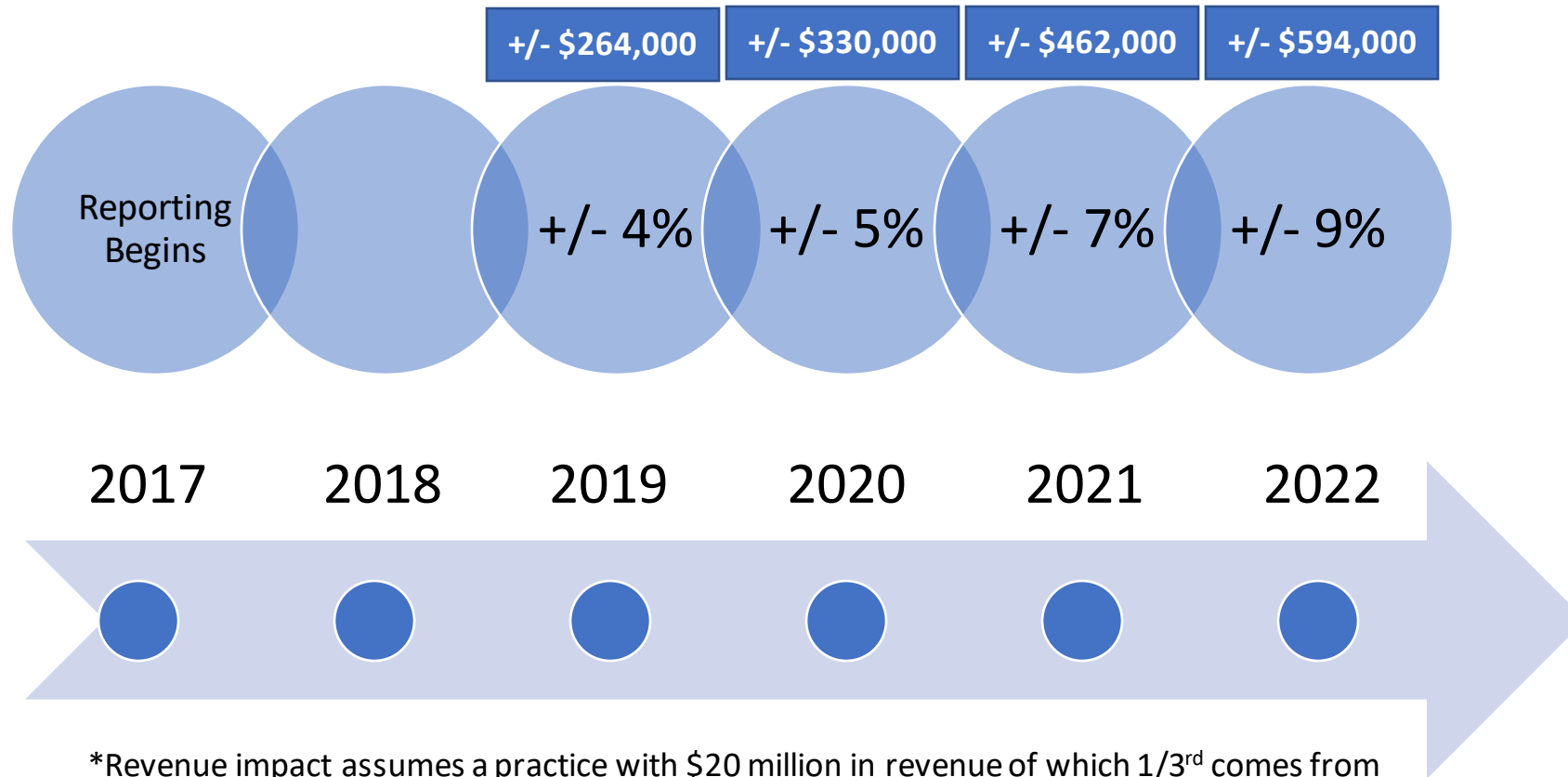
By 2022 penalty would be app \$ 63-81K and rewards for (9%) :for exceptional performance would be \$ 189-243K

3% penalty linked to resource utilization

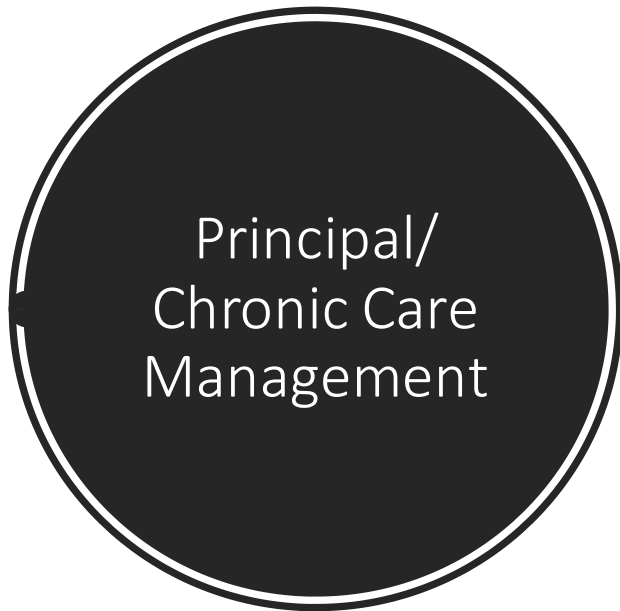
Opportunities versus penalties \$\$



QPP carries both high risk and high reward



*Revenue impact assumes a practice with \$20 million in revenue of which 1/3rd comes from E&M services



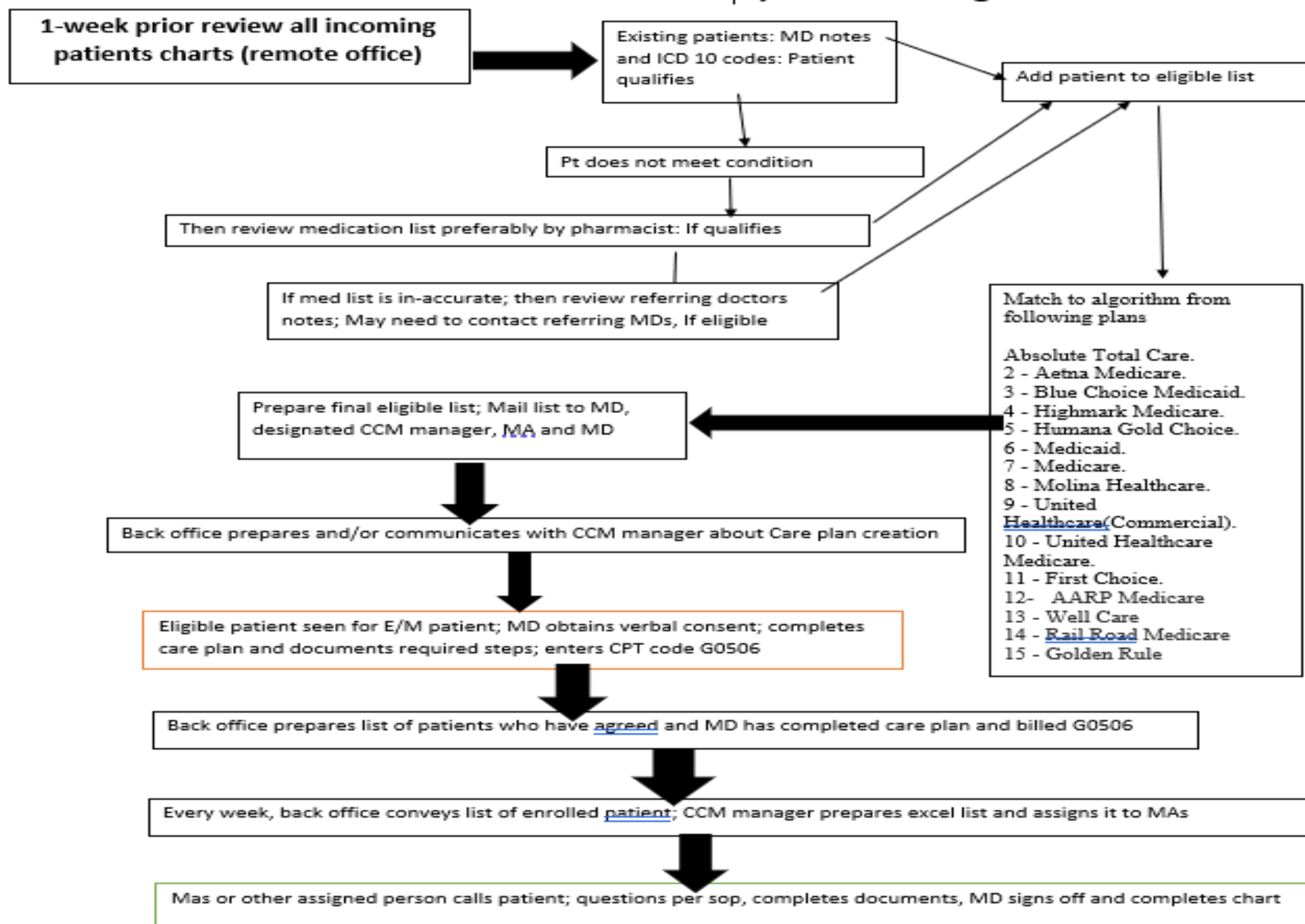
	CCM/PCM/Cognitive assessment/Screening assessment
CPT Code	<ul style="list-style-type: none"> • 99490 - “Chronic Care Management Service – 20 minutes” • G0506 – Initial Care Plan • 99487 – Chronic Care Management Service – 60 minutes • 99489 – CCM Beyond 60 minutes • 99491 – CCM call for over 30 minutes MD/NP/PA \$ 90 • G2064 – PCM 30 minutes \$92 (provider MD/NP/PA) • G2065 – PCM staff 30 minutes \$40 • 99483 – Cognitive assessment and care plan (\$265) • G0513/G0514 – USPSTF recommended screening - \$66 • 99483 – Cognitive service assessment \$283
Eligible Patients	<ul style="list-style-type: none"> • Medicare patients with multiple (2+) chronic conditions expected to last 12+ months (66% of Medicare Beneficiaries)
Requirement Components	<ul style="list-style-type: none"> • Comprehensive care plan/ • Monthly 30-minute conversation with patient (telephonic)
Reimbursement	<ul style="list-style-type: none"> • \$63 to \$140 per patient, per month for CCM. \$64 – For Initial care plan (one time per patient) • Non-physician practitioners can provide the service <ul style="list-style-type: none"> • Clinical Nurse Specialist • Nurse Practitioner • Physician Assistant
Outcomes	<ul style="list-style-type: none"> • Allows for pro-active approach to chronic care • Reduces hospitalizations/ER visits • Improves patient experience



Advanced Care Planning

CPT Code	<ul style="list-style-type: none">• 99497 – 16 to 46 minutes• 99498 – Beyond 46 minutes
Eligible Patients	<ul style="list-style-type: none">• All Medicare patients
Requirements fulfilled	<ul style="list-style-type: none">• Mandatory for OCM practices• Improves terminal patient care under IOM recommendations
Reimbursement	<ul style="list-style-type: none">• Up to \$155 per patient per year
Patient Satisfaction	<ul style="list-style-type: none">• Has had a very positive response from patients
Financials	<ul style="list-style-type: none">• Variable

Operationalizing CCM



Transitional Care Management

TCM	
CPT Code	<ul style="list-style-type: none">• 99495 - Transitional care management 14 day discharge• 99496 - Transitional care management 7 day discharge
Eligible Patients	<ul style="list-style-type: none">• Medicare patients recently discharged from hospital• End Stage Renal Disease patients excluded• Cannot bill both TCM and CCM for same beneficiary in same month
Requirement Components	<ul style="list-style-type: none">• Initiation of contact within 2 business days of discharge• Provide non face-to-face services to patient• Provide face-to-face services within 7 or 14 days of discharge
Reimbursement	<ul style="list-style-type: none">• \$209-281• Non-physician practitioners can provide the service<ul style="list-style-type: none">• Clinical Nurse Specialist• Nurse Practitioner• Physician Assistant
Outcomes	<ul style="list-style-type: none">• Allows for pro-active approach to chronic care• Reduces re-hospitalization risk• Improves MIPPS score

Revenue Implications of Non-e/m services

Service Line	Annual Impact (Per Patient)
CCM	\$696
TCM	Variable
ACP	\$155
Non Face to Face care	\$120
Cognitive service	\$283 (20% of patients)
Total	\$996 pp per year

This revenue is significantly high margin and has little-to-none capital expenditure.

Depending on patient population, oncologists could easily see over \$250,000 in additional revenue per provider between MIPS score and Care management

CPT		2021	2022
Code	Short Descriptor		
99424	PCM physician or NPP work first 30 min	90.37	83.41
99425	PCM physician or NPP work each add 30 min		59.44
99426	PCM clinical staff first 30 min	38.73	63.34
99427	PCM clinical staff each additional 30 min		48.45
99358	Prolonged services w/o contact	\$111.66	\$106
99483	Cognitive Assessment		\$283
99487	CCCM clinical staff first 60 min	91.77	134.29
99489	CCCM clinical staff each add 30 min	43.97	70.6
99490	CCM clinical staff first 20 min	41.17	64.03
99491	CCM physician or NPP work first 30 min	82.53	86.16
G0506	Comp assess care plan ccm svc	\$43.42	\$63.42
99495	Trans care mgmt 14 day disch		209.02
99496	Trans care mgmt 7 day disch	\$247.00	281.69
99497	Advncd care plan 30 min		85.48
99498	Advncd care plan addl 30 min		74.06
G0513	Prolong prev svcs, first 30m		65.75
G0514	Prolong prev svcs, addl 30m		65.75

CBCCA Projections for 2022 (monthly bases) - 8000 unique patients; 5 MDs, 4 APPs 1400 new patients; pretty much at Benchmark numbers per NPBM from ASCO

				CBCCA eilgible patients	Monthly Rev	Plans that will cover Care
CPT		2021	2022			
Code	Short Descriptor			Monthly		
99424	PCM physician or NPP work first 30 min	90.37	83.41	100	\$8,341	1 - Absolute Total Care.
99425	PCM physician or NPP work each add 30 min		59.44			2 - Aetna Medicare.
99426	PCM clinical staff first 30 min	38.73	63.34			3 - Blue Choice Medicaid.
99427	PCM clinical staff each additional 30 min		48.45			4 - Highmark Medicare.
99358	Prolonged services w/o contact	\$111.66	\$106			5 - Humana Gold Choice.
99483	Cognitive Assessment		\$283	100	\$28,300	6 - Medicaid.
99487	CCCM clinical staff first 60 min	91.77	134.29	50	\$6,714	7 - Medicare.
99489	CCCM clinical staff each add 30 min	43.97	70.6			8 - Molina Healthcare.
99490	CCM clinical staff first 20 min	41.17	64.03	500	\$32,000	9 - United Healthcare
99491	CCM physician or NPP work first 30 min	82.53	86.16	100	\$8,616.00	10 - United Healthcare Medicare
G0506	Comp assess care plan ccm svc	\$43.42	\$63.42	50	\$3,150	11 - First Choice.
99495	Trans care mgmt 14 day disch		209.02			12- AARP Medicare
99496	Trans care mgmt 7 day disch	\$247.00	281.69	100	\$28,169	13 - Well Care
99497	Advncd care plan 30 min		85.48	100	\$7,406	14 - Railroad Medicare
99498	Advncd care plan addl 30 min		74.06	100	\$7,406	15 - Golden Rule
G0513	Prolong prev svcs, first 30m		65.75	100	\$3,287	
G0514	Prolong prev svcs, addl 30m		65.75			
				Total Rev	\$133,389	

NON E/M CCM/PCM will help three criteria for “Patient Centered Care Center” accreditation

1

Access: Provide Access and Communication

- The practice provides timely access to culturally and linguistically appropriate team-based clinical advice and care that meets the needs of patients/families/caregivers

2

Track and Coordinate Referrals

- The practice coordinates patient care with primary care practices, referring clinicians and patients to ensure timely exchange of information resulting in improved care coordination and reduced frequency of repeat testing

3

Care Plan and Manage Care

- The practice collaborates with the referring clinician and the patient/family/caregiver to plan and manage care and provide self-care support

Non E/M &
cognitive
services
Summary

Revenue	<ul style="list-style-type: none"> • CCM, PCM, TCM, ACP, and prolonged non face to face care services result in additive gains that could be upwards of \$150k per oncologist
Additional Benefits	<ul style="list-style-type: none"> • Will assist in QPP reporting as various quality measures are included • Will assist in navigating to PCSP accreditation • Reduced re-hospitalizations (translates into higher performance buckets), better patient care • Number of these services can be provided by CMA, APPs and RNs • Address access to care component cancer health disparities
Patient Experience	<ul style="list-style-type: none"> • Improves quality of care and patient experience • Contributes to population health and reduces cost of care • Improves care for terminally ill patients
NCQAA	<ul style="list-style-type: none"> • Meets parts of NCQA/OMH Accreditation Requirements

Summary slide

The only programs that CMS has increased reimbursement is Chronic care management and increase is anywhere between 4% to 60%

These programs (CCM, TCM, ACP and Cognitive service assessment would improve several benchmarks in MIPS scores (like care coordination, Care improvement, reduced hospitalization, EOLC and referral tracking)

Would enable practice to get NCQA accreditation

Would improve patient experience and outcomes

Would add revenue anywhere from \$250k to \$300k per oncologists and shift priority away from NCR on chemo drugs