PRECISION FAQ FOR BILLING HRA & OTHER ASSESSMENTS THROUGH E-VISIT CODES

PRECISION HEALTHCARE TECHNOLOGY

WHAT IS THE PROGRAM?

The program consists of certain periodically required assessments delivered electronically to your patients. Their completion and submission allow them to begin the encounter. These assessments are designed to get relevant health information and engage with your patients in between visits, as well as getting updated contact information as part of the process.

HOW DOES THIS PROGRAM BENEFIT YOU AND YOUR PATIENTS?

From within the results of our AI-Embedded assessments, the provider receives directions to be used prior to the in-office visit while also allowing the patient to update their information including email and cell phone. This information is also helpful to identify patients to come into the office prior to the next scheduled visit, thus helping to minimize urgent care or ER visits potentially. A co-pay may apply.

WHAT IMPACT WILL THIS HAVE ON THE PRACTICE WORKFLOW?

The Program improves your workflow and patient flow which will result in better care and increased revenue. Patients with Moderate or High Risk Factors are asked to schedule an appointment with their provider, based on approved practice protocol.

HOW DOES THIS AFFECT PRACTICE REVENUE?

Increased billable events and will generate direct revenue for the practice. As noted above, there will also be indirect benefits in terms of generating more engagement, attribution for shared risk programs such as ACOs/Medicare Advantage, and thus more in-office visits as information is more routinely gained from the patient and medical necessities are addressed.

CAN I BILL THIS AS AN E-VISIT ENCOUNTER?

Yes, this can be billed under the following codes:
99421- On-line digital e/m svc 5-10 min Perfect for connecting to other needed services
99422- On-line digital e/m svc 11-20 min Great electronic version of CCM/RPM for ACOs
99423- On-line digital e/m svc 21 plus min Moderate or High-Risk patients, program CCM enrollments, informed consent for program enrollments.

WHAT ARE THE CMS RULES FOR BILLING AN E-VISIT?

Follow this link for CMS information:
https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

WHAT INFORMATION WILL I RECEIVE FROM PRECISION TO BILL AN ENCOUNTER?

Precision will send you a weekly or monthly report as you direct, showing the detailed encounter information that can be billed. This will include all patient demographics, a unique encounter ID and the total billable time along with the CPT code.

WHAT CPT CODE DO I BILL WITH?

Precision Health Technology will automatically identify the risk level based on patient responses in the Health Risk Assessment. We use and recommend billing following these guidelines:
High-Risk or Red- bill using code- 99423
Medium-Risk or Yellow- bill using code- 99422
Low-Risk or Green- bill using code- 99421
Reimbursement varies by state and payor source.

WHAT ELSE DO I NEED TO KNOW TO CORRECTLY BILL AN E-VISIT?

- Remember, these codes are based on time spent engaging patients through a portal, email, reviewing documentation, and information shared with the patient.
- You must review the HRA assessment and add it to your EHR prior to billing.
- Bill location is "Office".

Do not bill as a telemedicine visit or Modifier 95.
Bill utilizing ICD-10 Code Z13.89 or Z13.9

CAN PRECISION PROVIDE SERVICES TO ASSIST MY STAFF WITH BILLING?

Precision can provide services to triage and engage your patients through the portal, work with your billing staff to submit correctly, review denials and add support for re-billing. Please contact us for pricing for these services.

ADDITIONAL OPPORTUNITIES WITH THE INITIAL HEALTH RISK ASSESSMENT PATIENT ENGAGEMENT CONTACT

In addition to the e-visit charge, you will have an opportunity to generate a face to face or virtual visit for codes 99213,99214,99215.

RATIONALE & EXCEPTIONS

1. Our electronic visit codes were made permanent in 2021 as REWARDS to get providers to triage service types and staff needs BEFORE taking action to save on unnecessary visits and services.
2. Engage the entire patient population in a billable encounter to determine which patients are missing which services.
3. Copayments and Deductibles don't apply to preventive electronic assessments
4. Though we only expect to be paid on 30% of our codes, for compliance purposes if you didn't bill it then you didn't do it. We're OK with that for the greater good. Why does this matter?
5. Critical to Risk Stratification for RAF score, ensure required visits for moderate and high-risk patients, attribution for patient counts in shared risk programs like ACOs/Medicare Advantage.
6. Though we charge a compliant flat rate for service, you only pay when you are paid, and you are assured of a 50% net profit from our billable services. We handle this only this billing and collection segment for you within your process or system.
7. Typical denials that we expect are for ACO/Medicare Advantage, New Patients, and patients seeing you within seven days of a live visit. NOTE – You need attribution counts credit on the ACO/Medicare Advantage, and the latter two are especially important for you to have this data. We OK doing the service for no money to help you better treat your patients.