

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



✓ 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

99422- On-line digital e/m svc 11-20 min

99423- On-line digital e/m svc 21 plus min

✓ 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.

6 new digital health CPT codes that you should know about

SEP 6, 2019

Kevin B. O'Reilly

Senior News Editor

Six new codes that are part of the 2020 Current Procedural Terminology (CPT®) code set will help physicians and others report a range of digital health services including electronic visits through secure patient portal messages.

The new codes are spurred by digital health tools that are growing in popularity, such as patient portals. These tools enable patients and physicians to connect asynchronously and outside of face-to-face settings, making it easier for patients with transportation and scheduling barriers to get questions answered and receive care.

The new CPT codes report online digital evaluation services, or e-visits. The codes describe patient-initiated digital communications provided by physicians or other qualified health professionals—codes 99421, 99422 and 99423. Three others describe similar interactions when they involve a nonphysician health professional—98970, 98971 and 98972.

Along with these six new, there are another 242 new CPT codes in the 2020 set approved by the CPT Editorial Panel, which considered broad input from physicians, medical specialty societies and the greater health care community. Two of these new codes also will enable patients to take part in their care while at home. Codes 99473 and 99474 have been added to support home blood-pressure monitoring that enables physicians to better diagnose and manage hypertension—and helps patients to take an active role in the process.

“With the advance of new technologies for e-visits and health monitoring, many patients are realizing the best access point for physician care is once again their home,” said AMA President Patrice A. Harris, MD, MA. “The new CPT codes will promote the integration of these home-based services that can be a significant part of a digital solution for expanding access to health care, preventing and managing chronic disease, and overcoming geographic and socioeconomic barriers to care.”

Along with the new codes, there are 71 deletions and 75 revisions in the 2020 code set. Here are some other notable changes.

Codes for health and behavior assessment and intervention services—96156, 96158, 96164, 96167, 96170, and add-on codes 96159, 96165, 96168, 96171. These codes replace six older codes to more accurately reflect current clinical practice that increasingly emphasizes interdisciplinary care coordination and teamwork with physicians in primary care and specialty settings.

Significant enhancement in the codes for reporting **long-term electroencephalographic (EEG) monitoring services**—95700–95726. Four older codes were deleted to make way for 23 new codes that provide better clarity around the services performed by a technologist and those performed by a physician or another qualified health care provider.

The new CPT category I codes are effective for reporting starting Jan. 1, 2020.

For a better understanding of the latest revisions to the CPT code set, rely on the new guide, *CPT® Changes 2020: An Insider's View*. The AMA is the authority to turn to when seeking an official interpretation and explanation for a CPT® code or guideline change.

Join the AMA's coding-and-documentation experts in Chicago, Nov. 19–22, for the Outpatient CDI Workshop & CPT and RBRVS 2020 Annual Symposium, to stay up to date on significant CPT code and relative value unit (RVU) changes for 2020. Arrive early to develop mastery of outpatient clinical documentation improvement (CDI) at the one-day workshop.

The 2020 CPT codes and descriptors can be imported straight into existing claims and billing software using the downloadable *CPT 2020 Data File*. The file contains the updated code set's complete descriptor package, including official descriptors for consumers and physicians, and the official CPT coding guidelines.

Editor's note: *This story was originally published with the headline, "6 new telehealth CPT codes that you should know about." Telehealth is a narrower term that specifically describes two-way audio visual interactions, and is encompassed under the broader framework of digital health.*

Actual Partial Bill Run - Detail on Next Tab		100 of a 606 Claim Run			
Encounters = 100	100	Different Payment Amounts			
\$60 - \$72 Paid	24 - 24%	1	\$72.00	3	\$216.00
\$40 - \$59 Paid	51 - 51%	2	\$66.47	10	\$664.70
\$25 - \$39 Paid	25 - 25%	3	\$65.06	7	\$455.42
	100 - 100%	4	\$61.58	2	\$123.16
Different Payment Amounts	45	5	\$61.47	1	\$61.47
Highest Payment	\$72.00	6	\$61.20	1	\$61.20
Lowest Payment	\$25.83	7	\$59.82	1	\$59.82
Average Payment	\$46.80	8	\$59.45	1	\$59.45
Patient Engagement Paid	\$4,680.10	9	\$56.47	1	\$56.47
High Risk Paid - 99423 (50) - Needs office visit + follow-up	\$9,000.00	10	\$53.18	1	\$53.18
Moderate Risk - 99424 (50) - Needs 1 virtual/office visit	\$4,500.00	11	\$52.34	1	\$52.34
Gross Revenue to Practice	\$18,180.10	12	\$52.00	1	\$52.00
Precision Cost	\$2,000.00	13	\$51.58	1	\$51.58
Net to Practice	\$16,180.10	14	\$51.47	1	\$51.47
Value/Patient	\$181.80	15	\$49.26	1	\$49.26
Cost/Patient	\$20.00	16	\$47.56	3	\$142.68
Net Profit/Patient	\$161.80	17	\$47.00	3	\$141.00
		18	\$46.61	2	\$93.22
		19	\$46.47	2	\$92.94
How We Are Paid		20	\$45.00	5	\$225.00
1-Precision is not paid from insurance claims payments.		21	\$42.01	2	\$84.02
2-Our compliant flat rate is \$20 per patient response.		22	\$42.00	2	\$84.00
3-We provide daily, weekly or monthly superbills to expedite your ability to be paid from insurance. We also guide and assist with claims adjudications.		23	\$41.47	1	\$41.47
		24	\$40.30	14	\$564.20
4-We don't invoice you for 60 days to allow you to bill and collect for our assessments and visits driven to your office via our schedule facilitation.		25	\$40.72	7	\$285.04
		26	\$40.50	1	\$40.50
		27	\$38.94	4	\$155.76
5-The assessments themselves are not billable, only the encounters where they are contained.		28	\$37.20	1	\$37.20
		29	\$36.58	1	\$36.58
6-Follow up visits are driven by medical necessity and we do not share in that revenue. A Moderate Risk Patient requires a virtual or live visit. A High Risk Patient requires an office visit and a follow up.		30	\$35.83	2	\$71.66
		31	\$33.94	1	\$33.94
		32	\$33.91	1	\$33.91
		33	\$33.61	1	\$33.61
7-No charge for ACO/MA programs registered with us. We charge only \$2 for those patients not registered.		34	\$33.34	1	\$33.34
		35	\$32.58	1	\$32.58
8-Providers are required to take these actions to be compliant. Now you get paid to do so.		36	\$31.58	1	\$31.58
		37	\$31.51	1	\$31.51
9-We conservatively quote \$12,100 in revenue to the practice for each 100 patient responses for a cost of \$2,000		38	\$30.01	1	\$30.01
		39	\$29.76	3	\$89.28
10-To learn more go to Precision Healthcare Technology here		40	\$29.28	1	\$29.28
		41	\$29.25	1	\$29.25
To see how you're viewed in the eyes of payers and signup go here to PVBM Health		42	\$29.16	1	\$29.16
		43	\$27.56	1	\$27.56
		44	\$26.47	1	\$26.47
		45	\$25.83	1	\$25.83

\$4,680.10