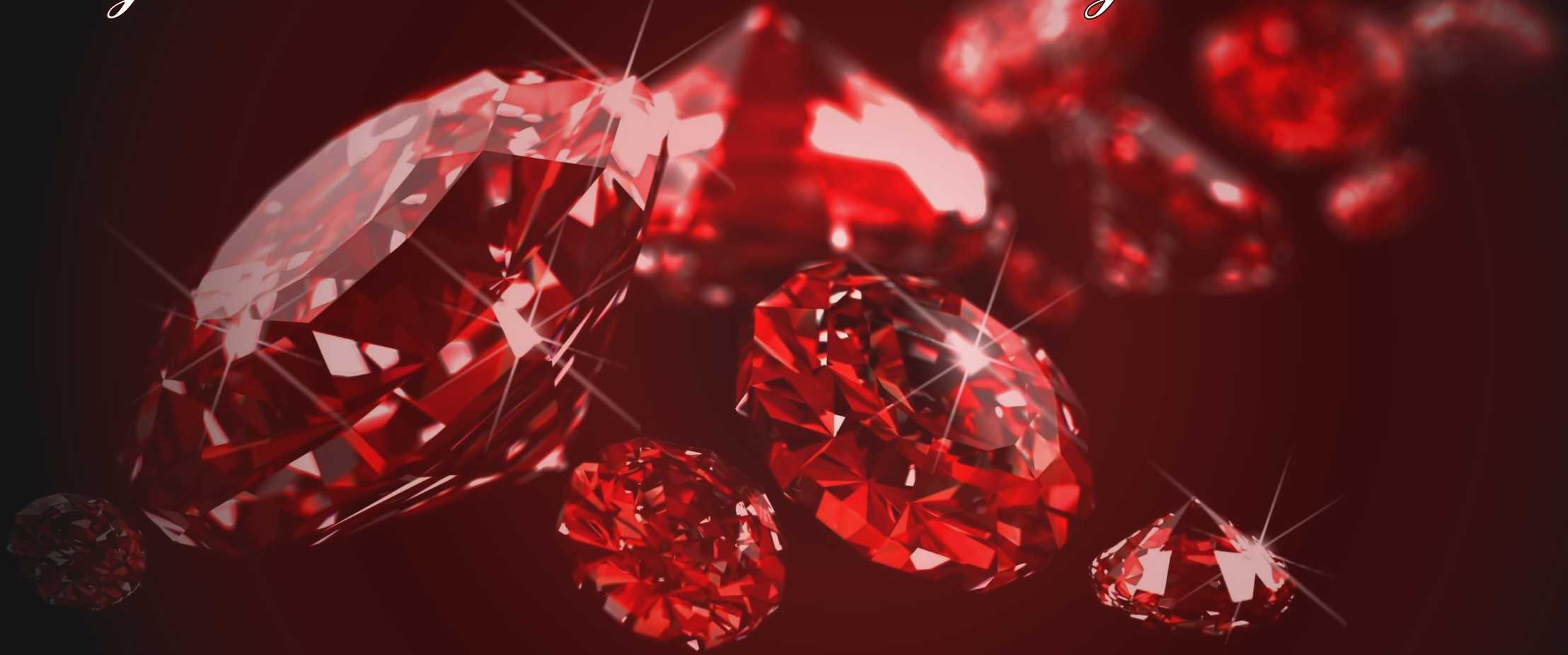



*Revenue Excellence:
Can you Endure the HIM Challenges?*



AHIMA 2019 | Chicago



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AHIMA-Approved ICD-10-CM/PCS Trainer

The Challenges



2020 Inpatient Prospective
Payment System (IPPS)
Final Rule

Proposed & Final Code
Changes



Social Determinants of
Health (SDOH)

Definition, Impact, Coding



Telehealth Services

Coverage Expansion,
Payment, Coding



Risk Adjustment

Hierarchical Condition
Categories (HCCs)

FY 2020 IPPS Final vs. Proposed Rule

Table 6A-6J.2

- 6A New Diagnosis Codes (273)
- 6E Revised Diagnosis Code Titles (30)
- 6I.1 Additions to MCC List (5)
- 6I.2 Deletions to MCC List (0)
 - *Proposed Deletions to MCC list (153)*
- 6J.1 Additions to CC List (75)
 - *Proposed Additions to CC List (394)*
- 6J.2 Deletions to CC List (5)
 - *Proposed Deletions to CC List (1159)*

FY 2020 IPPS Final Rule

New code additions to CC List

- **I48.11, Longstanding persistent atrial fibrillation** - is persistent and continuous and last longer than one year.
- **I48.19, Other persistent atrial fibrillation** - often requires pharmacological or electrical cardioversion and does not stop within a week.
- **I48.20, Chronic atrial fibrillation, unspecified**
- **I48.21, Permanent atrial fibrillation** - is longstanding persistent atrial fibrillation which cardioversion is not indicated or contraindicated.

Social Determinants of Health (SDOH)

Where We Work...Where We Live...Where We Play

Economic Stability

- ❖ Low income
- ❖ Poverty

Employment & Working Conditions

- ❖ Stressful work schedule
- ❖ Physical and mental strain related to work

Social Supports

- ❖ 40% of clinical outcomes are determined by social and economic factors such as welfare support

Access to Health Services

- ❖ 10% of clinical outcomes are attributed to the physical environment, such as transportation and housing

Social Determinants of Health (SDOH)

Is there a code for that?

- Z56.0 Unemployment, unspecified
- Z59.0 Homelessness
- Z59.1 Inadequate housing
- Z59.4 Lack of adequate food and safe drinking water
- Z59.5 Extreme poverty
- Z59.6 Low income
- Z59.7 Insufficient social insurance and welfare support
- Z59.8 Other problems related to housing and economic circumstances
- Z59.9 Problem related to housing and economic circumstances, unspecified

Social Determinants of Health (SDOH)

Ask pertinent questions during registration

- Does the patient have transportation to and from the facility?
- Does the patient's work schedule permit them access to care during business hours?

Assure that all Social Determinants of Health are being captured and reported

- Update EHR drop downs
- Update standard questions being asked on registration



It is acceptable to capture social determinants of health based on information documented by other clinicians or nonphysicians involved in the care of the patient. These categories of codes represent persons with potential health hazards related to socioeconomic and psychosocial circumstances, represent social information, rather than medical diagnoses

Coding Clinic for ICD-10-CM/PCS, First Quarter 2018: Page 18

Telehealth Services Update

Coverage Dependent on:

➤ State

- 29 states and D.C. require private payers to reimburse for telemedicine

➤ Practice

➤ Services

- Approved CPT and HCPCS codes
- Modifier -95 applied

➤ Third-Party Payer – policy dependent

- BCBS
- Aetna
- Cigna
- United Healthcare

➤ Charge the patient directly and forgo reimbursement from a third-party

- \$30 – 75 per visit
- In-network providers for patient's insurance must sign a waiver agreeing not to use insurance for telemedicine visits

Telehealth Services Update

Medicare

- Reimburses for telehealth services offered by a healthcare provider at a Distant Site, to a Medicare beneficiary (the patient) at an Originating Site.
- Requires originating site to be in HPSA (Health Professional Shortage Area)
- Types of originating sites authorized by law are:
 - Physicians or practitioner offices
 - Hospitals
 - Critical Access Hospitals (CAH)
 - Rural Health Clinics
 - Federally Qualified Health Centers (FQHCs)
 - Hospital-based or CAH-based Renal Dialysis centers
 - Skilled Nursing Facilities (SNF)
 - Community Mental Health Centers (CMHC)
- Patient required to be in HPSA

Reference: MLN Booklet ICN 901705 January 2019

Telehealth Services Update

Medicare

- Pays the originating site a facility fee, as reimbursement for hosting the telemedicine visit.
 - CPT Code - Q3014 - Telehealth Originating Site Facility Fee
 - With place of service (POS) code 02

Medicaid

- Based on Medicaid telemedicine reimbursement by state

Reference: MLN Booklet ICN 901705 January 2019

Telehealth Coding

Coding Requirement

Only certain CPT and HCPCS codes are eligible for telemedicine reimbursement

★Telemedicine. The star symbol indicates that the code may be used to report synchronous (real-time) telemedicine services, when modifier-95 is appended. Some services that are typically performed face-to-face may be rendered via a synchronous (real-time) interactive audio and video telecommunications system

Telehealth Coding

Coding Requirement

Modifier -95, Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System, is appended to a code when a real-time interaction occurs between a physician and/or other qualified health care professional, and a patient who is located at a distant site from the physician and/or other qualified health care professional.

Telehealth Coding

Coding Requirement

The totality of the communication of information exchanged between the physician and/or other qualified health care professional, and the patient during the course of the synchronous telemedicine service must be of an amount and nature that would be sufficient to meet the key components and/or requirements of the same service when rendered via a face-to-face interaction.

Telehealth Coding

Coding Requirement

The services listed in Appendix P can be performed as face-to-face services or as real time synchronous telemedicine services. Modifier -95 may only be appended to the services listed in Appendix P when a real-time synchronous telemedicine service is provided.

Risk Adjustments/ HCCs

Documentation for HCC's should....

- ✓ Be Derived from approved source
 - Hospital Inpatient
 - Hospital Outpatient
 - ED and Ambulatory Surgery
 - Physician Office
- ✓ Be from an approved clinician
- ✓ Be Face-to-Face by and approved Clinician

Note: Telemedicine is considered Face-to-Face

- ✓ Use only standard abbreviations

HCC Documentation

Should contain:

- **Date of service**
- **Patient Name**
- **An additional patient identifier on every page**
- **Provider signature and their credentials**

Should be supported by the MEAT criteria:

- **Monitored - e.g., checking hgbA1C regarding diabetic control**
- **Evaluated - e.g., checking urine albumin or BUN/Cr to rule out diabetic nephropathy**
- **Assessed – e.g., noting whether diabetes controlled or uncontrolled**
- **Treated – e.g., changing from oral agents to insulin**

HCC Documentation

Should contain:

- ✓ **Chronicity of the condition**
- ✓ **Severity and stage of the condition**
- ✓ **Documentation of any associated conditions or complications and the relationship to the underlying chronic condition**

Risk Adjustment

Conditions carrying risks often overlooked:

- Any stoma
 - Ileostomy, colostomy
- Any amputation status
- Dependence on ventilator
- Dependence on dialysis
- Transplants status
- Intentional self-harm
- Rheumatoid arthritis

ENSURE

HIM is Included in Organization's Discussion of:
• SDOH • Telehealth • Risk Adjustment •

EDUCATE

Your HIM Team on Regulatory Updates & New Initiatives

UPDATE

Your Physician Query Library

INCLUDE

Billing Staff in Team Education

• Billing CPT/HCPCS Codes • Appropriate Modifiers • Payer Rules •

GET INVOLVED

Provider Education Planning

CONSIDER

Vendor Support for New Initiatives
(Ask HRS!)



How to Endure the Challenges





Coding Support

Facility, Physician, HCC, Telehealth, Backlog, PRN, Full Outsource

Quality Review

Concurrent, Monthly, Quarterly, Annual, MS-DRG with Executive Reporting

Training & Education

Targeted Webinars, Coder & Physician Lunch & Learns, Integrated program with Quality Review

Clinical Documentation Improvement

Assessments, Inpatient, Outpatient, Physician Engagement, Revenue Integrity Best-Practice

Strategic Consulting

HCC Assignment Review, Risk Adjustment Strategy, Edit Reconciliation, EHR Consulting



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