

SOUTHERN SLEEP SOCIETY 39TH ANNUAL MEETING

SOUTHERN SLEEP SOCIETY TECHNOLOGIST COURSE - 2017

Using Education Codes Effectively and Legally in Clinical Sleep Education

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Health Care = Acronyms

CPT – Current Procedural Terminology

E/M – Evaluation and Management

eRx – Electronic Prescribing

HCPCS – Healthcare Common Procedure Coding System

ICD-10 – International Classification of Diseases (10th Edition)

MAC – Medicare Administrative Contractor

PQRS – Physician Quality Reporting System

SGR – Sustainable Growth Rate

MPFS – Medicare Physician Fee Schedule

OPPS – Outpatient Prospective Payment System

Health Care Reform and Integration of Sleep Professionals

- The Patient and Protection Affordable Care Act (ACA) changed how health care is provided and reimbursed.
- Accountable Care Organizations (ACO).
- Integration of the role of sleep professionals in the provision of health care.
- Importance of patient education.

Changing Landscape —→ Education & Sleep Medicine

- The Board of Registered Polysomnographic Technologists (BRPT) established the Clinical Sleep Educator (CSE) Program and the Certification in Clinical Sleep Health (CCSH) credential.
- * With increasing utilization of HST, sleep professionals are transitioning their skills in the Sleep Center to provide more patient education.

Billing Codes For Sleep Technologists Educators

Can these codes be used effectively and legally?

- 98960
- 98961
- 98962
- 99490

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- 98960

CPT Code Definition:

education & training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient

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- 98961 – 2-4 patients

CPT Code Definition:

education & training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; (98960)

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- 98962 – 5-8 patients

CPT Code Definition:

education & training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; (98960)

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- 99490

CPT Code Definition:

- CPT 99490 Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements:
- Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient;
- Chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline;
- Comprehensive care plan established, implemented, revised, or monitored

* *New Code* —→ *Effective January 1, 2015*

Examples of Chronic Conditions

- Alzheimer's disease and related dementia
- Arthritis (osteoarthritis and rheumatoid)
- Asthma
- Atrial fibrillation
- Autism spectrum disorders
- Cancer
- Cardiovascular Disease
- Chronic Obstructive Pulmonary Disease
- Depression
- Diabetes
- Hypertension
- Infectious diseases such as HIV/AIDS

Supervision —→ Medicare PFS

- General Supervision —→ not personally performed by the billing practitioner; overall direction.
 - Direct Supervision —→ in the office setting and the physician must be present in the office suite and immediately available to furnish assistance and direction.
 - Personal Supervision —→ a physician must be in attendance in the room during the performance of the procedure.
- * “Incident to” billing —→ appropriate for services provided to a patient already seen by the physician and there is a plan of care. Direct supervision is required for “incident to” billing.

Fiscal Intermediary

First Coast Service Options (First Coast) has recently seen a large number of Part A outpatient claim errors for current procedural terminology (CPT®) codes 98960, 98961 and 98962. First Coast reminds Providers that professional services paid under the Medicare Physician Fee Schedule (MPFS) for these codes are bundled or not valid for Medicare purposes. The Center for Medicare & Medicaid Services (CMS) published relative values units (RVU) as a courtesy, since many private payors use this methodology when establishing their payment rates.

Telemedicine

Can your Sleep Center bill for telemedicine services, including consults, follow-up encounters?

- * Coverage of telemedicine services is payor specific and regulated by State law.
- * Medicare covers services provided using telemedicine for patients in health care professional shortage areas (HPSAs).
- * Sleep centers billing for services provided via telemedicine should use the code typically used if the service is provided face-to-face.
- * A modifier is added to the code to indicate that the service was provided by telemedicine.
- * Modifier “GT” indicates that the service was provided by telemedicine.

Reimbursement & Codes for Clinical Sleep Education

Key: Know the coverage, contracting, coding, and reimbursement requirements of payors before providing services and submitting claims.

- * Who are the payors?
 - Medicare/Medicaid/government programs
 - Commercial insurance
 - Private pay
- * What is the appropriate place of service for billing?
- * What should the Sleep Center do if the claim is denied?

Reimbursement & Codes

Coverage

- CMS issues National Coverage Determinations (NCDs).
- Local Medicare contractors, e.g., First Coast, issue Local Coverage Determinations (LCDs).
- Carrier policies can be found on the payor's websites. For example, BCBS, Aetna, and Cigna have posted their payment policies online.

Contracting

- Payor agreements between payors and providers govern codes and covered services and reimbursement rates.
- Check In-Network v. Out-Of-Network status and payment rates.

Reimbursement & Codes

Coding

- Does the payor require a HCPCS or CPT code on the claim form?
- How is the coding selected and documented?

Reimbursement

- What Fee Schedule is applicable?
- Does the PFS apply?
- Is the Sleep Center considered to be In-Network or Out-Of-Network?

Keys to Getting Reimbursed for Clinical Sleep Education

- Identify correct code for the provision of educational and patient care services to be provided.
- Before providing services and billing, review forms regarding ICD-10 (diagnosis codes) and CPT (services and procedures codes) to ensure compliance.
- Identify the appropriate sleep professional for the provision of clinical sleep education.
- Make sure there are physician order(s) for all clinical education and clinical services.
- Create concise and detailed documentation for clinical sleep education.
- Frequently review documentation and billing practices and reimbursement trends.

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