



MEDICAL
REVENUE CYCLE
SPECIALISTS



Billing and Revenue Cycle for Telehealth Using SDOH Z Codes and Telemedicine to Increase Revenue

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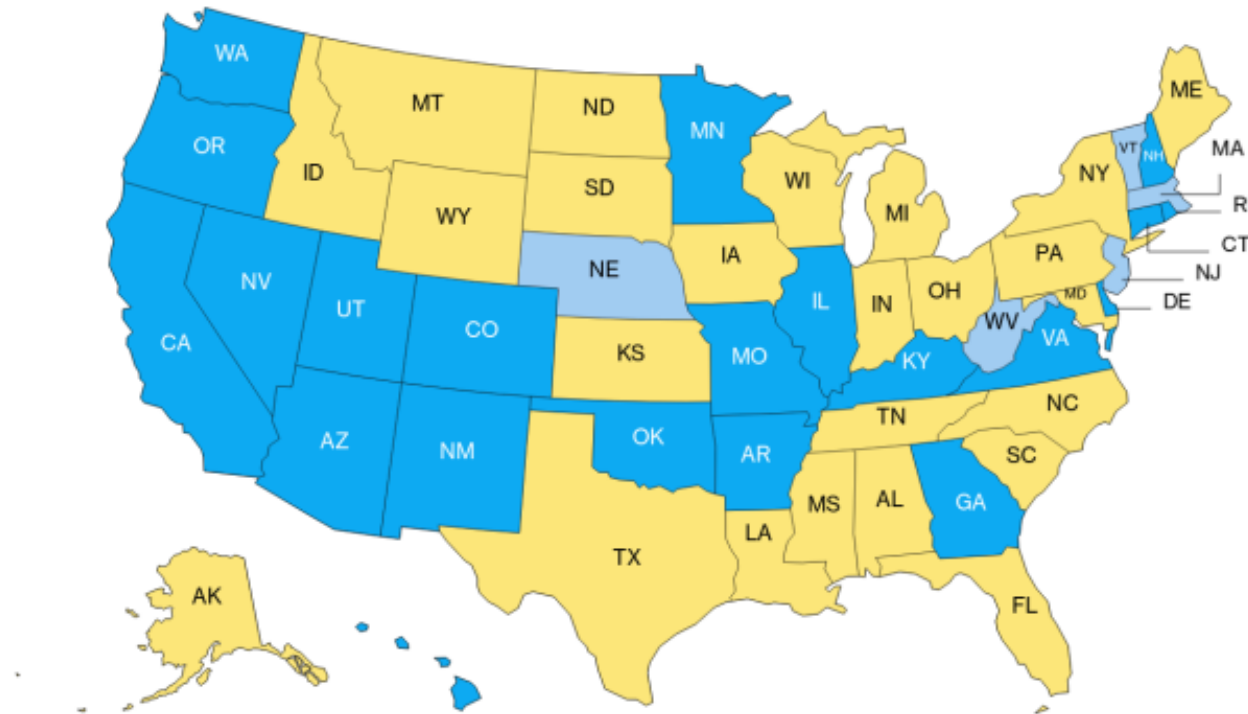
Boyd Mark
Program Director, SETRC

Telehealth Billing Rules Extended to December 31, 2024 (and beyond...?)

End of Year Priority	Extended (or not)	Anticipated Date of Expiration
First Dollar Coverage of Telehealth Under HDHP-HSAs	YES	December 2024
Extending the Medicare Telehealth Flexibilities <ul style="list-style-type: none"> • Geographic and originating sites flexibilities • Expanded eligible practitioners • FQHC and RHC telehealth coverage and reimbursement • Eliminate or delay the in-person telemental health requirement • Furnish audio-only telehealth 	YES	December 2024
Acute Hospital Care at Home Program	YES	December 2024
Waive In-Person Requirement in the Ryan Haight Act	NO	End of PHE
Telehealth as an Excepted Benefit	NO	End of PHE

Telehealth Parity by State

- Payment parity implemented
- Payment parity with restrictions or time limits
- No payment parity



Source: Manatt

Bloomberg Law

CMS Projects Strong Telehealth Growth

- Anticipate significant expansion of focus on telehealth and digital equity by Feds (CMS, HRSA, ONC, others)
- Telehealth increasingly seen as a key *component* of improving digital health and health equity
- CMS spending on telehealth – and synergistic enablers – will accelerate dramatically
- Likely focus of resources toward specific modalities and use cases to optimize investment and outcomes

	2019	2030	Increase
Medicare	\$794	\$1,367	1.7
Medicaid	\$613	\$1,201	2.0
Total CMS	\$1,407	\$2,568	1.8
Telehealth	\$14	\$642	45.6
Other Payers	\$2,400	\$4,000	1.7
Total U.S.	\$3,807	\$6,568	1.7



United States Core Data for Interoperability
DRAFT VERSION 4 (JANUARY 2023)

New Data Classes and Elements in Draft USCDI v4

Allergies and Intolerances <ul style="list-style-type: none"> Substance (non-medication) 	Encounter Information <ul style="list-style-type: none"> Encounter identifier 	<p style="background-color: #fff9c4; padding: 2px;">New Data Class</p> Facility Information <ul style="list-style-type: none"> Facility identifier Facility type Facility name
Goals <ul style="list-style-type: none"> Treatment intervention preference Care experience preference 	Health Status Assessments <ul style="list-style-type: none"> Alcohol use Substance use Physical activity 	Laboratory <ul style="list-style-type: none"> Result unit of measure Result reference range Result interpretation Specimen source site Specimen identifier Specimen condition and disposition
Medications <ul style="list-style-type: none"> Medication instructions Medication adherence 	Procedures <ul style="list-style-type: none"> Time of procedure 	Vital Signs <ul style="list-style-type: none"> Average blood pressure

Draft USCDI v4 Summary of Data Classes and Data Elements

Allergies and Intolerances

- Substance (Medication)
- Substance (Drug Class)
- Substance (Non-Medication) *
- Reaction

Care Team Member(s)

- Care Team Member Name
- Care Team Member Identifier
- Care Team Member Role
- Care Team Member Location
- Care Team Member Telecom

Clinical Notes

- Consultation Note
- Discharge Summary Note
- History & Physical
- Procedure Note
- Progress Note

Diagnostic Imaging

- Diagnostic Imaging Test
- Diagnostic Imaging Report

Encounter Information

- Encounter Identifier *
- Encounter Type
- Encounter Diagnosis
- Encounter Time
- Encounter Location
- Encounter Disposition

Facility Information *

- Facility Identifier *
- Facility Type *
- Facility Name *

Goals

- Patient Goals
- SDOH Goals
- Treatment Intervention Preference *
- Care Experience Preference *

Health Insurance Information

- Coverage Status
- Coverage Type
- Relationship to Subscriber
- Member Identifier
- Subscriber Identifier
- Group Number
- Payer Identifier

Health Status Assessment ^Δ

- Health Concerns
- Functional Status
- Disability Status
- Mental/Cognitive Status
- Pregnancy Status
- Alcohol Use *
- Substance Use *
- Physical Activity *
- SDOH Assessment ^Δ
- Smoking Status

Immunizations

- Immunizations

Laboratory

- Tests
- Values/Results
- Specimen Type
- Result Status
- Result Unit of Measure *
- Result Reference Range *
- Result Interpretation *
- Specimen Source Site *
- Specimen Identifier *
- Specimen Condition and Disposition *

Medical Device ^Δ

- Unique Device Identifier - Implantable ^Δ

Medications

- Medications
- Dose
- Dose Unit of Measure
- Indication
- Fill Status
- Medication Instructions *
- Medication Adherence *

Patient Demographics /Information

- First Name
- Last Name
- Middle Name (Including middle initial)
- Name Suffix
- Previous Name
- Date of Birth
- Date of Death
- Race
- Ethnicity
- Tribal Affiliation

Patient Demographics (cont.)

- Sex
- Sexual Orientation
- Gender Identity
- Preferred Language
- Current Address
- Previous Address
- Phone Number
- Phone Number Type
- Email Address
- Related Person's Name
- Relationship Type
- Occupation
- Occupation Industry

Patient Summary and Plan ^Δ

- Assessment and Plan of Treatment

Problems

- Problems
- SDOH Problems/Health Concerns
- Date of Diagnosis
- Date of Resolution

Procedures

- Procedures
- Time of Procedure *
- SDOH Interventions
- Reason for Referral

Provenance

- Author Organization
- Author Time Stamp

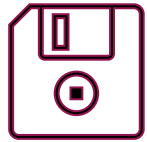
Vital Signs

- Systolic Blood Pressure
- Diastolic Blood Pressure
- Average Blood Pressure *
- Heart Rate
- Respiratory Rate
- Body Temperature
- Body Height
- Body Weight
- Pulse Oximetry
- Inhaled Oxygen Concentration
- BMI Percentile (2 - 20 years)
- Weight-for-length Percentile (Birth - 24 Months)
- Head Occipital-frontal Circumference Percentile (Birth- 36 Months)

Key: * New Data Class or Element | ^Δ Changed Data Class or Element Name | ^Δ Data Element Reclassified

SDOH Data Collection Within the Revenue Cycle

Based on information from **your data**



KQR

Based on information from **the patient**



Pre-Visit Services

Based on information from **the payer**



Receipt of Payment

Based on information from **the provider**

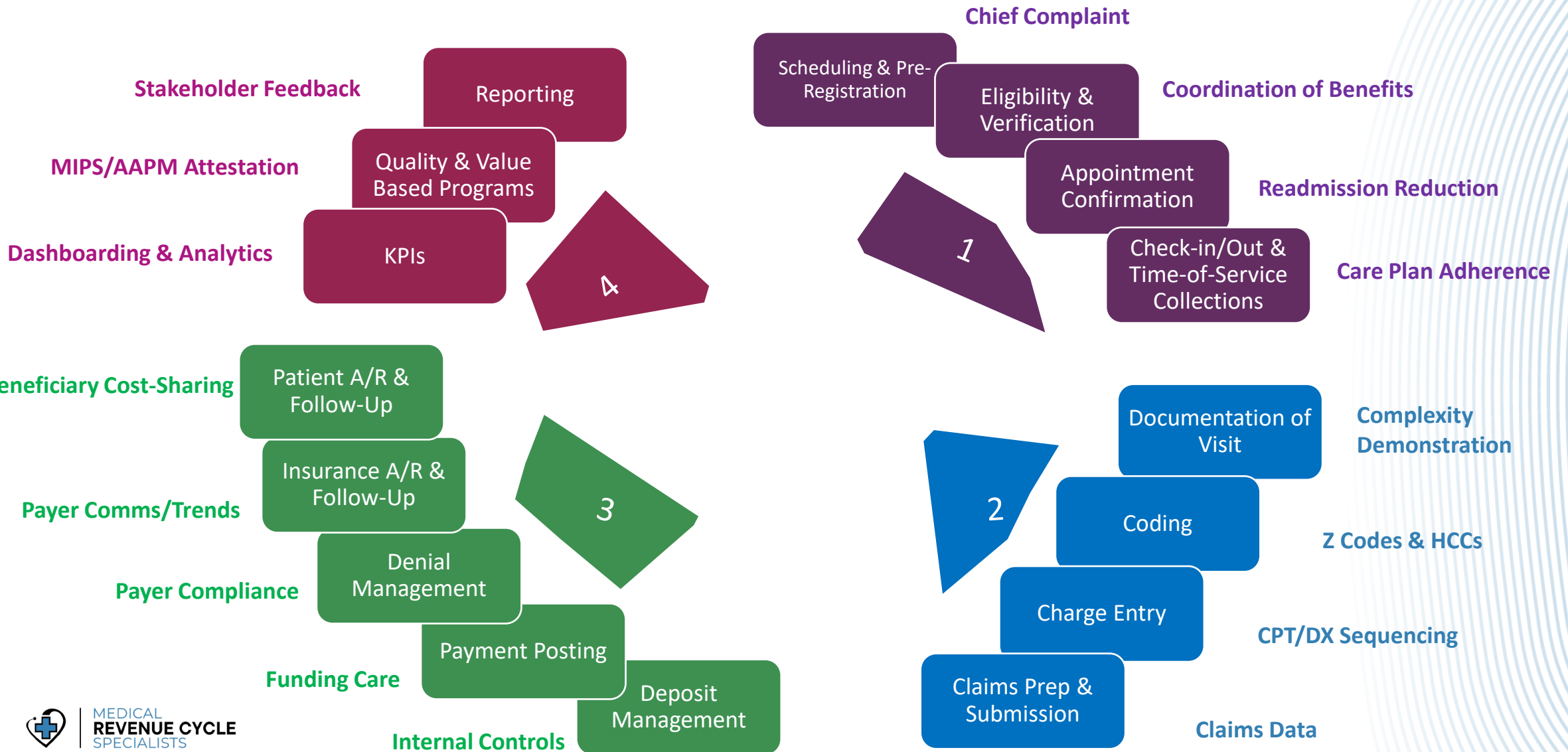


Claims Prep

Revenue Cycle Components



SDOH RCM Impacts



SDOH Documentation Case Study

A 50-year-old woman with breast cancer is currently receiving chemotherapy and experiencing serious side effects. The patient is also caring for her 80-year-old father with dementia, who lives with her. The patient is experiencing a significant amount of stress regarding her father's care while undergoing treatment.

- 1. Since the patient indicated the **source of her stress is related to the care of her father**, see “problems” in the index of the ICD-10/CM which lists “care of sick or handicapped person in family or household (**Z63.6**).*
- 2. Go to chapter 21 in the ICD-10 CM manual- “**Factors influencing health status and contact with health services (Z00-Z99)**.”*
- 3. The codes related to SDOH can be found in “**Persons with potential health hazards related to socioeconomic and psychosocial circumstances**” (**Z55-Z65**).*
- 4. Under **Z63**, it is verified that in this circumstance the most specific code that is appropriate would be “**Z63.6 Dependent relative needing care at home**.”*

Z Code Categories for SDOH

This is a list of Z Code (ICD-10-CM Diagnosis code) categories for “**Persons with potential health hazards related to socioeconomic and psychosocial circumstances.**” Always code to the highest level of specificity.

- Z55- Problems related to education and literacy
- Z56- Problems related to employment and unemployment
- Z57- Occupational exposure to risk factors
- Z58- Problems related to physical environment
- Z59- Problems related to housing and economic circumstances
- Z60- Problems related to social environment
- Z62- Problems related to upbringing
- Z63- Other problems related to primary support group, including family circumstances
- Z64- Problems related to certain psychosocial circumstances
- Z65- Problems related to other psychosocial circumstances

ICD-10-CM SDOH Browser:

<https://icd10cmtool.cdc.gov/?fy=FY2023&query=z55>

Demonstrating Risk through Z Code Utilization

Risk Adjustment Defined

A methodology used to estimate expected healthcare costs per beneficiary

Utilizes beneficiary demographics, Medicaid eligibility and health status

Weighs illnesses by severity using a scoring methodology

Leverages Diagnosis codes to estimate risk

Risk Adjustment Sequence

Payer Estimates HC Cost

Provider documents Patient Health Status

Selection of "Z" ICD-10-CM Code

Assignment of Hierarchical Condition Category

Assignment of Risk Adjustment Factor

Payment of HC Expenses

Risk Adjustment Factor Scoring & Pricing

Instances in which co-morbidities or multiple conditions are not documented will lower a beneficiaries Risk Adjustment Factor (RAF)

82 year old male	.561
Low Back Pain (no HCC)	0.00
Total Score	.561

82 year old male	.561
Low Back Pain (no HCC)	0.00
CHF	.323
Total Score	.884

82 year old male	.561
Low Back Pain (no HCC)	0.00
CKD stage 5	.237
CHF	.323
Total Score	1.121

Calculating The Risk Score & Projected Expenditures

Individual scores/weights are assigned to patient and then added together to calculate the total risk adjustment factor (RAF) score.

Risk adjustment factor (RAF)	RAF score	Expected Annual Expenditure
Male 75 to 79 years old	1.062	\$9,611
HCC 86, Acute myocardial infarction	0.282	\$2,552
HCC 111, Chronic obstructive pulmonary disease	0.355	\$3,213
HCC 137, Renal failure stage IV	0.230	\$2,082
Totals	1.929	<u>\$17,457</u>

Payer Ratings Impacted by Provider Documentation

Star Ratings, sometimes called "quality ratings", grade Part C plans on several key areas:

1. Whether or not plan members stayed healthy.
2. How well chronic conditions have been cared for.
3. How members rank their plan.
4. Whether any issues were found with the plan, including access to care.
5. How satisfied plan members are with their customer service.



The infographic features five orange stars on a light blue background, each with a number in a dark blue circle. Below each star is a white box containing a description of a key area. The background is decorated with small, light blue stars. At the bottom center, there is a logo for HealthCare.com.

How can Healthcare Providers Demonstrate Risk?

Avoid unspecified
diagnosis codes

Validate illness severity
and risk of mortality

Follow Medical Decision
Making Guidelines

Append Z codes as
secondary diagnosis
codes

How can Technology Help Healthcare Providers?

Collaborate with Provider
Community and Workforce on
Technology Programing

Incorporate reimbursement and
regulatory consideration with
Technology Implementation

Incorporate Technology
Implementation with unique
healthcare organizational needs

Conclusion and Q & A

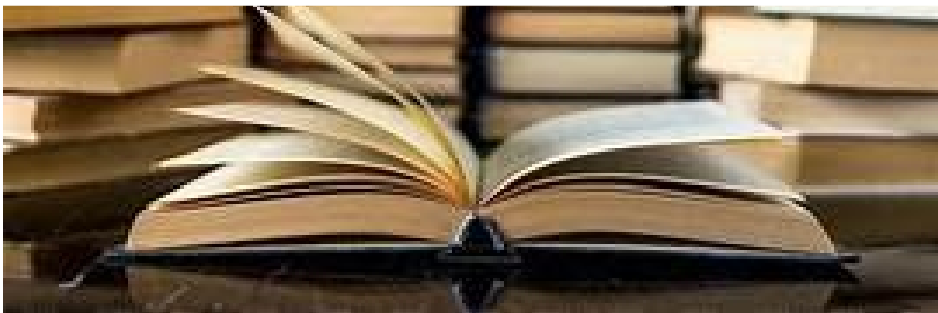
- Leverage Telemedicine technology to improve patient engagement and care delivery**
- Map SDOH impacts to RCM sections to improve technology optimization and healthcare workflows**
- Employ clinical documentation improvement (CDI) and patient querying to paint an accurate picture of complexity**
- Sustain telehealth payment parity with Z code utilization**

Resource Alert

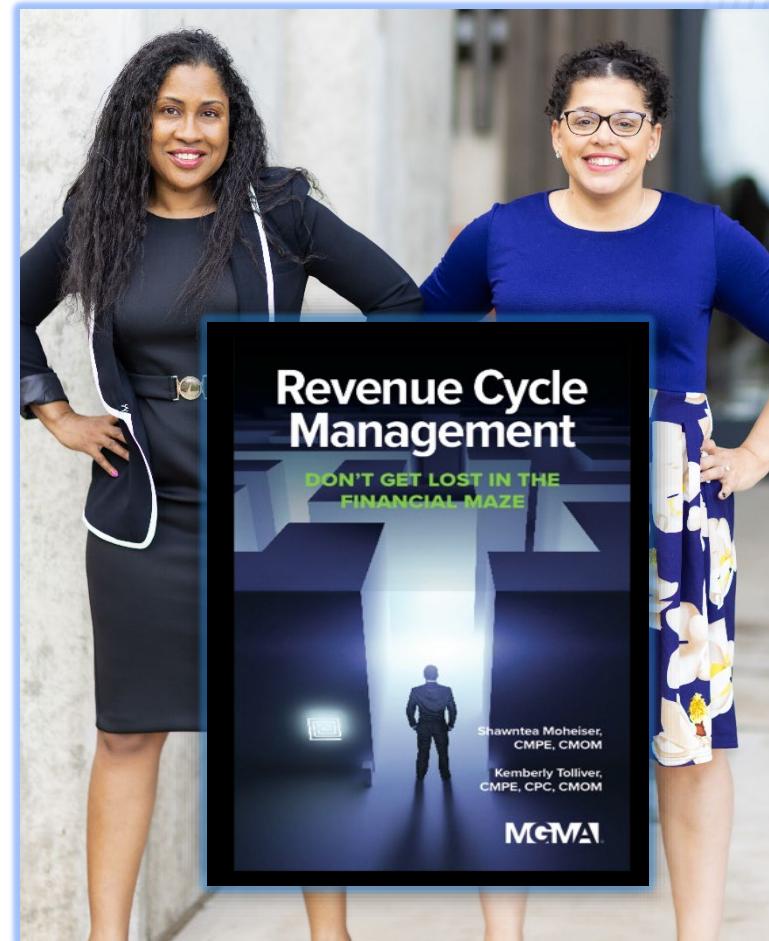
Host of the
“Slice of
Healthcare”
Podcast



NEW BOOK COMING FALL 2023
Advanced Strategy for Medical Practice
Leaders: Financial Management Edition



Author of MGMA's
Revenue Cycle Management
Don't Get Lost in the Financial Maze





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Thank You & Let's Stay Connected



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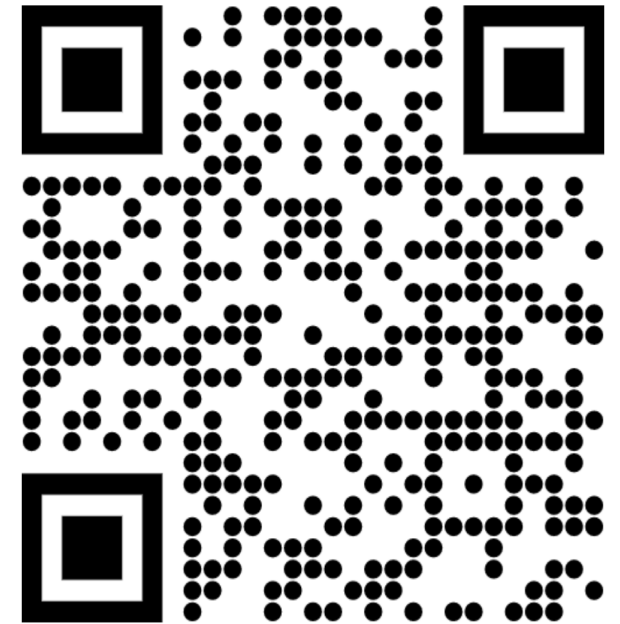


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Questions About Today's Program?

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