Lincoln Reimbursement Solutions

The Path To Payment
How to Ensure Payment for Your Care Delivery

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About the Presenters

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Objectives

1. Insurance Contracts
2. The Importance of Your EMR
3. Coding For Your Skilled Care
4. Billing & Getting Paid for Your Skilled Care
5. Measuring & Tracking Success in These Areas

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Insurance Contracts

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Insurance Contracts

- ○ Establishing contracts/renegotiating contracts

- ○ Understanding of plans of choice in your area

- ○ Do you have a niche? Does your clinic have specialty equipment, or do you have a certification that allows you to specialize in a certain treatment method?

- ○ Your location

- ○ Know your worth and do not settle! Advocate for your practice, our profession and the importance of the specialty services you can provide.

- ○ Utilize outcomes, quality measures, net promoter scores, etc to prove your value to the insurances' beneficiaries.

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Why Your Software Matters

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Your software should do the following:

✓ **Authorizations/Benefit Max**

✓ **Payor holds for credentialing/contracting**

✓ **Specific documentation needs for specific payors**

✓ **CMS vs AMA 8-minute Rule**

✓ **E-stim CPT Code Rules**

✓ **NCCI Edits and proper modifiers**

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CMS vs AMA

✓ **CMS = Federally Funded =** 8 Minute Rule

✓ **AMA = Non-Medicare Insurances =** Substantial Portion Methodology/CPT Rule of 8's

✓ **8 Minute Rule**
- o Medicare's methodology considers the total time billed

✓ **Substantial Portion Methodology/CPT Rule of 8's**
- o AMA's methodology counts minutes by CPT codes billed
- o Unit of time is attained when the mid-point is passed
- o "Greater than 50% Rule" or "Greater than the Mid-Point"

✓ **Medicare & Non-Medicare Insurances**
- o Minutes can occur continuously OR in intervals

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CMS (8-Minute Rule)

8 - 22 minutes	1 unit
23 - 37 minutes	2 units
38 - 52 minutes	3 units
53 - 67 minutes	4 units
68 - 82 minutes	5 units
83 minutes	6 units

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CMS 8-Minute Rule Example

✓ **35 Minutes of TE (97110) + 7 Minutes of NM Re-ed (97112) = 40 Total Minutes**
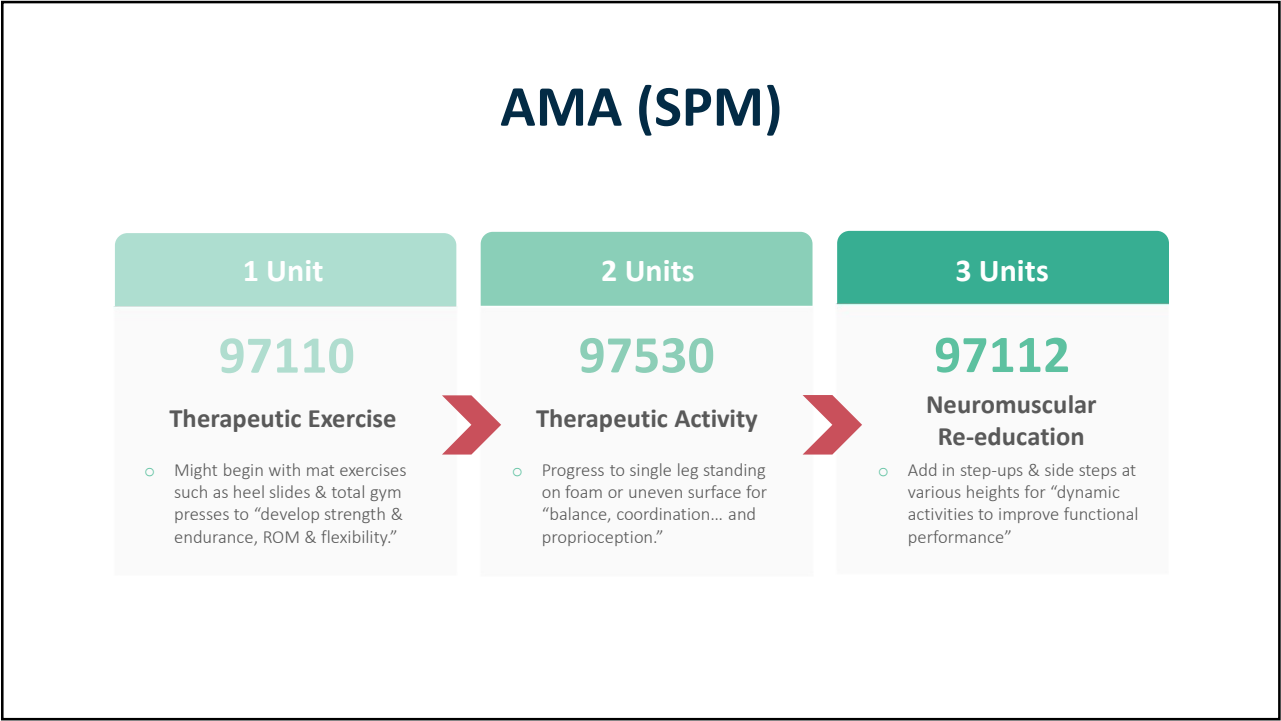
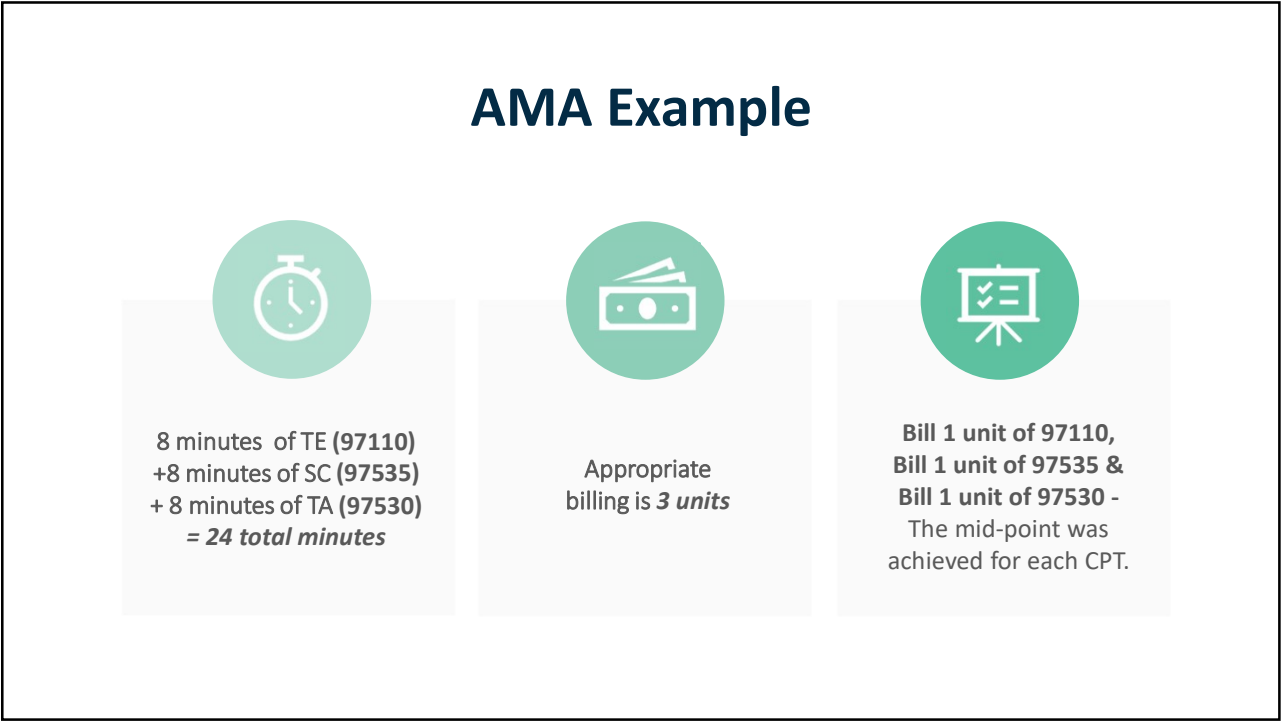✓ **Appropriate Billing for 42 Minutes is 3 Units**

✓ **Bills 2 Units oof 97110 & 1 Unit of 97112**
  - Count the first 30 minutes of 97110 as 2 full units
  - Compare the remaining time for 97110 (35-30 = 5 minutes) to the time spent on 97112 (7 minutes) and bill the code with more time, which is 97112 in this scenario.

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AMA (SPM)

1 Unit	2 Units	3 Units
97110	**97530**	**97112**
Therapeutic Exercise	**Therapeutic Activity**	**Neuromuscular Re-education**
o Might begin with mat exercises such as heel slides & total gym presses to "develop strength & endurance, ROM & flexibility."	o Progress to single leg standing on foam or uneven surface for "balance, coordination… and proprioception."	o Add in step-ups & side steps at various heights for "dynamic activities to improve functional performance"

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AMA Example

8 minutes of TE **(97110)**
+8 minutes of SC **(97535)**
+ 8 minutes of TA **(97530)**
= 24 total minutes

Appropriate
billing is *3 units*

Bill 1 unit of 97110,
Bill 1 unit of 97535 &
Bill 1 unit of 97530 -
The mid-point was
achieved for each CPT.

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Side by Side Comparison

AMA	CMS
8 Minute 97110	8 Minute 97110
8 Minute 97535	8 Minute 97535
8 Minute 97530	8 Minute 97530
Total Time = 24'	Total Time = 24'
Total Units = 3	Total Units = 2

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Side by Side Comparison

AMA	CMS
35 Minute 97110	35 Minute 97110
7 Minute 97112	7 Minute 97112
Total Time = 42'	Total Time = 42'
Total Units = 2	Total Units = 3
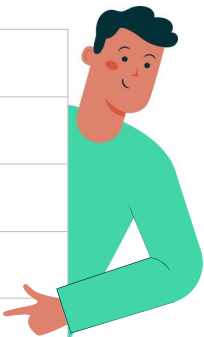
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NCCI Edits / Modifiers
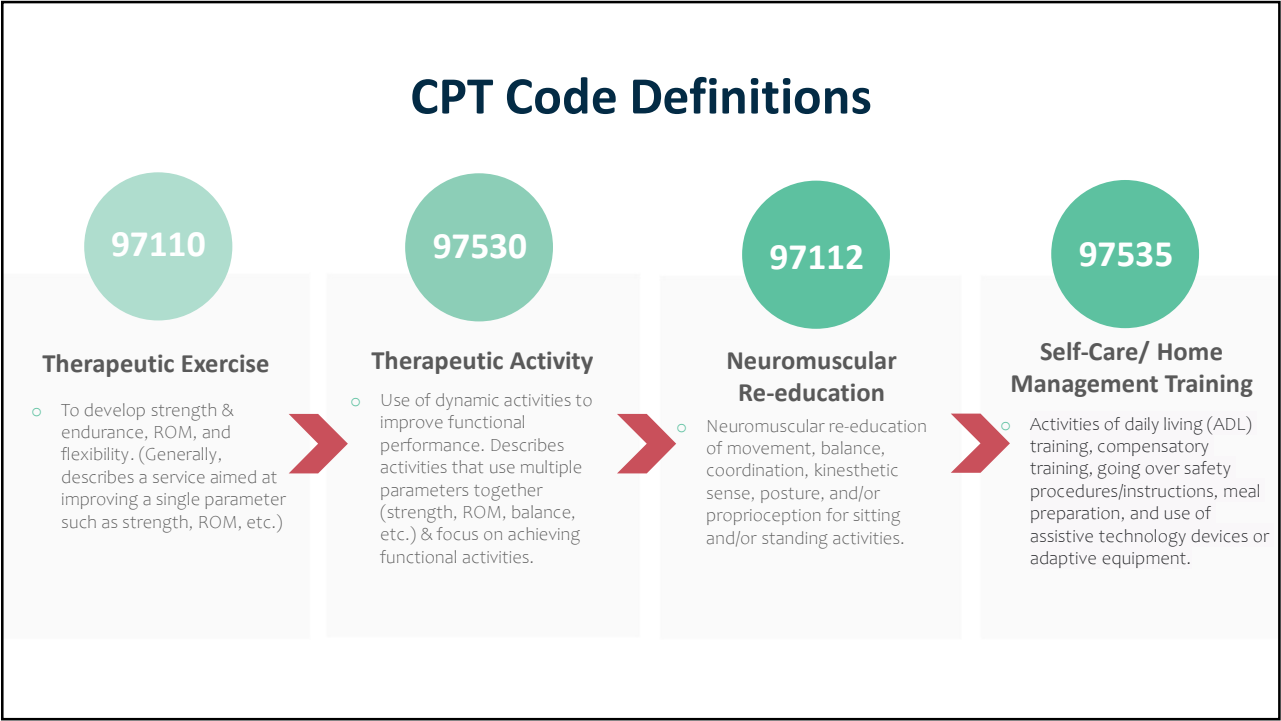
- NCCI edits are edits that are updated frequently
  - Promote correct coding and prevent improper payments by "bundling" component codes into the most inclusive code
  - 2020 and 2021 edits were changed several times and payors were all following separate rules
- Therapy Modifier
  - Sometimes required, sometimes not
- Telehealth modifier
- Assistant Modifiers

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Proper CPT Coding

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CPT Code Definitions

97110

Therapeutic Exercise

○ To develop strength & endurance, ROM, and flexibility. (Generally, describes a service aimed at improving a single parameter such as strength, ROM, etc.)

97530

Therapeutic Activity

○ Use of dynamic activities to improve functional performance. Describes activities that use multiple parameters together (strength, ROM, balance, etc.) & focus on achieving functional activities.

97112

Neuromuscular Re-education

○ Neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities.

97535

Self-Care/ Home Management Training

○ Activities of daily living (ADL) training, compensatory training, going over safety procedures/instructions, meal preparation, and use of assistive technology devices or adaptive equipment.

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Proper Coding

CPT Coding

○ Ask yourself, "what is the intent of my treatment?"

Don't get stuck in a rut!

○ Steer clear of repetition
○ Think FUNction
○ End goal in mind

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Code Advancement:
Shoulder Pain Example

97110

Therapeutic Exercise

o Might begin with scapular squeezes and doorway stretch to "develop strength & endurance, ROM & flexibility."

97530

Therapeutic Activity

o Advance to reaching overhead in all planes/diagonal patterns with resistance as a "dynamic activity to improve functional performance."

97535

Self-Care/Home Management

o Add reaching into cabinets to retrieve dishes to train in "activities of daily living and meal preparation."

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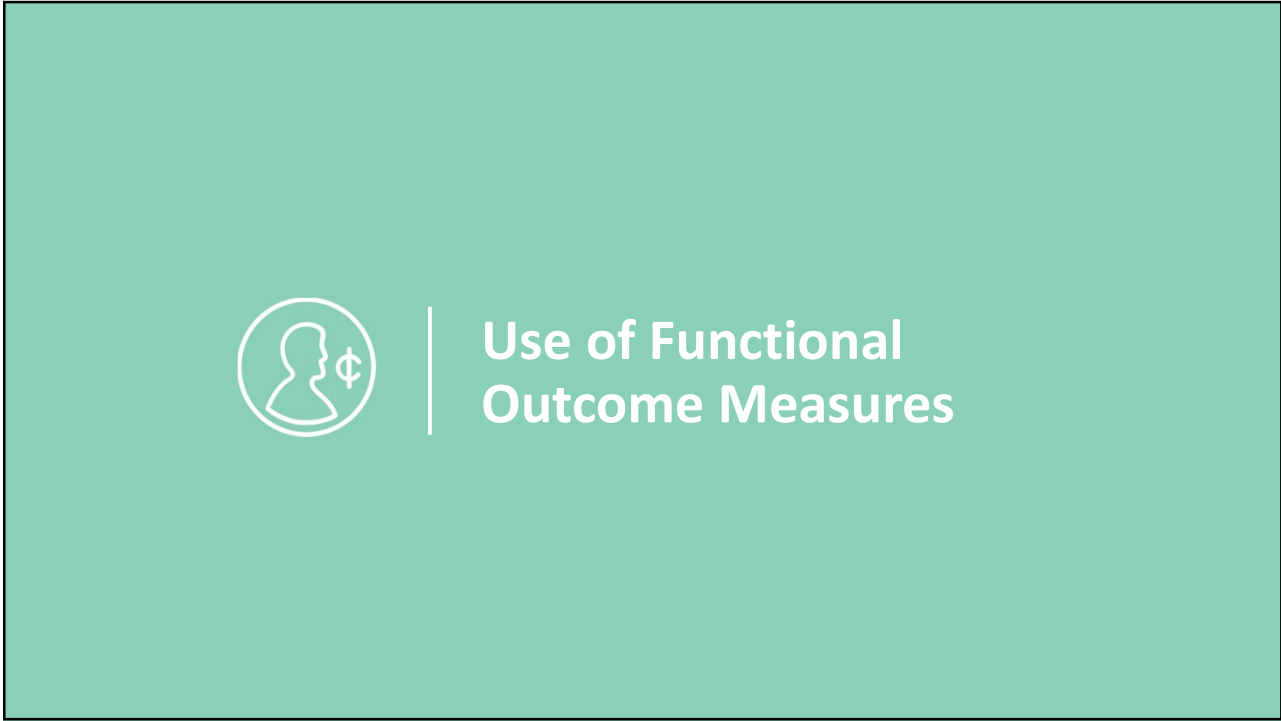## Functional Treatment Example

Neck/L Shoulder

Goals: Patient will be able to roll in bed with no disturbance from shoulder pain in 4 weeks.

o Patient will be able to drive with no cervical pain in 4 weeks for 45 min.
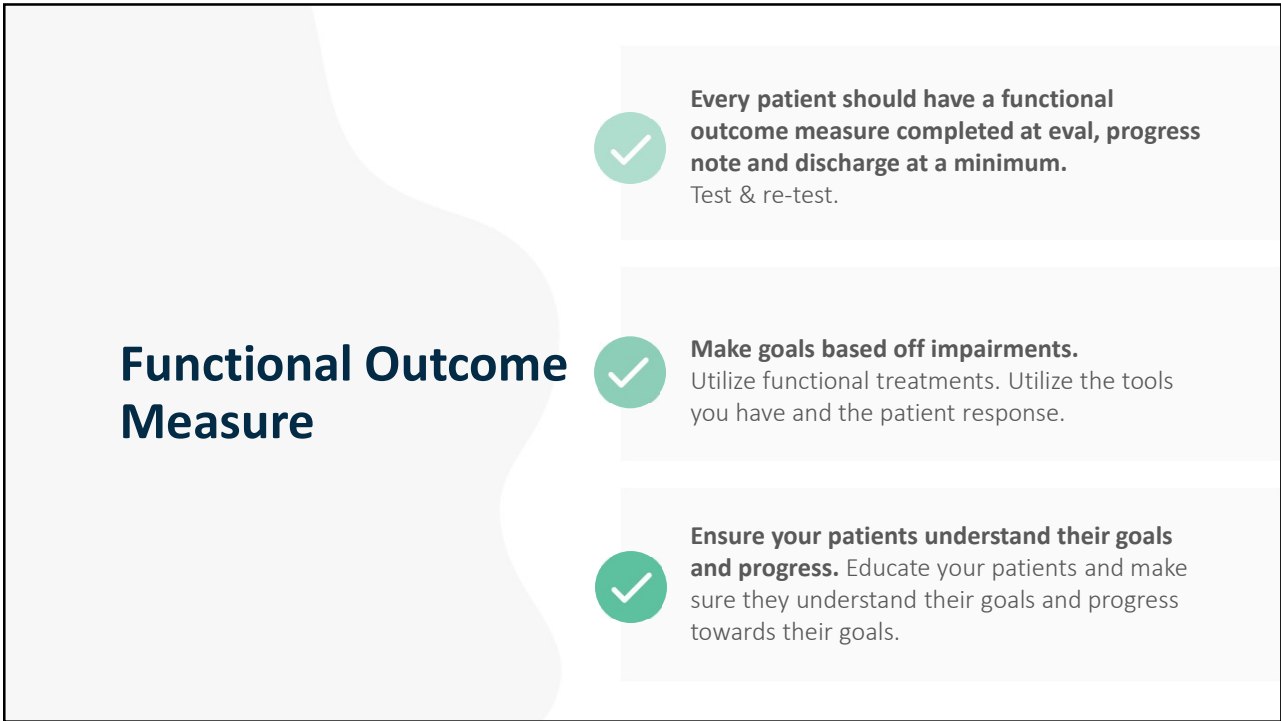o Patient will be able to lift 10-pound box to head height with no pain in 4 weeks.

Functional Treatment Example:
97530 Therapeutic Activity

o Patient educated on lifting technique using 10-pound box for "dynamic activities to improve functional performance" at work.

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Use of Functional Outcome Measures

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Functional Outcome Measure

✓ **Every patient should have a functional outcome measure completed at eval, progress note and discharge at a minimum.** Test & re-test.

✓ **Make goals based off impairments.** Utilize functional treatments. Utilize the tools you have and the patient response.

✓ **Ensure your patients understand their goals and progress.** Educate your patients and make sure they understand their goals and progress towards their goals.

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Functional Outcome Measure
LEFS

	Activity	Extreme Difficulty/ Unable to Perform	Quite a Bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty
1	Any of your usual work, housework, or school activities.	0	1	2	3	4
2	Your usual hobbies, recreational or sporting activities.	0	1	2	3	4
3	Getting into or out of your bath.	0	1	2	3	4
4	Walking between rooms.	0	1	2	3	4
5	Putting on your shoes or socks.	0	1	2	3	4
6	Squatting.	0	1	2	3	4
7	Lifting an object, like a bag of groceries from the floor.	0	1	2	3	4
8	Performing light activities around your home.	0	1	2	3	4
9	Performing heavy activities around your home.	0	1	2	3	4
10	Getting into or out of a car.	0	1	2	3	4
11	Walking 2 blocks.	0	1	2	3	4
12	Walking a mile.	0	1	2	3	4
13	Going up or down 10 stairs (about 1 flight of stairs).	0	1	2	3	4
14	Standing for 1 hour.	0	1	2	3	4
15	Sitting for 1 hour.	0	1	2	3	4
16	Running on even ground.	0	1	2	3	4
17	Running on uneven ground.	0	1	2	3	4

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Functional Outcome Measure

PT Patient Example:

- **Diagnosis:** Pain in L hip
- **Functional Outcome Measure Used:** Lower Extremity Functional Scale (LEFS)
- **Score:** 6/80
- Patient has extreme difficulty with most tasks including: getting in and out of the bath, squatting, lifting an object (like a bag of groceries from the floor), walking 2 blocks, walking a mile, going up and down a flight of stairs, etc.
- Address these functional deficits with either 1) A goal for overall LEFS score improvement AND address with functional therapeutic activities OR 2) Ask the patient which of the following are most important to them and make specific goals from the impairments noted on the LEFS.
  - **Example:** Patient to lift a bag of groceries from the floor pain-free with proper technique to improve functional performance during lifting tasks at home.

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Functional Outcome Measure

Utilize the functional outcome measure to your advantage in patient success.

AVOID having the patient complete a questionnaire just as a procedure and then do nothing with their response.

Use this in your treatment. Use this to educate your patient and ensure success. Use this to create FUNctional treatments and meaningful patient success while advancing in treatment and CPT coding.

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Billing issues
with proper coding

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Bundling of Payments

- NCCI edit changes between 2020 and 2021
    - Often times, when two codes are billed together or two procedures are billed together, the insurance company will only pay for one of those codes and indicate on our remittance that the payment for the other code is "bundled" into the payment of another.
- Use documentation and modifiers to indicate that these services were delivered separately

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Commercial NCCI Edits / Changes

- CMS made the decision to retain the edits that were in effect prior to Jan 1, 2020 and delete the Jan 1, 2020 PTP edits
    - Made edits retro effective to Jan 1, 2020
- Cigna followed CMS decision and made effective Jan 1, 2021.

- Aetna followed CMS decision and made the edit deletions retroactively effective to Jan. 1, 2020. Aetna's policy is consistent with the CMS changes.
    - Aetna is completing an audit of claims back to Jan 1, 2020 – Aetna asks that provider do not resubmit these claims but that they will reprocess them.

- Humana followed CMS on the edits and will retroactively reprocess claims to Jan 2, 2020, but providers must resubmit their claims.

- Blues/Highmark plans have yet to make a statement.

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Appeals/Reprocessing Process

○ **Process varies by payer**

  ○ Typically insurance will deny or contractually adjust one line item on the remittance
    • Reconsideration with documentation to prove the service was provided separately and distinctly and ensure the modifier is appended to the claim

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Reimbursement Examples

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Blue Plan

SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED
		CLAIM CONTINUED FROM PREVIOUS PAGE			
0415 041521	2	97530	59GP	119.90	88.14
0415 041521	2	97140	GP	127.88	61.62
0415 041521	1	97110	GP	68.29	33.93
36.74 CLM STATUS 1	CLAIM TOTALS			316.07	183.69

Aetna

SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED
		CLAIM CONTINUED FROM PREVIOUS PAGE			
0706 070620 1	1	97530	GP59	49.00	13.00
0706 070620 2	1	97112	GP	45.00	16.75
0706 070620 3	1	97110	GP	42.00	8.38
0706 070620 4	1	97140	GP	45.00	21.03
	CLM STATUS 1	CLAIM TOTALS		181.00	59.16

CMS

0506 050621 11	1	97530	GP59	49.00	37.92
0506 050621 11	1	97110	GP	42.00	22.87
0506 050621 11	1	97140	GP	45.00	21.36

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How to Measure and Track Success

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KPIs to stay on top of

- **KPIs**
  - Reimbursement per visit
  - Reimbursement per CPT code
- **Coding audits & coding education**
  - Commonly used CPT codes
- **Software and payor updates**
- **Contractual adjustments**
  - Increasing
  - Decreasing
- **Overall paid percentage**
  - Break down per payor

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Questions?

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