



March 17, 2021

Provider Education Webinar

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Agenda



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<u>Topic</u>
Practice Management Best Practices
Telemedicine vs. Telephone Visits
Transitional Care Management (TCM) Documentation Requirements

Practice Management Best Practices

Tips for Improving your Practice



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1. Have Practice Managers in place.
2. Focus physician time on patient.
3. Improve patient flow- Have an efficient patient schedule avoiding scheduling gaps and stay on schedule.
4. Enhance communication materials in your office.
5. Confirm appointments
6. Collect co-payments prior to services rendered.
7. Eliminate overtime
8. Staffing strategies and hiring the right people for the right jobs.
9. Have excellent processes and procedures



The bottom line is that there is a good chance that your practices expenses are higher than they need to be and your revenue is lower than it should be.

Telemedicine vs. Telephone Visits

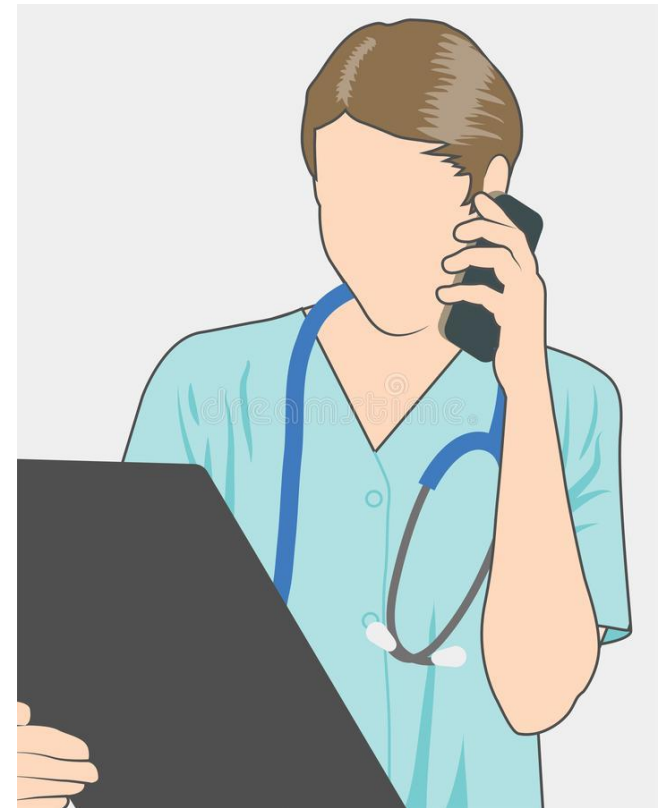
Telemedicine Visits

- An audio/ visual visit with the patient done via platforms like DOXY.ME, FaceTime, Skype, or your EMR.
- CPT codes billed- E/M codes 99202-99205(new patient) and 99212-99215(established patient)
- Able to perform AWVs, advance care planning, depression screening, alcohol screening, tobacco screening
- Place of service- 11(which is consistent with if services where performed in person)
- Modifier- 95 (informs payor that this was a telehealth visit)
- Documentation of chronic conditions are counted towards gap closures for RAF scores.



Telephone Visits

- A phone (audio only) visit when patient does not have technology to perform visual aspect of the visit.
- CPT codes billed- 99441-99443
- Place of service- 11
- No modifier required
- Able to perform AWWs, advance care planning, depression screening, alcohol screening, tobacco screening.
- Documentation of chronic conditions **do not** count towards RAF scores. Patient have to be brought in for a face-to-face or have and audio/visual visit to capture this conditions.



Transitional Care Management (TCM) Documentation Requirements

Let's talk documentation requirements....

Documentation includes evidence of the following components during the 30 days beginning on the date of discharge from an inpatient setting:

CPT 99495

- Communication (direct contact, telephone, electronic) with the patient and/or caregiver within two business days of discharge
- Medical decision making of at least moderate complexity during the service period
- Face-to-face visit, within 14 calendar days of discharge

CPT 99496

- Communication (direct contact, telephone, electronic) with the patient and/or caregiver within two business days of discharge
- Medical decision making of high complexity during the service period
- Face-to-face visit, within 7 calendar days of discharge



Thank you for Joining!