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Noridian Healthcare Solutions, LLC

IDAHO HEALTH CARE CONFERENCE: ROCKIN' HEALTHCARE WITH MEDICARE

Part B Provider Outreach and Education May and June 2024



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- [Noridian Medicare website](#)
- [CMS website](#)

AGENDA

- 2024 Medicare Physician Final Rule
- Evaluation and Management (E/M) Services
- Behavioral Health Services
- Social Determinant of Health (SDOH) Risk Assessment
- Community Health Integration (CHI) Services
- Principal Illness Navigation (PIN) Services
- Caregiver Training Services
- Reminders and Resources

***2024 MEDICARE PHYSICIAN
FINAL RULE***



CY 2024 PHYSICIAN FEE SCHEDULE

- Effective March 9 – Consolidated Appropriations Act (CAA), 2024, Conversion Factor (CF) updated by 2.93 percent
 - For dates of service March 9 through December 31, 2024
 - Two 2024 CF based on dates of service
 - March 9 – December 31 = \$33.29
 - January 1 – March 8 = \$32.74
 - Replaces 1.25 percent update provided by CAA, 2023
 - CMS updated physician fee schedule, Ambulatory Surgical Center (ASC), and Anesthesia CFs
- [CMS Physician Fee Schedule](#)

TELEHEALTH SERVICES THROUGH 2024

- Originating site facility fee – Q3014 = \$29.96
 - Not billed when patient at home
- Eligible providers
 - Physician, practitioner, physical therapist, occupational therapist, speech-language pathologist, audiologist, Mental Health Counselor (MHC), Marriage and Family Therapist (MFT), Rural Health Clinic (RHC), Federally Qualified Health Center (FQHC)
- Waivers and flexibilities for services added during Public Health Emergency (PHE) will continue through 2024
 - Provisional status – temporary codes added during PHE
 - Permanent status – meets requirements to remain on list
- [Telehealth Services List](#)

TELEHEALTH SERVICES THROUGH 2024 ₂

- Home address not required on provider enrollment (temporarily)
 - Continue using currently enrolled practice location
- Enrollment required where provider is sitting at time of service
- Continues direct supervision permitted through real time audio and video for teaching physician
 - Meets teaching physician present requirement for key portion of service

TELEHEALTH PLACE OF SERVICE (POS) – THROUGH 2024

- **POS 02** – Telehealth to indicate you provided the billed service as a professional telehealth service, when the originating beneficiary site is other than the patient’s home – no modifier
- **POS 10** – Telehealth for services when patient is in their home – no modifier
- **Exceptions:**
 - Outpatient therapy telehealth services, by PT, OT, or SLP
 - Bill actual POS (e.g., office 11), as if patient was seen at their site, add modifier ‘95’
 - Not a telehealth POS code
 - Outpatient hospital clinicians
 - Bill POS on-campus (22) and off-campus (19) when **patient is in their home** – add modifier ‘95’
- **[MLN901705 – Telehealth Services](#)**

***EVALUATION AND
MANAGEMENT (E/M)
SERVICES***



E/M ADD-ON PAYMENT FOR COMPLEX PATIENTS – G2211

- [CR13272](#), [CR13452](#)
- +G2211 – complexity add-on code with office or other outpatient service (99202–99215)
- Provider treating single, serious, or complex condition with provider-patient relationship over long period of time
 - Provider specialty not limited
- CMS emphasizing **longitudinal relationship** between practitioner and patient
- +G2211 not reported when E/M has modifier 25

E/M SPLIT OR SHARED SERVICES

- Split or shared services only institutional setting
- Performed by both physician and non-physician practitioner (NPP) in same group
- Billing provider performs substantive portion
 - Identify both physician and NPP performing visit
 - Sign and date the medical record
- Substantive portion – more than half of total time spent by physician or NPP performing visit, or substantive part of medical decision making
- Internet Only Manual (IOM) Publication [100-04, Chapter 12, Section 30.6.18](#)
- [MM13592 - Updates for Split or Shared Evaluation & Management Visits](#)

***BEHAVIORAL HEALTH
SERVICES***



NEW BEHAVIORAL HEALTH SERVICES

- Psychotherapy for crisis
 - G0017, G0018 in applicable non-facility settings
 - Fee amount is based on 150 percent of CPT codes 90839 and 90840
 - Non-facility settings outside of the office setting, including home or mobile unit
 - Not on telehealth services list

NEW BEHAVIORAL HEALTH SERVICES – 2024 RATES

Code	Description	Idaho
G0017	Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services applies, other than the office setting); first 60 minutes	\$204.70
+G0018	Each additional 30 minutes	\$100.62
90839	Psychotherapy for crisis; first 60 minutes	\$141.55
+90840	Each additional 30 minutes	\$69.51

NEW BEHAVIORAL HEALTH SERVICES 2

- Psychotherapy for crisis services appropriate for patients in high distress with life-threatening, complex problems that require immediate attention
- Psychotherapy for crisis includes:
 - Providing urgent assessment and crisis state history
 - Performing mental status exam and psychotherapy
 - Mobilizing resources to defuse crisis and restore safety
 - Using interventions to minimize potential for psychological trauma
- [CMS Psychotherapy for Crisis](#)

UPDATED BEHAVIORAL HEALTH SERVICES

- Health Behavior Assessment and Intervention (HBAI)
 - Identify psychological, behavioral, emotional, cognitive, and social factors in treatment of physical health problems
 - Billing providers include clinical psychologist, clinical social worker, Marriage and Family Therapist (MFT), Mental Health Counselor (MHC)
 - CPT codes 96156, 96158, 96159, 96164, 96165, 96167, 96168

ADDED BEHAVIORAL HEALTH SPECIALTIES

- Expanding behavioral health Medicare eligible providers
 - Marriage and Family Therapist (MFT)
 - Mental Health Counselor (MHC)
 - Addiction, Alcohol, and Drug counselors
 - May bill independently for services furnished for diagnosis and treatment of mental illnesses
 - Provide services under general supervision in RHCs and FQHCs
- Effective for claims with dates of service on or after January 1, 2024
- [MM13331 – Provider Enrollment Changes](#)
- [CMS MFT and MHC FAQ](#)

HOSPICE INCLUSION

- Hospice interdisciplinary group includes at least one social worker, MFT, or MHC
- CMS modified requirements for hospice Conditions of Participation (CoPs)
 - Allows social workers, MHCs, or MFTs as members of interdisciplinary group

***SOCIAL DETERMINANTS OF
HEALTH (SDOH) RISK
ASSESSMENT***



SDOH RISK ASSESSMENT

- New code G0136
 - Administration of standardized, evidence-based social determinants of health risk assessment tool, 5-15 minutes
 - Not a screening tool – patient indicates unmet SDOH needs interfering with treatment
- SDOH need must be documented in patient’s medical record
 - Identify at least one determinant
 - Follow-up with patient on identified SDOH
 - Include diagnosis from Z55-Z65 range
- Covered every six months, when need for SDOH identified
- [CMS Health-Related Social Needs FAQ](#)

EXAMPLES OF SDOH

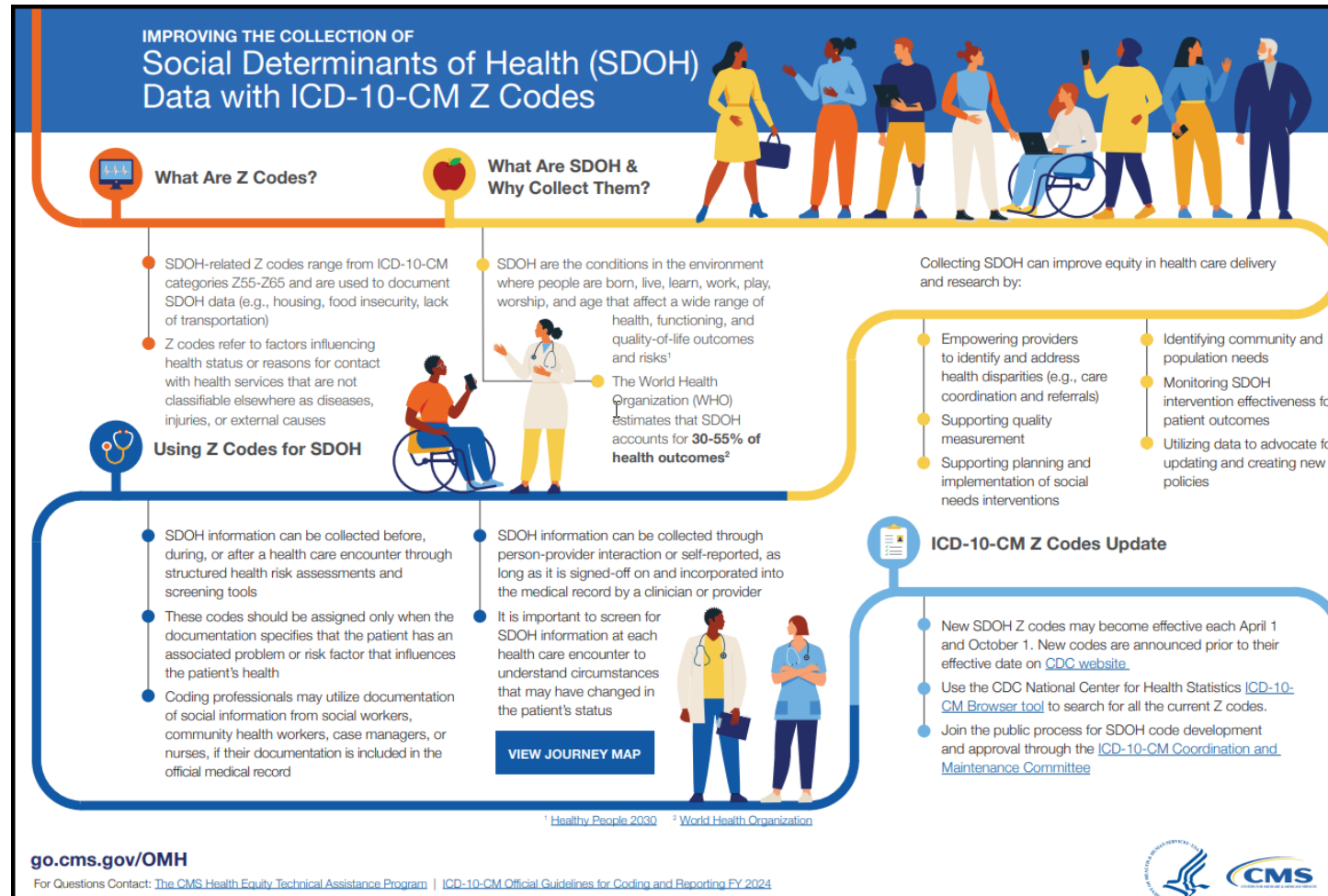
- Availability and access to:
 - Community-based resources
 - Educational, economic, and job opportunities
 - Healthcare services
 - Mass media and emerging technologies
 - Resources to meet daily needs
- Culture and natural environment
- Exposure to crime, violence, and social disorder
- Exposure to toxic substances and other physical hazards
- Exposure to toxic substances and other physical hazards
- Housing and community design
- Language and literacy
- Physical barriers, especially for people with disabilities
- Public safety
- Quality of education and job training
- Social norms and attitudes
- Social support
- Socioeconomic conditions
- Transportation insecurity
- Worksites, schools, and recreational settings

[CMS Addressing Social Determinants of Health in Demonstrations Under the Financial Alignment Initiative](#)

G0136 COST SHARING

- Cost sharing applies
 - Evaluation and management (E/M) visit
 - Can include hospital discharge or Transitional Care Management (TCM) services
 - Behavioral health office visits
 - Such as psychiatric diagnostic evaluation and health behavior assessment and intervention
- Cost sharing will not apply
 - Annual Wellness Visit (AWV)
 - Append modifier 33 (preventive)
- Performed in both facility and non-facility settings
- Permanently added to [List of Telehealth Services](#)

SOCIAL DETERMINANTS OF HEALTH (SDOH) INFOGRAPHIC



SDOH DIAGNOSES

- CMS Office of Minority Health (OMH) infographic chart: [Improving the Collection of Social Determinants of Health \(SDOH\) Data with ICD-10-CM Z Codes \(2023\)](#)
 - Using Z codes for SDOH
 - Enhances quality improvement activities, track factors, and influence health
 - Provides further insight into existing health inequities

RESOURCES FOR SDOH

- [CMS Framework for Health Equity 2022-2032](#)
- [CMS Office of Minority Health](#)
- [CMS Improving Collection of SDOH Data Infographic](#)
- [CMS Z-Codes Infographic](#)
- [CDC Social Determinants of Health Maps – Socioenvironmental: Poverty](#)
- [MM13486 – Annual Wellness Visit: Social Determinants of Health Risk Assessment](#)

***COMMUNITY HEALTH
INTEGRATION (CHI) SERVICES***



CHI SERVICES

- Person-centered planning, health system coordination, promote self-advocacy, and facilitate access to community-based resources addressing unmet social needs that interfere with practitioner's diagnosis and treatment of patient
- Require initiating visit from practitioner and same practitioner will initiate CHI services
- Same practitioner bills for subsequent CHI services furnished by auxiliary personnel
 - Only one practitioner can bill per month

HCPCS	Description
G0019	Community health integration services performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other practitioner; 60 minutes per calendar month
+ G0022	Each additional 30 minutes per calendar month

CHI SERVICES 2

- CHI initiating visit – could be from AWW or other E/M
 - Capture patient’s health-related social needs impacting care
 - Medically necessary treatment plan established during visit
 - Patient consent required and provide continuing patient care
 - Emergency room visits typically will not qualify
- Must document ICD-10 Z-code and time spent with patient
 - Document nature of activities performed by auxiliary personnel
- CHI services billed monthly as medically reasonable and necessary
- May be furnished via telehealth

SUPERVISED AUXILIARY PERSONNEL

- Under general supervision of billing provider
 - May be interdisciplinary team, including community health worker
 - Incident to rules apply
 - Meet applicable state requirements, and be trained in:
 - Patient and family communication
 - Interpersonal and relationship-building skills
 - Patient and family capacity building
 - Service coordination and systems navigation
 - Patient advocacy, facilitation, individual and community assessment
 - Professionalism and ethical conduct
 - Development of an appropriate knowledge base, including of local community-based resource

***PRINCIPAL ILLNESS
NAVIGATION (PIN) SERVICES***



PIN SERVICES

- Person-centered planning, promote patient self-advocacy, and facilitating access to community-based resources
 - For navigation of serious, high-risk condition
 - Expected three-month duration
 - Includes severe mental illness and substance use disorder
- Billing practitioner initiates during E/M visit, AWW, psychiatric diagnostic evaluation, or Health Behavior Assessment and Intervention (HBAI) services
 - Develop treatment plan
 - Patient consent required
 - Hospital, skilled nursing facility, or emergency room visits do not qualify

PIN SERVICES 2

- Auxiliary staff (patient navigators or peer support specialists) involved
 - Under general supervision for this care management
 - Incident to rules apply
 - May be employed or under contract
 - Billing practitioner provides the required supervision

AUXILIARY PERSONNEL CERTIFICATION

- Must be trained in the following competencies to furnish PIN services:
 - Patient and family communication
 - Interpersonal and relationship-building
 - Patient and family capacity building
 - Service coordination and system navigation
 - Patient advocacy, facilitation, individual and community assessment
 - Professionalism and ethical conduct
 - Development of appropriate knowledge base, including specific certification or training on serious, high-risk condition, illness, or disease being addressed

PIN AND PIN-PEER SUPPORT (PS) SERVICE CRITERIA

- One serious, high-risk condition
- PIN-PS – serious, high-risk behavioral health condition
- Condition requiring ongoing development, monitoring, or revision of disease-specific care plan
 - Frequent modification in medication or treatment regimen
- Do not bill PIN and PIN-PS concurrently for same serious, high-risk condition
- Cannot be provided more than once per practitioner

PIN SERVICES – CPT CODES

Principal Illness Navigation (PIN) services HCPCS codes (partial description)

G0023	Principal illness navigation services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient navigator; 60 minutes per calendar month
G0024	Each additional 30 minutes per calendar month
G0140	Principal illness navigation - peer support by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a certified peer specialist; 60 minutes per calendar month
G0146	Each additional 30 minutes per calendar month

***CAREGIVER TRAINING
SERVICES (CTS)***



CMS CAREGIVER DEFINITION

- *“Adult family member or other individual who has a significant relationship with, and who provides a broad range of assistance to, an individual with a chronic or other health condition, disability, or functional limitation” and “a family member, friend, or neighbor who provides **unpaid** assistance to a person with a chronic illness or disabling condition”*
- Practitioners train and involve one or more caregivers to help patients carry out treatment plan for disease or illness such as dementia
- Must be face to face visit, providing strategies and techniques to facilitate patient’s functional performance in home or community
 - E.g., activities of daily living (ADLs), problem solving, safety practices, etc.
- Patient consent required

CTS CODING AND BILLING

- Physician, NPP, or therapist training caregiver
 - Patient presence not required
 - KX modifier when billed by therapists
 - Plan of Care (POC) modifiers – GP (physical), GN (speech), or GO (occupation)

CPT Code	Partial Description
96202	Group behavior management; 60 minutes
+96203	Each additional 15 minutes
97550	Caregiver training – individual face-to-face; 30 minutes
+97551	Each additional 15 minutes
97552	Caregiver training; face-to-face with multiple sets of caregivers

MEDICAL RECORD DOCUMENTATION

- Auxiliary personnel documentation in medical record
 - “Any individual who is authorized under Medicare law to furnish and bill for their professional services, whether or not they are acting in a teaching role, may review and verify (sign and date), rather than re-document notes in a patient’s medical record made by physicians, residents, nurses, and students (including students in therapy or other clinical disciplines), or other members of the medical team”
 - Documentation is responsibility of billing practitioner
- IOM Publication [100-02, Chapter 15, Section 30 \(G\)](#)

IN SUMMARY

- Reviewed changes in 2024
- Identified new health equity services for reducing disparities in underserved and disadvantaged communities
- Reviewed the importance of documentation, coding, and billing practices for proper reimbursement

***REMINDERS AND
RESOURCES***



CMS RESOURCES

- [MM13452 – 2024 Medicare Physician Fee Schedule Final Rule Summary](#)
- [CMS CY 2024 PFS Fact Sheet](#)
- [CY 2024 PFS Final Rule Downloads](#)
- [CMS MLN901705 – Telehealth Services](#)
- [CMS MLN1986542 – Medicare & Mental Health Coverage](#)
- [CMS MLN9201074 – Health Equity Services](#)
- [CMS – Health-Related Social Needs Frequently Asked Questions \(FAQ\)](#)
- [CMS Preventive Services – AWW](#)

NORIDIAN RESOURCES

- Noridian Medicare website
 - [JEA](#), [JEB](#), [JFA](#), and [JFB](#)
- Federally Qualified Health Center (FQHC)
 - [JEA – FQHC Billing Guide](#)
 - [JFA – FQHC Billing Guide](#)
- Rural Health Clinic (RHC)
 - [JEA RHC](#)
 - [JFA RHC](#)

MENTAL HEALTH SERVICES AVAILABLE

- [Behavioral Health Integration \(BHI\) Services](#) – Incorporates primary care with behavioral health
 - Psychiatric Collaborative Care Model (CoCM)
 - General BHI
 - [CMS MLN909432 Behavioral Health Integration Services Booklet](#)
- [CMS Psychotherapy for Crisis](#)
- [CMS Opioid Use Disorder Screening & Treatment](#)
 - [CMS MLN2886155 A Prescriber's Guide to Medicare Prescription Drug \(Part D\) Opioid Policies](#)

SELF-SERVICE A/B REQUIREMENTS

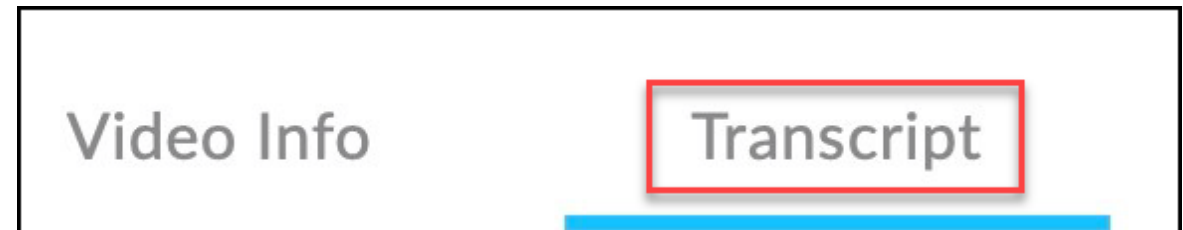
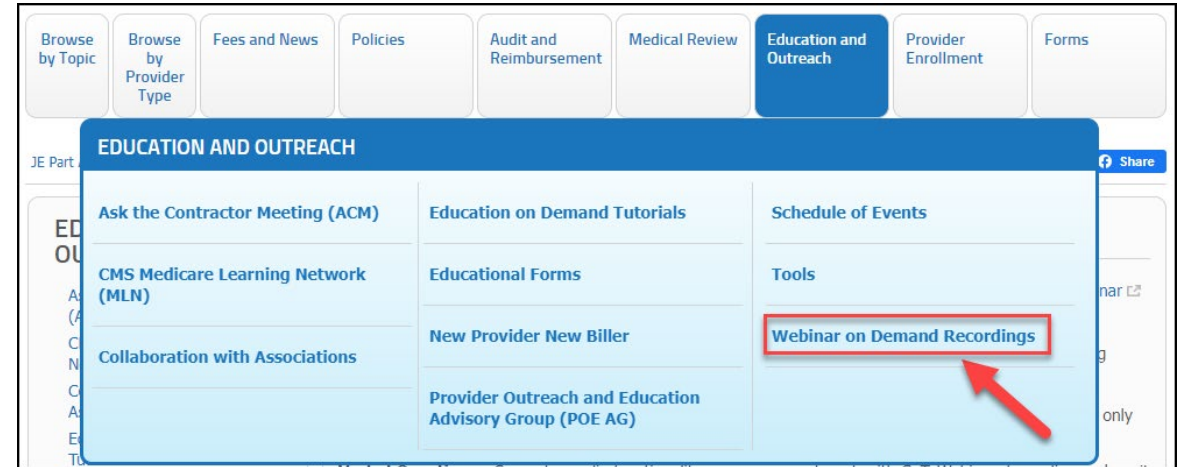
- Per CMS guidelines, Noridian **no longer** provides information available via self-service:
 - [Noridian Medicare Portal \(NMP\)](#)
 - [Interactive Voice Response \(IVR\)](#)
 - [Provider Enrollment Chain and Ownership System \(PECOS\)](#)
 - [Remittance Advice \(RA\)](#)
 - [National Plan and Provider Enumeration System \(NPPES\)](#)
 - [Part A Noridian Custom Edits \(NCE\)](#)
 - [Part B Noridian Custom Edits \(NCE\)](#)
- Noridian requests sharing information with staff to ensure Medicare's requirements
 - [Denial Code Resolution](#)
 - [NMP vs. IVR Self Service Elements Comparison](#)
 - [CMS Internet Only Manual \(IOM\), Publication 100-09, Medicare Contractor Beneficiary and Provider Communications Manual, Chapter 6, Section 50](#)

DOCUMENTATION SHARING – MEETING PROVIDER COMPLIANCE

- CMS and Noridian mandate sharing provider notes and documentation with labs, diagnostic facilities, DME suppliers, etc.
 - May include referrals, orders, ABN (if applicable), etc.
- Insufficient documentation reported for 91.2% of improper lab payments
 - [MLN909221 - Complying with Documentation Requirements for Lab Services](#)
- Avoid common coverage, coding and billing errors:
 - [CERT Outreach & Education Task Force](#)
 - [CMS Provider Compliance](#)
- HIPAA allows shared records for treatment or payment purposes between providers
 - [MLN - Collaborative Patient Care is a Provider Partnership](#)

WEBINARS ON DEMAND

- Events added weekly!
 - [JEA Webinar on Demand Recordings](#)
 - [JFA Webinar on Demand Recordings](#)
 - [JEB Webinar on Demand Recordings](#)
 - [JFB Webinar on Demand Recordings](#)
- Transcription feature added on webinar recordings published after September 1, 2023
- Watch anytime
- Verbal Q&A may be included
- Not eligible for CEUs
- Available approximately 6 months



SATISFACTION SURVEY

- Feedback is appreciated
 - Drive change and best practices
 - Every result reviewed

- Scan the QR code below:



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