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REIMBURSEMENT STRATEGIES FOR ASTHMA EDUCATION

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Objectives

1. Review current Medicaid regulations.
2. Discuss strategies to help start the reimbursement conversation with your state Medicaid medical director and/or staff.
3. Describe potential CPT codes that may be useful in billing for asthma education.

**No disclaimer

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Health landscape has changed

Affordable Care Act
National economy
Federal and state regulations

impacting payment structure

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Affordable Care Act –

--Helped jumpstart legislators to look for ways to decrease costs, especially within Medicaid plans.
--More focus was placed on child health and asthma.
--In 2012, the Childhood Asthma Leadership Coalition (CALC) was formed.

CALC sent a letter to CMS (2013) urging the change of regulation in regard to asthma education. They pointed out that in 2008 less than half of patients with asthma received adequate information to control their disease[1].

[1]Vital Signs: Asthma in the US. Centers for Disease Control and Prevention. May 2011.

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CMS changed regulation regarding asthma education reimbursement (Jan 1, 2014).

--Asthma education given by individual other than provider if *recommended* by a provider.

--Interventions may occur in any setting.

--Educator may be licensed or unlicensed (such as community health worker or healthy homes specialist).

--Unlicensed personnel may have to meet a state's training and/or certification standards.

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Barriers to putting this new rule into practice:

--This is a recommendation, not a mandate, so each state has prerogative of adopting or not adopting.

--If a state chooses to add or change a service then they have to amend their state Medicaid plan.

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Medicaid 101

State plan – agreement between state and federal government that describes how the state will administer its program:

--who is covered

--what services will be provided

--how providers will be reimbursed

--and much, much more!

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State Plan Amendment (SPA):

--CMS has 90 days to respond.

--Does not have to be budget neutral.

--Fee-for-service plans: must apply to all enrollees across the state, comparable services are available to all enrollees, all may retain their choice of providers.

**These requirements do NOT apply to managed care plans.

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Waivers to Medicaid State Plans

Waivers are requests from a state to have certain Medicaid program requirements waived so that a state can test a new service that falls outside federal Medicaid requirements.

Must promote objectives of Medicaid and CHIP programs

Must be budget neutral

Will usually be approved for a 5 year period with an optional renewal of 3 more years.

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Elimination of the Medicaid 'Free Care Rule'

'Free Care Rule': Medicaid funds may not be used to pay for services to Medicaid recipients that are available to non-M'caid recipients at no charge

Example: A school may have a school-wide asthma management program that includes medical assistance to students experiencing symptoms and education to help students improve their self-management skills. These types of services are covered by Medicaid and are otherwise reimbursable, but a school cannot seek Medicaid reimbursement if these services are provided to other students for free.

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This made it difficult for schools to seek Medicaid reimbursement for the services school nurses provide to Medicaid- and CHIP-enrolled children because nurses typically serve the entire school community without charging individual students.

1997--Medicaid technical assistance guide announcing the free care rule cites no statutory or regulatory basis for the policy.

In 2004--US Department of Health and Human Services Departmental Appeals Board (DAB) struck down the free care rule, concluding that the policy has no basis in federal law and is unenforceable as applied to schools.

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DAB decisions are binding on CMS, and this ruling should have resulted in all school districts being able to seek Medicaid reimbursement for services rendered to Medicaid-enrolled students in schools.

CMS continued to enforce the free care rule and the State Medicaid Manual continued to reinforce the policy.

In 12/2014--CMS issued a State Medicaid Director letter clarifying the free care rule. The letter stated that as long as other requirements are met (such as service is covered by Medicaid and provided by a Medicaid provider etc) then schools and school districts may receive Medicaid reimbursement for health services provided even if these services are provided free of charge to children who are not covered by Medicaid.

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NCQA's HEDIS Benchmarks

National Committee for Quality Assurance has set standards--
HEDIS (Healthcare Effectiveness Data and Information Set)

- Used by more than 90% US health care plans
  --commercial and federal
- Since data collected is same, can compare effectiveness among different health insurance plans
  --especially useful in comparing M'caid plans among states

More than 81 benchmarks in 5 domains
Asthma is one of the benchmarks

www.ncqa.org

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2015 Asthma Benchmarks (HEDIS)

- Was an asthma controller medication prescribed?
  - How many stay on it for 50% of the time?
  - How many stay on it for 75% of the time?

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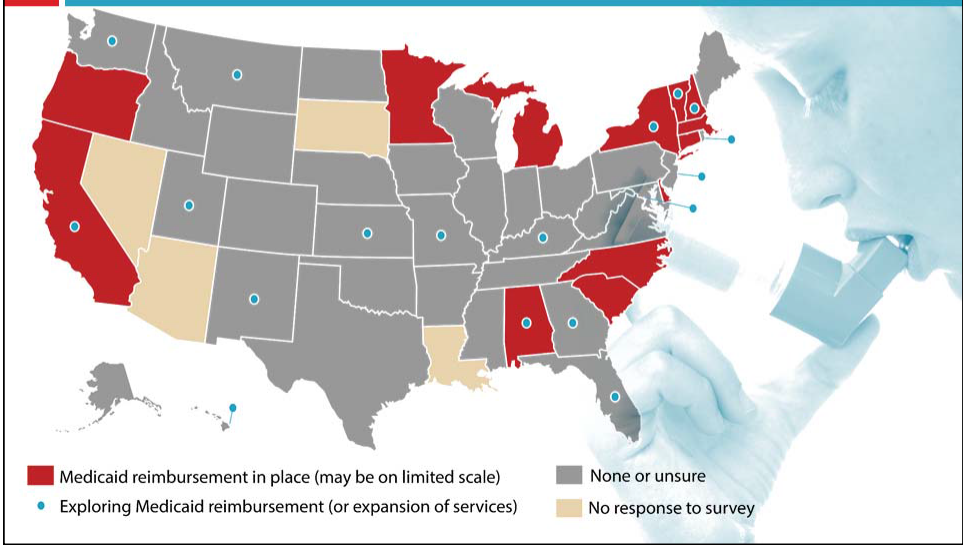
2014

Current State of Play: ASTHMA



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Strategies for obtaining reimbursement:

('what, who, when, where, why, how')

1) Gather data:

'What' is currently reimbursed and what is not?

New programs: may help determine what to focus on

Established programs: may want new service or higher reimbursement for one already provided

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1) Gather data:

'Who' will benefit the most from asthma education?

Use city, county, and/or state asthma statistics or focused asthma data sets (e.g., ED visits, admissions, etc.)

--state and/or county health department website

--Healthcare Cost and Utilization Project (HCUP)

www.hcup-us.ahrq.gov/

'Who' will deliver asthma education?

Are there enough available capable asthma educators?

How to determine who's capable? (AE-C? Based on training or experience?)

How will they be recertified/recredentialed? How often?

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1) Gather data:

'When' will the education be given?

--After an admission? (general floor or ICU?)

--After an ED visit?

--Requires more than one ED visit or admission?

--After 'x' number of oral steroid bursts?

--Asthma classification (moderate/severe?)

--Age limitations?

'Where' will the education be given?

--Home

--Clinic

--Hospital

--School or workplace

--Community center

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2) Develop ROI data for insurers:

'Why' should they reimburse?

--EPR-3 recommends reimbursement be an integral part of effective asthma care[1] because:
Education improves patient outcomes (Evidence A)[2].
Education can be cost-effective (Evidence B)[2].

--Education will help meet HEDIS benchmark for asthma.

--Look at established programs and their ROI.

--Website to help calculate ROI:
www.nhqrnet.ahrq.gov/asthma/

[1] EPR 3: pp. 3-5.
[2] EPR 3: p. 88.

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3) Learn about insurance billing and coding:

'How' will you bill for services (use what codes)?

--Codes used may be part of payer negotiations.

--Coding / billing is very specific and requires expertise

Get to know your billers and coders.
Disclaimer: I am not one!

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For billing, must submit a claim using a CPT code linked to an ICD-9 *[ICD10]* diagnosis code

ICD = International Classification of Diseases

CPT = Current Procedural Terminology

--Manuals usually published annually

--Most current is 2015 manual (new edition expected to be out this fall)

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Example

Diagnosis -- Asthma, unspecified

- (ICD-9 = 493.9)

– Asthma Education -- 30 minutes one-on-one

- (CPT code = 99402)

Your billers / coders would then submit a claim with these two linked together.

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Your Responsibility as an Asthma Educator:

--Give correct diagnosis and ICD-9 code

--Use correct CPT code

And equally as important as the two above:

DOCUMENT APPROPRIATELY OR YOUR CLAIM MAY BE DENIED!

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CPT Manual 2015 'Professional Edition'

--Under 'Preventive Medicine' are found the majority of CPT codes specific for asthma education

--The choice of correct codes depends on who is receiving and for how long

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'Preventive Medicine Counseling and/or Risk Factors Reduction Interventions Provided to an Individual (separate procedure)'

--99401 – approximately 15 minutes
--99402 – approximately 30 minutes
--99403 – approximately 45 minutes
--99404 – approximately 60 minutes

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'Preventive Medicine Counseling and/or Risk Factor Reduction Intervention(s) Provided to Individuals in a Group Setting (separate procedure)'

--99411 – approximately 30 minutes
--99412 – approximately 60 minutes

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'Smoking and Tobacco Cessation Counseling Visit; Intermediate, greater than 3 minutes up to 10 minutes'

Use 99406

'Smoking and Tobacco Cessation Counseling Visit; Intensive, greater than 10 minutes'

Use 99407

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'Preventive Care: Health Risk Assessment'

--99420 – May be able to use this code to administer and score an asthma control screening questionnaire such as:

- ACT: Asthma Control Test
- C-ACT: Childhood Asthma Control Test
- ATAQ: Asthma Therapy Assessment Questionnaire
- ACQ: Asthma Control Questionnaire
- TRACK: Test for Respiratory and Asthma Control in Kids

If you don't use a validated questionnaire you may not be reimbursed.

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'Pulmonary Diagnostic Testing and Therapies'

--94664 –'Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device'

--To be reported/charged only once a day

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Billing Tip

- Should not be billed for patients who routinely use the devices to provide treatments at home unless there are unusual circumstances.
- The documentation in the patient's medical record should provide rationale for providing the patient education related to bronchodilator administration, and should include comments about the patient's ability to correctly use the delivery device.
- Do not bill separately for the breathing treatment (94640) that is administered at the time the evaluation or demonstration of the device is provided.

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- 'To bill both 94640 and 94664 on the same date of service, there must be documentation that supports that the procedures were separate and distinct from one another. The medical record should include a request for each procedure, and therapist documentation should support that procedures occurred at separate times.'

'Billing Tip' from Advance for Health Information Professionals; Coding Q&A, Ask the Experts: Jan 8, 2013

http://health-information.advanceweb.com/Ask-Q-and-A/Coding-Q-and-A/Ask-the-Experts-Jan-8-2013.aspx

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CDC's National Asthma Control Program

'Asthma Self-Management Education and Environmental Management: Approaches to Enhancing Reimbursement'

www.cdc.gov/asthma/pdfs/Asthma_Reimbursement_Report.pdf

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