2023 HCC AND BILLING MANUAL WEBINAR

FREQUENTLY ASKED QUESTION

QUESTIONS	ANSWERS
Is a recording of this presentation accessible afterwards?	Yes, the presentation is available using the following hyperlink: https://americanchoicehealthcare.com/2023-hcc-billing-manual-2/
What type of file format do the templates come in and how can we request a copy of them?	Copy of all templates can be requested by email at codingsupport@americanchoicehealthcare.com or can be downloaded from the interactive online manual on PDF format.
Would this manual be provided every year with the most up-to-date billing information?	Correct, our goal is to provide all participating practices with the must up to date information in coding and billing. The manual will be updated yearly, and copies will be provisioned to each physician.
What is the contact info for any coding or manual related questions?	All questions can be sent to the codingsupport@americanchoicehealthcare.com
Are the items listed on the ACH checklist the only ones that are needed for MCR Hedis?	Yes, all quality components outlined in the ACH Quality Patient Care Checklist are to be completed during the annual wellness visit.
How long do we have in order to submit a Corrected Claim?	Medicare claims must be filed no later than 12 months (or 1 full calendar year) after the date when the services were provided. In the event a corrected claim is needed, Medicare also allows 12 months from the date of service to submit your corrected claim.
How do you code a visit that has an acute problem during the wellness exam?	When a patient presents to the office for a wellness examination and an acute problem is assessed code Z00.01/G0439 (Wellness Visit with Abnormal finding) and 99213 with Modifier-25, linked to the additional complain addressed.
Can you please go over the modifier use and what they mean?	The 2023 Billing & HCC Manual contains on page-38 the most commonly used specific modifiers for Medicare patient population.
Will American Choice Healthcare do audits of our charts to make specific recommendations for our patients?	Yes. American Choice Health Care will complete Semi-Annual Audits and will provide findings.
When a patient has an existing advanced directive and it is discussed in the annual wellness exam and verified, can we code the 99497 codes?	Yes, Advance Care Planning (99497) accounts for the discussion of Advance Directives with or without completion of forms. Code covers the first 30 minutes of a face-to-face encounter by the physician or other qualify healthcare professional with the patient, family member(s), and/or surrogate. ACP can also be reported if midpoint (15 minutes) has passed. ✔ If billing with AWV (G0438, G0439), use modifier-33, for Medicare to waive patient's deductible and co-insurance (100% paid) ✔ If billing with E/M Code, no modifier is used, Patient subject to deductible and 80/20 coverage.