BIlling and Coding FAQ's

1. Is the transition from V24 to V28 finalized or still proposed?

The transition was proposed in January and finalized in April, and it is set to be implemented for the calendar year 2024. These changes are effective starting with dates of service October 1st, 2023.

2. Is a recording of this presentation accessible after the presentation?

Yes, the presentation is available using the hyperlink shared on the webinar chat box.

3. 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 but they can also be downloaded from the interactive online manual in PDF format.

4. Is risk adjustment coding required for both V24 and V28 at the same time?

Yes, coding needs to account for both versions since the impact of HCCs can differ between the two versions. A blended calculation of risk scores is illustrated in the manual in page 33.

5. What is the CPT code for SDoH and what are the requirements in the documentation?

Social Determinants of health is now reimbursable using G-Code G0136. However, there are important guidelines to remember Like:
1. This is a time-based code ranging from 5-15 mins.
2. Requires completion of screening form.
3. Can only be billed once every six months.

Note: Copy of the SDOh template can downloaded from the coding manual on page 60 or requested by email at odingsupport@americanchoicehealthcare.com

6. What is the difference between SDOH and SOGI?

SDOH refers to the social, economic, and environmental factors that influence an individual's health and well-being. While the SOGI relates to an individual's sexual orientation (basically whom they are attracted to) and gender identity (how they personally identify their gender).

American Choice Healthcare™

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7. What is the code for Smoking screening and DX? We are not getting reimbursed for this code.

Smoking cessation is reimbursable using 99406. Important guidelines to remember:

1. Time-based code; document time in the medical record. Allowance: greater than 3 minutes, up to 10 minutes
2. Frequency: 8 visits per year
3. Procedure must be linked ONLY to Diagnosis related to Tobacco use/abuse/ dependence or History

8. Do Z codes carry any weight?

Z codes are ICD-10-CM diagnosis codes that capture factors influencing a patient's health. A subset of Z codes (Z55-Z65) is designed to capture potential health hazards related to socioeconomic and psychosocial circumstances. However, there are some Z-Codes to capture statuses and they do carry weight, like Amputations and Artificial Openings.

9. Can we used 99496 or 99495 after a patient is discharge from the ER?

No, These codes are not specifically designed for patients discharged from the emergency room (ER). Instead, they are intended for patients transitioning from more intensive care settings and patient must be admitted.

10. When does a 33 modifier gets used?

The 33 modifier is used in Medicare billing to indicate that the preventive service was performed under unique circumstances such as (AWV). This ensures that the patient's co-insurance or deductible is waived.

11. We were told to only use the " F " codes. not the " G " codes for hypertension. We are using 3074F, 3078F, 3077F etc. Is that wrong?

"F" codes mentioned are not standard codes for reporting hypertension measures on Medicare FFS patients. To capture blood pressure measurements for hypertension management on your Medicare beneficiaries use G-Codes (G8752, G8753, G8754, G8755)

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12. Regarding atrial fibrillation, the only reason the patient is not in atrial fibrillation at this time, is because of the medication and treatment that he is getting, so even though he is not actively in atrial fibrillation, he is being treated for it, so should we code I48.91 or Z86.79?

the correct ICD-10-CM will be I48.91 (Atrial Fibrillation, Unspecified). This code is used to indicate the presence of atrial fibrillation without specifying whether it is paroxysmal, persistent, or permanent. If the patient has a history of atrial fibrillation and is currently not in atrial fibrillation but is still receiving treatment or medications for it, I48.91 is the appropriate code.

13. Can you review the G2211 code. Many practices are asking about this new code and it was not included in the manual.

G2211 is an add-on code that may be reported with new and established patient office/outpatient evaluation and management (E/M) services. However, the visits themselves would need to be medically reasonable and necessary for the practitioner to report G2211. In addition, the documentation would need to illustrate the medical necessity of the O/O E/M visit.

Notes: Since deductible and coinsurance apply, inform patients that there may be an additional charge on their bill.
Ref:https://www.cms.gov/files/document/mm13473-how-use-office-and-outpatient-evaluation-and-management-visit-complexity-add-code-g2211.pdf
Ref: https://www.cms.gov/files/document/r12461cp.pdf.

HOLON FAQ's

1. How long does it take for a CPT code from a patient visit to no longer be shown as an open Coding Gap on the Ribbon?

There can be a two or three month lag between when a claim is submitted-to CMS by a provider before American Choice Healthcare received the claim details from CMS.

2. How accurate is the AWV data displayed on the patient summary?

We do receive most recent AWV data from a third-party vendor which allows us to get AWV data quicker, typically the month following CMS receipt of the claim.

3. I don't have an EMR. Is there another way I can view Coding Gaps for my patients?

Our provider portal also displays Coding Opportunities for your attributed patients. If you don't currently have access to the portal please speak to your Provider Success Specialist.

4. When will the coding portion be available on the ribbon?

We expect Coding Gaps to be visible on the Holon Ribbon in late March 2024.

5. Is the ribbon program compatible with eclinicals?

Our provider portal also displays Coding Opportunities for your attributed patients. If you don't currently have access to the portal please speak to your Provider Success Specialist.

6. Is MEDENT compatible with the Holon ribbon?

Not at this time, we are working to add additional EMRs.

7. How many EMRs integrate with the new program?

At this time we have 25 EMRs integrated with the Holon Ribbon.

8. What happens with the diagnosis once we click on any of the three options from the ribbon? Like Condition resolved.

Our provider portal also displays Coding Opportunities for your attributed patients. If you don't currently have access to the portal please speak to your Provider Success Specialist.