Sustaining Programs for People Living with Dementia and their Caregivers

Billing for Dementia Services

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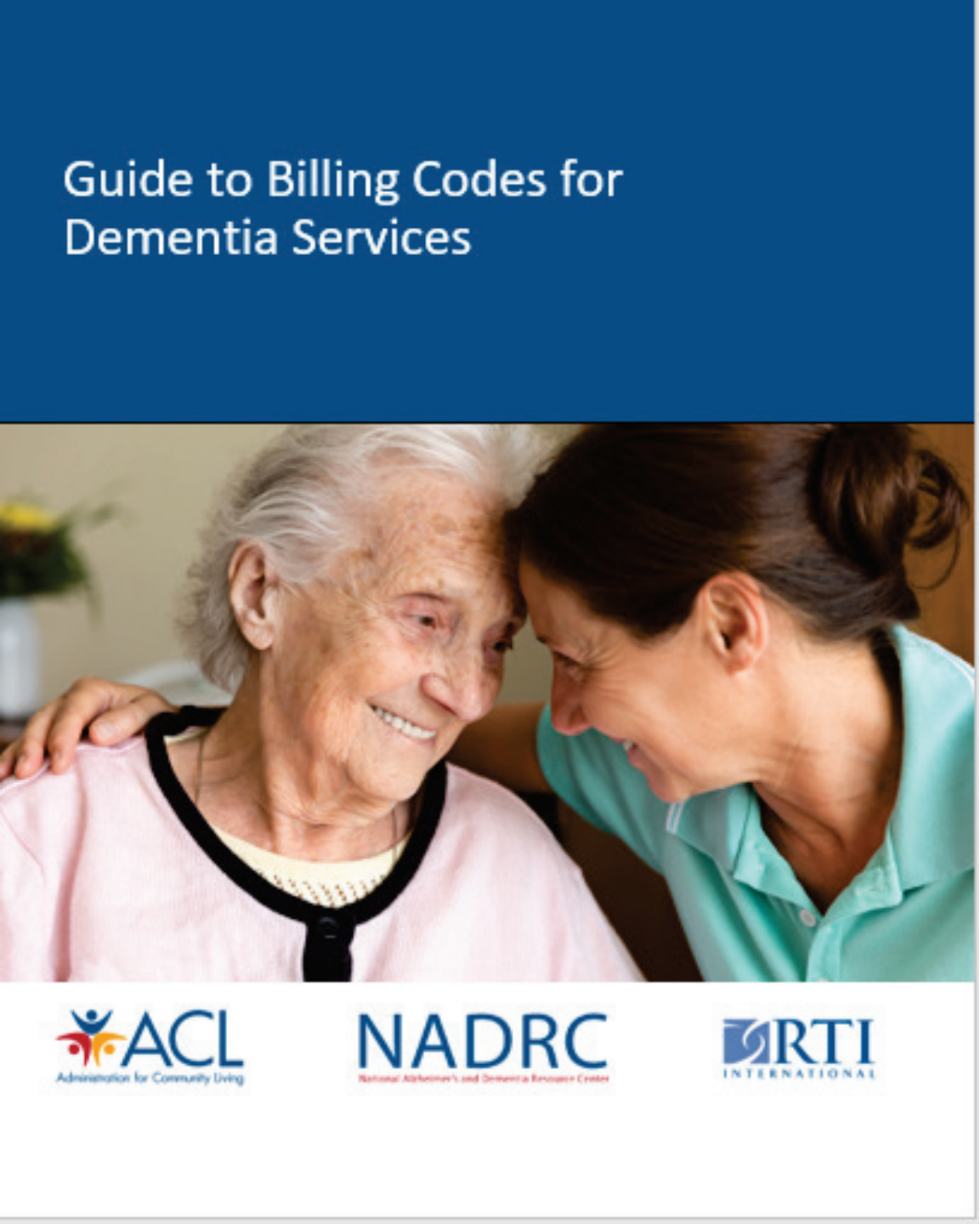
NADRC
National Alzheimer's and Dementia Resource Center

ACL
Administration for Community Living

Part of the National Alzheimer's and Dementia Resource Center webinar series sponsored by the Administration for Community Living.



Guide to Billing Codes for Dementia Services

https://nadrc.acl.gov/

Purpose of the Guide

Enhance sustainability of dementia programs and services

- Dementia services that may be reimbursed
- Basics of medical billing

How the Guide Was Developed

- ***LiveWell Alliance, Inc.,*** Plantsville, CT
- ***Louis and Anne Green Memory and Wellness Center***, Florida Atlantic University, Boca Raton, FL
- ***MaineHealth***, Portland, ME
- ***Memory Care Home Solutions***, St. Louis, MO
- ***Nevada Senior Services, Inc.,*** Las Vegas, NV
- ***UCSF Memory and Aging Center***, University of California – San Francisco, CA

Key Components of the Billing Process

Explains key billing elements such as:

- CPT® and HCPCS Billing Codes
- Medicare Administrative Contractor (MAC) Regions
- Local Coverage Determinations

Billable Dementia Services

Types of Dementia Services that May be Reimbursed:

- Cognitive Assessment
- Care Planning and Advance Care Planning
- Counseling/Psychotherapy
- Occupational Therapy in the Home including Caregiver Education (e.g., COPE)
- Individual and Group Interventions (e.g., REACH, Savvy Caregiver)

CPT® Billing Code Tables

Cognitive Assessment and Care Planning, and Advance Care Planning

Billing Code	Procedure	Time/ Complexity	Notes	Clinicians Who can Use this Code (May Vary by State and Payer)
99483	Cognitive assessment and care planning	Untimed (flat fee for service)	Face-to-face contact with a patient. There are many required components of the cognitive assessment and care planning process—see link below.	Physician (Phys), nurse practitioner (NP), clinical nurse specialist (CNS), physician assistant (PA)
99497	Advance care planning	First 30 minutes	Face-to-face contact with a patient, family member(s), or surrogate. Includes the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed).	Phys, NP, CNS, PA
99498	Advance care planning	Additional 30 minutes	This code is billed along with 99497 when the advance care planning session lasts an hour	Phys, NP, CNS, PA

Examples of ICD-10-CM Diagnostic Codes and Modifiers
F01.50 F02.80, F02.81, F03.90, F03.91, G11.8, G20, G23.1,G23.9, G30.0, G30.9, G31.01, G31.09, G31.83, G31.85

Elements of Developing a Billing Infrastructure

The basics on …

- Enrolling as a provider to bill Medicare and private insurance
- Managing billing
- Documentation to optimize successful billing
- Selecting billing and electronic medical records software
- Navigating the denials and appeals process

More Information

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Disclosures

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Course Objectives

Learning Objective 1:

- Describe criteria to determine which outpatient services are covered as health insurance benefits.

Learning Objective 2:

- Identify billing mechanisms to support caregiver training and dementia intervention within the existing Medicare Part B insurance model.

Memory Care Home Solutions (MCHS)

- **Community-based non-for-profit organization founded in 2002**
- **Interdisciplinary Program Staff: social workers (SW) and occupational therapists (OT)**
- **Mission:**

  To extend and improve quality time at home for people living with dementia and their families

Memory Care Home Solutions

Delivering Evidence-Informed Dementia Services for 18 years

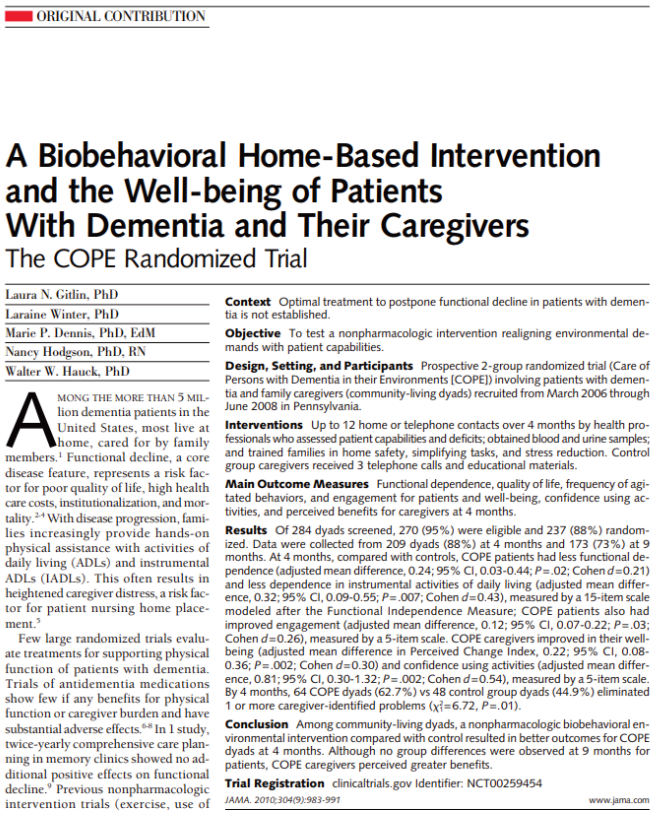
- Based in research on randomized controlled trials (RCTs) for non-pharmacological dementia intervention
  - Program goals:
    - Provide client-centered, family-centered care
    - Create a safe and dementia-friendly home environment
    - Improve function (activities of daily living (ADL)/instrumental activities of daily living (IADL)) and reduce behavioral symptoms of people living with dementia
    - Reduce caregiver stress
    - Keep families together! Reduce/delay nursing home placement

MCHS Experience: Selecting an Evidence Based Program (EBP)

- Skills2Care (Environmental Skill Building)
- TAP (Tailored Activity Program, i.e., New Ways for Better Days)
- COPE (Care of Persons with Dementia in their Environments)

(Gitlin & Corcoran, 2001; Gitlin et al., 2005; Gitlin et al., 2009; Gitlin et al., 2010)

What is COPE?



ORIGINAL CONTRIBUTION

A Biobehavioral Home-Based Intervention and the Well-being of Patients With Dementia and Their Caregivers

The COPE Randomized Trial

Laura N. Gitlin, PhD
Laraine Winter, PhD
Marie P. Dennis, PhD, EdM
Nancy Hodgson, PhD, RN
Walter W. Hauck, PhD

Context Optimal treatment to postpone functional decline in patients with dementia is not established.

Objective To test a nonpharmacologic intervention realigning environmental demands with patient capabilities.

Design, Setting, and Participants Prospective 2-group randomized trial (Care of Persons with Dementia in their Environments [COPE]) involving patients with dementia and family caregivers (community-living dyads) recruited from March 2006 through June 2008 in Pennsylvania.

Interventions Up to 12 home or telephone contacts over 4 months by health professionals who assessed patient capabilities and deficits; obtained blood and urine samples; and trained families in home safety, simplifying tasks, and stress reduction. Control group caregivers received 3 telephone calls and educational materials.

Main Outcome Measures Functional dependence, quality of life, frequency of agitated behaviors, and engagement for patients and well-being, confidence using activities, and perceived benefits for caregivers at 4 months.

Results Of 284 dyads screened, 270 (95%) were eligible and 237 (88%) randomized. Data were collected from 209 dyads (88%) at 4 months and 173 (73%) at 9 months. At 4 months, compared with controls, COPE patients had less functional dependence (adjusted mean difference, 0.24; 95% CI, 0.03-0.44; $P=.02$; Cohen $d=0.21$) and less dependence in instrumental activities of daily living (adjusted mean difference, 0.32; 95% CI, 0.09-0.55; $P=.007$; Cohen $d=0.43$), measured by a 15-item scale modeled after the Functional Independence Measure; COPE patients also had improved engagement (adjusted mean difference, 0.12; 95% CI, 0.07-0.22; $P=.03$; Cohen $d=0.26$), measured by a 5-item scale. COPE caregivers improved in their well-being (adjusted mean difference in Perceived Change Index, 0.22; 95% CI, 0.08-0.36; $P=.002$; Cohen $d=0.30$) and confidence using activities (adjusted mean difference, 0.81; 95% CI, 0.30-1.32; $P=.002$; Cohen $d=0.54$), measured by a 5-item scale. By 4 months, 64 COPE dyads (62.7%) vs 48 control group dyads (44.9%) eliminated 1 or more caregiver-identified problems ($\chi^2_1=6.72$, $P=.01$).

Conclusion Among community-living dyads, a nonpharmacologic biobehavioral environmental intervention compared with control resulted in better outcomes for COPE dyads at 4 months. Although no group differences were observed at 9 months for patients, COPE caregivers perceived greater benefits.

Trial Registration clinicaltrials.gov Identifier: NCT00259454

JAMA. 2010;304(9):983-991 www.jama.com

Among the more than 5 million dementia patients in the United States, most live at home, cared for by family members.[1] Functional decline, a core disease feature, represents a risk factor for poor quality of life, high health care costs, institutionalization, and mortality.[2-4] With disease progression, families increasingly provide hands-on physical assistance with activities of daily living (ADLs) and instrumental ADLs (IADLs). This often results in heightened caregiver distress, a risk factor for patient nursing home placement.[5]

Few large randomized trials evaluate treatments for supporting physical function of patients with dementia. Trials of antidementia medications show few if any benefits for physical function or caregiver burden and have substantial adverse effects.[6-8] In 1 study, twice-yearly comprehensive care planning in memory clinics showed no additional positive effects on functional decline.[9] Previous nonpharmacologic intervention trials (exercise, use of

Care of Persons with Dementia in their Environments

- Non-pharmacological intervention to support health and function of the person living with dementia by reducing environmental stressors and enhancing care partner skills, problem-solving and reducing care partner stress
- Tested in RCTs and CT Medicaid Waiver

Outcomes

- Decreased functional dependence for patients
- Increased confidence and well-being for care partners

Treat the Care Dyad

- Identify preserved strengths, roles, and routines
- Home and environmental Assessment
- Teach a problem-solving approach

e.g., DiZazzo-Miller et al 2017; Gitlin, Cigliana, Cigliana, & Pappa, 2017; Gitlin & Hodgson, 2015; Gitlin & Rose, 2014; Gitlin et al., 2010., etc.

Can COPE OT be covered under Medicare Part B?

- Medical Necessity: “Healthcare services or supplies that are needed to diagnose or treat an illness, injury, condition, disease, or its symptoms – and that meet accepted standards of medicine.”
- Skilled treatment by a Medicare-certified therapist
- Individual is under the care of a physician
- Plan of Care has been certified by a physician/non-physician provider
- Documentation supports the above

Source: Medicare benefit policy manual and healthcare.gov

CENTERS FOR MEDICARE & MEDICAID SERVICES

Can COPE SW be covered under Medicare Part B?

- Medicare covers outpatient mental health services provided by eligible professionals – including ***Clinical Social Workers***

- Services are furnished to diagnose and treat mental illnesses
  - Common care partner diagnoses: anxiety, depression, adjustment disorder

- Services are "reasonable and necessary"

- Documentation supports the above

Source: Medicare benefit policy manual and https://www.cms.gov/files/document/medicare-mental-health.pdf

From Charity to Reimbursement

Insurance Enrollment and Credentialing:

1) Obtain National Provider Identifier (NPI) for MCHS and OTs
2) Enroll the organization as a Medicare Provider - CMS Form 855B
   Medicare Administrative Contractors:
   -Wisconsin Physician Services
   -National Government Services
3) Enroll OTs as Medicare Providers – CMS Forms 855I and 855R
4) Repeat Process for licensed clinical social workers (LCSW)
5) Enroll with the Council for Affordable Quality Healthcare (CAQH) and pursue contracts with other fee-for-service payers

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/855I_855R_EnrollmentandPolicy_Overview.pdf

https://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/MAC-Website-List

From Charity to Reimbursement

Treatment Protocols and Documentation

- Treatment manual & session protocols must be customized to fit your organization

- MCHS experience:
  - Gradual ramp-up and revision of protocols while developing competency with assessments & tools
  - No preexisting electronic medical records (EMR) for OT, SW & dementia care
  - Developed our own documentation
  - Later … Transitioned to Kareo EMR

From Charity to Reimbursement

Coding, Billing, Claims:

1) Identified 3rd party billing vendor
2) Established fee schedule and financial assistance policy
3) Learned from experience for 18 months
4) Developed internal systems to reconcile billing and collections = Revenue Cycle Management
5) Brought billing in-house with integrated EMR

CPT Codes and Sustainability

- MCHS bills as OUTPATIENT therapy (Medicare Part B)

OT Evaluation and Treatment Codes (billed under benefits of person with dementia)	97165, 97166, 97167, 97535, 97530, 96125, 97112, 97750, 97755, 97168, 97539, 97533, 97129, 97130
SW Psychotherapy Evaluation and Treatment Codes (billed under benefits of care partner)	90791, 90832, 90834, 90837, 90846, 90847

CPT Codes and Sustainability

Identify	Identify CPT codes
Review	Review Local Coverage Determinations
Check	Check with payers to ensure appropriate use

OT Evaluation CPT Codes

- **OT Evaluation – Low, Moderate, or High Complexity**
  - 97165, 97166, 97167
  - Re-Evaluation: 97168

Cognitive Performance Testing 96125

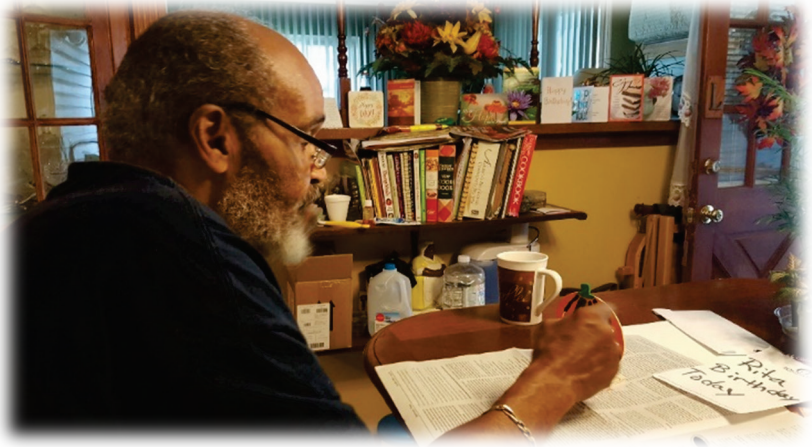
- Allen Diagnostic Module-2
- Must be accompanied by written report in patient's chart with implications and recommendations for function & safety

OT Treatment CPT Codes

- **Self-Care/Home Management Training 97535**
  - ADL/IADL training
  - Dementia education about ADL/IADL function or functional activity, dementia behavior impact on function, behavioral management training for caregiver

OT Treatment CPT Codes

- **Therapeutic Activities 97530**
  - Functional activities
  - Preparatory activities, motor activities, dynamic activities such as tabletop activities
  - Transfer training, functional mobility training
  - Task-oriented therapeutic activities to reduce behavioral dysfunction and improve functional performance & associated caregiver education



LCSW Evaluation CPT Codes

Integrated Biopsychosocial Assessment 90791

- Evaluation of care partner well-being, health, present coping and stress mgmt., and introductory education of caregiving and stress
- Review of assessment instruments including Perceived Change Scale, Revised Memory and Behavior Problem Checklist and Risk Appraisal

LCSW Treatment CPT Codes

Psychotherapy 30, 45, 60 minutes:

90832, 90834, 90837

- Identification of care partner values, problem-solving to identify triggers and situations contributing to stress
- Modification of thoughts and feelings around caregiving challenges, building coping and stress management strategies
- Evaluation of coping and stress management implementation, generalization of skills for future challenges

Therapeutic Approaches:

- Cognitive Behavioral Therapy
- Motivational Interviewing
- Solution Focused Brief Therapy

Barriers and Lessons Learned

Disjointed billing mechanism Physician vs Outpatient OT/SW Services

Dyadic approach requires billing services through ***patient*** and ***care partner*** insurance benefits

Timing constraints - 90-day plan of care, scheduling challenges, unexpected home health episodes

Reimbursement does not cover cost of providing services at home

Where are we today?

- COVID-19 introduced telehealth billing
- Started with Zoom for Healthcare, then Doxy.me
- OT is 80% telehealth; 20% in-person
- SW is 95% telehealth; 5% in-person

Sustainable Revenue

Increased Costs

45% Philanthropy, 45% Grants, 10% Insurance Reimbursement

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