

Patient Health Education: What Physicians Need to Know to Thrive in Today's Healthcare Environments

Prepared by
National Institute of Whole Health
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The only nationally accredited program
for Patient Health Education,
Patient Advocacy and Health Coaching

Today's Healthcare Environment

Current work environments for physicians are vastly different than just 10 years prior, due to several factors:

- (1) Increased physician specialization
- (2) More treatment options
- (3) Dominance of the internet and EMR
- (4) Ongoing rise of chronic disease



The Physician-Patient Relationship Has Significantly Changed

In the past, many patients had a *personal* physician who met most of their healthcare needs. In addition to examinations and treatments, doctors also were responsible for patient education.

The ongoing relationship between the physician and patient was an information exchange, in which patients told their doctors about their symptoms and doctors provided diagnoses and recommended treatments.

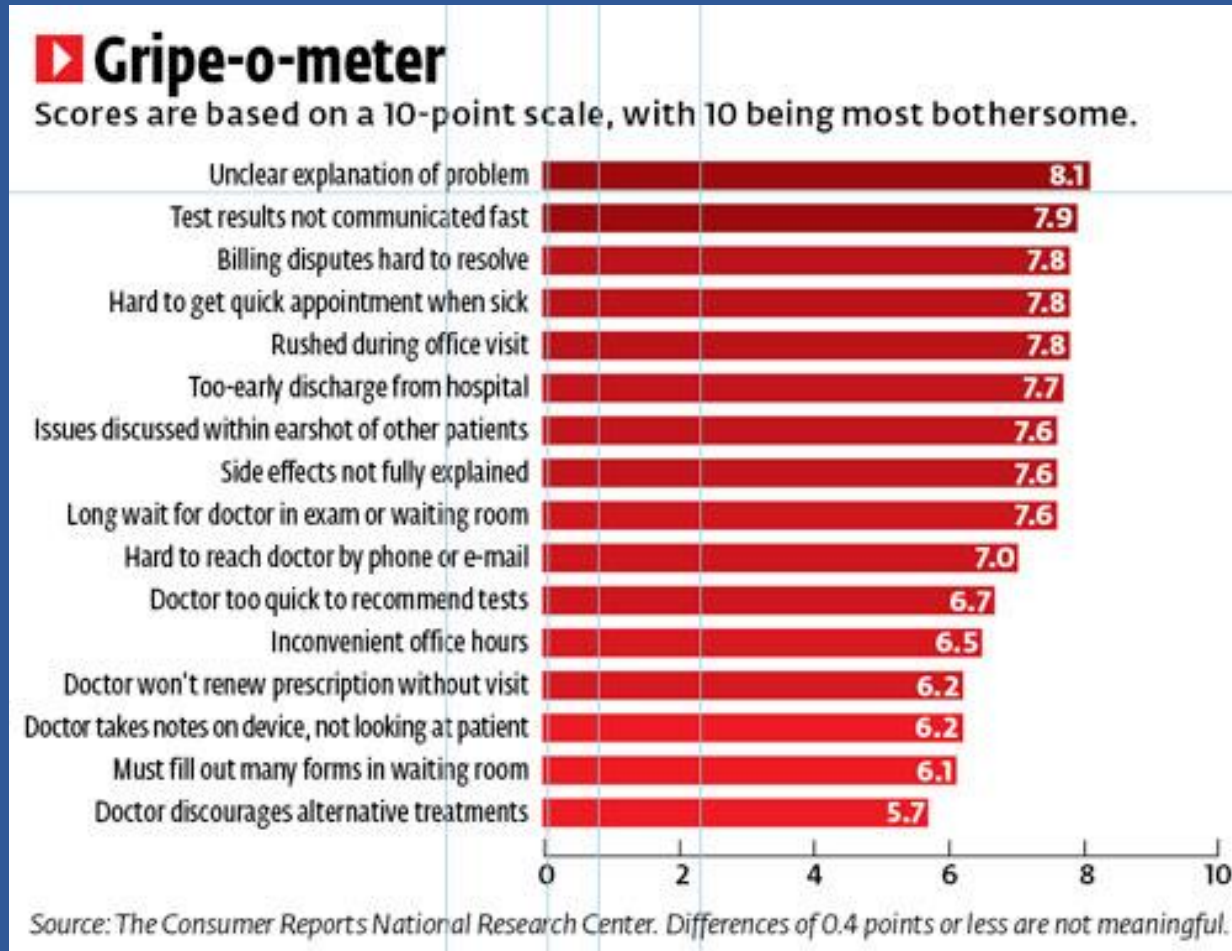
Less Time to Educate Patients

Increasing medical specialization means that no single physician can provide all the information patients need and want. In addition, physicians now do not have enough time to give their patients complete information on their health.



Even within their specialties, doctors have trouble staying current in their field. About 10,000 clinical studies occur every year, and by some accounts, medical knowledge doubles every 42 months.

UNCLEAR EXPLANATIONS #1 GRIPE



Healthcare Programs Address the Issue

Value Care Pay for Performance , which includes (1) Patient Value Based Purchasing, (2) Hospital Readmission Reduction and (3) Physician Value Based Payment Modifier programs follow the Medicare guidelines of the "*practice of medicine in all settings*" to include:

- > placing patients at the center of their health care decision making
- > treating the patient as a whole person
- > evidenced-based health education for prevention and disease management

Time Physicians Spend with Patients



Statistics bear out that physicians no longer have the time they would like to spend with their patients and need support staff to improve safety and outcomes.

More than three-fourths of patients think medical errors could be reduced if physicians spent more time with patients to provide more health information and education.

The Missing Piece



Patient health education, patient health advocacy and behavioral health coaching skills, which inform and empower individuals to create sustainable health behavior changes, have been identified as the *missing pieces* in today's healthcare environments.

Family Practice Management[®]

The March-April 2014 edition of the American Academy of Family Physicians journal publication identifies “health education specialists [or patient health educators] who have skills in health education, quality coordination [advocacy] and coaching skills, can prepare and lead practices into the future of population management and quality improvement.”



AAFP endorses and recommends the integration of properly trained and credentialed professionals to provide this necessary and important physician support that can enhance and improve your practice.

Drop-in Piece to Your Current Practice

In addition to meeting healthcare mandates and earning Pay4Performance reimbursement rewards, training one or more of your current, qualified staff can lead to significant income growth.

Service	MC Fee	Services/Day	Fee/Day	Days/Month	Fee/Month	Fee/Year
Services Not Explicitly Requiring Physician Supervision				20		
xxxxx	\$28.29	1	\$28.29	20	\$565.80	\$6,789.00
xxxxx	\$13.61	0.5	\$6.81	20	\$136.10	\$1,633.20
xxxxx	\$10.03	2	\$20.06	20	\$401.20	\$4,814.40
xxxxx	\$13.96	2	\$27.92	20	\$558.40	\$6,700.80
xxxxx	\$27.21	2	\$54.42	20	\$1,088.40	\$13,060.80
xxxxx	\$99.74	2	\$79.48	20	\$1,589.60	\$19,075.20
xxxxx	\$0.00	0	\$0.00	20	\$0.00	\$0.00
xxxxx	\$0.00	0	\$0.00	20	\$0.00	\$0.00
xxxxx	\$0.00	0	\$0.00	20	\$0.00	\$0.00
xxxxx	\$109.50	0	\$0.00	20	\$0.00	\$0.00
xxxxx	\$59.99	0	\$0.00	20	\$0.00	\$0.00
xxxxx	\$36.52	0.5	\$18.26	20	\$365.20	\$4,382.40
xxxxx	\$62.30	0.5	\$31.15	20	\$623.00	\$7,476.00
xxxxx	\$87.00	0.5	\$43.50	20	\$870.00	\$10,440.00
xxxxx	\$112.42	0.5	\$56.21	20	\$1,124.20	\$13,490.40
xxxxx	\$14.32	0.25	\$3.58	20	\$71.60	\$859.20
xxxxx	\$27.93	0.1	\$2.79	20	\$55.86	\$670.32
xxxxx	\$30.45	0.1	\$3.55	20	\$70.90	\$850.80
xxxxx	\$69.10	0.1	\$6.91	20	\$138.20	\$1,658.40
xxxxx	\$16.47	0	\$0.00	20	\$0.00	\$0.00
xxxxx	\$21.48	0	\$0.00	20	\$0.00	\$0.00
xxxxx	\$85.93	0	\$0.00	20	\$0.00	\$0.00
xxxxx	\$74.83	0	\$0.00	20	\$0.00	\$0.00
Totals						\$91,901.52
Services Explicitly Requiring Physician Supervision				20		
xxxxx	\$20.06	2	\$40.12	20	\$802.40	\$9,628.80
xxxxx	\$8.95	0	\$0.00	20	\$0.00	\$0.00
xxxxx	\$5.01	0	\$0.00	20	\$0.00	\$0.00
xxxxx	\$0.00	0	\$0.00	20	\$0.00	\$0.00
xxxxx	\$0.00	0	\$0.00	20	\$0.00	\$0.00
xxxxx	\$40.82	2	\$81.64	20	\$1,632.80	\$19,593.60
xxxxx	\$165.42	2	\$330.84	20	\$6,616.80	\$79,401.60
xxxxx	\$233.09	1	\$233.09	20	\$4,661.80	\$55,941.60
xxxxx	\$172.58	1	\$172.58	20	\$3,451.60	\$41,419.20
xxxxx	\$117.08	3	\$351.24	20	\$7,024.80	\$84,297.60
xxxxx	\$85.93	0.5	\$42.97	20	\$859.30	\$10,311.60
xxxxx	\$74.83	0.25	\$18.71	20	\$374.15	\$4,489.80
Totals						\$305,083.80
Grand Total						\$396,985.32

Drop-in Piece to Your Current Practice

Each CPT coded service is listed in the left column, divided into two categories depending on supervision requirement, followed by the corresponding Medicare fee (taken from Medicare Physician Fee Schedule):

White font - Medicare (MC) covered services

Red font - MC non-covered services

Instructions:

Tan box: enter the average number of billing days per practice per month

Yellow boxes: for each line, enter the average number of services provided each billing day

Green box: estimated yearly receipts for health educator provided services

Provide an Accredited Training for Your Staff and Realize the Many Benefits in Meeting Today's Healthcare Directives



Since 1977, The National Institute of Whole Health has been providing accredited continuing education and professional development programs for credentialed healthcare professionals.

Comprehensive, low cost, on-line trainings provide nationally recognized and approved patient health education programs which qualify graduates for professional liability insurance and an NPI number as a Patient Health Educator.

An Online, Evidence-Based Program to Enhance the Health of Your Patients, Staff and Practice



Utilizing the convenience of an accredited on-line program, that your staff can complete on their own time, will provide multiple benefits and incentives for the staff, improve patient satisfaction and increase net practice revenues.

Vision of the Institute of Medicine, World Health Organization and National Academy of Sciences

The NIWH 3-in 1 Patient Health Education, Patient Health Advocacy and Health Coaching Skills program is based on the call for *"a more cross-cutting, interdisciplinary, patient-centered credentials, along with a transformation in healthcare professional training and continuing education"* by IOM, WHO and NAS.

The collaboration of these three national leaders in health care also calls for a "retooling" of the health care workforce." The NIWH meets these recommendations and call-to-action for health care.

Coding & Billing for Health Education Services



*Presented by **Brian Meredith, CPC**
Healthforce, Inc.
exclusively for
National Institute of Whole Health*

Patient Education

Patient education is an essential component of patient care for all clinical staff including:

- Physicians
- Non-physician practitioners
- Allied health professionals
- Ancillary staff

Patient Education

For coding and billing, patient education can be grouped into two primary categories:

- Problem-related
 - Education is provided to help patient manage an illness or injury
- Preventative
 - Education is provided to help patient prevent illness or injury

CPT “Counseling”

In the AMA’s CPT coding manual, patient education is usually called “counseling,” a discussion with a patient and/or family concerning one or more of the following areas:

- diagnostic results, impressions, and/or recommended diagnostic studies;
- prognosis;
- risks and benefits of management (treatment) options;
- instructions for management (treatment) and/or follow-up;
- importance of compliance with chosen management (treatment) options;
- risk factor reduction; and
- patient and family education

Patient Health Education

Problem-related patient education using CPT Evaluation and Management (E/M) codes is normally reported by:

- Physicians
- Non-physician practitioners
- Some allied health practitioners (such as chiropractors and acupuncturists, for example)

E/M Coding

To select the appropriate E/M code, the provider must determine the proper service category and level*:

- ❑ Category (new patient office visit, established nursing home visit, subsequent daily hospital care, etc.)
- ❑ Level (usually a choice from three to five)

*For details, see official CPT Coding Manual

E/M Counseling

Patient education is often provided during part or all of a problem related E/M visit

If the major portion (>50%) of the visit is counseling or coordinating care with another healthcare provider, the E/M level may be determined by the total length of time spent with the patient

Group Education

Problem-related patient education provided to a group is reported by a specific CPT code

Educational supplies provided to the patient at cost to the provider can be reported by a CPT code

“Incident to”

Non-physician allied health professionals and ancillary staff may provide problem related patient education “incident to” a physician service and, if provided on a day other than the physician’s service, may be reported by the CPT code for this service which must be provided under supervision of a physician

“Incident to”

To qualify as “incident to” the service must be:

- ✓ furnished as an integral, although incidental, part of the physician’s personal professional services in the course of diagnosis or treatment of an injury or illness
- ✓ normally included in the physician's bill
- ✓ commonly furnished in physicians’ office
- ✓ performed under direct physician supervision

Direct Supervision

Direct supervision means the service or procedure is performed while the supervising physician is:

- ✓ present in the office “suite” (not necessarily same room)
- ✓ immediately available to provide assistance and direction throughout the time the non-physician is performing service or procedure

Also, for billing purposes, the supervising physician need not be the same physician that originally treated the patient.

Preventative Medicine Education

Preventative education can be reported by a physician or other qualified health professional that is legally provided within the health professional's scope of practice and is usually reported using CPT preventative medicine counseling codes

Note: Preventative education provided by a physician during a patient's annual preventative medicine visit is considered part of that service and not to be reported separately.

Preventative Medicine Counseling

To select the appropriate preventative medicine counseling code, the provider must identify:

- ✓ the total face-to-face time spent counseling
- ✓ whether the counseling is provided to an individual or a group

Preventative Medicine Counseling

- Individual: codes for
 - approx. 15 minutes
 - approx. 30 minutes
 - approx. 45 minutes
 - approx. 60 minutes
- Group:
 - approx. 30 minutes
 - approx. 60 minutes

Tobacco and Alcohol Abuse Counseling

Targeted behavior change interventions for smoking and tobacco cessation and alcohol and substance abuse screening and intervention may also be reported using these CPT codes:

- Smoking and tobacco
 - 3-10 minutes
 - greater than 10 minutes
- Alcohol and substance abuse
 - 15-30 minutes
 - greater than 30 minutes

Phone and Email Services

Follow-up phone conversations and time spent composing email responses may be reported by qualified health professionals:

- 5 to 10 minute medical discussion
- 11 to 20 minute medical discussion
- 21 to 30 minute medical discussion
- Online medical communication

Advance Care Planning

Advanced care planning codes can be used when qualified health professionals conduct sessions with patients, family members, or surrogate in counseling and discussing advance directives

- 30 minutes, face-to-face with patient family members, and/or surrogate
- each additional 30 minutes

Education and Training – Patient Self-Management

Patient self-management codes can only be used to report educational and training services that are:

- prescribed by a physician and provided by a qualified, non-physician healthcare professional
- using a standardized curriculum to an individual or a group
- for treatment for an established illness(s)/disease (s) or to delay comorbidity(s).

Note: All three of these criteria must be met for the non-physician healthcare professionals to utilize these codes for the purpose of counseling and/or risk reduction.

Education and Training – Patient Self-Management

- Education & training for patient self-management, each 30 minutes (initial or subsequent visit), **individual patient**
- Education & training for patient self-management, each 30 minutes (initial or subsequent visit), **2-4 patients**
- Education & training for patient self-management, each 30 minutes (initial or subsequent visit), **5-8 patients**

Services Provided Under Physician Supervision

Patient education may be provided by qualified healthcare professionals as all or part of a service under physician supervision or direction, freeing up physicians to provide more direct medical care to their patients. These services include:

- Chronic care management
- Transitional care management
- Medicare annual wellness visits
- Advance care planning

Chronic Care Management

- Complex chronic care management services, 60 minutes of physician directed clinical staff time
- Complex chronic care management services, each additional 30 minutes of physician directed clinical staff time, in addition to 99487
- Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month

*Medicare bundled codes, no separate Medicare payment.

Transitional Care Management

- Transitional Care Management Services (Moderate Complexity or >7 day face-to-face follow up visit)
- Transitional Care Management Services (High Complexity with <8 day follow up visit)

Medicare Annual Wellness Visits

- Annual wellness visit, includes a personalized prevention plan of service (PPPS), first visit
- Annual wellness visit, includes a personalized prevention plan of service (PPPS), subsequent visit

Advance Care Planning

Advanced care planning codes can be used when qualified health professionals conduct sessions with patients, family members, or surrogate in counseling and discussing advance directives

- 30 minutes, face-to-face with patient family members, and/or surrogate
- each additional 30 minutes

ICD-10 Coding

In addition to the CPT (procedure) code, an appropriate ICD-10 diagnostic code should be reported to identify the reason for the health service or encounter

Some examples of ICD-10 codes used to report Health education services are below. A full list can be found in the official ICD-10 coding manual

- Person with feared health complaint in whom no diagnosis is made
- Dietary counseling and surveillance
- Alcohol abuse counseling and surveillance of alcoholic
- Tobacco abuse counseling
- Lack of physical exercise
- Inappropriate diet and eating habits
- Sleep deprivation
- Stress, not elsewhere classified

Billing

Health education services may be billed either:

- directly to the patient (self-pay billing) or
- to the patient's medical insurance carrier (third-party billing)

Billing

Whether billed to the patient or the patient's insurance carrier, health educators must ensure that all services provided meet their state's requirements for:

- Licensing
- Scope of practice

Billing

If self-pay, the patient may be able to submit the service to their flexible spending or health savings account for payment.

To help ensure the service is recognized as a qualifying health expenditure the receipt for the service should include:

- Provider name, NPI # and address
- Date of service
- Patient full name
- Service description including codes (as above) whenever possible
- Service charge

Billing

In addition, after receiving the bill from the provider the patient may be able to submit a claim for the service to their health plan themselves.

The provider may also bill the patient's health plan on behalf of the patient, again using their NPI number and the appropriate CPT and ICD-10 code(s).

Billing

If the provider has an NPI number, to be paid, they may also need to ensure that:

- they are licensed or credentialed
- they are enrolled as a provider in the health plan
- the services they provide are a covered health plan benefit or paid according to health plan payment policy

Billing

A health education provider's services may also be billed by a supervising physician as a service Performed "incident to." (See slide #24.)

To qualify as a service provided "incident to," the performing provider must have an employment relationship with the billing provider

This may be as a regular, per diem, leased or contracted employee.

What Your Office Needs

- Proper patient education notes and record keeping
- Qualified staff whose scope of practice includes Patient Health Education (all nurses, nationally certified Medical Assistants and certified Nursing Assistants)
- Patient education staff has recognized, accredited training which follow the current guidelines and recommendations for patient education and advocacy
- Patient education staff members have liability insurance for providing patient health education
- This earned specialty NPI number supports staff qualifications for Patient Health Education

National Institute of Whole Health Online Training for Medical Practice Staff



NIWH Patient Health Education, Patient Advocacy & Coaching programs provides skills and training recommended by:

- > National Academy of Sciences, IOM's published standards, *Health Professions Education: A Bridge to Quality*
- > World Health Organizations (WHO's) report: *Preparing a Healthcare Workforce for the 21st Century: The Challenge of Chronic Conditions* recommendation continuing education for healthcare professionals
- > For more information about the training, visit www.niwh.org