

# T-CODES: A DING IN THE HEALTH CARE UNIVERSE



BCBSM Value Partnerships  
Lansing Community College  
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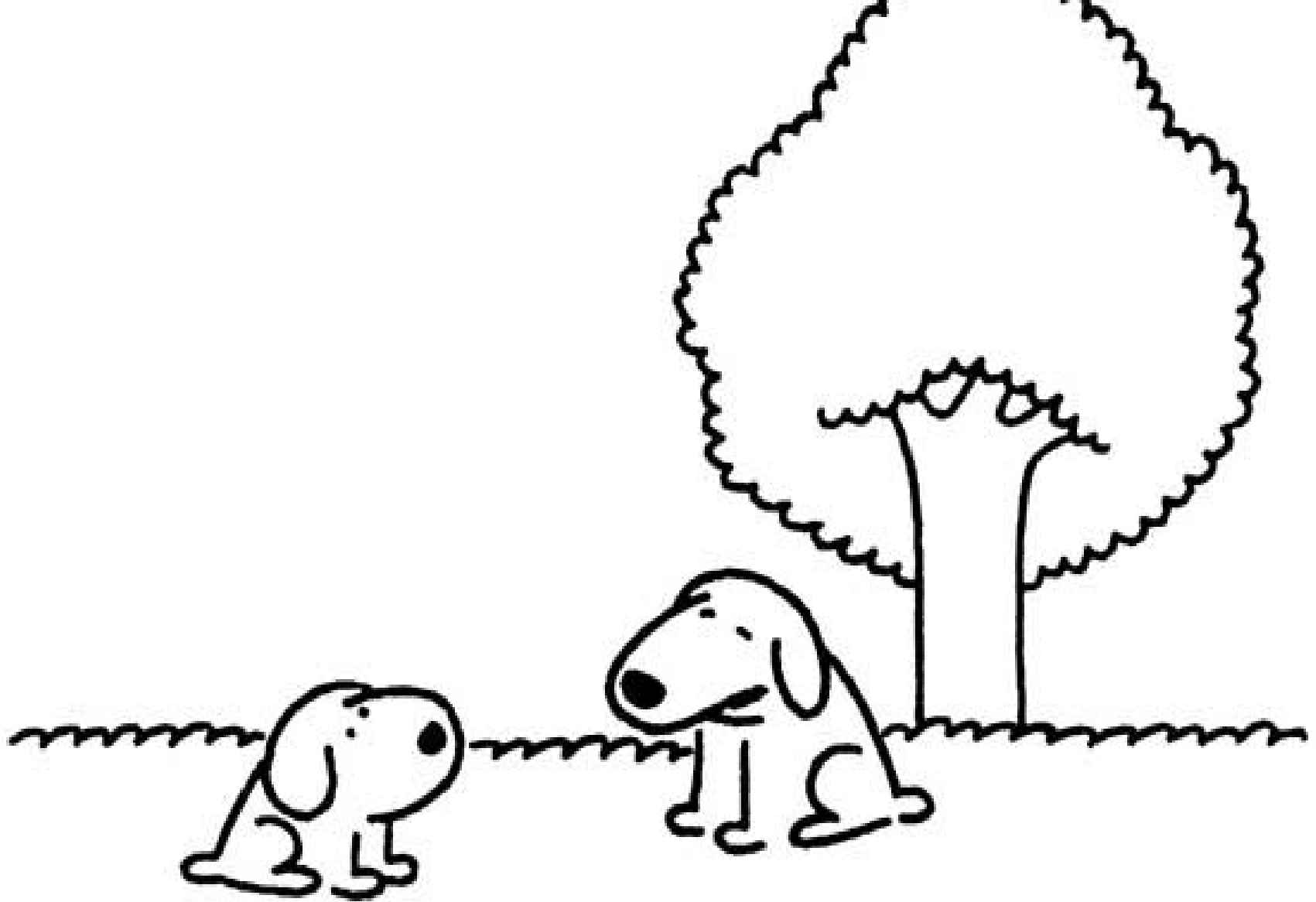


# LEARNING OBJECTIVES



- Define the essential characteristics of the BCBSM PGIP developed codes: T-1015 and T-1019
- Describe use of T-1015 and T-1019
- Identify the Allied Health Professionals who can render T-Code billable services





*Caravotti*

*"My advice is to learn all the tricks you can while you're young."*

# RECOGNIZED ALLIED HEALTH PROFESSIONAL



- Licensed nurses - LPN's or RN's
- Licensed dietitians
- Master's level nutritionists
- Certified diabetes educators
- Certified asthma educators
- Clinical pharmacists
- Behavioral health specialists (MSW)
- Certified respiratory therapists
- APN and PA\*\*

*\*\*If encounter involves clinical decision making (i.e. ordering labs, tests, performing a physical assessment, or making medication changes) the clinician may **NOT** bill for T codes as they are billable as an E&M service*



# BCBSM DEFINITION



- T-Codes can only be used and billed for by physicians in PGIP and administered/delivered as a service by ancillary providers identified as Allied Health Professionals
- T-Codes are used for chronic care management that can be case managed
- Doctor and patient have to establish chronic care management goals in the context of a patient's office visit (E and M service)



# BCBSM DEFINITION



- Allied Health Professional most appropriate to supporting the patient in reaching those goals is identified and recommended to the patient
- The encounter with the Allied Health Professional must be planned or initiated by the patient when he/she contacts the physician's office with questions



# BCBSM DEFINITION



- The patient is receptive to the Allied Health Professional's guidance
- The services rendered by the Allied Health Professional have to be bona fide, individualized, goal driven, care management/coordination or self-management training/education services



# T-CODE PLACE OF SERVICE



- The services provided by the Allied Health Professional are “incident to” a physician’s and only approved for reimbursement in the following places of service:
  - Physician’s office
  - Facility or hospital outpatient
  - Patient’s domicile



# APPROVED DIAGNOSES



- Asthma
- COPD (Chronic Obstructive Pulmonary Disease)
- Diabetes (Type 1 and 2)
- Hypertension
- Coronary heart disease
- Congestive heart failure
- ADHD (Attention Deficit Hyperactivity Syndrome)

*Report appropriate ICD-9 code for the chronic condition being treated. Major depression and obesity are not yet approved chronic conditions to be payable as stand alone diagnosis/condition. T code services apply to ANY diagnosis that can be case managed and is covered as a benefit for that member.*



# DEFINITIONS



- T 1015
  - A clinic visit/encounter that is all inclusive and can be delivered by a multitude of disciplines in the physician's office, facility or hospital outpatient, and patient's domicile
  - Designated for face to face services provided by an Allied Health Professional. It is subsequent to an office visit (cognitive E and M code service) in pursuit of chronic illness management, self-care skills education, or goals established in concert with the patient



# DEFINITIONS



- T 1019
  - Personal care services not for an inpatient or resident of a hospital, nursing facility, that is part of the individualized plan of treatment
  - Processed in units of 15 minute increments
  - Designed to cover telephonic chronic illness management when it is provided subsequent to an office visit (cognitive E and M code service); in pursuit of chronic illness management, self-care skills education, goals established in concert with the patient. Telephonic support is billable when provided by any of the Allied Health Professionals



# REIMBURSEMENT



- T-1015
  - A patient may see any approved Allied Health Professional for as long as they like; however, reimbursement is \$60/discipline or service line
  - Maximum reimbursed for 3 lines of service when modifier 59 is added to the second and third service line for different disciplines
  - There is no limit on the number of T codes billed between PCP appointments

*The services rendered by the Allied Health Professional have to be bona fide, individualized, goal driven, care management/coordination or self-management training/education services*



# REIMBURSEMENT



- T-1019 reimbursement (Effective October, 2006) is \$30.00 per 15 minutes with maximum quantity of 2
- Currently there is no limit on the number of T-codes billed between PCP appointments

*The services rendered by the Allied Health Professional have to be bona fide, individualized, goal driven, care management/coordination or self-management training/education services*



# T CODE BENEFICIARIES



- Includes PPO TRUST (Blue Preferred Plus, Community Blue, MI Child, Point of Service, BlueCard\*\*) products and Traditional (*new as of 10/1/09*)
- T codes are not payable for those patients who do not have office visit coverage

*\*\*BCBSM is working with Interplan Administration and Relations to coordinate acceptance of T Code reimbursement with all out of state Control Plans for local Blue Card host and national groups.*



# GROUPS EXCLUDED FROM T-CODE PAYMENT



- General Motors 83000 series
- Daimler Chrysler 82000 series
- FEP FEP01 and FEP02
- Ford 87000 series
- Visteon 73100 series
- FEP FEP01 and FEP02
- Severstal 72280 and 72290



# MEMBER RESPONSIBILITY



- Providers are entitled to only single member co-pay on any date of service, including any office visit service provided directly by the physician as their benefit allows - not applicable for T Codes
- T1015 and T1019 have coinsurance liability only which apply to the member's deductible



# MEDICAL NETWORK ONE T-CODE EXPERIENCE

A Three-Year Journey



# MNO ALLIED HEALTH PROFESSIONALS



- Composition of Community Care Travel Team
  - Licensed nurses (RN, LPN)
    - Licensed dietitians
    - Master's level nutritionists
    - Certified diabetes educators
    - Certified asthma educators
    - Certified respiratory therapists
    - Behavior health specialists (MSW)
    - Stanford Self Management Specialists
      - Master's level exercise physiologists
  - ACE, ACSM and CSCS Exercise Certifications



# PHASE ONE



- CCTT Services introduced to Physician and Medical Practice Team
- Signed Memo of Understanding between physician and CCTT required
- Memo of Understanding outlines roles and responsibilities of all engaged in CCTT
- Physician and Medical Practice Team identify patient population (all patients referred by physician are seen)



# PHASE TWO



- Training of Medical Practice Team on Chronic Care Model
- CCTT clinician designated to serve as P-CMH Implementation Liaison
- Standardized knowledge/skills assessments of entire Team completed at minimum annually



# PHASE THREE



- Medical Practice Team selects day and time most suitable for elementary training and education of staff
- After successful training, Medical Practice Team identifies day and times most suitable for CCTT visits
- CCTT and Medical Practice Team work in partnership



# PHASE FOUR



- Begin with one patient, one day, one CCTT clinician
- Assess what worked and what didn't work
- Establish next steps
- Days are added as capacity is reached



# ADDITIONAL INFORMATION



- RN is first point of contact **ALWAYS**
- Other Allied Health Professionals added as needed
- As capacity is reached additional days are booked
- Quarterly team conference with physician to assess patient's progress
- Patients transition from individual to group visits
- T-1015 effectiveness increases with T-1019 support



# ADDITIONAL INFORMATION



- EMR captures information
- WellCentive used to capture data points
- RelayHealth key to education, communication and ongoing support



# ENGAGING THE PATIENT



- Explanation of the CCTT services provided by Medical Practice Team prior to the patient's first encounter
- CCTT explains distinction between T-1015 and T-1019 including benefits and billing
- On-call billing staff provided MNO CCTT



# HEALTH PLANS ACCEPTING T-CODES



- BCBSM
- BCN
- BCNA
- BCN65
- Midwest Health
- Molina
- United Health Care
- Aetna
- Cigna

*Ongoing discussions with Health Plus, HAP and other national payers*



# NEXT STEPS...



*Coverage for group visits, drop-in group visits and prevention services*

