

Kidney Health Evaluation (KED) 200% Accountability

Select Health | Fall 2023 Best Practice Conference September 27, 2023

Dr. Leslie P. Wong Senior Medical Director of Intermountain Kidney Services and Nephrology Interim Senior Medical Director of Intermountain Medical Specialties Intermountain Kidney Clinics Success in the Quality Provider Program

200% Accountability by All



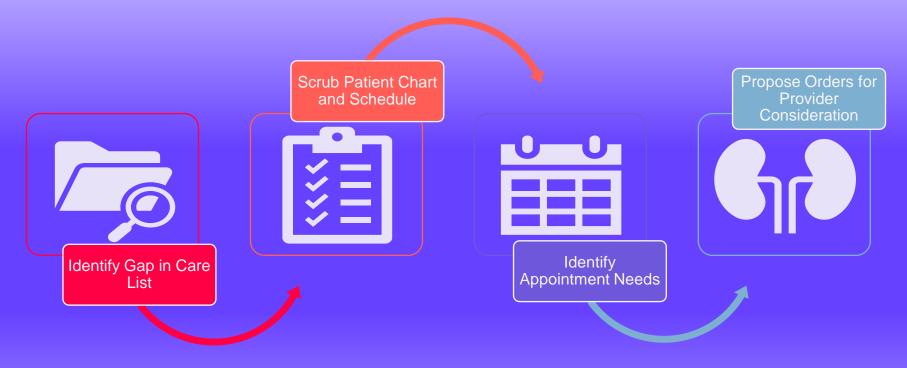




Intermountain Kidney Clinic



Nurse Navigation Process





Kidney Clinic Nurse Navigation Team





Follow-Up Appointments





Through the Lens of 200% Accountability

Blood Pressure Measuring & Control

Members 18–75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year

Diabetic Eye Exams

Members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.

Diabetic A1C Monitoring

Members 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year:

HbA1c control (<8.0%).HbA1c poor control (>9.0%)

KED

Members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) *and* a urine albumincreatinine ratio (uACR), during the measurement year





The Benefits of KED Bundled Labs

KED Bundled Labs = "Kidney Risk Score"

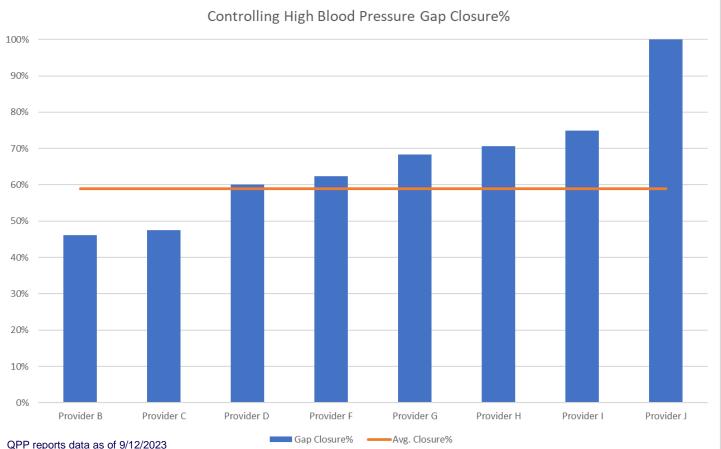
EGFR and an ACR will be performed at the same time.



Order generates a calculation of the patient's risk of progressing to kidney failure using the 4-variable Kidney Failure Risk Equation (KFRE) calculation.



Intermountain Kidney Clinic- Provider Gap Closure



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Implementing CPT Category II Codes

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Debra Bowen, CPC Projects Supervisor & Assistant General Manager



- From the jordanmeadows.com website

What are CPT Category II Codes?

According to the AMA:¹



- Supplemental tracking codes used for performance measurement
- Codes that facilitate data collection and reporting
- Not a substitute for Category I codes



Why did we decide to implement CPT Category II codes?

- 1. We needed a way to comply with increasing reporting requirements without adding staff.
- 2. It saves time by reducing the need to scrub lists and enter manual corrections.
- 3. It makes it easier to track the delivery of quality care.
- 4. Some payers pay bonuses for category II code utilization.



Where did we focus?

AMA CPT Category II codes we are using:

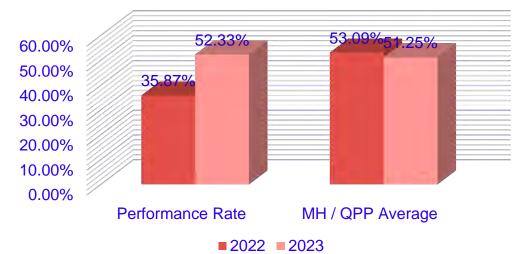
- A1c Codes:
 - 3044F <7%
 - 3051F ≥7.0% <8.0%
 - 3052F ≥8.0% <9.0%
 - 3046F >9.0%

- Blood Pressure Codes:
 - 3074F Systolic <130
 - 3075F Systolic 130 139
 - $3077F Systolic \ge 140$
 - 3078F Diastolic <80
 - 3079F Diastolic 80 89
 - $3080F Diastolic \ge 90$
- Discharge Medication Reconciliation: 1111F



What results have we seen?

July 22-23 A1c Performance Comparison



2023:

- No A1c corrections to date
- Rate improved & above
 QPP average

2022: 67 A1c corrections scrubbed & entered



CPT Category II Coding

Pros:

- 1. Smaller lists to scrub and fewer corrections to enter (time savings!)
- 2. Value-added efficiency by posting to insurance faster
- 3. Improved tracking of care delivery for better patient outcomes
- 4. More reliable than data submission

Cons:

- 1. Added time in coding the visit
- 2. Waiting for lab results before coding & billing





It is more cost effective to code and bill CPT Category II codes than to scrub for and submit corrections.

Reference

1. American Medical Association. *Criteria for CPT® Category II codes*. ama.org. <u>https://www.ama-assn.org/practice-management/cpt/criteria-cpt-category-ii-codes</u>. No publication date. Accessed September 6, 2023.



QPP Updates

Sharon Thomas, BSN, RN Wendy Salas, BSN, RN



2024 Program Updates

Breast Cancer Screening

<u>Add</u>: Ages 40-50 years (reporting only)



Medication Adherence

<u>Change</u>: Quarterly payments

Depression Screening (new moms)

<u>New</u>: Quality Provider Plus program participants







Thank you!

