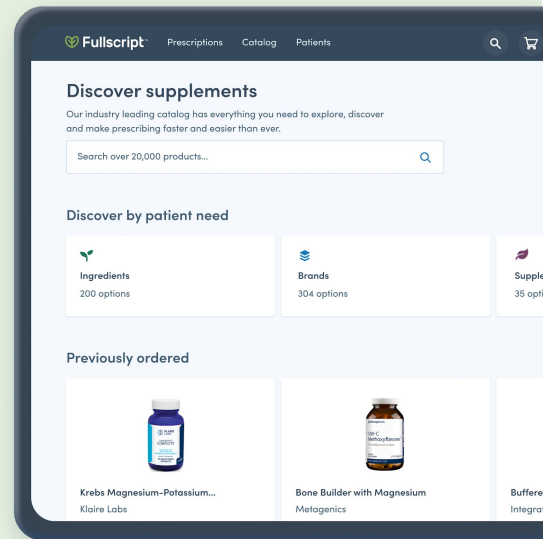




# How to launch and scale Integrative Medicine within the medical insurance model



Presented by:  
Cheng Ruan, MD



# AMA PRA category 1 CME

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Fee: \$5.00

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# Outline

1. The top billing codes that integrative providers should know inside and out to start using today to run a successful practice
2. What is required staff-wise to successfully run an integrative medicine practice on insurance? (doctors, mid-levels, coaches, nurses)
3. What is coming up in 2023 in billing and reimbursement that will accelerate the adoption of integrative medicine within Medicare.
4. How does Fullscript optimize the practice of integrative medicine?

# My story

- Grandfather was a doctor in small village town
- Mother studied acupuncture and Chinese medicine
- Father: University of Houston Pharmacy School
- Undergraduate: Texas A&M University
- Medical School: Ross University School of Medicine
- Internal Medicine Residency: New York Presbyterian Queens/Weill Cornell Medical College



# My inspiration

## Texas Center for Lifestyle Medicine:

- Founded in 2017
- Focused on basic principles of great quality care.
  - Collaborative Medicine
  - Integrating Mind-Body Medicine
  - Create bridges
  - Mutual Respect through communication
- Fundamental characteristics
  - Create systems within insurance systems
  - No compromise in quality of care





## The care model

- Health Coach and Allied Health Centric Design
- Goal oriented rather than guideline oriented
- In-Network Insurance contracts
- Medicare, Tricare, and other government programs
- Private Insurances
- Group and Individual Visits
- Telemedicine Heavy (since the pandemic)

# Insurance benefits



Access to patients



Patients have access  
to excellent care



Low  
customer/patient  
acquisition cost



Higher perceived  
value of services

# The big vision

- No labeling in medicine
- Pre-defined roles are set for clinicians
- Collaboration no matter what
- Persistent learning from colleagues and other clinicians
- Creating a fellowship of professionals that speak the same language
- Cultivate patient care delivery models (shared medical visits)
- Collect patient reported outcomes
- No more resentment between integrative health practitioners and other clinicians
- Medical insurance is NOT a hindrance to the care delivery model





# Billing opportunities

# 2021 changes to E&M codes

## 2021 revisions made to the E/M codes for office visit services

- Coding and documentation easier and more flexible
- Lifts physicians and care teams from time-wasting administrative tasks that are clinically irrelevant
- The new modification to the E/M codes extend to inpatient and observation care services, consultations, emergency department services, nursing facility services, home and residence services, and prolonged services.

“The process for coding and documenting almost all E/M services is now simpler and more flexible. We want to ensure that physicians and other users get the full benefit of the administrative relief from the E/M code revisions. The AMA is helping physicians and health care organizations prepare now for the E/M coding changes and offers authoritative resources to anticipate the operational, infrastructural and administrative workflow adjustments that will result from the pending transition.”

**President Jack Resneck Jr., M.D.**  
**American Medical Association**

# E/M: 2021 based on medical decision making

## Amount/Complexity of Data

Code	Level of Data	Requirement	Amount/Complexity of Data
99211	N/A		N/A
99202/99212	Minimal/None		Minimal or None
99203/99213	Limited	Meet at least 1 of 2 Categories	Category 1: Any combination of 2; OR Category 2: Assessment Requiring Independent Historian(s)
99204/99214	Moderate	Meet at least 1 of 3 Categories	Category 1: Any combination of 3; OR Category 2: Assessment Requiring Independent Historian(s); OR Category 3: Discussion of Management or Test Interpretation
99205/99215	Extensive	Meet at least 2 of 3 Categories	Category 1: Any combination of 3; AND/OR Category 2: Assessment Requiring Independent Historian(s); AND/OR Category 3: Discussion of Management or Test Interpretation

# E/M: 2021 based on time

Total time for activities by treating provider on day of visit.

(All notes are time stamped; this will be used to verify service date)

New patient		Established patient	
Minutes	E&M Code	Minutes	E&M Code
15-29	99202	10-19	99212
30-44	99203	20-29	99213
45-59	99204	30-39	99214
60-74	99205	40-54	99215

## 99417 and G2212 Prolonged Services:

- Use only with Level 5 time based codes (99205/99215).
- 1 unit of service per 15 minutes.
- Partial times are not coded.

# Areas of opportunities in medical insurance

Bill for things clinicians already do.

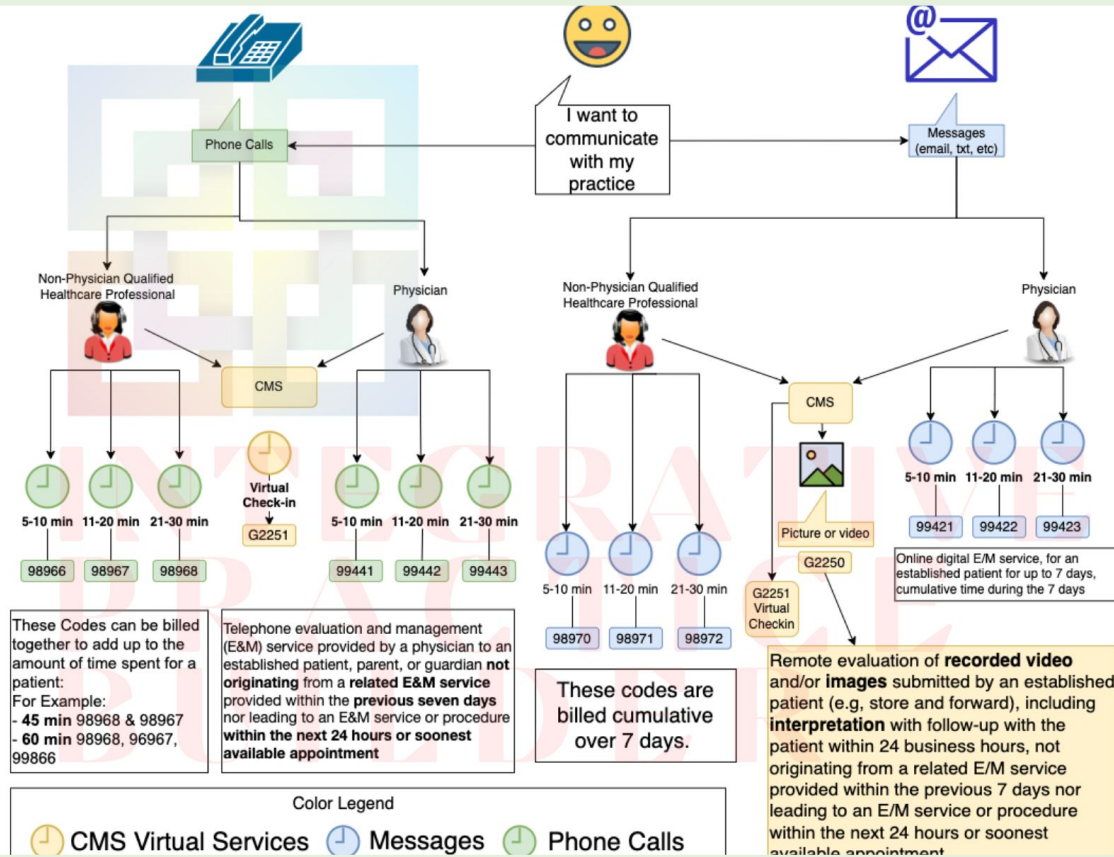
- Communication
- Inter-professional consultation
- Behavioral Change discussions
- Researching for patients and chart review



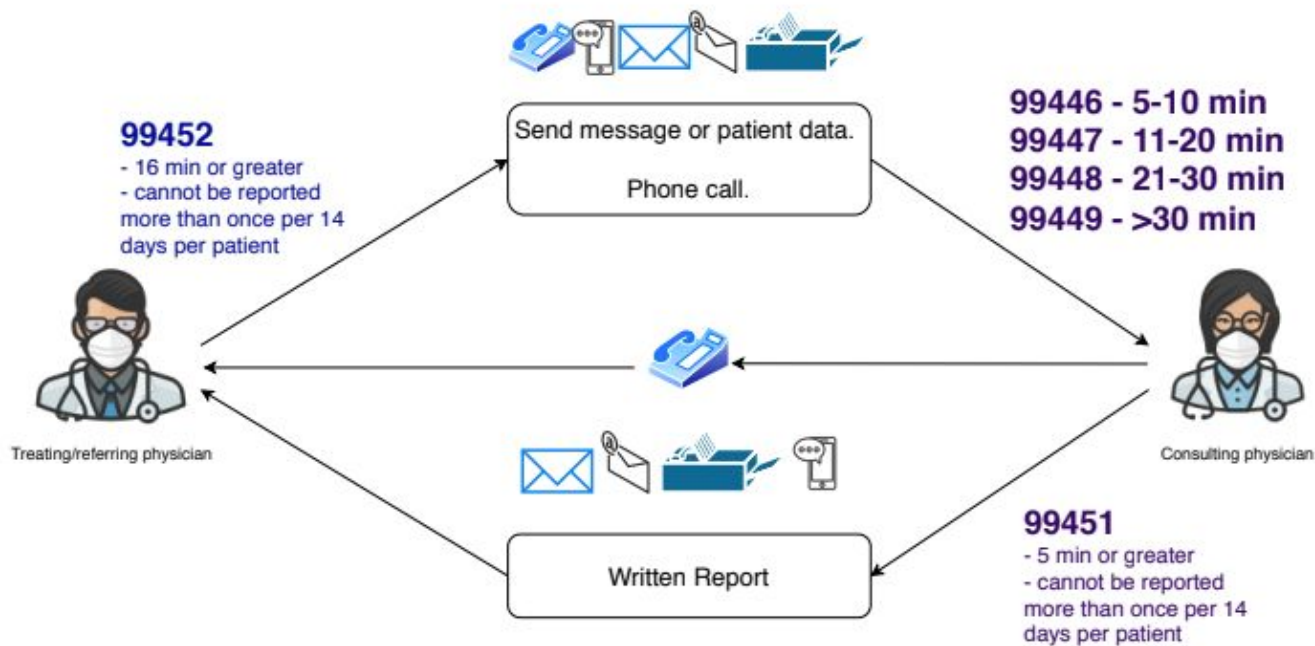
# Phone calls

- Patients love phone calls
- We love billing insurance for them
- Patients appreciate the phone calls
- Family members can help coordinate care









# Behavior assessment

- 96156 Health behavior assessment or reassessment
- (e.g., health-focused clinical interview, behavioral observations, clinical decision making)



# Group visits/shared medical visits

- Patients have been seen in groups for over 30 years in primary care
- The American Academy of Family Practice gave a guide back in 1997 to encourage more family practitioners to start group appointments
- There have been multiple blogs and guides by national bodies suggesting the use of E&M Codes



# Non-face to face billing

- Non-Face to face time: 99358
- Utilities of this code include chart review without communication with the patient on that date of service
- Codes 99358 and 99359 are used for non-face-to-face prolonged services by the billing physician or non-physician qualified healthcare professional when provided in relation to an E/M service on a DIFFERENT day as an E/M service

# Other reimbursements

- Chronic Care Management (Subscription)
- Remote Patient Monitoring
- Principle Care Management
- Remote Therapeutic Monitoring (New for 2022)

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# New for 2023

- **Artificial Intelligence** gets its own Taxonomy
- More **extended visit** reimbursement
- Reimbursement for Social Determinants of Health Data
- New **Virtual Reality** Reimbursement codes
- A new code to report **cognitive behavior therapy monitoring** (CPT 98978) for a range of physical and mental health disorders.
- New code to reimburse for **digital therapeutics**



**Teamwork makes  
the dream work**

# Members of the collaborative model

- Patients and their families
- Health Coaches
  - Functional Medicine Health Coaches
  - Mind-Body Medicine
- Dietitians
- Physicians
- Allied Health Professionals
- Medical Assistants
- Patient Success Admin Team
- Billing and Coding Team





## Choosing The Right Partners

- ✓ HIGHER PATIENT SATISFACTION
- ✓ PROVEN PATIENT OUTCOMES
- ✓ HIGH TOUCH SUPPORT WITH BEHAVIOR AND LIFESTYLE CHANGE
- ✓ SCALABLE AND PROFITABLE FOR CLINIC
- ✓ OPTIMIZED BILLING AND CHARTING



### PAIN

↓ **68.6%**

For patients who were experiencing mild pain or above

### ANXIETY

↓ **62.5%**

For patients who were experiencing above average anxiety

### COGNITIVE FUNCTION

↑ **60%**

For patients who were experiencing below average cognitive function

### SLEEP

↑ **78.6%**

For patients who were experiencing below average sleep

### PHYSICAL HEALTH

↑ **95.7%**

For patients who scored at or below fair physical health

### MENTAL HEALTH

↑ **67.9%**

For patients who scored at or below fair for mental health

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# APPLYING HEALTH COACHES TO INSURANCE-BASED MEDICAL CLINICS



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# HOW TO LEVERAGE THE UNIQUE POWER OF SHARED MEDICAL VISITS (GROUP VISITS)

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# HOW TO LEVERAGE THE UNIQUE POWER OF SHARED MEDICAL VISITS (GROUP VISITS)

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# MBA-ISH: PRINCIPLES NOT TAUGHT IN MEDICAL SCHOOL

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# MASTER THE REVE-NEW

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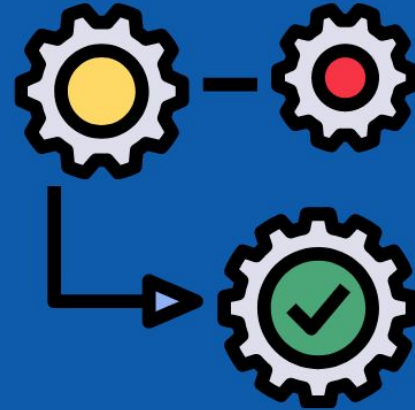




# SPECIAL OPERATIONS

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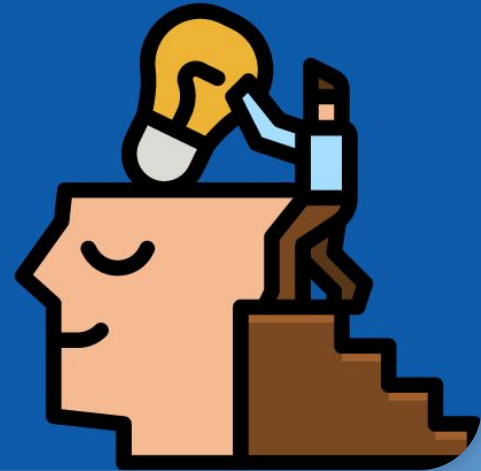




# CLONE YOURSELF

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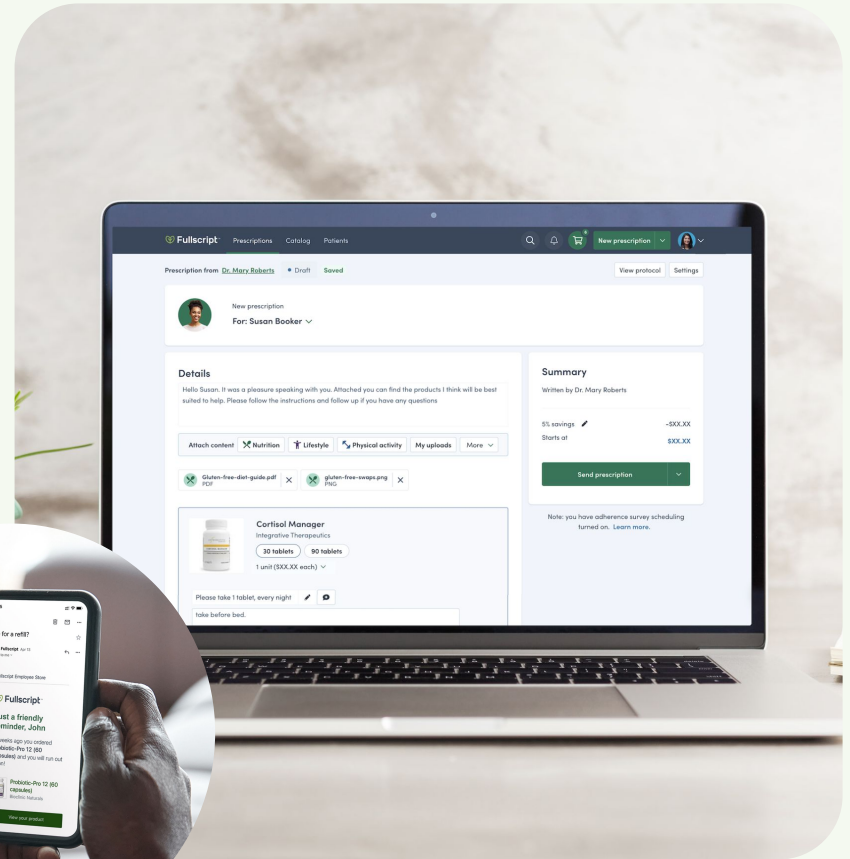
# How Fullscript makes it easy

## Ease of UI (User Interface)

- For staff
- For patients

## Ease of returning to platform

- Engagement through Fullscript Platform
- Incentives to return



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