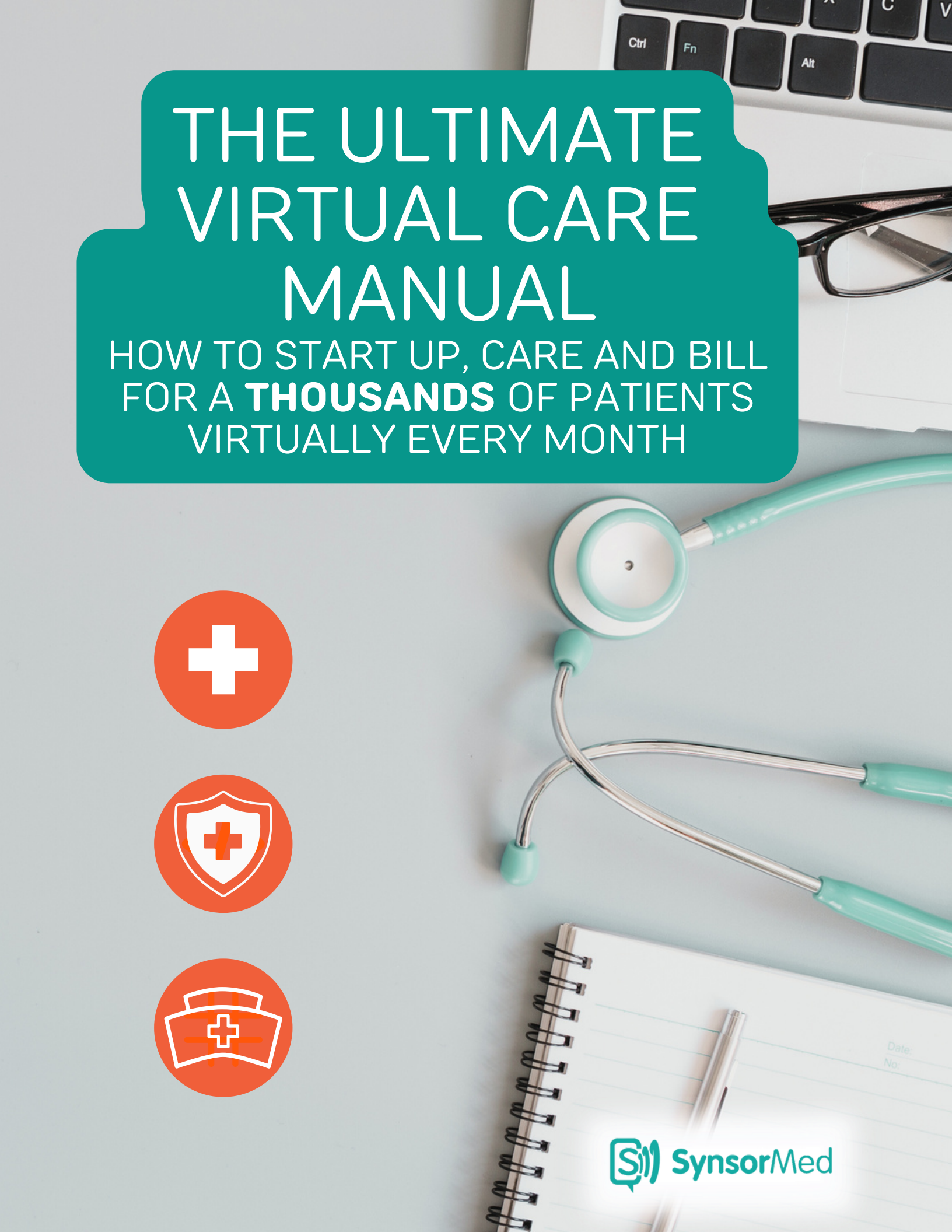
THE ULTIMATE VIRTUAL CARE MANUAL

HOW TO START UP, CARE AND BILL FOR A **THOUSANDS** OF PATIENTS VIRTUALLY EVERY MONTH



SynsorMed

Table of Contents

INTRODUCTION 3

OBJECTIVE OF THIS MANUAL 8

VALUE BASED CARE WHAT IS IT ? 9

PRACTICE PREPARATION 11

PATIENT ONBOARDING 13

CLINICAL WORKFLOWS 20

BILLING BEST PRACTICES 30

VALUE BASED CARE CPT CODES 38

CCM

PCM

RPM

Other Services

BONUS: ARTIFICIAL INTELLIGENCE (AI) THE FUTURE OF HEALTHCARE 61

THE FOUNDATION of the US Healthcare System was laid by independent medical practices.

Once upon a time, every thriving city boasted a medical practice that served as a community cornerstone. The local doctor were the go-to, and patients across the city sought their expertise and genuine care.

However, as time passed, these clinics encountered severe financial hardships. Insurance companies started trimming down reimbursements, which meant lesser revenue for these local medical facilities. Then came the wave of inflation, increasing expenses across the board. As costs soared for supplies, equipment, and staffing, the clinic's budget took a heavy hit.

Despite intense efforts to reduce overheads and optimize operations, revenues dwindled. The strain started showing: employees were let go, and the remaining ones had to stretch their limits.

Determined, the doctors persisted in providing exemplary care, but with shrinking resources, the challenge magnified. Patients observed the change. Many were lured to big box retailers, telehealth platforms, and urgent care centers.

At this juncture, the medical practice faced a dilemma: to continue battling the odds or concede to affluent hospital chains and equity firms. Sadly, many opted for the latter, leading to a void in community-centric healthcare.

This story, although grim, symbolizes the larger predicaments in the healthcare domain. The real victims?

Patients and the devoted medical professionals tirelessly delivering top-notch care amidst financial constraints.

Now, this paints a rather somber picture, but what if there's a silver lining?

Envision a medical realm where you're at the forefront of future medical trends, enhancing practice revenue with minimal adjustments, and most importantly, amplifying patient health.

Having collaborated with myriad medical practices nationwide, we've discerned the indispensable role of Value Based Care (VBC) in shaping healthcare. The age-old fee-for-service paradigm, that compensates based on service volume, has often led to escalated costs and diminished care quality. Contrarily, VBC emphasizes quality and outcomes, motivating providers to ensure exceptional care without unnecessary expenses.

With a spotlight on preventive care and managing chronic ailments, VBC aspires to augment patient health and curtail the dependence on high-cost treatments.
Under the VBC umbrella, the emphasis is on collaboration and patient outcomes, thus eliminating needless treatments and complications.

Furthermore, VBC can significantly enhance patient contentment and engagement. Such coordinated care can foster patient trust, leading to adherence to treatments, health improvement, and long-term cost reduction.

Our guide underscores the promise that Value-Based Care holds, offering a robust alternative to the traditional model. It advocates for healthcare pivoting towards quality, reduced costs, and patient satisfaction.

With these proven methods we have scaled multiple practices to thousands of patients while helping countless lives.

Please enjoy

Sincerely,
Theo Harvey
CEO SynsorMed

ABOUT SYNSORMED

SynsorMed is dedicated to providing value based care to all patients through **RPM, CCM, PCM, RTM**. While collaborating with physicians, we are able to **bridge the gap** between office visits and provide an extra level of **patient support** through our **monitoring and nurse services**. Our nurse services department works with patients to encourage **health accountability** while providing tools to maintain healthy lives with their **chronic conditions**. We developed a workflow that allows our team, **physicians + staff** and patients to be successful and stay engaged on these programs.

SynsorMed

Objective of this Manual

By the end of this manual , you will gain a clear understanding of how to boost practice revenue while improving patient care through Virtual Care Services. Following our suggestions included will allow any practice scale there program from dozens of patients to hundreds and even thousdands.

To help in the learning please sign up to our Practice Value Creator Program

What is Value-Based Care ?

Value-Based Care programs are healthcare delivery models that focus on providing high-quality care to pateints while also controlling costs. In these programs, healthcare providers are incentivized to deliver care that is not only effective, but also efficient and reasonably priced.

The main goal of value-based care programs is to improve the health outcomes of patients while reducing the overall cost of healthcare. This is achieved by shifting the focus from the volume of care delivered (also known as fee for service) to the quality and value of that care.

The Center for Medicare and Medicaid Services (CMS) has committed to moving every Medicare and Medicaid patient to a value-based arrangement by 2030. So this fee for service model will continue to see reductions in reimbursements while value based care models will see further increases. For example some of the new value based programs are recurring monthly revenue for practices that take advantage.

Examples of these programs include:

- CCM – Chronic Care Management for Primary Care
- PCM – Principle Care Management for Specialist
- RPM – Remote Patient Management
- RTM – Remote Therapeutic Management

When implemented correctly these programs can produce up to $200,000 in annual revenue.

SynsorMed

PRACTICE PREPARATION

As healthcare transitions from the traditional fee-for-service model to value-based care programs, independent medical practices face unique challenges and opportunities.

SynsorMed

To prepare effectively, these practices should first invest in robust electronic health record (EHR) systems that support data analytics and population health management. This will enable them to track patient outcomes, identify high-risk populations, and deliver targeted interventions.

Concurrently, continuous staff training is essential to ensure alignment with the value-based care ethos of prevention, quality, and cost-effectiveness.

Engaging in partnerships, such as working with experienced vendors or clinician networks, can offer smaller practices shared resources and expertise to navigate the intricacies of these programs.

Finally, foster patient-centered care by actively involving patients in their care decisions, utilizing patient-reported outcomes, and enhancing access through telehealth can further position practices to thrive in this new healthcare paradigm.

Patient Onboarding

- PATIENT SELECTION
- RECRUITMENT
- PATIENT CONSENT
- DEVICE ORDERING
- PRE-VERIFICATION

SynsorMed

Included is a step by step process on we recommend practices implement patient onboarding.

As the healthcare landscape evolves, independent medical practices are seeking ways to seamlessly onboard patients into remote care programs.

A key inital step is ensuring robust patient education. By utilizing user-friendly materials, and personalized virtual consultations, practices can demystify the remote care process and address patient concerns proactively.

.

Throughout the process, collecting feedback regularly and addressing any bottlenecks or concerns can refine the onboarding process over time.

By prioritizing the steps highlighted in this quide , independent practices can effectively and popularly transition patients to high-quality remote care.

SynsorMed

PATIENT SELECTION

Patient selection is important for the *success* of the program. Verify the following:

1.Qualifying Dx(s)

2.Compliant patients

3.Seen in the last 12 months (if not currently in office for appointment)

4.Medicare + secondary (other insurances may qualify)

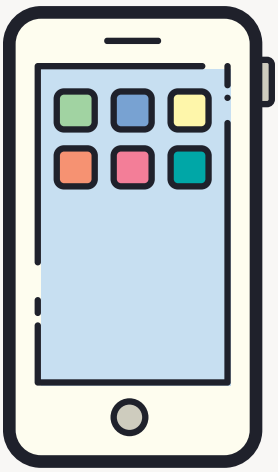
Medical Terminology:
Dx(s)- medical acronym for Diagnosis

SynsorMed

IN OFFICE RECRUITMENT

1. Create a list of eligible patients
2. Have the front desk notify back office staff/providers that the patient is an eligible candidate. **This can be done via EMR or in other methods that work best for your practice.**
3. Providers: Introduce, explain, set expectations during appointment.

PHONE RECRUITMENT

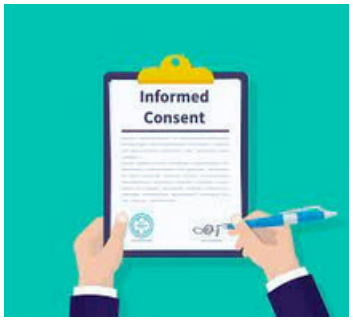


1. Create a **list** of eligible patients
2. Staff can:
    a. Introduce
    b. Explain
    c. Set expectations

*** All via phone**

CONSENT

1. **Create blank copies to keep in office**
2. **Pre-fill consent form with patients info**
3. **Explain consent form to patient**
4. **Obtain signed consent form from patient**
5. **Upload signed consent form to portal in patients profile**



Example:

Practice name

CONSENT FORM FOR REMOTE PATIENT MONITORING

Practice Information:
NAME
ADDRESS
PHONE

Patient Information:

Name:_____ DOB:_____

We would like to invite you to participate in a remote patient monitoring program. This program will allow us to provide you with better patient care to improve your overall wellness.

Here are some benefits for being a part of the Remote Patient Monitoring (RPM) Program:

1. Faster intervention for problems
2. Increased awareness of health status
3. More consistent communication with medical staff

What you need to know before you sign up:

- Your medical provider has requested a minimum of 30 days of consistent monitoring of your health status based on your current health condition(s).
- No possible risks or discomforts
- **Monitoring time:** Participation will take approximately 1 minute to complete per day.
- **Monitoring location:** All monitoring activities will be done on smart internet-connected mobile devices.
- **Non-Emergency:** In the event of an emergency, CALL 911. We are not responsible for monitoring and/or responding to emergencies while being monitored.

Privacy Information:
Results of this monitoring program are stored securely with our HIPAA-compliant vendor. No identifiable information gathered from this program will be shared with any 3rd party organizations without your expressed written consent.

Financial Information
Participation in this program should involve no cost or little cost to you. But please check with your doctor.

How long will I be on the monitoring program
It will depend on your situation. Your doctor will be able to communicate how long he recommends you stay on the program. At the end of the monitoring it will be your responsibility to RETURN all equipment free of charge in the provided shipping bag. Also, if participation lags you will be asked to return the equipment

Who can I contact if I have questions or concerns about this monitoring program?
If you have questions, you are free to ask them now. If you have questions later, you may also contact our technology team:
SynsorMed 888-908-5702 info@synsormed.com

Consent
I have read this form and the monitoring program has been explained to me. I have been given the opportunity to ask questions and my questions have been answered. If I have additional questions, I have been told whom to contact. I agree to participate in the research study described above and will receive a copy of this consent form.

_____ _____
Participant's Name (printed) Date

_____ _____ _____
Participant's Signature Relation to Patient Preferred Phone Number

Device:_____ Scanned Date:_____ Faxed Date:_____

DEVICE ORDERING

- Confirm address and phone number
- Fax patient face sheet/demographics to your practice
- Specify which device should be shipped to the patient

During your interactions with the patient, ensuring that their most up-to-date contact details are verified, including the most convenient phone number for communication purposes, current and accurate mailing address to minimize any potential risks associated with information delivery, and demographics to have information for the nurse intro call.

Lastly, the the patient's face sheet is sent to the right practice and following HIPPA compliance via a fax machine. This procedure ensures a seamless and efficient exchange of essential information.

One important part is specifying the device our customers intend to use for ordering, as we have different devices for blood pressure, pulse ox, weight, and blood sugar.

CLINICAL PRE VERIFICATION

A great pre-verification process allows you to ensure that patient information is accurate and the patient is aware of expectations before we process shipments.

Veriry the following during two calls:

- **Address verification**
- **Participation confirmation**
- **Initial wellness check from assigned nurse**

Once the patient has completed both calls,

the device for monitoirng should be shipped to

the patient's address.

If you are unable to reach the patient after 3 call attempts, we recommending putting them on escalation form and not shipping the device.

Clinical Best Practices

- INITIAL WELLNESS CALL
- MOTIVATIONAL INTERVIEWING
- CARE PLANS
- ROUTINE CARE CALLS + MONITORING
- ESCALATIONS

SynsorMed

The next section will provide you step by step guidance on best practices for Virtual Care programs

For clinicians working within remote care programs, several best practices can enhance the patient experience and optimize care outcomes.

Firstly, consistent and clear communication is paramount. Given the virtual nature of the interaction, clinicians should be especially proactive in explaining procedures, addressing concerns, and ensuring patients fully comprehend care plans.

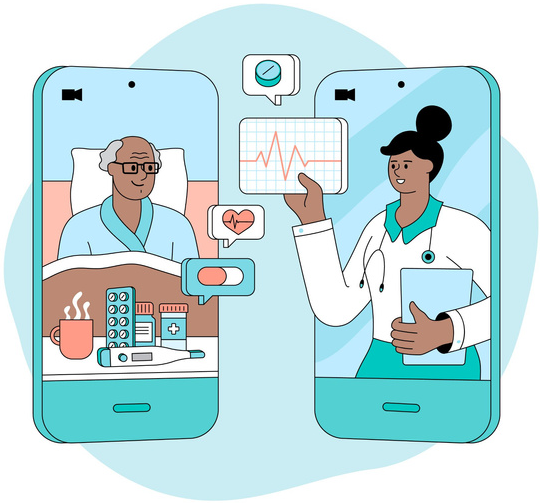
Regularly reviewing and updating a patient's remote monitoring data, and being responsive to any alerts or changes, ensures timely intervention.

Furthermore, clinicians should be culturally sensitive and tailor their approach based on individual patient needs. By integrating these best practices, clinicians can provide a comprehensive, compassionate, and efficient remote care experience.

INITIAL WELLNESS CHECK

So a couple of different parts, the beginning being an Initial Wellness Call or also known as "**intro call**". This will ensure the patient and nurse are in contact and the beginning of a great relationship

- All new patients receive a call within **48 hours** from their assigned nurse
- SynsorMed's nurse will **Introduce**, **Explain**, **Educate** patient on our RPM program
- Gather pertinent MEDICAL and SOCIAL history
- Set clear and measurable patient centered goals
- Ship device to patient



SynsorMed

MOTIVATIONAL INTERVIEWING

An effective communication style with the patients is called motivational interviewing. SynsorMed uses this form of communication heavily because it's a key part of how we keep patients engaged. Especially when we have limited contact over the phone.

O– OPEN ENDED QUESTIONS
A– AFFIRMATIONS
R– REFLECTIVE LISTENING
S– SUMMARIZING

This method allows us to build a rapport with patients while giving them tools and guidance to evoke *change in their health*.

CARE PLANS

As our nurses build rapport with the patients, we begin to deep dive in improving their patient care by creating a Patient Care Plan that lays out the groundwork for the best patient care

1. **CURRENT READING**
2. **GOAL READING**
3. **DIET**
4. **EXERCISE**
5. **PATIENT GOALS**
6. **BARRIERS**
7. **SUPPORT TEAM**
8. **PATIENT GOALS**
9. **MOTIVATION**
10. **EXPECTED OUTCOMES**

SynsorMed

ROUTINE FOLLOW UP

Patients are called *routinely* each month to discuss their:

- **Daily measurements**
- **Changes in health**
- **Medication**
- **Care Plan updates.**

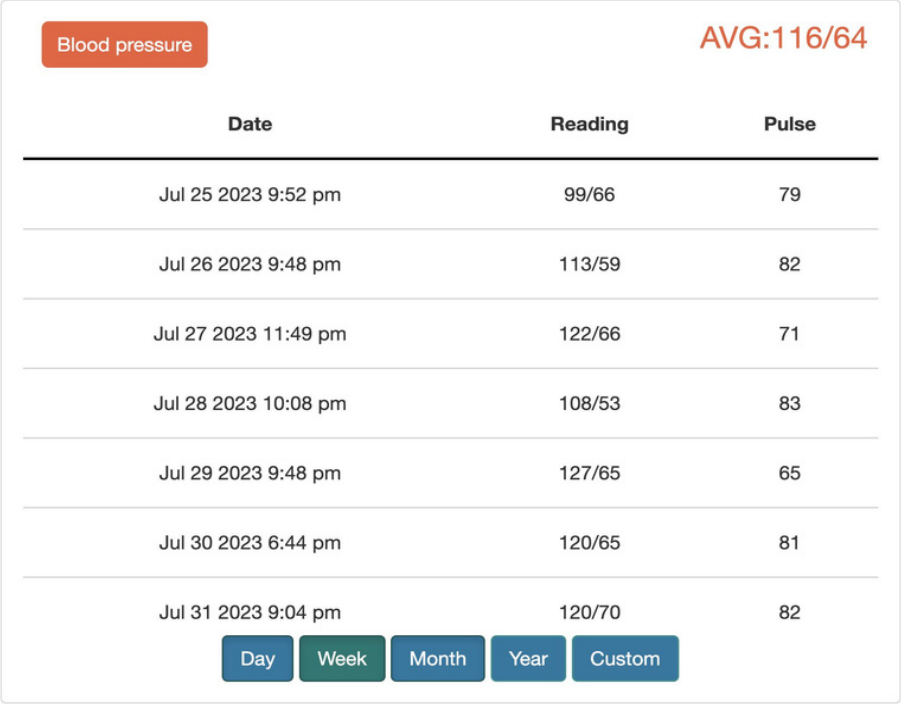
Nurses will encourage healthy lifestyle ***changes*** and ***compliance*** through education and nursing intervention.

Our goal is to maintain healthy life with chronic conditions by providing patients with the tools needed to stay accountable, educated and engaged with their health and our program.

SynsorMed

DATA REVIEW

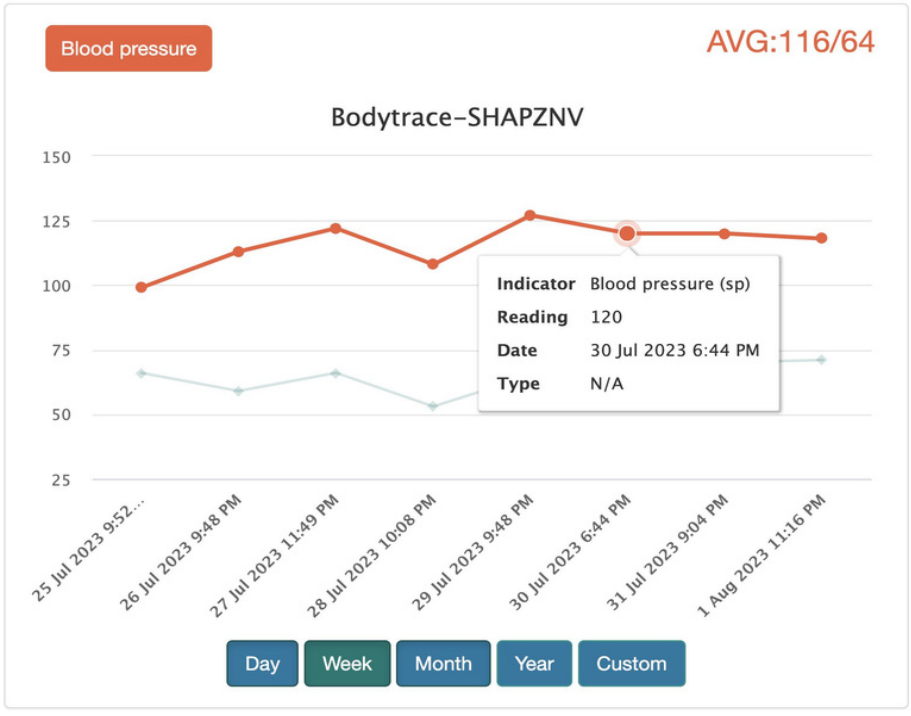
Nurses review patient data regularly and document trends in readings and compliance. If something is alarming enough, escalation process will be activated.



Example of SynsorMed's Portal that displays all the readings whether it be BP, BG, or SpO2.

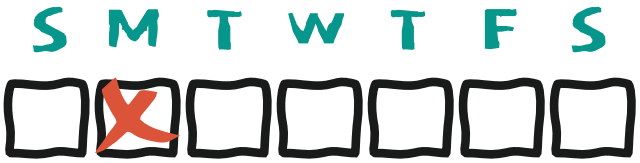
Easy **trend line** to keep track of a patients vital sign trend.

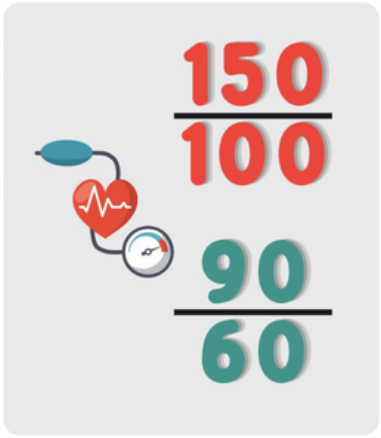
Also the AVG will be displayed in the top right of the portal

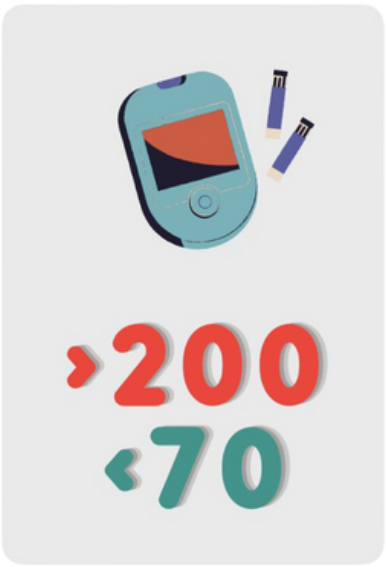


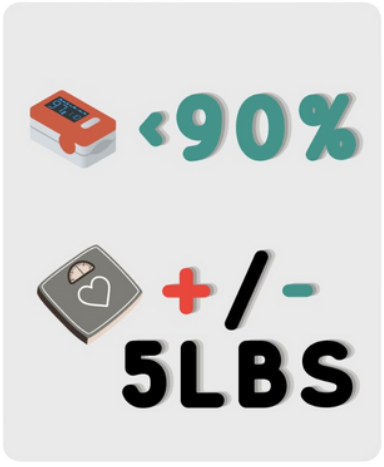
ESCALATION REPORTS

Weekly reports created by nurses sent directly to physicians and staff about your patient's *readings*, *compliance* and any other *high level patient concerns*.








<90%
+/-
5LBS

GHP ESCALATIONS			
Patient Code	**Problem/Concern**	**Rec Intervention**	**Add'l notes**
Updated:			
HARD TO REACH PATIENTS			
NON COMPLIANT PATIENTS			

SynsorMed

COLLABORATIVE CARE

We encourage patients to have open dialogue about the program with their physician and discuss their numbers at their **next appointment**!

Download

We ensure patients have **support** from our nursing staff in **between visits** with your office to create the best patient care.

Blood pressure (SP) Data | AVG:118/74

Date	Reading	Pulse
Jul 26 2023 9:29 am	127/77	96
Jul 26 2023 8:45 pm	122/89	66
Jul 27 2023 12:29 am	114/67	87
Jul 27 2023 12:31 am	86/66	118
Jul 27 2023 11:56 am	113/70	95
Jul 28 2023 11:26 am	124/77	102
Jul 29 2023 10:54 am	111/67	91
Jul 31 2023 10:31 am	131/79	100
Aug 01 2023 9:51 am	122/71	100
Aug 02 2023 9:09 am	133/75	98

SynsorMed

PATIENT SUCCESS STORIES

*Patient has a **history of HTN**, she was going to be scheduled for an **imaging test with contrast**. She mentioned to her nurse that she had an **allergic reaction** in the past during a similar imaging test. Patient stated she would be follow-up with an allergist before the imaging test. Upon intro calls, we gather medical history including allergies. Patient disclosed a **shellfish allergy**. We were able to provide nursing intervention and advise patients that a shellfish allergy is contraindicated to iodine and imaging dyes. Patient was able to avoid unnecessary allergy testing and possible allergic reaction.*

*Patients weekly BP average in the past was trending **SBP>200** and **DBP>100**. After educating on different lifestyle changes to lower BP, weekly average has decreased to **143/81.***

*Patient states "I've been doing the right thing for myself by eating right and staying as active as much possible after my nurses recommendations". In the past, patient BP readings have been as high as **SBP>200** and **DBP>100**. Patient has continued to have readings WNL with a weekly average of **129/73**.*

Billing Best Practices

- **Pre-Billing Verification**
- **Effective Patient List Management**
- **Billing Process for faster reimbursement**
- **Manage Secondary, Denials and Adjustments**
- **Monthly Cadence with Billing Team**

SynsorMed

Included is a complete guide on Best Practices for Medical Billing for Virutal Care programs.

Efficient medical billing for chronic care management (CCM) and remote patient monitoring (RPM) requires a blend of technological acumen and procedural adherence.

First and foremost, practices must ensure they have a comprehensive Electronic Health Record (EHR) system that seamlessly integrates with RPM tools, facilitating accurate and timely data capture.

To mitigate errors, regularly train billing staff on nuances associated with these services, emphasizing documentation requirements and the necessity of patients' explicit consent for services billed.

Establishing a robust audit mechanism, both internally and using third-party services, can further ensure compliance and minimize claim denials. By meticulously following these best practices, medical establishments can ensure optimal reimbursement, compliance, and sustainability while delivering invaluable chronic care and monitoring services.

SynsorMed

STEP 1: Pre-Verification

Ensuring payment for your medical practice is paramount, and pre-verification plays a pivotal role in achieving this goal.

By conducting pre-verification, you equip your billing team, whether internal or external, with a comprehensive roster of patients eligible for charges related to services and nursing care.

This list serves as a reference point for billing patients' health insurance providers accurately, streamlining the payment process and reducing potential complications.

Regularly reviewing pre-verification every six months is of utmost significance as it enables you to stay current with any changes in patients' insurance coverage.

This proactive approach safeguards your practice's financial stability by minimizing payment discrepancies and ensuring that your services are appropriately reimbursed.

SynsorMed

STEP 2: Effective Patient List Management

Ensure **ONE** list exists for all patients on Virtual Care Programs

Setup a **Virtual Care Program Folder** in EMR to track batches specific to this program

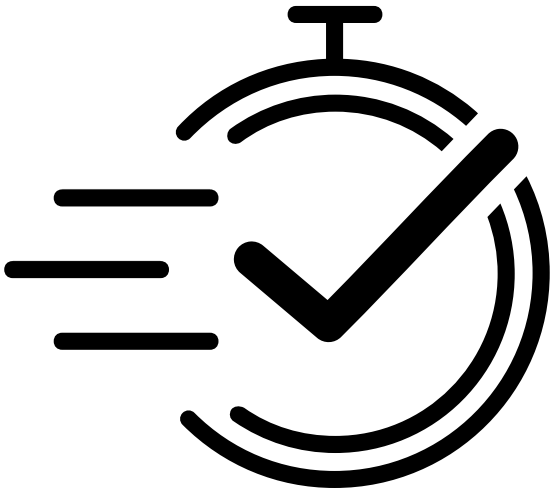
Validate what is:

Paid Out VS. Not Paid Out

Focus on what's not paid out to find out what the hold-ups are. As well as ensure **FULL** reimbursement of services.

SynsorMed

STEP 3: Billing Process for Faster Reimbursement



All program (CCM,RPM, RTM, PCM) have a time to bill component

Bill the same DOS (Date of Service)

Bill the 1st of the next month to ensure reimbursements received by end of month

We send this list every billing period. Your practice will see everything that we bill out. This will show the itemized CPT codes and dates of service.

The goal for us is we want to update that list if insurance changes. Sometimes insurance just changes, if it's not updated to EMR, we won't know.

We don't want to get to the point of it being denied. Making sure communication channels are constantly being used and .

SynsorMed

STEP 4: Manage Secondary, ERA Denials, & Adjustment

Secondary Payments process a little slower

Document ERA Denials for communication with insurers

Adjustment Policy in place

The secondary payment process may exhibit a slightly slower pace, which is a common occurrence.

To effectively manage this, we diligently document all **Electronic Remittance Advice (ERA)** denials, which serve as crucial points of communication with insurance providers.

This meticulous documentation ensures that any discrepancies or issues are **promptly addressed** and **resolved**. In addition, our comprehensive adjustment policy is firmly in place.

This policy serves as a guiding framework to make necessary adjustments while adhering to **industry regulations** and best practices.

Through these measures, we ensure a streamlined secondary payment process that prioritizes accuracy, clear communication, and adherence to established guidelines, ultimately leading to enhanced financial management and client satisfaction.

SynsorMed

STEP 5: Monthly Cadence with Billing Team

- **Updates to specific Patient changes**
- **Updates on new insurances Prepare for yearly Medicare**
- **Deductibles and Insurance Changes**

We can communicate what we saw for the month and why if happened. We all **learn** from experience and each other. Communicating that to your patients.

Unfortunately, because these programs are tied to **CMS** with these reimbursable codes, they will for the foreseeable future, have **co-pays** or **co-insurances**. Now if they have supplemental, Medicaid or Secondary insurance, then a lot of times that will pay for everything. That's going to be the foreseeable challenge in billing when they release all these different programs and new insurance coverages.

So making sure the patients understand there will be some potential out of pocket costs if you want more, if they want that care at home, then maybe this is going to be what it's going to be for the foreseeable future.

SynsorMed

INTRODUCING: : PRACTICE VALUE CREATOR

Access to weekly trainings

Best Practices for every department

Sneak Peak to new revenue opportunities

As a thank you for reading this guide we want to offer to you access to our new Learing Portal - Practice Value Creator in it you will find training, best practices, sneak previews on new opportunities, patient forms, documents, and much more!

The goal is for you to get the maximum value while using this guide. As you start to scale your program the goal is to have access to up to date answers.

synsormed.gumroad.com/l/practicevaluecreator

SynsorMed

Your Complete List of Value Based Care CPT Codes

Please reveiw our list of Value-Based CPT Codes medical practices can use today to take advanantage of Virtual Care Services

*Note: These are **estimated** reimbursement, check with your billing department on actual amounts

Chronic Care MANAGEMENT (CCM)

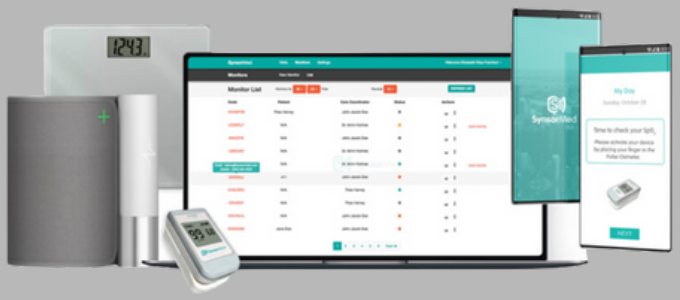
Care Coordination for Value-Based Care Success

SynsorMed nurses work with you and your patient to improve patient compliance and experience

- Develop care plans for personalized care, aligned with patient's health goals.
- Connect patients and care teams digitally to foster better engagement and outcomes.
- Meet or exceed value-based performance metrics and maximize payment incentives.

Provider Portal with EMR: Having a portal that can easily integrate into your current EMR just makes sense.

> I would say benefit number one: your patient is being taken care of in their home. You're getting correct, accurate readings – accurate reading plus the patient is being treated properly.
>
> **-Dr. Bhimani, Internal Medicine MD**



CPT Code	Description	Reimbursement
99490	Noncomplex- CCM Monthly Clinical Staff Time- 20 minutes	$ 62.00
99439	Add-on to 99490 (Limit 2) Twice a month Clinical Staff Time -20 minutes	$ 47.00
99491	Noncomplex- CCM Monthly by Physician for a Time Code- 30 minutes	$ 83.00
99437	Add-on to 99491 Monthly by Physician for a Time- 30 minutes	$ 59.00
99487	Complex- CCM Monthly Clinical Staff Time- 60 minutes	$ 132.00
99489	Add-on to 99487 (Unlimited) Unlimited Clinical Staff Time- 30 minutes	$ 70.00
G0511	General Care Management- RHC/FQHC* Billed Monthly as a **Time Code**- 20 min If billed CCM under G0511, cannot use G0511 for RPM	$76.94

99490+99439
Time-40 minutes
$ 109.00

99490+99439 (x2)
Time- 60 minutes
$ 156.00

99491+99437
Time- 60 minutes
$ 142.00

99487+99489
Time- 90 minutes
$ 202.00

Terms	Definition
CCM	Requires 2 or more chronic conditions Each chronic condition requires an ICD-10 code
Complex	Pt has 3 or more chronic conditions 60+ minutes is spent per month

Principal Care MANAGEMENT (PCM)

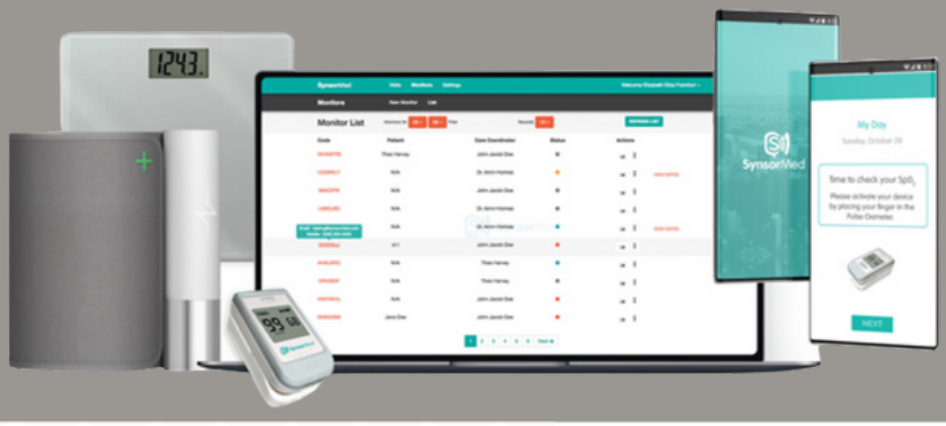
Care Coordination for Value-Based Care Success

SynsorMed nurses work with you and your patient to improve patient compliance and experience.

- Develop care plans to align with patient's health goals.
- Connect patients and care teams digitally to foster better engagement and outcomes.
- Meet or exceed value-based performance metrics and maximize payment incentives.

Mobile Telehealth with Patient Education: in the palm of your patients hands.

Profitable PCM Reimbursements from Medicare



PCM

- Manage ONE Chronic Condition (3mo-1yr OR Lifelong)
- Minimum 30 min per month of non-face-to-face- PCM Services
- Consent must be made and signed

2023 PCM Program*

Program	Code	Pays
30-minutes per month (Provider)	99424	**$81.33**
30-additional minutes per month (Provider)	99425	**$58.29**
30-minutes per month (Clinician)	99426	**$61.34**
30-additional minutes per month (Clinician)	99427	**$47.44**

Principal Illness NAVIGATION (PIN)

Care Coordination for Value-Based Care Success

PIN Services can be furnished following an initiating provider visit to establish or affirm a **treatment plan** for at least one **serious, high-risk condition** that is expected to last **longer than 3 months.**

Examples of serious, high-risk conditions:

- cancer
- mental health
- substance abuse

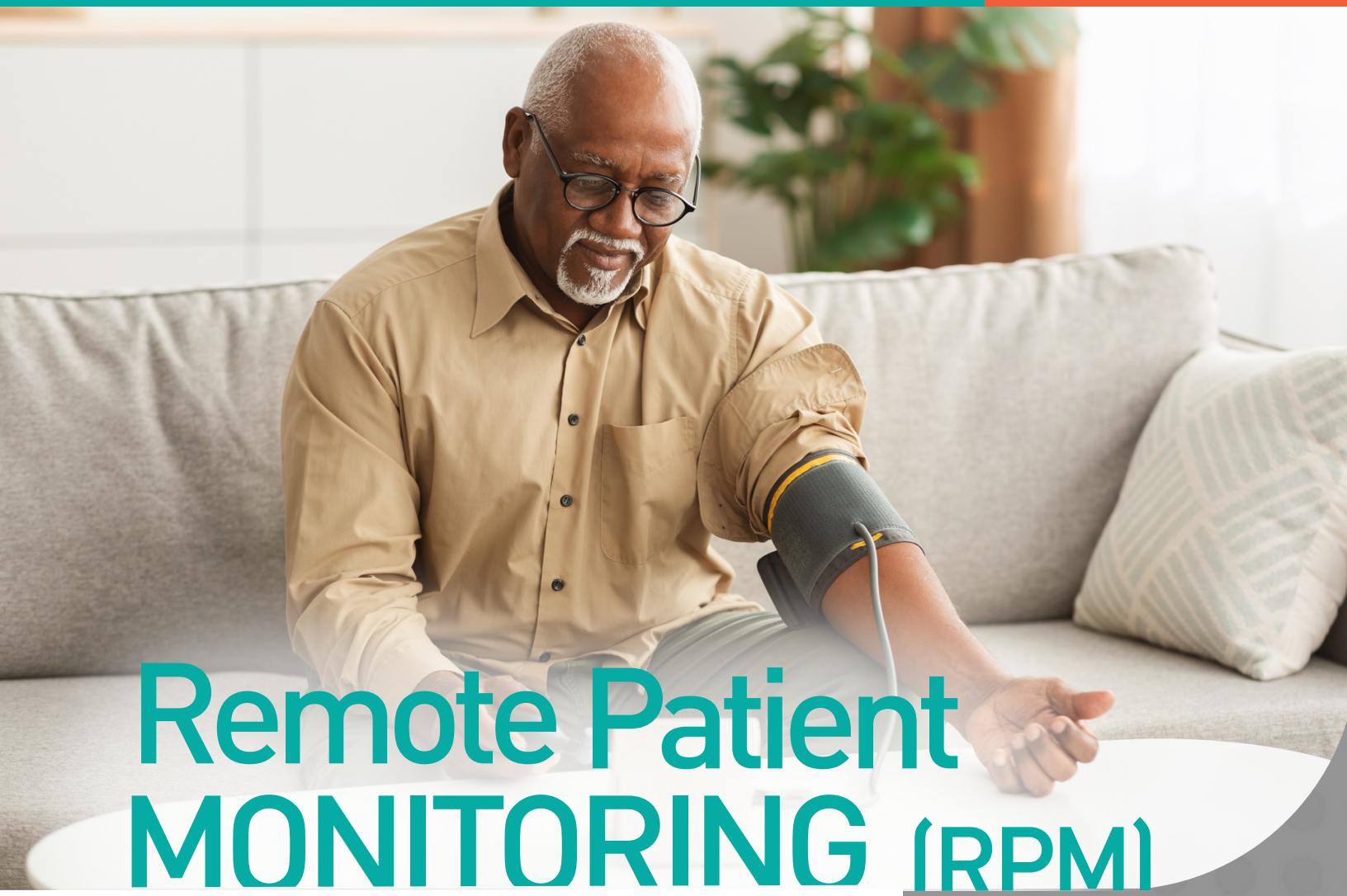
SynsorMed

For these programs to work, there should be a clear plan on how to take care of the patient. Here are some of the usual things they do in PIN:

- Really getting to know a patient's life story
- Giving advice and encouragement
- Showing patients where they can find help in their communities
- Teaching patients about their health in a way they can understand, especially if they speak a different language
- Helping patients speak up for what they need
- Showing patients how to use the health system

CPT Code	Description	Reimbursement
G0023	NAVIGATION Services billed Monthly, per session performed by certified or trained Clinical Staff as a **Time Code**- 60 minutes	**$61**
G0024	Add-On to G0023. Navigation Services billed Monthly, per session performed by certified or trained Clinical Staff as a **Time Code**- 30 minutes	**$46**
G0140	PEER Services billed Monthly, per session performed by certified or trained Clinical Staff as a **Time Code**- 60 min	**$61**
G0146	Add-On to G0140. PEER Services billed Monthly, per session performed by certified or trained Clinical Staff as a **Time Code**- 60 min	**$46**

SynsorMed



Remote Patient MONITORING (RPM)

Care Coordination for Value-Based Care Success

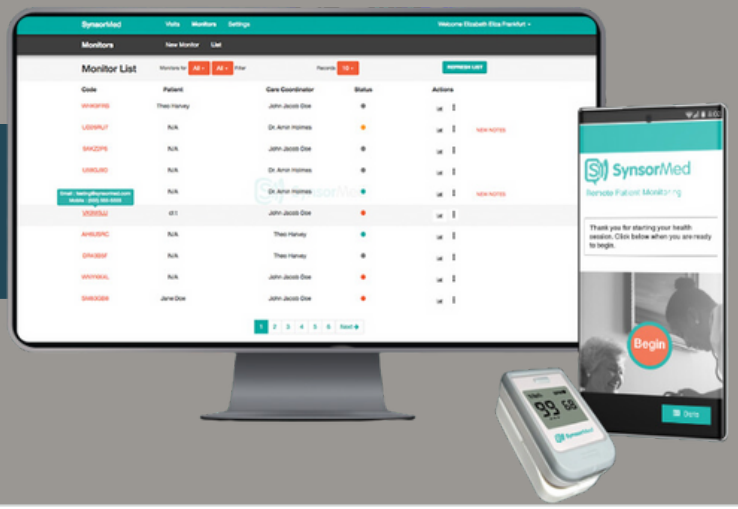
Software to enable RPM for proactive patient engagement and maximize Medicare reimbursements.

- Analyze patient data through remote device integration - anywhere, anytime.
- Increase patient collaboration and proactively manage patient health.
- Monitor trends to optimize future care delivery.

Devices: Our warranty up to a year handles any mechanical issues and we provide support for miscellaneous items like batteries and test strips.

Track data remotely with seamless 3rd party device integration:

- Weight
- Blood Pressure
- Heart Rate Rhythm
- Blood Glucose
- O2 Saturation
- Respiratory Rate



CPT Code	Description	Reimbursement
99453	Initial set-up on use of equipment (education) billed Monthly, per device by Clinical Staff as a **Data Code**- Device based	**$20.00**
99454	Provider supplied device w/daily monitoring Billed Monthly by Physician as a **Data Code**- Device based	**$56.00**
99457	Remote Patient Monitoring interaction- Non-face-to-face Billed Monthly by Clinical Staff as a **Time Code**- 20 min	**$52.00**
99458	Add-on to 99457 Can bill unlimited times per calendar month by Clinical Staff as a **Time Code**- 20 min	**$40.00**
G0511	General Care Management- RHC/FQHC* Billed Monthly as a **Time Code**- 20 min If billed CCM under G0511, cannot use G0511 for RPM	**$76.94**
99457+99458	**Time Code- 40 min total (20 &20)**	**$92.00**

Annual Wellness VISITS (AWV)

There are 3 Different Wellness Visits

1. **Welcome to Medicare Visit / IPPE (G0402)** Offered within 12 months after enrolling in Medicare. One time benefit.

2. **Initial Annual Wellness Visit (G0438)** Eligible within 11 calendar months after IPPE. One time benefit.

3. **Subsequent Annual Wellness Visit (G0439)** Eligible annually after Initial Annual Wellness Visit.

Terms	Definition
AWV	• Yearly assessment of patients health • Not routine physical examination • Free for anyone for people enrolled in Medicare Part B • Establish record of a patients physical and mental well-being • Recognize possible gaps in healthcare health planning
IPPE	• Initial "Welcome to Medicare" visit • Within first 12 months of Medicare pt. B enrollment • **HRA must be done**
IAWV	• After 11 months of Medicare enrollment • IPPE eligibility period was missed • Screening that includes an optional cognitive exam • Optional "end of life"/ACP • **HRA must be done**
SAWV	• Follow-up visit 12 months **after IAWV** • Screening that includes an optional cognitive exam • Optional "end of life"/ACP • **HRA must be updated**

Annual Wellness Visits are **100%** free for **Medicare-B** patients.
Advance Care Planning incurs no additional charge to patient during an **Annual Wellness Visit**

2023 AWV Program*

Review Medicare's specific requirements for AWV:

Code	Description	Reimbursement
G0402	Initial Preventive Physical Examination (IPPE)	**$166.73**
G0438	Initial Annual Wellness Visit	**$166.39**
G0439	Subsequent Annual Wellness Visit	**$130.13**
99497	Advance Care Planning (ACP)	**$83.02**
G0402 + G0468	FQHC Initial Preventive Physical Examination	**$319.73**
G0438 + G0468	FQHC Initial Annual Wellness Visit	**$319.39**
G0439 + G0468	FQHC Subsequent Annual Wellness Visit	**$283.13**

**Reimbursement rates are based on a national average and may vary depending on your location. Check https://www.cms.gov/medicare/physician-fee-schedule/search/ for the latest information.*

Health Risk Assessment (HRA)

- Documenting Health History
- Current list of providers and prescriptions
- Potential Issues
- Creates a personalized prevention care plan

ACP

- "End-of-life" Talk
- Cover future medical care preferences and plans
- Power of Attorney/ Living Will

SynsorMed

Remote Therapeutic MONITORING(RTM)

Value-Based Care Success

Therapeutic Services

Services that physical therapists (PTs), occupational therapists (OTs), and speech-language pathologists can furnish, when appropriate.

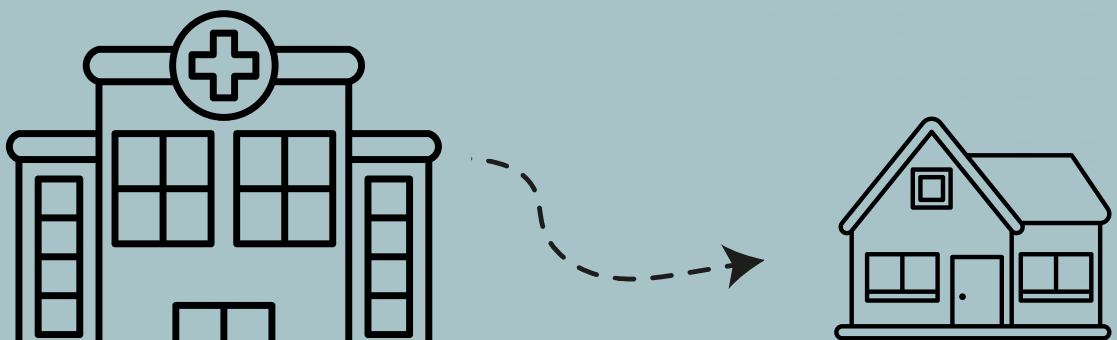
98980 and 98981 is remote only.

CPT Code	Description	Reimbursement
98975	Initial set-up & patient education on use of equipment ; **Data Code-** One time per episode of care.	**$19**
98976	Device(s) supply (**respiratory system)** with daily recording(s) or programmed alert(s) transmission **Data Code**-Minimum 16 readings every 30 days.	**$56/ 30 days**
98977	Device(s) supply **(musculoskeletal system)** daily recording(s) or programmed alert(s) transmission **Data Code**-Minimum 16 readings every 30 days.	**$56/ 30 days**
98980	Remote physiological monitoring treatment management services performed by Physician/Qualified Health Care Professional; **Time Code**- 20 minutes per month.	**$50**
98981	Add on to 98980; **Time Code**- Additional 20 minutes per month.	**$41**

**Reimbursement rates are based on a national average and may vary depending on your location. Check https://www.cms.gov/medicare/physician-fee-schedule/search/ for the latest information.*

Transitional Care MANAGEMENT (TCM)

Transitional Care Management assist pts with the **transition** from a **hospital setting** to a **community-based setting** over a **30-day** timeframe from the date of **discharge**.



CPT Code	Description	Reimbursement
99495	Moderate Complexity- TCM Billed one time by Physician **Data Code**	**$205.00**
99496	High Complexity- TCM Billed one time by Physician **Data Code**	**$278.00**

Moderate Complexity	High Complexity
Multiple Diagnosis & Management Options Possible	**Extensive** Diagnosis & Management Options Possible
Moderate Data Amount & Complexity (Lab results, Medical Records)	**Extensive** Data Amount & Complexity (Lab results, Medical Records)
Moderate Significant Complications, Morbidity & Mortality Risk	**High** Significant Complications, Morbidity & Mortality Risk
Timeframe of Office visit must be **within 14 days from discharge**	Timeframe of Office visit must be within **7 days from discharge**

*All three elements must be done in order to submit for reimbursement
** pt cannot be readmitted within a 30 day period.

3 Elements of TCM

1. **Interactive Contact:** Must be done w/in 2 business days following the patient's discharge. Done by clinical staff via telephone, telehealth, email, or in-person visit.

2. **Non-Face-To-Face-Services:** Documenting done by clinical staff via telephone, telehealth, in-person visit.

3. **Office Visits:** Physician In-person visit.

Community Health INTEGRATION (CHI)

This newly introduced codes is part of an ongoing effort to reward doctors for involving other professionals to provide holistic patient care.

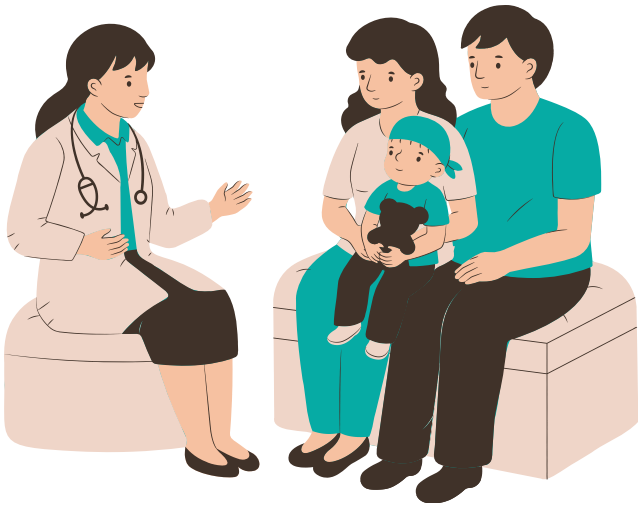
The focus of Community Health Integration (CHI) will be on care management activities that go beyond the conventional scope of CCM.

Examples:

- Community Health Workers
- Care Navigators
- Peer Support Specialists

Here are some typical activities for CHI:

- Evaluating social determinants of health
- Taking time to understand a patient's personal history
- Providing guidance or inspiration
- Helping patients access community-based social services
- Customizing health education to fit a patient's context
- Strengthening a patient's ability to advocate for their health needs
- Helping patients navigate through the health system



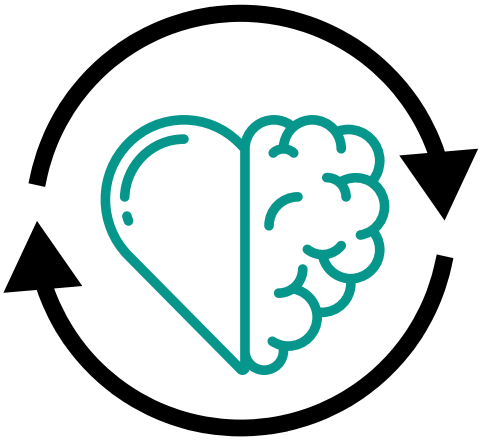
CPT Code	Description	Reimbursement
G0019	CHI services performed by an auxiliary or trained personnel under the direction of a physician billed monthly ; **Time Code**- 60 min	**$61**
G0022	Add-On to G0019. CHI services performed by an auxiliary or trained personnel under the direction of a physician billed monthly ; **Time Code**- 30 min	**$46**

Behavioral Health INTEGRATION (BHI)

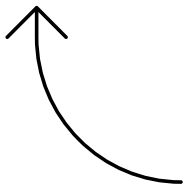
Care Coordination for Value-Based Care Success

What is BHI?

Integrates **mental health treatment** and **primary care**. Requires patient presents at least one behavioral health condition.



Code	Description	Reimbursement
99484	Care management services billed monthly **Time Code**- 20 minutes.	**$48.00**
G0511	Care management services billed monthly **Time Code**- 20 minutes.	**$76.00**



For RHCs & FQHCs

*BHI and CCM can bill G0511 concurrently 20 min for BHI and 20 min for CCM (40 min total)
**Patient must consent to enroll in both programs.

Caregiver Behavioral TRAINING SERVICES(CBTS)

Training is performed by a physician or non-physician provider and given to a patient's caregiver on strategies and activities to improve the patient's adherence to the treatment plan.

- Training can be done in a group or individually.

For patients who suffer from the following conditions:

- stroke
- traumatic brain injury (TBI)
- various forms of dementia
- autism spectrum disorders
- individuals with other intellectual or cognitive disabilities
- physical mobility limitations
- necessary use of assisted devices or mobility aids

A caregiver (for example: a family member, friend, neighbor, or guardian) can be trained by the treating practitioner to assist in the care of the patient. The treating practitioner would be compensated with the following **New CPT codes:**

Code	Description	Reimbursement
96202	Multiple-family group behavior management/modification training for patients/caregivers/ guardians of patients led by a physician or qualified health professional (w/out patient present), face-to-face with multiple sets of groups ; **Time Code**- 60 min.	**$61**
96203	Add-On to 96202 ; **Time Code**- 15 minutes.	**$46**

SynsorMed

Artificial Intelligence (AI): The Future of Healthcare

Bonus Section

Our potential Artificial Intelligence (AI) future

In a bustling city teeming with traffic and towering buildings, Dr. Olivia Sanchez runs a small, but thriving, healthcare practice. She is an acclaimed physician, well-respected by peers and adored by her patients, yet she is continuously troubled by one persistent issue: **the rising number of patients struggling with chronic diseases who needed regular monitoring but couldn't visit her clinic frequently due to various constraints.**

Patients with conditions like hypertension, diabetes, and heart disease were supposed to measure their vital signs regularly and report the readings, but many were inconsistent. Sometimes, they forgot. Other times, they didn't realize the seriousness of the situation. This lack of compliance was a risk to their health, and Olivia knew it.

Reimbursements from insurance companies began to decrease, causing the practice to receive less revenue for the services they provided. This, coupled with the rising costs of supplies, equipment, and staffing, put a strain on the clinic's budget.

She learned about an advanced AI tool that promised to revolutionize remote patient monitoring. She was initially skeptical but decided to give it a chance, convinced by the promise of increased patient compliance.

The new AI tool was designed to interact with patients like a human caregiver, providing personalized, consistent, and engaging reminders for patients to check their vitals, take their medications, and report their readings. With its machine learning algorithms, it could also analyze trends in a patient's health data and alert Dr. Sanchez if it detected any worrying patterns.

After introducing this AI to her patients, Dr. Sanchez saw an incredible change. There was a **90% increase in patient compliance**. Patients were more engaged with their health, regularly taking and reporting their readings. They began to understand their health conditions better, leading to healthier lifestyles. The AI even helped detect a life-threatening pattern in one patient's vitals early enough for Olivia to intervene and potentially save a life.

Over time, AI has become an integral part of Dr. Sanchez's healthcare practice. It revolutionized the way she provided care, ensuring her patients were actively involved in their health, leading to better outcomes. Her peers soon noticed and started implementing similar AI systems in their own practices.

Sound Exciting ?

SynsorMed

The Begining of the AI revolution

On **November 30, 2022**, OpenAI introduced an easy-to-use, chat-based feature named ChatGPT to the global audience.

In the immediate aftermath of its launch, ChatGPT captivated audiences worldwide, boasting unprecedented growth with 100 million active monthly users amassed within just **60 days**.

It only took ChatGPT 2 months to get 100M users

Reacting to this, Google promptly announced Bard, their own AI-powered chat platform. Consequently, we find ourselves in the midst of an 'AI War', as Google and OpenAI grapple with one another by issuing frequent updates and enhancements.

But, how did we arrive at this point?

The technology that enabled ChatGPT was conceptualized only as recently as 2017 and was made public in December of the same year, accompanied by an intriguing white paper titled – 'Attention is all we need.'

The technology elucidated in this paper concerns a novel neural network architecture known as a Transformer (the 'T' in GPT). Interestingly, this architecture was originally devised by Google as part of their Google Brain research project.

So impactful is this paper that it has already garnered nearly 70K citations. In essence, a myriad of researchers are leveraging this fundamental study to augment the domain of AI intelligence. If you're not immersed in AI and Machine Learning research, the details may seem intricate.

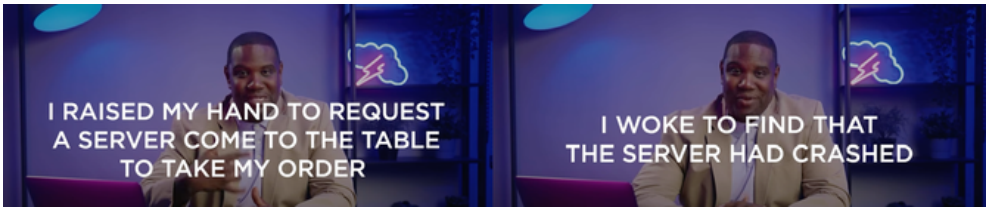
The Secret that makes AI work

The crucial takeaway is that this new architecture was crafted to address a fundamental AI challenge: **language translation**.

As you might know, language can be quite ambiguous. A word's meaning can vary depending on the context it's used in a sentence.

Take, for instance, “I raised my hand to request the server to come to the table to take my order” versus “I awoke to find that the server had crashed.”

In these examples, "server" is a noun but signifies two distinct entities: a person in the first instance and an object in the second.



The importance of context in understanding of human language for AI Models

We, as humans, discern this from the context. An object can't take an order, and a person isn't likely to crash.

In broad terms, ChatGPT and other **Large Language Models**, or LLMs, can learn to heed the context within sentences to decipher meaning and better comprehend a person's intentions.

This is akin to a baby making noises before it starts speaking. They're trying to learn speech patterns and comprehend how their mouth forms sounds before the first "Dada" or "Mama" is uttered.

Next, the Large Language Models undergo **pre-training** (hence the 'P' in ChatGPT) using a vast amount of data. Human trainers then pose questions to the AI system about this data to evaluate its comprehension.

For instance, a human trainer might question the AI, "What is a car?" If the AI responds, "it is a tall person," the human trainer corrects the AI, and over time it "learns" the appropriate response through positive reinforcement from the trainer.

Think of AI like a person

Think of a first-grade student learning to construct sentences while their teacher educates them on the distinction between a noun and a verb. What's unique about this training phase is the sheer volume of data needed and the time required for training.

The data involved encompasses the entire internet — roughly **5 billion gigabytes** — fed into ChatGPT and similar models. According to ChatGPT, it took approximately a year to input this data into ChatGPT 3, the version released in December of the previous year.

Furthermore, the trainers, who work tirelessly to refine the system, typically require about six months. In total, we're looking at roughly **1.5 years of training**. By comparison, a human might need 21 years of education, including college, before they're ready to join the workforce.

However, there are a few limitations. These pre-trained models typically only have knowledge up to a certain point.

For instance, as of its last update, **ChatGPT's knowledge cutoff was in 2021**. But recent plugins now allow ChatGPT to access data from the internet directly.

Secondly, these models have a tendency to fabricate or 'hallucinate' certain facts. This typically occurs when you ask ChatGPT to retrieve case studies or research papers.

It has been known to invent proof points, and because it does so quickly, you might be convinced it's real. This is somewhat reminiscent of a child making up stories to cover what they don't know with certainty.

To learn more watch our AI explainer video

The importance of context in understanding of human language for AI Models

The 3 Ways to Use AI

AI technology has the potential to significantly impact healthcare in three key areas:

- Clinical decision making
- Reducing burdensome administrative tasks
- Enhancing patient compliance

AI has been utilized for several years in fields such as **radiology** and **ophthalmology**. One of the first algorithms developed was one that screens for diabetic retinopathy - a condition that damages blood vessels in the back of the eye due to diabetes, potentially leading to blindness.

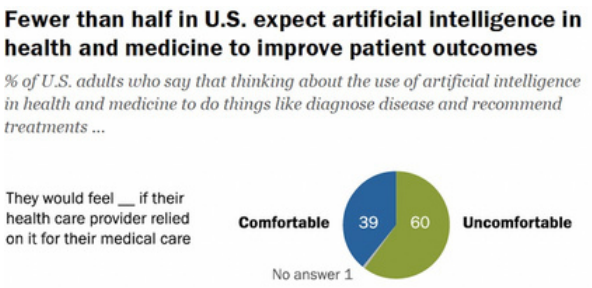
AI systems in this context can take an image of the retina, and the algorithms can determine whether the patient should be referred for further screening.

The emergence of AI technology based on ChatGPT and other Large Language Models (LLMs) like chatbots is particularly exciting because of its broader application. It holds the potential to be utilized in numerous medical specialties.

For instance, a cardiologist can analyze a cardiac echo to reveal an ejection fraction, which shows how well the heart is pumping, and initiate immediate patient care. A recent study[1] suggests that AI may be able to assess these ejection fractions more accurately than a cardiologist.

However, there are challenges associated with clinical decision-making. AI chatbots built on Large Language Models have a tendency to 'hallucinate', or fabricate answers. Therefore, relying solely on an AI for a patient's diagnosis would be ill-advised.

A recent survey by PEW Research revealed that 60% of Americans would be uncomfortable with a healthcare provider relying solely on AI for their healthcare



Pew Research survey explores public views on artificial intelligence (AI)

He, B., Kwan, A.C., Cho, J.H. et al. Blinded, randomized trial of sonographer versus AI cardiac function assessment. Nature 616, 520–524 (2023). Patel RS, Bachu R, Adikey A, Malik M, Shah M. Factors related to physician burnout and its consequences: A review. Behav. Sci. 2018;8:98. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6262585/

The best use of AI for healthcare

According to the survey, a **significant majority** of Americans are **uncomfortable with AI** being used in their personal healthcare. They express concern about AI diagnosing diseases and recommending treatments. Only a **minority (39%)** would feel **comfortable** with such a scenario.

One factor contributing to these views is the public's skepticism that the use of AI in health and medicine would improve health outcomes.

It's clear that we still have a long way to go before fully integrating AI into clinical diagnostic workflows.

Beyond clinical workflows, AI can assist in alleviating the heavy burden of administrative work. This includes tasks such as doctor note-taking, EMR charting, and insurance prior authorization.

Furthermore, AI can be instrumental in ensuring patient compliance. Studies suggest that AI can assist patients in adhering to behaviors that maintain health.

For example, our remote care platform, **SynsorMed**, extensively uses AI to encourage patients to adhere to the activities recommended by their doctors.

Our AI system decides which messages to send based on various factors.

Initially, non-compliant patients are included in our **INSPIRE** software. Once selected, we use our "*Persona Engine*" algorithm to gather insights about the patient and personalize our messages accordingly.

This makes the messages feel more personal and relevant, and **increases** the likelihood of **patient responses** by **83%**.

With the increase in patient responses, we've observed patients maintaining compliance month after month.

The fundamental principle of our algorithm closely resembles the way social media algorithms operate. They serve up content, monitor user responses, and tailor future content based on these behavioral patterns.

The 6 Steps toward adopting AI in your healthcare organization

Starting with the vision for AI in a medical practice involves multiple steps that range from assessing current needs, understanding the benefits and limitations of AI, to developing a detailed plan. Here's a guide for medical practice owners who are looking to leverage the power of AI in their operations:

1. Identify Needs and Goals: Begin by conducting a thorough analysis of your current practice. Identify areas where AI can improve efficiency, such as patient follow-ups, data analysis, or even remote patient care.

2. Understand AI: Get a clear understanding of what AI can and cannot do. Familiarize yourself with different AI technologies, their applications in healthcare, and how they can benefit your practice. This might involve attending seminars, webinars, or consulting with experts in the field. Downloading this guide is a great start.

3. Set a Clear Vision: Define what you hope to achieve by integrating AI into your practice. This might include improved patient outcomes, streamlined operations, more effective resource utilization, or increased patient engagement. Your vision should be in line with the overall goals and values of your practice.

4. Training and Education: Since AI will change the way your practice operates, it's essential to prepare your staff for this change. Provide necessary training and educational resources to ensure everyone is equipped to utilize AI tools effectively.

5. Choose the Right AI Partner: Look for an AI technology provider that understands healthcare and can meet your specific needs. They should be able to provide ongoing support and updates to keep up with advancements in AI technology.

6. Implement and Evaluate. Implement AI tools in a controlled, manageable manner. Starting with a pilot project allows you to understand how the AI system works, gather feedback, troubleshoot issues, and refine your approach. Continuously measure the impact of AI on your practice.

When you're ready, we can help put the pieces toghether toward your AI future.

We have offers from consulting engagments to remote care

Book a Clarity Call today at https://calendly.com/synsormed/aibooking

SynsorMed