Department of Veterans Affairs

Memorandum

Date: September 28, 2011

From: Director, Primary Care Operations (10NC3)

Subj: Patient Aligned Care Team (PACT) Telephone Code Update

To: VISN Primary Care Operation Leads
Thru: VISN Chief Medical Officers

1. This memorandum is intended to provide updated details and information about Primary Care telephone stop codes initially described in the March 30, 2011 memorandum entitled Patient Aligned Care Team (PACT) Telephone Guidance.

2. DSS has approved a new Primary Care telephone stop code (338) which will be effective on October 1, 2011. The new code was necessary to identify and track primary care telephone workload. VHA rules and regulations, governing coding and workload, support telephone care as an appropriate and accepted method of delivering care to Veterans. Delivering telephone care in between face to face visits is an excellent way to provide enhanced access, maximize communication, provide care delivery and continuity as well as improve the quality of care delivered to Veterans.

3. All Primary Care Teams (PACT) are encouraged to revise telephone stop codes to reflect the new code by April 1st 2012. The PACT Compass will continue to extract data using the existing telephone codes and will now add the new Primary Care telephone stop code (338).

4. The new Primary Care telephone stop code (338) enables workload capture at the national and local level for discipline specific staff who are delivering services in PACT. Telephone clinics should be set up using the 338 telephone stop code in the primary position and a discipline specific code (e.g. 338/125 social work) in the secondary position.

5. Primary Care-Mental Health Integrated staff should continue to follow previous guidance (attached) for use of PC-MHI stop codes.
http://vaww4.va.gov/PCMHI/docs/PC-MHI_Stop_Code_Updated_Guidance_31Mar2010.pdf

6. Questions regarding the PACT Telephone Care guidance may be directed to Joanne M. Shear MS, FNP-BC, Office of Primary Care Operations (10NC3) at joanne.shear@va.gov or telephone: (202) 461-7183.

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Director, Primary Care Operations (10NC3)

September 15, 2011

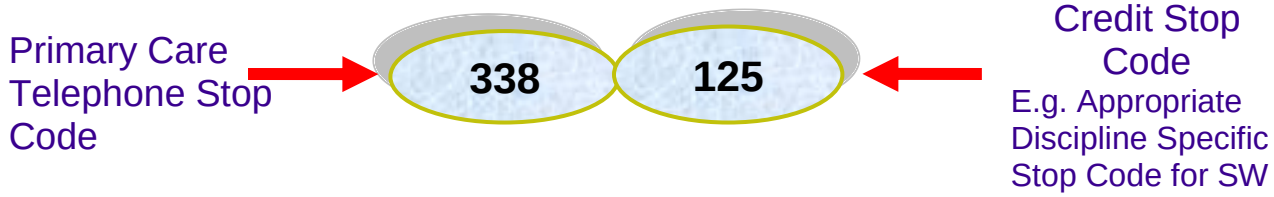
UPDATE: FY 12 *New* PACT Telephone Clinic Stop Code (338) Guidance

Frequently Asked Questions

1. ***Are patients billed for telephone calls?*** Answer: No. The set up of telephone clinics should be designated as count, non billable.

2. ***Will this affect the Compass/Performance Measure data?*** Answer: No. The old codes will still count.

3. ***Why should facilities change PACT Telephone Clinic Stop Codes from 324 to 338?*** Answer: The 338 PC telephone clinic stop code is specifically dedicated to primary care verses using the 324 telephone clinic stop code that is used by many different non-primary care teams. Additionally, the new 338 PC telephone clinic stop code will allow interdisciplinary team members to accurately capture telephone workload delivered by all PACT staff at the national, regional and local level.



4. ***When should this update from 324/323 to 338/XXX (discipline specific code) be accomplished?*** Answer: Facilities should complete telephone clinic stop code updates by April 1, 2012.

5. ***How will the telephone clinic workload be accurately captured in the VSSC PACT Compass?*** Answer: The VSSC will continue to capture current telephone clinic stop codes that are associated with a primary care clinic stop code as well as the new 338 Primary Care telephone clinic stop code.

6. ***Should all PACT Teams use the 338 stop code?*** Answer: Some special population PACT teams have established specific telephone stop codes for their patient cohorts. These teams should continue to use the dedicated stops codes established for that population of Veterans. The PACT compass will continue to capture these stop codes to reflect the telephone work delivered.

7. ***Does the PACT compass capture all telephone workload?*** Answer: The PACT compass captures only telephone workload that is transmitted to the National Center for Patient Data. Completed telephone encounters (that are not designated as "historical") are transmitted and do count as facility workload.

8. ***Do unscheduled telephone visits transmit to the National Center for Patient Data?*** Answer: Yes, both unscheduled and scheduled telephone visit workload is transmitted (counts), if the encounter and documentation is completed appropriately. "Historical" designated telephone encounters are not transmitted (do not count).

9. ***What is a good way to help staff understand count vs. no count?*** Answer: Essentially, telephone clinic workload can be divided into 2 broad categories—clinical and administrative. Clinical telephone work "counts" and is transmitted to the national center for patient data as workload for that clinic/facility. Administrative work designated as "historical" at the beginning of the CPRS note, does not transmit to the national center for patient data and therefore does not count as workload for that clinic/facility.

10. ***What are the differences and requirements between clinical and administrative telephone workload?***

Clinical Telephone Work--COUNT	Administrative Telephone Work—NO COUNT

• Associated with a telephone clinic
  ○ set up with appropriate telephone stop code to avoid a patient copayment
  ○ set up with appropriate CPT encounter codes for the discipline
• Use of a designated telephone note title
• Visits can be scheduled— associated with an appointment scheduled visit in VISTA.
• OR, unscheduled—ad hoc. Staff call patient –no appointment made in VISTA. New visit w/time is indicated with new CPRS progress note.
• Workload does transmit to national center for patient data and counts as facility workload.
• CPRS documentation requirements include history/evaluation, plan--next steps in care, time spent on phone with pt must be documented in progress note.
• Examples: discharge calls by PACT staff, chronic illness care by PACT staff, lab result calls—not associated with a recent face to face visit—where intervention, education, counseling is completed.
	• ***Progress note is designated as "historical" when new CPRS note is started.***
	• Clinic associated with telephone clinic stop code, note title, etc.
	• Workload does not transmit to national center for patient data and does not count as facility workload.
	• Examples: appointment reminders, lab test results associated with a recent face to face visit (bundled).

11. ***What staff should be designated as "primary" on the telephone encounter?*** Answer: The staff member that is actually calling the patient should be designated as the "primary" for that encounter. This is due to the fact that the relative value of the work is the same for any discipline (see below).

CPT	Description	Work RVU
Telephone Non Physician & Non Licensed Independent Professionals (RN, SW, RD, LPN, Pharm)		
98966	HC Prof Phone Call 5-10 min	0.25
98967	HC Prof Phone Call 11-20 min	0.50
98968	HC Prof Phone Call 21-30 min	0.75
Telephone Physician & Licensed Independent Professionals (MD, PA, NP)		
99441	Phone E/M by Phys 5-10 min	0.25
99442	Phone E/M by Phys 11-20 min	0.5
99443	Phone E/M by Phys 21-30 min	0.75
Primary Care Provider Face to Face Visit		
99211	Office Visit, E/M est. pt, Minimal, Typically 5 min	0.18
99212	Office Visit, E/M est. pt, Problem Focused, 10 min	0.48
99213	Office Visit, E/M est. pt, Expanded Problem, 15 min	0.97
IMPORTANT: Telephone note must include 1) history, evaluation & plan and 2) documentation of time spent in delivering care on the telephone.		