



FLS Clinic Specific Business Considerations and Lessons Learned

Clayton LaBaume, PA-C
Mercy Regional Medical Center
Durango, CO

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FLS Basic Course

Disclosures

- ▶ Radius Health
 - ▶ Speaker's Bureau
 - ▶ Owner of Radius Stock
- ▶ Amgen
 - ▶ Speaker's Bureau
- ▶ RPJ FLS LLC
 - ▶ Shareholder and CIO

FLS Clinic Specific Business Considerations: Objectives



Scale Your Program



Structure Your Clinic



Maximize FLS Clinic Efficiency



Clinic Billing Considerations

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Clinic Billing Considerations

Rationale for Scaling FLS

- ▶ Remember, your program must be sustainable financially, ideally in the short and long term.
- ▶ It may take a while (depending on your care setting and community) to capture enough fractures to have a fully booked schedule for FLS clinician
- ▶ Consider empowering pre-existing clinicians and staff who have other job roles to spend dedicated time for FLS
- ▶ Time dedicated for FLS can increase as more fractures are captured and clinic grows
- ▶ In some situations, the fracture type captured could be scaled if needed

Example of FLS Expansion

Javaid Osteop Int 2015(26):2573

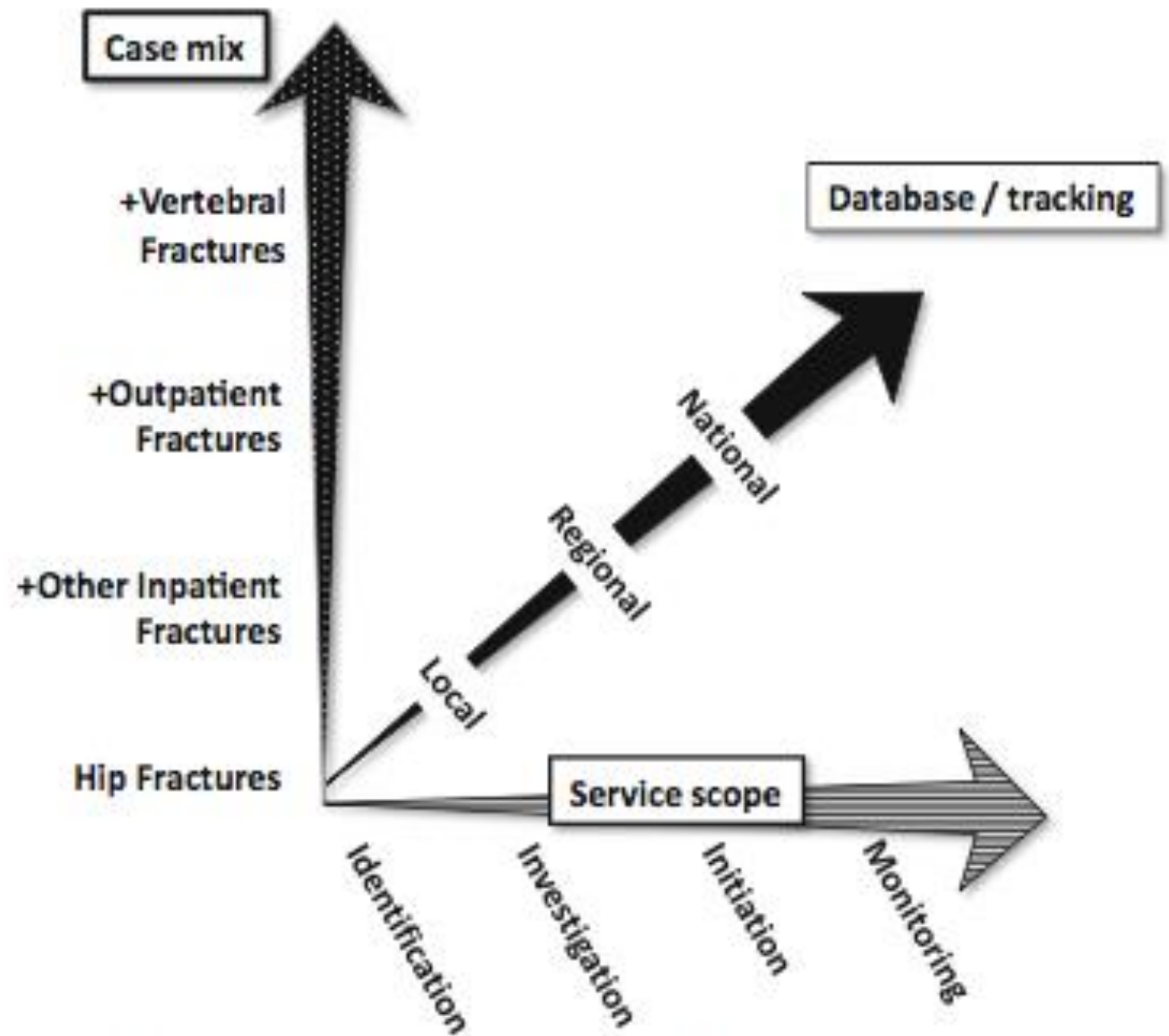


Fig. 1 Steps to implement an FLS model of care

Example of Scaling Program: My Experience Developing Program at Mercy Regional Medical Center

- MRMC is part of Centura, which is a large hospital system. Every clinic and system is unique and may have different needs.
- Program started as a result of successful inpatient geriatric hip fracture program, in which the goal was to improve outcomes and decrease cost
- Started FLS with hip fractures and inpatient fractures
 - My time dedicated to FLS clinic was 0.5 day once per week, and the other time was spent with foot and ankle surgeon
- Increased to include fragility fracture patients of the FLS physician champion
 - My time dedicated to FLS clinic expanded to one full day per week
- Increased capacity to include all outpatient fractures as well as inpatient with the goal of capturing all inpatient and outpatient fractures
 - My time dedicated to FLS clinic expanded to 3 days per week
- Started to include primary fracture prevention and expanded to other services
 - Became full time bone health clinician

Progression of Care Pathway with a Maturing FLS



FLS – Capturing
inpatient/outpatient
fractures

Primary Prevention
for specific clinical
situations

Primary prevention
for all patients

Referrals and
coordination from
relevant specialists

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Billing Considerations for Clinic

Structuring Your Clinic: What Services Do You Plan To Provide?

- ▶ Do you plan to administer “buy and bill” medications for your clinic or order them at an infusion center?
 - ▶ Administering the medications may lead to downstream revenue for you clinic
 - ▶ Budget for in office injectables/infusions may be difficult for smaller or private practices
 - ▶ Consider having nurse visits running concurrent to clinician’s clinic schedule for injection encounters that do not necessitate a clinician visit
 - ▶ In my clinic, I see patients on denosumab at every other injection and at predetermined intervals when they are on romosozumab. We order IV bisphosphonates at infusion center.
- ▶ Are you going to offer telemedicine visits?

Structuring Your Clinic: Determine Appointment Length

- ▶ How long will you spend for new patients?
 - ▶ Differs by provider, but I find that most FLS clinician's new patient appointments are within range of 30-60 minutes
- ▶ How long will you spend with follow ups?
 - ▶ Most FLS clinician's follow ups are 15-30 minutes
- ▶ If you do plan to offer telemedicine, you may consider having those visits slightly longer than in person visits
 - ▶ Time is often spent trouble shooting technology problems
 - ▶ May spend time gathering patient history that would otherwise be done on new patient paperwork

Structuring Your Clinic: Create Protocols for Follow Ups

- ▶ At what intervals will you have patients follow up?
 - ▶ Follow up after initiation of treatment is strongly encouraged to confirm treatment tolerance and compliance
 - ▶ May need more frequent follow up with some pharmacologic therapies more than others (i.e. PTH analogues vs IV bisphosphonates)
- ▶ Strategize methods to ensure follow up happens

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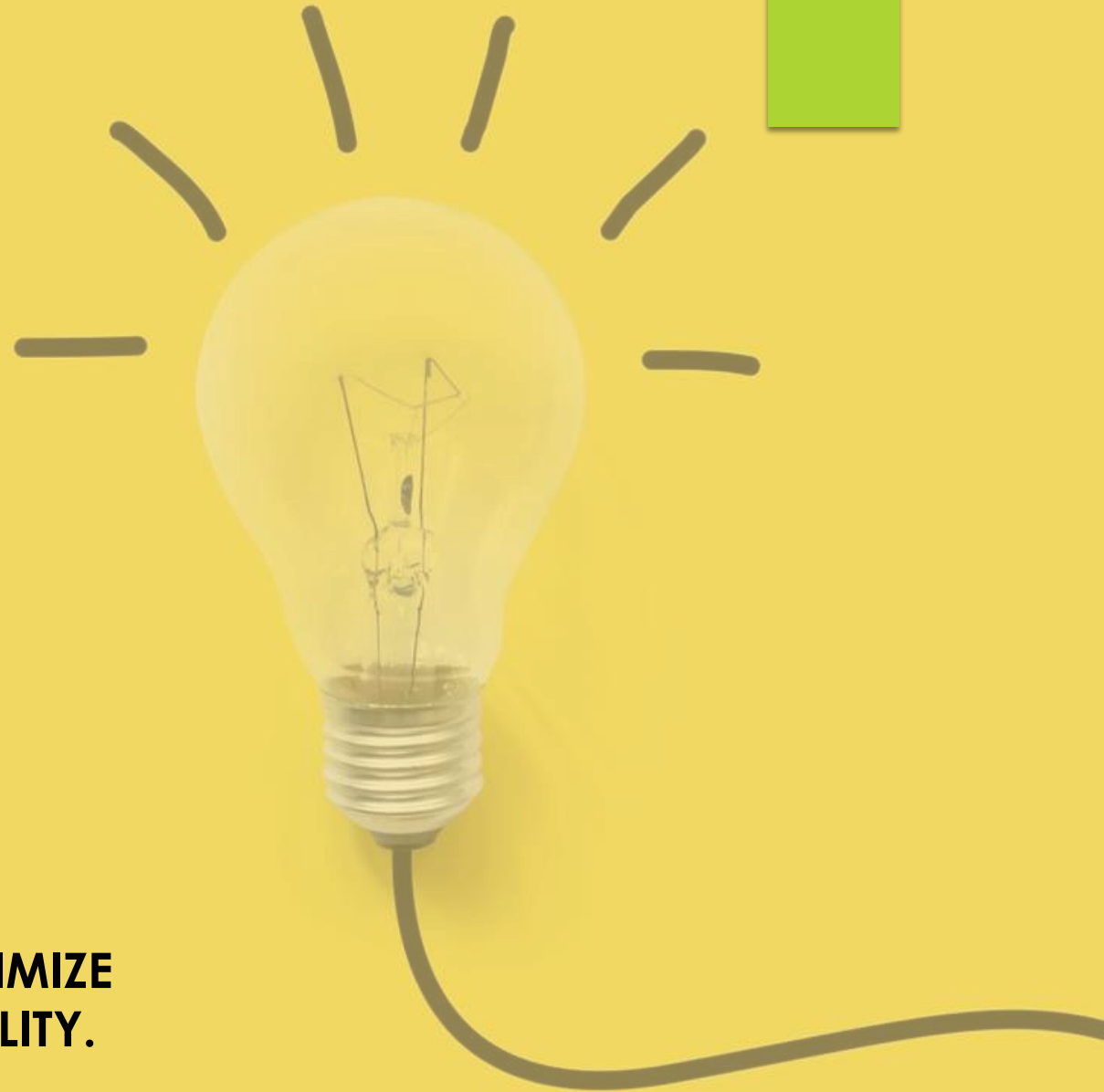
Maximize FLS Clinic Efficiency



Clinic Billing Considerations

Maximize Efficiency

**BUT MAKE SURE THAT YOU DO NOT MINIMIZE
EFFECTIVENESS OR COMPROMISE QUALITY.**



Ways to Improve Clinic Efficiency

- ▶ Use relevant new patient paperwork
 - ▶ May be beneficial to give to patient prior to appointment so they can come prepared.
- ▶ Patient education materials – can be hard copy or online
 - ▶ Consider having it provided to the patient at the time of visit for fracture or by schedulers when patient is scheduled for bone health evaluation
- ▶ Develop array of templates for notes as your electronic medical record system allows – this will save a lot of time documenting
 - ▶ Consider creating templates for common visit types, as well as various different smart phrases for commonly discussed problems/plans.
- ▶ Consider having instructions for specific treatment plans or follow up

*Make sure to review and update forms, handouts, and education materials as needed to reflect current recommendations

Patient Name: _____ DOB: _____

Mercy Bone Health Clinic—New Patient Questionnaire

Have you broken any bones after age 40? ☐ Yes ☐ No

Bone	Date	How did it happen (e.g. car accident, fall, etc)?

Any prior fractures? ☐ Yes ☐ No

How many childhood fractures did you have? 0 1 2 3 4 5

Have you taken any of these medications (now or in the past)?

Medication	Yes	No	When to when?	Why did you stop?
Alendronate (Fosamax)				
Risedronate (Actonel)				
Ibandronate (Boniva)				
Zoledronate (Reclast)				
Denosumab (Prolia)				
Abaloparatide (Tymlos)				
Teriparatide (Forteo)				
Romosozumab (Evenity)				
Raloxifene (Evista)				

Relevant Medical History: Do you have a history of any of the following?

Condition	Yes	No	Condition	Yes	No
Parathyroid disease			Celiac disease		
Thyroid disease			Bariatric surgery (surgery for obesity)		
Organ Transplant			Cancer (date and type _____)		
			If so, was it treated with:		
			<input type="checkbox"/> Surgery <input type="checkbox"/> Radiation <input type="checkbox"/> Chemotherapy		
			If breast cancer, was it treated with:		
			<input type="checkbox"/> Aromatase inhibitor _____ to _____		
			<input type="checkbox"/> Tamoxifen _____ to _____		
Heartburn or GERD			Have you ever taken a steroid medication (like prednisone) for more than 2 weeks?		
Strokes (including TIAs)			Have you had a heart <u>attack</u> or do you have heart stents?		
If so, when? _____					

Does osteoporosis run in your family? ☐ Mother ☐ Father ☐ Other(s) _____

Has either of your parents broken a hip? ☐ Mother ☐ Father

Has either of your parents had a spine compression fracture? ☐ Mother ☐ Father

For Men:

Do you have ED or low sex drive? ☐ Yes ☐ No

For Women:

☐ I still have periods. They are ☐ regular ☐ irregular

☐ I have gone through menopause. Age of last menstrual period: _____ to _____

☐ I have used hormone replacement/estrogen therapy. Date: _____ to _____

Symptom Review:

What was your tallest height? _____

What is your current weight? _____

Do you have chronic diarrhea? ☐ Yes ☐ No

Have you ever had a kidney stone? ☐ Yes ☐ No

Do you have problems with balance? ☐ Yes ☐ No

Have you fallen in the last year ☐ Yes ☐ No

If so, how many times? _____

Do you have problems with your hearing? ☐ Yes ☐ No

Do you have problems with your vision? ☐ Yes ☐ No

Do you have any dental procedures needed/planned? ☐ Yes ☐ No

Lifestyle Factors

	Yes	No	Comments
Do you exercise regularly?			
What kind?			_____ minutes per day _____ days per week
Do (or did) you smoke?			_____ packs per day for _____ years. Quit date _____
Do you drink alcohol?			_____ drinks per day/week
Do you drink coffee/cola drinks?			_____ cups/drinks per day/week

Calcium Intake Calculator: *Please fill in the table with the intake you have on average*

Dietary Calcium Sources	Mg of calcium/serving	Servings per day	For Clinic Use
General diet	200 – 300	1	
1 cup milk	300		
6 oz. yogurt	300		
1.5 oz cheese*	300		
1 cup calcium-added OJ	300		

*For example, cheddar, mozzarella. Do **not** count cottage cheese or cream cheese

Supplemental Calcium Sources	mg of calcium per tablet	IU of vitamin D per tablet	Number of tablets per day	For Clinic Use
Multivitamin				
Calcium carbonate		N/A		
Calcium citrate		N/A		
Vitamin D3	N/A			

Patient Signature _____ Date _____ MD/PA-C _____ Date _____



Mercy Orthopedic Associates

1 Mercado Street
Suite 202
Durango, Colorado 81301
Ph: 970-764-9400
Fax: 970-764-9449

Welcome and thank you for choosing Mercy Orthopedic Associates Bone Health and Fracture Prevention Clinic. You have an appointment scheduled with Clayton LaBaume, PA-C on _____ at _____. Your check in time will be _____.

Attached to this letter is paperwork that needs to be completed and brought to your appointment. If this paperwork has not been completed, you will need to arrive 30 minutes prior to your appointment time.

Please visit our Bone Health Website – www.StepsForStrongBones.com

This website is an osteoporosis educational website. Reviewing this information prior to your visit will enable more time spent during your appointment developing an individualized treatment plan.

Please let us know if you have any questions or concerns prior to your appointment.

Sincerely,

Mercy Orthopedic Associates

Referral to Bone Health Clinic

Your provider is referring you to see our bone health specialist, Clayton LaBaume, PA-C to see how we can improve your bone health.

What is osteoporosis? Osteoporosis is a disease in which the density and quality of bone is reduced. As bones become more porous and fragile, the risk of breaking bones is greatly increased. The loss of bone occurs silently and progressively. Often there are no symptoms until the first break occurs.

Why is it important that you seek treatment? Osteoporosis that is not treated can lead to serious bone breaks (fractures), especially in the hip and spine.



What's next? You will need to complete the following steps prior to your appointment:

- **Step One: DEXA Scan (Bone Density Scan)**

You will need a DEXA scan if you have not had one within the last two years. The order for this has been placed. You will need to call Mercy Diagnostic Imaging to schedule this. Their phone number is: 970-764-2200. If you have had a previous DEXA scan at a different location, please notify us as repeat studies should be performed on the same machine.

- **Step Two: Lab Work**

You will need lab work done prior to seeing Clayton. These are NON-FASTING labs and need to be done at least 1 week prior to your appointment. These orders have been placed. You may choose any of the Mercy Outpatient Lab locations to have your blood drawn. No appointment necessary for labs. This can be done same day as your DEXA scan.

- **Step Three: Make an Appointment**

Once you have your labs and DEXA scan completed, you need to call our office to schedule your consult with Clayton. Please let the schedulers know that you are a new patient to Clayton and that you have your labs and DEXA scan done. Our phone number is: 970-764-9400

- **Step Four: Visit our Bone Health Website – www.StepsForStrongBones.com**

This website is an osteoporosis educational website. Reviewing this information prior to your visit will enable more time spent during your appointment developing an individualized treatment plan.

Mercy Bone Health Clinic Next Steps

Your next appointment with Mercy Bone Health Clinic will be on:

You will need the following tests prior to your next appointment:

(You only need the checked items)

- ☐ Labs
- ☐ DEXA scan (you will need to schedule, see attached instructions)
- ☐ Nothing
- ☐ Other:

Labs will need to be completed:

- ☐ Anytime
- ☐ 1 week prior to your next appointment
- ☐ Other:

Other instructions for labs:

- ☐ Non-fasting
- ☐ Fasting
- ☐ Completed first thing in the morning

It is important that you plan for these tests. **You will not likely get a reminder call about these prior to your appointment.**

Call with any questions at 970-764-9400.

Mercy Bone Health Clinic

DEXA Scan Instructions

You will need a DEXA scan prior to your next appointment. **An order has been faxed to the facility circled below, but you will need to call and schedule an appointment for this scan 1 month prior to your next appointment with Clayton to ensure that it will be completed by then.** If you have had a prior DEXA scan, it is very important to get follow up scans on the same machine when possible.

- Mercy Diagnostic Imaging: 970-764-2200 (option 1)
- Pagosa Springs Medical Center: 970-731-3700
- Animas Surgical Hospital: 970-385-2375 (option 2)
- Southwest Internal Medicine: 970-564-8730
- San Juan Regional Medical Center: 505-609-6228

How do I prepare for a DEXA scan?

- Do NOT take any calcium supplements, including TUMS and multivitamins for 2 days prior to test
- You may eat foods containing calcium
- Take all of your other regular medications
- You may eat normally on the day of your test

What should I wear on the day of my exam?

- Wear loose comfortable clothing without zippers or buttons if possible
- If your clothing has metal in it, you will likely be asked to change into a hospital gown.
- If you have had surgery on your hip and/or back and have metal implants, please tell the technician at the beginning of the test.

The test will take about 30 minutes.

Call with any questions at 970-764-9400.

Mercy Orthopedic Associates



Bone Health Clinic

Phone: 970 764 9400

Reclast (zoledronic acid) Infusion Instructions

- Reclast is a once per year intravenous infusion. It is typically given 3 years in a row after which time a drug holiday can be considered.
- We will submit for insurance authorization. Once approved, you will be called by Mercy Infusion Center to be scheduled for your appointment. The infusion center is located down the hall from our office in Suite 204, and they can be reached at 970 764 3243
- The most common adverse effect of Reclast is called an acute phase reaction, and can cause flu like symptoms that usually last a few days and rarely up to 14 days. An acute phase reaction can cause symptoms including fever, chills, body aches, bone pain, headaches, fatigue, nausea, vomiting, and diarrhea. It is most common after the first infusion, occurring in about 20% of people. It is less common with subsequent infusions, occurring in 7% after the second infusion, and 3% after the third infusion. Your infusion will be ordered to be infused over one hour, which is significantly slower than this medication is often administered, as a slower infusion time can reduce the risk of this reaction. In addition to this, you can also take steps to reduce the risk of this reaction, including:
 - Make sure you are well hydrated 1-2 days prior to your infusion
 - Take Tylenol 1000 mg 2 hours prior to the infusion and continue 650 mg every 6 hours for 24 hours after the infusion. Talk to Clayton LaBaume if you cannot take Tylenol to discuss alternatives.
- Please call our office at 970 764 9400 after your infusion to schedule an appointment with Clayton LaBaume one year after your infusion
- Call us at 970 764 9400 if you are not called to schedule your appointment at the infusion center within 3 weeks

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Billing Considerations for Clinic

Billing for FLS and Bone Health Visits Follows Regular E&M Coding

- ▶ Can be based on time:

Visit level	New patient code	New patient time	Established patient code	Established patient time
Level 2	99202	15-29	99212	10-19
Level 3	99203	30-44	99213	20-29
Level 4	99204	45-59	99214	30-39
Level 5	99205	60-74	99215	40-54
All times in minutes				

- Prolonged visit code 99417 can be used with 99205/99215 for every 15 minutes that the time exceeds the maximum time for those level 5 visits
- Total time includes all the time the clinician spends on that visit on the date of the visit, including chart review, time with patient, documenting, calling other clinicians, or ordering tests

Billing for FLS and Bone Health Visits Follows Regular E&M Coding

- Can be based on complexity:

**Table 2 – CPT E/M Office Revisions
Level of Medical Decision Making (MDM)**

Revisions effective January 1, 2021:

Note: this content will not be included in the CPT 2020 code set release



Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed	Elements of Medical Decision Making	Risk of Complications and/or Morbidity or Mortality of Patient Management
			Amount and/or Complexity of Data to be Reviewed and Analyzed <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>	
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	Minimal • 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	Low • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury	Limited (Must meet the requirements of at least 1 of the 2 categories) Category 1: Tests and documents • Any combination of 2 from the following: • Review of prior external note(s) from each unique source*; • review of the result(s) of each unique test*; • ordering of each unique test* or Category 2: Assessment requiring an independent historian(s) (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)	Low risk of morbidity from additional diagnostic testing or treatment

► Can be based on complexity, continued:

99204 99214	Moderate	<p>Moderate</p> <ul style="list-style-type: none"> • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; <p>or</p> <ul style="list-style-type: none"> • 2 or more stable chronic illnesses; <p>or</p> <ul style="list-style-type: none"> • 1 undiagnosed new problem with uncertain prognosis; <p>or</p> <ul style="list-style-type: none"> • 1 acute illness with systemic symptoms; <p>or</p> <ul style="list-style-type: none"> • 1 acute complicated injury 	<p>Moderate (Must meet the requirements of at least 1 out of 3 categories)</p> <p>Category 1: Tests, documents, or independent historian(s)</p> <ul style="list-style-type: none"> • Any combination of 3 from the following: <ul style="list-style-type: none"> • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) <p>or</p> <p>Category 2: Independent interpretation of tests</p> <ul style="list-style-type: none"> • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); <p>or</p> <p>Category 3: Discussion of management or test interpretation</p> <ul style="list-style-type: none"> • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) 	<p>Moderate risk of morbidity from additional diagnostic testing or treatment</p> <p>Examples only:</p> <ul style="list-style-type: none"> • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health
99205 99215	High	<p>High</p> <ul style="list-style-type: none"> • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; <p>or</p> <ul style="list-style-type: none"> • 1 acute or chronic illness or injury that poses a threat to life or bodily function 	<p>Extensive (Must meet the requirements of at least 2 out of 3 categories)</p> <p>Category 1: Tests, documents, or independent historian(s)</p> <ul style="list-style-type: none"> • Any combination of 3 from the following: <ul style="list-style-type: none"> • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) <p>or</p> <p>Category 2: Independent interpretation of tests</p> <ul style="list-style-type: none"> • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); <p>or</p> <p>Category 3: Discussion of management or test interpretation</p> <ul style="list-style-type: none"> • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported) 	<p>High risk of morbidity from additional diagnostic testing or treatment</p> <p>Examples only:</p> <ul style="list-style-type: none"> • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis

Billing for FLS visits during the Global post-operative period

Modifier 24

- ▶ Modifier 24 is for unrelated E/M service by the same physician/provider (or same specialty) during a postoperative period.
- ▶ May cause issues if postoperative visit and FLS visits are combined on the same day by the same provider. Post operative visits and FLS visits should be on separate visits to avoid payment denials.

Telehealth and Related Services

- ▶ Medicare/Medicaid telehealth restrictions relaxed as of 3/6/20 under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act. This was done to ensure that all patients across the country had access to their provider without having to travel to a healthcare facility. This was most recently renewed on 4/21/21
 - ▶ Telehealth visits **can be achieved while the patient is in their residence**
 - ▶ Telehealth visits are **considered same as in person visits**, and are paid at the same rate as regular, in person visits.
- ▶ As of the HHS OCR announcement on 3/17/20, HIPPA restrictions were relaxed so that common platforms/apps could be used (Skype, Facetime, Zoom, Google hangouts, etc).
- ▶ On March 30, 2020, CMS finalized payment for telephone evaluation and management (E/M) services (CPT 99441-99443). Effective March 1, 2020, the codes will be considered active and payable for the duration of the COVID-19 pandemic. CMS will allow physicians to provide telephone E/M services to new and established patients.

Telehealth Visits

- ▶ It is recommended that **modifier-95** be attached to the claim – which describes services delivered via telehealth
- ▶ Providers can select the level of office/outpatient E/M furnished via telehealth using medical decision making or time
- ▶ Telehealth Tips:
 - ▶ Make sure you have a good internet connection where you will be conducting the telehealth visits (1.5 Mbps minimal, although at least 15Mbps recommended download speed with 5 Mbps upload speed is ideal). Google “internet speed test” to test your internet speed instantly for free.
 - ▶ Ensure that the patient and you have tested your video and microphone prior to visit
 - ▶ Use a quiet room to ensure patient privacy and limit distractions – pay attention to your surroundings
 - ▶ Documentation is the same, although in addition, it should be documented that the visit was completed via telemedicine with the patient's consent. The location of the provider (home or office) should be documented, as well as the patient (including the state they were in during the visit, and the setting – home or work), and time spent during the visit.

Other Billing Considerations

- ▶ If starting to administer “buy and bill” medications for osteoporosis within your office, consider audit within 90 days of starting to ensure proper billing process and expected reimbursement have occurred.

Questions?