



Telemedicine
Best Practices and Idea Sharing
April 15, 2020

MAHEC Health Innovation Partners Team/Practice Support

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Session Plan

- Payer Grid – Q&A
- Case Study
- Open Discussion - Telemedicine
Use Examples
 - Best practices, ideas, barriers, issues

Payer Grid

This grid is provided as information and is accurate to the best of our knowledge as of 4/10/2020. For specific questions or instruction, contact the payer directly.

MEDICAL - Telehealth Carrier Guidelines

Visit Type	Platform	Code	Description Date	Medicare * 3/10/2020	Medicaid * 3/10/2020	BCBS 3/6/2020	BCBS Federal 3/6/2020	BCBS MCR Adv 3/7/2020	UHC Comm/MCR Adv Plans 3/14/2020	Aetna 3/6/2020	MCR Aetna* 3/6/2020	Cigna* 3/5/2020	Medcost	Tricare	Humana 3/10/2020	Humana Adv Plan 3/10/2020	All Other Commercial Carriers	All Other MCR Adv Carriers							
General Carrier Information			Hold Claims until End Date (may extend)	Until SOE ends	Until SOE ends	5/6/2020	5/6/2020	5/7/2020	6/18/2020	6/4/2020	6/4/2020	5/31/2020	Employer specific			Until SOE Ends	Until SOE Ends	Carrier Specific	Until SOE ends						
			Waives Pt resp for COVID related only			X 4/1-6/1	X	X 4/1-6/1	X			X													
			Waives Pt resp for all telehealth services							X 3/31-6/18	X	X									X	X			
			Telephonic Visits ONLY - No pt resp		X												X G2012 only								
			Waives Pt resp	X		X		X												X					X
			POS	11	11	02	02	11	11	11	11	11				11	11		11	-	11	11	11	11	11
			Carrier Specific Guidelines					Follows MCR guidelines	G2012 After: G2012, 99441-3, 98966-8		Follows MCR guidelines				MCR guidelines			Follows MCR guidelines							
Phone	Telephone must receive verbal consent	G2012	Brief, Est Patient	Yes	Yes, CR (COVID19 dx only)		Yes, CR if audio only	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes							
		99441	Tele E/M 05-10 min	Yes	Yes, CR			Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes							
		99442	Tele E/M 11-20 min	Yes	Yes, CR			Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes							
		99443	Tele E/M 21-30 min	Yes	Yes, CR			Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes							
		98966	BH Tele E/M 05-10 min	Yes	Yes, CR			Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes							
		98967	BH Tele E/M 11-20 min	Yes	Yes, CR			Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes							
98968	BH Tele E/M 21-30 min	Yes	Yes, CR			Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes									
Phone	Interprofessional consultations and review	99446	Tel 5-10 min Med Consultative Discussion	Yes	Yes, CR			Yes	Yes		Yes		Yes		Yes	Yes	Yes	Yes							
		99447	Tel 11-20 min Med Consultative Discussion	Yes	Yes, CR			Yes	Yes		Yes		Yes		Yes	Yes	Yes	Yes							
		99448	Tel 21-30 min Med Consultative Discussion	Yes	Yes, CR			Yes	Yes		Yes		Yes		Yes	Yes	Yes	Yes							
		99449	Tel 31+ min Med Consultative Discussion	Yes	Yes, CR			Yes	Yes		Yes		Yes		Yes	Yes	Yes	Yes							
Remote	Captured video or image	G2010	Image	Yes				Yes	Yes	Yes	Yes	Yes			Yes	Yes	Yes								
		99421	E/M Svc 5-10 min	Yes	Yes, CR	Est Pt Only Yes, CR		Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes								

CASE STUDY

- F/U Visit: Patient with Type 2 Diabetes
- Total visit time: 20 minutes (15 minutes audio/visual, 5 minutes telephonic)

DISCUSSION – F/U Visit: Patient with Type 2 Diabetes, visit converts from telehealth to telephonic

- What is the intake process prior to the visit?
- If this patient needs an A1C, what options can you present for running the test?
- How do you prepare for potential technical issues?
- How would you handle the technical issue when it occurs?
- What needs to be documented in the patient chart?
- How is this visit billed?

How to Bill – F/U Visit (Telehealth)

- Medicare FFS
 - Bill 9921X-95 modifier for telehealth visit (2-way video/audio)
POS 11
- Medicaid
 - Bill 9921X-GT for telehealth visit (2-way video/audio)
 - Add CR modifier; POS 11
- BCBSNC
 - BCBSNC 9921X for Telehealth; POS 02 and no modifier

How to Bill - F/U Visit (Telephonic)

- Medicare FFS
 - Bill 99442 (20 minutes) for Telephone Visit; POS 11
- Medicaid
 - Bill 99442 (20 minutes) for Telephone Visit
 - Add CR modifier; POS 11
- BCBSNC
 - BCBSNC 9921X for Telehealth; POS 02 and CR Modifier

OPEN DISCUSSION

Telemedicine Use Examples


- Best Practices
- Ideas
- Barriers
- Issues

ECHO Series

- Monday, April 20: Dr. Jason Goldie, The Family Health Centers – Case Discussion and Q&A
- Friday, April 24: Telemedicine Experiences – Open Discussion and Q&A

MAHEC COVID-19 Regional Response Guidance

<https://mahec.libguides.com/covid19>



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MAHEC COVID-19 Regional Response Guidance

Home

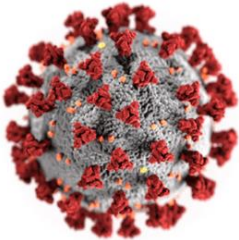
- Welcome
- COVID-19 Topic Guides
- NC AHEC Tip Sheets

Regional Support

I'm a provider: I need help

- Helping WNC Providers Respond to COVID-19
Our Regional Response Team at UNC Health Sciences at MAHEC wants to ensure that all healthcare providers and practices in WNC are as prepared as

Welcome



MAHEC Practice Support guide for COVID-19

Here you'll find NC AHEC tip sheets and links to other guides on COVID-19 topics, including PPE, telehealth, testing & patient care, financial health, and clinical specialties.

Created by MAHEC librarians with collaboration from MAHEC Practice Support and Regional Response Team

COVID-19 Topic Guides

- COVID-19 Coding & Billing
- COVID-19 Financial Assistance

Overview and Definitions

Telemedicine/Virtual Visits: refers to the exchange of medical information from one site to another through electronic communication to improve a patient's health. **Not physically in the same room**

Telehealth: A visit with a provider that uses telecommunication systems between a provider and a patient. The provider must use an interactive audio and video telecommunications system that permits real-time communication between the distant site and the patient at home. **Audio and Video**

Virtual Check-in: A brief (5-10 minutes) check in with practitioner and patient via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient. **Live video not required**

E-Visit: A communication between a patient and their provider through an online patient portal.

Overview and Definitions

Telephonic: A visit between a provider and the patient conducted via telephone. **Audio**

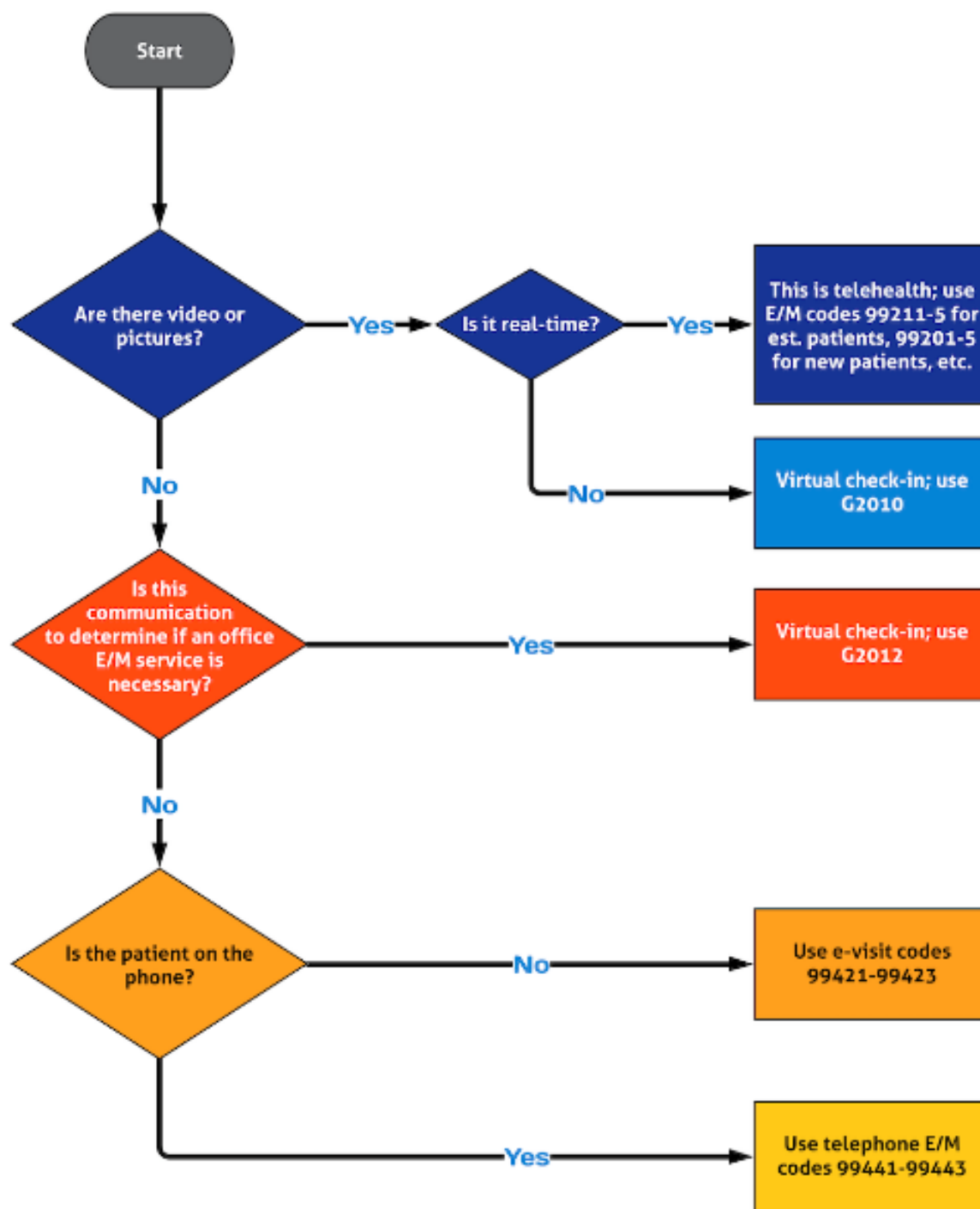
Distant Site: The location of the eligible healthcare provider

Originating Site: The location of the patient

Parity – Paying the same as an in-person visit

Billing Definitions for Telemedicine

- Place of Service – Two code descriptor of the actual Place a service is provided to a patient: 11 for Office Telehealth Non Facility PFS or 02 for lower Facility PFS Telehealth. They are structured from 1-99. New CMS guidelines March 31, 2020 for parity. Always verify specific payer requirements
- Address Box 32 of the CMS 1500 – Under COVID19 use the personal home address of the provider if service provided at home. CMS has notified that future “Audits” will not be reviewing this item.
- Modifier - Modifiers are simple **two-character designators** that signal a change in how the code for the procedure or service should be applied for the claim. Used correctly, modifiers add accuracy and detail to the record of the encounter. For Examples: GT (via interactive audio and video telecommunications systems), CR (Catastrophe/disaster related), 95 (Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System)



Note: CPT codes for telephone services (99441-99443) are not currently covered by Medicare but may be covered by some private plans. You can find a list of Medicare covered services here: <https://www.cms.gov/Medicare/Medicare-General-Information/telehealth/telehealth-codes>. For more information, CMS has put together a toolkit for primary care practices: <https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf>

Developed by James Dom Dera, MD, FAAFP. Source: A virtual visit algorithm: how to differentiate and code telehealth visits, e-visits, and virtual check-ins. . FPM In Practice blog https://www.aafp.org/journals/fpm/blogs/inpractice/entry/telehealth_algorithm.html

Telemedicine Documentation Expectations

- Document how you typically would, same chart note, etc. and ADD the following:
 - Statement that the service was provided using telemedicine
 - Statement that consent was obtained from the patient
 - The location of the PATIENT (enough detail to satisfy a Medicare audit, i.e., covered rural site)
 - The location of the PROVIDER
 - Start and stop time
 - Additional people who participated in the visit at either site

MAHEC PRACTICE SUPPORT

For any questions and assistance, we are here as your regional AHEC support team:
Tammy Garrity, Terri Roberts, Julie Shelton, Michael Melrose, Mark Holmstrom.

Please call or email:

practice.support@mahec.net

828-407-2199

Request for Assistance:

<https://app.smartsheet.com/b/form/3f83dc7cf081482aa5730243f7288079>

Subscribe to the MAHEC Practice Support Newsletter: <http://eepurl.com/gnKQfP>

What matters to you, matters to us!