MAHEC | MOUNTAIN AREA HEALTH EDUCATION CENTER

Telemedicine Best Practices and Idea Sharing Optimizing for Parity E/M Changes April 27, 2020

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Session Plan

- Billing Updates and Clarifications
- Case Studies – David Clements, MD, Carolina Internal Medicine
- Open Discussion - Telemedicine Use Examples, E/M change
  - Best practices, ideas, barriers, issues

Update – Box 32 on the CMS 1500

NEW CMS Guidance 4/14/20 - Submit the address where the clinician normally practices. Therefore, if the normal location is the office, put the office address in Box 32 of the CMS 1500.

Clarification – Medicare FFS Billing

1. AWV – These have been on the approved Telehealth list for a while and have to be Telehealth (Audio and Visual)
2. Billing for regular E&M visits have to be Telehealth (Audio and Visual)
3. Telephone visits (Audio only) are billed using the Tele E/M codes 99441-99443. These are time based: 99441 (5-10 min.), 99442 (11-20 min.), 99443 (21-30 min). Physician and APP
4. Behavioral Health (designated BH providers) telephone only visits also use the Tele E/M codes for BH: 98966 (5-10 min.), 98967 (11-20-min.), 98968 (21-30 min.)

CASE STUDIES

David Clements, M.D.
Carolina Internal Medicine

New Patient

David Clements, M.D.
Carolina Internal Medicine

New Medicare patient

68 yo male, new patient, seen in telehealth for an Annual Wellness visit.

History of uncontrolled Type 2 Diabetes, hypertension, hyperlipidemia, severe obesity, benign prostatic hypertrophy.

Meds were prescribed. Lab and EKG ordered.

I spent 10 minutes reviewing records before the visit, 45 minutes with the patient on the phone, and 15 minutes afterward reviewing old records and summarizing them.

How best to code for the visit?

Changes in Medicare coding rules for Telehealth (video) visits
Rules effective during the COVID-19 Public Health Emergency

The level of coding for telehealth (defined as with video) visits is based on **<u>either</u>**:

- Medical decision making.
  - History and physical do not count toward coding.
  - Notably, physical exam is not needed for coding for new patients.
- Total time spent on E/M on the day of the visit.
  - Includes any time spent before or after the visit.

Reference: https://www.cms.gov/files/document/covid-final-ifc.pdf

Reference from the CMS Interim Final Rule with Comment.

On an interim basis, we are revising our policy to specify that the office/outpatient E/M level selection for these services when furnished via telehealth can be based on MDM or time, with time defined as all of the time associated with the E/M on the day of the encounter; and to remove any requirements regarding documentation of history and/or physical exam in the medical record. This policy is similar to the policy that will apply to all office/outpatient E/Ms beginning in 2021 under policies finalized in the CY 2020 PFS final rule. It remains our expectation that practitioners will document E/M visits as necessary to ensure quality and continuity of care. To reduce the potential for confusion, we are maintaining the current definition of MDM.

Reference: https://www.cms.gov/files/document/covid-final-ifc.pdf

Coding based on MDM

Level 2: 1 stable old problem

Level 3: 2 stable old problems

1 unstable old problem

Level 4: 3 stable old problems

1 stable and 1 unstable old problem

New problem with medication prescription

Level 5: New problem with ordering lab, radiology, and medicine test, and requesting old records.

New problem with ordering labs and radiology and summarizing old records.

Coding based on Time

For Telehealth, include all time spent on E/M on the day of the visit.

	New patients.	**Established Pt.**
Level 2	20 min	10 min
Level 3	30 min	15 min
Level 4	45 min	25 min
Level 5	60 min	40 min

OPEN DISCUSSION

Telemedicine Use Examples

- Best Practices
- Ideas
- Barriers
- Issues

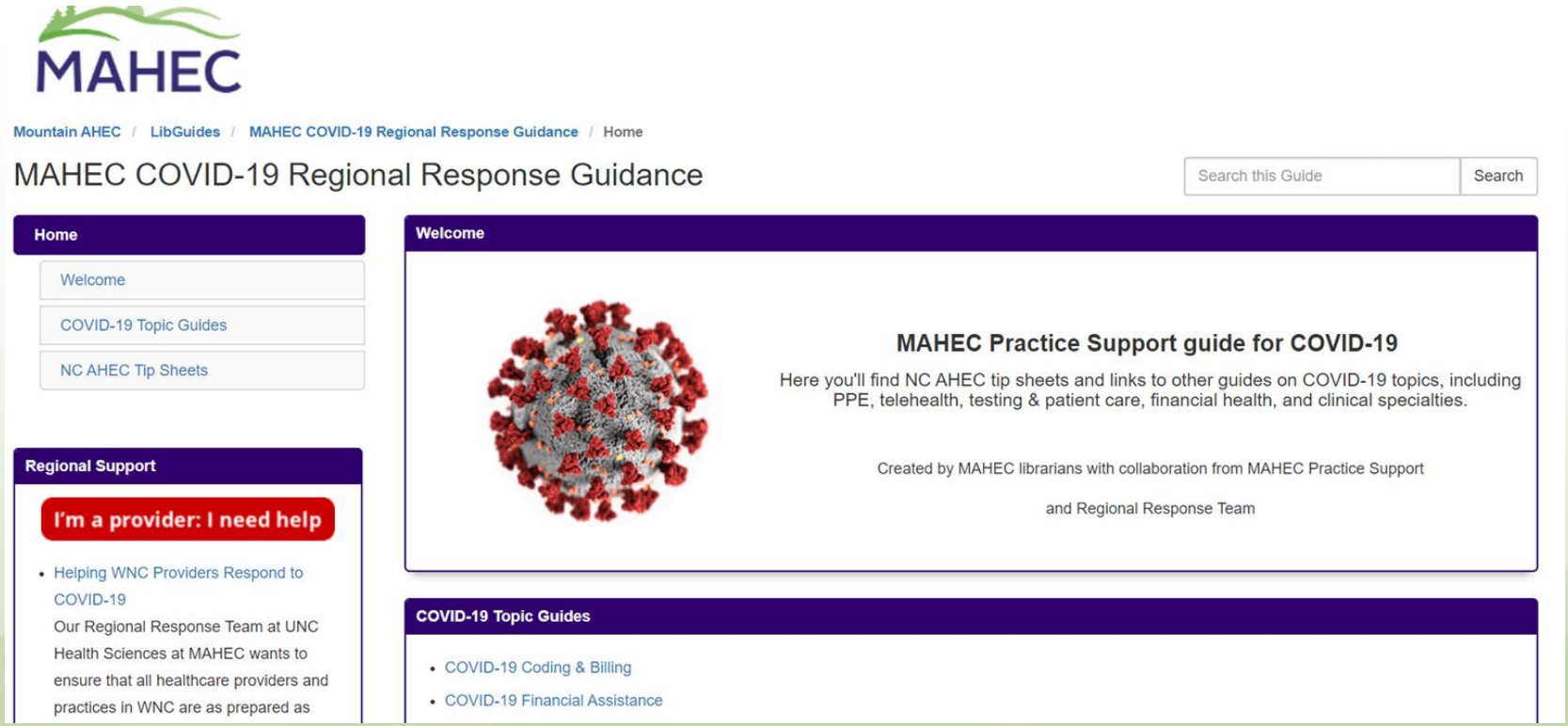
ECHO Series

- Friday, May 1: Behavior Health Telemedicine Experiences at MAHEC, Shane Lunsford, MBA, Administrative Director, Department of Psychiatry, Open Discussion and Q&A

- Monday, May 4: Telemedicine Experiences, Open Discussion and Q&A

MAHEC COVID-19 Regional Response Guidance

https://mahec.libguides.com/covid19



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

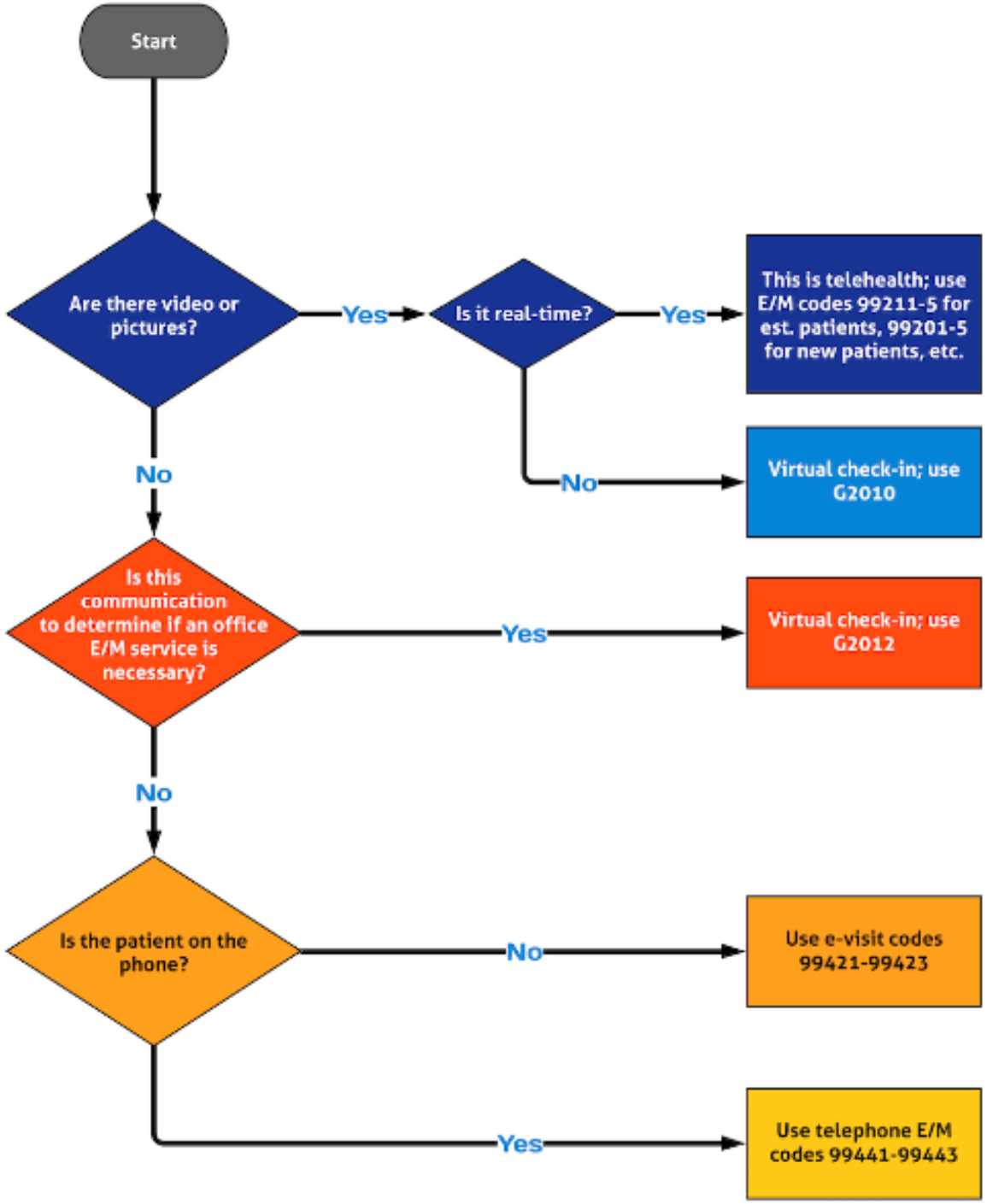
Parity – Paying the same as an in-person visit

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 – (revised 4/14/20) Submit the address where the clinician normally practices. Therefore, if the normal location is the office, put the office address in Box 32 of the CMS 1500.

- 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

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