



**MOUNTAIN AREA HEALTH
EDUCATION CENTER**

Telemedicine
Best Practices and Idea Sharing
Behavioral Health
May 1, 2020

MAHEC Health Innovation Partners Team/Practice Support

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Session Plan

- Billing Updates and Payer Grid
- Case Studies
- Open Discussion - Telemedicine Use Examples
 - Best practices, ideas, barriers, issues

Billing Updates and Clarifications

1. Order of modifiers

Payment modifiers first (95, GT, 25, 26)

Information modifiers last (CR, GE, GC)

Behavioral Health Billing Grid

This grid is provided as information and is accurate to the best of our knowledge as of 4/29/2020. For specific questions or instructions, please contact your account manager.

Behavioral Health- Telehealth									
Visit Type	Platform	Code	Description	Medicare	Medicaid	Vaya	BCBS BH	UBH (Optum) including MCR Adv	
Carrier Information				Updated Policy Start Date	3/10/2020	3/10/2020		3/6/2020	
				Hold Claims until				3/21/2020	
				End Date (may extend)	Until SOE ends	Until SOE ends		5/6/2020	4/30/2020
				Waives Pt resp for COVID related only				X 4/1-6/1	
				Waives Pt resp for all telehealth services					
				Telephonic Visits ONLY - No pt resp		X			
				NO change in pt resp	X			X	X
			POS	11	11	11	02	02	
Phone	Telephone must receive verbal consent	G2012	Brief, Est Patient	Yes	Yes, CR (COVID19 dx only)	Yes, CR (COVID19 dx only)			
		98966	BH Tele E/M 05-10 min	Yes	Yes, CR	Yes, CR			
		98967	BH Tele E/M 11-20 min	Yes	Yes, CR	Yes, CR			
		98968	BH Tele E/M 21-30 min	Yes	Yes, CR	Yes, CR			
Remote Image	Captured video or image	G2010	Image	Yes			Yes		
Portal	Patient Portal (messaging and/or audio with or without visual).	G2061	Qualified NonMD Est 5-10 min	Yes				Yes	
		G2062	Qualified NonMD Est 11-20 min	Yes				Yes	
		G2063	Qualified NonMD Est 21+ min	Yes				Yes	

CASE STUDIES

Zach White, Office Based Opioid Treatment Program
Manager

Nick Ladd, D.O., Child and Adolescent Psychiatrist
MAHEC Center for Psychiatry and Mental Wellness

Case #1

30 y/o female, presented for alcohol use disorder. 40 minutes in telehealth session for psychotherapy.

Medicaid

Case #1

- What makes this case a good candidate for telehealth?
 - What is the patient prep and intake process for the visit?
 - Describe the connection process
 - What is the clinical approach and process during the visit?
 - What documentation is required and how is this completed?
 - What challenges or barriers do you experience?
 - How is this visit billed?
- 

Case #2

16 yo F Generalized Anxiety Disorder, OCD, Separation Anxiety, Nocturnal enuresis who presents for a routine 6 week follow up after titration of Sertraline 50mg to 100mg. Patient was joined by mother for a portion of the visit.

Payer is BCBS

Case #2

- What makes this case a good candidate for telehealth?
- What is the patient prep and intake process for the visit?
- Describe the connection process
- What is the clinical approach and process during the visit?
- What documentation is required and how is this completed?
- What challenges or barriers do you experience?
- How is this visit billed?

OPEN DISCUSSION

Telemedicine Use Examples

- Best Practices
- Ideas
- Barriers
- Issues

ECHO Series

- Monday, May 4: Payer updates, Overview of Telehealth Resources, Open Discussion and Q&A
- Friday, May 8: Open Discussion and Q&A

MAHEC COVID-19 Regional Response Guidance

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



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Home

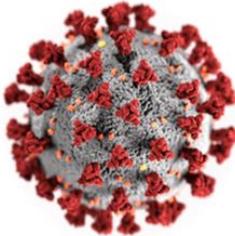
- Welcome
- COVID-19 Topic Guides
- NC AHEC Tip Sheets

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

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!

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. AWW – 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.)

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**

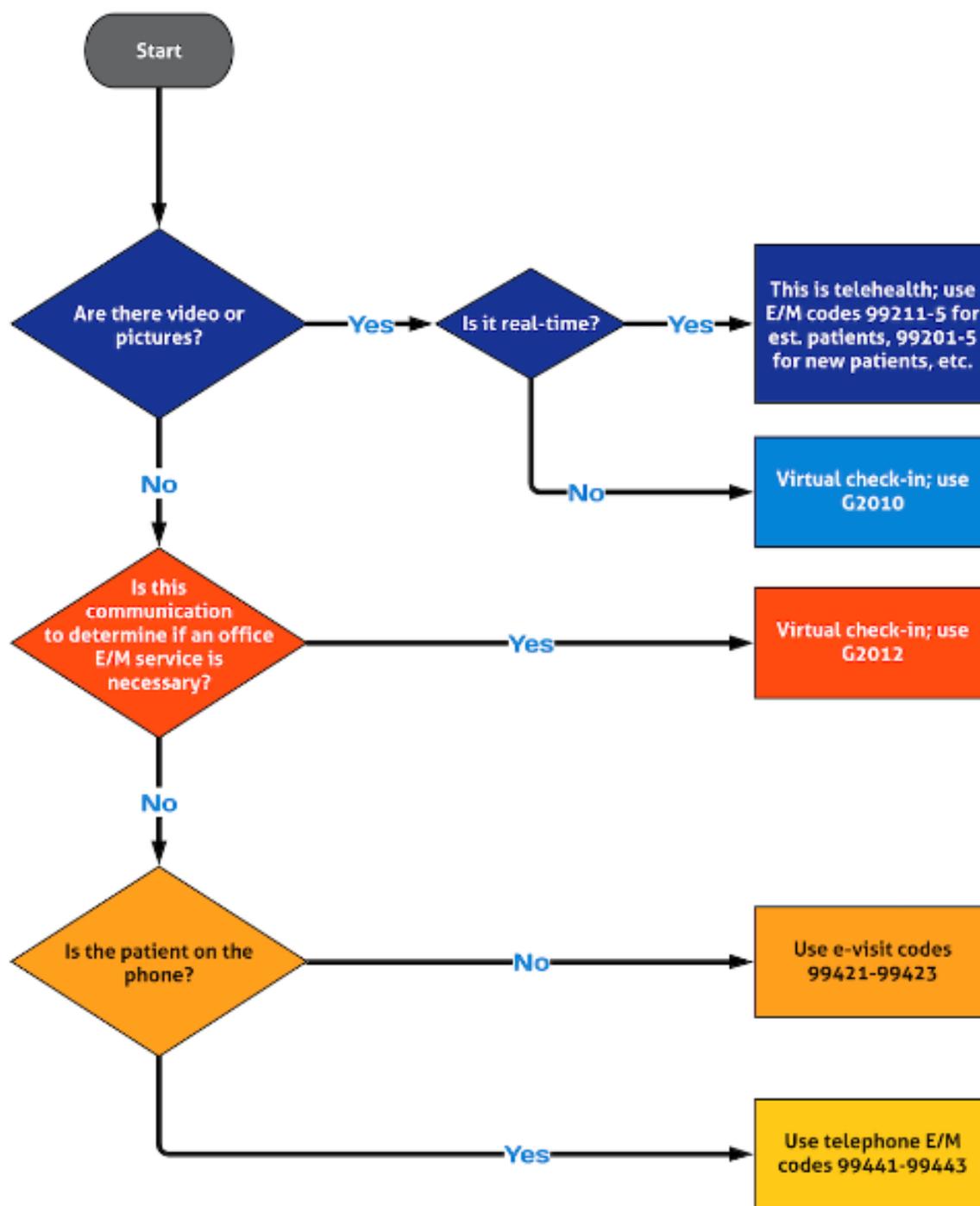
Distant Site: The location of the eligible healthcare provider

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

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>