MAHEC | MOUNTAIN AREA HEALTH EDUCATION CENTER

Telemedicine Best Practices and Idea Sharing May 4, 2020

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Session Plan

- Billing Updates, Payor Grid and Clarifications
- Medicaid Hybrid Visits
- Future of Telehealth - MATRC
- Open Discussion - Telemedicine and Q/A
  - 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.

Billing Updates and Clarifications

1. Order of modifiers
    - Payment modifiers first (95, GT, 25, 26)
    - Information modifiers last (CR, GE, GC)

Clarification – Medicare FFS Billing COVID 19

1. AWV – These have been on the approved Telehealth list for a while and have can be Telehealth and Telephonic
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.)

MEDICAL - Telehealth Carrier Guidelines

Description	Medicare	Medicaid	BCBS	BCBS Federal	BCBS MCR Adv	UHC Comm/MCR Adv Plans	Aetna	MCR Aetna
Updated Policy Start Date	3/10/2020	3/10/2020	3/6/2020	3/6/2020	3/7/2020	3/14/2020	3/6/2020	3/6/2020
Hold Claims until			3/21/2020	3/21/2020				
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
Waives Pt resp for COVID related only	X		X 4/1-6/1	X	X 4/1-6/1	X		
Waives Pt resp for all telehealth services						X 3/31-6/18	X	X
Telephonic Visits ONLY - No pt resp		X						
NO change in pt resp			X		X			

TELEHEALTH BILLING TIPS

Denial Reasons

- Modifier Order is important
  - ✓ List Payment Modifiers first (26,GT,51,etc)
  - ✓ List Informational Modifiers after all Payment Modifiers (CR,GE,GC,etc)
  - ✓ Verify what modifiers belong on which CPT-depending on technology, carrier
  - ✓ CS modifier (cost sharing) will process claim with no pt responsibility, if appl.
- Place of Service
  - ✓ Verify that the POS is correct on your raw data (02,11,21,etc)
- CPTs
  - ✓ Verify that the CPT is covered under the carrier's telehealth guidelines
  - ✓ Verify that the CPT is covered on the DOS
  - ✓ Verify the provider can bill that CPT under the carrier's telehealth guidelines
- Diagnosis
  - ✓ Vaya - Verify the dx is on their list of covered BH dx

Telehealth Updated Carrier Policies

- Start Dates
- End Dates

Separate Telehealth Grids

- Medical
- Behavioral Health
- Helpful when scheduling patients

All New: Hybrid Home-Telehealth Visit

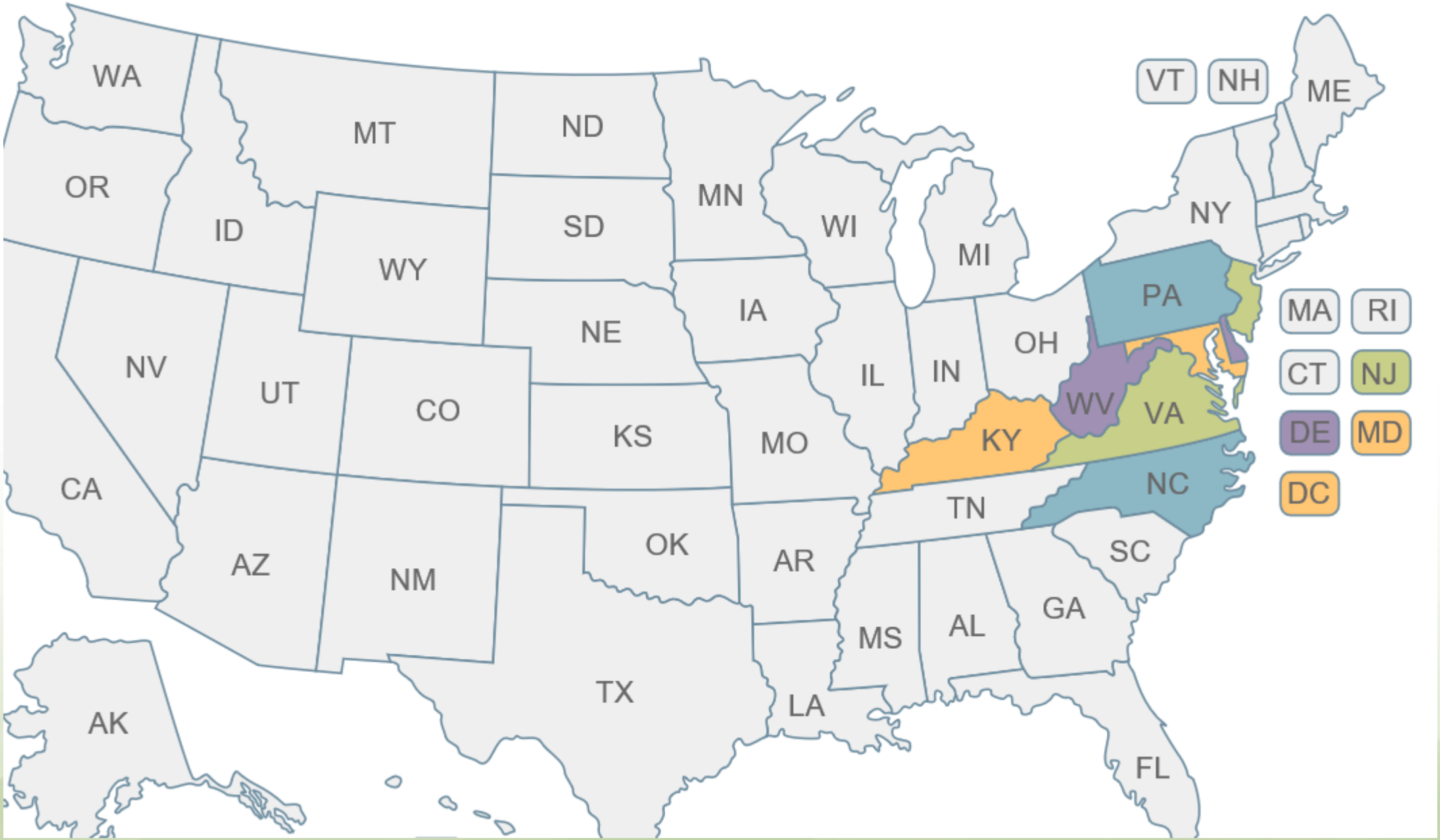
- Allows a Telehealth visit to be paired with a Home visit by an appropriately trained delegated staff person
- Use Cases
  - High Risk Pregnancy
  - Uncontrolled chronic illness requiring closer follow up
  - Well Child for infant or Complex child
  - Provision of vaccines, draw labs, monitor vitals in select patients
- Billing Methodology:
  - Well Child, Routine E&M, Antepartum Individual Visits
  - Pregnancy in Pregnancy Global Package

Hybrid Home-Telehealth Visit Option

Home Visit Code	Description (See 2020 CPT Code Book for Complete Details)
99347	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: • A problem focused interval history; • A problem focused examination; and • Straightforward medical decision making. Presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent face-to-face with the patient/family.
99348	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: • An expanded problem focused interval history; • An expanded problem focused examination; and • Medical decision making of low complexity. Presenting problem(s) are low to moderate severity. Typically, 25 minutes are spent face-to-face with the patient/family.
99349	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: • A detailed interval history; • A detailed examination; and • Medical decision making of moderate complexity. Presenting problem(s) are low to moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient/family.
99350	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: • A comprehensive interval history; • A comprehensive examination; and • Medical decision making of moderate to high complexity. Presenting problem(s) are low to moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent face-to-face with the patient/family.

What is the Path Forward?

Mid Atlantic Telehealth Resource Center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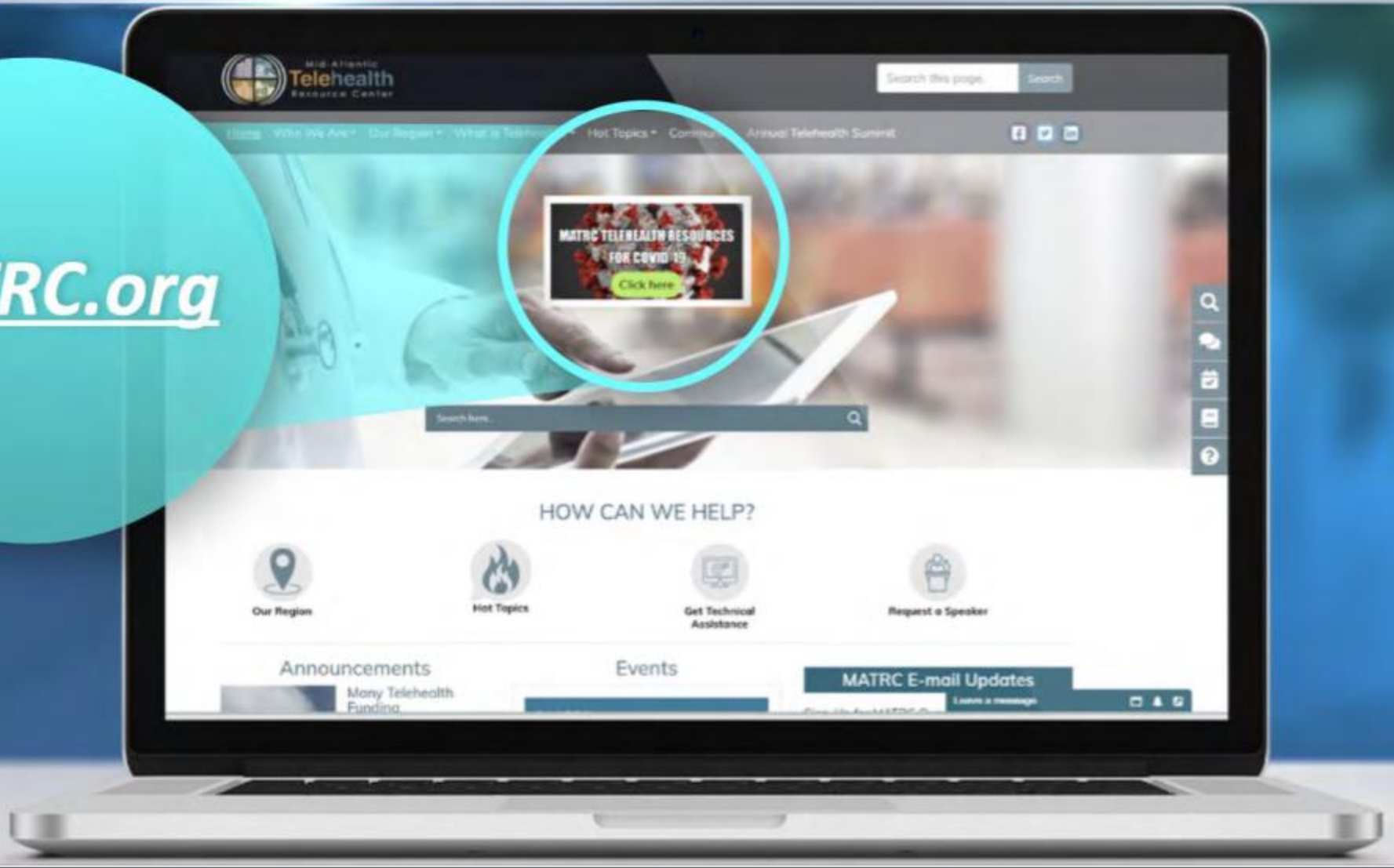
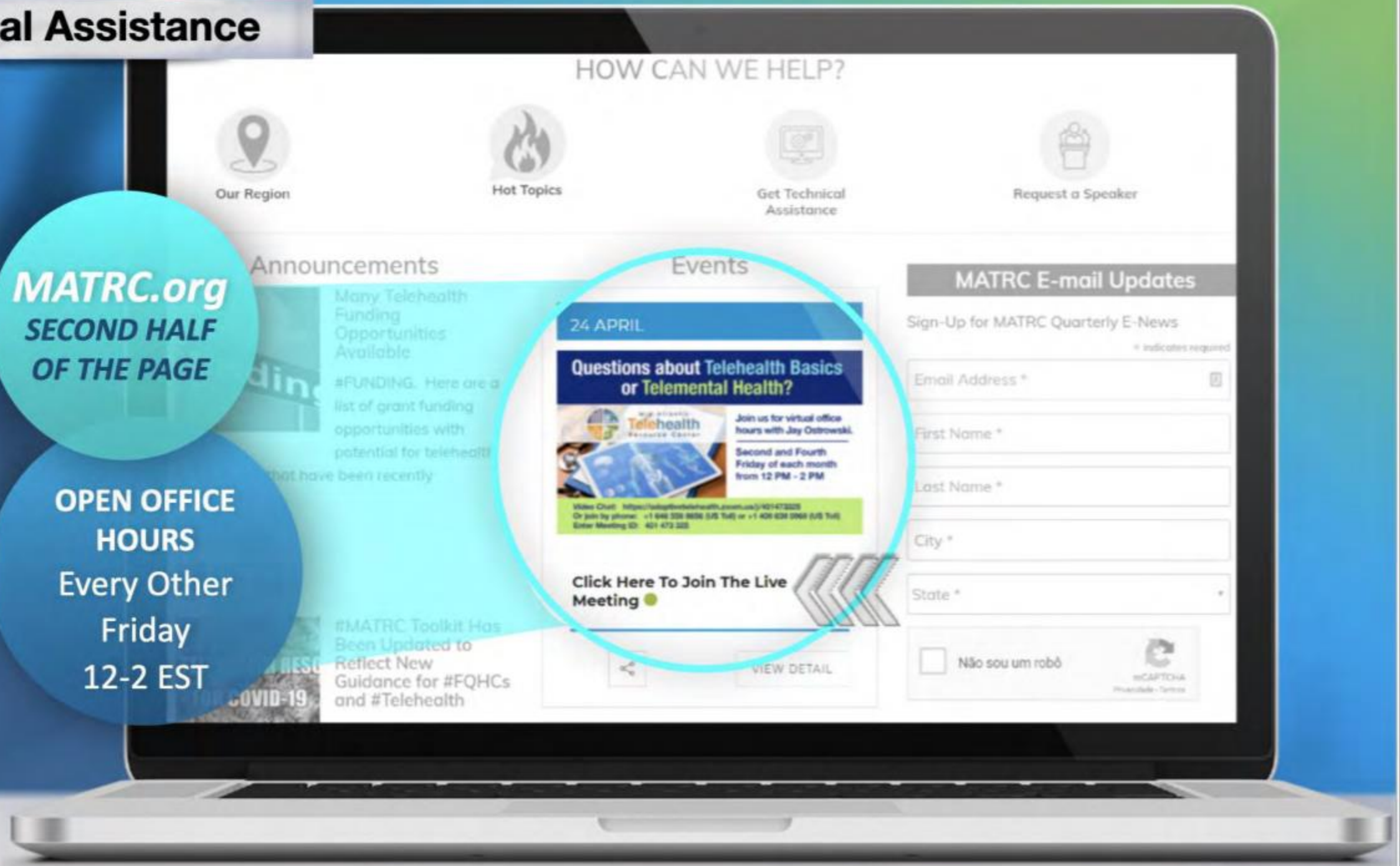
TECHNICAL ASSISTANCE

MID-ATLANTIC TELEHEALTH RESOURCE CENTER (MATRC)

MATRC.org



Technical Assistance



MATRC.org
SECOND HALF OF THE PAGE

OPEN OFFICE HOURS
Every Other Friday
12-2 EST

OPEN DISCUSSION

Telemedicine Use Examples

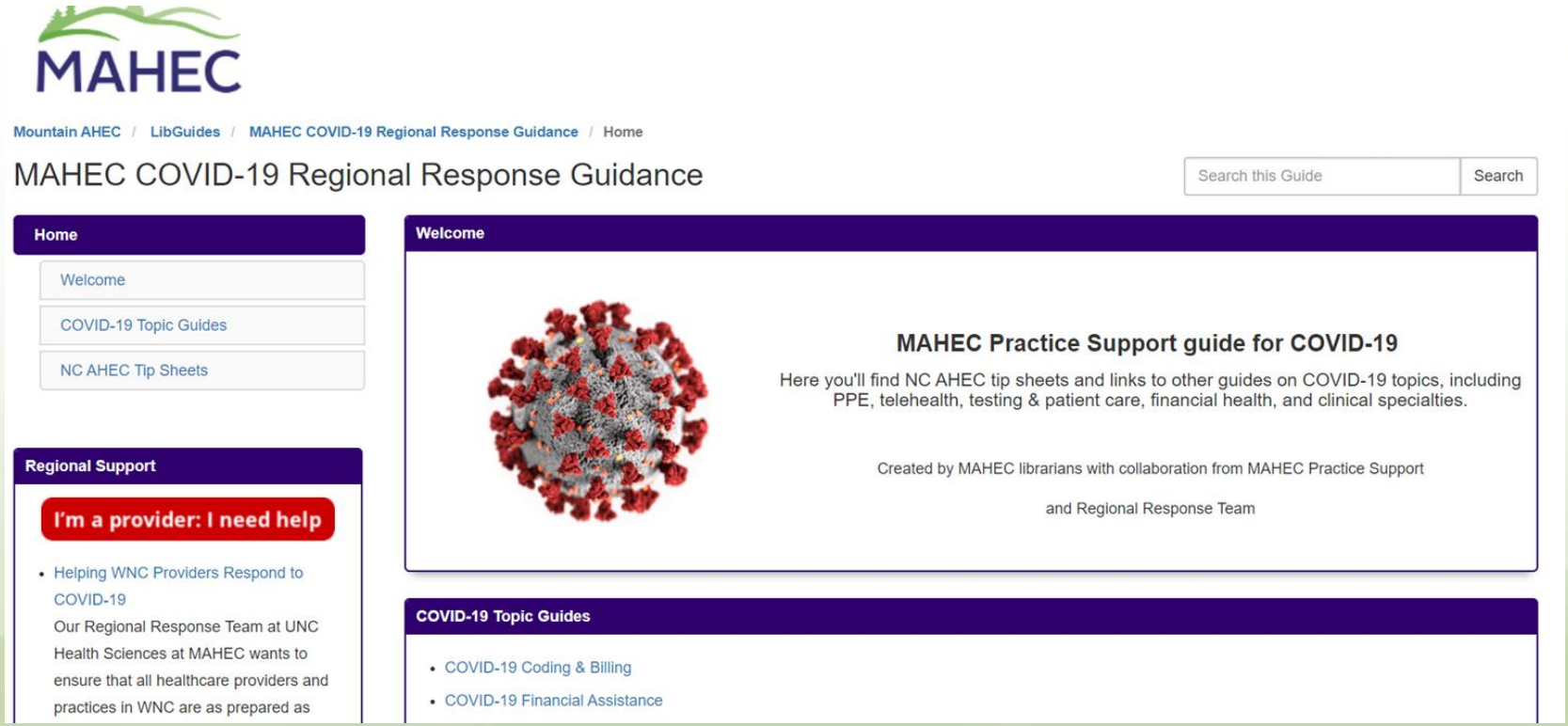
- Best Practices
- Ideas
- Barriers
- Issues

ECHO Series

- Friday, May 8: Open Discussion and Q&A TBD

MAHEC COVID-19 Regional Response Guidance

https://mahec.libguides.com/covid19



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!

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

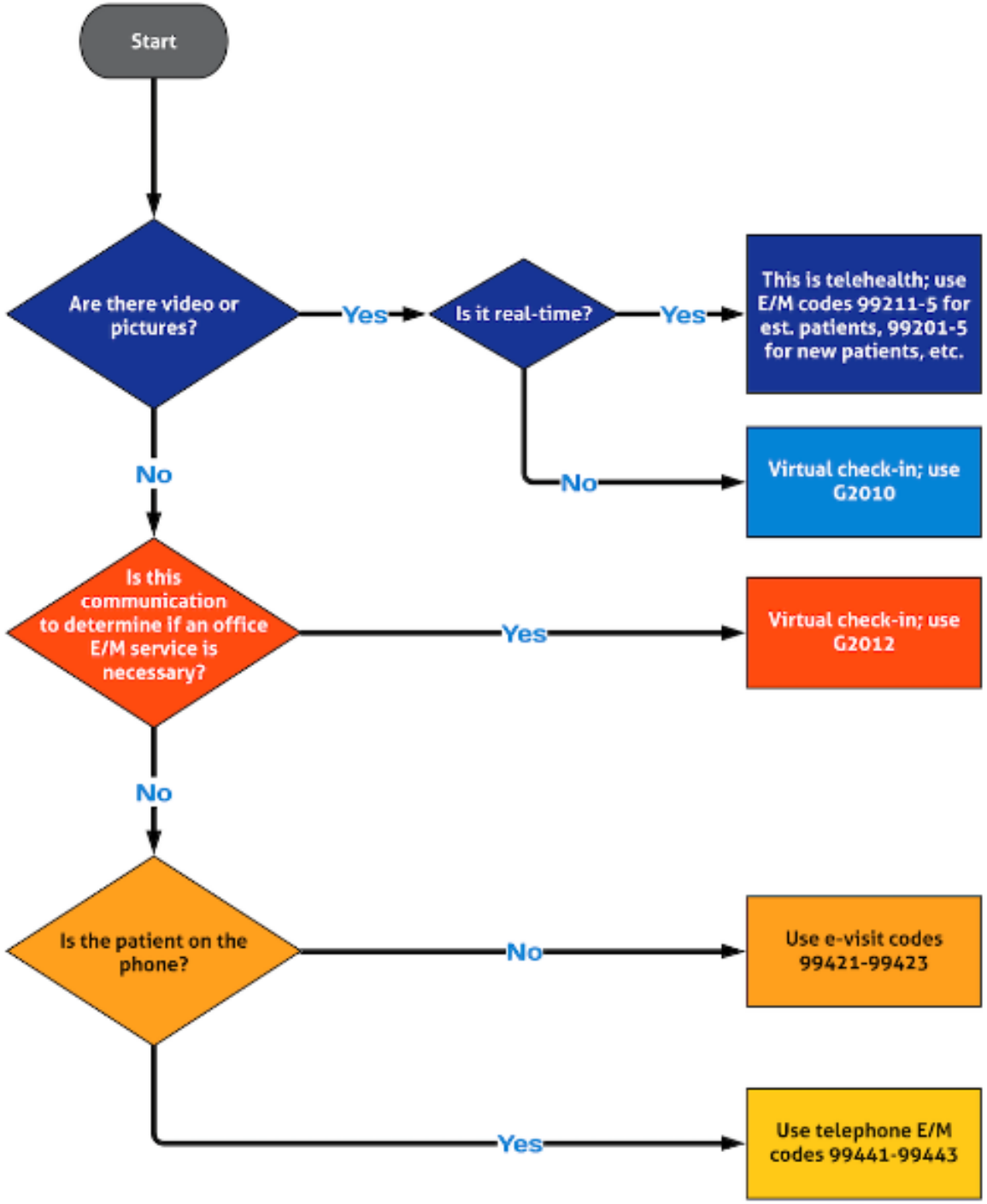
Parity – Paying the same as an in-person visit

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