Telehealth

What it is and what it's not during the COVID-19 PHE

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National Association for the Support of Long Term Care
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About our speakers

Cynthia Morton is a national expert on Medicaid, Medicare and other public policy affecting the long-term and post-acute care sectors. Currently, she serves as the Executive Vice President for the National Association for the Support of Long Term Care (NASL), where she advocates for her members' interests. Prior to joining NASL, Cynthia served as the Vice President for Political Affairs for the American Health Care Association/National Center for Assisted Living (AHCA/NCAL).

NASL
National Association for the Support of Long Term Care

The National Association for the Support of Long-Term Care (NASL) represents long term care providers and suppliers of ancillary services including rehab therapy, information technology, lab and x-ray services to the long term and post-acute care (LTPAC) sector. The mission of NASL is to advocate for high quality care for the patients we serve through working to advance legislative and regulatory policy that enables our members to support and achieve this goal.

About our speakers

Michelle Jabczynski MS, CCC-SLP, CHC, has led an extensive career in the long-term, sub-acute, adult rehab setting as a Speech Language Pathologist since she earned her Master's from the University of Wisconsin in 2005. She joined Infinity Rehab in 2012 as an Area Rehab Director and most recently served as Home Health Director for where she achieved operational and financial excellence in both roles. Michelle's drive to be a leader, her passion for mentorship and focus on positive clinical and financial outcomes makes her a true asset for Infinity Rehab and the clinicians she leads. Since 2014, she has served as a Leadership Coach for the Infinity Rehab Leadership Academy. In this volunteer role, she leads department managers through experiential learning and project implementation to achieve professional leadership skills. Michelle attests that her primary core value is curiosity. She will apply that trait wholeheartedly to the strategy component of her role as she helps Infinity Rehab tactically maneuver within the regulatory world and continue to grow the organization as a premier leader of post-acute care services.

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Objectives

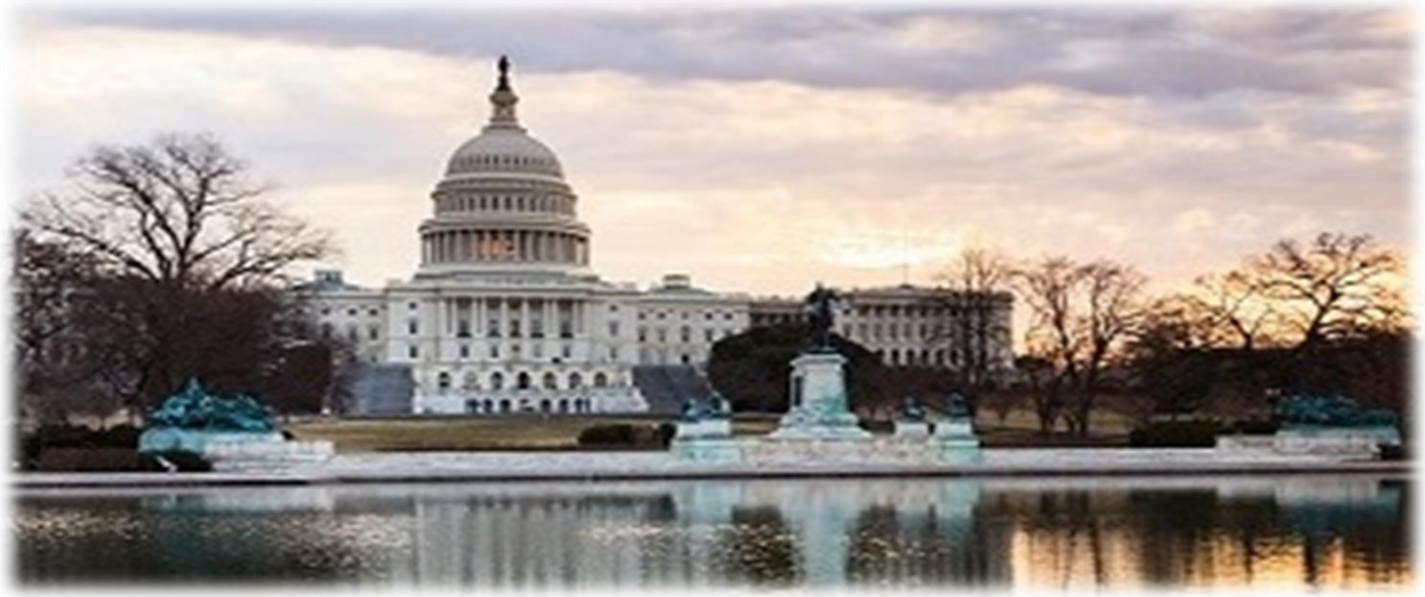
At the end of this session, participants will be able to:

- Describe the scope and definitions of telehealth especially as it relates to rehab therapy
- Understand the regulatory and legislative impacts on provisioning of telehealth related to the 1135 waiver
- Understand the billing and coding requirements for telehealth services

A Decade's Worth of Telehealth Changes in a Couple of Months!

CMS has made sweeping changes to Medicare telehealth for Fee for Service

- More Practitioners can provide services
- Originating site is greatly enlarged
- Equipment/Technology includes audio and video capabilities that are used for two-way, real-time interactive communication



First, a few Definitions

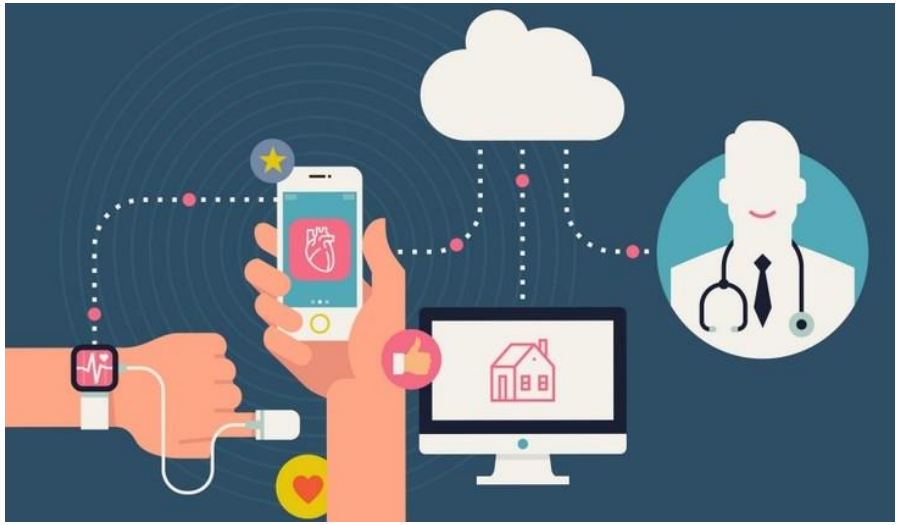
Definitions

- Telehealth
- Telerehabilitation
- Telepractice
- Telemedicine
- Remote Patient Monitoring (RPM)
- mHealth
- Telesupervision
- Teleconsultation
- Communication Technology-Based Services (CTBS)

Definitions

Telehealth

A broad term, that includes telemedicine and telerehabilitation, which is used to describe healthcare services, support, and information provided remotely via digital communication and devices.



Definitions

CMS definition: “Telehealth, telemedicine, and related terms generally refer to the exchange of medical information from one site to another through electronic communication to improve a patient’s health. ”

https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

“Medicare telehealth services include office visits, psychotherapy, consultations, and certain other medical or health services that are provided by an eligible provider who isn't at your location using an interactive 2-way telecommunications system (like real-time audio and video).”

https://www.medicare.gov/coverage/telehealth

Definitions

Telerehabilitation: “the delivery of rehabilitation services via information and communication technologies. Clinically, this term encompasses a range of rehabilitation and habilitation services that include assessment, monitoring, prevention, intervention, supervision, education, consultation, and counseling.” (ATA 2010)

Telemedicine: The American Telemedicine Association (2011) defines telemedicine as “the use of medical information exchanged from one site to another via electronic communications to improve a patients’ health status.”

Definitions: RPM and mHealth

Remote patient monitoring (RPM) – including home telehealth, uses devices to remotely collect and send data to a home health agency or a remote diagnostic testing facility (RDTF) for interpretation. Such applications might include a specific vital sign, such as blood glucose or heart ECG or a variety of indicators for homebound consumers. Such services can be used to supplement the use of visiting nurses.

Mobile health (mHealth) – Consumer medical and health information includes the use of the internet and wireless devices for consumers to obtain **specialized health information** and online **discussion groups** to provide peer-to-peer support.

https://www.americantelemed.org/resource/why-telemedicine/

Definitions: Provider to Provider

Telesupervision: Supervision or mentoring conducted through the use of technology. May include Therapist to Assistant supervision; SLP Mentor to Clinical Fellow SLP supervision.
*subject to state practice act and onsite supervision requirements

Teleconsultation: "Consultation between a provider and specialist at distance using either store and forward telemedicine or real time videoconferencing"

Note: There is a billable Teleconsultation service between certain providers. Rehabilitation therapy providers are not approved providers of this billable service

https://thesource.americantelemed.org/resources/telemedicine-glossary

Definitions: Not Considered Telehealth

Medicare Communication Technology-Based Services (CTBS): "services that are furnished via telecommunications technology (83 FR 59482), but ***are not considered Medicare telehealth services***. include, for example, certain kinds of remote patient monitoring (either as separate services or as parts of bundled services), and interpretations of diagnostic tests when furnished remotely. " (CMS Interim Final Rule 2020) https://www.cms.gov/files/document/covid-final-ifc.pdf

- CTBS include:
  - Virtual Check-Ins
  - E-Visits
  - Telephone Assessment and Management

Definitions: Virtual Visits

Virtual Visits: short patient-initiated communications with a healthcare practitioner. https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

A virtual visit is not a treatment session, and it does not meet the Medicare definition of Telehealth

"Virtual check-ins" are brief (5 to 10 minutes), non-face-to-face check ins with a patient via communication technology to assess whether the patient's condition necessitates an office visit. This service could be billed only in situations where the medical discussion was for a condition not related to an RHC or FQHC visit furnished within the previous 7 days, and does not lead to an RHC or FQHC visit within the next 24 hours or at the soonest available appointment."

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

Definitions: E-Visits

E-Visits: non-face-to-face patient-initiated communications through an online patient portal.

An e-visit is not a treatment session, and it does not meet the Medicare definition of Telehealth

"The patient must generate the initial inquiry and communications can occur over a 7-day period. The services may be billed using CPT codes 99421-99423 and **HCPCS codes G2061-G2063**, as applicable. The patient must verbally consent to receive virtual check-in services. The Medicare coinsurance and deductible would apply to these services."

https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

Definitions: CTBS

10. Question: How are telehealth services different from virtual check-ins and e-visits? How much does Medicare pay for these services?

Answer: **Medicare telehealth services** are services that would normally occur in person but are instead conducted via telecommunications technology and are paid at the full in-person rate. Service such as the virtual check-in, eVisits, remote evaluation, and telephone visits are not services that would normally occur in person, and are not paid as though the service occurred in person. A **virtual check-in** lets professionals bill for brief (5-10 min) communications that mitigate the need for an in-person visit and can be furnished via any synchronous telecommunications technology visit that would be furnished along with an **evisit** is similar to a virtual check-in, but should be reported when a beneficiary communicates with their health care provider through an online patient portal. **Telephone visits** may be furnished via audio-only telephone whereas the remote evaluation describes the evaluation of a prerecorded video or image provided by the patient New: 4/9/20

https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf

Definitions – Not Considered Telehealth

9. Question: Should **on-site visits conducted via video or through a window** in the clinic suite be reported as telehealth services? How could a physician or practitioner bill if this were telehealth?

Answer: Services should only be reported as telehealth services when the individual physician or practitioner furnishing the service is not at the same location as the beneficiary. If the physician or practitioner furnished the service from a place other than where the beneficiary is located (a "distant site"), they should report those services as telehealth services. **If the beneficiary and the physician or practitioner furnishing the service are in the same institutional setting but are utilizing telecommunications technology to furnish the service due to exposure risks, the practitioner would not need to report this service as telehealth and should instead report whatever code described the in person service furnished.** New: 4/9/20

https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf

Live Poll

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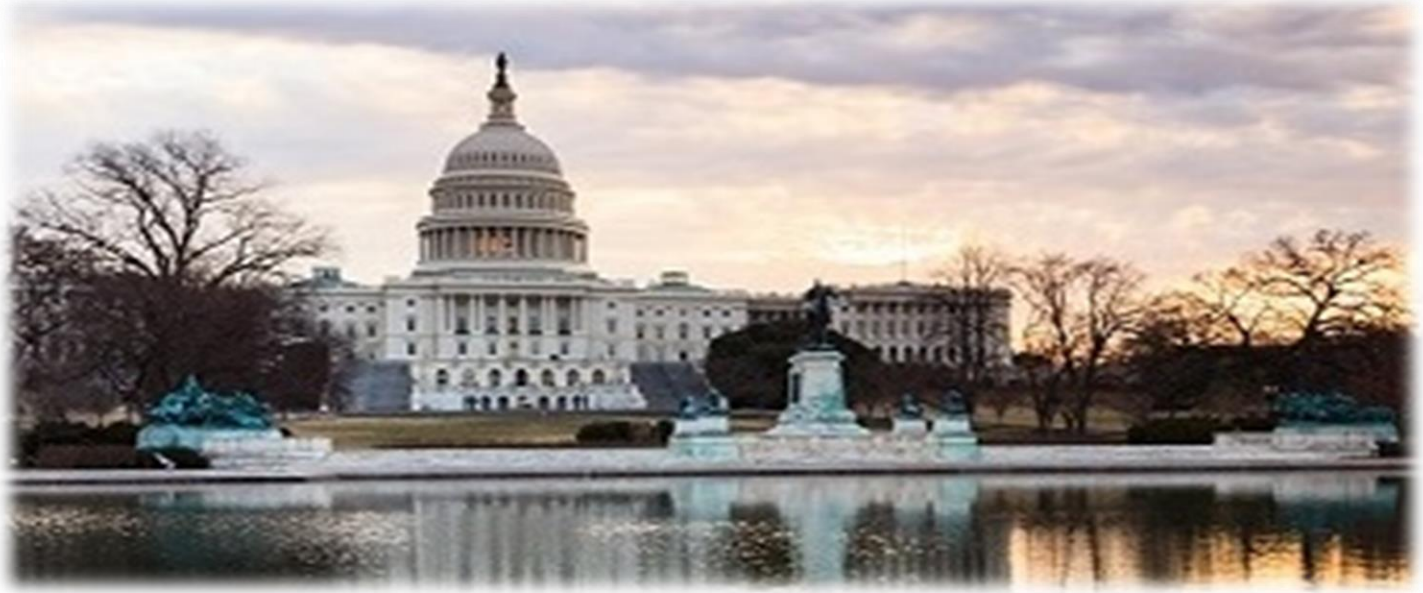


1135(b)(8) Waiver

Section 1135(b)(8) Waiver

- Retroactive to March 1, 2020
- Waives Medicare coverage for telehealth services regardless of whether patient is in a rural area
- Waives the “originating site” requirement, meaning services can be provided to beneficiaries in any healthcare facility, as well as in their home.
- Is not limited to telehealth services related to COVID-19 and applies to any medically necessary covered service.
- Physician – removed in-person visit requirement, removed the 1 visit per 30 days restriction.
- Licensure waivers
    - Consult with your national or state health professional association and state practice acts.

Medicare Telehealth Under Fee for Service
Changes Only Under the PHE

Distant Site Practitioner -- practitioner who provides the services—Statute allows:

- Physicians
- nurse practitioners
- physician assistants
- nurse-midwives
- clinical nurse specialists
- certified registered nurse anesthetists
- clinical psychologists
- clinical social workers
- registered dietitians or nutrition professionals

Waiver now authorizes:

- physical therapists
- physical therapist assistants
- occupational therapists
- occupational therapy assistants
- Speech-language pathologists

Medicare Telehealth Under Fee for Service
Changes Only Under the PHE

- **Originating Site –**location of the patient at the time receives services.

  Statute limits to these locations: nursing home, physician office, hospital, CAH, other AND be in rural or health professional shortage area.

  - Waiver extended to anywhere in the country including the beneficiary's home.
  - Waiver allows institutional providers to bill.

- **Telecommunications System -**Interactive audio and video telecommunications system that permits real time communication between the distant site practitioner and the beneficiary at the originating site (synchronous technology).
  - Waiver allows use of telephones that have audio and video capabilities. Office of Civil Rights allowing covered health care providers to use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype, to provide telehealth without risk of penalty for noncompliance with the HIPAA Rules

CMS clarified… FF. Outpatient Therapy Services

Question: Can outpatient therapy services that are furnished via telehealth and separately paid under Part B be reported on an institutional claim (e.g., UB-04) during the COVID-19 PHE?

Answer: Yes, outpatient therapy services that are furnished via telehealth, and are separately paid and not included as part of a bundled institutional payment, can be reported on institutional claims with the "-95" modifier applied to the service line. This includes:

- Hospital – 12X or 13X (for hospital outpatient therapy services);
- Skilled Nursing Facility (SNF) – 22X or 23X (SNFs may, in some circumstances, furnish Part B physical therapy (PT)/occupational therapy (OT)/speech-language pathology (SLP) services to their own long-term residents);
- Critical Access Hospital (CAH) – 85X (CAHs may separately provide and bill for PT, OT, and SLP services on 85X bill type);
- Comprehensive Outpatient Rehabilitation Facility (CORF) – 75X (CORFs provide ambulatory outpatient PT, OT, SLP services);
- Outpatient Rehabilitation Facility (ORF) – 74X (ORFs, also known as rehabilitation agencies, provide ambulatory outpatient PT & SLP as well as OT services); and
- Home Health Agency (HHA) – 34X (agencies may separately provide and bill for outpatient PT/OT/SLP services to persons in their homes only if such patients are not under a home health plan of care).

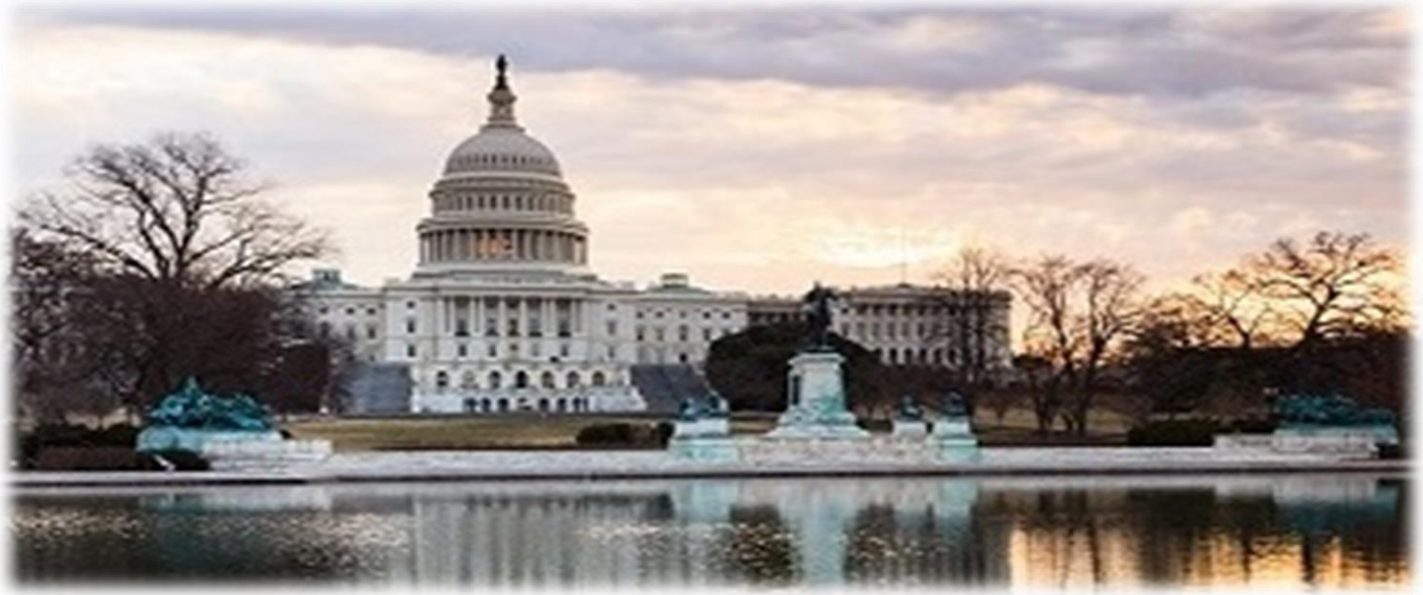
New: 5/27/20

CMS clarified… FF. Outpatient Therapy Services

Question: Can therapy services furnished using telecommunications technology be paid separately in a Medicare Part A skilled nursing facility (SNF) stay?

Answer: Provision of therapy services using telecommunications technology (consistent with applicable state scope of practice laws) does not change rules regarding SNF consolidated billing or bundling. For example, Medicare payment for therapy services is bundled into the SNF Prospective Payment System (PPS) rate during a SNF covered Part A stay, regardless of whether or not they are furnished using telecommunications technology. Therapy services furnished to a SNF resident, whether in person or as telehealth services, during a non-covered SNF stay (Part A benefits exhausted, SNF level of care requirement not met, etc.) must be billed to Part B by the SNF itself using bill type 22X, regardless of whether or not they are furnished using telecommunications technology.

New: 5/27/20



Billing and Coding

Billing and Coding: Settings and Payers

Settings

- Institutional: SNF; Rehab Agency (UB04)
- Non-Institutional: Private Practice; Outpatient (1500)

Payers

- Medicare FFS Part A
- Medicare FFS Part B
- Medicare Advantage
- Managed Care
- Medicaid

https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies

Billing and Coding: Settings and Payers

- Medicare Part A
  - Per CMS, provision of therapy services using telecommunications technology are subject to the current rules regarding SNF consolidated billing or bundling into the SNF Prospective Payment System (PPS) rate during a SNF covered Part A stay.
- Medicare Part B
  - CTBS billable on non-institutional and institutional claims
  - CMS clarified rehab therapy furnished via telehealth and separately paid under Part B can be reported on institutional and non-institutional claims
- Medicare Advantage and Managed Care
  - Varies by plan
- Medicaid
  - Varies by state

https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies

Billing and Coding: Telehealth Codes

Medicare pays the same amount for approved telehealth services as it would if the service were furnished in person.

Approved list of CMS approved services to be billed as telehealth per Interim Final Rule:

Covered Telehealth Services for PHE for the COVID-19 pandemic, effective March 1, 2020 - Updated 04/30/2020 (ZIP)

https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

Billing and Coding: Modifiers

Modifiers:

- -95 or GT: Synchronous telehealth services
- -CQ: Asynchronous telehealth services

Place of Service (POS) Codes (on 1500 forms only)

- -02: Telehealth
- -11: Clinic
- -12: Home

- March 18, 2020 MLN Matters for more details https://www.cms.gov/files/document/se20011.pdf
- Managed Care Organization modifier requirements vary

Billing and Coding: CTBS

These three CPT codes, with their short descriptors, are added for telephone assessment and management services:

- CPT code 98966 (Hc pro phone call 5-10 min)
- CPT code 98967 (Hc pro phone call 11-20 min)
- CPT code 98968 (Hc pro phone call 21-30 min)

These five HCPCS codes, with their short descriptors, are added for remote evaluation of patient images/video, virtual check-ins, and online assessments (e-visits):

- HCPCS code G2010 (Remote image submit by pt.)
- HCPCS code G2012 (Brief check in by MD/QHP)
- HCPCS code G2061 (Qual nonMD est pt. 5-10 min)
- HCPCS code G2062 (Qual nonMD est pt. 11-20 min)
- HCPCS code G2063 (Qual nonMD est pt. 21 min)

Source: MLN Matters May 26, 2020 https://www.cms.gov/files/document/mm11791.pdf

Billing and Coding: Virtual Visits

Virtual Visits:

Require GO, GP, or GN therapy modifier on claims

G2010: Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment

G2012: Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

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

Billing and Coding: E-Visits

E-visits:

Clinicians who may not independently bill for evaluation and management visits (for example – physical therapists, occupational therapists, speech language pathologists, clinical psychologists) can also provide these e-visits and bill the following codes:

Require GO, GP, or GN therapy modifier on claims

G2061: Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5–10 minutes

G2062: Qualified non-physician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11–20 minutes

G2063: Qualified non-physician qualified healthcare professional assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes.

https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

Billing and Coding: Telephone Assessment and Management Visits

Telephone assessment and management visits: assessment and management services conducted over the phone

Require GO, GP, or GN therapy modifier on claims

"CPT codes 98966-98968 described assessment and management services performed by practitioners who cannot separately bill for E/Ms. We are noting that these services may be furnished by, among others, LCSWs, clinical psychologists, and physical therapists, occupational therapists, and speech language pathologists when the visit pertains to a service that falls within the benefit category of those practitioners." (CMS, pg. 125, IFC)

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

Billing and Coding

Telephone assessment and management visits:

98966:Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

98967 Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion

98968 Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion

Telehealth After the Public Health Emergency

- Current Public Health Emergency expires July 26th. HHS has already extended it and most likely will continue to do so.
- Nursing facility patient will continue to be vulnerable to the virus.
- New telehealth abilities will be difficult to take away.
- Advocacy is needed! www.NASL.org

Resources

NASL: https://www.nasl.org/eweb/DynamicPage.aspx?Site=NASL&WebCode=COVID19_Links

CMS: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Telehealth-Services-Text-Only.pdf

CMS: https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf

HIPPA allowances: https://www.hhs.gov/hipaa/forprofessionals/special-topics/emergency-preparedness/index.html

Center for Connected Health Policy: https://www.cchpca.org/

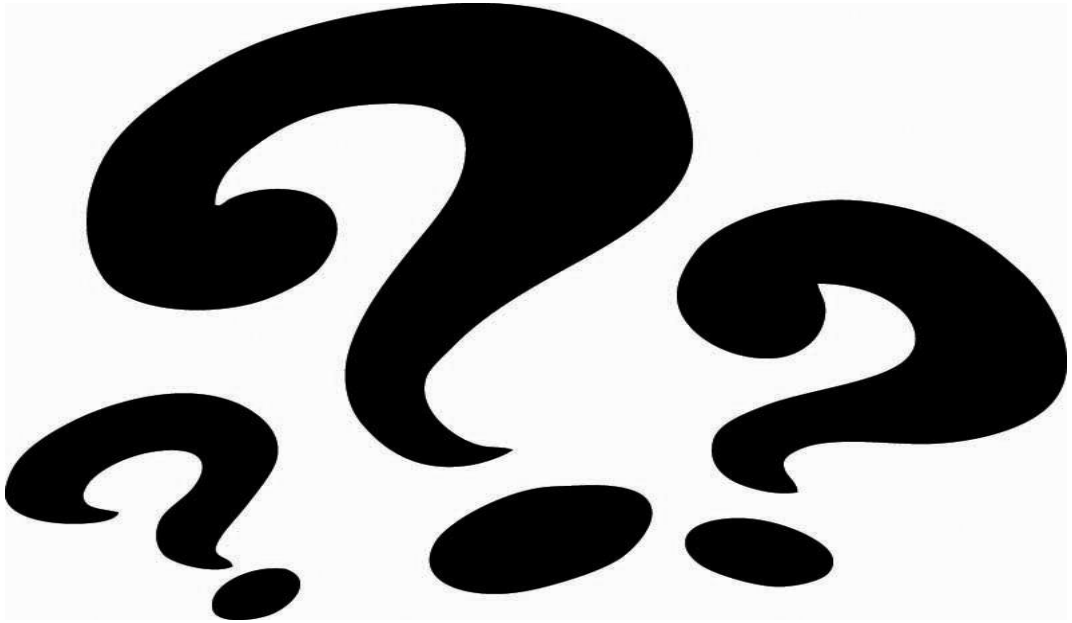
APTA: http://www.apta.org/telehealth/

AOTA: https://www.aota.org/Practice/Manage/telehealth.aspx

ASHA: https://www.asha.org/Practice-Portal/Professional-Issues/Telepractice/

Live Poll

Questions?



Contact the experts

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Thank you for attending!

Recording and handouts are available at

simpleltc.com/telehealth