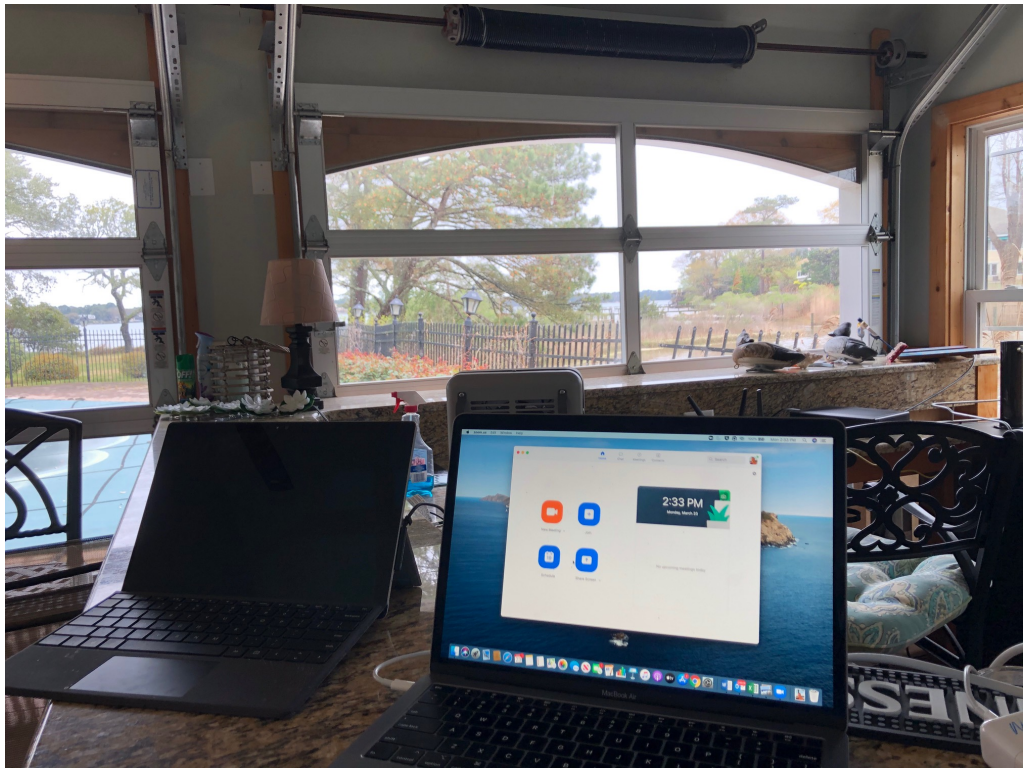
TELEHEALTH UPDATE *CORRECTED SLIDE DECK

MICHAEL FABRIZIO, MD

ALAN WINKLER, MHSA, FACMPE

MARCH 30, 2020

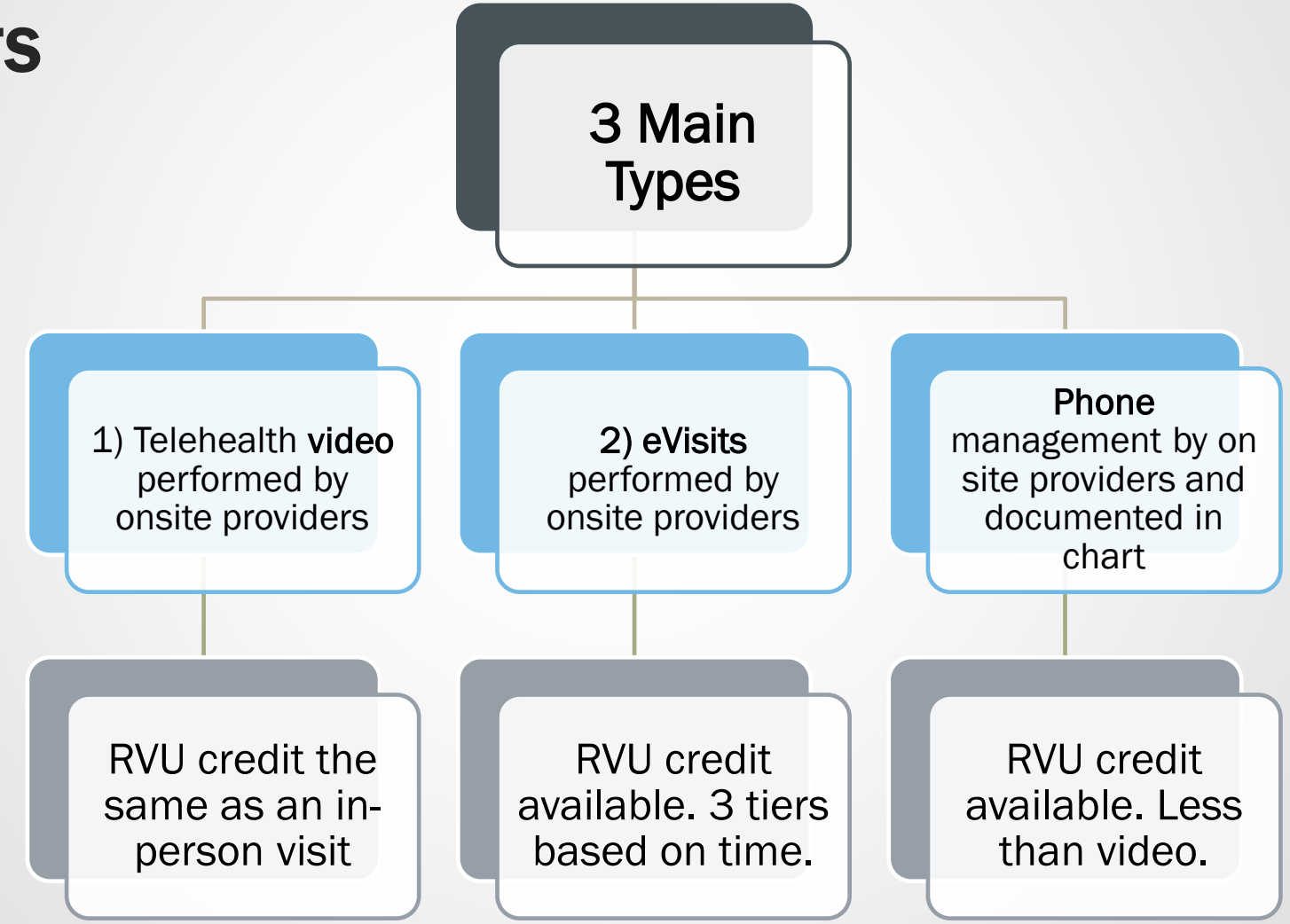
YOU CAN SEE PATIENTS LIKE THIS .... OR LIKE THIS.



REFERENCES

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

VIRTUAL VISITS



Note: Medicaid and Medicare will cover telehealth due to new legislation passed during the crisis.

VIDEO PLATFORMS HIPAA WAIVED

Approved for HIPAA Waiver	Public Facing and Not Approved	HIPAA Compliant Vendors
Apple FaceTime	Facebook Live	Skype for Business
Facebook Messenger video chat	Twitch	Updox
Google Hangouts video	TikTok	Vsee
Skype		Zoom for Healthcare/Intouch
		Doxy.me
		Google G Suite Hangouts Meet

INTRODUCTION

The COVID-19 outbreak requires that we look at safe alternatives to traditional face to face delivery models

- March 17, 2020 CMS announced a Medicare expansion of telehealth services *(1135 waiver and the Coronavirus Preparedness and Response Supplemental Appropriations act effective March 6, 2020)*
- Will focus on Medicare covered services BUT other payers are updating covered services daily
  - Telehealth visit use and methodology expanded
  - Virtual check in visits
  - Patient portal “e-visits”
  - Chronic care management services

MEDICARE TELEHEALTH VISIT

USE CASE: IN PLACE OF A FACE TO FACE VISIT. PATIENTS THAT MIGHT HAVE BEEN ON YOUR DAILY SCHEDULE.

- Previously only rural and shortage areas for Medicare
- **Who:** physicians, nurse practitioners, physician assistances, nurse midwives, certified nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians, and nutrition professionals
  - *Same encounters these providers could perform/bill in the office*
- **How:** the provider must use an **interactive audio and video** system that permits **real-time communication** between the provider and the patient at home
- HIPAA privacy rules waived *(Medicare)*: HIPAA compliant technology is preferred **BUT** may use FaceTime, Skype, Zoom *(**NOT** "social platforms" i.e. Facebook Live)*
- These visits are considered the same as in-person visits and are paid at the **facility** rate
  - Can be furnished to beneficiaries in all areas of the country and in all settings *(Medicare)*

TIP: Look forward to your scheduled patients and reach out to see if they would agree to and are capable of a telehealth visit

MEDICARE TELEHEALTH VISIT
DOCUMENTATION

Documentation similar to face to face visit note *(reason for visit, HPI…)*

Include **reason for virtual visit**: *"Due to COVID-19 pandemic and federally declared state of public health emergency, this service is being conducted via **[please specify media used]**"*

Include **patient consent and location:** *"Mrs. Jones agreed to a telehealth visit from her home."*

Document **duration of encounter**: *(Because the ability to perform an exam is physically limited, providers should consider time-based billing if greater than 50% of the time of the visit is spent in counseling and/or coordination of care. Best practice is to document total time for all Telehealth services, 99214-25 minutes)*

MEDICARE TELEHEALTH VISIT
BILLING

- Relaxation of rules is in effect during the state of emergency and isn't a permanent change
- Submit these claims with place of service "02"
- The provider **may waive the co-pay/deductible** but is not required to do so
- New patients not usually allowed BUT *"HHS will not conduct audits to ensure such a prior relationship."*
- Examples:
  - 99213/4 Est patient ($52.33/$80.48*)
  - 99495/6 TCM ($125.59/$165.65*)
  - G0438/9 MWV ($115.62/$171.03)

*Facility

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

MEDICARE VIRTUAL CHECK INS

USE CASE: PATIENT INITIATES A "VISIT," ASKS A CLINICAL QUESTION

- "Visit" initiated by an established patient. CMS approved two codes in 2019 *(G2012, G2010)*
- **WHO:** physicians, nurse practitioners, physician assistants, clinical nurse specialists (*Qualified Healthcare Professionals)*
- **HOW:** The provider can use the **telephone** or other "telecommunication device" *(Telehealth, portal, secure e-mail or secure text)*
- To determine if an appointment is needed or if the problem can be addressed virtually
- **7day/24hour RULE**: Visit is not the result of an E/M visit in the last 7 days and does not lead to one in the next 24 hours or next available (Medicare).

TIP: Need to educate patients that they can initiate a visit without coming to the office and how to do so

MEDICARE VIRTUAL CHECK INS
BILLING AND DOCUMENTATION

- Individual services need to be agreed to by the patient (document verbal consent)
- HCPCS code G2012: **5-10 minutes of medical discussion** ($14.80)
  - Documentation: No service-specific documentation. Document patient consent and time. (*"Mrs. Jones agreed to a check in visit. I spent 7-8 minutes on the phone with reviewing her upper respiratory symptoms and advising her on monitoring for fever, cough or shortness of breath")*
- HCPCS code G2010: **Remote evaluation of recorded video and/or images submitted by an established patient (store and forward), including interpretation with follow-up with the patient within 24 business hours** ($12.27)
  - Documentation: No service-specific documentation. Document patient consent and follow-up. (*"Mrs. Jones agreed to a check in visit. I reviewed the picture of her rash and called her the day after it was sent. Reassured her it was her atopic dermatitis and suggested moisturizing lotion and hydrocortisone cream 2.5%")*
- Co-pays and deductibles apply

E-VISITS *(PATIENT PORTAL)*

USE CASE: PATIENT INITIATES A "VISIT"; ASKS A CLINICAL QUESTION VIA THE PATIENT PORTAL

- "Visit" initiated by an established patient via the portal. CMS approved three codes in 2020 (99421, 99422, 99423).
- **WHO:** physicians, nurse practitioners, physician assistances, clinical name specialists (*Qualified health care professionals)*
- **HOW:** the provider responds with advice via the patient portal
- To determine if an appointment is needed or if the problem can be addressed virtually
- Can occur over a 7-day period *(several portal messages)*
- *Cannot be billed for same problem addressed at an E/M visit in previous 7 days or in "global billing period" (new problem yes)*

- Can I bill for phone calls (no video)?
- Yes, some payers allow you to bill for phone call. In most cases, this applies to established patients.
- The following are telephone codes that are recognized by some payers. Medicare does not reimburse for these codes. Medicare will only reimburse phone calls using CPT code G2012 (virtual check in).

Length of time of phone call	Code
5-10 minutes	99441
11-20 minutes	99442
21-30 minutes	99443

- Every provider had personal zoom account created (Zoom Corporate HIPAA program)
- Settings adjusted to create virtual waiting rooms - must close the one patient out before the next one comes in.
- Master list created of each providers meeting #'s and link to be used when emailing patients
- Numbers and link to be used when emailing patients
- Team chosen to spearhead conversion from office visits to telehealth
- Standard email script written that can be copied, pasted, and changed per provider
- Each provider's schedule printed
- Each patient is called and the telehealth option given
- If the equipment (smartphone/computer with AV) is available, the patient is given an appointment.
- Email is verified and patient instructed to complete the pre-visit registration
- Patient's appointment changed to reflect telemedicine
- Day of appointment – front desk completes registration/check in
- Triage reconciles meds/allergies etc
- Patient enters the waiting room
- Provider runs appointments in waiting room. Scribes may be available and MD codes visits

TELEHEALTH BEST PRACTICES

ADMINISTRATOR'S POINT OF VIEW

- Communication should become more frequent with each passing day.
  - Start with every other day to physicians and employees (separately).
  - Move to daily for each group.
  - Eventually move to one message per day for both groups since processes will have become integrated for the new patient flows for in-person and telehealth visits.
  - Reducing anxiety is essential for adoption of changes, especially when the change process has accelerated.

ADMINISTRATOR'S POINT OF VIEW

- Test telehealth applications thoroughly before launching them. Physicians like to diagnose and treat. Administrators should assess, design, test, and implement. The decision cycle has shortened, but the planning should not.

- Proactively inquire about what is happening behind the scenes. If physicians tell staff to thin out their schedule, you run the risk of losing patients to follow-up and not having appointments to move to telehealth.

Simplify the process for the providers by creating a quick reference sheet of CPT codes, documentation requirements, insurance information.

TELEHEATH CODING & PAYER COVERAGE for PROVIDERS

PAYER	FACE-TO-FACE AUDIO VISUAL VISITS (TELEHEALTH - iSalus)	TELEPHONE COMMUNICATION
Medicare Part B/Medicare Advantage	• **9921202**-E/M est. pt.; 2 components; prob focus exam; **STRTFRWD** medical decision • **9921302**- E/M est. pt.; 2 components; prob focus exam; **EXPANDED** forward medical decision • **9921402** - E/M est. pt.; 2 components; prob focus exam; **DETAILED HX**, medical decision **MODERATE COMPLEXITY** • 9921502- E/M est. pt.; 2 components; **COMPREHENSIVE HX; COMPREHENSIVE EXAM**, med decision **HIGH COMPLEXITY** ***CMS lifts restrictions on telehealth to allow patients to be at home during audiovisual visit**	• **G2012-E/M via telephone: 5-10 min** *established patient *provider discusses new or established medical problem with patient *medical problem cannot be related to visit 7 days prior or within global period of procedure *cannot lead to a visit within 24 hrs or soonest available *no specific documentation requirements for discussion *record needs to show duration of call *patient required to initiate call *patient has cost sharing and no frequency limitations
Medicaid	• **9921202**-E/M est. pt.; 2 components; prob focus exam; **STRTFRWD** medical decision • **9921302**- E/M est. pt.; 2 components; prob focus exam; **EXPANDED** forward medical decision • **9921402** - E/M est. pt.; 2 components; prob focus exam; **DETAILED HX**, medical decision **MODERATE COMPLEXITY** • **9921502**- E/M est. pt.; 2components; **COMPREHENSIVE HX; COMPREHENSIVE EXAM**, med decision **HIGH COMPLEXITY** ***CMS lifts restrictions on telehealth to allow patients to be at home during audiovisual visit**	• **G2012-E/M via telephone: 5-10 min** *established patient *provider discusses new or established medical problem with patient *medical problem cannot be related to visit 7 days prior or within global period of procedure *cannot lead to a visit within 24 hrs or soonest available *no specific documentation requirements for discussion *record needs to show duration of call *patient required to initiate call *patient has cost sharing and no frequency limitations
Commercial	• **9921202**-E/M est. pt.; 2 components; prob focus exam; **STRTFRWD** medical decision • **9921302**- E/M est. pt.; 2 components; prob focus exam; **EXPANDED** forward medical decision • **9921402** - E/M est. pt.; 2 components; prob focus exam; **DETAILED HX**, medical decision **MODERATE COMPLEXITY** • **9921502**- E/M est. pt.; 2 components; **COMPREHENSIVE HX; COMPREHENSIVE EXAM**, med decision **HIGH COMPLEXITY** *Plans cover if patient at home UHC PPO covers only until 4-30-2020	• **99441-E/M via telephone; 5-10min** • **99442-E/M via telephone: 11-20 min** • **99443-E/M via telephone: 21-30 min** *established patient *provider discusses new or established medical problem with patient *medical problem cannot be related to visit 7 days prior or within global period of procedure *cannot lead to a visit within 24 hrs or soonest available *no specific documentation requirements for discussion *record needs to show duration of call *patient required to initiate call *patient has cost sharing and no frequency limitations

ONLY PERMITTED ON ESTABLISHED PATIENTS.

Medicare plans: Eff: 03-06-20; No pre-authorization needed.

United Health: Eff: 03-18-20; Copay applies

BCBS: Requires pt. to call the BCBS vendor; no coverage for USA for telehealth.

Aetna: Eff: Now thru 06-04-20

Clover: No preauth req.

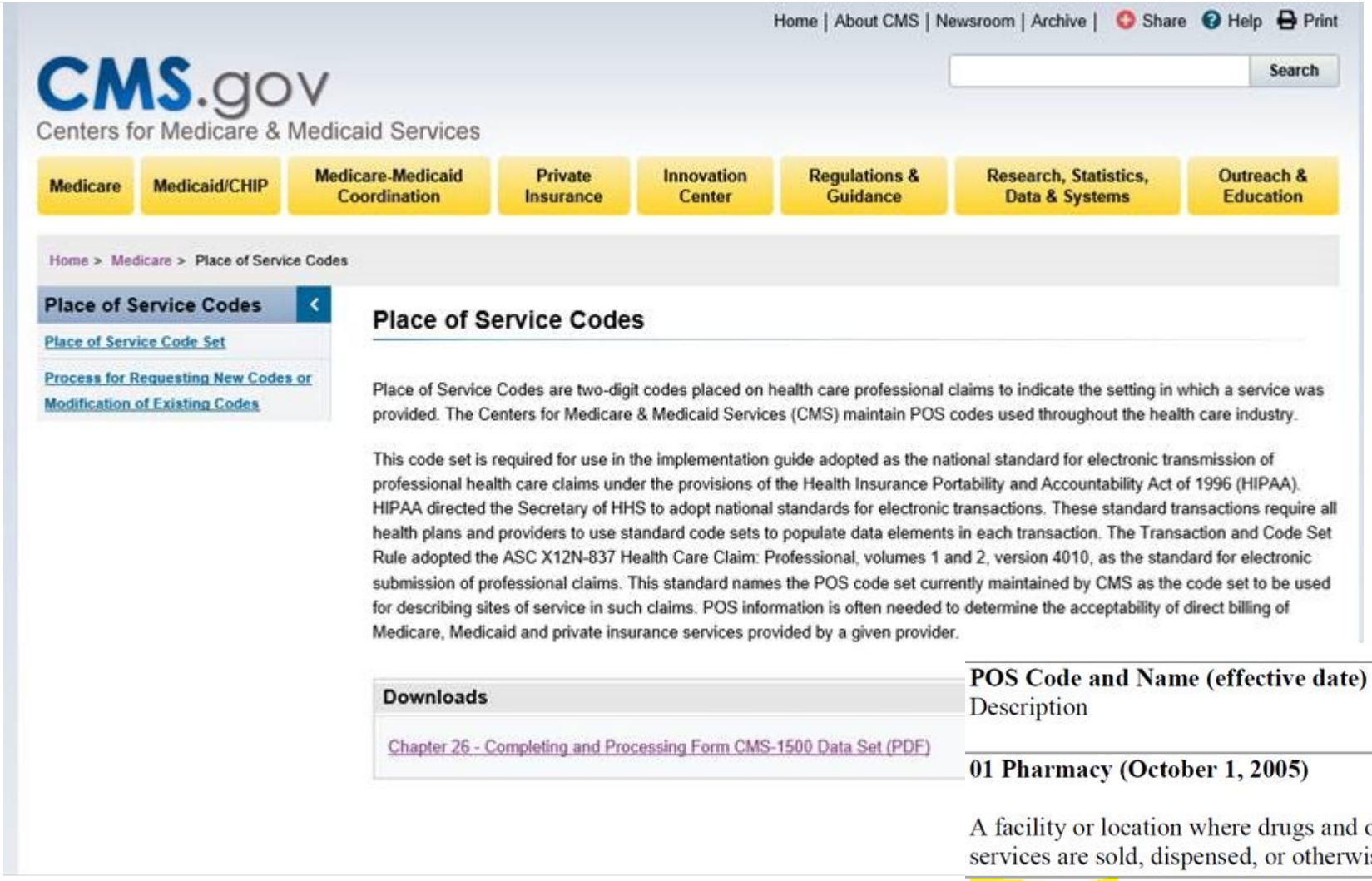
Humana: Audio or A/V ok; no copay

Wellmed: Same as Medicare above.

Multiplan: No preauth; paid at Mcare facility rate not physician rate.

TO BE INCLUDED IN ALL AUDIO-VISUAL VISIT NOTES

This visit was conducted was a synchronous telemedicine service rendered via real-time interactive audio and video telecommunications via iSalus' AnywhereCare. This telehealth visit followed the WHO's COVID-19 pandemic, encouraging providers to limit face-to-face contact for non-emergent care. The patient has initiated this visit and has been advised of the potential risks and limitations of this mode of treatment and HIPAA privacy risks were discussed. Any and all of the patient's/patient's family's questions on this issue have been answered. The patient has been advised to contact this office for worsening conditions or problems and seek emergency medical treatment and/or call 911 if the patient deems either necessary.



CMS' site states that the "Facility" fee, not the "Physicians" fee is paid for telehealth services as of 01-01-2017.

POS Code and Name (effective date) Description	Payment Rate Facility=F Nonfacility=NF
01 Pharmacy (October 1, 2005) A facility or location where drugs and other medically related items and services are sold, dispensed, or otherwise provided directly to patients.	NF
02 Telehealth (January 1, 2017) The location where health services and health related services are provided or received, through telecommunication technology.	F

SHIFTING APPOINTMENTS TO VIRTUAL VISITS

- Assess current space limitations, and structure clinics around
  - Limiting total staff in one work area to no more than 8-10.
  - Leaving surgery schedules intact (block times at the hospital and ASC).
    - Disrupt as few patients as possible.
  - Getting patients out of the waiting room and into exam rooms. If a pod can accommodate two providers with eight rooms, reducing to one provider allows up to eight patients to move from the waiting room into a private area.
  - Offer patients the option to wait in their vehicles and be called via cell phone when a room is available.
  - Limiting visitors to no more than one per patient. Additional visitors should be asked to wait outside or in their car. The number of attendants should be tied to the patient's condition, not the forcefulness of the family.
  - Not leaving a physician without support. If a physician works with two medical assistants in clinic, one medical assistant is sufficient for a telehealth visit. Have the MA do what the physician does not normally do in a clinic.
  - Keeping the physician focused on moving through patients efficiently – both in person and via telehealth.

TELEHEALTH DO'S AND DON'TS

- Conduct the visit as if the patient were in the exam room with you.
  - Do not eat/drink
  - Do not multitask
- Patient privacy should be protected, so the provider should ensure that
  - audio quality is clear and background noise is minimized.
  - Other patients / patient charts are not visible to the telehealth patient.
- Check the lighting to minimize glare / reflections. The provider should be clearly visible throughout the visit.
- Disconnect audio and visual links prior to conducting a conversation other than with the patient.

PLAN FOR THE FUTURE

- Amidst the chaos of today, do not overlook what will be needed after the crisis is over.
  - New patient volume remains important. Emerging with stable established patients is admirable; however, groups are not supported by E&M visits.
  - Ensure backlogs in processing new patient referrals are erased. It's a unique opportunity to make sure the house you think is clean is actually clean.
  - Process new patient referrals quickly, and get the patients in.
    - When volumes in the clinic are low, so are wait times.
    - Providers can spend more time with the new patient than normally is permitted.
    - Ancillary income can be generated through CT Scans, labs, ultrasounds, prescriptions, procedures, etc.
  - What capacity are you building for the future?
    - Can telehealth become an integral part of care after the emergency is over?
    - Does the additional capacity provide for an opportunity to expand the practice into new service lines?