Telehealth Services in our Communities - Implementation and Billing Considerations

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Donna Cohen serves as the Deputy Director for Population Health at Alliant Quality, where she leads the Clinician Office work focusing on utilization of population health tools to impact the value of services delivered to patients.

Donna is a Registered Nurse and a Certified Case Manager. Her experience ranges from the inpatient hospital setting, to physician practice management, as well as Managed Care where she was the director of Case Management and Utilization Review. Before joining Alliant Quality, she was a Practice Director with a large physician practice group and with the implementation of EPIC, led the clinical informatics team.

Donna’s hobbies include gardening, sewing, crafting, cooking.

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Objectives

By the end of this session, you will be able to:

– Understand the 1135 waiver impact on billing for telehealth services for Medicare eligible patients
– Understand multiple methods of providing telehealth services
– How to implement various types of telehealth services in the community
Ground Rules

• All lines are muted, so please ask your questions in chat
• Be present and actively participate
• For technical issues, chat to the ‘Technical Support’ Panelist
Making Health Care Better *Together*

*Quality Improvement Organizations*
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

*ALLIANT QUALITY*
Personal Connections

• What state are you from?
• What is your position/title?
  • What is your setting?
• Have you personally or your organization used Telehealth since the COVID-19 Crisis?
# CMS Aims

<table>
<thead>
<tr>
<th>Behavioral Health Outcomes and Opioid Misuse</th>
<th>Patient Safety</th>
<th>Chronic Disease Self-Management</th>
<th>Quality of Care Transitions</th>
<th>Nursing Home Quality</th>
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<tbody>
<tr>
<td>• Promote opioid best practices</td>
<td>• Reduce risky medication combinations</td>
<td>• Increase performance on ABCS clinical quality measures (i.e. aspirin use, blood pressure control, cholesterol management, cardiac rehab)</td>
<td>• Convene community coalitions</td>
<td>• Improve the mean total quality score</td>
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<tr>
<td>• Decrease high dose opioid prescribing and opioid adverse events in all settings</td>
<td>• Reduce adverse drug events</td>
<td>• Smoking cessation</td>
<td>• Identify and promote optimal care for superutilizers</td>
<td>• Develop national baselines for healthcare related infections in nursing homes</td>
</tr>
<tr>
<td>• Increase access to behavioral health services</td>
<td>• Reduce C. difficile in all settings</td>
<td>• Identify patients at high-risk for developing kidney disease and improve outcomes</td>
<td>• Reduce community-based adverse drug events</td>
<td>• Reduce emergency department visits and readmissions of short stay residents</td>
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<tr>
<td></td>
<td></td>
<td>• Identify patients at high risk for diabetes-related complications and improve outcomes</td>
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Using Telehealth for Care Delivery

• Telehealth, telemedicine and related terms generally refers to the exchange of medical information from one site to another through electronic communication to improve a patient’s health.
  – Allows for remote monitoring of patients self-quarantined at home
  – Greatly reduce capacity in healthcare setting and reduce unnecessary exposure
  – Limits exposure to COVID-19 for patients who are vulnerable to COVID-19
  – Allows for quarantined providers to continue to treat patients
Expansion of Telehealth with 1135 Waiver

• Effective March 6, 2020
• Prior to waiver payment was limited to patient receiving services in a designated rural area and must be in a clinic, hospital or certain other types of medical facilities
• Applies to Medicare Part B billing only however many commercial carriers are covering these services
1135 Waiver waves restriction on the use of telehealth
  - Rural and site limitations will no longer apply
  - Services can originate from home and be provided to patient who is at home
  - All services included not just those for treatment of COVID-19
**Covered Services**

(See Resource slide for full list)

- Established office Visit codes
- Hospital Visit codes
- ESRD Service Codes
- Smoking cessation codes
- Transitional Care Management
- Diabetic management
- Depression Screening
- Alcohol intervention
- Opioid Treatment Codes
Originating Site - Where the Patient is:

- Skilled Nursing Facility
- Physician’s office
- In the Home
- Any healthcare Facility
- Hospital

Patient Services

Distant Site Providers

- Physicians
- Nurse Practitioners
- Physician Assistants
- Nurse Midwives
- Certified Nurse Anesthetists
- Clinical Psychologists
- Clinical Social Workers
- Registered Dietitians
- Nutrition Professionals
Technology Platforms

- Facetime
- Patient Portal
- Skype
- Zoom
- Facebook Messenger
- Uber Conference or Free Conference Call
- Google Meet
- Your EHR (i.e. EPIC virtual video visits)
Billing Considerations

• Place of Service- POS 02- Telehealth
• Modifier 95 added for Telehealth
• Payment same as in office visits
• No changes in out of pocket cost of the beneficiary
• Waiver in effect until revoked
• Hospitals, Nursing Homes, Home Health Agencies and other healthcare facilities where patients are receiving telehealth services can bill the originating site facility fee, HCPCS code Q3014
• Should be billed when the beneficiary is not in the same location as the health care professional providing the service
Other options for Non-Face to Face Visits - Virtual Check-Ins and E-Visits

- Available in 2019
- No Rural or Location Restrictions
- Must have an established relationship with patient
- Must document patient’s consent for these services
- Co-insurance and deductibles apply
Virtual Check-Ins- Medicare Part B

• Brief communication with Practitioner via phone or video
  – Initiated by the patient & must document patient consent
  – Can not be related to a visit within 7 days and no visit occurs within the next 24 hours

• Code is G2012 Medicare Fee Schedule- $13.35

• Review of images sent to a physician by the patient can be billed with G2010 – Medicare Fee Schedule $9.38
E-Visits

• Non face to face patient-initiated communication with the practitioner by using online patient portals
• Can occur over a 7-day period
• 99421-99423 depending on time (Medicare Fee Schedule $13.35-$43.67)
## Summary of Medicare Telemedicine Services

<table>
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<th>Type of Service</th>
<th>What is the service?</th>
<th>HCPCS/ CPT Code</th>
<th>Patient Relationship with Provider</th>
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| Medicare Telehealth Visits   | A visit with a provider that uses telecommunication systems between a provider and a patient                                                                                                                                  | Common telehealth services include:  
- 99201-99215 (office or outpatient visits)  
- G0425-G0427 (telehealth consultations, ED or initial inpatient)  
- G0406-G0408 (follow-up inpatient consultations furnished to beneficiaries in hospitals or SNFs) | For new* or established patients  
*to the extent the 1135 waiver requires an established relationship                                                                                           |
| Virtual Check-In             | A brief (5-10 min) check in with your practitioner 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 | -HCPCS code G2012  
HCPCS code G2010 | For Established patients                                                                                                                                         |
| E-Visits                     | A communication between patient and their provider through an online patient portal                                                                                                                                           | -99421  
-99422  
-99423  
-G2061  
-G2062  
-G2063 | For established patients                                                                                                                                                                                                    |
Home Health Services

• If a physician determines that a Medicare beneficiary should not leave home because of a medical contraindication or due to suspected or confirmed COVID-19, and the beneficiary needs skilled services, he or she will be considered homebound and qualify for the Medicare Home Health Benefit.
  – As a result, the beneficiary can receive services at home.
Office of Civil Rights (OCR)

• Enforcement discretion of HIPAA Rules
• Penalties will not be imposed for noncompliance with regulatory requirements under the HIPPA rules in connection with the good faith provision of telehealth during the COVID-19 national wide public health emergency.
Lori Nurmi serves as the clinical director of oncology service line at Phoebe Putney Memorial Hospital in Albany, GA. Phoebe Putney Memorial Hospital located in remote Southwest Georgia and has one of the highest COVID-19 cases per capita in the country. Phoebe has opened the fourth COVID-19 ICU, now with a total of 176 ICU beds to care for these patients.

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Hospital Outpatient Services
Implementation of Telehealth Services

- Clinician Quarantined due to COVID 19
- NP performs the exam via telehealth with the clinician in home office
- Platform Used- Go to Meeting
- MD documentation based on exam of the patient facing NP in the office
Lessons Learned

• Office Scheduler must be on board
• Physician Efficiencies
• Patient education/testing prior to the appointment
• Clinician training on audio/visual platform
Workflow Best Practice

- Develop Patient Education Material and share with patient before appointment
- Patient logs in early to the Telehealth platform and tests device with non-clinical staff
- Send text link if possible
- Dual Screens or 2 Devices – Not just phone for the clinician
- Location of the provider
Bringing it Home
Resources

Telehealth Resources:
• https://www.telehealthresourcecenter.org/resource-documents/
• https://www.setrc.us/

Coding Resources:

Tool Kit:

FAQ information sheet will be in chat
Contact Information:

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## Upcoming Events

### Nursing Homes
**Tuesdays, 2pm ET/1pm CT**

- **May 19th, 2020** Improved Resident Outcomes: Essential Planning for Pre-Admission and Post Discharge Transitions of Care
- **June 16th, 2020** Assessing and Reducing Opioid Prescribing in Long Term Care
- **July 21st, 2020** Managing Behavioral Challenges in Long Term Care to Prevent Hospitalization
- **August 18th, 2020** Initiating an Effective Medication Reconciliation Program
- **September 15th, 2020** High risk medication use and quality practices to prevent ADE

### Community Coalitions
**Thursdays, 12:30 pm ET/11:30am CT**

- **May 28th, 2020** Community Based Approach for Super Utilizers of Care
- **June 25th, 2020** Partnering Across the Healthcare Continuum for the Complex Chronic Care Population
- **July 30th, 2020** Population Health Assessments: Identifying Hidden Risks
- **August 27th, 2020** Using SBIRT for Effective Screening and Referral to Treatment
- **September 19th, 2020** Opioid Use in the Aging Population