Richelle Marting
JD, MHSA, RHIA, CPC, CEMC, CPMA, CPC-I
Richelle Marting is an attorney, registered health information administrator, and certified coder who focuses on healthcare coding, billing, and reimbursement issues. She has practical, in-the-trenches experience with coding and billing issues. She has served as an outpatient multi-specialty surgery coder, hospital-based outpatient coder and a compliance coordinator for a large multi-specialty medical group. As an attorney she advises clients proactively on complex reimbursement questions and has guided multiple clients through extensive Medicare and OIG audits and investigations.
Overview

Breaking News

Initiating SNF Care

Care Management

LTC Facility as Originating Site

Split/Shared Visits
Public Health Emergency (PHE) renewed October 18, 2021, extending at least into January 2022

National Public Health Emergency Officially Renewed
Join us next week for a breakdown of the 2,700 page rule

Medicare Physician Fee Schedule Released
All staff that interact with other staff (including admin, non-patient care)

100% telehealth, remote workers excepted

DHHS Mandatory COVID-19 Vaccination Released
LTC Facilities as Originating Sites

Assisted living place of service 13, but some guidance that ALFs may be patient’s home

Independent living facility place of service 12

But, Medicare Advantage plans have been able to offer expanded coverage to patients at home or in LTC facilities since 2019

SNFs are eligible originating sites by Medicare statute

Assisted, independent living are not typically eligible
INITIATING SNF CARE VIA TELEHEALTH

- 99304-99306 Initial Nursing Facility Care: Temporary Addition for the PHE for the COVID-19 Pandemic
  - Physician certification on admission or as soon as practicable thereafter
  - Attending physician or provider with knowledge of the case
  - Typically in-person visit (outside COVID rules)
  - In-person requirement waived during the PHE
- 99307 – 99310 Subsequent Nursing Facility Care: Permanently Permitted Via Telehealth
  - Frequency limited waived during PHE
  - Limit once every 14 days
TRANSITIONAL CARE MANAGEMENT

- Transitional Care Management 99495, 99496
- Medicare telehealth service; impact on requirements after PHE
- Communication with the patient within 2 business days of discharge
- Moderate, high complexity MDM
- Face-to-face visit within 14 calendar days (mod complexity MDM) or 7 calendar days (high complexity MDM) of discharge
- Face to face component can be telehealth; not separately reportable
Split/Shared Visits in LTC

Generally when both a non physician-practitioner and physician from the same group practice see the patient the same day

When split/shared rules are met, services can be billed under physician’s name and number and receive higher physician reimbursement
SPLIT/SHARED VISITS

- One E/M per provider, per patient, per day (concurrent care rules exception)
- Two providers, same group practice, same patient, same day
- Each perform “substantive” portion of a face-to-face E/M visit
- Previous rules were in Medicare IOMs only; never went through rulemaking
- 2020 Good Guidance Regulations
- Application to withdraw split/shared rules from IOM
- Withdrawn May 2021
- Proposed rule July 2021
- Final rule effective January 1, 2022
SPLIT/SHARED VISITS

- Allowed for both new and established patients (initial and subsequent)
- Previously not allowed in the SNF setting
- 42 CFR 483.30 – some visits must be performed in their entirety by a physician
  - Mandatory physician visit every 30 days for first 90 days; every 60 days thereafter
  - Initial visit must be personally performed by physician
  - Thereafter, may alternate with a PA, APRN, CNS
- Split/shared allowed in SNF setting; extends to telehealth
- During COVID, could be initial visit and alternative visits thereafter
SPLIT/SHARED VISITS

- Facility setting only (SNF/NF but not AL, IL)
- Does not require each provider have a face-to-face
  - In the context of telehealth, does not require each provider join the telehealth session
- Substantive portion determines billing provider
  - > 50% of time
  - Even if levels are selected based on key components
  - 2022 transition year
    - 1 of 3 key components or > 50% of time
    - Billing provider perform 1 component in its entirety at the level billed
- Only distinct time counts
- Modifier required if physician bills
Periodic medically necessary visits may be accomplished via telehealth or other non-face-to-face care management services.
CARE MANAGEMENT

- G9685 Initial visit to treat an acute change in condition in the LTC facility
- Goal: reduce readmissions
- Paid same as 99223 (highest level initial hospital care)
- Temporary addition to Medicare telehealth list for PHE (4/30/20) (ends when PHE ends)
THERAPY IN THE SNF

- Therapy codes temporarily added to telehealth list
- Modalities generally during PHE only
- PT/OT/ST evaluations through 12/31/23

- Added by KMAP for COVID-19 3/12/20
  - Some audio-only allowed
  - In effect until rescinded
- Added by Missouri 5/21/20
CARE MANAGEMENT

- Chronic care management
- Behavioral health integration
- Psychiatric collaborative care
- Remote patient monitoring
- Remote therapeutic monitoring (consider PT, OT, ST implications)
- Behavioral screenings, evaluations, testing, assessments, interventions
- Home visits (e.g. IL)
- Phone visits 99441-99443 (ends when PHE ends)
Questions?

Available Through Heartland Telehealth Resource Center for Technical Assistance
Richelle Marting, JD, MHSA, RHIA, CPC, CEMC, CPMA, CPC-I

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