Hospital and CAH Telehealth Services

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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.
Fun Fact

Prior to the COVID Emergency, only 14,000 Medicare beneficiaries received telehealth services per week.

Between March 2020 and July 2020, more than 10 million Medicare beneficiaries received telehealth services.
COVID PHE/Emergency Declaration Status Check

- Federal DHHS PHE Extended through July 19, 2021
- Oklahoma: Rescinded May 5
- Kansas: Set to Expire June 15
Oklahoma Emergency Declaration Expired

May 5

Kansas Emergency Declaration Expired

June 15

Congress, including Jerry Moran (R-KS), introduce bipartisan Protecting Rural Telehealth Access Act to:

- Create payment parity for clinically appropriate, audio-only appointments
- Permanently waive originating site geographic restrictions
- Permanently allow RHCs/FQHCs to act as distant site providers
- Remove restrictions for “store and forward” technology
- Allow CAHs to directly bill for telehealth services
COVID Telehealth Flexibilities

• Federal DHHS PHE Extended through July 19, 2021
  • During the federal PHE, Medicare allows telehealth to patients at home
  • During the federal PHE, Medicare will pay for telehealth regardless of provider’s state
    • Payment rule, not a licensing rule
  • Supervision can be accomplished through audio-visual communication instead of in-person only
COVID Telehealth Flexibilities

• Professionals allowed to render telehealth services from home
• Does not require reporting home on Medical enrollment while continuing to bill from currently enrolled location
• However, professional cannot be physically located outside the U.S. (permanent)
• 2021 Physician Fee Schedule clarifies telehealth can be performed incident-to under direct supervision (permanent)
• Direct supervision for telehealth can be virtual presence (permanent)
Residents

• Teaching physician presence during a resident telehealth visit can be virtual (audio-visual, two-way, real time)

• Continued through duration of PHE

• Audio-only is insufficient

• Must participate in the visit; availability only is insufficient
Residents

- Primary care exception permits residents to provide low-level (1-3) E/M in primary care setting with relaxed supervision over regular resident services
- IFCs expanded primary care exception for duration of PHE to include all levels of office and outpatient E/Ms (not just levels 1-3), plus TCM, online digital E/M, brief CTBS, remote evaluation of images
  - Finalized for duration of the PHE
COVID Telehealth Flexibilities

• Broader use of verbal orders
• Waived medical staff/governing body requirements to have a written arrangement RE: distant site hospital medical staff credentialing

(8) Ensure that, when telemedicine services are furnished to the hospital's patients through an agreement with a distant-site hospital, the agreement is written and that it specifies that it is the responsibility of the governing body of the distant-site hospital to meet the requirements in paragraphs (a)(1) through (a)(7) of this section with regard to the distant-site hospital's physicians and practitioners providing telemedicine services. The governing body of the hospital whose patients are receiving the telemedicine services may, in accordance with § 482.22(a)(3) of this part, grant privileges based on its medical staff recommendations that rely on information provided by the distant-site hospital.42 CFR 482.12 Condition of participation: Governing body (Code of Federal Regulations (2021 Edition))
• Waived medical staff/governing body requirements to have a written arrangement RE: distant site hospital medical staff credentialing

(9) Ensure that when telemedicine services are furnished to the hospital's patients through an agreement with a distant-site telemedicine entity, the written agreement specifies that the distant-site telemedicine entity is a contractor of services to the hospital and as such, in accordance with § 482.12(e), furnishes the contracted services in a manner that permits the hospital to comply with all applicable conditions of participation for the contracted services, including, but not limited to, the requirements in paragraphs (a)(1) through (a)(7) of this section with regard to the distant-site telemedicine entity's physicians and practitioners providing telemedicine services. The governing body of the hospital whose patients are receiving the telemedicine services may, in accordance with § 482.22(a)(4) of this part, grant privileges to physicians and practitioners employed by the distant-site telemedicine entity based on such hospital's medical staff recommendations; such staff recommendations may rely on information provided by the distant-site telemedicine entity.42 CFR 482.12 Condition of participation: Governing body (Code of Federal Regulations (2021 Edition))
COVID Telehealth Flexibilities

• CAH requirements at 485.631(b)(2) waived that require physician presence for direction and supervision

A physician must be available “through direct radio or telephone communication, or electronic communication for consultation, assistance with medical emergencies, or patient referral.”
Hospitals Operating Without Walls

• Temporary Expansion Sites
• Applies to both IPPS and CAH hospitals
• Allows hospitals, CAHs to create alternate care sites/temporary expansion locations under existing hospital licenses
  • Including tents, gyms, patient homes
• Professionals delivering services bill, using POS 19 or 21 depending on IP/OP status
Hospitals Operating Without Walls

- Patient’s home as a provider-based department of the hospital
  - Register patient as hospital outpatient
  - May bill originating site fee Q3014 on UB04
  - See item LL here
- Generally, institutional providers don’t bill for telehealth distant site services
- Can serve as originating sites
- PHE Flexibilities allow hospitals to deliver services remotely (different than telehealth)
- CAH Method II: Bill professional distant site services using UB-04
47. **Question:** Should hospitals submit a separate 012x type of bill (TOB) for the telehealth originating site facility fee charges during an inpatient stay?

**Answer:** Yes, hospitals and critical access hospitals should bill their A/B/MAC for the originating site facility fee on a 12x TOB using the date of discharge as the line item date of service.

*New: 10/20/20*

Scenario 1 - Telehealth

• Distant site provider delivers telehealth to a registered hospital outpatient (can be patient’s home during PHE): originate site facility fee Q3014
  • Do not report G0463 outpatient clinic visit
Scenario 2 - Telehealth

• Provider delivers services to registered hospital outpatient from physician’s home
  • Cannot bill G0463 Hospital outpatient clinic visit
  • Bill originating site fee only
  • See #4 page 153
Scenario 3 – Remote Services

• Patient and provider are both located “within the hospital”
  • During the PHE, if patient’s home is hospital outpatient department and patient registers as an outpatient, provider and patient can be “in the hospital”
  • Hospital may bill HCPCS G0463 Hospital outpatient clinic visit
• See #3 on page 152
Scenario 4 – In Person Services

• Patient and provider are both located “within the hospital”
• Service delivered from different rooms using telecommunications technology
• Bill as an in-person service
Service-Specific Rules

- Hospital observation and discharge services via telehealth *temporary* telehealth services
  - 99217 Same day admission and discharge
  - 99224-99226 Subsequent observation care
- Subsequent hospital inpatient care still limited to once every 3 days
Questions?

Available Through Heartland Telehealth Resource Center for Technical Assistance
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