Medicare Telehealth Changes for 2021

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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.
Review of COVID Changes to Telehealth

• Public Health Emergency and DHHS authority to issue waivers; expedited rulemaking
• Medicare waiver of requirement for providers to be licensed in state where patient is located
• Patient home as originating site
• Expansion of provider types eligible to deliver telehealth
• Expanded list of services eligible to be delivered by telehealth
• Relaxed supervision requirements
Communication Technology Based Services (CTBS)

- Not technically “telehealth”
- New or established patients
  - Impact on new patient definition
- Consent documented by auxiliary staff under general supervision
- Timing or manner is not critical
- “Sometimes therapy”, therapy modifiers
• Qualified Nonphysician Health Care Professional Online Digital Evaluation and Management Service

• Non-face-to-face

Definition of new patient:

Solely for the purposes of distinguishing between new and established patients, professional services are those face-to-face services rendered by physicians and other qualified health care professionals who may report evaluation and management services reported by a specific CPT code(s). A new patient is one who has not received any professional services from the physician/qualified health care professional or another physician/qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.

When advanced practice nurses and physician assistants are working with physicians they are considered as working in the exact same specialty and exact same subspecialties as the physician.
• Typically, CTBS are provided to established patients only

| 98970 | Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days: 5-10 minutes |

• Patients initiate these services through Health Insurance Portability and Accountability Act (HIPAA)-compliant, secure platforms, such as through the electronic health record (EHR) portal, email, or other digital applications
• “While the patient’s problem may be new”...“the patient is an established patient”
• Cumulative time in a 7 day period
• 5-minute minimum (doesn’t follow the CPT mid-way point rule)
• Time begins with provider’s personal review of initial inquiry
• Time includes review of records, provider interaction with clinical staff, development of management plans, provider generation of prescriptions or orders for tests, and subsequent communication with the patient
• All group practice providers’ time contribute to E-Visit time
• Within 7 days of an E/M related to same problem, no separate E-Visit; if separate, report with modifier -59
Communication Technology Based Services (CTBS) – E-Visits

- NPPs such as licensed clinical social workers, psychologists, PTs, OTs, SLPs can report
- Payment

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G2061-G2063; now 98970 – 98972
NPPs such as licensed clinical social workers, psychologists, PTs, OTs, SLPs can report
Communication Technology Based Services (CTBS) – Phone Visits

- 99441-99443 Telephone E/M by physician or QHP, not related to E/M in previous 7 days or leading to E/M in the next 24 hours or next available
- Coverage began 3/31/2020
- May 2020: increased payment to match office visit rates
- Coverage for 99441-99443 will end when PHE expires
- 98966-98968 Telephone visit by QHP to established patient unrelated to E/M previous 7 days or leading to visit in next 24 hours or soonest available
  - Not “E/M” codes; available to PT, SLP, OT
Communication Technology Based Services (CTBS) – Phone Visits

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• New code on an interim basis: G2252  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; **11-20 minutes** of medical discussion
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• G2250 (Remote assessment 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 service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment.)

• G2251 (Brief communication technology-based service, e.g. virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion)

• Note: Valuation is the same for G2250-G2251; G2010, G0212 (Remote assessment of video/image; virtual check-in), whether performed by QHP or non-QHP
Telehealth

• Normal process of requests for services authorized to be delivered via telehealth; plus
• Review of interim telehealth services
• Permanent? Temporary through end of PHE? Temporary through end of calendar year when PHE ends?
• Made permanent telehealth:
  • Group Psychotherapy (CPT code 90853)
  • Domiciliary, Rest Home, or Custodial Care services, Established patients (CPT codes 99334-99335)
  • Home Visits, Established Patient (CPT codes 99347- 99348)
  • Cognitive Assessment and Care Planning Services (CPT code 99483)
  • Visit Complexity Inherent to Certain Office/Outpatient E/Ms (HCPCS code GPC1X)
  • Prolonged Services (CPT code 99XXX)
  • Psychological and Neuropsychological Testing (CPT code 96121)

• Services requested, but not added as telehealth

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Temporarily Covered Telehealth Services

• Coverage expires the end of the calendar year in which the PHE ends
• Finalized more services than originally proposed
  • All 5 levels of ED visits (not just 1-3)
  • ESRD (90952, 90953, 90956, 90959, 90962)
  • Psych test administration and scoring (96136-96139)
  • PT, OT, ST (97161-97168; 97110, 97112, 97535, 97750, 97760-97761; 92521-92524; 92507)
  • Observation and discharge (99217; 99224-99226)
  • Hospital initial inpatient and discharge (99221-99223; 99238-99239)
  • Critical care (99291, 99292; 99469, 99472, 99476)
  • Neonatal intensive care (99478-99480) but not 99477
Nursing Facility, Hospital Telehealth Services

• Initial SNF: Currently require in-person visit (outside of COVID rules)
  42 CFR 410.78
• In-person requirement **waived during** COVID PHE
• Proposed SNF once every 3 days (down from 30) finalized once every 14 days
• Hospital inpatient telehealth still limited to once every 3 days
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Rules Clarifications

- Previously specifically prohibited telephones, fax, and email for telehealth services
- Intent was to focus on two-way audio-visual, real-time
- Finalized proposal to remove references to specific technology
- It’s not the technology, but how it’s used (e.g. smart phones and live telehealth)
- Telehealth can be performed incident-to under direct supervision
- Note direct supervision definition for telehealth allows virtual presence
- When a service is provided via telehealth and provider/patient are in the same facility or office setting, bill as if it were in-person
Remote Patient Monitoring

• Clarification: Device does not need FDA clearance
• Clarification: Device does not need to be prescribed by physician
• But: 99453, 99454, 99091, 99457, 99458 can be ordered and billed only by physicians or NPPs. See also CPT Assistant February 2020 that “it must be ordered by a physician or other qualified health care professional.”
• Must digitally (automatically) upload patient physiologic data (excludes self-recorded/self-reported data)
• Acute or chronic conditions are eligible
Remote Patient Monitoring

- Supervision: Clarified 99457, 99458 can be furnished by clinical staff under general supervision
- During COVID PHE, services can be provided to new patients; after COVID PHE, will return to established patients only
- 99457: “interactive communication” must total at least 20 minutes over the course of the calendar month.
  
  Note: This explanation is inconsistent with CPT description that requires “a live, interactive communication and with CPT Assistant that says the 20 minute requirement refers to “treatment management services”

- Consent required; can be obtained at time of service
Questions?

Available Through Heartland Telehealth Resource Center for Technical Assistance
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Next Week: Completing the Claim