Telemedicine, Virtual Visits and Digital E/M Services: Emergency Update

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This presentation is a general summary that explains certain aspects of the Medicare Program and other reimbursement and compliance information, but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings. This presentation is not a substitute for your CPT®, HCPCS and ICD-10-CM code books.

SPECIAL NOTE: This content is based on the 2020 MPFS Rule and the Coronavirus Preparedness, Response Supplemental Appropriates Act, 2020 and multiple updates from HHS and CMS. Attendees should rely on information from the Rules and other forthcoming guidance from CMS as well as current code books before implementing any of the material discussed here.

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Agenda

NOTE: *All services must be medically necessary, and, require clinical documentation that supports being paid for the CPT®/HCPCS code submitted on the claim. How you do this is dependent upon your EMR.*

- Non-face-to-face Services in the Em
- Virtual Visits
- Online Digital E/M Services
- Telemedicine Waivers
  - H.R. 6074 – Section 101
  - "Telehealth Services During Certain Emergency Periods Act of 2020"

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Non-face-to-face Services

- **Virtual check-ins** – A brief phone call to determine whether or not an in-person visit or other appropriate treatment is needed.
- **E-visits** – Digital communication with patients and the treating provider through our patient portal or secure email.
- **Telehealth visits:** A real-time interactive audio and video communication.

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VIRTUAL VISITS
(New in 2019)

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G2010 – Remote Pre-Recorded Services

G2010 - Remote evaluation of recorded video and/or images submitted by the patient (e.g., store and forward), including interpretation with verbal follow-up with the patient within 24 business hours, 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.

- In layman's terms: Remote evaluation services when a physician/NPP uses pre-recorded video and/or images submitted by a patient in order to evaluate a patient's condition
- Maintain permanent documentation of the image and the physician/NPP's interpretation/report and follow up with the patient.

- ~$12.27

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G2012 – Virtual Check-in Service

- G2012 - Brief communication technology based service, e.g. virtual check-in, by a physician or other qualified health care professional who may 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; 5-10 minutes of medical discussion. [emphasis added]
  - Call/other communication must be initiated by the patient.
  - Established patients only
  - Interaction only with the physician/QHP, no other clinical staff.
  - Verbal consent by the patient initially and at least annually thereafter must be documented in the medical record.
  - through online, telephone, email, or other digitally supported communication…"
  - Requires permanent documentation of the encounter
- ~$14.80

Virtual Check-ins – Key Takeaways

- The patient must verbalize consent to receive virtual check-in services
- Medicare deductible and co-insurance applies to these services
- The practitioner may respond to the patient by telephone, audio/video, secure text messaging, email or use of a patient portal
- Virtual check-in services can only be reported when the billing practice has an established relationship with the patient (established patients)

Virtual Check-Ins – Key Takeaways

- This is not limited to only rural settings or certain locations
- Individual services need to be agreed to by the patient; however, practitioners may educate beneficiaries on the availability of the services prior to patient agreement
- Virtual check-ins can be conducted with a broader range of communication methods, unlike Medicare telehealth visits, which require audio and visual capabilities for real-time communication

Online Digital Evaluation and Management Services ("E-Visits")

E-Visits

"In all types of locations including the patient's home, and in all areas (not just rural), established Medicare patients may have non-face-to-face patient-initiated communications with their doctors without going to the doctor's office by using online patient portals. These services can only be reported when the billing practice has an established relationship with the patient.

"For these **E-Visits**, the patient must generate the initial inquiry and communications can occur over a 7-day period. The services may be billed using CPT codes 99421-99423 and HCPCS codes G2061-G2063, as applicable."

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

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E-Visits

Patient initiated online E&M via a patient portal by a Medicare provider who can bill an E&M code (physician, ARNP, CNS, PA, CRNA)

Online Digital Evaluation and Management Services codes

- 99421: Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
  - ~$15.52 Medicare Allowable
- 99422: ….11-20 minutes
  - ~$31.04 Medicare Allowable
- 99423: …21 or more minutes
  - ~$50.16 Medicare Allowable

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E-Visits

Patient initiated online E&M via a patient portal by a Medicare provider may not independently bill an E&M visit (PT, OT, SLP, clinical psychologist, LCSW)

Online Digital Evaluation and Management Services codes

- G2061: Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5–10 minutes
  - ~$12.27
- G2062: …cumulative time during the 7 days; 11–20 minutes
  - ~$21.65
- G2063: …cumulative time during the 7 days; 21 or more minutes
  - ~$33.92

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E-Visits

What time can be counted?

- "includes review of the initial inquiry, review of patient records or data pertinent to assessment of the patient's problem, personal physician/QHP interaction with clinical staff focused on the patient's problem, development of mgmt plans, including physician/QHP generation of prescriptions or ordering of tests, and subsequent communication with the patient through online, telephone, email, or other digitally supported communication…"

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E-Visits Takeaways

- Online Digital Evaluation and Management Services
  - Not limited to only rural areas; no geographic location restrictions for these visits
  - For an established patient
  - Patient-initiated services with the physician/QHP without going to the doctor's office by using online patient portals, secure email or other digital communication with the provider
  - Service must be initiated by the patient, but practitioners may educate beneficiaries on the availability of the service prior to patient initiation.
  - Reported once in a 7-day period for the provider's cumulative time
  - Requires permanent documentation of the encounter
  - Medicare deductible and co-insurance apply

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E-Visits Takeaways

- Online Digital Evaluation and Management Services, cont'd
  - If w/in 7 days of the initiation of an online digital E/M service, a reportable E/M visit occurs….work devoted to the online digital E/M service is incorporated into the reported E/M visit (eg, additive of visit time for a time-based E/M visit or additive of decision-making complexity for a key component-based E/M visit)
  - Clinical staff time is not calculated as part of cumulative time for 99421-99423 or G2061-G2063.
  - Do not report online digital E/M services for cumulative service time less than 5 minutes.

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Telemedicine/Telehealth Services

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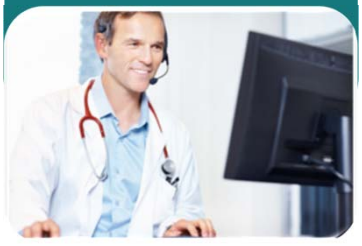
Telemedicine for Medicare: Live-video conferencing

Originating Site: Where the patient is located

Telemedicine

Distant Site: Where the remote practitioner is located



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Medicare Telehealth Services*

Service	HCPSC/CPT® Code
Office or other outpatient visits	CPT codes 99201-99215
Subsequent hospital care services, with the limitation of 1 telehealth visit every 3 days	CPT codes 99231–99233
Subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days	CPT codes 99307–99310
Individual psychotherapy	CPT codes 90832–90834 and 90836–90838
Psychiatric diagnostic interview examination	CPT codes 90791 and 90792
Individual and group medical nutrition therapy	HCPCS code G0270 and CPT codes 97802–97804
Annual Wellness Visits	HCPCS codes G0438/G0439
Smoking cessation services	HCPCS codes G0436/G0437 and CPT codes 99406/99407
Alcohol and/or substance (other than tobacco) abuse structured assessment and intervention services	HCPCS codes G0396 and G0397

*not an all inclusive list.

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Medicare Telehealth Services*

Service	HCPSC/CPT® Code
Visit to determine Low Dose Computed Tomography (LDCT) eligibility	HCPCS codes G0296
Interactive complexity (in addition to primary psychiatric service)	CPT code 90785
Health Risk Assessment	CPT codes 96160 and 96161
Care Planning for Chronic Care Management	HCPCS codes G0506
Psychotherapy in crisis	CPT codes 90839 and 90840

*not an all inclusive list.

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Originating Site

- An originating site is the location of an eligible Medicare beneficiary at the time the service is furnished via a telecommunications system.
- Medicare beneficiaries are eligible for telehealth services only if they are at an originating site located in:
  - A county outside of a Metropolitan Statistical Area (MSA) or
  - A rural Health Professional Shortage Area (HPSA) located in a rural census tract
  - Providers can access the Medicare Telehealth Payment Eligibility Analyzer to determine a potential originating site's eligibility for Medicare telehealth payment.

Before and after the PHE

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Originating Sites

- The offices of physicians or practitioners
- Hospitals
- Critical Access Hospitals (CAHs)
- Rural Health Clinics
- Federally Qualified Health Centers
- Hospital-based or CAH-based Renal Dialysis Centers (including satellites)
- Skilled Nursing Facilities (SNFs) and
- Community Mental Health Centers (CMHCs)

22 Note: Independent Renal Dialysis Facilities are not eligible originating sites.

1135 Waiver: Why? = PHE

"Medicare beneficiaries will be able to receive a specific set of services through telehealth including evaluation and management visits (common office visits), mental health counseling and preventive health screenings. This will help ensure Medicare beneficiaries, who are at a higher risk for COVID-19, are able to visit with their doctor from their home, without having to go to a doctor's office or hospital which puts themselves and others at risk."

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

1135 Waiver: Telehealth

- The provider must use an interactive audio and video telecommunications system that permits real-time communication between the distant site and the patient at home.
  - More about this on slide 35
- Distant site practitioners who can furnish and get payment for covered telehealth services (subject to state law) can include physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians, and nutrition professionals.
- To the extent the waiver (section 1135(g)(3)) requires that the patient have a prior established relationship with a particular practitioner, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.

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

1135 Waiver: What's Changed?

- Allows physicians and other health care providers to bill Medicare Part B for patient care delivered by telehealth during the coronavirus health emergency regardless of the patient's location.
  - Expansion and revisions end when the PHE ends
- HHS has waived and modified certain telehealth requirements once the President declared a National Emergency (which happened 3/13/20)
  - Waives the originating site requirement for telehealth services provided to Medicare beneficiaries.
  - Allows telehealth services to be provided to Medicare fee-for-service beneficiaries by phone if the phone allows for auto-video interaction between the health care provider and the beneficiary.
  - If the "…telephone has audio and video capabilities that are used for two-way, real-time interactive communication." Sec. 102(a)(1)(B)

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1135 Waiver: What's Changed?

- Under this new waiver, Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence starting March 6, 2020.
  - "Medicare will make payment for professional services furnished to beneficiaries in all areas of the country in all settings."
- A range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, will be able to offer telehealth to their patients.
  - Must consider state laws, rules and regs for licensure, scope of practice, etc.
- Additionally, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.

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New Telehealth Rules and What You Need to Know

- Effective for services on March 6, 2020 and for the duration of this PHE, Medicare will make payment for Medicare telehealth services furnished to beneficiaries in any healthcare facility and in their home.
- Expanded benefit is limited to qualified providers who have furnished Medicare services to the individual in the 3 years prior to the telehealth service (an established patient).
  - Or another qualified provider under the same TIN that has provided services within three years.
- Patient must initiate the service
- Patient must give consent to be treated virtually and the consent must be documented in the medical record prior to initiating the service.

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New Telehealth Rules and What You Need to Know

- These visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits
- Medicare coinsurance and deductible would generally apply to these services.
- Providers must continue to comply with state telehealth laws and regulations
  - Treating patients across state lines
  - Professional licensure
  - Scope of practice
  - Standards of care
  - Patient consent
  - Payment requirements for non-Medicare fee-for-service patients.

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New Telehealth Rules and What You Need to Know

- Check your medical malpractice carrier for coverage
- The patient must initiate the service and give consent to be treated virtually, and the consent must be documented in the medical record before initiation of the service.
- Visits provided via telehealth/telemedicine should have a Place of Service of 02 (rather than 11 for office) on the claim.
- Must be an established patient (*see next slide*)
  - Since established patient E/M codes (9921x) will typically be billed, the visit must be documented and coded per normal.
- Remember that this covers Medicare beneficiaries; verify telemedicine benefits for other payers
  - Private insurers' coverage remains unclear and typically varies from payer to payer and the patient's "plan within the plan"

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Summary of Medicare Virtual/E-Visits/ Telemedicine Services

Type of Service	What is the Service?	HCPCS/CPT® Code	Patient Relationship with Provider
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 other outpatient visits) • G0425-G0427 (telehealth consultations, emergency department or initial inpatient) • G0406-G0408 (follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth-Codes	For new* or established patients. * To the extend the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that a prior relationship existed for claims submitted during this public health emergency
Virtual Check-In	A brief (5-10 minutes) 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 a patient and their provider through an online patient portal.	• 99431 • 99422 • 99423 • G2061 • G2062 • G2063	For established patients

MIPS

- What if we use a MIPS measure that includes items such as Vitals or BMI?
- Office visits will be billed, will they end up in your denominator?
- How does your EHR classify visits with POS 02?
  - Can they be carved out of your reporting?
- Perhaps CMS will address at a later date?

One Last Piece of Good News:

HIPAA and Enforcement Discretion

"Effective immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency."

For more information: https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html

Recap

All three require Medical Necessity

- **Virtual check-ins** –The treating provider may have a brief phone call to determine whether or not an in-person visit or other appropriate treatment is needed.
- **E-visits** – Communication with patients and the treating provider through our patient portal or secure email.
- **Telehealth visits:** Patient and treating provider can use real-time interactive audio and video communication that permits real-time communication – like FaceTime, Skype or What's App – to conduct a visit while the patient is in a remote setting (e.g., home).

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Resources

- Medicare coverage and payment of virtual services
  - www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet
- Covered Telehealth Services
  - www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes
- Program's benefits help patients access their provider without visiting the office
  - www.cms.gov/newsroom/press-releases/telehealth-benefits-medicare-are-lifeline-patients-during-coronavirus-outbreak
- OIG Policy Statement
  - https://oig.hhs.gov/fraud/docs/alertsandbulletins/2020/policy-telehealth-2020.pdf

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Note:

Coverage, payment and other aspects of this and other services related to the coronavirus continue to evolve, so stay tuned!

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- **Credentialing**
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