LeadingAge™ Wisconsin

EMBRACING TELEHEALTH
TO MAXIMIZE BILLABLE OPPORTUNITIES

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PRESENTERS

Sarah Clarke, MBA, CMPE

Director, Healthcare Division, RS&F

- Executive leadership in new business development, provider integration, operations management, and contract administration.
- Transitioning healthcare organizations to a "Total Cost of Care" model and value-based payer contracting.
- 20 years of healthcare administration experience, working at the executive level with hospitals, physicians and third-party payers.

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PRESENTERS

Marie Pelino, CPC

Senior Consultant, Physician Reimbursement Services, RS&F

- Expert in third party reimbursement, diagnostic and procedure coding for revenue maximization
- Leads team in performing independent documentation and coding compliance audits
- Long-time member of the American Academy of Procedural Coders (AAPC)

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PRESENTERS

Rob Kerr

Managing Director, Health & Community Services Practice, Hartman Executive Advisors

- Chief Information Officer
- Career-long health IT leader
- Previously with Remedi SeniorCare, Apria/Coram Healthcare, NeighborCare, Genesis Healthcare, and Integrated Health Services
- IT leadership roles at healthcare organizations in Maryland, DC, Pennsylvania and California

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AGENDA

- Telehealth and expanded coverage
- Coding for telehealth reimbursement
- Telehealth technology
- Cybersecurity considerations
- Path to implementation
- Q&A

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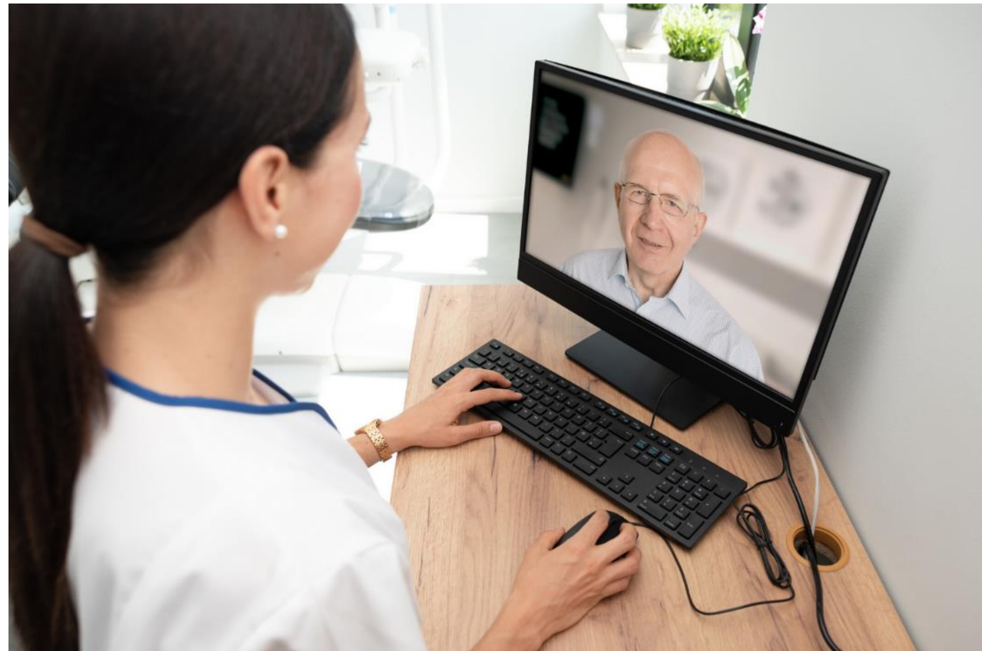
TELEHEALTH AND EXPANDED COVERAGE



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WHY USE TELEHEALTH?

- Increased patient engagement
- Deepens customer relationships i.e. individuals & families
- Expands access to care
- Avoids unnecessary hospital admission or readmission
- Cost savings for patient and provider
  - 60% -70% of all nursing home transfers to the hospital are unnecessary*
- Creates a new business model
- **Reduces COVID-19 exposure risk**
- **Reduces risks for future crisis**

* *Will Seniors Living Communities Fully Adopt Telehealth Nursing*, April 7, 2020, Life Care Services

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TELEHEALTH USE CASES

- Patient to Provider
  - Consumer finds and initiates
- Provider to Provider
  - Providers connect to each other
- Provider to Patient
  - Connects providers to patients

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EXPANDED TELEHEALTH COVERAGE

Effective March 1, 2020 and throughout the duration of the COVID-19 Public Health Emergency (PHE):

- Medicare will make payment for professional services furnished to beneficiaries in **all areas** of the country in **all settings**.
- Medicare will consider telehealth services **same as in- person services** and paid at the same rate.
- **No costly technology required.** HHS authorizes the use of telephones that have audio and video capabilities for the furnishing of Medicare telehealth services.

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EXPANDED TELEHEALTH COVERAGE (CONTINUED)

- **Patient Cost-Share Waiver**
  - Co-insurance and deductibles will be applied to telehealth services.
  - The OIG is providing flexibility for providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.

- **Telehealth coverage will continue to evolve** and change our healthcare delivery system post COVID-19.

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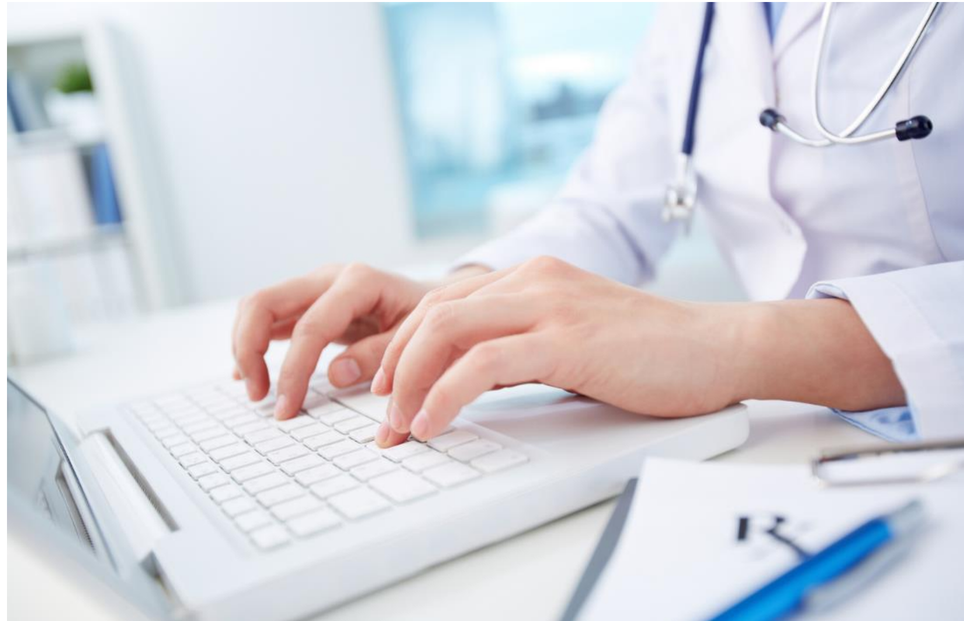
CODING FOR TELEHEALTH REIMBURSEMENT



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CHANGES TO COVERAGE

- Expanded places of service (POS) for telehealth
- Servicing patients in independent living, assisted living and skilled nursing facilities
- A connected hospital platform brings care from skilled providers on demand without transport or admission to the acute care setting
- Coverage for telehealth therapy services allowing SNFs to comply with PDPM regulations and capture patient data required for scoring and calculation

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THREE (3) TYPES OF VIRTUAL VISITS

Type of Service	Method of Communications	Service Description
Telemedicine Evaluation & Management Services	Real-time telephone & video communication devices through HIPAA compliant vendor or acceptable smartphone/tablet technology.	Medically necessary E/M services to diagnose and/or treat general health conditions that would normally be covered if rendered during a face-to-face visit.
Virtual Check-in is Telephone Only	Telephone Calls **Audio** Only	**G2012** or **99441** 5-10 min. **99442** 11-20 min. **99443** 21-30 min.
E-Visits/Online Digital Evaluations	Asynchronous Communication through a Patient Portal	Time is cumulative during a 7 day period. **99421** 5-10 min. **99422** 11-20 min. **99423** 21-30 min. **G2010 – Brief digital check-in**

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BILLING MEDICARE FOR TELEMEDICINE SERVICES INTERIM CODING RULES

When submitting Part B claims for **telemedicine services with dates-of-service on or after March 1, 2020, and for the duration of the COVID-19 Emergency:**

- **Place of Service (POS) equal to what it would have been in the absence of a PHE.**
- **Append modifier 95 to CPT codes**, indicating that the service rendered was actually performed via interactive audio video.

This is a change announced on 03/31/2020 that is applicable 03/01/20 & applies to E/M services provided via audio/visual during pandemic period.

https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

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PRIMARY AND SPECIALTY CARE EVALUATION AND MANAGEMENT

- New patient visits or new patient consultations: 99201-99205
- Established patient visits/follow up care: 99211-99215
- On campus health services.
- Specialists providing care to residents off site.
- Primary care normally provided to residents off site.
- **Place of Service (POS) 11 Office**

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MEDICARE RULES DURING COVID-19 IMPACTING LEVEL OF SERVICE

Clinicians may base the E/M service level on:

- **Medical Decision Making** *(MDM)*

  OR

- **Time**:
  - Time is defined as “**all of the time”** associated with the E/M on the day of the encounter.
  - Concept of time is aligned with E/M criteria changes effective January 1, 2021
  - **Durations for levels are the "typical time"** associated with the E/M code.

BEHAVIORAL HEALTHCARE

- Diagnostic psychiatric evaluations: 90791-90792
- Psychotherapy and associated medical services: 90832-90838
- Behavioral health assessment and interventions: 96156-96168
- **Place of Service (POS) 11 – Office**

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PREVENTIVE SERVICES/AWVs

- Initial Annual Well Visit (AWV)/Personal prevention plan service: **G0438**
- Subsequent AWV/Personal prevention plan service visit: **G043**
- Annual alcohol screen 15 min: **G0442**
- Brief alcohol misuse counsel: **G0443**
- Depression screen annual: **G0444**

Purpose of these visits is to identify health and social risk factors by a review of medical and social histories, screening tests and risk assessments resulting in the referral of treatment and a written personal prevention plan.

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TRANSITIONAL CARE MANAGEMENT

- Transitional Care Management Services (TCM) includes telephone contact and a face to face visit during the 30 day period following discharge from an acute care facility: **99495 – 99496**

- Acute care facilities include but are not limited to hospitals, rehabilitation facilities and skilled nursing facilities as the patient is being discharged back to the community setting, e.g., home, domiciliary care, rest home or assisted living.

- Provided by the patient's primary care provider

- **Prevention of readmission**

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ADVANCED CARE PLANNING

Critical Planning During the COVID-19 Emergency

- Advance care planning including the explanation & discussion of advance directives such as standard forms (*with completion of such forms, when performed*), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate: **99497**
- Advance care planning including the explanation & discussion of advance directives such as standard forms (*with completion of such forms, when performed*), by the physician or other qualified health care professional; each additional 30 minutes *(List separately in addition to code for primary procedure):* **99498**

Temporary addition during the COVID-19 emergency

Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home: ***99483***

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TEMPORARY ADDITIONS TO TELEHEALTH

- Expanded coverage for services previously not eligible for telehealth reimbursement
- Practitioners such as LSCWs, clinical psychologists, physical therapists, occupational therapists and speech pathologists will have expanded access to telehealth, virtual check-ins and telephone calls

HOME VISITS

- New patient home visits: **99341-99345**
- Established patient home visits: **99347-99350**
- Includes patients who would normally receive care from physicians or other qualified health professional in their private residence
- **POS 12 – Independent Living Residence**

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ASSISTED LIVING E/M SERVICES

- New Patient - Moderate complex MDM/60 minutes: **99327**
- New Patient - High complex MDM/75 minutes: **99328**
- Est. Patient – Straightforward MDM/ 15 minutes: **99334**
- Est. Patient – Low complex MDM/25 minutes: **99335**
- Est. Patient – Moderate complex MDM/40 minutes: **99336**
- Est. Patient – High complex MDM/60 minutes: **99337**
- **POS 13 – Assisted Living Facility**

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EMERGENCY DEPARTMENT VISITS

- Emergency department visits: **99281-99285**

- A telehealth evaluation by an ED physician provided to a regardless of the patient's physical location.

- **POS 23 – Emergency Room Hospital**

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HOSPITAL CARE

- Initial hospital care services : **99221-99223**
- Subsequent hospital care services: **99231-99233**
- Observation care services: **99234-99236**
- **POS 21 – Inpatient Hospital**

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NURSING FACILITY VISITS

- Initial NF care, per day, low complex MDM/25 min: **99304**
- Initial NF care, per day, moderate complex MDM/35 min: **99305**
- Initial NF care, per day, high complex MDM/45 min: **99306**
- NF Discharge management ≤ 30 minutes: **99315**
- NF Discharge management > 30 minutes: **99316**
- **POS 31 – Skilled Nursing Facility**

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NURSING FACILITY VISITS

- Subsequent care day MDM/10 minutes: **99307**
- Subsequent care day low complex MDM/15 minutes: **99308**
- Subsequent care day moderate complex MDM/25 min: **99309**
- Subsequent care day high complex MDM/35 minutes: **99310**
- **POS 31 – Skilled Nursing Facility**
- **SNF visits no longer have a limitation to frequency**

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NON-PHYSICIAN TELEPHONE SERVICES

- Telephone E/M time based: **98966 – 98968**
- Physical therapists, occupational therapists, speech language pathologists, clinical psychologists
- Time based service for new or established patients
- Telehealth modifiers do not apply

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TELEHEALTH PHYSICAL THERAPY

- PT evaluations low, moderate and high: **97161, 97162 and 97163**
- Therapeutic exercises, neuromuscular education and gait training: **97110, 97112 and 97116**
- PT re-evaluation service **97164**

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OCCUPATIONAL THERAPY

- OT evaluations low, moderate and high: **97165, 97166 and 97167**
- OT re-evaluation service: **97168**
- Self care management (ADL) training: **97535**
- Physical performance testing: **97750**
- Assistive technology assessment: **97755**
- Orthotics management & training: **97760**
- Prosthetic training upper and/or lower extremity: **97761**

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SPEECH LANGUAGE PATHOLOGY

- Treatment of speech, language, communication, and/or auditory processing disorder: **92507**
- Evaluation of speech fluency: **92521**
- Evaluation of speech sound production, comprehension and expression: **92522- 92523**
- Behavioral and qualitative analysis of voice: **92526**

ADDITIONAL PSYCHIATRIC TESTING

- Neurobehavioral status exam first hour: **96116**
- Psychological and neuropsychological testing and evaluation services: **96130 – 96137**

COVID-19 RELATED ICD-10 CODES

- Encounter for observation for suspected exposure to other biological agents ruled out: **Z03.818**
- Contact with and (suspected) exposure to other viral communicable diseases: **Z20.828**
- Encounter for health counseling related to travel (Health risk & safety counseling): **Z71.84**
- Person with feared health complaint in whom no diagnosis is made: **Z71.1**
- COVID-19 (confirmed test) effective 4/1/20: **U07.1**

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COVID-19 RELATED PRESENTING PROBLEMS ICD-10

For patients presenting with any signs/symptoms (such as fever, etc.) and where a definitive diagnosis has not been established, assign the appropriate code(s) for each of the presenting signs and symptoms first:

- R05 Cough.
- R06.02 Shortness of breath.
- R50.9 Fever, unspecified.
- J12.89 Other viral pneumonia.
- J20.8 Acute bronchitis due to other specified organisms.
- J22 Unspecified acute lower respiratory infection.

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TELEHEALTH TECHNOLOGY AND CYBERSECURITY

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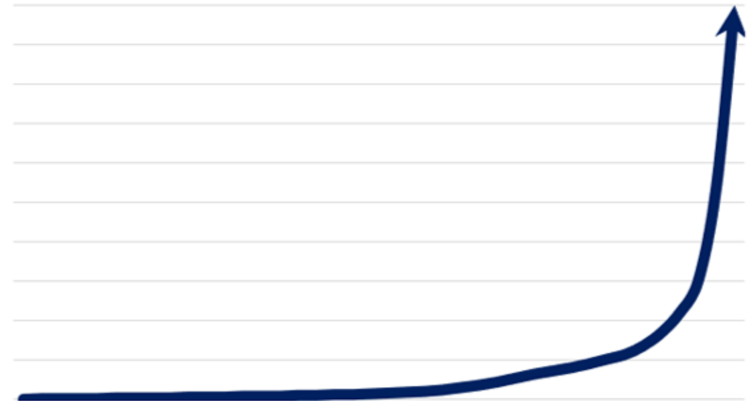
TELEHEALTH NOW!

- Telehealth urgency
- Understandable, given the new realities
- Residents, staff, provider safety
- Need to consider the strategic implications



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TAKING THE LONG VIEW

- **Benefits:**
  - ✓ Resident
  - ✓ Clinical
  - ✓ Competitive
  - ✓ Operational
  - ✓ System
- **Risks:**
  - ✗ Security and compliance
  - ✗ Workflow impacts
  - ✗ Long term costs

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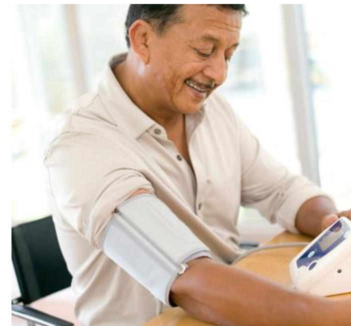
TELEHEALTH TECHNOLOGY

- Real-time connection between remote care providers and patients
- Collect and transmit health information for later analysis
- Remote health monitoring tools to collect vitals
- Secure messaging, appointment scheduling, and virtual waiting rooms for service management



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WHAT'S CHANGED?

THEN	NOW
Patient must be in a "shortage area" or at a provider location	Service can be provided from any patient home
Very limited set of services covered (106)	Nearly twice as many services covered
Must use 2-way video telehealth service	Good faith effort with **PRIVATE** video service (Skype, Facetime, etc.)
Patient-initiated video check-ins with current provider	Prior relationship with patient no longer required

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VARYING CAPABILITIES

- **Basic minimums**
  - Video visit
  - CMS allowed due to COVID-19

- **Better tools**
  - Appointment management and scheduling
  - Mobile apps
  - Secure messaging
  - EHR integration

DICTUM HEALTH

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VARYING CAPABILITIES

- **Best solutions**
  - Billing integration
  - Support for white labeling
  - Cybersecurity certifications
  - Night and weekend provider coverage

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STILL RARE CAPABILITIES

- Remote collection and sharing of patient vitals
- Support management of chronic conditions
- Integrated secure portal and messaging
- Virtual waiting room
- Patient training tools
- Video and voice all routing

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MAKING THE RIGHT CHOICE

- **Cybersecurity**
- **Change management**
- **Integration**

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SAFE, COMPLIANT, SECURE

- Cybersecurity implications
- Compliance obligations
- Infrastructure scaling

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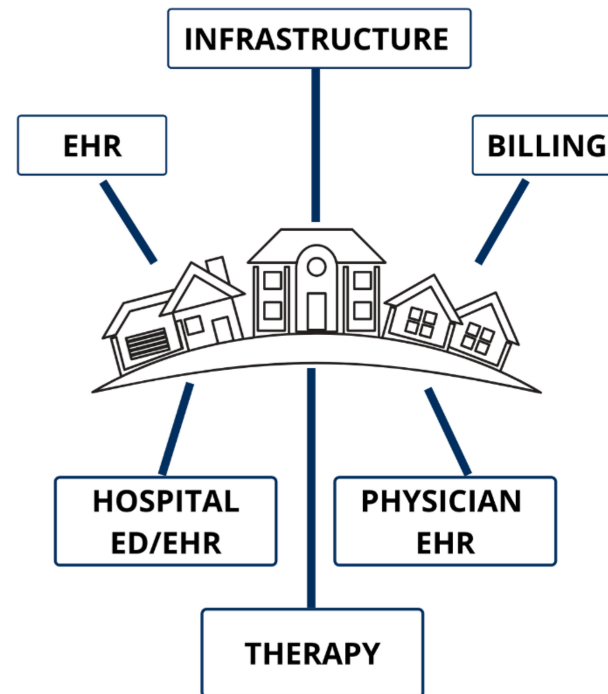
MANAGING THE CHANGE

- Engaged selection team
- Workflow redesign
- TRAINING

PLATFORM INTEGRATION

- Enterprise “integration”
  - EHR
  - Billing
  - Infrastructure
- Partner integration
  - Hospital ED/EHR
  - Physician EHR
  - Therapy



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MAKING THE RIGHT CHOICE

Telehealth Product	EHR Platform														
	Allscripts	Athena	CareCloud	Cerner	eClinicalWorks	Elation Health	Epic	GE	Greenway	Kareo	MatrixCare	Meditech	myUnity	Next Gen	PCC
Simple Practice															
Kareo															
eVisit		X													
Teladoc															
MyChart by Epic							X								
OTTO by NextGen		X						X	X					X	
Webex by Cisco															
Curatess													X		X
MDLive		X		X			X					X		X	
Amwell				X			X								
SnapMD															
Chiron		X	X						X	X					
Dictum		X					X								X
CMD Now by PSC Healthcare											X				X
Third Eye											X				X
Care Community by MatrixCare											X				
5 Star Telemed															X
HealthChat		X													
Hale	X	X	X			X	X								
Mural by GE Healthcare															
Healow					X										
Cisco															
Polycom															
Doxy.me															
Facetime - Apple															
Skype - Microsoft															
Duo - Google															

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PATH TO IMPLEMENTATION

Step	Question
Identifying a Need	What's the problem?
Forming the Team	Who needs to be involved?
Defining Success	What are we trying to achieve
Evaluating the Vendor	What's the right technology?
Making the Case	How do we get political and financial buy-in?
Contracting	What's our expected timing, budget, and plan with our vendor?
Designing the Workflow	What will need to change to integrate this technology
Preparing the Care Team	Does everyone know what they need to do to make this successful?
Partnering with the Patient	What does the patient need?
Implementing	How does this work in practice?
Evaluating Success	Did it work?
Scaling	What's next?

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Adapted from AMA Telehealth Playbook

THANK YOU

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Q&A

Please send questions via the chat feature

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