Regulatory Agencies Help Expand COVID-19 Telehealth Services

Marla Dumm, CPC®, CCS-P, CRC™
Managing Consultant
BKD Health Care Performance Advisory Services
417.863.8701 | mdumm@bkd.com

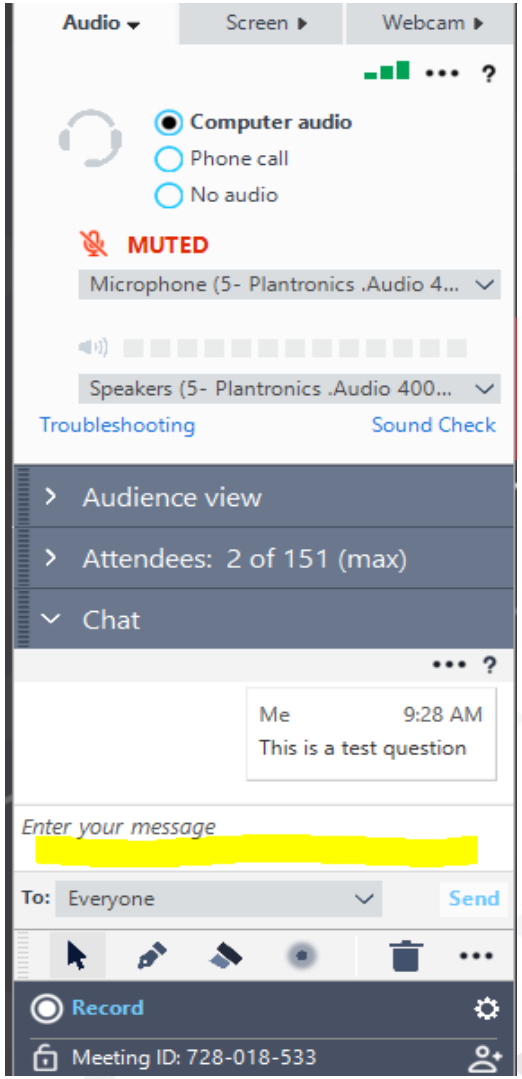
Zach Remmich
Senior Managing Consultant
BKD Health Care Performance Advisory Services
317.383.4000 | zremmich@bkd.com

BKD

DISCLOSURE

Information contained within this session was used as a visual aid for information purposes during a presentation led by **BKD, LLP** advisors. This content was not designed to be used without the verbal portion of the presentation. Accordingly, information included within these slides, in some cases, are only partial lists of requirements, recommendations, etc., & should not be considered comprehensive. These materials are issued with the understanding they must not be considered legal advice

Q & A Instructions



Agenda

- Telehealth & virtual communication coding & billing
- Eligible mechanisms for remote communication
- Medicare restrictions in place for RHC & FQHC
- Operational considerations
- Q&A

COVID-19 – Telehealth

- The SARS-CoV-2 virus and the incidence of COVID-19 (COVID-19) health care crisis has brought attention back to telehealth & other remote communication mechanisms to provide ongoing remote medical care to your patients
- Medicare released updates for hospitals & Part B providers on March 17, 2019, as part of H.R. 6074, to include definitions of service, coding & billing guidelines
- State Medicaid plans continue to issue updates on coding, billing & reimbursement
- Commercial & MCO/HMO plans also have issued updates to their telehealth policies
- Updated guidelines will be in effect during this health care crisis or until otherwise instructed

Authorized Originating Sites

- Physician and practitioner offices
- 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)
- Community Mental Health Centers (CMHCs)
- Renal Dialysis Facilities
- Homes of beneficiaries with End-Stage Renal Disease (ESRD) getting home dialysis
- Mobile Stroke Units

Note: Medicare does not apply originating site geographic conditions to hospital-based and CAH-based renal dialysis centers, renal dialysis facilities, and beneficiary homes when practitioners furnish monthly home dialysis ESRD-related medical evaluations. Independent Renal Dialysis Facilities are not eligible originating sites.

Beginning January 1, 2019, the Bipartisan Budget Act of 2018 removed the originating site geographic conditions and added eligible originating sites to diagnose, evaluate, or treat symptoms of an acute stroke. Go to MLN Matters® article, New Modifier for Expanding the Use of Telehealth for Individuals with Stroke to learn how to use the new modifier for billing.

Source: CMS, ICN 901705, January 2019

BKD

Definition – Originating Site

- ***Originating Site –*** Where an eligible Medicare beneficiary is located when the telehealth service is rendered

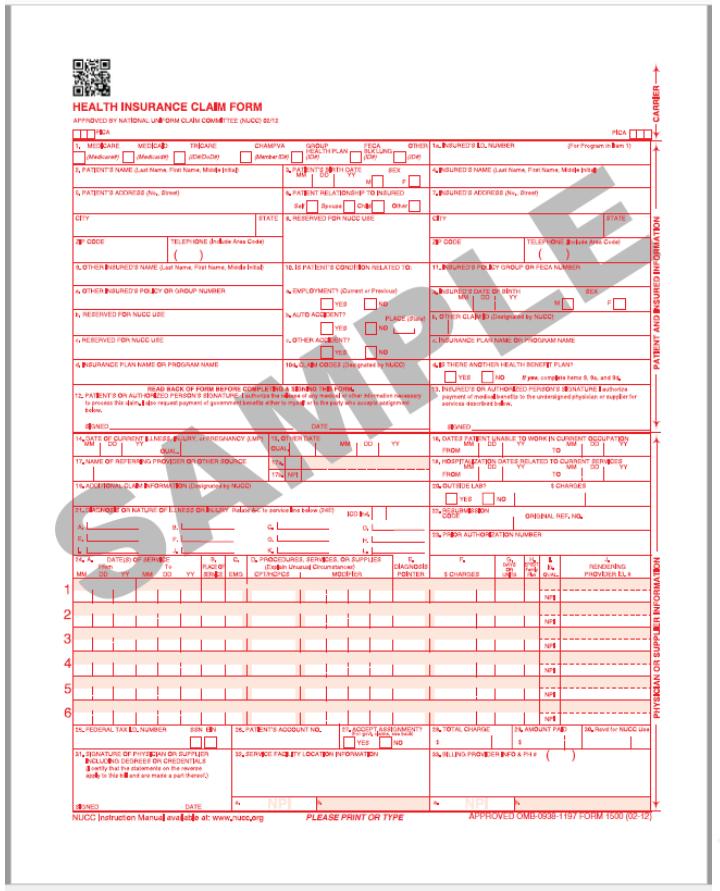
Revisions under Waiver 1135

- No restrictions on originating site or location
- Patient home has been added as an eligible originating site
- Patient may be located anywhere, not just a MSA, HPSA or nonurban
- Patient may present to an eligible health care site, *e.g.*, hospital, clinic, be located in their own home & call in to a health care provider
- RHC & FQHC sites are eligible originating site locations

BKD

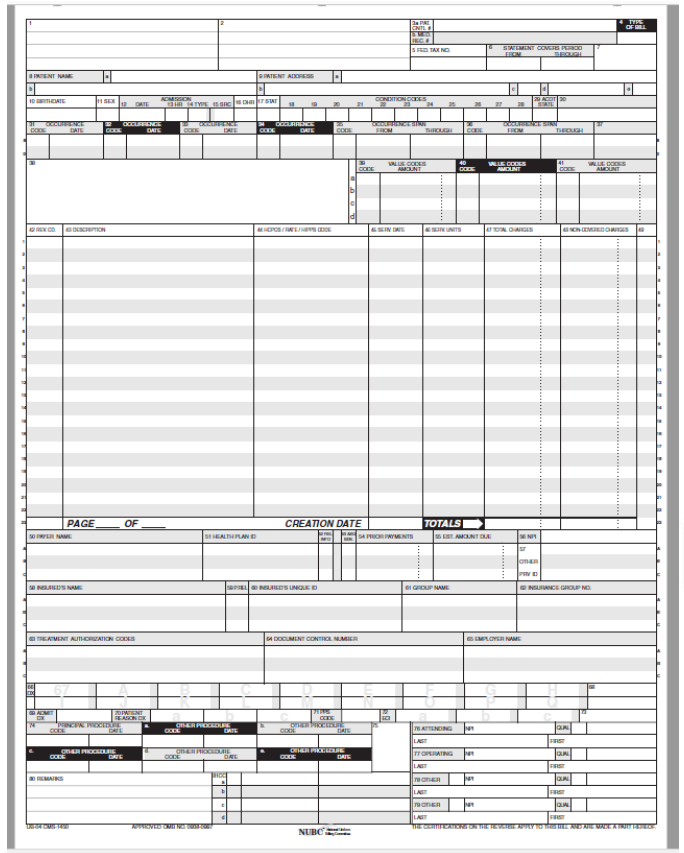
Billing – Originating Site Part B

- ***CMS-1500 Claim Form***
  - HCPCS code Q3014
  - Place of service
    - If patient in clinic – 11
    - If patient is in hospital outpatient – 22
  - Paid under Medicare Physician Fee Schedule allowance
    - **CY 2020 – $26.65**
  - **Reminder:** If the telehealth service is rendered to a patient in their home, NO originating site, *e.g.*, facility, service is billed



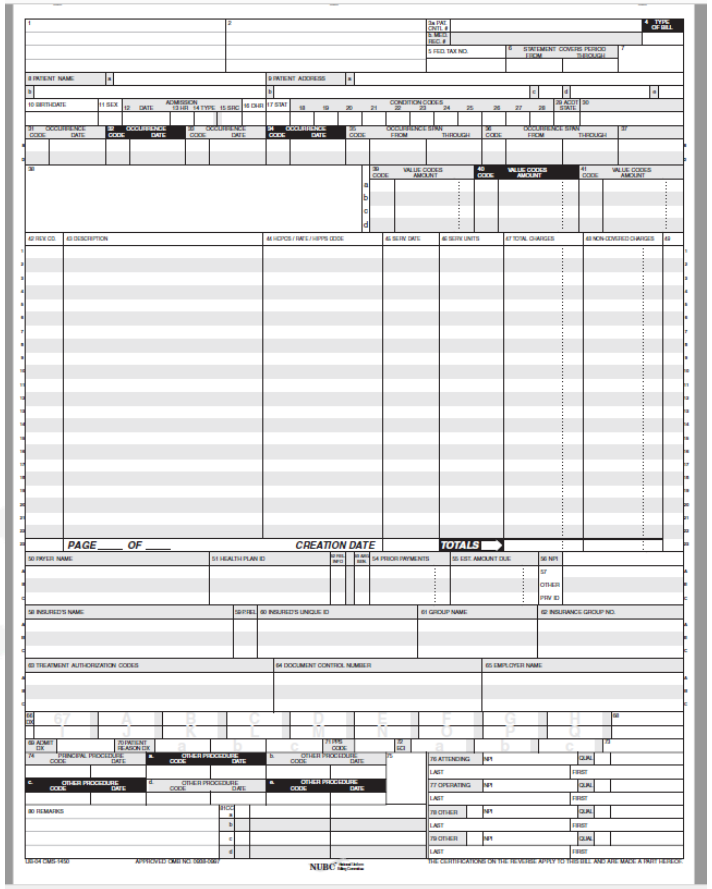
Billing – Originating Site Hospital

- ***UB-04 Claim Form*** – Part A Billing
  - HCPCS code Q3014
  - Type of service "9 – other items & services"
  - TOB 12X, 13X, 22X, 23X, 71X, 72X, 73X, 76X & 85X
  - Revenue code 450 (ED), 360 (operating room), 510 (clinic), etc.
  - *Modifier GT required for CAH Medicare facility claims*
  - Paid under Medicare Physician Fee Schedule allowance
    - **CY 2020 – $26.65**



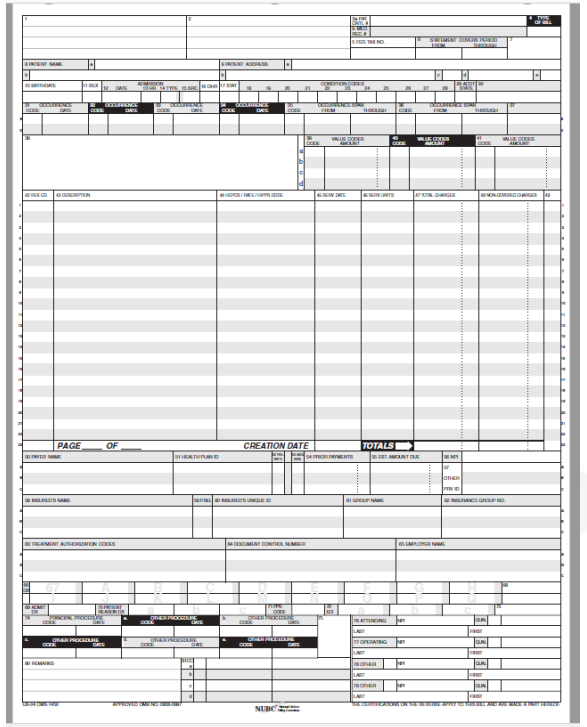
Originating Site – Rural Health Clinic

- ***Independent & provider-based RHC***
  - RHC bill type 711
  - RHC provider number
  - Revenue code 780
  - Q3014
  - List on a separate line than any other services rendered
  - Paid under Medicare Physician Fee Schedule allowance
    - **CY 2020 – $26.65**



Hospital or Dialysis Center UB-04 – Originating Site

- ***Hospital (PPS) & CAHs***
  - Inpatient – TOB 12X
  - Use date of discharge as date of service for the Q3014 line item
  - Paid outside the DRG
- ***Hospital-based dialysis center***
  - Q3014
  - TOB 72X
  - Revenue code 078X
  - List on a separate line than any other services rendered
  - Paid outside the per diem rate



Definitions – Distant Site Practitioner

- ***Distant Site Practitioner*** – An eligible provider who can furnish & be paid for covered telehealth services rendered through an audio & video telecommunication system

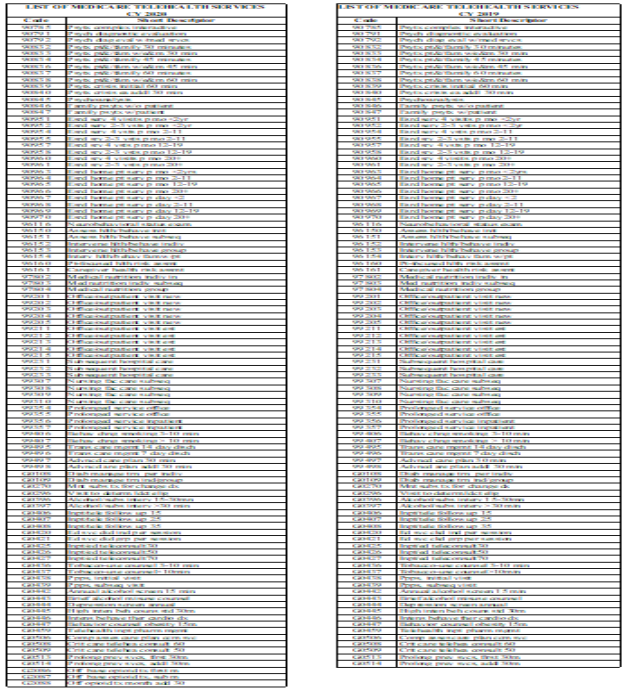
- Physicians
- Nurse practitioners (NPs)
- Physician assistants (PAs)
- Nurse-midwives
- Clinical nurse specialists (CNSs)
- Certified registered nurse anesthetists
- Clinical psychologists (CPs) and clinical social workers (CSWs)
  - CPs and CSWs cannot bill Medicare for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services. They cannot bill or get paid for Current Procedural Terminology (CPT) codes 90792, 90833, 90836, and 90838.
- Registered dietitians or nutrition professional

BKD

Distant Site – RHC & FQHC Exclusion

- Current guidance
  - CMS does not allow RHCs or FQHCs to provide distant site professional services
- **Update as of 3/26/20**
  - **CV Bill #3**
    - The bill was unanimously passed in the Senate early Thursday morning
      - Will allow for the removal of the restriction for RHCs & FQHCs. This will allow these sites to provide distant site professional telehealth services, *i.e.*, a replacement for the face-to-face, in person E/M or behavioral health service
      - Services would be paid under fee schedule & not the RHC AIR or FQHC PPS rate for primary Medicare
    - This bill has been moved to the House. The vote is expected to take place on Friday, 3/27/20
    - Once passed, the bill would need to be signed by the President
    - CMS will issue formal instruction on billing
      - We anticipate this service will be billed on the clinic or center UB-04
      - Revenue code yet to be defined (either 521 or 780)

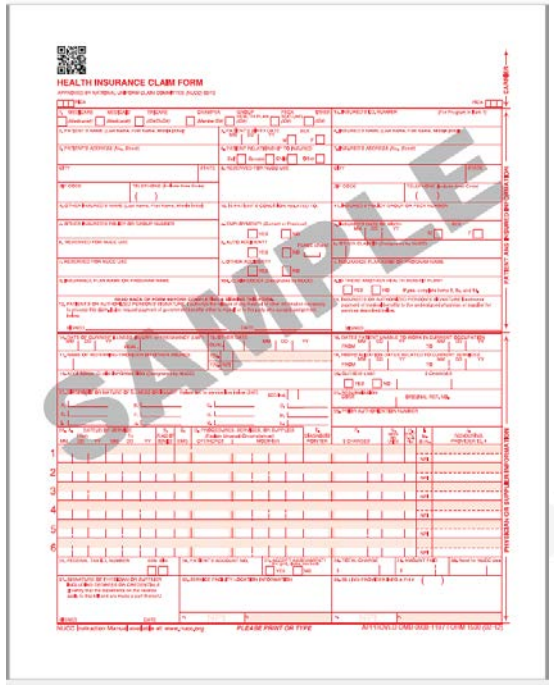
Approved Telehealth Services



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

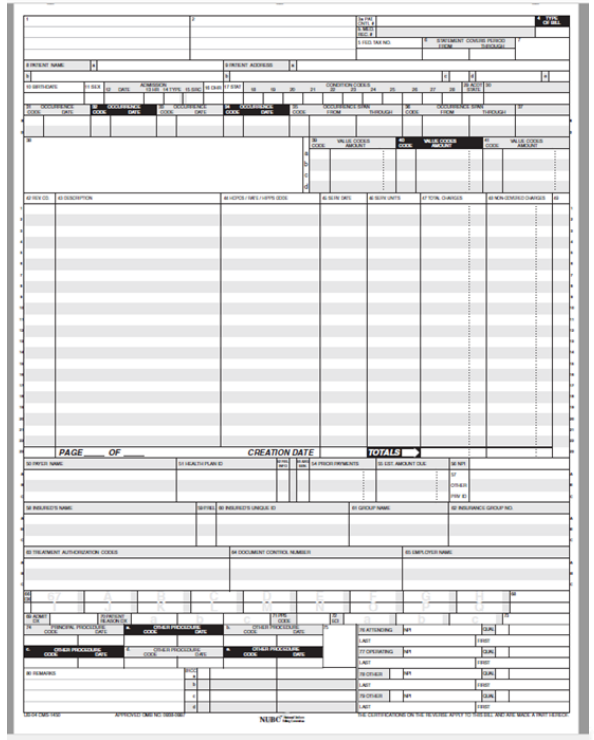
Billing – Distant Site Professional Service

- ***CMS-1500 Claim Form – Part B Billing***
  - Office, hospital (PPS), SNF, etc.
  - Appropriate CPT or HCPCS code reflecting the eligible service rendered
  - Place of service “02-telehealth”
  - Indicates the provider certifies the patient was present at an eligible originating site at the time of service
  - For ESRD services, POS 02 certifies that at least one visit per month was performed face-to-face with a hands-on examination of vascular access site
  - Paid under Medicare Physician Fee Schedule allowance



Billing – Distant Site Professional Service

- ***UB-04 Claim Form – Method II election***
  - For those CAHs electing Method II billing for outpatient sites
  - Provider has reassigned benefits to the CAH
  - Appropriate CPT or HCPCS code reflecting the eligible service rendered *with modifier GT*
  - Revenue codes 96X, 97X or 98X
  - Paid under Medicare Physician Fee Schedule allowance



BKD

Rules & Guidelines – Acute Stroke

- Medicare telehealth benefits cover
  - Diagnosis, evaluation or treatment of acute stroke
    - No geographic limitations on originating site, *i.e.*, ED, mobile unit, physician office, urban or rural
  - Billing
    - Append modifier G0 (G zero) to originating site *&* distant site service codes
    - Originating site
      - Q3014 with modifier G0
    - Distant site services
      - Place of service 02 (CMS1500 claim)
      - Revenue codes 096X, 097X, or 098X (CAH Method II UB-04 claim)

Source: Bipartisan Budget Act of 2018, Section 50235, Amended Section 1834(m) & MLN MM10883

BKD

211.300 Interactive Electronic ("Telemedicine") Encounters 10-13-03

Arkansas Medicaid covers RHC encounters and two ancillary services (fetal echography and echocardiography) as "telemedicine" services.

Arkansas Medicaid defines telemedicine services as medical services performed as electronic transactions in real time. In order for a telemedicine encounter to be covered by Medicaid, the practitioner and the patient must be able to see and hear each other in real time. Physician interpretation of fetal ultrasound is covered as a telemedicine service if the physician views the echography or echocardiography output in real time while the patient is undergoing the procedure.

SECTION II - RURAL HEALTH CLINIC

CONTENTS

Rules & Guidelines – Arkansas Medicaid

BKD

Arkansas Medicaid – Originating Site

- Q3014
- Place of service 02
- No geographic location limitations
  - Patient can be located in their home or other hospital or clinic setting
- Patient does not have to have an established relationship with the distant site provider (*Executive Order 20-05*)
- Loosened restrictions to allow for audio/visual & audio/telephone only
- Technology must be real time
- Physician must have access to the patient's records
- Assign modifier GT

BKD

Arkansas Medicaid – Distant Site

- May be an established or new patient
  - The physician providing telehealth services must have access to patient personal health record(s) maintained by a physician
  - May be provided by any technology, including telephone, but must be real time
  - For diagnosis, treatment & prescription of noncontrolled medications
- Bill the appropriate service code with GT modifier
- Submit with place of service 02
- Paid under fee schedule

AR Medicaid – Virtual Check-In

- Not a full E/M or behavioral health service
- G2012
- Effective for 60 days, but the state can extend the date if needed
- Any real-time audio or “two-way audio interaction that are enhanced with video or other kinds of data transmission”
- Established patients only
- Five to 10 minutes
- Provider only; no nursing staff
- Communication must be HIPAA compliant
- Can be used for
  - Chronic patients who need to be assessed to determine whether an office visit is needed
  - Patients treated for opioid or other substance abuse disorders

BKD

Are You Experiencing Any of These Issues?

- My provider is quarantined at home. Can he still provide distant site services?

  Novitas Solutions, Inc.
  The toll-free Hotline Telephone Number: 1-855-247-8428
  Hours of Operation: 8:30 AM – 4:00 PM EST

- My RHC or clinic is currently on-campus. To reduce exposure, can we temporarily move services to an off-site location?

BKD

Where to Go for Help

- CMS MLN Fact Sheet – Rural Health Clinic, ICN MLN006398 May 2019
- CMS, Change Request CR10152-Elimination of the GT Modifier for Telehealth Services
- CMS Telehealth Website: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/
- CMS Fact Sheet: https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet
- Novitas Solutions, “Telehealth Services”
- State Medicaid billing & reimbursement coverage (provider bulletins, manuals, policies, state statutes) – specific to each payor
- Commercial or MCO plan billing & reimbursement coverage (provider bulletins, manuals, policies) – specific to each payor

BKD

Operational Considerations

Critical Steps to Get Started

- Part of a broader organizational COVID-19 response
  - Clear waiting rooms but provide access
  - Keep open vital ER beds
- Assemble multidisciplinary “task force” to lead
- Identify location/space
- Select a telemedicine platform
- Research Medicare, Medicaid, & Commercial Reimbursement
  - Coding & billing requirements
  - Patient cost sharing

Rapid Implementation

- Scheduling
  - Scripting
  - Patients currently scheduled/cancellations
  - Patients requesting appointments
    - Telehealth scheduling block
    - “Virtual walk-ins”
- Registration
  - Generally follow same processes
  - Verify insurance & demographic information
  - Co-pay/cost sharing – most payors are waiving
  - Self-pay deposits

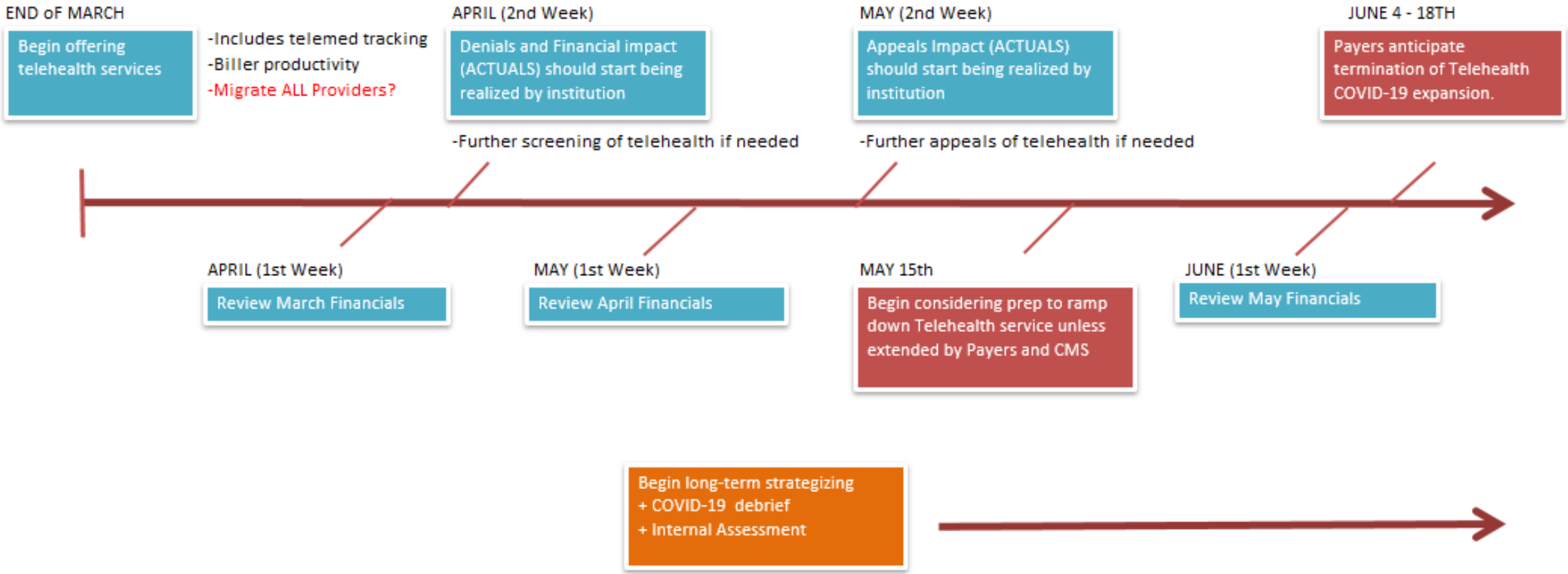
Rapid Implementation

- Clinical
  - Designated telehealth lead for documentation requirements & technology guidance
  - Documentation, consent
  - Coding cheat sheet
    - E/M
    - Virtual check-ins
    - E-visits

Rapid Implementation

- Billing
  - Charge master
  - Modifiers & place of service are correct
  - Cheat sheets for payor specifics
  - Denials follow-up process

COVID-19 Timeline – Billing/Financial Monitoring



Questions?

Thank You!