

# Telehealth Services in our Communities- Implementation and Billing Considerations



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&

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## DEPUTY DIRECTOR FOR POPULATION HEALTH

Donna Cohen serves as the Deputy Director for Population Health at Alliant Quality, where she leads the Clinician Office work focusing on utilization of population health tools to impact the value of services delivered to patients.

Donna is a Registered Nurse and a Certified Case Manager. Her experience ranges from the inpatient hospital setting, to physician practice management, as well as Managed Care where she was the director of Case Management and Utilization Review. Before joining Alliant Quality, she was a Practice Director with a large physician practice group and with the implementation of EPIC, led the clinical informatics team.

**Donna's hobbies include gardening, sewing, crafting, cooking.**

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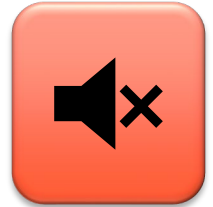
# Objectives

By the end of this session, you will be able to:

- Understand the 1135 waiver impact on billing for telehealth services for Medicare eligible patients
- Understand multiple methods of providing telehealth services
- How to implement various types of telehealth services in the community

# Ground Rules

- All lines are muted, so please ask your questions in chat
- Be present and actively participate
- For technical issues, chat to the 'Technical Support' Panelist



# Making Health Care Better *Together*



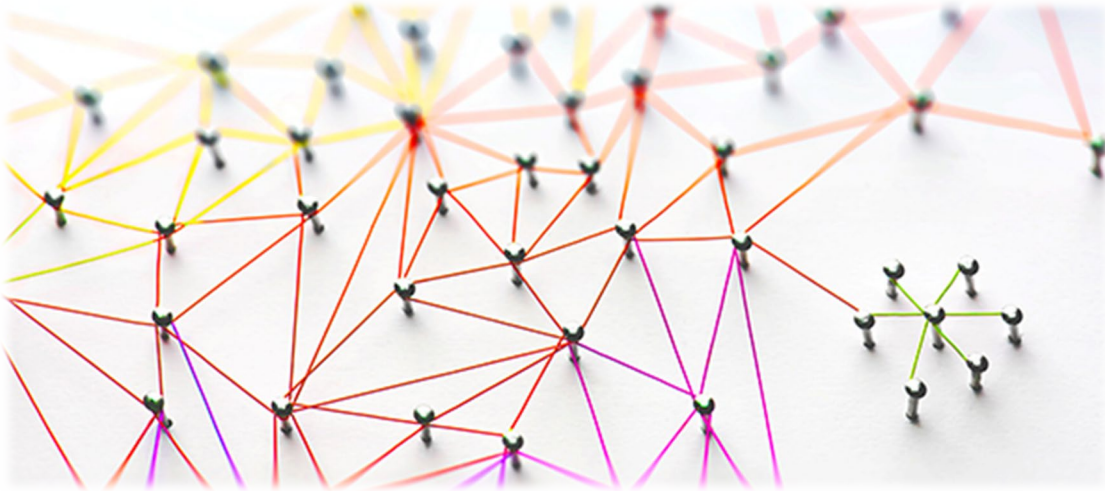
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# Personal Connections



- What state are you from?
- What is your position/title?
  - What is your setting?
- Have you personally or your organization used Telehealth since the COVID-19 Crisis?



## CMS Aims

### Behavioral Health Outcomes and Opioid Misuse



- Promote opioid best practices
- Decrease high dose opioid prescribing and opioid adverse events in all settings
- Increase access to behavioral health services

### Patient Safety



- Reduce risky medication combinations
- Reduce adverse drug events
- Reduce C. difficile in all settings

### Chronic Disease Self-Management



- Increase performance on ABCS clinical quality measures (i.e. aspirin use, blood pressure control, cholesterol management, cardiac rehab)
- Smoking cessation
- Identify patients at high-risk for developing kidney disease and improve outcomes
- Identify patients at high risk for diabetes –related complications and improve outcomes

### Quality of Care Transitions



- Convene community coalitions
- Identify and promote optimal care for superutilizers
- Reduce community-based adverse drug events

### Nursing Home Quality



- Improve the mean total quality score
- Develop national baselines for healthcare related infections in nursing homes
- Reduce emergency department visits and readmissions of short stay residents

# Using Telehealth for Care Delivery

- Telehealth, telemedicine and related terms generally refers to the exchange of medical information from one site to another through electronic communication to improve a patient's health.
  - Allows for remote monitoring of patients self-quarantined at home
  - Greatly reduce capacity in healthcare setting and reduce unnecessary exposure
  - Limits exposure to COVID-19 for patients who are vulnerable to COVID-19
  - Allows for quarantined providers to continue to treat patients



# Expansion of Telehealth with 1135 Waiver

- Effective March 6, 2020
- Prior to waiver payment was limited to patient receiving services in a designated rural area and must be in a clinic, hospital or certain other types of medical facilities
- Applies to Medicare Part B billing only however many commercial carriers are covering these services

# What is covered-Medicare Part B

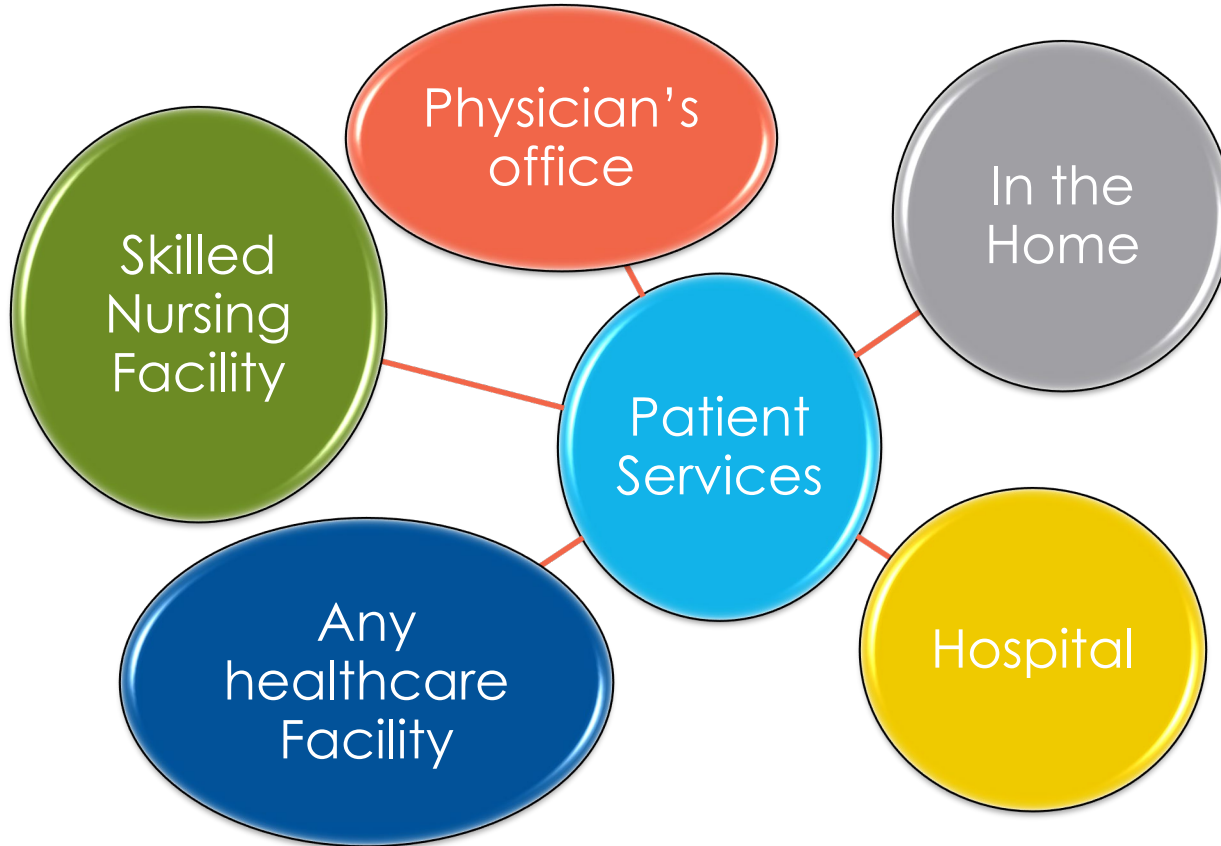
- 1135 Waiver waves restriction on the use of telehealth
  - Rural and site limitations will no longer apply
  - Services can originate from home and be provided to patient who is at home
  - All services included not just those for treatment of COVID-19

# Covered Services

(See Resource slide for full list)

- Established office Visit codes
- Hospital Visit codes
- ESRD Service Codes
- Smoking cessation codes
- Transitional Care Management
- Diabetic management
- Depression Screening
- Alcohol intervention
- Opioid Treatment Codes

## Originating Site - Where the Patient is:



## Distant Site Providers

- **Physicians**
- **Nurse Practitioners**
- **Physician Assistants**
- Nurse Midwives
- Certified Nurse Anesthetists
- Clinical Psychologists
- Clinical Social Workers
- Registered Dietitians
- Nutrition Professionals

# Technology Platforms



Facetime



Patient Portal



Skype



Zoom



Facebook Messenger



Uber Conference or Free Conference Call



Google Meet



Your EHR (i.e. EPIC virtual video visits)

# Billing Considerations

- Place of Service- POS 02- Telehealth
- Modifier 95 added for Telehealth
- Payment same as in office visits
- No changes in out of pocket cost of the beneficiary
- Waiver in effect until revoked
- Hospitals, Nursing Homes, Home Health Agencies and other healthcare facilities where patients are receiving telehealth services can bill the originating site facility fee, HCPCS code Q3014
- Should be billed when the beneficiary is not in the same location as the health care professional providing the service

# Other options for Non-Face to Face Visits- Virtual Check-Ins and E-Visits

- Available in 2019
- No Rural or Location Restrictions
- Must have an established relationship with patient
- Must document patient's consent for these services
- Co-insurance and deductibles apply



# Virtual Check-Ins- Medicare Part B

- Brief communication with Practitioner via phone or video
  - Initiated by the patient & must document patient consent
  - Can not be related to a visit within 7 days and no visit occurs within the next 24 hours
- Code is G2012 Medicare Fee Schedule- \$13.35
- Review of images sent to a physician by the patient can be billed with G2010 – Medicare Fee Schedule \$9.38

## E-Visits

- Non face to face patient-initiated communication with the practitioner by using online patient portals
- Can occur over a 7-day period
- 99421-99423 depending on time (Medicare Fee Schedule \$13.35-\$43.67)

# Summary of Medicare 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: <ul style="list-style-type: none"> <li>- 99201-99215 (office or outpatient visits)</li> <li>- G0425-G0427 (telehealth consultations, ED or initial inpatient)</li> <li>- G0406-G0408 (follow-up inpatient consultations furnished to beneficiaries in hospitals or SNFs)</li> </ul>	For new* or established patients  *to the extent the 1135 waiver requires an established relationship
Virtual Check-In	A brief (5-10 min) 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 patient and their provider through an online patient portal	-99421 -99422 -99423 -G2061 -G2062 -G2063	For established patients

# Home Health Services

- If a physician determines that a Medicare beneficiary should not leave home because of a medical contraindication or due to suspected or confirmed COVID-19, and the beneficiary needs skilled services, he or she will be considered homebound and qualify for the Medicare Home Health Benefit.
  - As a result, the beneficiary can receive services at home.

# Office of Civil Rights (OCR)

- Enforcement discretion of HIPAA Rules
- Penalties will not be imposed for noncompliance with regulatory requirements under the HIPPA rules in connection with the good faith provision of telehealth during the COVID-19 national wide public health emergency.

# Lori Nurmi, RN, BSN

CLINICAL DIRECTOR OF ONCOLOGY SERVICE LINE

Lori Nurmi serves as the clinical director of oncology service line at Phoebe Putney Memorial Hospital in Albany, GA. Phoebe Putney Memorial Hospital located in remote Southwest Georgia and has one of the highest COVID 19 cases per capita in the country. Phoebe has opened the fourth COVID-19 ICU, now with a total of 176 ICU beds to care for these patients.



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# Hospital Outpatient Services

## Implementation of Telehealth Services

- Clinician Quarantined due to COVID 19
- NP performs the exam via telehealth with the clinician in home office
- Platform Used- Go to Meeting
- MD documentation based on exam of the patient facing NP in the office



# Lessons Learned

- Office Scheduler must be on board
- Physician Efficiencies
- Patient education/testing prior to the appointment
- Clinician training on audio/visual platform

# Workflow Best Practice

- Develop Patient Education Material and share with patient before appointment
- Patient logs in early to the Telehealth platform and tests device with non-clinical staff
- Send text link if possible
- Dual Screens or 2 Devices – Not just phone for the clinician
- Location of the provider

A network diagram with a central heart shape. The heart is formed by a series of small, dark, circular nodes connected by a thick, dark line. From each of these nodes, a thin, red line extends outwards, connecting to other nodes in a complex, web-like pattern. The background is white, and the overall effect is one of a dense, interconnected network. The text "Bringing it Home" is centered within the heart shape.

**Bringing it Home**

# Resources

## Telehealth Resources:

- <https://www.telehealthresourcecenter.org/resource-documents/>
- <https://www.setrc.us/>

## Coding Resources:

- <https://www.ama-assn.org/system/files/2020-03/telehealth-services-covered-by-Medicare-and-included-in-CPT-code-set.pdf>
- <https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf>

## Tool Kit:

- <https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf>
- <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctshsht.pdf>

**FAQ information sheet will be in chat**

# Contact Information:



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Lori Nurmi

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# Upcoming Events

Nursing Homes

Tuesdays, 2pm ET/1pm CT

Community Coalitions

Thursdays, 12:30 pm ET/11:30am CT

May 19 <sup>th</sup> , 2020 Improved Resident Outcomes: Essential Planning for Pre-Admission and Post Discharge Transitions of Care	May 28 <sup>th</sup> , 2020 Community Based Approach for Super Utilizers of Care
June 16 <sup>th</sup> , 2020 Assessing and Reducing Opioid Prescribing in Long Term Care	June 25 <sup>th</sup> , 2020 Partnering Across the Healthcare Continuum for the Complex Chronic Care Population
July 21 <sup>st</sup> , 2020 Managing Behavioral Challenges In Long Term Care to Prevent Hospitalization	July 30 <sup>th</sup> , 2020 Population Health Assessments: Identifying Hidden Risks
August 18 <sup>th</sup> , 2020 Initiating an Effective Medication Reconciliation Program	August 27 <sup>th</sup> , 2020 Using SBIRT for Effective Screening and Referral to Treatment
September 15 <sup>th</sup> , 2020 High risk medication use and quality practices to prevent ADE	September 19 <sup>th</sup> , 2020 Opioid Use in the Aging Population

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