Telemedicine and Reimbursement

Presented for:

PBC MS
Palm Beach County Medical Society

MGMA
Medical Group Management Association
Palm Beach, Fla.

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- Education
About the Speaker:

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Associate Consultant

Christine Hall holds a degree in Health Information Management and brings almost 30 years of health care management experience to the firm. Christine is a Certified Professional Coder (CPC), Certified Professional Biller (CPB), Certified Professional Medical Auditor (CPMA), Certified Risk Adjustment Coder (CRC) and Certified Coding Instructor (CPC-I) with the AAPC. She has a strong core understanding of all healthcare reimbursement aspects, practice management, coding proficiency, compliance, accounts receivables, credentialing, and regulatory affairs.

Prior to joining ACI, Christine worked for Humana as a Medicare risk adjustment coder. For 20 years prior to that, she owned a successful medical billing company. Having also served as an adjunct instructor for local colleges and technical schools, she is a skilled educator and public speaker. Combining her practical knowledge of medical billing, her experience on the payer side, with her expertise in coding rules and regulations allows Christine the ability to offer her clients a real-world, well-rounded perspective that is hard to come by.
Disclaimer

The information enclosed was current at the time it was presented. Medicare and other payer policies change frequently. This presentation was prepared as a tool to assist providers and is not intended to grant rights or impose obligations.

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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.
Today’s Objectives

• Telehealth vs Telemedicine
• What are the differences between the originating site and the distant site?
• Who can perform Telehealth?
• What services can be performed?
• What are the CMS expansions in telehealth reimbursement for 2018?
Telehealth

- Telehealth: The application of technologies to help patients manage their own illnesses through improved self-care and access to education and support systems.
Telemedicine

• Telemedicine: The use of technologies to remotely diagnose, monitor, and treat patients
  • Video Conference (synchronous), Telephone
  • Store and forward (Asynchronous)
  • Remote Device, Patient Portal, Mobil App
Telemedicine

Originating Site:
Where the patient is located

Distant Site:
Where the remote practitioner is located
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.
Rural Counties in Florida

Urban: OMB metro county

Rural: Nonmetro county
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)

Note: Independent Renal Dialysis Facilities are not eligible originating sites.
Practitioners at the distant site who may furnish and receive payment for covered telehealth services (subject to State law) are:

- 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 for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services under Medicare. These practitioners may not bill or receive payment for Current Procedural Terminology (CPT) codes 90792, 90833, 90836, and 90838.
- Registered dietitians or nutrition professionals.
Synchronous

• As a condition of payment, the provider must use an interactive audio and video telecommunications system that permits real-time communication between the provider, at the distant site, and the beneficiary, at the originating site.

All transmitted data has to be via “secure” means – this excludes Face Time and Skype applications as commonly used today.
Asynchronous

- Asynchronous “store and forward” technology, the transmission of medical information the physician or practitioner at the distant site reviews at a later time, is permitted only in Federal telemedicine demonstration programs in Alaska or Hawaii.

- For Federal telemedicine demonstration programs in Alaska or Hawaii, submit claims using the appropriate CPT or HCPCS code for the professional service along with the telehealth modifier GQ if you performed telehealth services “via an asynchronous telecommunications system” (for example, 99201 GQ). By coding and billing the GQ modifier, you are certifying that the asynchronous medical file was collected and transmitted to you at the distant site from a Federal telemedicine demonstration project conducted in Alaska or Hawaii.
## CY 2018 Medicare Telehealth Services

<table>
<thead>
<tr>
<th>Service</th>
<th>HCPSC/CPT® Code</th>
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<tbody>
<tr>
<td>Office or other outpatient visits</td>
<td>CPT codes 99201-99215</td>
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<tr>
<td>Subsequent hospital care services, with the limitation of 1 telehealth visit every 3 days</td>
<td>CPT codes 99231–99233</td>
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<tr>
<td>Subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days</td>
<td>CPT codes 99307–99310</td>
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<td>Individual psychotherapy</td>
<td>CPT codes 90832–90834 and 90836–90838</td>
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<tr>
<td>Psychiatric diagnostic interview examination</td>
<td>CPT codes 90791 and 90792</td>
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<tr>
<td>Individual and group medical nutrition therapy</td>
<td>HCPCS code G0270 and CPT codes 97802–97804</td>
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<tr>
<td>Neurobehavioral status examination</td>
<td>CPT code 96116</td>
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<tr>
<td>Smoking cessation services</td>
<td>HCPCS codes G0436/G0437 and CPT codes 99406/99407</td>
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<tr>
<td>Alcohol and/or substance (other than tobacco) abuse structured assessment and intervention services</td>
<td>HCPCS codes G0396 and G0397</td>
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*not all inclusive. For complete list see [Telehealth Services](#) or [List of Telehealth Services](#)
Billing And Payment For Professional Services Furnished Via Telehealth

• For professional services furnished on or after January 1, 2017, to indicate that the billed service was furnished as a telehealth service from a distant site, submit claims for telehealth services using Place of Service (POS) 02: Telehealth: The location where health services and health related services are provided or received, through telehealth telecommunication technology.

• The requirement to use the GT modifier (via interactive audio and video telecommunications systems) on professional claims for telehealth services was eliminated as of 1/1/2018.
Billing And Payment For The Originating Site Facility Fee

• Originating sites are paid an originating site facility fee for telehealth services as described by HCPCS code Q3014. Bill the MAC for the originating site facility fee, which is a separately billable Part B payment.

• Therefore, for CY 2018, the payment amount for Healthcare Common Procedure Coding System (HCPCS) code Q3014 (Telehealth originating site facility fee) is 80 percent of the lesser of the actual charge, or $25.76 (The beneficiary is responsible for any unmet deductible amount and Medicare coinsurance.)
CMS expansions in telehealth reimbursement for 2018

- CMS finalized its proposal to eliminate the required reporting of the telehealth modifier GT for professional claims in an effort to reduce administrative burden for practitioners.

- CMS finalized a separate payment for CPT code 99091, which describes certain remote patient monitoring, for CY 2018. This code is payable in both non-facility and facility settings.

- Beginning in 2020, Medicare advantage plans will cover additional telehealth beyond those already covered in Medicare Part B, and some ACOs will be afforded more flexibility.
Remote Patient Monitoring

• CMS announced that it would support and reimburse providers using remote monitoring technologies beginning in 2018. Per the 2018 Physician Fee Schedule, CMS will unbundle and activate CPT code 99091 (collection and interpretation of physiologic data) from the traditional chronic care management programs. This will allow providers to be reimbursed separately for time spent collecting and analyzing health data that is generated by a patient/care-giver, digitally stored, and transmitted to the provider. A minimum of 30 minutes of time is required.

• Important guidelines for using CPT code 99091

  • Providers must obtain advance beneficiary consent for the service and document this consent in the patient’s medical record.
  • For new patients or those not seen within one year before the provision of remote monitoring services, providers must initiate these services in a face-to-face visit, such as an annual wellness visit or physical.
  • The code includes time spent accessing the data, reviewing or interpreting the data, and any necessary modifications to the care plan that result, include communication with the patient and/or her caregiver and any associated documentation.
  • This code will not be subject to any of the restrictions on originating sites or technology that telehealth services are subject to by statute, allowing users of this technology more flexibility.
Real Life Case

• A patient presents to a rural health clinic complaining of a headache. A clinical staff employee at the originating site escorts the patient to a room where the patient can interact with the provider using audiovisual equipment. The provider performs the necessary history, and a clinical staff employee obtains the clinical information, such as vital signs, requested by the provider. If the clinic has the appropriate equipment and personnel, diagnostic tests ordered by the provider are performed onsite. The provider renders a patient assessment and plan to be discussed with the patient.
Real Life Case

- During this new patient encounter, the provider performs and documents a detailed history, an expanded problem-focused exam, and moderate medical decision making. A coder reviews the medical record to ensure all code requirements are met. In this example, **99202** for the professional provider's service, place of service **02**. The originating site should send a claim using HCPCS code **Q3014**.
Commercial Payer Guidelines

• Private Payers today are embracing and reimbursing a broad range of telemedicine services.

[Links to relevant policies]


The Future of Healthcare
## Resources

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<td>List of Telehealth Services</td>
<td><a href="https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Downloads/covered-telehealth-services.zip">https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Downloads/covered-telehealth-services.zip</a></td>
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Questions?