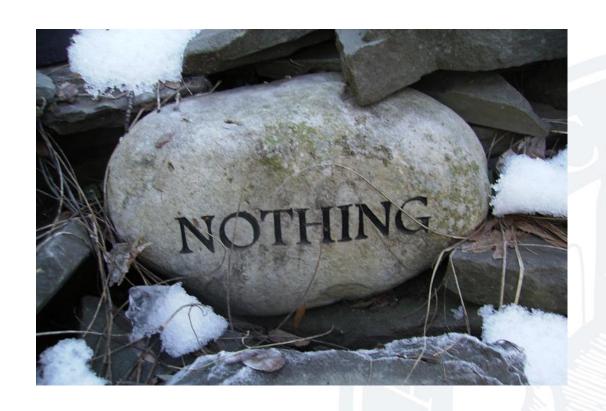
TeleMedicine: Role through COVID-19 and beyond

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Disclosures

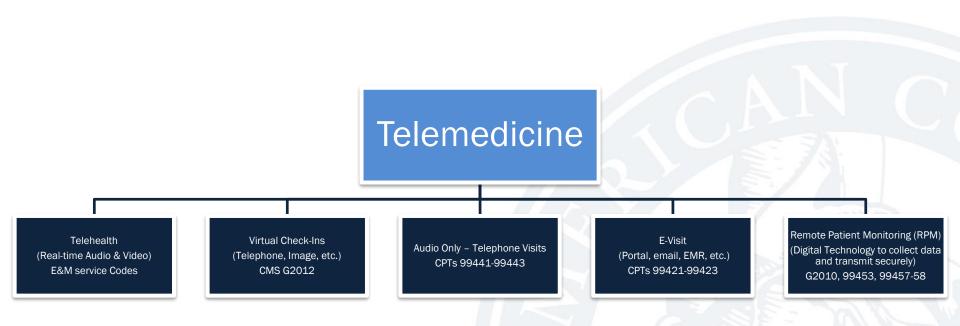








Definitions





Future of Telehealth

- CMS encourages resumption of inperson care:
- Telehealth has proven to be a lifeline
- Nothing can absolutely replace the gold standard of in-person care

- Telehealth can replace
 7% of health care
 spend
- 20% of all office/outpt spending could be done virtually
- \$3B pre COVID
- \$250B post COVID

https://www.beckershospitalreview.com/patient-flow/cms-encourages-resumption-of-in-person-care-8-things-to-know.html?origin=BHRE&utm_source=BHRE&utm_medium=email&utm_source=BHRE&utm_medium=email&oly_enc_id=9774l2150145I7D



COVID-19 Hub

Let's remember how Telehealth was

- Regulated by geographical areas
- Not approved from home
- HIPPA compliant format
- Can't cross state lines
- Billing by site of service mandated
- Could not be used for new patients
- Phone and video.....no phone only
- Etc.....

Telehealth E&M Based on Time: COVID

- Time alone may be used to select office or other outpatient E/M services codes (99202 - 99205, 99212 - 99215)
- For office/outpt services counseling and/or coordination of care does not have to dominate the service

Included in Physician/QHP Time:

- Obtaining and/or reviewing separately obtained hx.
- medically appropriate exam and/or eval
- counseling and education
- ordering medications, tests, or procedures
- documenting clinical information EHR
- independently interpreting/communicating results (not separately reported)

1



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AMA Coding Scenario Info

cms will allow telehealth office visits to be selected and documented based on total time on date of visit via CMS total time

New Patient									
	CPT Typical Time	CMS Typical Time ⁴							
99201 99202 99203 99204 99205	10 min 20 min 30 min 45 min 60 min	17 min 22 min 29 min 45 min 67 min							
Established Patient									
	CPT Typical Time	CMS Typical Time ⁴							
99212 99213 99214 99215	10 min 15 min 25 min 40 min	16 min 23 min 40 min 55 min							

https://www.ama-assn.org/system/files/2020-04/covid-19-coding-advice.pdf

CMS Telehealth Guidelines: COVID

Individual receiving the service must be located @ telehealth originating site – rural area and in a medical facility

CMS Waiver = All settings including the pts home.

What We Know? What Has Changed?

CMS "approved" list of telehealth services

CMS Waiver = these services may be provided to patients by professionals regardless of patient location. The service must be furnished by a physician or authorized practitioner

This is not changed by the waiver.

Originating Site

Services

Qualified Providers
AN



CMS Telehealth Guidelines: COVID

What We Know? What Has Changed

Service must be furnished to an eligible telehealth individual – established relationship.

CMS Waiver = a policy of "enforcement discretion".

HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency. Service must be furnished via an audio and video interactive telecommunication systems.

CMS Waiver = authorize use of telephones that have audio and video capabilities.

HHS will exercise enforcement discretion and waive penalties for HIPAA violations to serve patients in good faith through everyday communications technologies (Facetime and Skype) Services are described by HCPCS codes and paid under the Physician Fee Schedule.

Medicare uses the facility payment rate when services are furnished via telehealth.

CMS Waiver = flexibility to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.

1

Eligible Beneficiary

2

Communication

Reimbursement



Modifiers and POS

Modifiers

- ✓ GT Via Interactive Audio and Video Telecommunications systems (CAH)
- ✓ GQ Via Asynchronous Telecommunications system (Hawaii and Alaska)
- √ 95 Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications system (report only with codes from Appendix P)
- ✓ GO Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke

Place of Service

✓ 02 – Telehealth - The location where health services and health related services are provided or received, through a telecommunication system.

(*Note: This Telehealth POS code does not apply to Originating Site facilities billing a facility fee.)



Ensuring Patient Access

	Total Visits			Average visits per Day			Pre-COVID	% Pre-COVID		
Phone	Video	In Person	Total	Phone	Video	In Person	Total	Visits per day	Total	w/o phone
4	2	20	26	0.3	0.1	1.3	1.7	1.0	167%	141
4	-	4	8	0.3	-	0.3	0.5	1.2	44%	22
-	29	31	60	-	1.9	2.1	4.0	5.6	72%	72
7	-	20	27	0.5	-	1.3	1.8	2.6	69%	51
1	1	5	7	0.1	0.1	0.3	0.5	-		
34	15	37	86	2.3	1.0	2.5	5.7	8.3	69%	42
24	3	63	90	1.6	0.2	4.2	6.0	3.8	157%	115
36	1	54	91	2.4	0.1	3.6	6.1	5.1	120%	72
18	4	53	75	1.2	0.3	3.5	5.0	6.3	80%	6:
34	4	92	130	2.3	0.3	6.1	8.7	6.5	134%	99
162	59	379	600	10.8	3.9	25.3	40.0	40	99%	72



What do you need to watch

- When will the PHE Public Health Emergency expire
 - -2^{nd} 90 days ends 7/20/20
- When will the National Emergency end
- State's emergency disaster exceptions
- CMS rules and regulations
- Private payer rules
- Executive orders from State Governors
- CDC and TJC and your state public health departments



What does your crystal ball say?







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