

TeleMedicine: Role through COVID-19 and beyond

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President/CEO

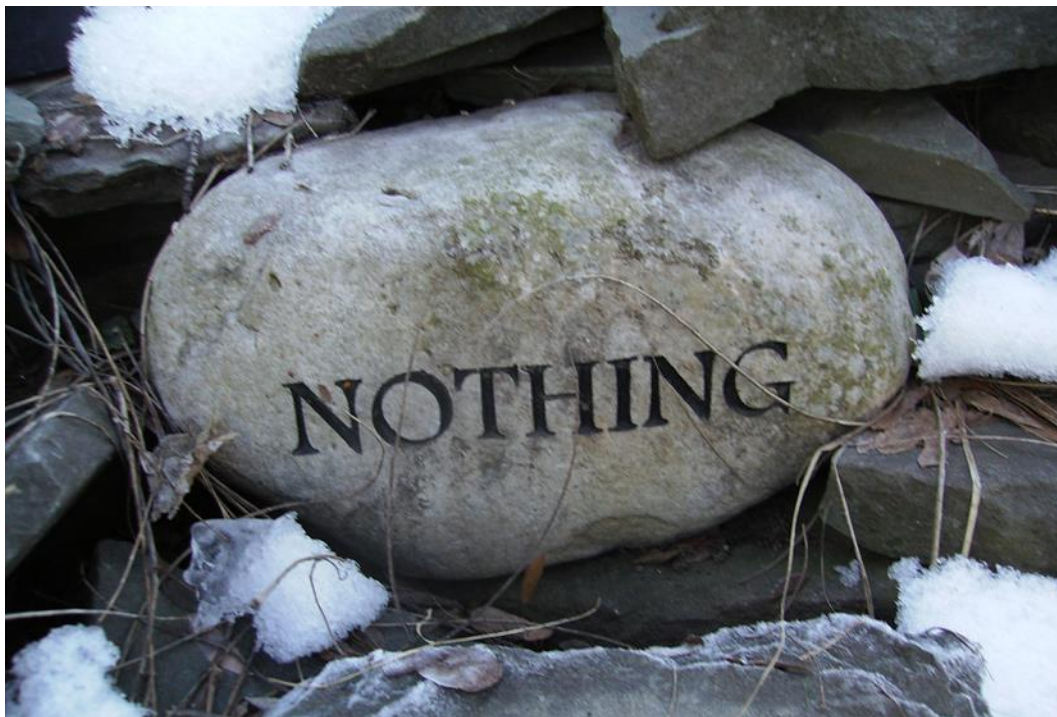
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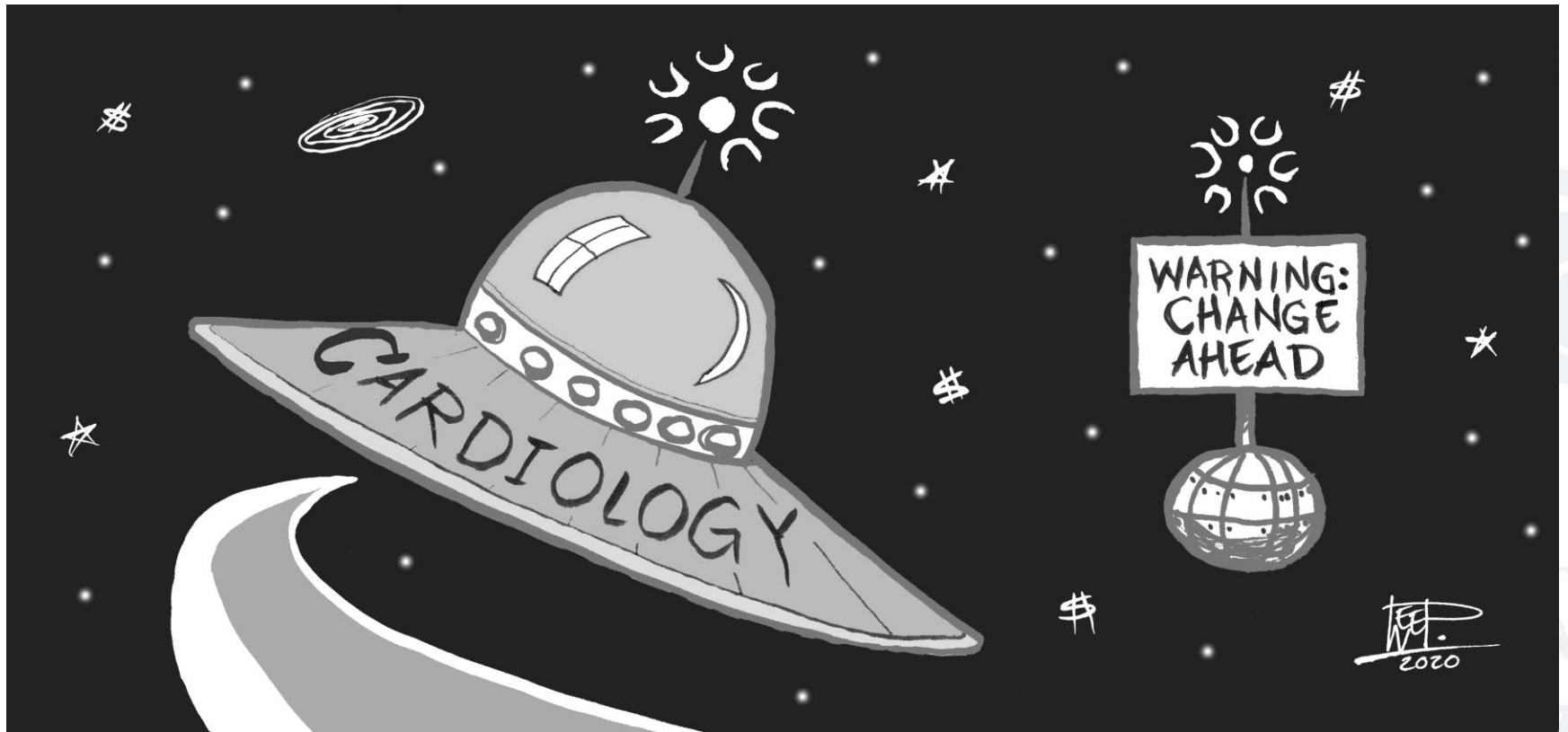


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Disclosures

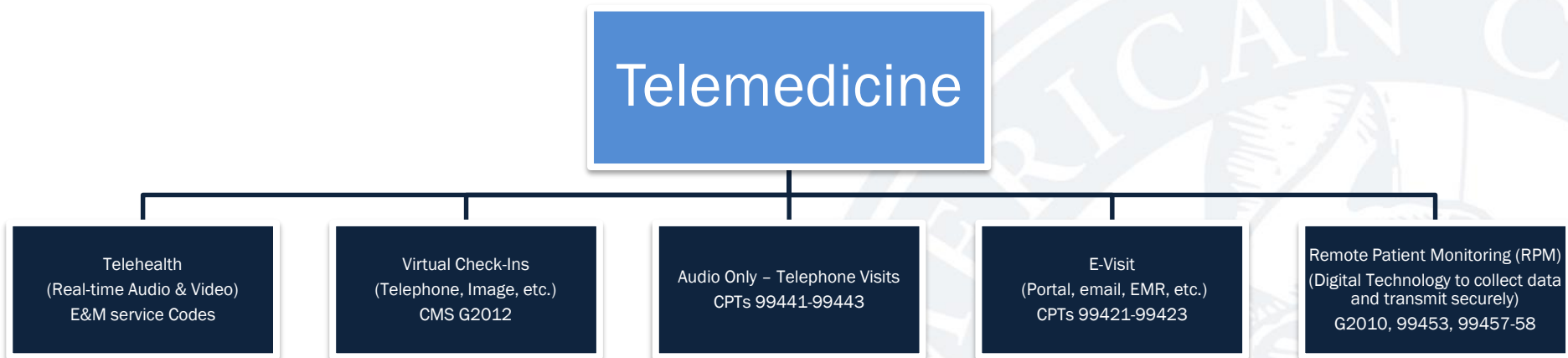


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Definitions



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Future of Telehealth

- CMS encourages resumption of in-person 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=9774I2150145I7D

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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

- 1
 - 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)

- 2



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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

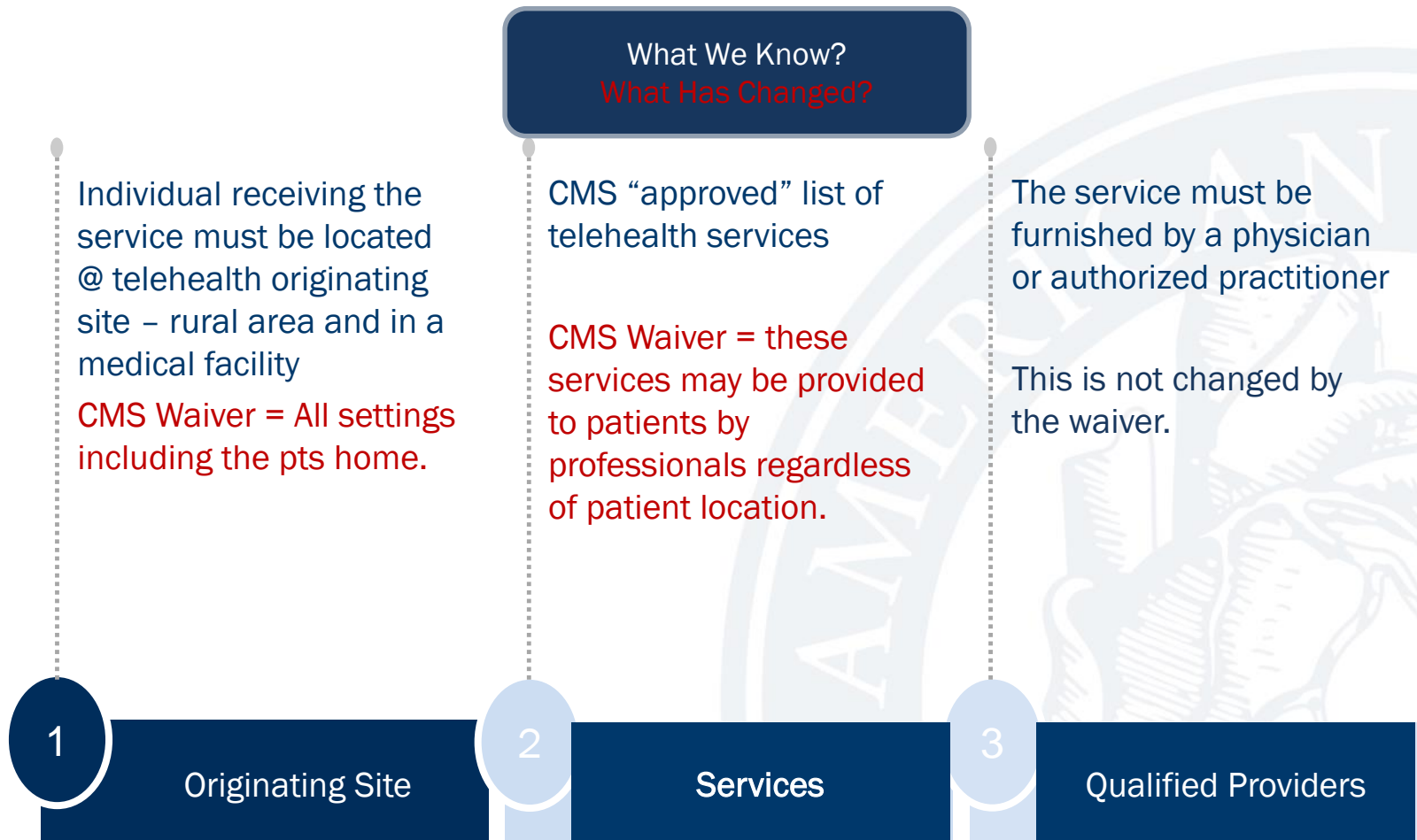
<i>New Patient</i>		
	<i>CPT Typical Time</i>	<i>CMS Typical Time⁴</i>
99201	10 min	17 min
99202	20 min	22 min
99203	30 min	29 min
99204	45 min	45 min
99205	60 min	67 min
<i>Established Patient</i>		
	<i>CPT Typical Time</i>	<i>CMS Typical Time⁴</i>
99212	10 min	16 min
99213	15 min	23 min
99214	25 min	40 min
99215	40 min	55 min

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

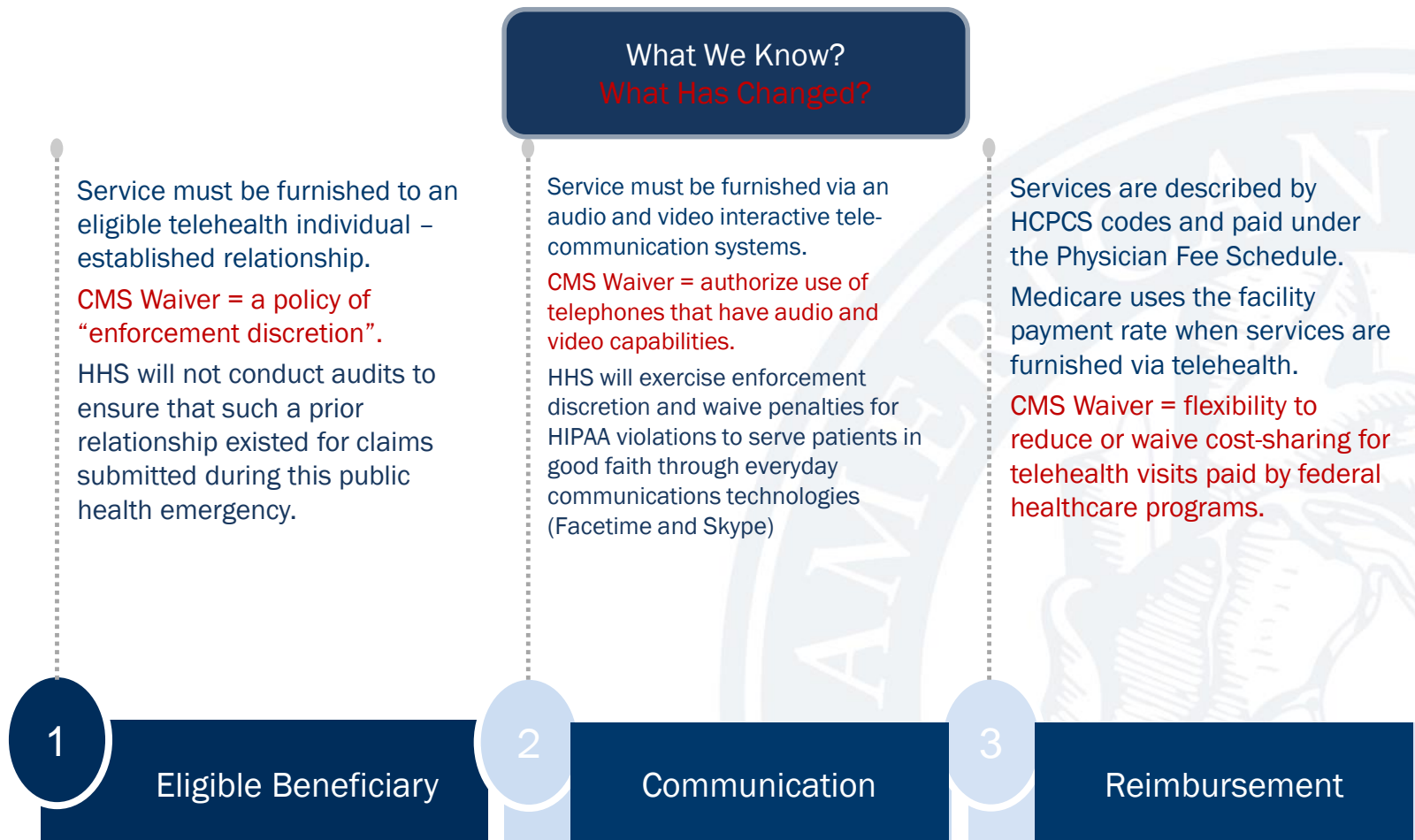


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CMS Telehealth Guidelines: COVID



• CMS Telehealth Guidelines: COVID



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)
- ✓ **G0** – 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%	61%
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
 - 2nd 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



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What does your crystal ball say?



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