Telemedicine Services

Presented by:
Traci Edwards, Director, Corporate Compliance
Jennifer Villafane, Director, Virtual Health
January 17, 2020

1

Atrium Health

- Atrium Health (formerly Carolinas HealthCare System) is one of the nation's leading healthcare organizations
- We've been serving our community since 1940, when we opened our doors as Charlotte Memorial Hospital. Since then, our network has grown to include more than 40 hospitals and 900 care locations ranging from doctors' offices to behavioral health centers to nursing homes

Our Care Continuum

At Atrium Health, we deliver the full spectrum of care, with locations and services that include:

- Hospitals
- Academic medical center
- Freestanding emergency departments
- Urgent care centers
- Physician practices
- Behavioral health centers

- Imaging centers
- Laboratories
- Pharmacies
- Nursing homes
- Home health care
- Hospice and palliative care

Atrium Health

2

Agenda

- Compliance Partnership
- Overview of Virtual Care Services Program and Strategy
- Medicare Telehealth Guidelines
- Other Technology-Based Services

Atrium Health

3

Compliance / Virtual Care Partnership

- Compliance is an organizational responsibility and maintenance of a compliance program cannot be accomplished by compliance teammates alone
- The rules are only writing on a page without the partnership of ***people*** who incorporate them into their daily work and culture.
- Without the partnership between Corporate Compliance and the Virtual Care Services team, and many other departments, the virtual care initiatives that are now available to our patients would not be possible

Atrium Health

4

Ways to be a Compliance Partner

- Build relationships! Go out and meet others in all areas of the organization
  - Ask for additional opportunities that take you out of your zone
- Ask to be included in planning, meetings, or other events that help you to stay informed about new initiatives
- Listen carefully and be a strategic partner
  - Share experience and knowledge
  - Demonstrate willingness to partner and understanding of the project

Atrium Health

5

Ways to be a Compliance Partner

- Understand the applicable regulations and make recommendations about any project changes to meet the rules vs. denying the project completely
  - Research and prepare in advance, or ask to bring information back to the group and be sure to follow up on the promise
- Understand how to apply known regulations to similar environments
- Provide service and support to others when they reach out
  - Be dependable
  - Be diligent in follow up
- Acknowledge and admit any mistakes
  - Provide recovery
- Enjoy the ride!

- **to be a Compliance Partner**

Atrium Health

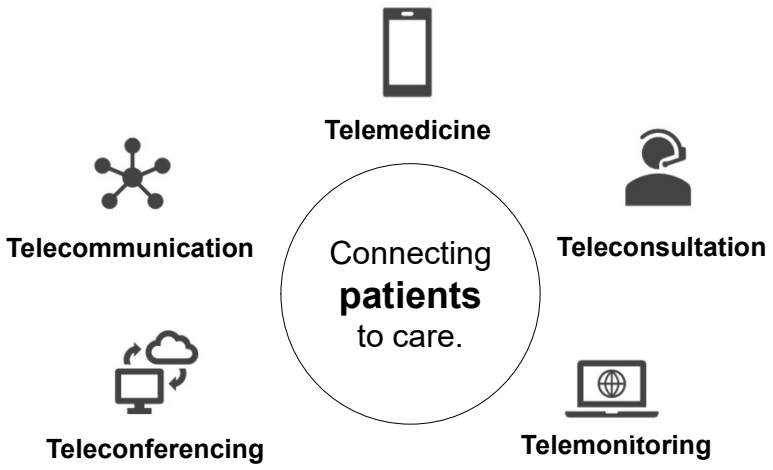
6

Virtual Health Services Program

Jennifer Villafane, Director

7

Virtual Health Defined



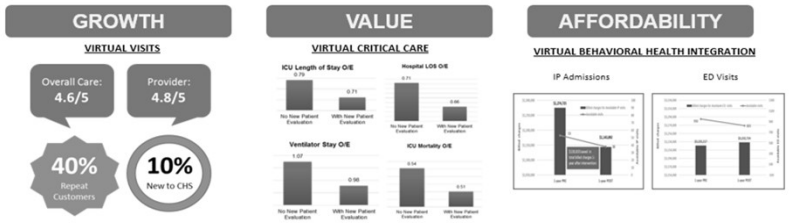
8

Atrium Health

8

Virtual Health Benefits

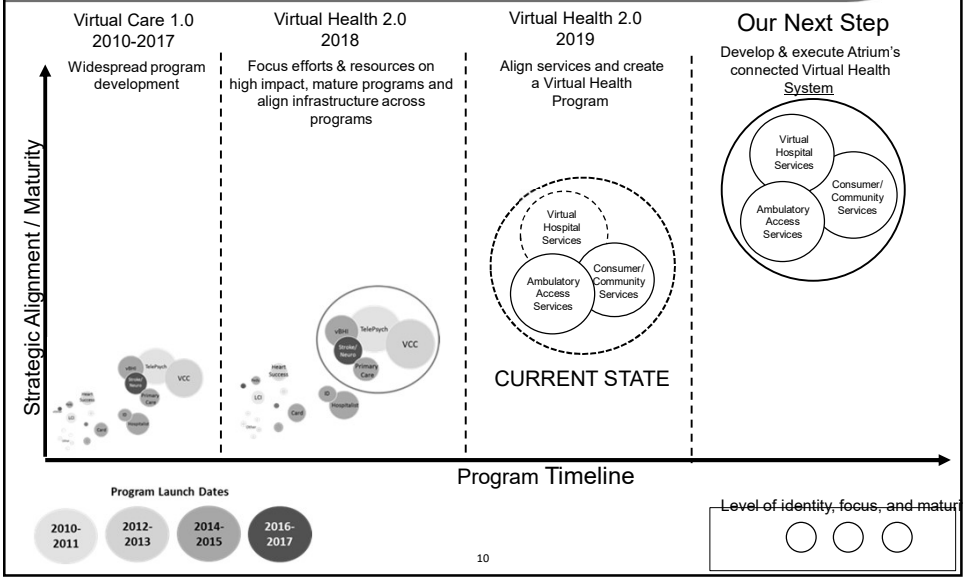
- ***Community Access to Care***
- Clinical Quality
- Unnecessary Utilization (cost of care)
- Financial Measures (for distant location)
- Patient Experience



Atrium Health

9

Our Journey

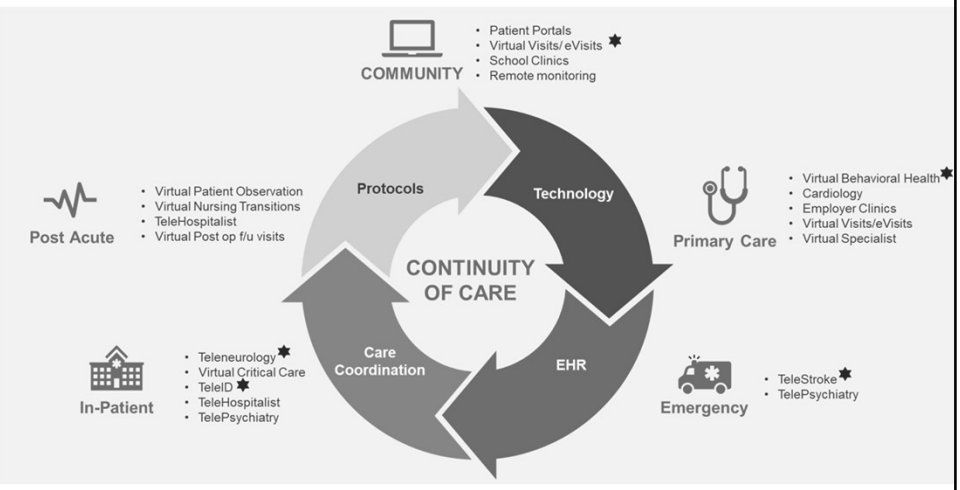


10

10

A Virtual Connected Continuum of Care

Our Goal for Patients



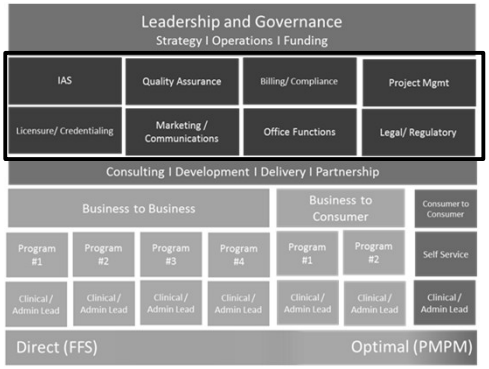
Atrium Health

11

11

Virtual Health Infrastructure

- Infrastructure areas are the foundation of Virtual Health care delivery
- Virtual programs cannot be delivered without the key teams that support the work
- Focus on aligning infrastructure across virtual programs in 2019



Care is care, but Virtual Health care delivery is different

Virtual requires new & different functions that do not exist in current infrastructure or workflow

Atrium Health

12

Virtual Health Revenue Cycle Workgroup

FOCUS AREAS	STANDARD APPROACH
Coding / Billing	1 Document current state
Documentation	2 Identify optimization opportunities
Workflow	3 Prioritize the work
Reporting	

Launched in 2018 to provide consistent oversight of all virtual health billing and develop recommendations for implementation

Atrium Health

13

Workgroup Lessons Learned

- Necessary to solve the mystery of TeleHealth
- Representation from different areas of expertise is a must
- Dedicated group is required to build out virtual health expertise
- Foundational work requires time and effort, but significant improvements in time to implementation
- Group responsibility for decision making allowed for both innovation and standardization

Atrium Health

14

CMS Telehealth Guidelines

Traci Edwards, Director

15

Telehealth, Telemedicine, Virtual Care???

- Language varies among payers and industry
- Coding and billing is determined by technology, patient location, and patient initiation vs. provider initiation
- **Medicare:** "Telehealth" services are provided via 2-way, real-time audio and visual technology, provider initiated, and also meet a set of defined criteria for patient location. Telehealth list of services are services that are performed face to face that are reviewed by CMS and determined to be deliverable via telehealth.
- Other payers vary in coverage and guidelines

Atrium Health

16

Medicare Telehealth Services

- List of approved services that may be performed via telehealth and reimbursed by Medicare
  - See CMS List of Telehealth Services for 2020
  - Services updated and effective each year on January 1
- Medicare recognizes HCPCS G codes for telehealth ED, Inpatient consults, and Critical Care consults
  - CPT consult codes (99241-99245, 99251-99255) are recognized by Medicaid and some managed care payers
- Other approved services recognized by usual CPT or HCPCS codes
- In order to meet a "face to face" requirement (DME), a telehealth visit must meet all Medicare criteria

Atrium Health

17

Medicare – Originating Site

Originating site = location of patient

County outside of Metropolitan Statistical Area (MSA)

OR

A Rural Health Professional Shortage Area

AND

Patient must also be in an approved facility type

Medicare Telehealth Payment Eligibility Analyzer (located on CMS website) allows you to enter address information to confirm if eligible for payment

Each calendar year, the geographic eligibility of an originating site is determined based on the status of the area as of December 31st of the prior calendar year. Such eligibility continues for the full calendar year.

Atrium Health

18

Medicare – Originating Site /Approved Facility Types

- Physician or Practitioner office
- Hospital
- Critical Access Hospital (CAH)
- Rural Health Clinic (RHC)
- Federally Qualified Health Center (FQHC)
- Skilled Nursing Facility
- Hospital-based or CAH-based Renal Dialysis Centers (or satellites)
  - **Note**: Independent Renal Dialysis Facilities are not eligible sites

Atrium Health

19

Distant Site Providers

Distant Site = Location of Provider performing service

- Service must be performed by approved practitioner within limits of their scope of practice and billing protocol
  - Physician
  - Nurse Practitioner
  - Physician Assistant
  - Nurse Midwife
  - Clinical Nurse Specialist
  - Certified Registered Nurse Anesthetist
  - Clinical Psychologist and Clinical Social Worker
    - Limited to services that do not include E/M or medical services
  - Registered Dietician

Distant site provider must be licensed in the state where the patient is presenting for care

Atrium Health

20

Documentation of Services

- All services that are billed should be documented in accordance with individual CPT/HCPCS code requirements, as if performed face to face with patient

- ***Additional*** documentation should include:
  - Service performed via telehealth – 2-way, real-time audio visual technology
  - Location of patient
  - Location of provider
  - Names of referring and consulting providers
  - Names of providers or other professionals assisting with patient

Atrium Health

21

Place of Service

- Effective January 1, 2017, CMS added a new place of service code specifically for telehealth services that must be used for all telehealth claims that meet CMS telehealth criteria

  - **POS 02** – Telehealth – the location where health services and health-related services are provided or received, through telehealth telecommunication technology

  - **Note**: All services reported with POS 02 are reimbursed at the facility rate

Other payers may not accept and may require the POS of the originating site where the patient presented

Atrium Health

22

Telehealth Modifiers

- There are 2 modifiers associated with telehealth services

Modifier	Description
-GT	Via interactive audio and video telecommunication systems Recognized by NC and SC Medicaid as well as many managed care payers. Recognized by Medicare for Critical Access hospital claims
-95	New CPT modifier in 2017. Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system

Atrium Health

23

Liability Modifiers

- -GY modifier is appended to services that are performed at non-eligible originating sites
  - Does not meet facility type or geographic criteria
  - An ABN should be obtained in non-emergent cases
  - -GX modifier is appended after –GY when an ABN is obtained

Modifier	Description
-GY	Item or service is statutorily excluded, does not meet the definition of any Medicare benefit, or for non-Medicare insurers, is not a contract benefit
-GX	Notice of liability issued, voluntary under payer policy

Atrium Health

24

Initial Inpatient/ED Telehealth Consults

- Specific G codes to represent telehealth consults for Medicare beneficiaries in the ED and inpatient settings
- Telehealth consults require documentation of elements, and not just time (*Medicare Claims Processing Manual – Ch. 12- 190.3.2*).

HCPCS Code	Description
G0425	Telehealth consultation, ED or initial inpatient, typically 30 mins communicating with patient via telehealth
G0426	Telehealth consultation, ED or initial inpatient, typically 50 mins communicating with patient via telehealth
G0427	Telehealth consultation, ED or initial inpatient, typically 70 minutes communicating with patient via telehealth

Atrium Health

25

Documentation Criteria

Telehealth Consults - ER, IP (Must meet all 3 key elements)	History				Exam			MDM
Code/Description	**HPI**	**ROS**	**PFSH**	**Description**	**1995**	**1997**	**Description**	**Description**
G0425	1	n/a	n/a	**Problem-Focused**	1 organ system	1-5 elements	**Problem-Focused**	**Straightforward**
G0426	4	2	1	**Detailed**	2-7 organ systems in detail	2 elem of 6 organ systems or 12 elements of 2 organ systems	**Detailed**	**Moderate**
G0427	4	10	3	**Comprehensive**	8 organ systems	2 elements of 9 organ systems	**Comprehensive**	**High**

Atrium Health

26

Follow-Up Inpatient Telehealth Consults

- Follow-up consult = Request by physician of record for an *additional* consult due to new condition, worsening, or failure to respond to initial treatment. This code should not be reported for regular inpatient follow up by specialists
  - Subsequent Hospital Care – reportable once every 3 days (CPT 99231-99233)

HCPCS Code	Description
G0406	Follow-up inpatient consultation, limited, physicians typically spend 15 mins communicating with the patient via telehealth
G0407	Follow-up inpatient consultation, intermediate, physicians typically spend 25 mins communicating with the patient via telehealth
G0408	Follow-up inpatient consultation, complex, physicians typically spend 35 mins communicating with the patient via telehealth

Atrium Health

27

Documentation Criteria

Telehealth Subsequent Hospital Follow-Up (Must meet 2 of 3 key elements)	History				Exam			MDM
Code/Description	HPI	ROS	PFSH	Description	1995	1997	Description	Description
G0406	1	n/a	n/a	Problem-Focused	1 organ system	1-5 elements	Problem-Focused	Straightforward
G0407	1	1	n/a	Expanded PF	2-7 organ systems	6 or more elements	Expanded PF	Moderate
G0408	4	2	1	Detailed	2-7 organ systems in detail	2 elem of 6 organ systems or 12 elements of 2 organ systems	Detailed	High

Atrium Health

28

Critical Care Telehealth Consults

- Represents case where a specialty physician with critical care expertise is directing a bedside MD/ACP and staff who are managing a critically-ill patient
  - Time-based service based on time interacting with patient, family, and onsite providers

HCPCS Code	Description
G0508	Telehealth consultation, Critical Care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth (effective for services furnished on and after January 1, 2017)
G0509	Telehealth consultation, Critical Care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth (effective for services furnished on and after January 1, 2017)

Atrium Health

29

Documentation Criteria

- Critical care consult codes created due to difference from face to face critical care (CPT 99291-99292)
  - Numerous "bundled" services in face to face codes
- Documentation of exam and history performed, but focus is on evaluation of critically ill patients that are being treated by providers who are not critical care specialists (ie, stroke patients presenting to the ED, surgery patients, etc)
- Time – advice and coordination with provider who is with patient is the controlling factor of this visit
  - Time spent with patient/family/providers in telehealth interaction should be documented in note

Atrium Health

30

Originating Site Facility Fee

- In addition to the professional charges submitted by the consulting provider, CMS allows the originating site facility to report this service under Part B when all CMS telehealth criteria are met
  - Facility code pairing with professional code

Q3014 – Telehealth originating site facility fee

The originating site must be located in a Medicare approved geographic location in order to report this service.

Atrium Health

31

Telestroke and ESRD Services

- Last year, proposal was finalized to allow additional telehealth benefits to ESRD (End-Stage Renal Disease) and acute stroke symptom patients:

ESRD
- Renal Dialysis sites and ESRD patient homes added to the list of approved originating sites
- Removed requirement to meet CMS geographic site restrictions

Acute Stroke (Telestroke)
- Removed geographic restrictions for professional acute stroke telehealth encounters; facility payment still restricted
  - New Modifier – G0(zero) – appended to both professional code and Q3014 facility code for telestroke encounters for diagnosis and treatment of acute stroke symptoms
- Added Mobile Stroke Unit to list of approved originating sites

32

Atrium Health

32

Telehealth – 2020 Updates

- Three (3) new codes added to CMS Telehealth List for the face to face portion of bundled services for treatment of opioid use disorders
- SUPPORT Act removed the Medicare telehealth geographic restrictions for individuals diagnosed with a substance use disorder for the purpose of treating SUD or co-occurring mental health disorder (effective 7/1/19)
  - Originating site can be any telehealth site (except renal dialysis centers), including the patient's home

Atrium Health

33

Telehealth – 2020 Updates

HCPCS Code	Description
G2086	Office-based treatment for opioid use disorder, including development of a treatment plan, care coordination, individual therapy and group therapy and counseling; at least *70 minutes* in the first calendar month
G2087	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least *60 minutes* in a subsequent calendar month
G2088	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; *each additional 30 minutes beyond the first 120 minutes* (List separately in addition to code for primary procedure).

Atrium Health

34

Notes on Medicaid and Managed Care

- Not all Managed Care payers reimburse telehealth services, and those policies that exist, vary widely
- The companies below have policies/reimburse for services
  - United Healthcare
  - Aetna
  - BCBS NC
- State Medicaid policies and covered services differ from CMS guidelines. NC, SC, and GA all have published telemedicine policies that should be reviewed prior to establishing telemedicine programs.

Atrium Health

35

Technology-Based Services

Traci Edwards, Director

36

Technology-Based Services

- Services that involve utilization of technology, and are described as such by code definition
- Not “telehealth”, and billing does not use in-person CPT codes
  - CMS telehealth rules do not apply
  - Do not meet the CMS requirement for a face to face visit, when required
- Varying documentation and billing criteria
  - Important to read code descriptions and parenthetical notes
  - Review application for bundling issues

Atrium Health

37

Virtual Check In Visits – HCPCS G2012

Effective in 2019, Medicare covers a “virtual check-in” service when:

- The virtual check-in service is furnished to an **established** patient and furnished by a physician or ACP
- Verbal consent to perform the service is obtained from patient (since patient will be sharing in the cost of this service - e.g., co-pay) and noted in the medical record;
- The virtual check-in service does not originate from a related E/M service provided within the previous seven (7) days nor lead to an office visit or procedure within the next 24 hours (or soonest available appointment);
- The communication technology used to furnish the virtual check-in service limited to:
  - Audio-only real-time telephone interactions or
  - Synchronous, two-way audio interactions enhanced with video or other kinds of data transmission
- The virtual check-in service is medically necessary and consists of 5-10 minutes of medical discussion.

Atrium Health

38

Remote Evaluation of Pre-Recorded Patient Information – HCPCS G2010

Effective CY2019, Medicare will pay for a remote evaluation of pre-recorded patient information when:

- The patient submitting the image or video is "established" with the physician/ACP who is remotely evaluating the image or video (e.g., dermatology, ophthalmology)
- Consent to perform the service is obtained from the patient (since patient will be sharing in the cost of this service - e.g., co-pay) and noted in the medical record;
- The pre-recorded patient information is sufficient for the physician/ACP to fully furnish a remote evaluation service;
- The physician/ACP follows-up with the patient within 24 hours.
- The remote evaluation of pre-recorded patient information does not originate from a related E/M service provided within the previous seven (7) days nor lead to an office visit or procedure within the next 24 hours (or soonest available appointment).

Medicare plans to monitor the use of these codes to determine whether a frequency limitation may need to be imposed in the future

Atrium Health

39

RHC/FQHC – Technology-Based Service

Code	Description
G0071	Payment for communication technology-based services for 5 mins or more of a virtual (non-face-to-face) communication between a RHC or FQHC practitioner and RHC or FQHC patient, or 5 mins or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only

40

Atrium Health

40

Interprofessional Consultations

In 2019, procedure status changed from “B” (Bundled) to “A” (Active) for codes 99446, 99447, 99448, and 99449. Codes 99451 and 99452 *were new in 2019*.

Separate payment for interprofessional consultation services when:

- The interprofessional consultation service is reasonable and necessary and is for the benefit of the patient and can be distinguished from activities undertaken for the benefit of the physician/ACP, such as information shared as a professional courtesy or as continuing education;
- Consent to perform the service is obtained from the patient by the treating physician/ACP (since the patient will be sharing in the cost of this service - e.g., co-pay) and noted in the medical record;
- The consultant submits one of the interprofessional consultation codes to report his/her interprofessional telephone/internet consultation (assessment/management service) for a patient where the treating physician/ACP requested his/her opinion or advice.

Atrium Health

41

Interprofessional Consultations

Code	Description
99451	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician including a written report to the patient’s treating/requesting physician/ACP, 5 or more minutes of medical consultative time
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician/ACP, 30 minutes
99446	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient’s treating/requesting physician/ACP; 5-10 minutes of medical consultative discussion and review
99447	>11-20 minutes of medical consultative discussion and review
99448	>21-30 minutes of medical consultative discussion and review
99449	>31 minutes or more of medical consultative discussion and review

Atrium Health

42

Consent for Communication Technology-Based Services - 2020

- CMS approved obtaining a *yearly* consent from patients who choose to receive Communication Technology-Based Services listed below:
  - HCPCS G2010 – Remote evaluation of recorded video and/or images submitted by an established patient…
  - HCPCS G2012 – Brief communication technology-based service, e.g., virtual check in, by a physician or other qualified healthcare provider who can report evaluation and management services…
  - CPT 99446-99499, CPT 99451-99452 – Interprofessional telephone/internet/ EHR consult service

Atrium Health

43

Online Digital Evaluation Services - 2020

- Medicare has now assigned payment for patient-initiated digital communications
  - **eVisit** – Secured e-mail or EHR platform
  - **Virtual visit** – Patient connects via personal device thru secured platform or app
  - Requires HIPAA compliant system
  - Requires documentation of time
- CPT 99444 deleted; 3 new codes to replace
- CPT 98969 deleted; 6 new codes to replace

Atrium Health

44

Virtual Visits and E-Visits

- Do not report when service originates from a related E/M service performed/reported within the previous 7 days, or for a related problem within a postoperative global period
- Do not report when included in other type of remote monitoring, or care management
  - Time for this service is exclusive and should not be reported with another service
- Documentation must reflect the medical necessity of the service

Atrium Health

45

Online Digital Evaluation Services

- Reported when physician or APP is performing service (all payers) (replaces CPT 99444)

CPT Code	Description
99421	Online digital evaluation and management service for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
99422	; 11-20 minutes
99423	; 21 or more minutes

Atrium Health

46

Online Digital Evaluation Services

- Reported when service is performed by "Qualified Nonphysician Health Care Professional" – a licensed professional who cannot report E/M services (nurse, CRNA, therapists, dieticians, etc.)
- Managed Care

CPT Code	Description
98970	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
98971	;11-20 minutes
98972	;21 or more minutes

Atrium Health

47

Online Digital Evaluation Services (Medicare)

- ***Medicare*** HCPCS codes when service is performed by "Qualified Nonphysician Health Care Professional" – a licensed professional who cannot report E/M services (nurse, CRNA, therapists, dieticians, etc.)

HCPCS Code	Description
G2061	Qualified nonphysician health care professional online *assessment and management*, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
G2062	;11-20 minutes
G2063	;21 or more minutes

Atrium Health

48

Digitally Stored Data Services – Remote Physiologic Monitoring

- Used to report remote physiologic monitoring services (weight, blood pressure, pulse oximetry) during 30 day period
- Device must be defined as medical device by the FDA
- Service must be ordered by physician or APP
- Do not report when service is included in other codes

CPT Code	Description
99453	Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set up and patient education on use of equipment
99454	Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days

Atrium Health

49

Digitally Stored Data Services – Remote Physiologic Monitoring

- See the CPT parenthetical notes for bundling of this service
- Do not report if a more specific code exists (cardiographic or continuous glucose monitoring)
- Do not report in the same calendar month as care plan oversight, or remote physiologic monitoring

CPT Code	Description
99091	Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days

Atrium Health

50

Digitally Stored Data Services – Remote Physiologic Monitoring

- See CPT parenthetical notes for bundling and accurate reporting
- Not Ambulatory Blood Pressure Monitoring and should not be reported in the same calendar month, or other remote physiologic monitoring services

CPT Code	
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration
99474	Separate self-measurements of two readings, one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient

Atrium Health

51

Remote Physiologic Monitoring Treatment Management Services

- Provided when clinical staff / physician / APP use the results of remote physiologic monitoring to manage a patient under a specific treatment plan
- Device must be defined as medical device by the FDA
- Service must be ordered by physician or APP
- May be reported with care plan management, behavior health integration, and transitional care management
- Time must be exclusive to this service and cannot overlap with time reported for other services. No time may be counted on day that E/M service is reported.

CPT Code	Description
99457	Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes
+99458	; each additional 20 minutes

Atrium Health

52

Resources

- CPT 2020 Professional Edition
- Medicare Claims Processing Manual, Ch. 12, Section 190
- Medicare Telehealth Fact Sheet – January 2019
- CMS Telehealth Services List 2020
- Palmetto GBA – “Telehealth Services” article – Published 9/6/18
- NC Medicaid – Telemedicine and Telepsychiatry Clinical Coverage Policy 1H – March 15, 2019
- SC Medicaid – Telemedicine section – Section 2 – Policies and Procedures – Physicians Provider Manual, pgs. 2-34 to 2-39
- Telemedicine Guidance – Georgia Department of Community Health, 7/1/19

Atrium Health

53

54