Billing, Coding and Compliance

PAST, PRESENT, FUTURE

Disclaimer

- Presentations are intended for educational purposes only and do not replace independent professional judgment. While we have taken every precaution to ensure that the content of this session is both current and accurate, errors can occur. This power point should not be the only source used to make decisions. This presentation is a summary only and is not meant to cover all areas.

Past – telemedicine prior to 3/2020

Prior to the declared public health emergency (PHE),coverage of telehealth services under traditional Medicare was limited to:

- Beneficiaries had to live in rural areas.
- Limitation to where the patient had to be located.
- Restrictions on the type of provider that could perform telehealth services.
- Restriction on the types of services that could be performed.
- Had to be audio/video
- Patients had to have an established relationship with the provider within the previous three years.
- Written consent had to be obtained prior to a telehealth encounter

What were some of the changes under the 1135 Waiver?

- The patient did not have to be in a rural location
- The patient could receive services in their own residence
- A broader spectrum of providers and professionals can perform telehealth (such as physical therapists)
- Addition of 144 services
- Medicare started allowing for audio only for some services and started processing for audio only calls at the same level as if the service was face-to-face
- New patients could be seen via telehealth
- Consent is still required but can be obtained verbally at the time of the encounter
- Provider, temporarily, did not have to be licensed in the state where the patient was located
- Patient could use facetime or front facing applications (though was not recommended)

Consent for Treatment

- Patients need to be notified of the possibility of HIPAA breaches
- The consent needs to document the type of technology used (audio/video, audio only)
- Where the patient and provider are located
- The patient can terminate the visit
- Verbiage that the patient agrees to the terms

Future of Telemedicine – after the end of the PHE

What is staying:

- Services for patients located in a geographical rural area and an eligible originating site (i.e., in most cases not the patient's residence).
- Medicare reimbursement for mental health telehealth services (including audio-only services in some cases), provided that there is an in-person visit within the first six months of initial telehealth visit and every 12 months thereafter.
- Medicare reimbursement to federally qualified health centers and rural health clinics.

Future (cont.)

What goes right away:

- Reimbursement of some Medicare telehealth services will expire when the PHE ends (such as group psychotherapy and phone E/M codes 99441-99443) , others have been extended through the end of 2023 (such as some occupational and physical therapy service codes, emergency department visit, and nursing facility discharge day). See CMS telehealth service list for exact codes.
- During the emergency, providers were able to prescribe controlled substances without an in-person examination. This flexibility will expire with the end of the PHE, requiring providers to adhere to strict rules. In most cases this will require a patient to be located in a doctor office or hospital registered with the DEA to be prescribed a controlled substance via telehealth.

What is still unclear

- During the COVID public health emergency, HHS Office for Civil Rights (OCR) applied enforcement discretion to telehealth providers, allowing them to utilize any non-public facing remote communication product, even if they don't fully comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Since this decision was made administratively, OCR has the ability to keep this policy OR allow it to expire when the PHE ends.
- Many state-based policies will vary depending on the end of a given state's public health emergency and/or state of emergency and may or may not be tied to the end of the federal public health emergency. Policies that fall under state jurisdiction include Medicaid reimbursement, private payer insurance reimbursement and waivers that allowed out-of-state licensed providers to practice within a given state due to the emergency circumstances. Visit CCHP's COVID policy tracker for more information on state-based policies.

Pitfalls encountered

Providers can be reluctant to change

Verify the service location – are they clinic or hospital based?

Provider and patient should be in “confidential” areas due to HIPAA.

Remind providers that telehealth is the same as an in-person encounter. Do not take phone calls during the telehealth encounter.

Key suggestions

Review	Review the state's laws on telemedicine. A good link is: states-waiving-licensure-requirements-for-telehealth-in-response-to-covid-19.pdf (fsmb.org)
Sign up	Sign up for email notifications from Medicare, other payers, Kentucky Medical Association •www.CMS.gov, www.kyma.org
Bring in	If you are not sure where to start, bring in an outside/independent person who is knowledgeable in telehealth to talk about processes
Create	Create a telemedicine policy and process for your practice, or if you have already, ensure that they have clearly defined expectations
Perform	Perform "dry run" appointments to test your telehealth processes and tweak areas that need improvement
Network	Network with others at different practices/enterprises
Audit	Audit your provider's documentation and services billed

Telehealth for RHCs and FQHCs

Pre-COVID Telehealth for RHC/FQHC

- Prior to COVID, RHCs/FQHCs could **only** serve as the *originating site* for telehealth services
  - Q3014 = $23.17 from Medicare
- Patient home was statutorily excluded as an originating site.
- Had to be located in a non-urbanized area, and had to be in a HPSA

Effects of 1135 Waiver for RHCs/FQHCs

- Effective January 27, 2020 – RHCs and FQHCs can serve as the *distant site* for telehealth services ***during the COVID-19 PHE***
  - Payment = $92.03 (when first established; now $97.24)
- Patient may be seen for telehealth in their home
- Provider may provide telehealth from their home, so long as it is during RHC/FQHC hours
- Expansion of services that qualify for telehealth reimbursement
  - Includes audio only visits
  - Qualifying services updated quarterly by CMS

Billing Changes for RHCs w 1135 Waiver

January 27 – June 30, 2020

Revenue Code	HCPCS Code	Modifiers
052X	G2025	CG (required) 95 (optional)

July 1, 2020 – PHE Expiration

Revenue Code	HCPCS Code	Modifiers
052X	G2025	95 (optional)

Billing Changes for FQHCs w 1135 Waiver

January 27 – June 30, 2020

Revenue Code	HCPCS Code	Modifiers
052X	G0467 (or other appropriate FQHC Specific Payment Code	N/A
052X	99214 (or other FQHC PPS Qualifying Payment Code)	95
052X	G2025	95

July 1, 2020 – PHE Expiration

Revenue Code	HCPCS Code	Modifiers
052X	G2025	95 (optional)

Future of Telehealth for RHCs/FQHCs

The good news!

- Mental Health services provided via telehealth have now been de-linked from the 1135 expanded flexibilities

What does that mean?

- Mental health services provided as distant site telehealth services in RHCs and FQHCs are now permanent, and will be reimbursed the same as an in-person visit

The not so good news…

- All other approved distant site services are still set to expire once the PHE expires

Billing for Mental Health Telehealth in RHC/FQHC

Effective January 1, 2022

RHC Claims for Mental Health Visits via Telehealth

Revenue Code	HCPCS Code	Modifiers
0900	90834 (or other Qualifying Mental Health Visit Payment Code)	95 (audio-video) or FQ (audio-only) CG (required)

FQHC Claims for Mental Health Visits via Telehealth

Revenue Code	HCPCS Code	Modifiers
0900	G0470 (or other appropriate FQHC Specific Mental Health Visit Payment Code)	95 (audio-video) or FQ (audio-only)
0900	90834 (or other FQHC PPS Qualifying Mental Health Visit Payment Code)	N/A

Telehealth Pitfalls for RHCs/FQHCs

Different billing requirements and payment structures for mental health services versus medical services

Modifier 95 has a different meaning for mental health telehealth than it does for medical visits conducted via telehealth

Application of modifier CG is not consistent for telehealth services

Covered distant site services can change quarterly

Medicare and Medicaid have different approved provides for telehealth services

Distant site and originating site definitions are different for Medicare than for Medicaid

More Telehealth Pitfalls for RHC/FQHC

For medical services – since these are reported under G2025, we are not tracking the actual services provided at the CPT code level

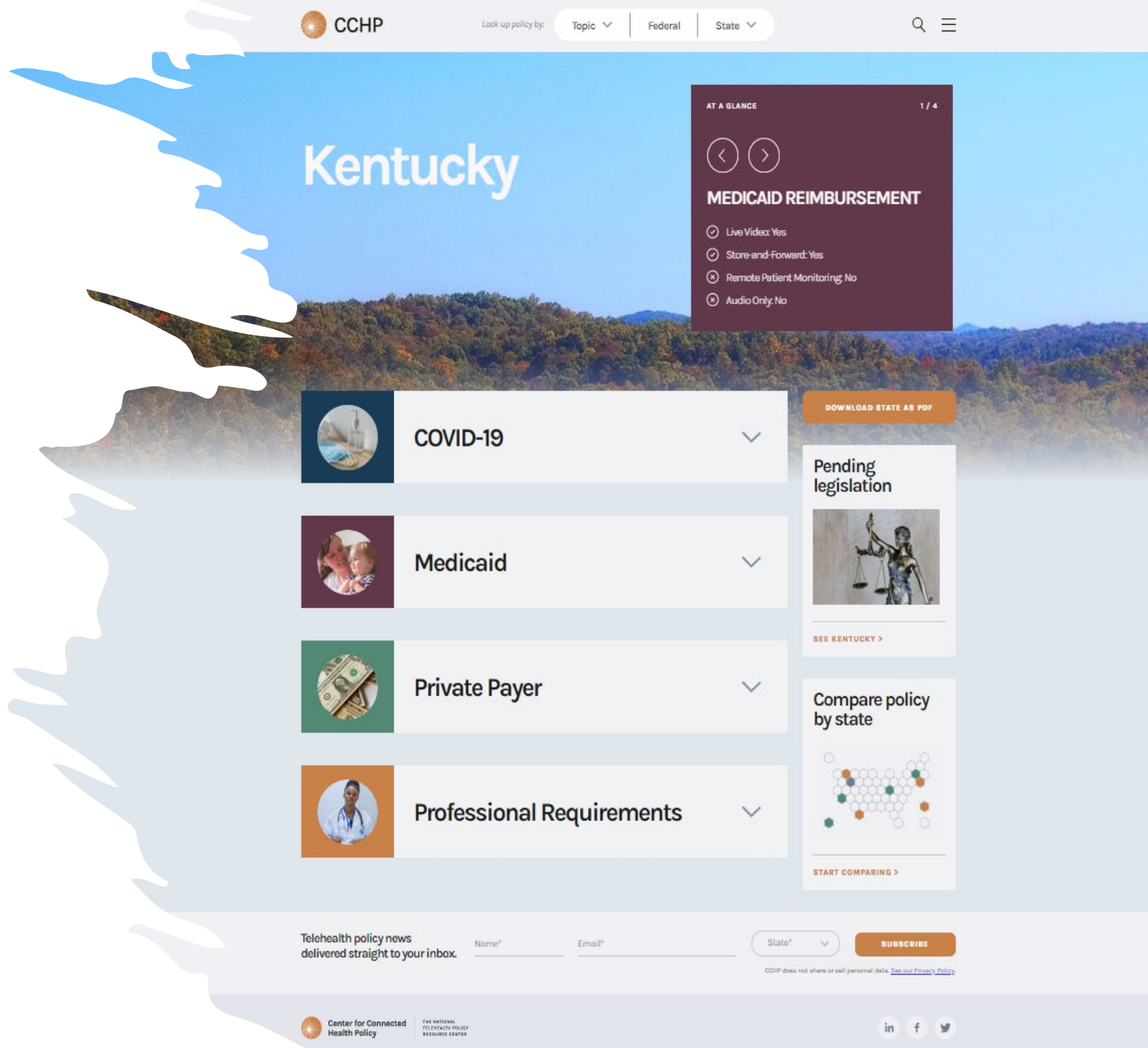
Many clinics implemented telehealth quickly at the start of the PHE – was this really done compliantly? Would you pass an audit?

For health systems that have multiple provider types under one umbrella, it is hard to keep up with the ever-changing, and vastly different billing requirements for each different facility type

Unless CMS makes regulatory changes, the telehealth flexibilities allowed under the 1135 waiver will expire 151 days after the expiration of the PHE (everything goes back to the way it was before, except for mental health)

Having trouble keeping up with policy changes?

- Center for Connected Health Policy: https://www.cchpca.org/kentucky/
- Filter by State or Federal regulations
- View pending legislation
- View information specific to COVID-19, Medicaid, or Private Payers



Telehealth Resources:

- CMS Telehealth Landing Page: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth
- CMS MLN Home Page: http://go.cms.gov/MLNGenInfo
- https://www.aafp.org/journals/fpm/explore/online/virtual_visits.html
- Federal Register – Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency: https://www.federalregister.gov/documents/2020/04/06/2020-06990/medicare-and-Medicaid-programs-policy-and-regulatory-revisions-in-response-to-the-covid-19-public
- AMA Special Coding Advice During COVID-19 Public Health Emergency: https://www.ama-assn.org/system/files/covid-19-coding-advice.pdf

Telehealth Resources:

- New & Expanded Flexibilities for RHCs and FQHCs during the COVID-19 PHE: https://www.cms.gov/files/document/se20016-new-expanded-flexibilities-rhcs-fqhcs-during-covid-19-phe.pdf
- COVID-19 Frequently Asked Questions on Medicare Fee-for-Service (FFS) Billing: https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf
- Mental Health Visits via Telecommunications for RHCs & FQHCs: https://www.cms.gov/files/document/se22001-mental-health-visits-telecommunications-rural-health-clinics-federally-qualified-health.pdf
- Center for Connected Health Policy: https://www.cchpca.org/
- C2C – Telehealth Provider Toolkit: https://www.cms.gov/files/document/telehealth-toolkit-providers.pdf

Thank you

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