Delaware Valley ACO Telehealth Toolkit for Nursing Homes

COVID-19 Public Health Emergency: Telehealth Services

On March 17, 2020, CMS stated that it will immediately expand coverage for telemedicine nationwide. Under Section 1135 of the Social Security Act, CMS temporarily waives certain Medicare, Medicaid, SCHIP, HIPAA requirements. The waiver temporarily eliminates the requirement that the originating site must be a physician's office or other authorized healthcare facility and allows Medicare to pay for telehealth services for patients that are in their homes, nursing homes/SNFs, or any setting of care. The waiver is expected to expire when the underlying emergency/disaster declaration terminates.

What Physicians Need to Know

Items that are <u>temporarily waived/suspended</u> through the blanket waiver

- Requirements that out-of-state providers be licensed in the state where they are providing services when they are licensed in another state (this applies to Medicare and Medicaid)
- Requirements for certain pre-admission and annual screenings for nursing home residents
- Nursing homes do not need to apply for a waiver to use telehealth services

<u>As of 4/30/20:</u>
- Modified the requirement for physicians and non-physician practitioners to perform in-person visits for nursing home residents and allow visits to be conducted, as appropriate, via telehealth options
- Modified the requirement for 3 day hospitalization for coverage of SNF stay
- Modified the requirement that prevents a physician from delegating a task when the regulations specify that the physician must perform it personally
    - Physicians can delegate any required physician visit to a nurse practitioner (NP), physician assistant (PA), or clinical nurse specialist (CNS)
    - Temporarily modified this regulation to specify that any task delegated under this waiver must continue to be under the supervision of the physician
    - This does not include provisions that prohibits a physician from delegating a task when prohibited under State law or by the facility's policy
- Modified the requirement that all required physician visits must be made by the physician personally
    - Physicians can delegate any required physician visit to a nurse practitioner (NP), physician assistant (PA), or clinical nurse specialist (CNS) who is not an employee of the facility, who is working in collaboration with a physician, and who is licensed by the State and performing within the State's scope of practice laws
- Modified the discharge planning requirement for LTC facilities to assist residents and their representatives in selecting a post-acute care provider using data, such as standardized patient assessment data, quality measures, and resource use
    - CMS is maintaining all other discharge requirements
- Modified the requirement that requires LTC facilities to provide residents who request a copy of their records within two working days to ten working days

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Telehealth Services Provided Under the Current Emergency Declaration

Telehealth services are paid under the Physician Fee Schedule (PFS) at the same amount as in-person services. As of 3/30/20, the claim for these non-traditional telehealth services with dates of services on or after March 1, 2020, and for the duration of the Public Health Emergency, providers should bill with the Place of Service code equal to what it would have been in the absence of the public health emergency, along with a modifier 95, indicating that the service was performed via telehealth. Medicare coinsurance and deductibles still apply for these services; however, the Health and Human Services (HHS) Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.

Four Types of Telehealth Services
- Telehealth Visits
- Virtual Visits
- E-Visits
- Telephone E/M Visits

Removal of Frequency Limitations on Medicare Telehealth
- The following services no longer have limitations on the number of times they can be provided by Medicare telehealth:
  - Subsequent inpatient visit can be done via telehealth, without the limitation that the telehealth visit is once every three days (99231-99233)
  - Subsequent skilled nursing facility visit can be furnished via Medicare telehealth, without the limitation that the telehealth visit is once every 30 days (99307-99310)
  - Critical care consult codes may be furnished to a Medicare beneficiary by telehealth beyond the once per day limitation (G0508-G0509)

Telehealth services for the initial assessment visit for a new patient at a SNF and at a Long Term Care (LTC) bed
- Telehealth visits include emergency department visits, initial nursing facility and discharge visits, home visits, and therapy services, which must be provided by a clinician that is allowed to provide telehealth. New as well as established patients now may stay at home and have a telehealth visit with their provider
- Telehealth can fulfill many face-to-face visit requirements for providers to see patients in inpatient rehabilitation facilities, hospice, and home health

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Type of Medicare Service	What Does the Service Entail?	Modalities Allowed	Billing (HCPCS/CPT Codes) Dates of service starting March 6, 2020	Patient Relationship with Provider	Patient Relationship with Provider
Telehealth Visits	• A visit/appointment between provider and patient via telecommunication systems that have audio and video capabilities that are used for two-way, real-time interactive communication • CMS is allowing audio only equipment for certain Telehealth Services	• **Applications Allowed:** ➢ Apple FaceTime ➢ Facebook Messenger video ➢ Google Hangouts video ➢ Zoom ➢ Skype • **Applications <u>Not</u> Allowed:** ➢ Applications that are public facing ➢ Facebook Live ➢ Twitch ➢ TikTok	**Common Codes:** • 99304-99310, 99315, 99316 • G0406-G0408 (Follow-up Inpatient Telehealth consultation to patients in hospitals or SNFs) • **Complete List of Codes:** https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes • Medicare coinsurance and deductible apply	• Physicians • Qualified Health Care Professionals who can report evaluation and management services (Examples: Nurse Practitioners, Physician Assistants, etc.) • Qualified Non-Physician Health Care Professionals (Examples: Physical Therapists, Occupational Therapists, Speech Language Pathologists, Clinical Psychologists)	• Established patients • New patients
Virtual Visits	• A brief (5-10 minutes) check-in with the provider via telephone or other telecommunication devices, such as video or images to decide whether an office visit or other visit is needed • The check-in is not related to a medical visit provided within the previous 7 days nor leading to a visit or procedure within the next 24 hours, or next available appointment • As of 3/30/20- Annual consent may be obtained at the same time, and not necessarily before, the time that services are furnished.	• **Patient Submission:** ➢ Use a device like a phone, integrated audio/video system, or captured video image to communicate with provider • **Provider Response:** ➢ Follow- up with the patient can take place via phone call, audio/video communication, secure text messaging, email, or patient portal communication	• HCPCS Code G2012 • HCPCS Code G2010 • Medicare coinsurance and deductible apply	• Physicians • Qualified Health Care Professionals who can report evaluation and management services • Qualified Non-Physician Health Care Professionals (Examples: Physical Therapists, Occupational Therapists, Speech Language Pathologists, Clinical Psychologists)	• Established patients • New patients

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E-Visits	• A communication between a patient and their provider through an online patient portal • The patient must generate the initial inquiry and communications can occur over a 7-day period • The patient must verbally consent to receive this service	• Patient Portal	• 99421 • 99422 • 99423 • G2061 • G2062 • G2063 • Medicare coinsurance and deductible apply	• Physicians • Qualified Health Care Professionals who can report evaluation and management services • Qualified Non-Physician Health Care Professionals (Examples: Physical Therapists, Occupational Therapists, Speech Language Pathologists, Clinical Psychologists)	• Established patients
Telephone E/M Visits	• A communication between a patient or caregiver and their provider (between 5-30 minutes of medical discussion) on the telephone • Cannot be related to a medical visit provided within the previous 7 days nor leading to a visit or procedure within the next 24 hours, or next available appointment	• Telephone	• 98966 • 98967 • 98968 • 99441 • 99442 • 99443	• Physicians • Qualified Health Care Professionals who can report evaluation and management services • Qualified Non-Physician Health Care Professionals (Examples: Physical Therapists, Occupational Therapists, Speech Language Pathologists, Clinical Psychologists)	• Established patients

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