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Succeeding with virtual care: HIT and coding logistics

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REVENUE CYCLE MANAGEMENT FOR THE DIGITAL AGE

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MEDASTUTE CONSULTING, LLC.

Apollo HIT

Speakers

Today's topic*: Succeeding with virtual care: HIT and coding logistics*

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CMS and virtual services

Before COVID:

- Telehealth could only be delivered in a rural health professional shortage area or a rural census tract

During COVID:

- Under the public health emergency the place of service and copayment requirements have been waived
- Telephone evaluation and management visits were allowed (and heavily used)

After COVID:

- Telehealth will continue to have value
- Other virtual services (e.g., remote patient monitoring, chronic care management, principal care management) will see continued and significant growth

Things to think about

- Telehealth will continue to have value for several use cases and evolving requirements
  - Parents with children at home, working adults, inclement weather, specialist outreach, etc.
- Many requirements are payer-specific
- COVID caused rapid change without significant preparation time by providers
- What type of education has been done with providers, coders, auditors?
- With the continued updates have changes in training aligned?
- Do you have a plan for internal and/or external audits and education?
- Do you have the resources, or do you need help?
- The OIG has added it to one of the things being watched and reviewed
  - If they are watching, should you?
- Have you explored offering other virtual services besides telehealth?

COVID headlines

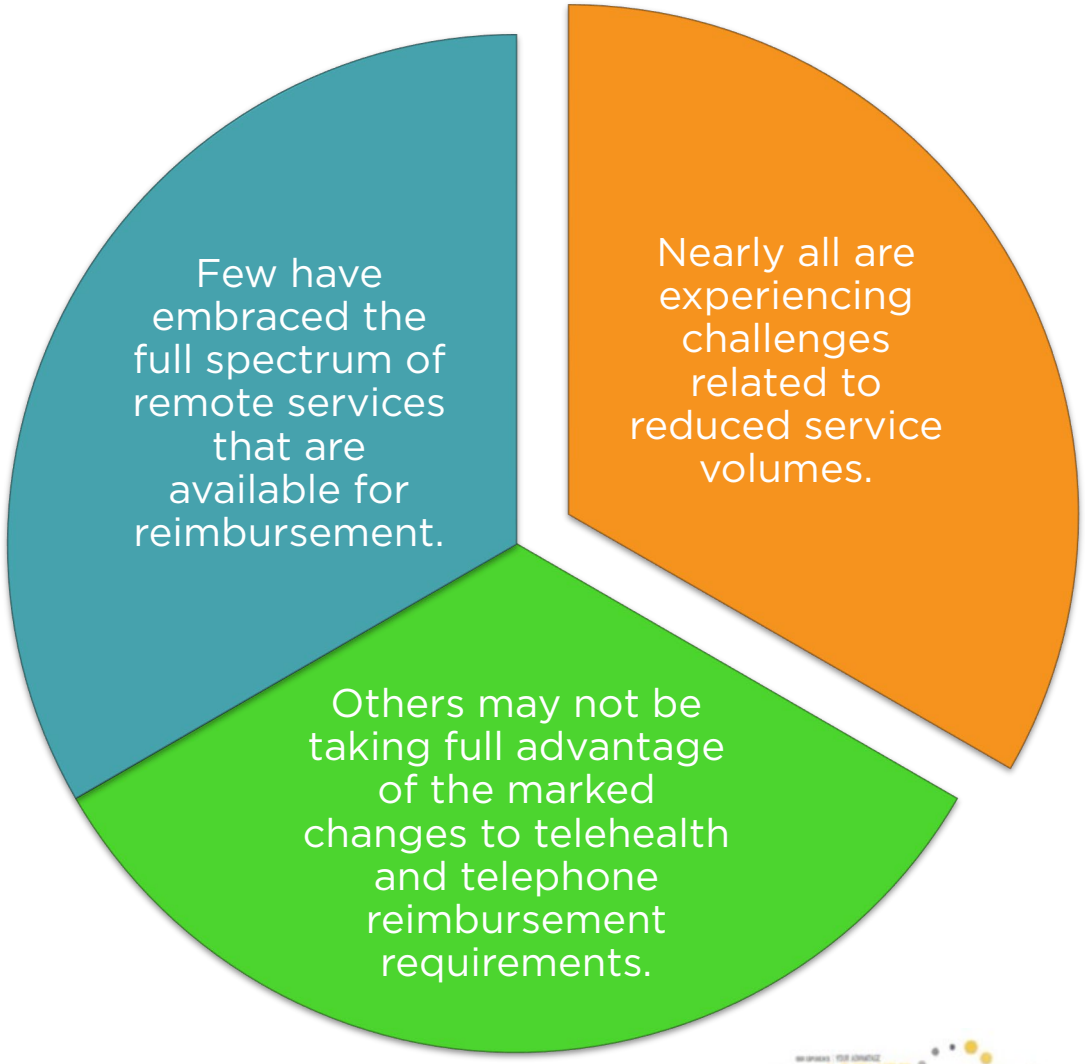
- Physician practices struggling to keep their doors open
  - Health Affairs analysis: Average of $67K per physician revenue loss [1]
  - MGMA survey: massive negative financial impact particularly on smaller, independent practices [2]
- Extraordinary surge in telehealth claims
  - FAIR Health: 4,000%+ increase in telehealth claim lines! (March 2020 vs March 2019) [3]
- Telehealth and remote patient monitoring "here to stay"
  - *"Being able to have multiple data points…, literally every day, to manage patients with chronic diseases is way more effective than a patient going to see a doctor once every six months."* [4]

[1-4] ***Citations on next to last slide***

Virtual care: The low-hanging fruit

COVID-19 has presented healthcare organizations with unprecedented challenges

A range of underutilized virtual services improve the quality of care while generating needed revenue



Virtual services, at a glance

- Telehealth
  - New documentation requirements improve provider efficiency
  - Marked increase in patient and provider use of telehealth due to COVID
- Telephone E/M Services
  - Reimburse the same as telehealth encounters
  - Will likely changes after pandemic
- E-Visits
  - Patient initiated E/M service via electronic communication
  - 100% virtual
- Remote patient monitoring
  - Rapid growth
  - Well reimbursed
  - CMS to tighten requirements in 2021
- Chronic care management
  - Non-face-to face care of patients with two or more chronic conditions
  - New CCM code approved for 2020
  - Improved reimbursement potential
- Principal care management
  - Non-face-to face care of patients with one high-risk or complex condition
  - New service for 2020

Benefits of RPM, CCM and PCM

- New revenue stream
  - Opportunity to fully utilize staff members in revenue-generating activities
  - Practices can generate several thousand dollars per month in supplemental revenue
- Flexible
  - Most remote services can be provided by clinical staff members “incident to" a physician license under general supervision and from any location
- Effective
  - Unique opportunity to provide extended care to patients
  - Demonstrated value in improving the quality of care while reducing cost
- Efficient
  - **Minimal start-up costs** and can be initiated immediately

Underutilized virtual services

- Remote patient monitoring
  - Complex requirements but clinically valuable and potential for high reimbursement
  - Up to **~$110** per month per patient
- Chronic care management
  - Multiple billing codes for 2020
  - Established value for patients with two or more chronic conditions
  - Provider service code 99491 rarely reported
    - Payment of **~$85** per month per patient (up to **$1,020**/year/patient)
- Principal care management
  - New for 2020
  - Manage one high-risk or complex condition
  - Provider service code (G2064) pays **~$85** per month per patient

The “Virtual Doctor” - Reimbursement potential

Service Type	No. of services per month per provider	Estimated monthly revenue/provider*	Annual revenue/provider
Telehealth encounters	200	$16,000	$192,000
Remote patient monitoring	50	$3,750	$45,000
Telephone E/M services	50	$3,250	$39,000
Chronic care management	50	$2,610	$31,320
Principal care management	50	$1,600	$19,200
E-Visits	50	$1,500	$18,000
Grand total			**$344,520**

* Telehealth applicable to all payers. Assumes 50% of encounters provided through telehealth. i.e.. excludes revenue from non-telehealth encounters.

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CCM & PCM: Other benefits

- Provider service codes for CCM and PCM represent an opportunity
- Ideal for practices with additional provider bandwidth
- Example: 10 hours per week of mid-level provider time providing CCM/PCM services:
  - ~ **$4,500** per month in additional revenue
  - No call center overhead – bill directly
- Improved outcomes (more frequent provider engagement)
- Improved patient retention

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Do you have compliance risk?

- Are you reporting telehealth and telephone E/M services correctly?
  - Does your documentation meet all requirements?
  - Are you being reimbursed appropriately for the telehealth services reported?
- Are you well-versed on RPM requirements?
  - Are you familiar with pending changes to RPM requirements in 2021?
- Are you familiar with CCM and PCM reporting requirements?

OIG Work Plan

- Telehealth changes are currently temporary, CMS is exploring whether telehealth flexibilities should be extended.
  - OIG added telehealth to its work plan.
    - First review will examine the extent to which telehealth services are being used by Medicare beneficiaries, how the use of these services compares to the use of the same services delivered in person, and the different types of providers and beneficiaries using telehealth services.
    - Second review will identify program integrity risks with Medicare telehealth services to ensure their appropriate use and reimbursement during the COVID-19 pandemic

Telehealth compliance: Terms and things to know

- Originating site
- Distant site provider
- Telecommunication
- CPT codes
- POS & modifiers

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Originating site

Original	Now
*A rural health professional shortage area (HPSA) located either outside of a metropolitan statistical area (MSA) or in a rural census tract	As of March 30 **Under the public health emergency, all beneficiaries across the country can receive Medicare telehealth and other communications technology-based services wherever they are located**

Telecommunications systems used

Original	Update
In order to get paid, provider needs an interactive audio and video telecommunications system that permits real-time communication between the clinician and the beneficiary Telephones do not meet the definition of "interactive telecommunication system"	As of March 6, HIPAA-covered health care providers may, in good faith, provide telehealth services to patients using remote communication technologies, such as commonly used apps – including FaceTime, Facebook Messenger, Google Hangouts, Zoom, or Skype – even if the application does not fully comply with HIPAA rules. However, providers should NOT use any platforms that are public-facing, such as Facebook Live or TikTok

CMS telehealth service codes

- As of March 30, clinicians can provide services to new or established patients
- Over 135 care services have become temporarily eligible for telehealth (Medicare)*
- Practices will need to be prepared for how this will change after COVID
  - Copayment requirements will no longer be waived
  - Originating site requirements may change
  - Professional site requirements may change
  - OIG "enforcement discretion" will no longer be applicable
  - Commercial payers may reduce payment or deny telehealth encounters
  - Many services may not longer be eligible for telehealth

*Medicare Waiver Resource: Stearns, Michael. Ready or Not, Telehealth Takes Center Stage in a Pandemic, May 2020, Journal of AHIMA. Available at: https://journal.ahima.org/ready-or-not-telehealth-takes-center-stage-in-a-pandemic/

CMS professional billing/coding

Professional (distant site) original	Professional (distant site) update
- Use appropriate CPT/HCPCS code (from telehealth listing) - POS 02- telehealth (including ED, Initial and follow/up inpatient services)	UPDATE March 31, CMS is no longer requiring POS 02 for telehealth services during the public health emergency for non-traditional telehealth claims starting with DOS of March 1, 2020. Retroactive to March 1: - Use appropriate CPT/HCPCS code (from telehealth listing) - POS – consistent with what would have been reported had the service been performed in person. - Modifier 95

CMS professional payment for telehealth

Original	Updated
Payment is equal to the current fee schedule amount for the service provided at the **facility rate**	Update: March 31st, Retroactive to March 1,2020 Payment is equal to the current fee schedule amount for the service provided at the rate of services furnished in person. *'For example, a physician practicing in an office setting who, under the PHE for the COVID-19 pandemic, sees patients via telehealth instead of in person would be paid at the non-facility, or office, rate for these services. Similarly, a physician who typically sees patients in an outpatient provider-based clinic of a hospital would be paid the facility rate for services newly furnished via telehealth'*

Professional billing example

Physician performs video/audio services to a patient at home	
Old code/pay	**New**
99213 POS 02, no mod, facility rate reimbursement: $52.33	99213 POS 11- Mod 95, non-facility rate: $76.15
99213 POS 02, No Mod, Facility rate reimbursement: $52.33	99213 POS 22- Mod 95, Facility rate reimbursement: $52.33

Documentation requirements, part 1

Same as any face to face encounter with the addition of: statement indicating service was provided via telecommunication, patient location, provider location and the names of all persons participating in the service and their role.

The patient must consent to telehealth services, but March 30 update states beneficiary consent should not interfere with the provision of telehealth services. Annual consent may be obtained at the same time, and not necessarily before, the time that services are furnished. (May be obtained by auxiliary staff under general supervision.)

March 31 update: Documentation for E/M & other outpatient visits can now be based on MDM or total time spent same day of service (Codes 99201-99215)

Documentation requirements, part 2

- March 31st update shows medical decision-making (MDM) or total time can now be used for determining the level of service for E/M and other outpatient services. This is similar to changes to E/M coming in 2021
  - 99201-99215- E/M & other outpatient services
- Providers still need to document that the E/M is medically necessary to ensure quality and continuity of care.
- MDM for PHE will remain the same as it is now. It is based on:
  - Number of diagnoses and/or management options
  - Amount and/or complexity of data to be reviewed
  - Risk of significant complications, morbidity and/or mortality
- MDM requirements change significantly on January 1, 2021 for all encounters
  - Are you ready?

MDM and time

- The latest update, April 30th, states the times for specific levels of service are based upon time listed in CPT code descriptor.
- Count all time spent caring for the patient on the same calendar day
  - Includes time taken to document the encounter!

Old	Time	New	Time
99212	10	99201	10
99213	15	99202	20
99214	25	99203	30
99215	40	99204	45
		99205	60

CMS allows for telephone evaluations

CMS is now allowing telephone E/M services to be provided by physicians or others qualified healthcare professionals who may report E/M services.

As of April 30, codes are listed under telehealth services – and payments increased!

- 99441 5-10 mins RVU 0.48
- 99442 11-20 mins RVU 0.97
- 99443 21-30 mins RVU 1.150
- Payment range : $46-$110

✓ Modifier 95

✓ Services may only be billed if issue addressed is not originating from a previous E/M service provided within the previous 7 days nor leading to a follow up E/M within next 24 hrs and must be patient-initiated

✓ Documentation needs to include time

✓ Document reason for not providing telehealth service (e.g., technology barriers)

Add-on codes to 99441,99442 & 99443

Code	Description	Code	Description
90785	Interactive complexity	90836	Psychotherapy;45mins w/ pt. when performed w/ E/M
90792	Psychiatric diagnostic eval. w/ medical services	90838	Psychotherapy;60mins w/ pt. when performed w/ E/M
90833	Psychotherapy; 30 mins w/ pt. when performed w/ E/M	96160	Admin of patient focused health risk assessment instrument
96161	Admin of caregiver focused health risk assessment instrument	99354	Prolong E/M in office or other outpt setting; first hour (report-30-74mins)
99358	Prolong E/M before and/or after direct pt. care; first hour	99355	Prolong E/M in office or other outpt setting; each addt'l 30 mins. (report-75-104mins)
99359	Prolong E/M before and/or after direct pt. care; each addt'l 30 mins	G0506	Comp. assessment of and care planning for pts. Requiring CCM

CMS telemedicine services include:

Type	Description	Codes	Patient Relationship
Telehealth	Visit with provider that uses telecommunication systems	99201-99205 G0425-G0427 G0406- G0408	For new or established patients *to the extent the 1135 waiver requires an established relationship; during pandemic HHS will not audit to ensure prior relationship
Virtual check-in	Brief 10-15 minutes check in via telephone or other telecommunication device to decide if visit is needed	G2012 G2010	Established patients
E-Visits	Communication between a patient and provider through an online patient portal	99421-99423 G2061-G2063	Established patients

Other virtual services to consider

- Remote patient monitoring: CPT Codes 99453, 99454, 99457 and 99458 allow compensation for your time; ***Track patient's condition remotely*** *(changes coming in 2021, so monitor and education for proper use)*
- Principal Care Management: CPT Codes G2064-G2065. ***Allows virtual services to provide comprehensive management for patients with a single, high-risk condition*** (prior to this change in 2020, patient had to have 2 or more chronic conditions)
- CCM-Chronic Care Management; CPT codes 99487-99491, G0258. ***Improve health outcome and help patients manage and overcome health obstacles of their chronic disease and disease interaction.*** (If in an RHC/FQHC codes will change)
- E-Consults (inter-professional consults); CPT codes 99447-99452. ***Allow treating provider to seek information virtually from other professionals in an inter-professional consult and incorporate information into patient care.***

THANK YOU!

QUESTIONS?

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