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On the topic:
Coding and Auditing Telemedicine Services
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Coding and Auditing Telemedicine Services

WHAT YOU NEED TO KNOW TO PROPERLY INVESTIGATE

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Director of Content - Find-A-Code
Is Telemedicine the Answer?

- 20% of Americans live in rural areas served by 9% of healthcare providers with less access to specialists (Alaska)
- Technology is available (NASA)
- Payers are quickly climbing aboard (50 options)
- New issues with multinational corporations (EU)

Evolution of Telemedicine

- 1879
  - Lancet article suggesting telephones were the future between provider and patient
- 1948
  - X-ray images sent via telephone between West Chester and Philadelphia PA (24 miles)
- 1967
  - Miami Fire Department transmitted ECG from units to Jackson Memorial Hospital (now commonplace)
- 1963-1980 Massachusetts Gen Hospital (MGH)
  - Telecom link between nurse clinicians and the airport
  - Interactive TV microwave link for ECG, stethoscope, microscopy, voice, etc.
  - Established telepsychiatry link with the VA hospital
- 60's & 70's
  - NASA - U.S. Indian Health sponsored Space Technology Applied to Rural Papago Advanced Healthcare
  - Satellite-based communications to provide medical services to astronauts and residents of an isolated reservation.
- Now...
Telemedicine Today

- Increased bandwidth
- Better security
- HIPAA compliant cloud-based storage/encryption
- Direct save to EMR and patient portals
- Copies primary provider
- Connects and transmits directly (live) or deferred (remotely)
- Options for smart facilities, kiosks, communities, apartments, homes for seniors and other populations
- In-medication sensors, wearable technology integration, and …whatever you can think of
- Promotes medical record sharing (reducing costs for duplicative services) and promotes interoperability
**Benefits**

**PATIENT**
- Reduces patient expenses (work, travel, driver, family, Uber, or assistance)
- Reduced stigma in rural communities
- Less wait times (in office and for appointment availability)
- Lower price
- Access to specialists not otherwise available; educates and promotes awareness

**PROVIDER**
- Reduction in ER, Urgent Care, and Retail Clinic visits (71% unnecessary)
- Reduces no shows & increases patient compliance.
- Provides access to specialist care not otherwise available
- Improved documentation as linked to EHRs
- Providers keep money and control in office rather than elsewhere

**INSURANCE**
- Telemedicine is about 50% cheaper
- Specialty care available through primary provider direction and location.
- Patient compliance
- Reduction of expensive ER, Urgent Care, or Retail visits.
- Immediate emergency directives to correct care provider at time of injury

**Terminology**

- **Synchronous communication (real time):** Uses interactive audiovisual equipment for video conferencing (immediate)
- **Asynchronous communication (store-and-forward):** Uses recording devices to record for provider to see and respond to later. (video, images, data)
- **Remote patient monitoring:** Allows a provider to track important patient data after they've been released home or to another care facility, potentially reducing the need for readmission. (pacemakers, cardioverter-defibrillators, etc.) Holter Monitor
- **Originating site:** The location of the beneficiary (patient) at the time of the telemedicine service
- **Distant site:** The location of the physician/QHP at the time of the telemedicine service
- **Telehealth parity laws:** Require payers to reimburse telemedicine services at same rate as in-person or on-site services
Who Governs?

In the United States, laws and regulations at both the federal and state levels affect the success and future of telehealth services.

**Federal:** Medicare
Determines rules for performance, documentation, reporting, and payment and pays the same for telemedicine as it does for in-person services (parity laws).

**States:** Medicaid, W/Comp, & Commercial
Each state determines the laws & parity laws that govern telemedicine.

Auditors must follow federal guidelines for Medicare and state guidelines for Medicaid, Private payers, and Workers Compensation.

Parity Laws

Auditing is about knowing the rules
– but the parity laws vary from state to state
and several don’t have any in place to follow.

American Telemedicine Association:
- Parity laws are in place (33)
- Proposed parity bills (8)
- No parity legislative action (8)
- Partial parity laws (1)
Medicare

All Medicare beneficiaries are eligible to receive telemedicine services if...

- They present to an approved originating site
- In an approved location
- See an approved, licensed telemedicine provider
- Have an approved telemedicine service
- Communicate in real time (live feed) or Remote Monitoring with specific rules *(NEW in 2018)*
- Documentation is correctly done
- The correct code and modifier is reported

Originating Site

**Office of Inspector General – Audit**
Audited 191,118 telemedicine distant site claims from 2014-2015 and found $3.7 million in overpayments

**Originating Sites**
Must be in a pre-designated Health Professional Shortage Area (HPSA) to qualify.
- A county outside of a Metropolitan Statistical Area (MSA) or a rural Health Professional Shortage Area (HPSA) located in a rural census tract.
- Medicare tool to verify originating site is authorized.

https://datawarehouse.hrsa.gov/tools/analyzers/geo/ShortageArea.aspx

Medicare reimburses $25.76 for the originating site hosting the telemedicine visit.

You can search by address or facility type (dental, BH, primary care, etc.)
Health Professional Shortage Areas (HPSAs) have shortages of primary care, dental care, or mental health providers and may be geographic (a county or service area), population (e.g., low income or Medicaid eligible) or facilities (e.g., federally qualified health centers, or state or federal prisons).

Authorized Originating Sites

Note: This search will not identify facility HPSAs. To find these HPSAs, use the HPSA Find tool.

Search Criteria

Enter an address to determine whether it is located in a shortage area: HPSA Geographic, HPSA Geographic High Needs, or Population Group HPSA or an MUA/P.
Distant Site Practitioners

Approved Healthcare Provider

Subject to state law, the practitioners who may furnish and receive payment for covered telemedicine services include:

- Physicians
- Nurse practitioners (NP)
- Physician Assistants (PA)
- Nurse midwives
- Clinical nurse specialists (CNS)
- Certified registered nurse anesthetists (CRNA)
- Registered dietitians or nutrition professionals
- Clinical psychologists (CP) & Clinical social workers (CSW) (with limitations)

Provider Credentialing

Medicare and The Joint Commission have approved a “privileging by proxy” (distant site providers get admitting/treating privileges at the originating site).

The following requirements must be met:

- Both parties have a written agreement
- Distant-site hospital must be Medicare-participating hospital/telemedicine entity
- The telehealth provider is privileged at the distant-site hospital
- A current list of the telehealth provider’s privileges is given to the originating site hospital
Provider Credentialing

Continued…

- The telehealth provider holds a license issued or is recognized by the state in which the originating-site hospital is located

- The originating-site hospital has an internal review of the telehealth provider’s performance and provides this information to the distant-site hospital

- The originating site hospital must inform the distant-site hospital of all adverse events and complaints regarding the services provided by the telehealth provider.

Approved Services

Check the Telehealth Services Fact Sheet

There are over 180 approved Medicare telehealth services. **NEW** - As of 2018, Medicare has approved the following additional services for telehealth:

- G0296  Visit to determine low-dose computed tomography (LDCT) eligibility
- 90785  Interactive complexity
- 96160-96161  Health Risk Assessment
- G0506  Care Planning for Chronic Care Mngmt
- 90839-90840  Psychotherapy for Crisis

*Some codes require “in person” or “hands on” visits or have frequency limits (99231-99233; 99307-99310, G0108, G0109)*
**Type of Service Transmission**

- **Real-time audiovisual**
  - Report CPT or HCPCS with “Place of Service 02 Telehealth”
  - For 2018, Critical Access Hospital (CAH) Optional Payment Method add GT modifier to service line (pays 80% of fee).
  - All other telemedicine **no longer requires GT modifier**

- **Asynchronous “store and forward”** (Alaska & Hawaii)
  - Requires CPT or HCPCS code with modifier GQ. Certifies the asynchronous medical file was collected and transmitted to you at the distant site from a Federal telemedicine demonstration project in Alaska or Hawaii)

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**Type of Service Transmission**

- **Remote monitoring** *(NEW as of 2018)*
  - Separate payment for remote monitoring using:
    - 99091 collection & interpretation of physiological data
    - Supporting documentation in the record
      - Documentation of testing ordered
      - Symptoms or diagnosis for which it was ordered
      - When the data was received and reviewed
      - Summary of findings/Provider’s interpretation

- **Additional Rules**
  - Limited to 1 every 30 days
  - Once per patient during same service period as 99487, 99489, 99490, 99495, 99496, 99492-99494, 99484
  - Requires ABN and must be documented in patient’s chart
  - Face-to-Face visit with billing practitioner required (new patient or not seen in past one year)
Type of Service Transmission

- **Documentation Requirements include:**
  - Date of service (DOS)
  - Location of provider (distant site)
  - Location of the patient (originating site)
  - Names of all participants with individual roles identified
  - Type of telemedicine service (real time, asynchronous, remote monitoring)
  - ABNs, as required
  - The criteria met for the CPT or HCPCS code reported
  - Diagnosis or symptoms to support high-specificity ICD-10-CM code selection

What Codes Are Reported

Distant Site Practitioners report telemedicine services using the appropriate HCPCS Level I (CPT) or II (National) codes.

**Example:** 99204-GT for new patient E/M encounter in CAH or 99204 (POS 2) for all others

- Documentation should match the E/M level requirements for service reported

Apply the appropriate modifiers to identify the type of telemedicine communication that took place:

- **GT** (synchronous communications) (CAH only as of 2018)
- **GQ** (asynchronous communications)

**REMEMBER:** When the provider reports the correct code with the correct modifier, they are certifying the components of the service were performed, the originating and distant sites were authorized locations, the provider had the proper credentials and was enrolled in Medicare as a provider. If any one of these things is not true, submission of the claim could be considered **FRAUD**
Deductibles and Co-Insurance

Telehealth claims are processed and paid the same (except for rare circumstances) as regular claims.

Subject to:
- Annual deductibles
- Co-insurance
- Preauthorization
- Correct diagnosis coding
- NCCI edits
- Global periods

Key Points to Remember

- Providers at the distant site must be enrolled in Medicare
- Patient's home is NOT an authorized originating site (exception - Comprehensive Care for Joint Replacement (CJR) Model)

- Some visits have limitations or "hands-on" requirements
- If first encounter is via telemedicine, the NP and EP criteria still apply. All the same EM coding rules apply.

- The ONLY consultations Medicare pays for are ER or Inpatient telehealth consultations. The telehealth consultant cannot be the physician of record or attending physician.

- All documentation requirements must be met in addition to the previously noted telehealth-specific information.
Medicaid

- Individual states hold the power.
- 50 states = 50 sets of guidelines
- Some language is the same but not much
  - (Utah Dept Health – class)

Resources
Visit National Association of Medicaid Directors
http://medicaiddirectors.org/ for more information on your state’s requirements.

Interactive Tools

Centers for Connected Health Policy
The National Telehealth Policy Resource Center
http://www.cchpca.org/state-laws-and-reimbursement-policies

Resources:
- State laws
- State administrative codes
- Medicaid Provider Manuals
- Updated biannually

- Definitions
- Reimbursement
- Live video vs Remote vs Asynchronous
- Transmission/Facility Fee (Originating Site)
- Location
- Consent
- Licensure
- Online Prescribing
- Private Payers
- Additional Findings/Current Legislation
Overview

- Definition (49 States + DC – Alabama)
- Reimbursement policies (49+ DC – Massachusetts)/vague
- Live Video (49+DC-Massachusetts)
- Store-and-Forward (14 states + possibly 3 can’t locate the written policies)
- Remote Monitoring (20 states, some policies not found but required by state law)
- Email/Phone/Fax (generally not acceptable)
- Transmission/Facility Fee (32 states – originating site)

Overview

- Location of Service (huge variety)
- Consent (31 states)
- Licensure (9 states issue special licenses)
- Online prescribing (require questionnaire or physical exam 1st)
- Private Payers (38 states + DC have laws)
- Additional (Maryland/WA) hearing impaired, WA –in person visit w/in 60 days of telemedicine visit), etc.

CURRENT LEGISLATION
There are 44 states with 160 telehealth-related pieces of legislation for 2018
## Commercial Payers

**Anthem Blue Cross**
- Coverage
- Location
- Format
- Notification of primary care
- Types of services

**CPT/HCPCS Codes**
- Online policies
- Preauthorization
- Documentation
- Deductibles
- Coinsurance
- Types of Services

## Workers Compensation

**Pros**
- Cost benefits
- Reduced time off work
- Reduced travel
- Faster recovery
- Better triaging
- Access to specialists

**Cons**
- Type of service (smart phone chats w/o medical personnel)
- Failure to pre-authorize
- How video conferences can be used in claim hearings
- Exams at the center of the dispute will increase
- Carrier MD not allowed telemedicine only in-person examinations
- Overutilization & abusive practices
- Insurers to file complaint when suspect abuse
- Standards of care same as in-person
- Documentation issues
Overview & Questions

Need a third-party review, customized training, advice with a fraud case, or certification prep?
Let Us Help!

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