Auditing for Telehealth

Stephanie Sjogren, CPC, COC, CPMA, CDEO, CPC-I, CCS, HCAFA

AAPC WEBINARS

What is telemedicine?

- The American Telemedicine Associate (ATA) defines telehealth as: "Technology-enabled health and care management and delivery systems that extend capacity and access."
- World Health Organization (WHO) has defined telemedicine as: "The delivery of health care services, where distance is a critical factor, by all health care professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment, and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing the health of individuals and their communities."

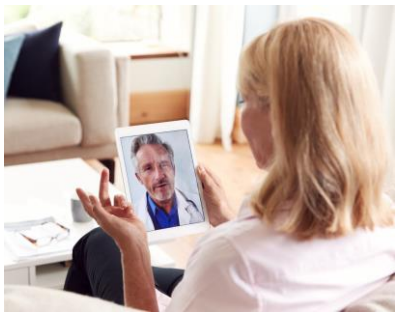
Telemedicine Versus Telehealth

- Telehealth is method or means of collected date for enhancing health care, public health, and health education delivery using telecommunications technologies.
  - Examples: Online Diabetes prevention programs, remote patient monitoring
- Telemedicine: Telemedicine is a narrower view of telehealth. You can consider telemedicine under the umbrella of telehealth. More specifically, telemedicine uses information technologies and electronic communications to provide remote direct clinical services to a patient
  - Examples: Digital transmissions of imaging, video consultations with specialists and virtual offices visits
- Bottom line: Both are pretty much synonymous with each other and patients and providers alike will know what you are referring to if you use either term.

3

What are the types of Telehealth Services?

Store and forward (asynchronous) – the use of store and forward transmission of diagnostic images, vital signs and/or video clips along with patient data for later review that enables a primary care or allied health professional providing a consultation the ability to render a diagnosis.



Live videoconferencing (synchronous) – the delivery of a live, interactive consultation between Primary care and specialist health services. This may involve a primary care or allied health professional providing a consultation with a patient, or a specialist assisting the primary care physician in rendering a diagnosis.

4

What are the types of Telehealth Services?

- *Remote patient monitoring (RPM)* – including home telehealth, uses devices to remotely collect and send data to a home health agency or a remote diagnostic testing facility (RDTF) for interpretation. Such applications might include a specific vital sign, such as blood glucose or heart ECG or a variety of indicators for homebound consumers. Such services can be used to supplement the use of visiting nurses.

- *Mobile health (mHealth)* – Consumer medical and health information includes the use of the internet and wireless devices for consumers to obtain specialized health information and online discussion groups to provide peer-to-peer support. (e.g. Fitbit and Apple Watch)

5

How can telemedicine help providers and patients?

- Brings specialists and patient's together in underserved or geographically remote locations.
- Can benefit a practice or organization by improving patient triage and clinical outcomes.
- Reduce the burden of travel to access care.
- Enhance timely delivery of health care services.
- Increase compliance with treatment plans.
- Improve communication with health care practitioners.
- Possibly lower the cost of care.

6

Best practices when performing telemedicine

- Always interact with the patient in a culturally competent way, in the language familiar to that patient.
  - If the patient cannot understand because of language barrier, telemedicine should not be used.
- Create clinical protocols which
  - Include the conditions to be treated (with ICD code)/ Scope of that condition that can be treated using telemedicine.
  - Guidelines required to diagnose (when is telephone sufficient, vs. live video)
  - Guidelines for when prescription can be done
  - parameters for when the condition can be treated and cannot be treated (when does the patient need to come in after conversation?)
- Check with your medical specialty society or medical association to determine if resources have been developed that you can use.
  - Increased use of telemedicine has encouraged societies to create their own.

7

Best practices when performing telemedicine

In general, follow the same standards as in-person medical services

- Providers should continue to follow the standards they would for any in-person medical visit.
- They should practice by the same code of ethics.
- Comply with security guidelines of HIPAA.
- Provide proper documentation to the patient's primary care provider.
- Follow their licensing and credentialing guidelines.

8

2022 Updates! Modifier 93

- Effective Jan. 1, the American Medical Association (AMA) added a new modifier for telemedicine, for use with audio-only telemedicine services.
  - The descriptor for the new modifier is Modifier 93 - Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system. This modifier goes on to describe the service as a "synchronous telemedicine service that is defined as a real-time interaction between a physician or other qualified health care professional and a patient who is located away at a distant site from the physician or other qualified health care professional. The totality of the communication of information exchanged between the physician or other qualified health care professional and the patient during the course of the synchronous telemedicine service must be of an amount and nature that is sufficient to meet the key components and/or requirements of the same service when rendered via a face-to-face interaction."
- This is not found in the 2022 CPT® book as it was added after publication

9

2022 Updates! Modifiers FQ/FR

New telemedicine/telehealth modifiers

- CMS has developed the following new modifiers
- Effective 01/01/2022
  - FQ – The service was furnished using audio-only communication technology (mental health)
    - (CMS' policy is to permit audio-only telehealth services is limited to services where the home is the originating site.)
  - FR – The supervising practitioner was present through two-way, audio/video communication technology
    - Remember Modifier 95 = provided using **audio-video** telecommunications and is normally not needed for Medicare telehealth outside of the PHE
- **MAC NGS Q&A: In a January HCPCS file CMS released a new modifier FQ for audio-only services. Can you please clarify when the modifier FQ for audio-only mental telehealth will begin to apply? My understanding is that currently audio-only telehealth is allowed for behavioral health services per a waiver during the PHE. Can you clarify if CMS is looking for this modifier on claims beginning 1/1/2022 or is this modifier also not required until the PHE expires?**
  - **Answer:** CMS has not provided guidance on the appropriate modifier that will be used for audio only telehealth to this point. Once issued, CMS will clarify this information via the Change Request when/if one is issued.

10

2022 Updates! Place of Service 10

- Per CMS: The POS code set provides setting information necessary to pay claims correctly. At times, the health care industry has a greater need for specificity than Medicare. While Medicare doesn't always need this greater specificity to appropriately pay claims, it adjudicates claims with the new codes. This eases coordination of benefits and gives other payers the setting information they need. The POS Workgroup is revising the description of POS code 02 and creating a new POS code 10 to meet the overall industry needs, as follows:
  - **POS 02**: Telehealth Provided Other than in Patient's Home
    - Descriptor: The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.
  - **POS 10:** Telehealth Provided in Patient's Home
    - Descriptor: The location where health services and health related services are provided or received through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.

11

2022 Updates! Place of Service 10

- Remember:
  - During the PHE, Medicare does not require use of telehealth Place of Service codes. Any change of policy regarding use of telehealth POS codes following the end of the PHE would be addressed in subsequent instruction. Medicare contractors are to instruct their providers to continue to bill according to current applicable rules. However, Medicare contractors are to adjudicate claims containing this new code should it appear on a claim they same way they would adjudicate claims with POS 02.
  - Some codes are specific to certain places of service (e.g., inpatient E/M visits) so do not use POS 10 with those places of service.

- **MAC NGS Q&A: What are the telehealth new place of service 10 effective dates and medical documentation criteria?**
  - **Answer:** CMS released CR12427 and MLN Matters® MM12427: New/Modifications to the Place of Service (POS) Codes For Telehealth which indicates POS 10 for telehealth provided in patient's home with an effective date of 1/1/2022 and an implementation date of 4/1/2022. This means the POS will not be added until April, but is valid in January. However, keep in mind that CMS has also indicated in this change request that Medicare has not identified a need for the new POS code. CMS has indicated for providers to continue using the Medicare billing instructions for telehealth claims published in CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 12, Section 190 as well as any PHE instructions.

12

2022 Updates! Mental Health Telehealth

- **Expanding Use of Telehealth and Other Telecommunications Technologies for Behavioral Health Care**
  - CMS is eliminating geographic barriers and allowing patients in their homes to access telehealth services for diagnosis, evaluation, and treatment of mental health disorders.
  - CMS is bringing care directly into patients' homes by providing certain mental and behavioral health services via audio-only telephone calls. This means counseling and therapy services, including treatment of substance use disorders and services provided through Opioid Treatment Programs, will be more readily available to individuals, especially in areas with poor broadband infrastructure.
  - In addition, for the first time outside of the COVID-19 public health emergency (PHE), Medicare will pay for mental health visits furnished by Rural Health Clinics and Federally Qualified Health Centers via telecommunications technology, including audio-only telephone calls, expanding access for rural and other vulnerable populations.
- (https://www.cms.gov/newsroom/press-releases/cms-physician-payment-rule-promotes-greater-access-telehealth-services-diabetes-prevention-programs)

13

2022 Updates! Mental Health Telehealth

- Under the final rule, once the PHE ends, audio-only telehealth services for mental health and substance use disorder (SUD) services will require an in-person visit within six months of the initial telehealth visit and within 12 months of any subsequent telehealth visit.

- **MAC NGS Q&A: For mental health, the final rule expanded to every 12 months in-person visit after telehealth, however the transmittal number 12519 states for six months thereafter, should it have said 12?**

  Answer: The final rule did indicate six months; however, CR12519 did then issue the final instruction to be at least every 12 months after.

- **MAC NGS Q&A: Do the 2022 changes apply even if the PHE is in effect? Behavioral health audio only therapy and the face-to-face requirement?**

  Answer: Yes, they still apply regardless of the PHE. CMS indicated this would be effective 1/1/2022 and are not waived due to the PHE.

14

2022 Updates! Categories

- The telehealth listing was updated. Anything listed in Category 3 was originally temporary during the PHE, but they have been extended through 2023 or the end of the PHE if later. Additional discussion will most likely occur, services were also added.
- Medicare has a specific list of CPT and HCPCS codes that are covered under telemedicine services. https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

			LIST OF MEDICARE TELEHEALTH SERVICES effective January 1, 2022 - updated January 5, 2022		
	Code	Short Descriptor	Status	Can Audio-only Interaction Meet the Requirements	Medicare Payment Limitations
3	0362T	Bhv id suprt assmt ea 15 min	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20		
4	0373T	Adapt bhv tx ea 15 min	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20		
5	77427	Radiation tx management x5	Temporary Addition for the PHE for the COVID-19 Pandemic		
6	90785	Psytx complex interactive		Yes	
7	90791	Psych diagnostic evaluation		Yes	
8	90792	Psych diag eval w/med srvcs		Yes	
9	90832	Psytx w pt 30 minutes		Yes	
10	90833	Psytx w pt w e/m 30 min		Yes	
11	90834	Psytx w pt 45 minutes		Yes	
12	90836	Psytx w pt w e/m 45 min		Yes	
13	90837	Psytx w pt 60 minutes		Yes	
14	90838	Psytx w pt w e/m 60 min		Yes	
15	90839	Psytx crisis initial 60 min		Yes	
16	90840	Psytx crisis ea addl 30 min		Yes	
17	90845	Psychoanalysis		Yes	
18	90846	Family psytx w/o pt 50 min		Yes	
19	90847	Family psytx w/pt 50 min		Yes	
20	90853	Group psychotherapy		Yes	
21	90875	Psychophysiological therapy	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20		Non-covered service
22	90951	Esrd serv 4 visits p mo <2yr			
23	90952	Esrd serv 2-3 vsts p mo <2yr			
24	90953	Esrd serv 1 visit p mo <2yrs	Available up Through December 31, 2023		
25	90954	Esrd serv 4 vsts p mo 2-11			

15

Telemedicine and HIPAA - *Pre/Post PHE*

- HIPAA applies!
  - HIPAA applies to you if you are a healthcare provider that transmits personal health information (PHI) in an electronic form (that makes you a covered entity).
  - Anything that can be used to identify an individual is potentially PHI.
    - There are approximately 18 types of identifiers considered PHI.
      - Examples related to telehealth are names, birthdays, phone numbers, IP address, email address, photos/images, serial numbers of devices.
  - If you use a software vendor for telemedicine they are considered a business associate and they are also subject to HIPAA.
    - You should perform reasonable due diligence to verify their security practices (outlined in workbook)
    - Any mistakes they make in protecting the security of your data are your mistakes too. As a provider you are still responsible.
    - Your compliance is now dependent on their practices so choose wisely.

16

Implement strong compliance programs

Compliance is a combination of physical administration and technical safeguards. You cannot rely on technology alone to make you compliant.

- **Designate a compliance officer**
  - Identify an individual to serve as a compliance officer to oversee the implementation of the organization's compliance program. Designating a compliance officer is an important step in ensuring the allocation of adequate resources to implement a compliance program.
  - Conduct a comprehensive review of where you store or access PHI and how secure it is in each case.
- **Train and educate**
  - Conduct regular trainings of business management, administrative staff, physicians and other affected employees regarding existing compliance policies. Provide refreshers and updates to employees through newsletters, memoranda and the like.

17

Telemedicine and HIPAA

- **Establish reporting mechanisms for suspected misconduct**
  - Implement reporting mechanisms, such as an anonymous tip line, so employees at all levels of the organization can report instances of suspected wrongdoing. Put in place processes to act upon reports and to assess and investigate allegations.
- **Regularly audit/monitor compliance program**
  - In addition, stay apprised of changing laws and requirements to ensure that existing compliance policies are effective and up-to-date.
  - Establish and document your security practices and procedures.
  - Conduct and document periodic reviews of access logs or other records for unauthorized activity.
- If a breach has been found:
  - Report the breach and implement a fix immediately.
  - Confer with legal counsel on what to do next.

18

HIPAA During COVID-19 PHE

- Per HHS- Covered health care providers, subject to the HIPAA Rules, may seek to communicate with patients, and provide telehealth services, through remote communications technologies.
  - Some of these technologies, and the manner in which they are used by HIPAA covered health care providers, may not fully comply with the requirements of the HIPAA Rules.
- OCR will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency. This notification is effective immediately

- https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html

19

Telemedicine and Medicare *Pre-COVID-19*

- Initially, Medicare only reimbursed providers for very specific health services provided via telemedicine, often with strict requirements. In the past few years with the rapid growth in the telemedicine industry, Medicare has expanded the list of reimbursable telemedicine services but still imposes many restrictions on how the service is provided.

- The first component is there must an originating (where the patient is) and a distant site (where the provider is).

20

Originating Site

The originating site must be in a HPSA (Health Professional Shortage Area) or a county outside a Metropolitan Statistical Area (MSA).

- The types of originating sites (where the patient is) authorized by law are:
  - Physician and practitioner offices
  - Hospitals
  - Critical Access Hospitals (CAHs)
  - Rural Health Clinics
  - Federally Qualified Health Centers
  - Hospital-based or CAH-based Renal Dialysis Centers (including satellites)
  - Skilled Nursing Facilities (SNFs)
  - Community Mental Health Centers (CMHCs)
  - Renal Dialysis Facilities
  - Homes of beneficiaries with End-Stage Renal Disease (ESRD) getting home dialysis
  - Mobile Stroke Units

21

Distant Site Practitioners

Distant site practitioners (where the provider is) who can furnish and get payment for covered telehealth services (subject to State law) are:

- Physicians
- Nurse practitioners (NPs)
- Physician assistants (PAs)
- Nurse-midwives
- Clinical nurse specialists (CNSs)
- Certified registered nurse anesthetists
- Clinical psychologists (CPs) and clinical social workers (CSWs)
  - CPs and CSWs cannot bill Medicare for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services. They cannot bill or get paid for Current Procedural Terminology (CPT) codes 90792, 90833, 90836, and 90838.
- Registered dietitians or nutrition professional

22

Types of Telemedicine Allowed

- Medicare primarily only reimburses for live telemedicine (synchronous), where the physician and patient are interacting in real-time through secure, audio/video chat. This type of telemedicine visit is meant to substitute a face-to-face in-person visit.
- The only exception is in Hawaii and Alaska, where Medicare reimburses for store-and-forward (asynchronous) telemedicine as well.
  - To bill this type of service you must utilize the GQ modifier to any approved telehealth CPT.
- When telehealth is performed in non-covered settings, either originating or distance site requirements not met, Noridian (in 2015 Q&A) stated claims should be submitted with a GY modifier and can use the ABN as a voluntary disclosure.

23

Billing for Medicare telehealth (pre-COVID19)

- *Professional Fees:* Submit telehealth services claims, use Place of Service (POS) 02-Telehealth, to indicate the provider furnished the billed service as a professional telehealth service from a distant site.
  - Only distant site practitioners billing telehealth services under the CAH Optional Payment Method II must submit institutional claims using the GT modifier.
- *Facility Fees:* Where the patient is located can bill a facility fee. Bill your Part B MAC separately the HCPCS Code Q3014. This code describes the Medicare telehealth originating sites facility fee.

24

What's different about virtual check-ins and e-visits?

- Service such as the virtual check-in, eVisits, remote evaluation, and telephone visits are not services that would normally occur in person and are not paid as though the service occurred in person.
- A virtual check-in (G2012) lets professionals bill for brief (5-10 min) communications that mitigate the need for an in-person visit and can be furnished via any synchronous telecommunications technology.
- An e-visit (G2010) is similar to a virtual check-in, but should be reported when a beneficiary communicates with their health care provider through an online patient portal.
- Remember HCPCS codes G2010 and G2012, may only be reported when they do not result in an in-person or telehealth visit and can be furnished to both new and established patients.

25

Billing for Telehealth

- Practitioners must ensure that the type of communication used with the patient corresponds to the requirements set forth by CMS or private payer.
  - *For example, if an existing patient does not have audio/video capability, submitting a reimbursement claim for a telehealth visit would be impermissible.*
  - Similarly, if a provider does not have access to a "patient portal" the provider should not seek reimbursement for an e-visit.

This is an area where an investigator could very easily determine if the requirements are met, such as reviewing a provider's patient portal setup, or interviewing a beneficiary to determine if he or she has a device that has both audio and video capability (and service to support that capability), and that the visit actually utilized that capability

26

Telehealth bundling

As stated in the CY 2019 PFS final rule, Medicare finalized that if the telehealth service originates from a related E/M service provided within the previous 7 days by the same physician or other qualified health care professional, the telehealth would be considered bundled into that previous E/M service and would not be separately billable.

- E&M------>within 7 days---- telehealth is bundled
- Telehealth ---→ that leads to an E&M (no exact time frame-24 hours or next available appt) then bundled.

27

COVID-19 Pandemic and section 1135 waivers

- Under a public health emergency (PHE) the Secretary of HHS can ask for a section 1135 waiver. What does this mean? Certain rules and regulations have been relaxed to allow for broadened access to services that were previously unavailable.

- More providers can bill telehealth.
- More services can be performed via telehealth.
- Some services that were not allowed via telephone can now be done audio only.
- The patient's home can now be an originating site.
- The patient does NOT have to be located in a rural area.
- You can use your video enabled phone!

28

COVID-19 Pandemic and section 1135 waivers

- Updated place of service guidance for payment parity – do not bill POS 02 in all scenarios, see below
  - All Medicare telehealth services furnished during the PHE, **report the place of service code that would have applied if the service had occurred in person** for these telephone-only telehealth service codes.
    - If you normally would bill POS 11 for office continue to do so however you must now use **modifier 95** to indicate telehealth.
    - This is because POS 02 (and POS 10) pays FACILITY rates on the physician fee schedule and if you do not normally render services in the facility setting then you will not get payment parity.
    - However, if you do normally bill POS 22 in an outpatient clinic setting continue to do so.
- Guidance for use of modifier GQ, GT and G0 did not change
- On-line digital E/M (99421–99423 and G2061–G2063), virtual check in (G2010, G2012) and remote monitoring are not considered telehealth services. Do not use POS 02 or modifier 95 with these.

29

COVID-19 Pandemic and section 1135 waivers

- Telephone only codes are temporarily added to pay.
  - For the duration of the PHE for the COVID-19 pandemic, Medicare is making payment for CPT codes 99441–99443, which describe an audio-only phone visit for practitioners who can independently bill for E/M services.
  - These CPT codes can be used for both new and established patients.
  - Continue to use POS you would have normally used but depending on the Medicare Advantage payer a modifier should not be needed.
  - Many other codes were added to allow as "Audio only" during the PHE, see list.
- 99441-99443 Telephone evaluations got a temporary payment bump to mirror 99212-99214 retro'd back to 3/1/2020.
  - 98966-98968 did not get an increase.
    - Registered dieticians, social workers, speech language pathologists and physical and occupational therapists use these codes.

30

- You can see new patients
  - While this was not a rule written as part of the waiver it was noted by Medicare in many documented guidelines that they will 'look the other way' when it comes to a patient being new to a provider as traditionally a patient must be established to have services rendered via telehealth.
- ER physicians can perform telehealth visits
  - Use the temporary added ED E/M codes (CPT codes 99281–99285), the critical care codes (CPT codes 99291 and 99292) or the observation codes (CPT codes 99217–99220, 99224–99226, and 99234–99236)
  - Use modifier 95/POS 23
- Reporting and documentation for office visits performed via telehealth may be based on medical decision-making or time on date of encounter, utilizing 2020 definitions and CMS total time data.

31

Telehealth Laws

- Why can't Medicare just change the Rural/Site locations permanently?
  - IT would take an act of congress . As the requirements for telehealth services are set forth in 42 U.S.C. Section 35m, "Special payment rules for particular items and services," specifically at subsection (m), "Payment for Telehealth Services."
  - https://www.govinfo.gov/content/pkg/USCODE-2010-title42/pdf/USCODE-2010-title42-chap7-subchapXVIII-partB-sec1395m.pdf
  - 2022 update: Only allowed to do this for Mental Health
- Providers are not required to waive cost share outside of CARES Act.
  - If they do; The OIG indicated that the waiver of co-payments will not be considered, absent other evidence, as an inducement in violation of the federal Anti-Kickback statute, 42 U.S.C. § 1320a-7b(b).
    - Although the OIG policy statement indicates that the waiver of co-insurance and deductibles will not "result in OIG administrative sanctions," it does not change the OIG's (and the Department of Justice's) previously established view that such waivers are, as a general rule, violate the Anti-Kickback Statute.
  - https://oig.hhs.gov/fraud/docs/alertsandbulletins/2020/policy-telehealth-2020.pdf

32

Telehealth Laws

- Nationwide, states continue to enact laws requiring commercial health plans to cover medical services provided via telemedicine to the same extent they cover medical services provided in-person.
- Some states also require payment parity.
  - This does not eliminate or impair opportunities for cost savings, as plans and providers can voluntarily contract for alternative payment models. The laws so far do not prohibit health plans and providers from entering into at-risk, capitated, or shared savings methodologies.
- Practicing Telehealth Across State Lines
  - Generally, telehealth providers must be licensed in every state in which they practice medicine. However, in response to the current COVID-19 pandemic, certain states have relaxed this requirement and are allowing physicians to practice across state lines.

33

Telehealth and Medicaid

- Just as before with Medicare, we need to understand that COVID19 is changing the landscape of telemedicine at the state level as well.
- Remember while Medicaid is partially federally funded they are state run programs and are extremely different.
- No two states are alike in how telehealth is defined and regulated.
- State Medicaid programs also have widely different ways to bill telehealth services among each state as well.

34

Telehealth and Medicaid: What do you need to look for?

Even if a state has enacted telehealth policies in a statute and/or regulation, these policies may not have been incorporated into its Medicaid program.

- What is the Medicaid programs' definition of telehealth?
- What type of telehealth services are covered? (live video, telephone calls?)
  - If covered, how do they want you to bill? (What modifiers, POS?)
- Is there a list of Covered Services?
- What providers are eligible to perform telehealth?
- Are facilities covered? (can a separate facility fee be billed?)
- What are the Geographic & Facility Originating Site Restrictions?
- Does your state Medicaid program allow for out of state licensure?

35

Telehealth and Private Payers

Some payer policies state they cover telehealth but before you start up your telehealth program you need to do your research.

- First you will want to check with your provider representative and contracting departments at each payer to ensure that you are able to render services and be reimbursed.
- Some payer contracts require demonstration of a HIPAA compliant system to support telehealth.
- Some self-funded (or commercial) plans have carved out the telehealth benefit to only be rendered by certain groups or telehealth vendor.
  - As if you can be contracted as an exception if this is the case, demonstrate the value in your proposal and have realistic rate expectations.
- Ask the same questions as you would to Medicaid plans in the previous slide.

36

How do we audit/review Telehealth Documentation?

- Use all of the knowledge from the previous slides to understand what is allowed and what is not allowed to be done.
- Just like you would any other in-person documentation.
  - Confirm: Who is allowed to perform the service?
  - Is the service is allowed via audio-only or is Audio/video required?
  - Does the documentation state service was performed via telehealth?
    - If so what modality?
- Many visits may start out as video but when technology fails and the visit is not completed as audio/video it cannot be billed that way.
  - If a video call turns to telephone/audio only then bill audio only.
  - However, remember new AMA guidelines for E/M visits have much more flexibility on what is allowed to be done face-to-face.

37

How should providers document telehealth services?

- Documentation for telehealth should not be any different than any other in-person visit.
- The providers should document that the visit took place via telephone, or video enabled telemedicine application. If another modality was used it is wise to document that the service was real time or synchronous.
- They also need to verify that they were speaking to the correct person (that they properly identified the person on the call).
- Consent must also be documented for the visit to be performed via telehealth. This can be done annually but it's a good idea to reiterate it in the note

38

Documentation of Telehealth

- A good template to use is:

I connected with [_____] on [_____] at [_____] by a video enabled telemedicine application and verified that I am speaking with the correct person using two identifiers.

I discussed the limitations of evaluation and management by telemedicine and the availability of in-person appointments. The patient expressed understanding and agreed to proceed.

39

Questions you need to ask yourself or practice

- For Hospitalists/Facilities
  - Is there a credentialing by proxy agreement in place that meets all the elements?
  - Does the hospital relying on proxy credentialing have such provisions in its bylaws?
  - Is the hospital engaging in periodic re-credentialing assessments and reporting?
- All Providers
  - Are the telehealth professionals licensed in the state where patient located?
  - Are there practice standards for patient examinations and remote prescribing?
  - Are professionals documenting and maintaining patient records of the encounters?
  - Does malpractice insurance policy cover telehealth services?
  - Is insurance carrier licensed in every state where services are provided (patient located)?
- Coding
  - Do services qualify as covered telehealth services?
  - Are services being coded to properly reflect the place of service?
  - Are the new modifiers and places of service being used appropriately.

40

Final Thoughts

- Many of these new telehealth policies may remain after the PHE but for rural/site requirements Congress must act for the changes to become permanent for Medicare (with the exception of the Mental Health changes for 2022)
- The ability to provide telehealth services via non-HIPAA-compliant software such as Facetime or Skype will terminate after the PHE.
- POS 02 (and POS 10) will resume usage and payment for telehealth service provided in the office adjusted back to the facility rate after providers have had the opportunity to adjust overhead.

41

Final Thoughts continued….

- Coding requirements for office/outpatient E&M telehealth services are based on medical decision making or time.
  - Although there is no documentation requirement for history or physical examination, CMS and the AMA has stated a medically appropriate history or physical examination to be present in the medical record.
  - https://www.ama-assn.org/system/files/2019-06/cpt-revised-mdm-grid.pdf
  - Office/outpatient hospital services performed face-to-face still require history, physical examination and medical decision-making.
- Any time-based service requires that the provider document the time, even for telehealth.
  - Private payer rules and Medicaid rules vary by state, so providers should work with their payers to determine what services they will cover and the appropriate codes and modifiers.

42