Telehealth for Vulnerable Populations

 Billing and Technology in Telehealth

 June 18, 2020
PANELISTS
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MODERATOR
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June 18

CEUHelper check in and out codes for Behavior Analysis CEU:

Check-in: 6695
Check-out: 4208
Technology Platforms and Access

Sarah E. Warren, Au.D., Ph.D., CCC-A
Assistant Professor, University of Memphis School of Communication Sciences and Disorders
Questions to ask before implementing a telehealth platform:

- Do you have the basics needed to provide telehealth services?
- What types of services are you looking to provide?
- What is your budget?
- What other questions should you be considering?
Do you have the basics needed to provide telehealth services?

• Are your services eligible for reimbursement through telehealth?
• Basic equipment
  • Laptop
  • Tablet
  • Telephone
  • Other accessories (carts, web cameras, speakers, wall mounts, etc)
• Internet Connection
Bandwidth & Connectivity

1 Practitioner—4 Mbps
2-4 Practitioners—10 Mbps
Large (up to 25 practitioners)—25 Mbps
Large Medical Center—1,000 Mbps

How to estimate your bandwidth requirements? Check with your local Regional Extension Center (REC).
https://www.healthit.gov/topic/regional-extension-centers-recs

Healthit.gov
What type of services are you looking to provide?

• Types of systems:
  • Integrated system with EMR
  • A stand-alone solution
• Delivery method
  • Telephone
  • Video
• Specialized equipment
• Must be HIPAA compliant

If you don’t know what your needs are yet, that’s ok!
What is your budget?

• How many licensed professionals will be using this software?
• How much training and support will you need?
  • Do you have internal IT support staff, or will you need support from a vendor?
  • What training do you and your staff need?
• What specialty equipment do you already have? What would you need?

In the long-run, you may see a reduction of overall costs.
Other questions to consider:

• What is your timeline?
• What are your goals?
  • How will these be tracked?
• How will you measure success?
• Who will take primary responsibility of managing the implementation?
  • Who will manage telehealth in the long-term?
• How might your needs change over time?
Resources

- National Consortium of Telehealth Resource Centers
  - telehealthresources.org
- American Telehealth Association
  - americantelemed.org
- The Office of the National Coordinator for Health Information Technology
  - healthIT.gov
Billing and Providing Clinically Appropriate ABA Telehealth Services

Rachel Lauletta, MS, BCBA, LBA
Executive Director/Adjunct Professor
Harwood Center/ University of Memphis
Topics Covered:

- Requesting Insurance Providers to Pay for ABA
- RBTs, BCBAs, Parent Training
- Determining Clinical Appropriateness of Service
- Schedule
- Goals
- Caregiver Needs & Involvement
- Recommended Tasks Prior to Beginning Service
- Consent Forms - Discuss Limits to HIPAA
- Welcome Call with Families - Decide goals, etc.
- Staff Training and Supervision plan
- Billing the Insurance Provider
Requesting Insurance Providers to Pay for ABA

• Reach out to your representative for any insurance provider you are credentialled with
  • Will they pay for Telehealth?
  • If yes:
    • Will they pay for Supervision by a BCBA?
    • Will they pay for direct therapy from an RBT?
    • Will they pay for parent training by a BCBA?
    • Can you concurrently bill?
# Determining Clinical Appropriateness of the Service

<table>
<thead>
<tr>
<th>Task</th>
<th>Consideration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meet with the family and talk about what struggles they are having</td>
<td>May not work on the same goals as in-person based therapy</td>
</tr>
<tr>
<td>May be more functional skills or attending to a screen to talk with family members during pandemic</td>
<td></td>
</tr>
<tr>
<td>Some clients may not be appropriate due to behaviors or skill level</td>
<td></td>
</tr>
<tr>
<td>Determine length of Session</td>
<td>Multiple short sessions per day? First half parent training and the 2nd half therapy?</td>
</tr>
</tbody>
</table>
Recommended Tasks Prior to beginning the service

- Company Handbook for both Parents and Personnel include Telehealth
- Does your Company Liability Insurance cover Telehealth?
- Develop Consent Forms for Telehealth
- Limitations with HIPAA
- Recording Consent
- Social Skills Group Consent
- Establish Plan for Staff Training and Supervision
- Financially Budget
Limitations to HIPAA

- Ensure you are paying for a HIPAA compliant Zoom or other platform
- Consent Forms articulate Limits to HIPAA
  - Family members/children may overhear the call
  - Group Therapy Sessions, sharing information with other clients
  - Higher risk of a Breach due to being all electronic
- Consent to record sessions for training purposes
Billing the Insurance Provider

- Ensure you are using the correct Service Location: 02 Telehealth
- Must document every session and write a clear and precise session note
- Convert notes within 24-hours
- Determine what individuals are on the call, who is billing and for what
  - Only bill for the services provided. If the BCBA only did parent training, an RBT cannot bill for therapy, even if they were on the call.
  - Review insurance authorizations. Some insurances may not approve services delivered by an RBT.
TeleMedicine –
Documenting & Billing

Sharon Lusk, JD, CPA, CMC,CMCO
Co-owner, KLA Healthcare Consultants
Topics Covered:

- Then and now
- Types of TeleMedicine Service
  - TeleHealth Visit
  - Virtual Check-in
  - Telemed
    - Online Digital Portal
    - Remote Evaluation Recorded Data
  - Remote Monitoring
- Providing and Documenting Services
  - Consents
  - Medical Decision Making vs. Time
    - CPT Time
    - CMS Time
- Billing the Insurance Provider
TeleHealth – It’s a whole new ball game!

Then – Medical providers at both ends of the visit. Now – Visit can occur with both patient and provider sheltering at home.

Then – Strict HIPAA rules governed visit. Now – HIPAA rules relaxed. Technologies such a Facetime, Zoom and Skype may be used.

Then – Telephone calls, if reimbursed at all, were reimbursed poorly. Now, telephone calls reimbursed similarly to in-office visits BECAUSE many who are most at risk are not familiar with using audio-visual technologies.
What services may be reimbursed via TeleHealth?

As of the preparation of this slide, 238 types of healthcare services are payable by telehealth per CMS. You may download this list at:

https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

Information about the code’s future status and if audio-only interaction qualifies is also included.
# Primary TeleHealth Methods

<table>
<thead>
<tr>
<th>TYPE OF SERVICE</th>
<th>WHAT IS THE SERVICE?</th>
<th>HCPCS/CPT CODE</th>
<th>Patient Relationship with Provider</th>
</tr>
</thead>
</table>
| MEDICARE TELEHEALTH VISITS | A visit with a provider that uses telecommunication systems between a provider and a patient. | Common telehealth services include:  
  - 99201-99215 (Office or other outpatient visits)  
  - G0425- G0427 (Telehealth consultations, emergency department or initial inpatient)  
  - G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs)  
  For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes | For new* or established patients.  
  *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency |
| VIRTUAL CHECK-IN      | A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient. | HCPCS code G2012  
HCPCS code G2010 | For established patients. |
| E-VISITS              | A communication between a patient and their provider through an online patient portal. |  
  - 99421  
  - 99422  
  - 99423  
  - G2061  
  - G2062  
  - G2063 | For established patients. |

Source: [https://www.cms.gov/sites/default/files/03.17.2020%20Summary%20of%20Medicare%20Telemedicine%20Services%20Chart.PNG](https://www.cms.gov/sites/default/files/03.17.2020%20Summary%20of%20Medicare%20Telemedicine%20Services%20Chart.PNG)
# Other TeleHealth Methods

<table>
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<th>TYPE OF SERVICE</th>
<th>WHAT IS THE SERVICE</th>
<th>HCPCS/CPT CODE</th>
<th>PATIENT RELATIONSHIP WITH PROVIDER</th>
</tr>
</thead>
</table>
| VIRTUAL CHECK-IN      | Standard evaluation and management services done by telephone only.               | 99441 – 5 to 10 minutes - $77.94  
99442 – 11 to 20 minutes - $112.99  
99443 – 21 to 30 minutes - $151.66 | New or established. (Most commercial using regular E&M codes)  
Patient cannot have been seen in past 7 days.  
Patient cannot be seen face-to-face within 24 hours |
| REMOTE PATIENT MONITORING | Remote monitoring of physiologic parameters such as blood pressure, pulse oximetry, weight, etc | 99453 – Set-up, patient education - $19.49  
99454 – Monitoring per month - $65.01  
99457 – Clinical time 20 minutes per month - $52.90  
99458 – Additional 20 minutes per month - $43.12 | New (during PME) or established patients  
(Memphis based RPM Company – Diversified Healthcare Partners – 503-329-0957) |
Patient consent, Patient initiation:

- A formal patient consent is NOT required during the Public Health Emergency for audio visual visits. Consent is presumed. Consider obtaining one anyway if your visit is not recorded and part of your medical record.

- A formal patient consent IS required for telephone calls. Verbal consent is OK. A witness is strongly suggested.

- The patient MUST initiate the visit. If an office calls and gives the patient a choice of office or telehealth and the patient selects telehealth, THIS IS PATIENT INITIATED.
Documentation based on Medical Decision Making or Time:

- May use CPT times or CMS Chart.
- CPT times are based on times based in active patient care. They may be rounded up. 16 minutes satisfies 30 minutes.
- CMS times are Threshold times. You must meet that time BUT it includes pre and post (reviewing and documentation) times.

<table>
<thead>
<tr>
<th>CODE</th>
<th>CPT</th>
<th>CMS CHART</th>
</tr>
</thead>
<tbody>
<tr>
<td>99201</td>
<td>10</td>
<td>17</td>
</tr>
<tr>
<td>99202</td>
<td>20</td>
<td>22</td>
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<td>99203</td>
<td>30</td>
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<td>99204</td>
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<tr>
<td>99212</td>
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<td>99213</td>
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<td>23</td>
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<tr>
<td>99214</td>
<td>25</td>
<td>40</td>
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<tr>
<td>99215</td>
<td>40</td>
<td>55</td>
</tr>
</tbody>
</table>
Billing the Insurance Carrier

From the March 31, 2020 CMS update:
“When billing professional claims for non-traditional telehealth services with dates of services on or after March 1, 2020, and for the duration of the Public Health Emergency(PHE), bill with the Place of Service (POS) equal to what it would have been in the absence of a PHE, along with a modifier 95, indicating that the service rendered was actually performed via telehealth.”

MOST, but not all Commercial Payors, are following CMS’s guidance. Blue Cross does use POS 02. Cigna still uses obsolete telehealth modifiers GQ (audio visual) or GT (telephone only). Cigna will deny if POS 02 is used. Search for COVID updates on the carrier’s webpages for current rules. MOST PROVIDER MANUALS ARE OBsolete!

Source:
Use your note field

Expect audits!
Some insurance carriers have been clear to expect audits of virtual services. Cigna, for example, has warned that visits above level 3 are suspect.

Use your note fields to fully disclose
Field 19 of the standard billing form (CMS 1500) is for “Additional Claim Information.” Although not required, disclosing how services were rendered will go far to protect you in future audits. Include phrases such as “telephone, facetime, Skype” in this field. Billing electronically? Most EMRs have interfaces that will show allow you to input your electronic claim in a CMS 1500 format.
<table>
<thead>
<tr>
<th>Service</th>
<th>Code(s) to bill</th>
<th>Comments</th>
</tr>
</thead>
</table>
| Virtual screening telephone consult (5-10 minutes) | G2012. CMS allows billing 99211 even if done by nurse | •Must be performed by a licensed provider  
•Cost-share will be waived |
| Virtual or face-to-face visit for screening for suspected or likely COVID-19 exposure | •Usual face-to-face E/M code ICD10 code Z03.818 or Z20.828  
•Modifier CS (Only when testing ordered for Medicare)  
•Append with GQ, GT or 95 modifier for virtual care depending on carrier | •Cost-share will be waived only when providers bill the appropriate ICD10 code and modifier CS  
•Modifier CR or condition code DR can also be billed instead of CS |
| Virtual or face-to-face visit for treatment of a confirmed COVID-19 case | •Usual face-to-face E/M code ICD10 code B97.29 or U07.1  
•Append with GQ, GT or 95 modifier for virtual care | •In order to bill these codes, the laboratory must use a test that is developed and administered in accordance with the specifications outlined by the FDA or through state regulatory approval  
•Reimbursement at 100% of Medicare  
•Please see additional guidance for U0003 and U0004 in the COVID-19 Laboratory Testing Frequently Asked Questions section  
•Cost-share will be waived only when providers bill one of these codes |
| COVID-19 laboratory testing (including antibody testing) | •Diagnostic screening tests: U0001, U0002, U0003, U0004 or 87635  
•Antibody tests: 86328 and 86769 | |
| Specimen collection | G2023 and G2024 | •Reimbursement at 100% of Medicare  
•Cost-share will be waived when billed by a provider or facility only when billed without any other codes |
| COVID-19 related diagnostic tests (other than COVID-19 test) including, but not limited to influenza (87275, 87276, 87279, and 87804) and respiratory syncytial virus (87280, 87420, 87634, and 87807) | •Usual codes ICD10 code Z03.818 or Z20.828  
•Modifier CS | •For other laboratory tests when COVID-19 may be suspected  
•Cost-share will be waived only when providers bill the appropriate ICD10 code and modifier CS  
•Modifier CR and condition code DR can also be billed instead of CS  
•Paid per contract |
Thank you for your attention

Please email: sllusk@klahealthcare.com or Call: 901-377-8727 with questions.
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