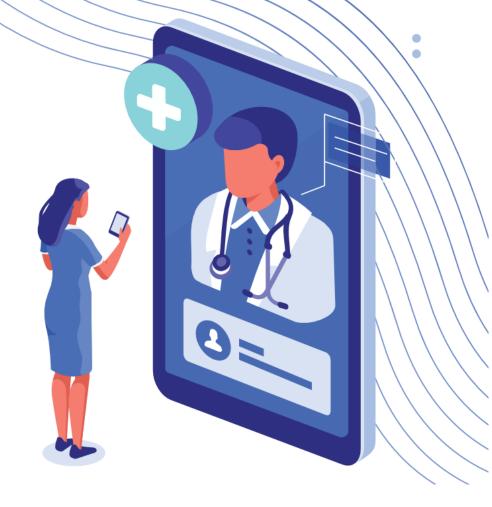
# **Utilizing Telehealth Capabilities** in Your Practice

CMS 1135 Wavier-Relaxed Rules







### What We'll Cover Today:

- 1135 Wavier and relaxed rules
- Telemedicine categories
- Telemedicine claims
- Telehealth capabilities in Uprise
- Efficiencies for your practice
- Quality Payment Program Relief
- COVID-19 Diagnosis Codes



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#### **1135 Wavier**

#### **CMS Relaxed Rules:**

- •Medicare can pay for office visits furnished via telehealth starting date of service March 6, 2020
- •Allow telehealth services to be provided outside of previously designated areas by Optometrists
- •Verbal consent for care is now acceptable but must be documented in the medical record
- •Telehealth services can be provided using "everyday communication technologies" such as FaceTime, Zoom, and Skype





# **Telemedicine Categories**



Remote Image/Video Evaluation



Virtual Check-In



**E-Visits** 



Telephone Services



Telehealth Services





# Remote Image/Video Evaluation

| Code                | Value   | Description                                     |
|---------------------|---------|---|
| HCPCS code<br>G2010 | \$11.91 | Video or images, with interpretation and report |

#### **Requirements:**

- Initiated by an established patient
- The image/video cannot be related to medical visit in previous 7 days and does not lead to medical visit in next 24 hours
- The billing physician must follow-up with the patient within 24 hours to provider their interpretation and recommendations
- Patient must give consent to services and consent must be documented in the medical record prior to service.
   Verbal consent is acceptable





| Code                | Value   | Description                        |
|---------------------|---------|------------------------------------|
| HCPCS code<br>G2012 | \$14.81 | 5-10 minutes of medical discussion |

#### **Requirements:**

- Initiated by an established patient
- Audio only, real-time telephone conversation and two-way audio interaction enhanced with video
- The check-in cannot be related to medical visit in previous 7 days and does not lead to medical visit in next 24 hours
- Patient must give consent to services and consent must be documented in the medical record prior to service. Verbal consent is acceptable.





## **E-Visits**

| Code  | Value   | Description        |
|-------|---------|--------------------|
| 99421 | \$15.52 | 5-10 minutes       |
| 99422 | \$31.04 | 11-20 minutes      |
| 99423 | \$50.16 | 21 or more minutes |

#### **Requirements:**

- Initiated by an established patient
- Not related to medical visit in previous 7 days and does not lead to medical visit in next 24 hours
- Patient must consent to services and consent must be documented in the medical record prior to service
- Normally required to store communication and ensure HIPAA compliance for All Patient Communications but not enforced during public emergency.





# **Telephone Services**

| Code  | Value   | Description                              |
|-------|---------|--|
| 99441 | \$14.44 | 5-10 minutes of medical discussion       |
| 99442 | \$28.15 | 11-20 minutes of medical discussion      |
| 99443 | \$41.14 | 21 or more minutes of medical discussion |

#### When not to report:

- Call results in decision to see the patient within 24 hours or next available urgent visit appointment
- Call refers to E/M service billed by provider within previous 7 days whether requested by provider or not
- Call is within postoperative period of completed procedure (part of post-operative service)
- Reported 99441-99443 by same provider for same problem in previous 7 days





## **Telehealth Services**

- Coding must reflect what was performed
  - Case History
  - Physical Exam
  - Medical Decision Making
- Code level should be determined based on case history, physical exam, and medical decision making
- Only with live, interactive 2-way telecommunications system (e.g. real-time audio and video)
- The waiver allows for telehealth services to be provided by optometrists using "everyday communications technologies": such as FaceTime, Zoom, and Skype

| New Patient   | Established Patient |
|---------------|---------------------|
| 99201 (\$47)  | 99211 (\$23)        |
| 99202 (\$77)  | 99212 (\$46)        |
| 99203 (\$109) | 99213 (\$76)        |
| 99204 (\$167) | 99214 (\$110)       |
| 99205 (\$211) | 99215 (\$148)       |



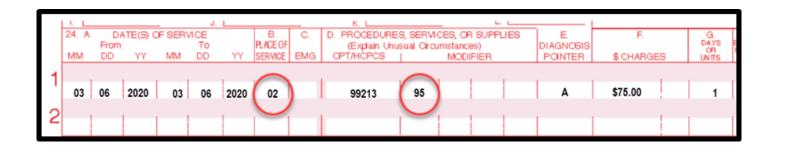


#### **Claim Details:**

- Date of Service: on or after 3/6/2020
- Place of Service: 02
- Billable Units per Code: 1
- Medical Diagnosis Code
- Single CPT/HCPCS per Claim
- Medicare coinsurance and deductible (\$198) applies to these services

#### **Appropriate Modifiers must be applied:**

| Modifier  | Description   |  |  |
|-----------|---|--|--|
| 95        | Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunication systems |  |  |
| GT        | Via interactive audio and video telecommunication systems   |  |  |
| GQ        | Via asynchronous telecommunications systems   |  |  |
| G0 (zero) | Telehealth services for diagnosis, evaluation, or treatment of symptoms of an acute stroke                      |  |  |









# **Summary**

| Types of Services                   | Codes                      | Communication<br>Method                                       | Patient<br>Status                 | Patient Must<br>Initiate | Informed<br>Consent<br>Required | Method Type  |
|-------------------------------------|----------------------------|---|-----------------------------------|--------------------------|---------------------------------|--------------|
| Remote<br>Image/Video<br>Evaluation | G2010                      | Review of previously recorded video or image taken by patient | Established patients              | <b>✓</b>                 | <b>✓</b>                        | Asynchronous |
| Virtual<br>Check-In                 | G2012                      | A brief check-in via telephone, interactive audio/video       | Established<br>patients           | <b>✓</b>                 | <b>✓</b>                        | Asynchronous |
| E-Visits                            | 99421-99423                | Communication<br>through Patient Portal<br>or secure email    | Established patients              | <b>✓</b>                 | <b>✓</b>                        | Asynchronous |
| Telephone<br>Services               | 99441-99443                | Telephone   | Established patients              | <b>✓</b>                 |                                 | Asynchronous |
| Telehealth<br>Visits                | 99201-99205<br>99211-99215 | Interactive audio/video<br>system                             | New or<br>established<br>patients |                          |                                 | Synchronous  |

# **Telehealth in Uprise**



**Appointment Types** 



Document Types



EHR Templates



Patient Portal



Free Video Conferencing Solution



**Modifiers** 



Adding CPT/HCPCS Codes



When to Schedule Telehealth



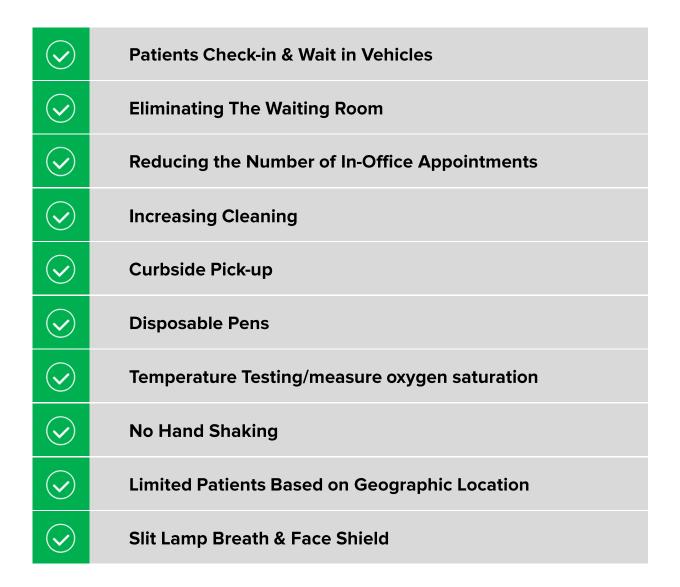
Place of Service



Patient Copays



# Efficiencies for Telehealth: Have you considered?







# **Quality Payment Program Relief**

#### **Merit-based Incentive Payment Systems (MIPS):**

- 2019 Data submission deadline extended from March 31, 2020 to April 30, 2020
- MIPS eligible clinicians who have not submitted any MIPS data by April 30, 2020 will qualify
  for the automatic extreme and uncontrollable circumstances policy and will receive a neutral
  payment adjustment for the 2021 payment year.
- CMS is evaluating options for providing relief around participation and submission for 2020
   Performance Period





# **Diagnosis Codes**

#### New ICD-10 Code

| Diagnosis Code | Description | Effective Date |
|----------------|-------------|----------------|
| U07.1          | COVID-19    | April 1, 2020  |

# Interim Coding Advice

| Reason                               | Diagnosis<br>Code | Description   |
|--------------------------------------|-------------------|---|
| Concerned<br>Exposure to<br>COVID-19 | Z03.818           | Encounter for observation for suspected exposure to other biological agents ruled out |
| Confirmed COVID-19                   | Z20.828           | Contact with and (suspected) exposure to other viral communicable diseases.           |



#### Sources & Follow Up

AOA Webinar: https://www.aoa.org/Documents/Medicare%20COVID%2019%20Telehealth.pdf

CMS – Medicare Learning Network: <a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-">https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-</a>

MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf

CMS Current Emergencies: <a href="https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page">https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page</a>
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Medicare & Coronavirus: <a href="https://www.medicare.gov/medicare-">https://www.medicare.gov/medicare-</a>

coronavirus?utm campaign=20200318 gmd prv gal&utm content=english&utm medium=email&utm source=govdelivery

UHC Provider Policy: https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-reimbursement/COMM-Telehealth-and-

Telemedicine-Policy.pdf

ICD-10 Updates: <a href="https://www.cdc.gov/nchs/icd/icd10cm.htm">https://www.cdc.gov/nchs/icd/icd10cm.htm</a>

American Academy of Ophthalmology: https://lookaside.fbsbx.com/file/Telemed.pdf?token=AWz-F-

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qExyJ9sMargDhFmUnCghOBceQarGtLuXFkubwk7D5Mps bbeR71wRig

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