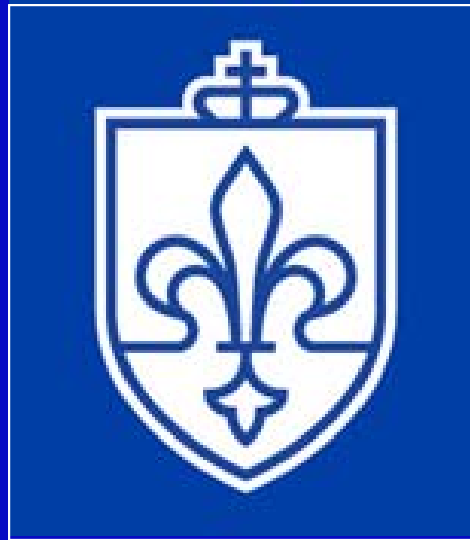


# Office of University Compliance



## Telehealth Coding & Documentation Requirements

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# Overview

- Telehealth / Telemedicine
- History of Telehealth
- History / Future of Telehealth
- Positives / Negatives of Telehealth
- Components of a Telehealth visit
- Authorized originating sites
- Authorized providers
- Telehealth services
- Billing professional fee services
- Medicare / Medicaid / Private Payers
- Risks

# What is Telemedicine/Telehealth??

For purposes of Medicaid, telemedicine seeks to improve a patient's health by permitting two-way, real time interactive communication between the patient, and the provider at the distant site.

This electronic communication means the use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment.

Telemedicine is viewed as a cost-effective alternative to the more traditional face-to-face way of providing medical care (e.g., face-to-face consultations or examinations between provider and patient) that states can choose to cover under Medicaid. \*\*Per Medicare's definition of telehealth services (42 CFR 410.78).

\*Note that the federal Medicaid statute does not recognize telemedicine as a distinct service.

# Telehealth Telemedicine Defined

## Telehealth

Refers to health information services, health care education and health care services in a broad sense.

It's an all-encompassing term.

## Telemedicine

A narrower scope than telehealth.

Specific to education over a distance and the provision of health care services

Telecommunications technology.

# History of Telehealth

The very first discussion of telehealth,  
Was in 1925

Hugo Gernsback's prediction



He wrote of video chatting in 1911 (before television even existed!) He spoke of 'the radio doctor' a complete bedside unit that would allow a physician to remotely examine, diagnosis and treat a patient

# History of Telehealth

## Continued

- 1948 Radiology Images sent
- 1950's University of Nebraska used "Interactive" telemedicine
- 1960 Closed-circuit TV
- 1970's NASA gets involved
- 1980's Radiology Consultations
- 1990's The internet is born
- 2009 ARRA and HITECH Acts
- 2010 Meaningful Use regulation and Affordable Care Act

# Future of Telehealth ???

- All-virtual Medical Centers
- Phone Applications
- Remote Monitoring
- Smart Facilities

# Positives of Telemedicine

- Breaks down geographical barriers
- Addresses health care shortages
- Extends access to specialists for small hospitals & communities
- Meets demand for, and provides alternatives to, emergency room visits



# Negatives of Telemedicine

Requires technical training and equipment

- Webcam, secured video application and staff training
- Expense of initial cost plus, to continually maintain
- Risk of providing services

Reduced continuity of care.

- Lack of knowledge of patient history, previous care
- Online interactions are impersonal
- Lack of physical exams, increase the risk of misdiagnosis

# Components of a Telehealth Visit

Originating sites: Location of the patient at the time of service via telecommunications system

- County outside Metropolitan Statistical Area (MSA)
- Rural Health Professional Shortage Area (HPSA)

Distant Site Practitioners: Providers at the distant site who may provide and receive payment for covered telehealth service (subject to state law)

# Authorized Originating Sites

- Providers Offices
- Hospitals
- Rural Health Clinics
- Federally qualified health centers
- Critical Access Hospital Renal Dialysis Centers
- Skilled Nursing Facilities (SNF)
- Community Mental Health Centers

\*\*Medicare Beneficiary must be in a Health Professional Shortage Area (HPSA)

# Authorized Providers

- Physicians
- Nurse Practitioners
- Physician Assistants
- Nurse-midwives
- Clinical Nurse Specialist
- Certified Registered Nurse Anesthetist
- Registered Dietitians or Nurse Anesthetists
- Registered Dietitians or Nutrition Professionals
- Clinical Psychologist and Clinical Social Workers

# Licensure to Provide Telehealth

- Providers are required to be licensed in the state in which the PATIENT is receiving services
- California is the exception & allows consultation services by out of state providers without California license
- Obtaining multi-state licensure is costly and time consuming.

# Equipment Required

- Interactive audio and video telecommunications system that permit real-time communications between you , and the distant site, and the patient, who is at the originating site.
- Asynchronous “store and forward” technology, the transmission of medical information the billing provider at the distant site reviews at a later time, is permitted only in federal telemedicine demonstration programs in Hawaii and Alaska.

# Billing Professional Telemedicine Service

- Submit claim for services using CPT and HCPS codes
- GQ modifier for use of real time communications
- Utilize place of services code 02 = Telehealth - The location where health services and health related services are provided or received through a telecommunication system.

Medicare pays professional fee claims at critical access hospitals  
The payment amount is 80% of the Medicare PFS for telehealth services

# Telehealth Service Codes

## CY 2018 Medicare Telehealth Services

Service	HCPCS/CPT Code
Telehealth consultations, emergency department or initial inpatient	HCPCS codes G0425–G0427
Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs	HCPCS codes G0406–G0408
Office or other outpatient visits	CPT codes 99201–99215
Subsequent hospital care services, with the limitation of 1 telehealth visit every 3 days	CPT codes 99231–99233



**CY 2018 Medicare Telehealth Services (cont.)**

<b>Service</b>	<b>HCPSC/CPT Code</b>
Subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days	CPT codes 99307–99310
Individual and group kidney disease education services	HCPSC codes G0420 and G0421
Individual and group diabetes self-management training services, with a minimum of 1 hour of in-person instruction to be furnished in the initial year training period to ensure effective injection training	HCPSC codes G0108 and G0109
Individual and group health and behavior assessment and intervention	CPT codes 96150–96154
Individual psychotherapy	CPT codes 90832–90834 and 90836–90838
Telehealth Pharmacologic Management	HCPSC code G0459
Psychiatric diagnostic interview examination	CPT codes 90791 and 90792
End-Stage Renal Disease (ESRD)-related services included in the monthly capitation payment	CPT codes 90951, 90952, 90954, 90955, 90957, 90958, 90960, and 90961
End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	CPT code 90963
End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	CPT code 90964
End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	CPT code 90965
End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 20 years of age and older	CPT code 90966
End-Stage Renal Disease (ESRD)-related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age (effective for services furnished on and after January 1, 2017)	CPT code 90967

Service	HCPSC/CPT Code
End-Stage Renal Disease (ESRD)-related services for dialysis less than a full month of service, per day; for patients 2-11 years of age (effective for services furnished on and after January 1, 2017)	CPT code 90968
End-Stage Renal Disease (ESRD)-related services for dialysis less than a full month of service, per day; for patients 12-19 years of age (effective for services furnished on and after January 1, 2017)	CPT code 90969
End-Stage Renal Disease (ESRD)-related services for dialysis less than a full month of service, per day; for patients 20 years of age and older (effective for services furnished on and after January 1, 2017)	CPT code 90970
Individual and group medical nutrition therapy	HCPSC code G0270 and CPT codes 97802–97804
Neurobehavioral status examination	CPT code 96116
Smoking cessation services	HCPSC codes G0436 and G0437 and CPT codes 99406 and 99407
Alcohol and/or substance (other than tobacco) abuse structured assessment and intervention services	HCPSC codes G0396 and G0397
Annual alcohol misuse screening, 15 minutes	HCPSC code G0442
Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	HCPSC code G0443
Annual depression screening, 15 minutes	HCPSC code G0444
High-intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes	HCPSC code G0445
Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes	HCPSC code G0446
Face-to-face behavioral counseling for obesity, 15 minutes	HCPSC code G0447
Transitional care management services with moderate medical decision complexity (face-to-face visit within 14 days of discharge)	CPT code 99495
Transitional care management services with high medical	CPT code 99496

Psychoanalysis	CPT code 90845
Family psychotherapy (without the patient present)	CPT code 90846
Family psychotherapy (conjoint psychotherapy) (with patient present)	CPT code 90847
Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour	CPT code 99354
Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes	CPT code 99355
Prolonged service in the inpatient or observation setting requiring unit/floor time beyond the usual service; first hour (list separately in addition to code for inpatient evaluation and management service)	CPT code 99356
Prolonged service in the inpatient or observation setting requiring unit/floor time beyond the usual service; each additional 30 minutes (list separately in addition to code for prolonged service)	CPT code 99357
Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) first visit	HCPCS code G0438
Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) subsequent visit	HCPCS code G0439
Telehealth Consultation, Critical Care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth (effective for services furnished on and after January 1, 2017)	HCPCS code G0508
Telehealth Consultation, Critical Care, subsequent, physicians typically spend 30 minutes communicating with the patient and providers via telehealth (effective for services furnished on and after January 1, 2017)	HCPCS code G0509

### CY 2018 Medicare Telehealth Services (cont.)

Service	HCPCS/CPT Code
Interactive Complexity Psychiatry Services and Procedures (effective for services furnished on and after January 1, 2018)	CPT code 90785
Health Risk Assessment (effective for services furnished on and after January 1, 2018)	CPT codes 96160 and 96161
Comprehensive assessment of and care planning for patients requiring chronic care management (effective for services furnished on and after January 1, 2018)	HCPCS code G0506
Psychotherapy for crisis (effective for services furnished on and after January 1, 2018)	CPT codes 90839 and 90840

**For ESRD-related services, the provider must furnish at least one “hands on” visit (not telehealth) each month to examine the vascular access site.**

# Medicaid and Telehealth

- 49 States and Washington DC provide reimbursement for some telemedicine
- 31 states have a consent requirement in either Medicaid policy, law or regulation
- 32 states provide transmission and/or facility fee guidance

# Medicaid Telehealth

Medicaid patients has been largely left to the states to decide if and how to permit reimbursement.

In fact, there is no distinct telehealth service recognized under the federal Medicaid statute. Per Missouri Department of Social Services, telehealth services are only covered if medically necessary.



# Medicaid Telehealth con't

Coverage is limited to:

- Consultations made to confirm a diagnosis
- Evaluation and management services
- A diagnosis, therapeutic interpretive service
- Individual psychiatric assessment
- Substance abuse assessment
- Individual psychotherapy
- Pharmacologic management
- Comprehensive Substance Treatment and Rehabilitation (CSTAR) medication services can be provided via telehealth.

Source: MO HealthNet, Physician Manual, Telehealth Services, Sec. 13.69, p. 285 (May 23, 2018) MO HealthNet, Provider Manual, Behavioral Services, Section 13, p. 210 (May 23, 2018) & (Pharmacologic management): MO HealthNet, Rural Health Clinic, p. 165 (May 23, 2018). (Accessed Sept. 2018).

# Medicare Telehealth

Conditions that must be met in order for a provider to receive Medicare reimbursement for telehealth services.

- The patient be located at an originating site
- The services must be provided by a practitioner licensed to furnish the service under the state law of the distant site location of the provider

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsht.pdf>



# Medicare Telehealth con't

- The patient and distant site provider communicate via interactive audio and video permitting real-time communications;
- The CPT/HCPCS code for service provided via telehealth be included in the current year's list of covered Medicare telehealth services
- The medical examination of the patient is under the control of the provider at the distant site.

# Private Payers and Telehealth

- All but 11 states have Telehealth policies
- The big 5 Commercial Carriers have Telehealth policy
  - Aetna
  - BCBS \*  
policy-dependent, meaning one patient might be covered under their BCBS policy and another may not
  - Humana
  - Cigna
  - United Healthcare

# Telehealth Reimbursement

The telemedicine reimbursement guidelines vary greatly based on the payer, and are still constantly changing as more of the healthcare industry jumps on the telemedicine bandwagon.

29 States and DC currently require private payers to reimburse telemedicine. (as of 10/2015) have enacted telemedicine parity laws, which require private payers to reimburse providers the same amount for telemedicine services as the comparable in-person service.

# Telemedicine cost effective??

Specific to SLUCare, approximately 55% of our payer mix is Medicare, Medicaid and self pay. Leaving about 45% to be paid by commercial payers.

# Documentation Requirements

- A statement that service has been provided using Telemedicine
- Location of the patient must be documented
- Location of the provider must be documented
- Names of all participating and their role in the encounter must be documented

# High Risk of Improper Coding

- Telehealth is #1 to be scrutinized for federal fraud and abuse
- Ineligible providers
- Services provided by unacceptable means of communication
- Non covered telehealth services
- Claims for patients who received services at non covered sites

# Department of Health and Human Services Office of Inspector General Semiannual Report to Congress

April 1, 2018, through September 30, 2018

Audit period 2014 – 2015 telehealth claims were among the top offenders. A sampling of 100 claims, 31% of telehealth services did not meet requirements, resulting in overpayments of \$631 million.

# Compliance Department

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