Face-to-Face Visits Office in Person & Telehealth Video

Shawn Bromley

Director of Contracting and Operations, NEPHO

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Disclaimer: *This presentation is offered as guidance to NEPHO providers and office administration. If you are a BILH employed practice please follow up with your practice Leadership on guidance reviewed during this presentation.*

Agenda

- ▶ Face-to-Face In Office Versus (VS) Telehealth Face-to-Face (Video)
  - ❑ History
  - ❑ Exam
  - ❑ Medical Decision Making (MDM)
  - ❑ Store and Forward
  - ❑ Most Common Exams
  - ❑ Simplest Level Visit Types
  - ❑ Chronic Disease Management
- ▶ Use Telehealth To Improve Access To Care
  - ❑ Medicare Annual Wellness Visits
  - ❑ Update Health Risk Assessments (HRA)
  - ❑ Connect with High Risk Patients
- ▶ Balance In-Person and Telehealth Visits
  - ❑ Educate Practice Team
  - ❑ Educate Patients
  - ❑ Develop New Workflow
  - ❑ Continue to Evolve

Face-to-Face In Person Visit Elements

- Face-to-Face In Office
  - History
    - History of Present Illness   *Past Family Social History (PFSH)   *Review of Systems (ROS)
  - Exam (Touch) *Normal/Abnormal findings expanded upon
    - Constitutional (e.g., vital signs, general appearance)
    - Eyes
    - Ears, nose, mouth, throat
    - Cardiovascular
    - Respiratory
    - Gastrointestinal
    - Genitourinary
    - Musculoskeletal
    - Skin
    - Neurologic
    - Psychiatric
    - Hematologic/lymphatic/immunologic
  - MDM
    - The nature and number of clinical problems
    - The amount and complexity of the data reviewed by the physician
    - The risk of morbidity and mortality to the patient.

Face-to-Face Telehealth Video Visit Elements

▶ Face-to-Face Interactive Video Visit

❑ Documentation requirements for a telehealth service are the same as for a face-to-face encounter. The information of the visit, the history, review of systems, consultative notes or any information used to make a medical decision about the patient should be documented

   ○ History

   ○ Exam

   ○ MDM

❑ Documentation should also include a statement that the service was provided through telehealth, both the location of the patient and the provider and the names and roles of any other persons participating in the telehealth service

❑ Written or verbal consent from patient to perform video visit

❑ Diagnosis coding capture should include reason for visit, appropriate supporting diagnosis and chronic condition status (diabetes, A Fib, COPD, anxiety/depression)

❑ Including the time spent with the patient would support the level of service being billed

Telehealth Video Visit Example

▶ Patient sets up an appointment via Telehealth with Primary Care Providers. Patient gets a message from the provider that the telehealth visit will be held in 15 minutes. The patient is prompted to get to a quiet, private location where the patient can interact with the provider using audiovisual equipment (computer, I phone, tablet).

▶ The provider asks the patient for consent to perform the visit via video – the patient consents to have the visit via interactive video

▶ During this established patient encounter, the provider performs and documents a detailed history, an detailed exam (general appearance, eyes, respiratory, skin, musculoskeletal, neuro, psych) and moderate MDM

  ❑ The provider documents the time spent with the patient – 25 minutes were spent with the patient and 50% were spent counseling patient on plan of care

  ❑ Included in the documentation is information stating that the service was provided through telehealth (audio/video), the location of the patient and the provider

  ❑ This visit would be billed as a 99214

  ❑ This visit can be supported by documentation and time spent with the patient

  ❑ The POS would be 11 (02 is Telehealth normally but during this timeframe you will bill POS 11 to receive reimbursement for and E/M 99214

  ❑ Modifier 95

Store and Forward - CPT Code G2010

▶ *Store-and-Forward (asynchronous) method allow for the electronic transmission of medical information, such as digital images, documents, and pre-recorded videos through secure email communication*

BCBS of Massachusetts: <u>Temporarily</u> covered for Medicare Advantage and Federal plans until further notice

❑ The statewide rates are as follows:

○ $15.30 for Federal Employee Program (FEP)

○ $12.75 for Medicare Advantage (Suburban)

○ $13.55 for Medicare Advantage (Urban)

*This code is **NOT** currently reimbursable for BCBS commercial plans*

Store and Forward - CPT Code G2010

- Harvard Pilgrim Health Care The current base reimbursement rate for when billing under the practices designated NEPHO HPHC Tax ID is $16.63. This is the non-facility (office) rate which is what HPHC has historically applied to claims billed with either the office or telehealth place of service code.

Please see the link below for billing information:
https://www.harvardpilgrim.org/pls/portal/docs/PAGE/PROVIDERS/EXTERNAL%20COVID19%20PROVIDER%20INFO%20V34%2005.21.20.PDF

Telemedicine/Telehealth

- As telemedicine visits may help limit the spread of the disease, Harvard Pilgrim is emphasizing telemedicine services to our members and expanding the scope of our telemedicine coverage for telephone only, audio/video, and e-visits. We have developed an interim Telemedicine and Telehealth Payment Policy to provide guidance for providers and office staff, including billing/coding guidance for our commercial products. Please refer to CMS guidelines for billing instructions for Medicare Advantage.
  - Commercial plans: To ensure that your commercial claim processes correctly, in addition to your standard claim coding it's important to report all telemedicine/telehealth services with POS 02 with an appropriate modifier (95 GT, GQ, G0).
    - As our policy notes, we reimburse for CPT codes 99421, 99422, 99423; however, we will also accept G2010 and G2012.

Store and Forward - CPT Code G2010

▶ Tufts Health Plan, Tufts Health Public Plan and Tufts Medicare Preferred

Tufts Unify is currently the only product reimbursing for code G2010, however this product is not included in the BILHPN/NEPHO contract. You may hold a contract individually or with another PHO/IPA that includes this product

Please note: If a specific contract calls for Medicare pricing, G2010 may be reimbursable for the Commercial or THPP products at the statewide rate.

Telehealth Exam Template Example

▶ Audio Only Visit (Phone Calls – 99441-99443)

❑ no sign of distress, no signs of respiratory distress, speaking full sentences, alert and oriented, organized thought pattern, no coughing on the phone, no wheezes audible, voice is clear, speech not slurred

▶ **Example** Telehealth physical exam template for a video visit:

❑ no sign of distress, no signs of respiratory distress, speaking full sentences, alert and oriented, organized thought pattern, no coughing on the phone, no wheezes audible, voice is clear, speech not slurred

❑ symmetric spontaneous facial muscle movement

❑ pupils symmetrical

❑ no skin rash, no skin lesions

❑ normal spontaneous muscle movement of all extremities

❑ normal gait

❑ no tremors

❑ no nail discoloration

❑ oral exam normal - tonsils

Telehealth Visit Types

▶ Simplest Level Visits
- ❑ Allergies
- ❑ Coughs/Colds/Flu
- ❑ Infections
- ❑ Insect Bites
- ❑ Sprains
- ❑ Gastrointestinal symptoms

▶ Chronic Condition Monitoring (Devices)
- ❑ Diabetes – GlucoTel supports blood glucose monitoring
- ❑ Anxiety/Depression – Medication follow-up and management
- ❑ Cardiac – Blood Pressure Cuff supports blood pressure monitoring
- ❑ Pulmonary – Monitor flare trends (COPD)
- ❑ Cancer – Post surgery visits/Review abnormal findings visit
- ❑ Stroke – Support patient recovery
- ❑ Obesity – Digital weight scale

Telehealth Chronic Disease Management

▶ Telehealth Supports Quality Patient Care

- ❑ Contact all patients who have not been seen since March 1, 2020 (COVID 19) with chronic conditions (diabetes, COPD, depression)

- ❑ Follow-up with all patients who had a Telehealth visit during COVID 19 with chronic conditions – review chronic conditions captured during the Telehealth visit and address missed coding opportunity for future visits (In Office or Video)

- ❑ Help monitor patient lifestyle: Remind patients to take their medication, eat healthy, or find ways to stay active, improving the patient's chances of recovery

- ❑ Educate patients on how to take care of their chronic conditions to help improve their outcomes overall and keep them engaged in their own care

- ❑ Help the patients better manage their treatment regime after a hospital stay, reducing their chances of being readmitted to the hospital

- ❑ Providers can be contacted immediately when chronic conditions worsen and if necessary urge the patient to go to the local emergency room to help support care in a timely manner

Use Telehealth to Improve Access to Care

- Medicare Annual Wellness Visits (AWV)
  - Perform a Risk Health Assessment (RHA)
    - Provider should complete the RHA with the patient during the exam
    - Patient can complete through patient portal before the exam
    - Staff can take information over the phone prior to the visits
  - Compile the patient's personal medical history and their family history
  - Establish a list of their current providers and healthcare suppliers
  - Measure their vitals to the best of your ability (Routine measurements like height, weight, body mass index (BMI), blood pressure, pulse, and temperature are documented as "patient-reported" or "unable to obtain due to COVID-19 public health emergency" if they could not be measured)
  - Screen for any concerning cognitive impairments
  - Review potential risk factors for depression or other behavioral health concerns (a PHQ-9 test can be administered for depression screening)
  - Review functionality, balance, fall risk, and level of safety in their environments
  - Devise an appointment schedule for the next 5 to 10 years
  - Offer health advice and referrals for health education or preventive counseling services or programs based on the patient's needs
  - Establish the risk factors and conditions for which primary, secondary, or tertiary interventions may be necessary or are already in motion
- Connect with High Risk Patients
  - Confirm they are safe during this time frame
  - Set up a Telehealth Visit to update chronic conditions status
  - Provide detail to in-person visit safety measures

Balance In-Person and Telehealth Video Visits

► **Involved Practice Team in discussions of telehealth program build**: maintaining a sustainable program means having a team that supports it! Ask each team member for ideas from their department when building a program - IT TAKES A VILLAGE!

► **Educate Patient**: Having a patient advocate that can help support patients through this the telehealth set up will help better manage patient onboarding to the telehealth services. Before onboarding a patient to the services promote the services in different ways:

  ► Have Providers promote the use

  ► Have Schedulers offer these as an additional service when booking future appointments

  ► Promote across all platforms - Utilize all your practice channels; website, email promoting, appointment confirmation text messaging, facebook/social media, practice patient portal, flyers, online advertising, referrals, to help promote and educate patients on this new program development.

► **Develop New Workflow:** When you first begin to offer telehealth services permanently, you need to determine a few things:

  ► How many days per week will you offer telehealth?
  ► How many hours per day?
  ► How will this impact your day to day functions in the office?
  ► How will your staff your staff manage the extra scheduling tasks?
  ► Patient scope for those you want to utilize telehealth services
  ► Determine a requirement surrounding how often do you want the patient to come back into the practice for a in-person visit after x amount of telehealth

Continue to Evolve

COVID-19 has been a chance to test the telehealth waters - now it is time to dive in to what will be the future of medicine.

Let go of fear..

We encourage you to seek ways to evolve as we move forward - look at different telehealth tools that you can used to enhance the patient experience.

Technologies to explore:
- Web-based or mobile apps for uploading information, such as blood glucose readings
- Devices that measure and wirelessly transmit information, such as blood pressure, blood glucose or lung function
- Wearable devices that automatically record and transmit information, such as heart rate, blood glucose, gait, posture control, tremors, physical activity or sleep patterns
- Home monitoring devices for older people or people with dementia that detect changes in normal activities such as falls

Resources

- https://med.noridianmedicare.com/web/jeb/specialties/em

- https://emuniversity.com/

- https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Evaluation-and-Management-Visits

- NEPHO Contacts:

  - Shawn Bromley: shawn.m.bromley@lahey.org and/or 978-236-1704

    Director of Contracting and Operations, NEPHO

  - Alycia Messelaar: alycia.messelaar@lahey.org and/or 978-236-1784

    Manager, Provider and Payor Relations