2021Massachusetts Telehealth Coding and Billing Update

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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

- Introduction – Massachusetts Telehealth
- 2021 Telehealth Updates
  - 2021 Telehealth Policies
  - Massachusetts Legislative Update
  - Extended Audio Only Services
  - Frequency Limitation Updates for Telehealth in Nursing Facilities
  - Policy Updates for Technology Based Services
  - Patient Experience Survey - Telehealth
  - State Licensing Updates – Providing Services Across State Lines
- 2021 Telehealth Coding and Billing Updates
- 2021 E/M Updates (Telehealth Documentation)
  - Time Leveling
  - Medical Decision Making (MDM) Leveling
  - Documentation Examples

Massachusetts 2021 Telehealth

- New Legislative Bill signed by Governor Charles Baker January 1, 2021
- Payer Parity for Primary Care, Behavioral Health, and Chronic Care Management for Telehealth
- Telehealth scope of services have expanded and will remain in place past the pandemic
- Massachusetts Division of Insurance (DOI) is holding payers accountable for these changes
- Expansion of Telehealth in Massachusetts will help support practices and providers enhance their current Telehealth program and better support patient management of care
- Telehealth will better support high risk patient care and offer additional access to chronic care management
- Massachusetts Telehealth services are now being mandated to be reimbursed appropriately for clinical and medical necessity patient support

2021 Telehealth Policies

- Public Health Emergency (PHE) has been extended until April 2021.
- Until December 31, 2021, or the end of the PHE (whichever is later), “direct supervision” can be provided using real-time, interactive audio-video technology. Under the new definition, direct supervision can be met if the supervising physician is immediately available to engage via interactive audio-video. The new definition opens opportunities for telehealth and incident-to billing. CMS will study and collect data on whether this change may be appropriate on a permanent basis after the PHE expires.
- On an interim basis, for the duration of 2021, CMS extended services delivered via synchronous communications technology, including audio-only (e.g., virtual check-ins). Online digital evaluation and management (E/M) services.
- HCPCS codes G2061 through G2063 may be billed by licensed clinical social workers, clinical psychologists, physical therapists (PT), occupational therapists (OT), speech language pathologists (SLP), and other non-physician practitioners who bill Medicare directly for their services, when the service falls within the scope of the practitioner’s benefit category. (this is a permanent change effective 1/1/2021)
- CMS is reducing the frequency limitation for coverage of subsequent nursing facility care services furnished via telehealth from once every 30 days to once every 14 days. (Frequency limitations have already been temporarily waived for the duration of the PHE, this new rule change is permanent, effective January 1, 2021. CMS declined to make any changes to the telehealth frequency limitations for hospital inpatient visits and critical care consultations.

Massachusetts Legislative Bill Signed 1/1/2021

- Strengthening Telehealth Coverage: Mandates permanent payment parity for Behavioral Health services and established parity for Primary Care and Chronic Care Management for the next two years.
- Currently Audio only and E/M (face-to-face) are being reimbursed equally – this bill will help keep this balance in place as we move past the pandemic.
- It requires payers to cover all such services delivered via telehealth that are also offered in-person, and to reimburse providers at the same rate.
- Permanent Expansion for scope of practice for NPs, Nurse Anesthetists, Psychiatric Nurse Mental Health Specialists & Optometrists.
- Protects consumers from surprise billing – the bill requires providers to notify patients if procedure is in or out of network – There is work being done to have a default rate for out-of-network billing by 9/1/2020.

Massachusetts Legislative Bill (continued)

- Improve coverage for COVID 19 Testing and Treatment – this improvement will include asymptomatic individuals.
- This bill is a shift from episodic care to care management, and it will help embrace preventive care measures that improve long-term health outcomes and reduce waste and excessive use. This will help lower visits to urgent care and Emergency Room.
- This bill will better support chronic care management to patients with conditions such as; diabetes, vascular disease, weight management, and mental health.
- This bill will help address areas of gaps in patient care management.
- Increase access to urgent care for Mass Health and eliminate referral requirements.

Audio Only Visit Updates

The new bill mandates that the Group Insurance Commission and all Carriers shall not impose any specific requirements on the technologies used to deliver telehealth services (including any limitations on audio-only or live video technologies). Audio only telehealth codes currently approved that they only be used during the PHE, this code could extend beyond the PHE. The communication technology must be synchronous and is subject to the same billing requirements as the other virtual services. CMS will consider whether this interim policy should be adopted permanently.

Codes: 99441, 99442, 99443 - non face-to-face telephone only (Audio Only)

- 99441: 5-10 minutes of discussion
- 99442: 11-20 minutes of discussion
- 99443: 21-30 minutes of discussion

Frequency Limitation Updates for Nursing Home Care

- CMS is reducing the frequency limitation for coverage of subsequent nursing facility care services furnished via telehealth from once every 30 days to once every 14 days.
- The original 30-day restriction was due to concerns on the acuity and complexity of nursing facility residents, and to ensure nursing facility residents have frequent encounters with their admitting practitioner.
- CMS was persuaded that the use of telehealth is crucial to maintaining continuity of care in nursing facilities, and to honor the independent medical judgment of treating clinicians to decide whether telehealth vs in-person care should be used, depending on the needs of each specific resident.
- Frequency limitations have already been temporarily waived for the duration of the PHE, but this new rule change is permanent, effective January 1, 2021.
- CMS declined to make any changes to the telehealth frequency limitations for hospital inpatient visits and critical care consultations.

Documentation Requirements for Telehealth

- Providers delivering services via telehealth must meet all health records standards required by the applicable licensing body as well as any applicable regulatory and billing provisions.
- Providers must include a notation in the medical record that indicates that the service was provided via telehealth and confirm patient identity (e.g., name, date of birth or other identifying information as needed).
- If a service code is time-based, evidence of time must be documented.
- Best practices suggest including:
  - A statement that the service was provided using telemedicine or telephone consult.
  - The location of the patient.
  - The location of the provider
  - The names of all persons participating in the Telehealth service and their role in the encounter.

Patient Experience Survey Review

CLIENT LOGO

MEDICAL PRACTICE TELEMEDICINE SURVEY

We thank you in advance for completing this questionnaire. When you have finished, please mail it in the enclosed envelope.

INSTRUCTIONS: Please rate the services you received from our practice. Select the response that best describes your experience. If a question does not apply to you, please skip to the next question. Space is provided for you to comment on good or bad things that may have happened to you.

Please use black or blue ink to fill in the circle completely.
Example: ●

ACCESS	very poor 1	poor 2	fair 3	good 4	very good 5
1. Ease of arranging your video visit	○	○	○	○	○
2. Ease of contacting (e.g., email, phone, web portal) us	○	○	○	○	○

Comments (describe good or bad experience):

Patient Experience Survey Review (continued)

CARE PROVIDER	very poor 1	poor 2	fair 3	good 4	very good 5
DURING YOUR VIDEO VISIT, YOUR CARE WAS PROVIDED PRIMARILY BY A DOCTOR, PHYSICIAN ASSISTANT (PA), NURSE PRACTITIONER (NP), OR MIDWIFE. PLEASE ANSWER THE FOLLOWING QUESTIONS WITH THAT HEALTH CARE PROVIDER IN MIND.					
1. Concern the care provider showed for your questions or worries	○	○	○	○	○
2. Explanations the care provider gave you about your problem or condition	○	○	○	○	○
3. Care provider's efforts to include you in decisions about your care	○	○	○	○	○
4. Care provider's discussion of any proposed treatment (options, risks, benefits, etc.)	○	○	○	○	○
5. Likelihood of your recommending this care provider to others	○	○	○	○	○

Comments (describe good or bad experience):_____

TELEMEDICINE TECHNOLOGY	very poor 1	poor 2	fair 3	good 4	very good 5
1. Ease of talking with the care provider over the video connection	○	○	○	○	○
2. How well the video connection worked during your video visit	○	○	○	○	○

Patient Experience Survey Review (continued)

TELEMEDICINE TECHNOLOGY (...continued)	very poor 1	poor 2	fair 3	good 4	very good 5
3. How well the audio connection worked during your video visit	○	○	○	○	○

Comments (describe good or bad experience):_____

_____

_____

OVERALL ASSESSMENT	very poor 1	poor 2	fair 3	good 4	very good 5
1. How well the video visit staff (including the care provider) worked together to care for you	○	○	○	○	○
2. Likelihood of your recommending our video visit service to others	○	○	○	○	○

Comments (describe good or bad experience):_____

_____

_____

Patient's Name: (optional)_____

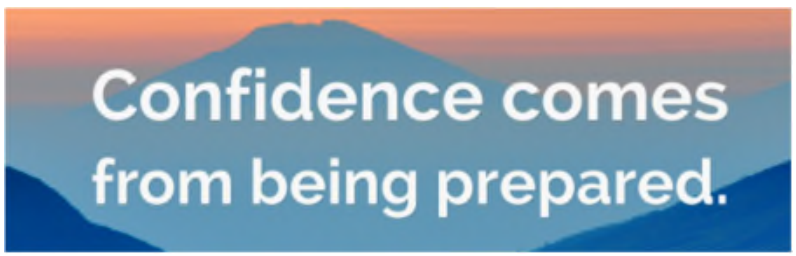
Telephone Number: (optional)_____

Out of State Licensing Guidance

- We urge each provider to be licensed in the state where the patient is located, unless there are provisions in place otherwise due to the pandemic.
- Keep a continuous eye on the changes for each state that you are seeing patients in and do not hold a license to practice, as changes are fluent.
- Federation of State Medical Boards that provides guidance by state, as each state has put in place their own rules and regulations in response to the pandemic - https://www.fsmb.org/siteassets/advocacy/pdf/states-waiving-licensure-requirements-for-telehealth-in-response-to-covid-19.pdf
  - The FSMB website breaks down state specifics surrounding out-of-state physicians; pre existing provider-patient relationships; audio-only requirements; etc.

Our Recommendations

- Before the pandemic, seeing patients across state lines via telehealth without being licensed in the state the patient was physically sitting in was considered practicing without a license. The dust is still settling - although telehealth is the new normal, state medical boards will continue drive their own rules and regulations.
- We recommend you begin to analyze patient data to determine where your patients are living to best determine the states that each provider would benefit in obtaining a state license within.
- Additional licensing guidance can be found at: https://www.nepho.org/nepho-out-of-state-licensing-guidance/



2021 Coding and Billing Updates

CMS also finalized its proposal to allow all Category 3 telehealth services added to the Medicare telehealth list during the public health emergency (PHE) for the COVID-19 pandemic to remain on the list through the calendar year in which the PHE ends. These Category 3 services include the following:

- Domiciliary, Rest Home, or Custodial Care services, Established patients (CPT 99336-99337)
- Home Visits, Established Patient (CPT 99349-99350)
- Emergency Department Visits, Levels 1-5 (CPT 99281-99285)
- Nursing facilities discharge day management (CPT 99315-99316)
- Psychological and Neuropsychological Testing (CPT 96130- 96133; CPT 96136- 96139)
- Therapy Services, Physical and Occupational Therapy, All levels (CPT 97161- 97168; CPT 97110, 97112, 97116, 97535, 97750, 97755, 97760, 97761, 92521- 92524, 92507)
- Hospital discharge day management (CPT 99238- 99239)
- Inpatient Neonatal and Pediatric Critical Care, Subsequent (CPT 99469, 99472, 99476)
- Continuing Neonatal Intensive Care Services (CPT 99478- 99480)
- Critical Care Services (CPT 99291-99292)
- End-Stage Renal Disease Monthly Capitation Payment codes (CPT 90952, 90953, 90956, 90959, and 90962)
- Subsequent Observation and Observation Discharge Day Management (CPT 99217; CPT 99224- 99226)

This link provides the most recent telehealth payer updates: **http://www.massmed.org/Patient-Care/COVID-19/Plan-Specific-Coverage-for-COVID-19/**

Time Leveling Redefined

- New Patient Codes
  - 99202: 15-29 minutes
  - 99203: 30-44 minutes
  - 99204: 45-59 minutes
  - 99205: 60-74 minutes
- Established Patient Codes
  - 99211: Outlier
  - 99212: 10-19 minutes
  - 99213: 20-29 minutes
  - 99214: 30-39 minutes
  - 99215: 40-54 minutes

MDM Updates

- Revision of MDM definitions
- Number and Complexity of Problems Addressed
- Amount and/or Complexity of Data to be Reviewed and Analyzed
- Risk of Complications and/or Morbidity or Mortality of Patient Management
- There will be a new table for calculating medical decision-making
  - “Number of diagnosis or management options” will become “Number and complexity of problems addressed”
  - “Amount and/or complexity of data to be reviewed” will become “Amount and/or complexity of data to be reviewed and analyzed”
  - “Risk of complications and/or morbidity or mortality” will become “Risk of complications and/or morbidity or mortality of patient management”

MDM Table Example Level 3

Elements of Medical Decision Making | *2 of 3 Elements Required*

Problems Addressed (Low)	Data Reviewed (Limited)	Risk of Complications/ Patient Management (Low)
• 2 or more self-limited or minor problems **OR** • 1 stable chronic illness **OR** • 1 acute, uncomplicated illness or injury	**Category 1**: Tests and documents Any combination of 2 from the following: • Review of prior external note(s) from each unique source* • Review of the result(s) of each unique test* • Ordering of each unique test* ***Each unique test, order, or document contributes to the combination of two.*** **OR** **Category 2:** Assessment requiring an independent historian(s)	Low risk of morbidity from additional diagnostic testing or treatment

New Patient 30-44 minutes **Est. Patient 20-29 minutes**

MDM Table Example Level 4

Elements of Medical Decision Making | *2 of 3 Elements Required*

Problems Addressed (Moderate)	Data Reviewed (Moderate)	Risk of Complications/ Patient Management (Moderate)
• 1 or more chronic illnesses with exacerbation progression, or side effects of treatment **OR** • 2 or more stable chronic illnesses **OR** • 1 undiagnosed new problem with uncertain prognosis **OR** • 1 acute illness with systemic symptoms **OR** • 1 acute complicated injury	***(Must meet 1 out of 3 categories)*** **Category 1**: Tests, documents, or independent historian(s) Any combination of 3 from the following • Review of prior external note(s) from each unique source* • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) † **Each unique test, order, or document contributes to the combination of three.** **OR** **Category 2**: Independent interpretation of a test performed by another physician or QHP **OR** **Category 3**: Discussion of management or test interpretation with other QHP	Moderate risk of morbidity from additional diagnostic testing or treatment **Sample Conditions** • Prescription drug management • Minor surgery with risk factors • Elective major surgery without risk factors • Diagnosis or treatment significantly limited by social determinants of health

New Patient 45-59 minutes **Est. Patient 30-39 minutes**

Telehealth Documentation Examples

- Document plan of care for chronic conditions, condition status
  - **Example:** A Fib I48.91 – heart rate within normal limits, converting back to normal sinus rhythm, apixaban is helping to regulate heart rate
- Chronic conditions need to be captured/recaptured annually
  - **Example:** Depression (F33.8) or depression in remission (F33.4), Opioid dependence (F11.20) or opioid dependence in remission (F11.21) (Depression: when depression has stabilized coding depression in remission would be appropriate)
- Chronic conditions should be discussed and documented during a new patient visit
  - **Example:** New patient visit with the following chronic conditions: Hypertension I10, CKD stage 3 N18.31, Recurrent depressive disorder F33.8, Opioid dependence in remission F11.21
- Document confirmed chronic conditions to their highest specificity
  - **Example:** Diabetes with CKD stage 3: E11.22, N18.31 (1st code diabetes with chronic kidney disease then code chronic kidney disease)

Telehealth Exam Components Capture

- Exam components to help support a Telehealth exam:
  - HEENT: Use a flashlight or phone based light to look at the throat and nose
  - Skin: Have the patient press on a rash to observe any scaling or redness
  - Cardiovascular: Find pulses at the radial, carotid, femoral and jugular venous
  - Abdominal exam: Have the patient feel for masses and/or describe location of symptoms such as pain
  - Musculoskeletal: Self palpitation can be used to show locations of pain or point of tenderness. Range of motion can be assessed and directed by the provider
  - Neurologic: Observe patient gait, have them squat and get up and down from a chair and/or walk across the room

  Have the patient be more involved and interactive in the visit, have patient family members or care giver offer additional information to better support the reason for the visit. Include their information in the note to help support the visit medical necessity.

NEPHO Coding Support

- Shawn Bromley @ shawn.m.bromley@lahey.org or 978-236-1704
- Helpful Resources:
  - https://emuniversity.com/
  - https://www.mass.gov/info-details/covid-19-vaccine-frequently-asked-questions
  - https://www.mass.gov/info-details/massachusetts-covid-19-vaccine-information
  - https://mhealthintelligence.com/news/baker-signs-massachusetts-telehealth-bill-with-parity-provisions-into-law