Utilizing Telehealth Services to Enhance Practice Revenue

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Agenda

- How to Utilize Telehealth to Maximize Practice Revenue
- Services Supported by Telehealth
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Utilizing Telehealth to Increase Revenue

➤ Telehealth can be utilized to increase practice revenue while improving patient access to care

➤ There is shift from traditional face-to-face in person visits to face-to-face visits virtually (audio/video and audio only)

➤ Knowledge of services that can be provided via Telehealth will offer patients additional access to care

   o Improving patient compliance in following plan of care plan

   o Offering additional access to healthcare will support positive patient health status outcomes

   o Improving patients health that have chronic conditions

   o Reduces face-to-face office visit cancellations and no-shows

   o Supports patient interaction in their plan of care – offers opportunity to be more involved in their health outcome

Improve Patient Interest In Telehealth

➢ The use of telehealth continues to be critical to the management of the COVID-19 pandemic and ensures uninterrupted care for patients, including those with chronic conditions.

➢ Telehealth has historically been referred to as remote clinical services, telehealth can refer to an array of services using technology to support the patient visit, this could include:

❑ Real-time, audio-video visits

❑ Real-time, audio only visits

❑ Store-and-forward technologies

❑ Online digital visits and/or brief check-in services, including verbal/audio-only check-ins

❑ Inter-professional internet consultations (email/text)

❑ Remote patient-monitoring

➢ Keep a daily schedule available for virtual visits:

❑ Have a few days a week to schedule virtual visits

❑ Diabetes care management, medication refills and medication check, weight management, mental health follow-ups, lab results, test results

Services Supported by Telehealth

➤ Transitional Care Management (TCM) involve a transition of care from one of the following hospital settings:

  ❑ Inpatient acute care hospital • Inpatient psychiatric hospital • Long-term care hospital • Skilled nursing facility • Inpatient rehabilitation facility • Hospital outpatient observation or partial hospitalization • Partial hospitalization at a community mental health center

➤ Annual Wellness Visits (AWV): The Annual Wellness Visit (AWV) is a yearly appointment with your primary care provider (PCP) to create or update a personalized prevention plan. This plan may help prevent illness based on your current health and risk factors. Keep in mind that the AWV is not a head-to-toe physical

➤ Chronic Care Management Codes (CCM, CCCM, PCM): These services support care for chronic conditions that pose a significant risk of death, acute decompensation, or decline.

➤ Management of Care Services: Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure)

➤ Social Determinants of Health: SDOH are conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes. The connection between people's access to and understanding of health services and their own health

➤ Modifier 93 – Synchronous Telehealth Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System was effective January 1, 2022

Transitional Care Management (TCM)

➤ TCM

❑ There are two CPT codes that may be used to report TCM both codes require:

○ Patient communication (direct contact, telephone, electronic) with the patient and/or caregiver within two business days of discharge. This communication needs to be documented in the EHR.

▪ 99495 Transitional Care Management Services with the following required elements:

❖ Medical decision making of at least moderate complexity during the service period

❖ Face-to-face visit within 14 calendar days of discharge

▪ 99496 Transitional Care Management Services with the following required elements:

❖ Medical decision making of high complexity during the service period

❖ Face-to-face visit within 7 calendar days of discharge

Annual Wellness Visits (AWV)

➢ The AWV is a comprehensive wellness check that allows providers to collect hierarchical condition category (HCC) codes, target and close care gaps.

➢ G0438: Initial AWV & G0439: Subsequent AWV

➢ Perform a Health Risk Assessment (HRA could be completed by the patient prior to the visit)

➢ 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

Chronic Care Management

❑ There are two CCM CPT codes that may be used to report CCM services with an add on code for each service. The services can be reported once per calendar month and time includes; clinical staff time directed by a physician or other qualified health care professional.

➢ 99490 (first 20 minutes)

❖ Patient must have 2 or more chronic conditions, lasting up to 12 months or more, or until death of patient

❖ Chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline

❖ There needs to be documented moderate decision making (MDM) with a comprehensive care plan established

➢ 99439 +add on code (each additional 30 minutes)

➢ 99491 (first 30 minutes)

❖ Must have 2 or more chronic conditions, lasting up to 12 months or more or until death of patient

❖ Chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline

❖ There needs to be documented moderate decision making (MDM) with a comprehensive care plan established

➢ 99437 +add on code (each additional 30 minutes) **This is a new code in 2022**

Complex Chronic Care Management (CCCM)

❑ There are 2 CCCM CPT codes that may be used to report CCCM services with an add on code. The service can be reported once per calendar month and time includes; clinical staff time directed by a physician or other qualified health care professional.

- ➢ 99487 (first 60 minutes)

  - ❖ Must have 2 or more chronic conditions, lasting up to 12 months or more or until death of patient

  - ❖ Chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline

  - ❖ There needs to be documented moderate decision making (MDM) with a comprehensive care plan established

- ➢ 99489 +add on code (additional 30 minutes)

Principal Care Management (PCM)

- ❑ There 2 new CPT codes that may be used to report Principal Care Management services with add on codes. The service can be reported once per calendar month.
  - ➢ 99424 (first 30 minutes) Performed by physician of other qualified health care provider.
    - ❖ They have one complex chronic condition lasting at least three months.
    - ❖ The condition is severe enough that the patient is at risk for hospitalization or was recently hospitalized due to the condition.
    - ❖ The condition requires development or revision of a disease-specific care plan.
    - ❖ The condition requires frequent adjustments in the medication regimen, and/or the management of the condition is unusually complex due to comorbidities.
  - ➢ 99425 +add on code (additional 30 minutes)
  - ➢ 99426 (first 30 minutes) Directed by physician or other qualified health care provider.
  - ➢ 99427 +add on code (additional 30 minutes)

Remote Therapeutic Monitoring (RTM) Services

RTM is designed for the management of patients using medical devices that collect non-physiological data. Data around indicators such as therapy/medication adherence, therapy/medication response, and pain level can be collected and billed under the new RTM codes that include the following:

- **98975:** RTM (e.g. respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment.

- **98976 :** RTM (e.g. respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (e.g. daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days

- **98977:** RTM (e.g. respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (e.g. daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days

- **98980:** RTM treatment, physician/other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month; first 20 minutes

- **98981:** Remote therapeutic monitoring treatment, physician/other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month; each additional 20 minutes

Serious Illness Conversations via Telehealth

A virtual visit is often ideal for a serious illness conversation and are billed using Advanced Care Planning (ACP) codes 99497 and 99498. Things to consider when having the conversation virtually:

➤ Patients may or may not want family members involved when discussing their priorities. Make sure to cue the patient to invite those they want to be involved and/or to consider moving to a private setting, if possible and desired.

➤ Since patients are in their home, their environment may change during the visit. For example: their kids or grandkids may enter the room. You can check in with patients to make sure they are ok to continue the discussion.

➤ Pay attention to signs that the patient is struggling with the discussion. If they are breaking eye contact, shifting in their seat, or appear uncomfortable, you can say: "I know this is hard to talk about, and I think we covered a lot today. Thank you so much for sharing. What are your thoughts about shifting gears and talking about something else?"

➤ Ending a telehealth session, especially one that focuses on a potentially sensitive discussion, can feel unnatural and abrupt. Toward the end, begin to wind down the conversation so the patient can feel more integrated and less emotional. For example: "We are committed to caring for you and will do everything we can to support you through this." Consider naming when you have a short amount of time left: "I see that we have 10 minutes remaining. I wonder what might be most helpful to discuss as we finish up our appointment for today?"

Telehealth Rules and Regulations

- Telehealth includes the following services:

    - interactive audio-video technology;

    - remote patient monitoring devices;

    - audio-only telephone; and

    - online adaptive interviews, for the purpose of evaluating, diagnosing, consulting, prescribing, treating or monitoring of a patient's physical health, oral health, mental health or substance use disorder condition.

- While all services that can be appropriately delivered via telehealth will continue to be covered permanently, requirements for parity in reimbursement are scheduled to sunset at various times, depending on the type of care. Specifically:

    - Behavioral health services, including those delivered through interactive audio-visual and audio-only technologies, will continue to be reimbursed on par with in-person services in perpetuity.

    - Primary care and chronic disease management services will be reimbursed at parity for 2 years from the effective date of C.260, through the calendar year 2022.

    - The requirement to reimburse all other services delivered via telehealth at parity will no longer be statutorily mandated as of September 13, 2021.

Telehealth Rules and Regulations (continued)

➢ In the interim, the DOI has issued guidance via **Bulletin 2021-10** outlining requirements that carriers amending their telehealth reimbursement policies submit an implementation plan for review by the DOI. **Massachusetts law requires carriers to give physicians and patients 60 days-notice of material changes in telehealth reimbursement. Once implementation plans are submitted to the Division and proper notice is effectuated, plans may implement changes consistent with Chapter 260 subject to updating consistent with regulations when finalized by the Division.**

➢ The COVID-19 State of Emergency was lifted on June 15th, 2021, triggering the sunset of certain requirements for telehealth reimbursement parity.

➢ The Massachusetts Department of Public Health, pursuant to the current Public Health Emergency (PHE) declared on May 28, 2021, issued and order authorizing physicians licensed in good standing in another state to apply for an Emergency Temporary License in Massachusetts that shall remain valid through June 30, 2022.

➢ For Massachusetts physicians looking to continue to provide care via telehealth for your patients who may be out-of-state, you should look to the current regulations for the state in which your patient is located.

➢ For providers/practices providing services outside Massachusetts please review the State tax laws and understand potential tax implications for providing Telehealth services.

Smoking Cessation

➢ Medicare covers 2 cessation attempts per 12-month period. Each attempt includes a maximum of up to 4 intermediate (**99406**) or intensive (**99407**) counseling sessions, with a total Medicare benefit of 8 sessions per year.

➢ **99406** – Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

➢ **99407** – Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes

➢ A modifier 25 may be appropriate to append to the primary E/M visit code – These are time based codes so time needs to documented

➢ Documentation should include the following:

    ❑ Patient's willingness to attempt to quit

    ❑ What was discussed during counseling

    ❑ Amount of time spent counseling

    ❑ Tobacco use

    ❑ Advice to quit and impact of smoking provided to patient

    ❑ Methods and skills suggested to support cessation

    ❑ Medication management

    ❑ Setting a quit date with the patient

    ❑ Follow-up arranged

    ❑ Resources made available to the patient

Alcohol and Substance Abuse Management

Both CPT codes are for billing alcohol and/or substance abuse (other than tobacco) screening and brief intervention services:

- ❑ CPT code 99408 is for brief intervention between 15-30 minutes

- ❑ CPT Code 99409 is for brief interventions greater than 30 minutes

➤ The time for CPT 99408 and CPT 99409 includes the time spent both administering the screening/ assessment and the time spent reviewing the results, and counseling the patient.

➤ Time spent performing an E/M service cannot be counted toward the 15-minute minimum for 99408. To determine whether you can bill for 99408, consider the following question:

- ❑ Does the 15-30 minutes include the time spent on the E/M service **OR is the time spent with the patient an additional 15-30 minutes to administer the screening, review, and discuss the results with the patient?**

- ❑ Modifier 59 is used to identify procedures/services that are not normally reported together, but are appropriate under the circumstances. This may represent a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same physician.

- ❑ NOTE: Modifier 25 should be appended to the E/M and modifier 59 should be appended to the 99408/ 99409 CPT code.

COVID Counseling, Diabetes, Nutrition, and Weight Management

➢ New or established patient counseling and/or Risk Factor Reduction Intervention Services:

> ➢ 99401 to 99404:Preventative medicine counseling and/or risk factor reduction intervention (s) provided to an individual, up to 15 minutes has been added to counsel Medicaid beneficiaries regarding the benefits of receiving the COVID-19 vaccine

> ➢ Codes can be billed at only one visit for each beneficiary per day, but there are not quantity limits for the number of times this education is provided to an individual beneficiary

> ➢ Providers must bill CPT 99401-99404 with a CR modifier and there is no requirement for a specific diagnosis code

>> ❑ 99401 Preventive counseling or risk factor reduction: 15 minutes

>> ❑ 99402 Preventive counseling or risk factor reduction: 30 minutes

>> ❑ 99403 Preventive counseling or risk factor reduction: 45 minutes

>> ❑ 99404 Preventive counseling or risk factor reduction: 60 minutes

> ➢ Per CPT preventive medicine coding guidelines, "modifier 25 should be added to the Office Outpatient code to indicate that a significant, separately identifiable Evaluation and Management service was provided by the same physician on the same day as the preventive medicine service. The appropriate preventive medicine service is additionally reported.

Digital and E/M Telehealth Services

Digital E/M Services

➢ Online digital E/M services for established patient for a period of up to 7 days, cumulative time during the 7 days. These codes can be billed once a week and cannot be billed within a 7-day period of a separately reported E/M service, unless the patient is initiating an online inquiry for a new problem not addressed in the separately reported E/M visit. These services must be initiated by the patient (e.g., patient portal, e-mail).

❑ Physicians report:

❑ 99421: 5-10 minutes

❑ 99422: 11-20 minutes

❑ 99423: 21 or more minutes

Telephone E/M Services

➢ Telephone or audio-only evaluation and management services for new and established patients, cannot originate from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.

❑ 99441: 5-10 minutes of medical discussion

❑ 99442: 11-20 minutes

❑ 99443: 21-30 minutes

Telehealth Reimbursement Potential

Service Code	Medicare Rates	Commercial Rates (range)
99495	$216.96	$365.64
99496	$292.47	$494.88
99490	$66.19	$71.76
99439	$50.18	$65.77
99491	$88.85	$141.40
99437	$63.17	
99487	$139.44	$163.75
99489	$73.16	$77.96
99424	$85.97	
99425	$62.07	
99426	$65.37	
99427	$50.17	
99497	$88.12	$147.36
99498	$76.20	$126.68

Telehealth Reimbursement Potential

Service Code	Medicare Rates	Commercial Rates (range)
G0438	$175.48	$294.47
G0439	$137.47	$233.43
98975	$20.41	
98976	$59.04	
98977	$59.04	
98980	$52.19	
98981	$42.21	
99401	$40.97	$70.23
99402	$67.53	$113.75
99403	$91.76	$155.67
99404	$117.88	$197.23
99406	$16.08	$27.20
99407	$29.57	$49.64
99408	$37.02	$62.02

Telehealth Reimbursement Potential

Service Code	Medicare Rates	Commercial Rates (range)
99409	$71.03	$118.56
99421	$15.70	$25.81
99422	$30.67	$51.61
99423	$49.90	$81.81
99441	$58.99	$100.43
99442	$95.04	$162.02
99443	$134.45	$229.09
99409	$71.03	$118.56
99421	$15.70	$25.81
99422	$30.67	$51.61
99423	$49.90	$81.81
99441	$58.99	$100.43
99442	$95.04	$162.02
99443	$134.45	$229.09

SDOH Reduces Health Disparities

➢ SDOH are conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes. The connection between people's access to and understanding of health services and their own health.

➢ Health outcomes are driven by an array of factors, including genetics, health behaviors, social and environmental factors, and health care.

➢ Studies suggest that health behaviors, such as smoking, diet, and exercise, and social and economic factors are the primary drivers of health outcomes, and social and economic factors can shape an individual's health behaviors.

➢ Efforts to improve health in the US have traditionally looked to the health care system as the key driver of health and health outcomes. There is increased recognition that improving health and achieving health equity will require multiple approaches that address social, economic, and environmental factors that influence health.

➢ With more focus on SDOH, public health organizations and their community partners can take action to improve the conditions in people's environments.

The 5 SDOH Domains

▶ There are five overall domains within the SDOH:

❑ **Economic stability**

  ○ This domain focuses on improving objectives that impact an individuals ability to obtain or maintain a steady income. It includes things related to employment programs, reliable child-care, and early interventions on factors that may limit someone's ability.

❑ **Health care access and quality**

  ○ Objectives within this domain area are focused on improving levels of education throughout the population. It has been well documented over the years that individuals with higher education levels tend to live longer and experience improved health and wellness when compared to those that are less educated.

❑ **Social and community context**

  ○ Objectives within this domain area are focused on improving individuals health by working towards increasing the number of individuals with access to a primary care provider; decreasing the number of individuals without appropriate health insurance coverage; and improving access to services and medications where affordability may be a factor.

5 SDOH Overall Domains (continued)

❑ **Education access and quality**

  o The domain is focused on measuring and working to improving safety for individuals in all areas where they may live, socialize, congregate, and work. Health risks are unfortunately plentiful in areas where there are high levels of crime, poor sanitation, unsafe air quality, and increased incidents of domestic violence.

❑ **Neighborhood and built environment**

  o An individual's health can often be impacted by the nature of their relationships with others. Those that have strong ties to family, friends, and community are more likely to take better care of themselves. A strong social network can also assist with mitigating some of the negative impacts associated with other SDOH domains.

SDOH Coding Examples

➢ A patient requiring dialysis treatments has no transportation and no access to public transportation. Therefore, her circumstance require discussions with home health for home treatments and/or researching community service options for help with transportation for those in need.

❑ **Z59.7** Insufficient social insurance and welfare support

➢ A patient requiring a specific drug that is very expensive, was recently laid off and has no income or prescription benefits. The decision might be made to try a different drug to ease the cost burden for the patient.

❑ **Z56.0** Unemployment, unspecified

❑ **Z59.7** Insufficient social insurance and welfare support

➢ A patient with a complicated medical history that includes multiple medications reports having trouble reading the prescription labels and remembering the medication schedule. He lives alone and currently has no support for these types of situations. This might require initiation of home health or some type of elderly assistance service.

❑ **Z55.0** Illiteracy and low-level literacy

❑ **Z60.2** Problems related to living alone

NEPHO Top 10 SDOH Codes

- Z56.0: Unemployment unspecified: **Example**: Patient was laid off from job

- Z56.6: Physical and mental strain related to work: **Example**: Patient works 3 jobs to manage home

- Z56.89: Other problems related to employment: **Example**: Patient is on disability due to recent injury

- Z63.0:Problems in relationship with spouse or partner: **Example**: Patient is separated from spouse

- Z63.3: Absence of family member: **Example**: Patient has recently gone through a divorce

- Z63.4: Disappearance and/or death of family member: **Example**: Husband/Wife passed away a year ago

- Z62.810: Personal history of physical and sexual abuse in childhood: **Example**: Patient experienced sexual abuse from 6-12 years by family member

- Z62.898: Other specified problems related to upbringing: **Example**: Patient does not speak to biological father

- Z63.7: Stressful events affecting family household: **Example**: Patient is having issues with teenage children

- Z72.3: Lack of physical exercise: **Example**: Patient does not exercise

Telehealth Service Opportunity Review

- Telehealth can offer additional reimbursement and increase practice revenue
- Telehealth can help to better manage high risk patients and patients with chronic conditions
- Telehealth can be utilized to offer counseling to support better patient health outcomes
- Telehealth can be used to capture a patients SDOH information
- Telehealth can help build a stronger provider/patient relationship
- Telehealth can used to promote healthy behavior; if patient is sick they can still have a visit with their provider
- Telehealth can be used for urgent care visits
- Telehealth can help medication management as patients can check in with their provider with questions or medication updates/changes
- Telehealth can be used for pediatric patient check ins

Resources

- **Shawn.m.bromley@lahey.org & Jessica.m.bryan@lahey.org**

- https://www.acc.org/latest-in-cardiology/articles/2021/12/22/17/03/ama-adds-new-cpt-modifier-for-audio-only-telemedicine-services

- https://www.acog.org/practice-management/coding/coding-library/managing-patients-remotely-billing-for-digital-and-telehealth-services

- https://www.massmed.org/Patient-Care/COVID-19/Telehealth-and-Virtual-Care/

- https://www.aapc.com/blog/50156-telehealth-faq-you-asked-we-answered/

- https://www.aapc.com/blog/77985-leveraging-telehealth/

- https://www.novitas-solutions.com/webcenter/portal/NovitasSolutions

- https://telehealth.hhs.gov/providers/billing-and-reimbursement/billing-and-coding-medicare-fee-for-service-claims