Telehealth: Best Practices, Innovative Approaches to Physical Exams, and Common Coding Issues

Wellforce Webinar Series – October

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Before we begin…

- We have **muted your speaker** to limit background noise.
- We ask that you please **turn your cameras off**.
- This webinar **will be recorded and posted** to the Wellforce website for future viewing.

Have a question?

- Please **use the "chat" feature** to submit your question.
- We will host questions following the presentations. If we do not get to your question, we will provide a response following the webinar.

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Welcome from Dr. Michael Wagner

Tonight's agenda

- **Telemedicine Best Practices**
  - Mariana Chemaly, MD
    Mill City Medical Group CIO
    PHO IT Medical Advisor
    Lowell General PHO
- **Innovative Approaches to the Physical Exam**
  - Andrew Chandler, MD, MHSA
    Family Physician, Medical Director for Patient Experience and Staff Satisfaction
    Tufts Medical Center Community Care
- **Common Coding Issues**
  - Donna Campbell
    Risk Adjustment Manager
    New England Quality Care Alliance
- **Q&A**

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Telemedicine Best Practices

Dr. Mariana Chemaly, Mill City Medical Group

Lowell General PHO

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Scheduling

- Schedule telemedicine appointments in blocks
- Use telemedicine appointments to extend office hours
- Stagger provider telemedicine schedules
- Set expectations for appointment:
  - Length of appointment
  - Topics that can be addressed via telemedicine
  - What to do if connectivity is interrupted
- Provider triggered appointment
- Appointment reminders

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Recommended Appointment Types

Internal Medicine

- ADD/ADHD
- Anxiety / Depression / Behavioral / Eating Disorders
- Acute visits
- Chronic Care Management
- Results Review (Abnormal)
- GI
- GYN
- Wellness Visits
- New patient
- Discharge (Inpatient, ED)
- Memory/Geriatric

Pediatrics

- ADHD/ADD
- Anxiety / Depression / Behavioral / Eating Disorders
- Acute visits
- Results Review (Abnormal)
- GI
- GYN
- Acne and other chronic skin conditions
- Wellness Visits
- New patient
- Discharge (Inpatient, ED)
- New mother support
- Infant feeding

For full list of appointment types, please refer to *Recommended Telemedicine Appointment*

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Front Office Staff and MA Workflow

Front Office Staff Workflow

- **Prepare patient for appointment**
  - Test technology with patient
  - Send link to visit
  - Instructions for registering and accessing the telemedicine

MA Workflow

- **Pre-visit planning for telemedicine visits**
  - Lab orders
  - Patient forms (PHQ9, registration, etc.)
  - Call patients for medication review, medical history, etc.

TIP

Create a checklist for staff to follow when scheduling appointments to ensure all pre-visit work and all topics are covered with the patient

Troubleshooting

- Identify a workflow if technology doesn’t work
- Patient Checklist:
  - Check internet connection
  - Make sure patient is in a place where you are comfortable speaking to a provider
  - Charge your cell phone, mobile device, or computer

Provider Workflow

- Identify yourself to new patients
- Confirm the patient's identity
- Verify that the patient's equipment is working
- Confirm the patient's location
- Ask if the patient has the privacy they need
- Keep the visit as much like an in-person visit as possible

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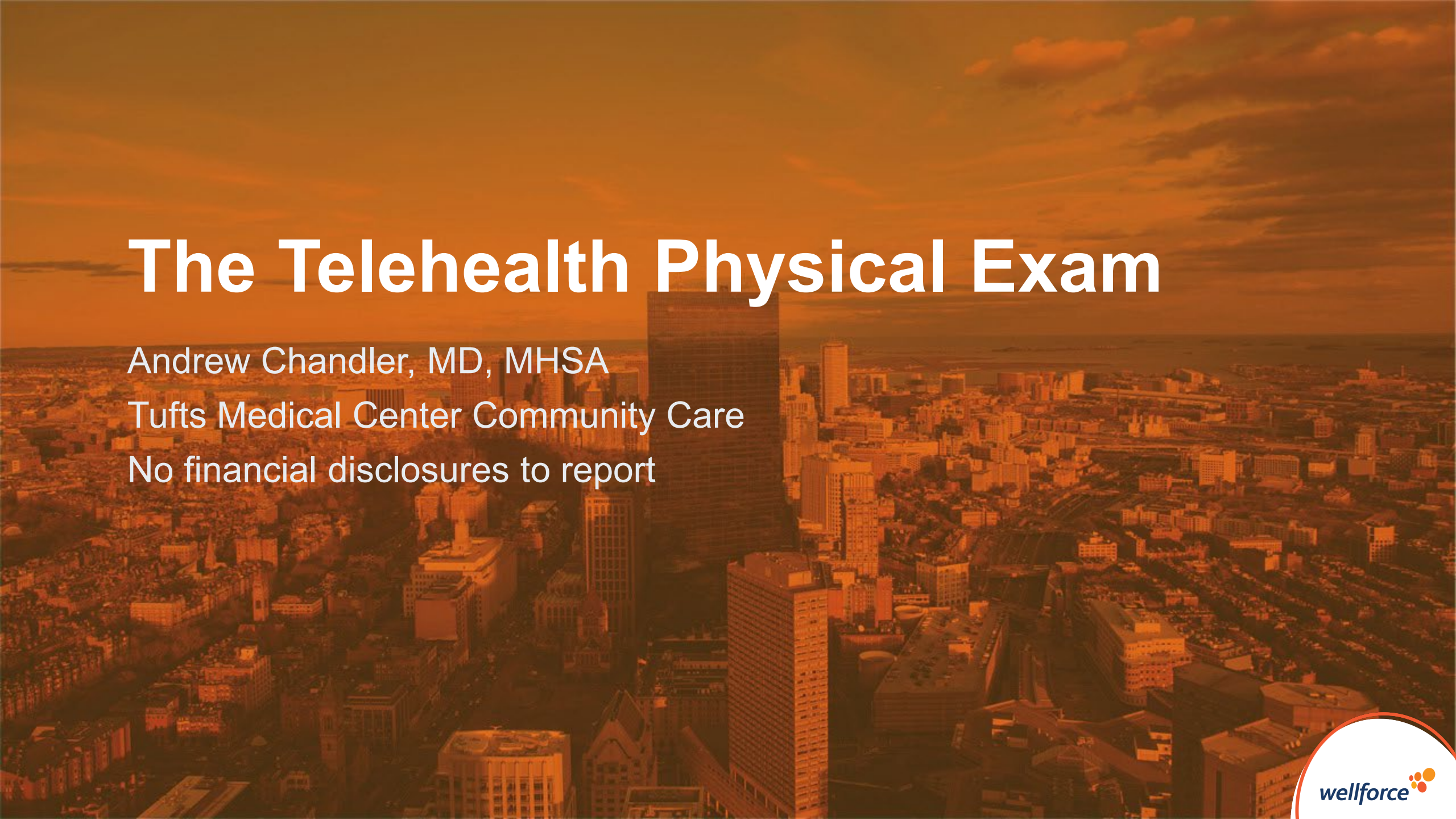

The Telehealth Physical Exam

Andrew Chandler, MD, MHSA
Tufts Medical Center Community Care
No financial disclosures to report

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Basic Equipment

- Thermometer
- Scale
- Blood Pressure Cuff
  - Low-cost examples:
    - Rite Aid Deluxe Automatic BP3AR1-4DRITE ($33)
    - A&D Medical UA767F ($50)
- Flashlight

Setting the Stage

- Connect with the patient
  - Look into the lens when possible
- Be prepared to demonstrate exam maneuvers, if able
- Be transparent about the limitations
  - “I can’t get a look into your ear, but..”

- When in doubt, do most of the exam, convert the missing elements to in-person

“Passive” examination

- Observations, without instructions

Documentation

- **General:** no acute distress
- **Lungs:** Speaking in full sentences without breaths mid-sentence. No neck accessory muscle use.
- **Psych:** alert and oriented to person, place, and time. Normal thought content and tone.
- **Skin:** normal skin tone, exam limited by video quality

“Active” examination

- Observations, with instructions

Documentation

- Elements of “Passive” examination, plus..
- “Examination was performed by patient via telehealth video, directed and observed by MD.”

Example

Sinusitis

Documentation

- Elements off “Passive” examination, plus..
- HEAD: face overlying **right maxillary sinus is tender to percussion.** Forehead and area overlying left maxillary sinus are nontender to percussion.
- EYES: no scleral injection
- EARS: external ears normal appearing
- NOSE: mucous at nares
- THROAT: no oral exudates
- NECK: nontender, normal ROM, no cervical lymphadenopathy
- “Examination was performed by patient via telehealth video, directed and observed by MD.”

Example

Wrist Pain

Documentation

- Elements of “Passive” examination, plus..
- **NEURO:**
- Right hand with negative Tinel test, positive Phalen test for tingling in thumb and fingers 2-3. Sensation to light touch of right hand including all fingers is intact on palmar and dorsal aspects.
- **MSK:** no edema of the hands
- **SKIN:** no erythema of the hands or wrists
- “Examination was performed by patient via telehealth video, directed and observed by MD.”

Advanced Devices

- **Telephone Pulse Oximeters** – unreliable, more studies needed
  - Reliability of Smartphone Pulse Oximetry in Subjects at Risk for Hypoxemia. Aashna M Modi, Renee D Kiourkas, Jie Li and J Brady Scott. Respiratory Care October 2020, respcare.07670

- **Home ECG**
  - Ex: Apple Watch, AliveCor Kardia

- **Digital Otoscope**
  - ~$30-$50

Common Coding Issues

Donna Campbell, Risk Adjustment Manager
NEQCA

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Telehealth Billing And Coding

Where we are today

- When the COVID-19 Pandemic hit, telehealth became the standard of care for many patient visits.
- Let's do a brief check-in on the current state of telehealth regulations during the COVID-19 State of Emergency to ensure that you are up to date with coding and billing requirements.
- We are going to take a look at Medicare and the Commercial products in Massachusetts.
- **CMS:** Current Public Health Emergency was renewed effective Oct. 23, 2020 and lasts 3 months, may be renewed.
- **Massachusetts:** Per Mass. Division of Insurance, no changes expected until next year (two bills pending before legislature).

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Medicare Requirements

- Effective for services starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth services furnished to patients in broader circumstances than previously allowed.
- These visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits.
- Medicare co-insurance and deductible will generally apply to these services, with the exception of services that lead to either an order for OR administration of a COVID-19 lab test.
- The HHS Office of Inspector General (OIG) provided flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.
- There is a recently expanded list of services that are allowed via telehealth, found here on the CMS site. This list also shows which services can be provided by audio-only.
- In general, the Medicare guidelines also apply to Medicare Advantage plans like TMP.

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Commercial Health Insurers, BCBS of MA, and HMOs

- Under the Massachusetts State of Emergency declaration that took effect on March 16, 2020, all insurers regulated by the state were directed to:
  - Allow all in-network providers to deliver “clinically appropriate, medically necessary covered services to members via telehealth”.
  - Carriers were directed not to “impose any specific requirements on the technologies used to deliver telehealth services (including any limitations on audio-only or live video technologies).”
  - Further, rates of payment to in-network providers for services delivered via telehealth were not to be lower than the rates established for services delivered via traditional (i.e., in-person) methods.
  - Carriers were instructed to cover without any cost-sharing (i.e., copayments, deductibles, or co-insurance) “medically necessary treatment delivered via telehealth related to COVID-10 at all in-network providers.”

Debunking Common Myths

- There were no directives mandating universal coding protocols for telehealth related services.
  - Please refer to our Telehealth coding table for general guidance on coding requirements.
  - Payor websites are always the most up to date source of truth for current guidelines (web links provided in coding table).
- There is no requirement that cost-share is waived for non-COVID-19 related telehealth services.
- Payors not regulated by the Massachusetts Division of Insurance are not required to follow the Massachusetts directives (i.e., out-of-state BCBS plans, and self-funded plans).
- Not all payors allow the use of E/M codes 99201-99215 audio-only visits:
  - Medicare and BCBS of MA most notably require the use of time-based codes 99441-99443 for audio-only visits.
  - **DO NOT USE** 99201-99215 for audio-only visits with BCBS of MA and Medicare.

Documentation Reminders

- All telehealth visits should contain the following information:
  - A statement that the service was provided via telehealth;
  - Include notation of the type of telehealth visit: Audio & Video, & include platform name; OR Audio only;
  - Documentation of consent from the patient to do the visit by telehealth;
  - The specific physical location of the patient;
  - The specific physical location of the provider; and
  - The names of all persons participating in the telemedicine service or telephone consultation service and their role in the encounter (including support staff if they spoke to the patient).

- **TIP:** Utilize your Electronic Health Records templating or quick text features for these elements of your visit!

Routine Wellness Visits

Commercial Payors (CPT codes 99381-99397)

Remember in all cases, documentation must support the code selected

- **Aetna** has stated that they do not cover wellness exams via telehealth.
- **AllWays** will cover preventive visits. If a preventive visit has been rendered and billed via telehealth, AllWays does not reimburse separately for a follow-up preventive visit in your office. Vaccinations and vaccine administration are separately reimbursable.
- **Blue Cross Blue Shield** will accept preventive medicine codes for services conducted via telehealth (audio/video) when the documentation requirements of the visit are met.
- **Cigna** states that providers can deliver any existing face-to-face service on their fee schedule virtually, including those not related to COVID-19.
- **Fallon Health** will reimburse plan providers for a preventive visit delivered via telehealth when a preventive visit is clinically appropriate for the plan member (i.e., the physical examination can be deferred) and the plan member has consented to the telehealth visit. Documentation must include a follow-up plan for any components of the preventive visit deferred due to telehealth.
- **Harvard Pilgrim** has stated that during the crisis period, they are allowing preventive medicine services.
- **Tufts Health Plan** will accept preventive medicine codes for services conducted via telehealth (audio/video) when the documentation requirements of the visit are met.

MassHealth and Wellforce Care Plan Wellness Visits

During the COVID-19 emergency, MassHealth allows, but does not require, providers to render preventive visits via telehealth when clinically appropriate for children and adults, retroactive to March 12.

- MassHealth encourages providers to adhere to American Academy of Pediatrics guidelines, which state in part: “For practices who have successfully implemented telehealth to provide appropriate elements of the well exam virtually, these telehealth visits should continue to be supported, followed by a timely in-person visit.”
- MassHealth will pay for these services as long as the claim identifies POS as 02.
- You may bill separately for any additional codes applicable to the service provided (e.g., developmental screening, health risk assessment, behavioral/emotional assessment) and vaccine administration done on the same date, since the vaccine administration and the telehealth visit do not occur in the same location (Note-do not use POS 02 for vaccine admin).
- For an in-person follow up visit to complete medically necessary components of the preventive visit not performed on the same day as the preventive visit, providers may bill:
  - A single E&M visit at level 1, 2, or 3 (appropriate to the complexity of the visit); and
  - Any additional codes applicable to the service provided (e.g., laboratory, hearing/vision screening).
- Document all required components of all visits, including preventive visits. **Documentation of preventive visits conducted via telehealth must indicate that the visit was completed via telehealth due to the COVID-19 emergency, note any limitations of the visit, and include a plan to follow up on any medically necessary components deferred due to those limitations.**

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Medicare Annual Wellness Visit

You can continue to provide the vital service of the Medicare Annual Wellness Visits via telehealth (audio/video, or audio-only)

- The CMS COVID-19 team stated on a national provider call that for the duration of the public health emergency, the AWV may be administered using audio-only technology, if a video connection with the patient is not possible.
- If the patient can self-report elements of the AWV (i.e., height, weight, blood pressure, and other measurements deemed appropriate based on medical and family history), those measurements may be included and recorded in the medical record as reported by the patient.
- Be sure to continue to document and diagnosis code all chronic conditions as appropriate for accurate risk adjustment purposes.

What's Next? Cost share changes

Payor	Cost Share for Telehealth	Expiration Date
Allways	Waived	no date listed
Aetna	Yes –there currently is a cost-share, per website	Website states that cost-share waiver expired June 4, 2020. For Commercial plans, Aetna will continue to cover limited minor acute care evaluation and care management services, as well as some behavioral health services rendered via telephone, until Dec. 31, 2020. (Or as specified by state or federal regulation.) Please see Aetna's Telemedicine Policy for specific coverage.
BCBS	Waived	No date listed
Cigna	Waived only for COVID-19 related services (no change)	Oct. 31, 2020
Harvard Pilgrim	Waived **only** for COVID-19 related services as of Oct. 1, 2020	No date listed
Fallon	waived	Until further notice
Tufts	waived	Until further notice
United Health Care	United Health Care is waiving cost share for COVID-19 visits through Oct. 22, 2020. For Non-COVID-19 visits, beginning Oct. 1, 2020, benefits will be adjudicated in accordance with the member's benefit plan.	Ongoing per Mass requirement for Commercial Plans: Cost share waived for COVID-19-related covered visits, Covered telehealth services reimbursed at in-person rates (see United Health State Provision Exclusions)

- Many payors initially waived cost share for all telehealth visits, although the state order only applied to "medically necessary coronavirus treatment delivered via telehealth". However, that is changing.
- A recent review of payor websites identified these cost share policies.

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Risk Adjustment and Telehealth

Remember to document and code for all chronic conditions as clinically appropriate during your telehealth visits, to accurately reflect the patient's risk score.

- Medicare NextGen ACO and Medicare Advantage plans have stated that diagnosis codes submitted for two-way (Audio/Video) visits will count for Risk Adjustment purposes. Currently, CMS will not count audio-only visits for Risk Adjustment.
- Other payors have confirmed that codes submitted on telehealth visits will count for risk.
- Visit documentation should always include notation of the type of telehealth visit: Audio & Video, & include platform name; OR Audio only.
- It is important to work towards implementing a HIPAA-compliant telehealth solution to ensure that you will be prepared when the HIPAA-compliant technology waiver expires.

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Questions?
Reminder: Please use the “chat” feature.
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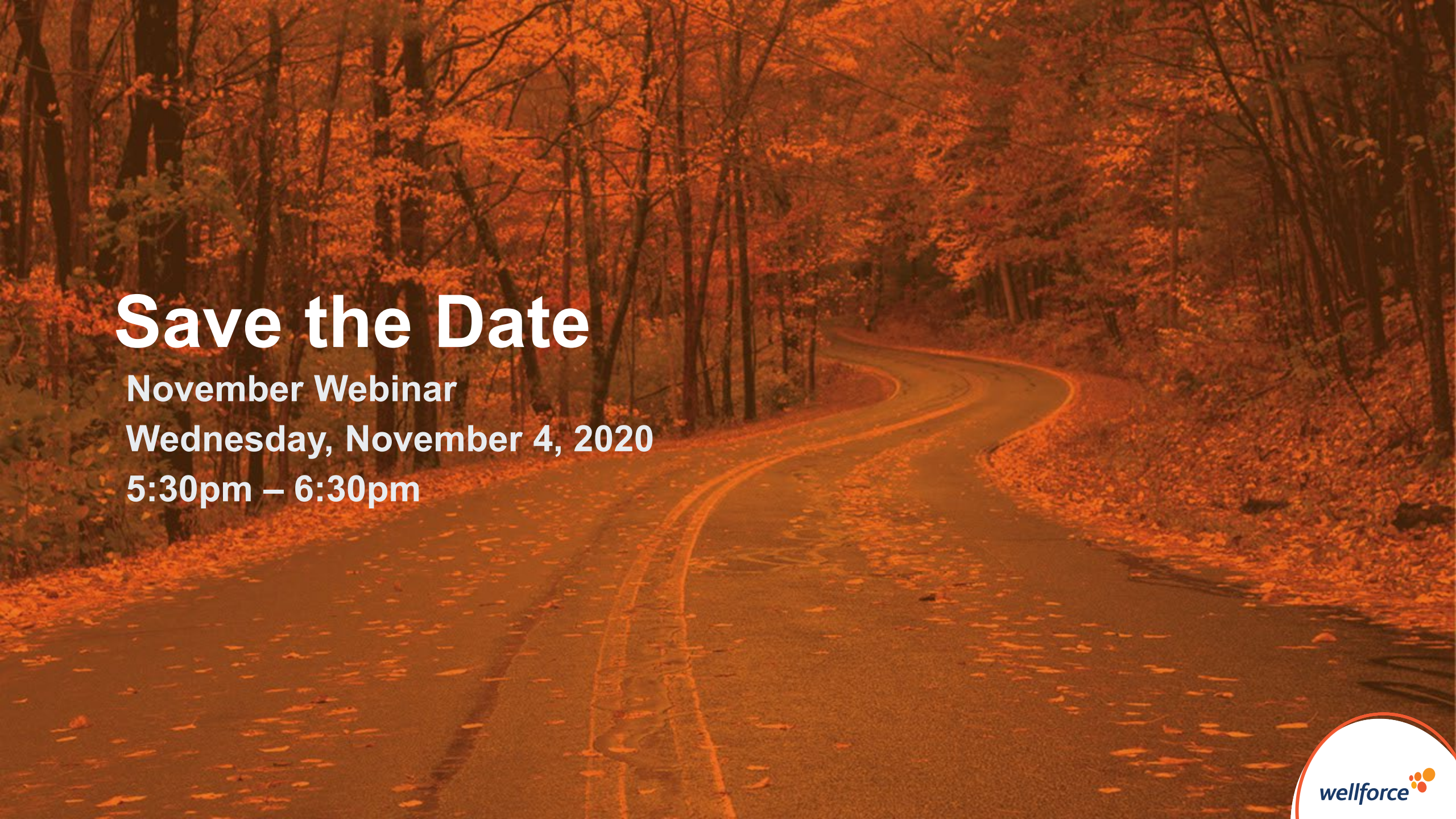
Save the Date
November Webinar
Wednesday, November 4, 2020
5:30pm – 6:30pm
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