

# Telemedicine and Reimbursement

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Presented for :



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# About Acevedo Consulting Incorporated



Acevedo Consulting Incorporated prides itself on not providing cookie-cutter programs, but a quality work product formulated and designed to meet your desired goals. We treat each client as unique, and we tailor our reviews, recommendations, training and action plans accordingly. **One size does not fit all!**

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We are a client-focused, service-oriented firm specializing in:

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- **Credentialing**
- **Appeal Assistance**
- **Education**



## About the Speaker:

**Christine Hall CPC, CPB, CPMA, CRC, CPC-I**  
**Associate Consultant**

Christine Hall holds a degree in Health Information Management and brings almost 30 years of health care management experience to the firm. Christine is a Certified Professional Coder (CPC), Certified Professional Biller (CPB), Certified Professional Medical Auditor (CPMA), Certified Risk Adjustment Coder (CRC) and Certified Coding Instructor (CPC-I) with the AAPC. She has a strong core understanding of all healthcare reimbursement aspects, practice management, coding proficiency, compliance, accounts receivables, credentialing, and regulatory affairs.

Prior to joining ACI, Christine worked for Humana as a Medicare risk adjustment coder. For 20 years prior to that, she owned a successful medical billing company. Having also served as an adjunct instructor for local colleges and technical schools, she is a skilled educator and public speaker. Combining her practical knowledge of medical billing, her experience on the payer side, with her expertise in coding rules and regulations allows Christine the ability to offer her clients a real-world, well-rounded perspective that is hard to come by.



# Disclaimer

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The information enclosed was current at the time it was presented. Medicare and other payer policies change frequently. This presentation was prepared as a tool to assist providers and is not intended to grant rights or impose obligations.

Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for your organization's financial health, the correct submission of claims and response to any remittance advice lies with the provider of services. Acevedo Consulting Inc. employees, agents, and staff make no representation, warranty, or guarantee that this compilation of information is error-free and will bear no responsibility or liability for the results or consequences of the use of this information.

This presentation is a general summary that explains certain aspects of the Medicare Program and other reimbursement and compliance information, but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings.

# Today's Objectives

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- Telehealth vs Telemedicine
- What are the differences between the originating site and the distant site?
- Who can perform Telehealth?
- What services can be performed?
- What are the CMS expansions in telehealth reimbursement for 2018?



# Telehealth

- Telehealth: The application of technologies to help patients manage their own illnesses through improved self-care and access to education and support systems



# Telemedicine

- Telemedicine: The use of technologies to remotely diagnose, monitor, and treat patients
  - Video Conference (synchronous), Telephone
  - Store and forward (Asynchronous)
  - Remote Device, Patient Portal, Mobil App



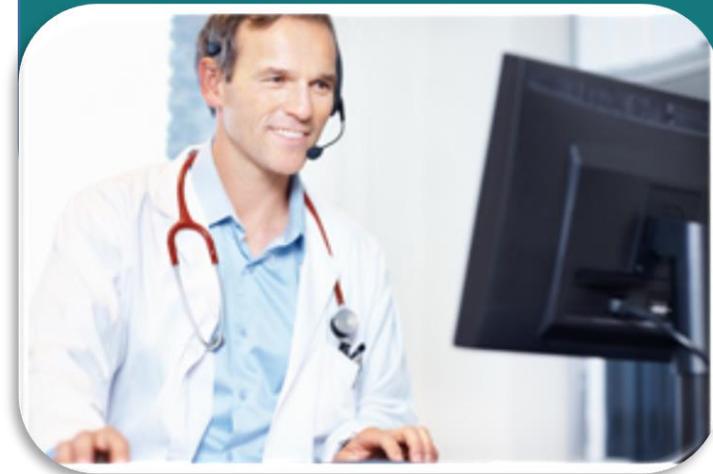
# Telemedicine

Originating Site:  
Where the patient is  
located



Telemedicine

Distant Site:  
Where the remote  
practitioner is located

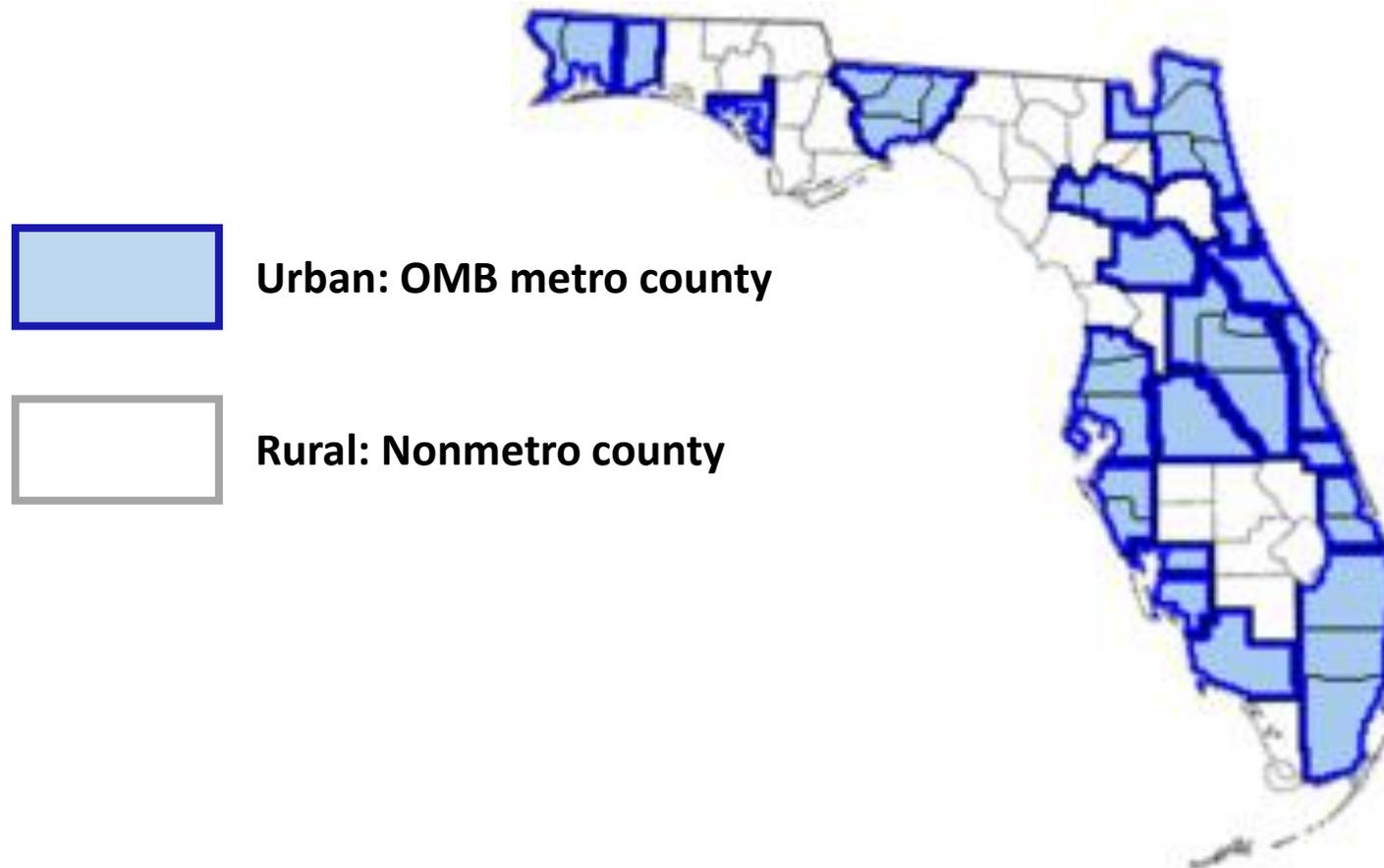


# Originating Site

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- An originating site is the location of an eligible Medicare beneficiary at the time the service is furnished via a telecommunications system.
- Medicare beneficiaries are eligible for telehealth services only if they are at an originating site located in:
  - A county outside of a Metropolitan Statistical Area (MSA) or
  - A rural Health Professional Shortage Area (HPSA) located in a rural census tract
  - Providers can access the [Medicare Telehealth Payment Eligibility Analyzer](#) to determine a potential originating site's eligibility for Medicare telehealth payment.

# Rural Counties in Florida



# Originating Sites

- The offices of physicians or practitioners
- Hospitals
- Critical Access Hospitals (CAHs)
- Rural Health Clinics
- Federally Qualified Health Centers
- Hospital-based or CAH-based Renal Dialysis Centers (including satellites)
- Skilled Nursing Facilities (SNFs) and
- Community Mental Health Centers (CMHCs)



# Distance Site Practitioners

Practitioners at the distant site who may furnish and receive payment for covered telehealth services (subject to State law) are:

- Physicians.
- Nurse practitioners (NPs).
- Physician assistants (PAs).
- Nurse-midwives.
- Clinical nurse specialists (CNSs).
- Certified registered nurse anesthetists.
- Clinical psychologists (CPs) and clinical social workers (CSWs). CPs and CSWs cannot bill for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services under Medicare. These practitioners may not bill or receive payment for Current Procedural Terminology (CPT) codes 90792, 90833, 90836, and 90838.
- Registered dietitians or nutrition professionals.



# Synchronous

- As a condition of payment, the provider must use an interactive audio and video telecommunications system that permits real-time communication between the provider, at the distant site, and the beneficiary, at the originating site.

*All transmitted data has to be via  
“secure” means – this excludes Face  
Time and Skype applications as  
commonly used today.*



# Asynchronous

- Asynchronous “store and forward” technology, the transmission of medical information the physician or practitioner at the distant site reviews at a later time, is permitted only in Federal telemedicine demonstration programs in Alaska or Hawaii.
- For Federal telemedicine demonstration programs in Alaska or Hawaii, submit claims using the appropriate CPT or HCPCS code for the professional service along with the telehealth modifier **GQ** if you performed telehealth services “via an asynchronous telecommunications system” (for example, **99201 GQ**). By coding and billing the **GQ** modifier, you are certifying that the asynchronous medical file was collected and transmitted to you at the distant site from a Federal telemedicine demonstration project conducted in Alaska or Hawaii.





# CY 2018 Medicare Telehealth Services

Service	HCPSC/CPT® Code
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
Subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days	CPT codes 99307–99310
Individual psychotherapy	CPT codes 90832–90834 and 90836–90838
Psychiatric diagnostic interview examination	CPT codes 90791 and 90792
Individual and group medical nutrition therapy	HCPCS code G0270 and CPT codes 97802–97804
Neurobehavioral status examination	CPT code 96116
Smoking cessation services	HCPCS codes G0436/G0437 and CPT codes 99406/99407
Alcohol and/or substance (other than tobacco) abuse structured assessment and intervention services	HCPCS codes G0396 and G0397

# Billing And Payment For Professional Services Furnished Via Telehealth



- For professional services furnished on or after January 1, 2017, to indicate that the billed service was furnished as a telehealth service from a distant site, submit claims for telehealth services using Place of Service (POS) 02: Telehealth: The location where health services and health related services are provided or received, through telehealth telecommunication technology.
- The requirement to use the GT modifier (via interactive audio and video telecommunications systems) on professional claims for telehealth services was eliminated as of 1/1/2018.

From MM DD YY	To MM DD YY	PLACE OF SERVICE	MOD	(Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	DIAGNOSIS POINTER	\$ CHARGES	DAYS OR UNITS	EPSDT Family Plan
		02							
25. FEDERAL TAX I.D. NUMBER		SSN EIN	26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For gov. claims, see back)		28. TOTAL CHARGE	29. AMOUNT	
		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> YES <input type="checkbox"/> NO		\$	\$	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)			32. SERVICE FACILITY LOCATION INFORMATION			33. BILLING PROVIDER INFO & P#			
SIGNED			a. Originating Site			b. Distant Site Provider			
DATE			a.			b.			

# Billing And Payment For The Originating Site Facility Fee



- Originating sites are paid an originating site facility fee for telehealth services as described by HCPCS code **Q3014**. Bill the MAC for the originating site facility fee, which is a separately billable Part B payment.
- Therefore, for CY 2018, the payment amount for Healthcare Common Procedure Coding System (HCPCS) code **Q3014** (Telehealth originating site facility fee) is 80 percent of the lesser of the actual charge, or **\$25.76** (The beneficiary is responsible for any unmet deductible amount and Medicare coinsurance.)

# CMS expansions in telehealth reimbursement for 2018

- CMS finalized its proposal to eliminate the required reporting of the telehealth modifier GT for professional claims in an effort to reduce administrative burden for practitioners.
- CMS finalized a separate payment for CPT code 99091, which describes certain remote patient monitoring, for CY 2018. This code is payable in both non-facility and facility settings.
- Beginning in 2020, Medicare advantage plans will cover additional telehealth beyond those already covered in Medicare Part B, and some ACOs will be afforded more flexibility.



# Remote Patient Monitoring

- CMS announced that it would support and reimburse providers using remote monitoring technologies beginning in 2018. Per the 2018 Physician Fee Schedule, CMS will unbundle and activate CPT code **99091** (collection and interpretation of physiologic data) from the traditional chronic care management programs. This will allow providers to be reimbursed separately for time spent collecting and analyzing health data that is generated by a patient/care-giver, digitally stored, and transmitted to the provider. A minimum of 30 minutes of time is required.
- Important guidelines for using CPT code **99091**
  - Providers must obtain advance beneficiary consent for the service and document this consent in the patient's medical record.
  - For new patients or those not seen within one year before the provision of remote monitoring services, providers must initiate these services in a face-to-face visit, such as an annual wellness visit or physical.
  - The code includes time spent accessing the data, reviewing or interpreting the data, and any necessary modifications to the care plan that result, include communication with the patient and/or her caregiver and any associated documentation.
  - This code will not be subject to any of the restrictions on originating sites or technology that telehealth services are subject to by statute, allowing users of this technology more flexibility.

# Real Life Case

- A patient presents to a rural health clinic complaining of a headache. A clinical staff employee at the originating site escorts the patient to a room where the patient can interact with the provider using audiovisual equipment. The provider performs the necessary history, and a clinical staff employee obtains the clinical information, such as vital signs, requested by the provider. If the clinic has the appropriate equipment and personnel, diagnostic tests ordered by the provider are performed onsite. The provider renders a patient assessment and plan to be discussed with the patient.



# Real Life Case

- During this new patient encounter, the provider performs and documents a detailed history, an expanded problem-focused exam, and moderate medical decision making. A coder reviews the medical record to ensure all code requirements are met. In this example, **99202** for the professional provider's service, place of service **02**. The originating site should send a claim using HCPCS ode **Q3014**.

CHECKREF 881138051

REND PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME Patient, Compliant	04/14/2018	02	1	HIC 1EG4-TE5-MK72		ACCT 4722XE		ICN 1234567890		ASG Y	MOA MA18 MA01
				99202		431.00	193.15	0.00	38.63	CO-45	237.85 154.52
PT RESP	38.63			CLAIM TOTALS		431.00	193.15	0.00	38.63		237.85 154.52
ADJ TO TOTALS:	PREV PD		0.00	INTEREST		0.00		LATE FILING CHARGE		0.00	NET 154.52
CLAIM INFORMATION FORWARDED TO:		BLUE CROSS BLUE SHIELD									

GLOSSARY: GROUP, REASON, MOA, REMARK AND ADJUSTMENT CODES

MA01 If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did

# Commercial Payer Guidelines

- Private Payers today are embracing and reimbursing a broad range of telemedicine services.



[https://www.uhccommunityplan.com/content/dam/communityplan/healthcareprofessionals/reimbursementpolicies/Telemedicine\\_Policy\\_\(R0046G\).pdf](https://www.uhccommunityplan.com/content/dam/communityplan/healthcareprofessionals/reimbursementpolicies/Telemedicine_Policy_(R0046G).pdf)

<https://www.humana.com/provider/medical-providers/education/claims/payment-policies>.

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# Resources



For More Information About...	Resources
Telehealth Services	<a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfct.sht.pdf">https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfct.sht.pdf</a>
List of Telehealth Services	<a href="https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Downloads/covered-telehealth-services.zip">https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Downloads/covered-telehealth-services.zip</a>
All Available MLN Products	<a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MLNCatalog.pdf">https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MLNCatalog.pdf</a>
Medicare Information for Beneficiaries	<a href="https://www.medicare.gov/">https://www.medicare.gov/</a>
Medicare Telehealth Payment Eligibility Analyzer	<a href="http://datawarehouse.hrsa.gov/telehealthAdvisor/telehealthEligibility.aspx">http://datawarehouse.hrsa.gov/telehealthAdvisor/telehealthEligibility.aspx</a>

Questions?



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