Care Transformation Collaborative of R.I.
Advancing Team Based Telehealth in RI - Webinar Series:
Rhode Island Telehealth Sustainability Strategies - Coding & Billing – November 19, 2020
Frequently Asked Questions – FAQs

The answers to the questions below are for informational/educational purposes only. We encourage you to review telehealth policies and procedures with your legal and compliance teams. For additional support in implementing your telehealth program, please consider connecting with the Northeast Telehealth Resource Center (www.NETRC.org).

General

Is the time spent more important for telehealth?

A. **Documenting time spent is code specific. Regardless of whether a service is delivered in person or via telehealth, documenting time is a requirement when 50% is spent counseling a patient, when coding time-based codes, i.e. Telephone E/M codes: 98966-98968, 99441-99443 or Virtual Check-ins and E-Visits.**

What is the cheapest platform to use?

A. **The cost of a telehealth platform will vary depending on number of users/functions chosen. The federally funded (HRSA) Northeast Telehealth Resource Center (www.NETRC.org) is available to assist you in developing a technology assessment strategy. We recommend you consider a platform that will sign a Business Associates Agreement (BAA).**

Any other additional codes covered besides E&M to boost revenue

A. **Developmental Screenings, Virtual Communications, Care Management, E-Visits will diversify your revenue stream and increase access.**

Other than 02 are there any codes that can only be applied to telehealth?

A. **Policies on the coverage of specific codes, as well as applicable modifiers and Place of Service Codes, should be confirmed with each of your payer contracts. Medicare is notable for covering a specific list of eligible codes and practice settings (Note: Medicare's policy expanded significantly during the Public Health Emergency and these broad changes have not yet been enacted to remain in place after the Emergency).**

   E-Visits, Virtual Check-Ins and Remote Patient Monitoring are all delivered via telecommunications, whether that be by telephone only, audio & video or digitally.
   a. **99441-99423**
   b. **98970-98972 (G2061-G2063)**
   c. **G2012 (FQHC G0071)**
   d. **G2010 (FQHC G0071)**
   e. **99091**
   f. **99453-99454**
   g. **99458**
   h. **99473-99474**

i. G0406-G0408

Can you "treat" patients with a Massachusetts address?

A. In general, the location of a telehealth encounter is based on the location of the patient. Check with your State's Licensing Board to determine regulatory guidelines of when you are able to treat patients outside the State where your license is held.
For RI: http://webserver.rilin.state.ri.us/Statutes/TITLE5/5-37/5-37-16.2.HTM

RI allows physicians who have a license in good standing in another state to consult with RI licensed physicians or provide teaching assistance for no more than seven days unless extended with written permission from the director.

It is also generally recommended to check with the applicable regulatory board in the state where the patient is located. Review your process with legal counsel.

How much is telehealth reimbursement for phone only?

A. That depends if you are delivering Telehealth services (replaces an in person visit) to payers that allow Audio only. In this circumstance, if your State has parity laws, then you would be reimbursed the same for the telehealth visit as you would an in person visit. Telephone E/M services, (98966-98968 and 99441-99443) are reimbursed according to the payer's fee schedule.

Will there be more changes to billing for Telehealth? How long will we be reimbursed par with in person?

A. Some State's have already expanded their telehealth benefit with parity in payment legislation and regulation (and many states had some language in place before COVID-19). Medicare recently made some changes in the CY2021 Physician Fee Schedule, but additional changes will need to be enacted by congress.

Sample media coverage of recent changes in the CY2021 Physician Fee Schedule:

- **https://www.foley.com/en/insights/publications/2020/12/top-five-new-telehealth-policies-in-medicare-2021**
- **https://mhealthintelligence.com/news/cms-finalizes-telehealth-rpm-coverage-in-2021-physician-fee-schedule**

What components are required for reimbursements and will 2021 reimbursements be at 100% of the fee schedule?

A. Documentation and Coding visits performed via telehealth require the same documentation as in person visits, however additional information may need to be included, such as:

a. **Consent to receive services via telehealth (this can be added to your current consent to treat documentation. Check with your State's telehealth regulations for the required consent components)**
b. **Who is present during the telehealth visit**
c. **Type of technology used: audio only, audio and video, etc**
d. **Where the patient and provider is located**
e. **Time spent for time based codes**

The RI Office of the Health Insurance Commission's Payment and Care Delivery Advisory Committee, Telemedicine Subcommittee is drafting a report with recommendations to OHIC and Medicaid on the future of telemedicine practice. As of December 3, 2020, the report has been drafted and OHIC is collecting final feedback. Please contact the CTC team to request the report.

Can telehealth visits be billed on subsequent days?

A. Telehealth visits that replace in person visits have the same global and frequency limits. Virtual Check-ins have a 7 day global period. Remote patient monitoring have CPT based frequency limits, as well as E-Visits. Please always check current CPT specific billing and coding guidelines.

How long will the reimbursement last?

A. The Public Health Emergency will slated to end January 31st, however many States have already adopted and expanded Telehealth and Telecommunication services beyond the PHE. Check your State's Telehealth and Telecommunications benefit in your State's Medicaid Plan. Medicare recently made some changes in the CY2021 Physician Fee Schedule, but additional changes will need to be enacted by congress.

Additionally, many commercial payers may continue to pay for most telehealth and telecommunication services. Please refer to your payer contracts and contact your payer representative for additional specifics.

Telehealth reimbursement going beyond COVID 19 pandemic?

A. We will continue to track changes in policies. Additional resources:
- Northeast Telehealth Resource Center: www.NETRC.org" www.NETRC.org
- Center for Connected Health Policy: www.CCHPCA.org" www.CCHPCA.org

For an outline of RI policies as generally understood, refer to this Telemedicine Insurer Grid: https://health.ri.gov/materialbyothers/COVID19-Telemedicine-Insurer-Grid.xlsx

Will we still be doing telehealth visits in 2021?

A. **I would hope so! It is my opinion that without the use of telehealth and technology, value based payment will be difficult to meet or exceed. Telehealth is still the best tool in the tool box to increase access and reduce social determinants of health for patients who identify transportation, limited mobility or extreme anxiety as barriers.**

Do not forget that telehealth has been used for more than 20 years, particularly in rural areas. We don't expect it will go away, and now consumers expect it.

What is the percentage of telehealth visits vs in-person currently across RI?

A. **According to the CTC-RI Practice Assessment conducted in August and September 2020, 23 practices had more than 41% of their primary care visits conducted via telehealth and 28 practices had more than 41% of their behavioral health visits conducted via telehealth.**

Medicare specific

Are all Medicare Advantage plans now following Medicare covered telehealth services?

A. **Medicare Advantage Plans may offer more telehealth benefits than Original Medicare, check with each plan to determine coverage.**

Coding and billing for audio only Medicare visits?

A. **Please click on the link below and review the column "Audio Only". All codes with a check mark in the audio only column can be delivered via telehealth audio only**. Covered Telehealth Services for PHE for the COVID-19 pandemic, effective March 1, 2020 (ZIP)

Most interested in how to audit these properly?

A. **Post the Public Health Emergency, you would audit telehealth visits as you would any other in person service. Look at the required documentation and make sure you have the following:**
   a. **Patient Consent (verbal consent is applicable during PHE)**
   b. **Type of Technology Used**
   c. **Location of Patient and Provider**
   d. **Who is present during the visit**
   e. **Time spent (on time based codes)**

Behavioral Health / Medicaid

What are the Modifiers for different insurers for Behavioral Health Services?

A. **Some payers require a 95 or GT modifier with or without the 02 Place of Service. Most commercial payers and Medicare require the 95 modifier. Most Medicaid plans require the**

GT modifier. Check with individual payers on place of service requirements. Payers may want you to continue to use the place of service that you would normally use for an in-person visit.

What behavioral health and substance use services are covered by Medicaid in Rhode Island via telehealth?

A. **Please see the list of Rhode Island's Telehealth and Telemedicine Behavioral Health Coverage. Copy and Paste PDF into URL: https://bhddh.ri.gov/mh/pdf/COVID-19%20Memo%20for%20RI%20Medicaid%20Telehealth_03182020%20(002).pdf?#:~:text=Effective%20March%2018%2C%202020%20and,for%2Dservice%20and%20managed%20care**

Additional Questions/Comments from webinar chat:

What is the distinction between 99213 and 99214 in the context of tele health visits as phone conversations are often shorter?

A. **Each payer may have rules about level selection, but if time is the basis for code selection, the times do not change audio only vs in person vs RTAV. If using medical decision making, time is irrelevant. If using a telephone code – the times are explicit on the code.**

Remote patient monitoring and cost sharing for patients

A. **That would depend entirely on benefits of a given contract. It has no unique status to our knowledge.**

Interested in billing by discipline and with RPM

A. **Only physicians, APRNs and PAs may report any E/M or Remote Monitoring Management. There are specific codes for telephone and digital online for others who may not report E/M (see CPT codes 98966-8, 98970-2, in 2020 Medicare required the use of G codes for the digital online by those who do not do E/M. G2061-3.)**

How much are the copay's for the visits?

A. **Cannot answer as "visits" is non-specific, copays are by contract and in some cases vary by COVID diagnosis**

Is there a reimbursement difference for telehealth and in person visits since the Covid pandemic?

A. **In general, no. See payer grid** https://health.ri.gov/materialbyothers/COVID19-Telemedicine-Insurer-Grid.xlsx

Recommendations for potentially integrated platforms for telehealth services (esp. with EMR Athena)?

A. **Many HER vendors are working on integrations with specific video/telehealth platforms. We encourage you start by contacting your EHR vendor representative. Alternative platforms might include consumer/business grade videoconference systems that will signed a Business Associates Agreements, or "telehealth management platforms" that offer additional features designed for healthcare workflows, etc.**

The federally funded (HRSA) Northeast Telehealth Resource Center (www.NETRC.org) is available to assist you in developing a technology assessment strategy.

What is the correct Medicare reimbursement for a telehealth visit?

A. Question unclear. Medicare pays the same for RTAV as they do in person for the office visit codes. Audi only services for 99201-99215 are reported with telephone codes and the payment levels are those for 99212-99214 as you increase the times as listed in those codes.

What modifiers to use?

A. See payer grid- varies by payer
https://health.ri.gov/materialbyothers/COVID19-Telemedicine-Insurer-Grid.xlsx

How to start billing- what is needed?

A. For billing, considerations include whether your system have the appropriate modifiers and POS codes available. Additional workflow consideration may take more development time, including integrating appropriate patient consent documentation and tracking.

If a patient called for a headache as a telehealth and 2 days later calls for an abdominal pain and is seen in office, are we allowed to bill for the telehealth visit for headache?

A. Yes. These are two separate dates of service and encounters and should be billed separately.

Is the reimbursement covered if the patient also discussed about headache during an in-person visit?

A. Yes, since billed as two separate encounters.

What changes in RI if bill S2525 is passed?

A. **We do not believe S2525 is still an active bill. For current pending telehealth legislation in the northeast, see: https://track.govhawk.com/reports/2zV8Y/public**

Questions from Webinar Q & A Feature:

Payer / Self-funded questions

We have received kickbacks for 90837 and 90838 when billed to United Health Care (Private not RICARE). Their explanation was that they allow these codes as an expectation for providers but because it was under the 02 location it would be rejected.

A. **Please refer to UHCprovider.com, homepage, for all COVID-19 information.**