Northwest Regional Telehealth Resource Center
and the Telehealth Alliance of Oregon

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Bronze Sponsors:

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Exhibitors:

- amwell
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Non-profit:

- Pacific Northwest University of Health Sciences
- University of Utah Health Clinical Neuroscience
• Audio and video are muted for all participants
• Use the Q&A feature to ask questions
• Moderator will read questions to the speaker
• Presentation slides are posted at https://nrtrc.org/sessions. Recordings will be posted after the conference.
• Moderator: Cathy Britain and Deb LaMarche
• Presenters:
  – Jeffrey Mitchell, JD, Counsel, Fletcher, Heald & Hildreth, PLC
  – Rene Quashie, JD, Vice President, Policy & Regulatory Affairs, Digital Health, Consumer Technology Association
  – Emily Wein, JD, Of Counsel, Foley & Lardner LLC
  – Mei Wa Kwong, JD, Executive Director, Center for Connected Health Policy
Telehealth – Medicare Requirements (including current COVID 19 waivers)

April 2020

Emily H. Wein, Of Counsel
Foley & Lardner LLP
Medicare Telehealth Coverage – The Perfect Storm

DISTANT SITE PROVIDER

ORIGINATING SITE

COVERED SERVICES (CCPT CODE)

GEOGRAPHIC LOCATIONS

PROPER TECHNOLOGY PLATFORM
Medicare Telehealth Reimbursement

GEOGRAPHIC LOCATIONS
Telehealth Medicare Coverage/Payment

- Geographic Location
  - Originating site (where the patient is) must be in either:
    - A rural Health Professional Shortage Area (HPSA) in a rural census tract; or
    - A county outside of a Metropolitan Statistical Area (MSA)
  - Entities participating in a federal telehealth demonstration project qualify regardless of location
  - U.S. Health Resources and Services Administration (HRSA) makes geographic designations
  - Location analyzer
    - [https://data.hrsa.gov/tools/medicare/telehealth](https://data.hrsa.gov/tools/medicare/telehealth)

- COVID 19 1135 Waiver- Patient location requirements are waived during PHE
Medicare Telehealth Reimbursement

GEOGRAPHIC LOCATIONS

ORIGINATING SITE
Medicare – Originating Site

- Location of the Patient (Originating Site)
  - Physician/practitioner office
  - Hospitals
  - Critical Access Hospitals
  - Rural Health Clinics
  - Federally Qualified Health Centers
  - Hospital-based or CAH-based Renal Dialysis Centers (including satellites)
  - Skilled Nursing Facilities
  - Community Mental Health Centers
Medicare – Originating Site

Recent Changes (pre COVID 19)

- Renal Dialysis Facilities (Jan. 2019) *
- Homes of beneficiaries with ESRD receiving home dialysis or SUD and/or co-occurring mental health issues (Jul. 2019)*
- Mobile Stroke Unit (Jan. 2019)*
  - Geographic limitations do not apply
- COVID 19 1135 Waiver- Patient location requirements are waived during PHE
Medicare Telehealth Reimbursement

GEOGRAPHIC LOCATIONS

ORIGINATING SITE

DISTANT SITE PROVIDER
Medicare Distant Site Practitioner

- Physicians
- Nurse practitioners
- Physician assistants
- Nurse-midwives
- Clinical nurse specialists
- Certified registered nurse anesthetists
- Clinical psychologists
- Clinical social workers
- Registered dietitians or nutrition professionals

* Check for conflicts under state law, e.g., Medicaid

- **COVID 19 1135 Waiver** - None, same list applies
Medicare Telehealth Reimbursement

GEOGRAPHIC LOCATIONS

ORIGINATING SITE

DISTANT SITE PROVIDER

PROPER TECHNOLOGY PLATFORM
Telehealth Medicare Technology

- Must be “synchronous.” Communication must be live interactive audio and video connection that allows for “real time” communication

- No coverage for “asynchronous” or “store and forward” technology outside of federal demonstration program

- COVID 19 1135 Waiver- Clarification that during PHE phones with audio and video capabilities may be used.
Medicare Telehealth Reimbursement – The Perfect Storm

DISTANT SITE PROVIDER

ORIGINATING SITE

COVERED SERVICES (CCPT CODE)

GEOGRAPHIC LOCATIONS

PROPER TECHNOLOGY PLATFORM
Medicare Telehealth Covered Services

- Published each year by November 1 in final Physician Fee Schedule
- List available here: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes
- Additional codes may be requested and added
- **Category 1 requests.** Granted if similar to the types of telehealth services already covered
- **Category 2 requests.** Granted if not similar to the currently approved telehealth services; code is accurate and use of telehealth provides a demonstrated benefit – evidence required

**New for 2020**
Opioid Use Disorder Treatment Services G2086-G2088
Medicare Telehealth Covered Services

- COVID 19 1135 Waivers - For duration of PHE
  - 80 additional services added to the approved list
  - Frequency limits lifted in hospital, SNF and ESRD settings
  - Certain face to face (in-person) services permitted via telehealth
    - Home Health in-person visit
    - Hospice services including certification
    - Inpatient Rehabilitation Facility face to face visit
  - FQHC and RHC services
Trend of “Technology-Based” Services

- **CMS: Innately not face-to-face = not “telehealth”**

- **Virtual Check-In (HCPCS G2012)**
  - Established patients
  - No E/M in prior 7 days or subsequent 24 hours/ “soonest available”
  - 5-10 minutes of discussion

- **Remote Evaluation of Pre-Recorded Data (HCPCS G2010)**
  - Established patient recorded images or videos
  - Interpretation and follow-up in 24 hours
  - No E/M in prior 7 days or subsequent 24 hours/ “soonest available”
Technology – Based Services

- Inter-professional Consultations
  - 6 Codes
    - 4 recently unbundled (99446, 99447, 99448, 99449)
    - 2 new (99451, 99452)
  - 5 for **consultative physician**;
    1 for **treating or requesting physician/QHP**
  - Telephone, internet, EHR assessment/management
  - Verbal and/or written reports required
  - Consent required
Remote Patient Monitoring

Long Reach
Wireless devices for remote patient monitoring

Blood-pressure monitor

Digital scale

Telestation
Patients use the buttons to answer questions on their condition.

EKG recorder

Pulse oximeter
A noninvasive check of blood oxygen level.

Source: Philips

THE WALL STREET JOURNAL
Intervention

RPM Data

Co-Pay

Intervention

review/interpretation, modify care plan as necessary
RPM Codes

Effective January 1, 2019

Two Practice Expense Codes

- **CPT 99453**: “Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment.”

- **CPT 99454**: “Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days.”
RPM Codes (continued)

**Monitoring Codes**

- **CPT 99457**: “Remote physiologic monitoring treatment management services clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; initial 20 minutes

- **CPT 99458**: “Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; additional 20 minutes

Effective January 1, 2020
Remote Patient Monitoring

- Certain detailed requirements:
  - Consent
  - Minimum of 16 days
  - Co-pay applies
  - Device meets FDA definition

- Clinical staff allowed:
  - 2019 correction allowed for incident to billing
  - 2020 CMS final rule allows “general” supervision and proposes creation of new add-on CPT code for each additional 20 minutes of RPM
Medicare Expansion of Digital Health

- **COVID 19 1135 Waivers** - For duration of PHE
  - RPM – clarification of application to existing and new patients and consent need be obtained only annually
  - Consent can be obtained annually
  - Direct supervision may be provided via interactive telecommunications
  - More practitioners can provide Communication Technology Based Services (CTBS) (e.g., social workers, psychologists, PTs, OTs and SLPTs)
  - OIG not enforcing waivers of cost-sharing for telehealth and other digital/remote services