



## 2020 NRTRC TAO VIRTUAL CONFERENCE



# Northwest Regional Telehealth Resource Center and the Telehealth Alliance of Oregon **Welcome You**

Bronze Sponsors:



Exhibitors:




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[Pacific Northwest University of Health Sciences](#)

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# VIRTUAL SESSION INSTRUCTIONS

- Audio and video are muted for all participants
- Use the Q&A feature to ask questions An icon consisting of two overlapping speech bubbles, one orange and one blue, representing a question and answer feature.
- Moderator will read questions to the speaker
- Presentation slides are posted at <https://nrtrc.org/sessions>. Recordings will be posted after the conference.





## Telehealth Policy Panel



- 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

Emily H. Wein,  
Of Counsel

Foley & Lardner LLP

April 2020

# Telehealth – Medicare Requirements *(including current COVID 19 waivers)*

**FOLEY**

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>

## ■ **COVID 19 1135 Waiver-** Patient location requirements are waived during PHE

# Medicare Telehealth Reimbursement



**GEOGRAPHIC  
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**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



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# 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  
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**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



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**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

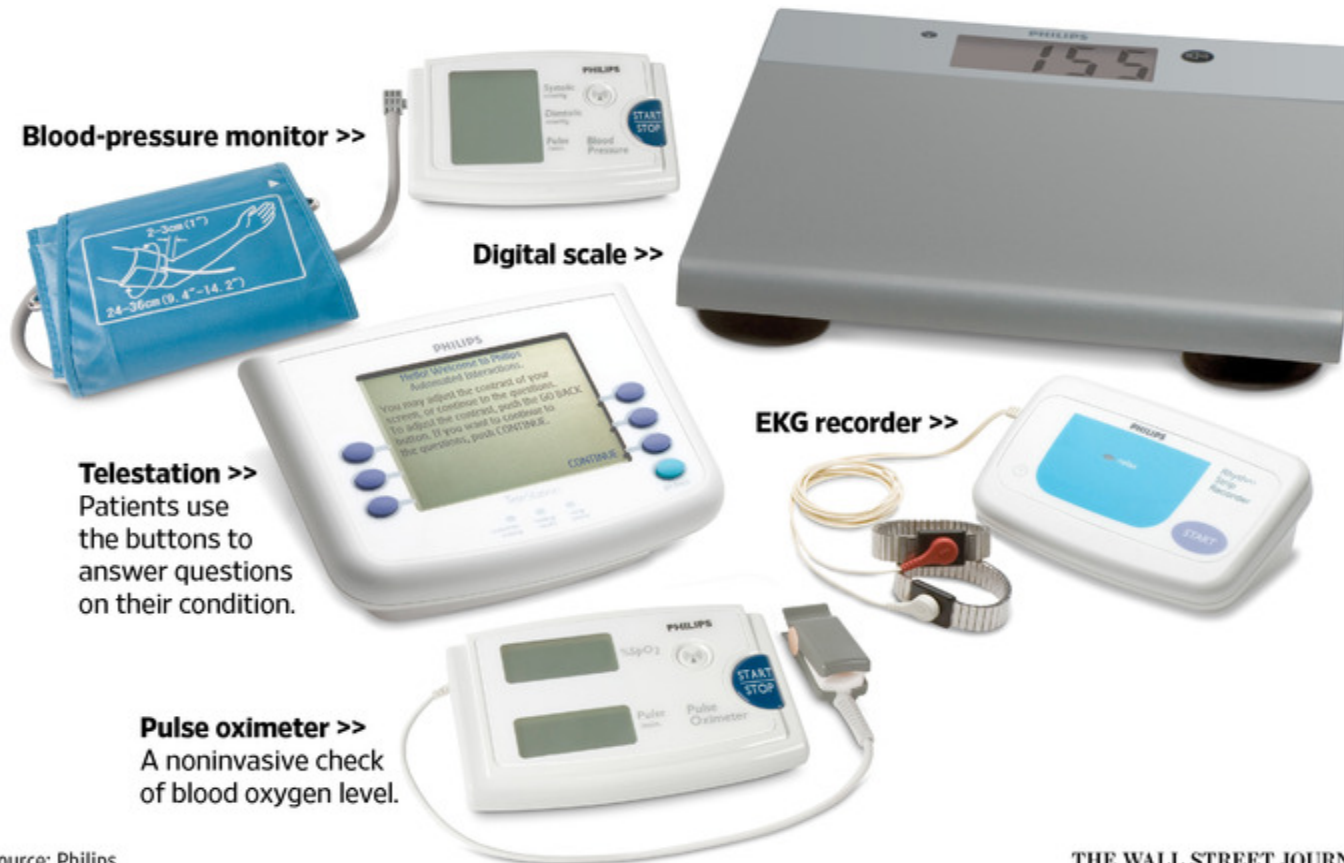
- Inter-professional Consultations
  - 6 Codes
    - 4 recently unbundled (99446, 99447, 99448, 99449)
    - 2 new (99451, 99452)
  - 5 for **consultative physician**;  
1 for **treating or requesting physician/QHP**
  - Telephone, internet, EHR assessment/management
  - Verbal and/or written reports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



# Remote Patient Monitoring

## Long Reach

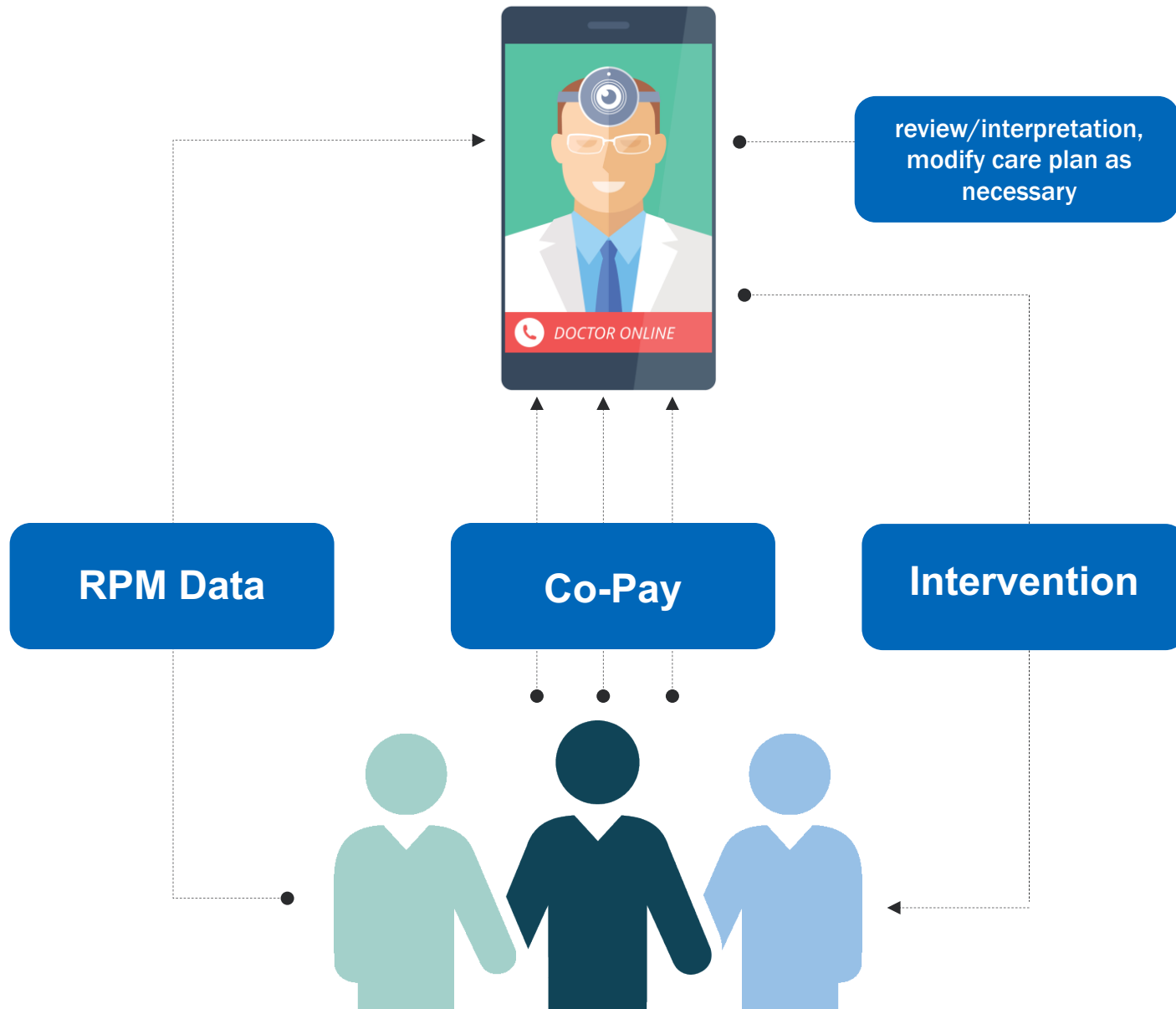
Wireless devices for remote patient monitoring



Source: Philips

THE WALL STREET JOURNAL





# 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