

Welcome to the Telehealth ECHO

Billing, Coding, Reimbursement & Documentation

The session will start in less than 15 minutes



Funding

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$6,000,000 with no percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government



**For educational and quality improvement purposes,
we will be recording this video-session**

By participating in this clinic you are
consenting to be recorded –
we appreciate and value your participation

If you have questions or concerns, please use the chat or email
shanna.peters@kansasaap.org



Housekeeping

- This session will be recorded for educational and quality improvement purposes.
- Please do not provide any protected health information (PHI) during any ECHO session.
- IT Trouble? Chat with Amy Trollinger or email amy.trollinger@kansasaap.org

**Please turn on your
video!**

**Please enter your
name and
organization in the
chat box.**

**Introduce
Yourself**



**Please mute your
microphone
when not
speaking.**

Microphones



**5 min: Introduction
25 min: Lecture
5 min: QI Review
20 min:
Case/Discussion
5 min: Close**

Agenda



Today's ECHO Faculty

- Kristen Stuppy, MD, FAAP
- Kathy Farrell, MD, FAAP
- Stephanie Kuhlmann, DO, FAAP



Billing, Coding, Reimbursement & Documentation

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Disclosure

- I have no relevant financial relationships with the manufacturers(s) of any commercial products(s) and/or provider of commercial services discussed in this CME activity.
- I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.



Telehealth Requirements

- Determine type of telehealth
 - Audio visual (recommended)
 - Audio only (telephone)
 - Store and forward internet
- Consent can be given verbally at the time of the telemedicine visit but should be followed up with a signed written consent
- Note location of provider and of patient in medical record
 - Now a patient's home is an acceptable location
 - Location of the patient is important: many states temporarily lifted licensing requirements



Medicaid telehealth coverage

A Kansas telemedicine parity law passed on May 12, 2018, requires private payers to cover telehealth services, but allows them to establish their reimbursement policies. The Kansas telehealth law also allows coverage for telehealth services within the state Medicaid program.

<https://www.cchpca.org/covid-19-related-state-actions>

AGENCY & EMERGENCY ACTION TITLE	STATUS	TOPIC	LEGISLATION
Medicaid Guidance for Telephonic Delivery for SUD Providers	Active, until further notice	●	
Medicaid HCBS Waiver Services with Approved Telemedicine Option	Active, exceptions granted until rescinded.	● ●	
Medicaid Telemedicine Updates in Response to COVID-19	Active, exceptions granted until rescinded.	● ● ● ● ● ●	
Medicaid Expands Telemedicine to HCBS Services during COVID-19	Active, exceptions granted until rescinded.	● ●	
Medicaid Dental Codes Allowed by Telephone	EXPIRED	● ● ●	
Medicaid Expansion of Telemedicine Services Allowed by ECI and LEA Providers	Active, exceptions granted until rescinded.	● ● ●	



Private Insurance Coverage

Most insurance providers cover at least some form of telehealth service.

Ask each insurance provider:

- Which CPT and HCPCS codes can be completed via telemedicine?
- Are there any restrictions on the location of the patient or provider?
- Which modifier (-GT or -95) is preferred?
- Does the reimbursement rate match the in office rate?
- Which providers are eligible (physician, NP, PA, therapist)?
- Are there any specific notes that need to be included in the visit documentation?

REVIEW REGULARLY

Jan. 1 2021
Telehealth

UHC: eff Jan. 1 2021
E/m code normal
telehealth w/ POS 02
E/m 02 95
all visits
COVID/NO COVID
\$ 95
not required

Aetna:
E/m codes 95 02 all visits

BOBS:
02 E/m codes 95 or GT on all
*GTW/behavioral

Cigna:
E/m F2F (11) 95
behavioral - 02 \$ 95
*GTW/behavioral

Humana:
E/m F2F (11) 95
All COVID/NO COVID



Types of Telemedicine

- Evaluation and Management (E/M) service codes require a face-to-face visit. This may be done in the office, through a window or by live audio-visual telemedicine.
- Telephone codes are allowable if there are NO E/M service in the preceding seven days or in the subsequent 24 hours.
 - Telephone communication is when audio only two-way synchronous communication is available.
 - Internet is when communication is not synchronous and over the internet, such as email.
 - Telephone consultation can be provided to another clinician but requires
 1. No E/M service by the consultant within the past 14 days or within the next 14 days
 2. Documentation of a verbal and written report back to the consulting clinician.

You cannot replace an E/M visit with a telephone call but E/M visits can be done by telemedicine or calls and electronic messages can be billed.



Document

- If the service was provided via technology with synchronous audio/video or by audio alone.
- Where the patient is physically located and where you are physically located.
- "Care provided by telemedicine/telecommunication during the COVID-19 pandemic."
- Consent for telemedicine.
- History, Physical Exam and Medical Decision Making as you would for a face-to-face service. For example, if a patient complains of shortness of breath, there must be an exam of the respiratory system.
- Amount of time you spent providing services.

Examination Point	Findings
Constitutional	general appearance: alert, pleasant, not ill appearing, no distress
Eyes	conjunctivae & lids: pink & moist ; no pallor or icterus (asked patient/parent to pull down lower eyelids to assess sclera and conjunctiva which was observed via video connection)
Ears, Nose, Mouth, Throat	external ears & nose ; no pain or iterness (asked patient/parent to pull down lower eyelids to assess sclera and conjunctiva which was observed via video connection)
Respiratory	respiratory effort: no retractions, no tachypnea ; also no audible grunting or other indication for increased work of breathing
Cardiovascular	extremities: no edema, brisk capillary refill ; with cooperation of patient/parent through video visualization of good perfusion with brisk capillary refill confirmed (asking patient/parent to demonstrate)
Skin	inspection (includes subcutaneous tissue): no rash ; no rash, no petechiae or bruising or other markings of skin
Neurologic	age appropriate gait & coordination on observation ; age appropriate social/language interaction
Psychiatric	mood & affect



State Waivers of Licensure

- **Missouri:** Licensed physicians may provide telehealth services in Missouri until the state of emergency is lifted (scheduled for 3/31/21).
- **Nebraska:** Out of state providers have the same provisions as in state providers for telehealth until 30 days after the state of emergency ends (this date is not yet identified).
- **Colorado:** Waivers are expired. You must hold a Colorado license to see a patient who is in Colorado at the time of your visit.
- **Oklahoma:** Waiver expires April 11.

Find your state on [Federation of State Medical Boards](#)



- Center for Connected Health Policy: Learn policies, search state rules. <https://www.cchpca.org/>
- Telehealth HHS: Learn the latest federal efforts to support and promote virtual health care, resources for workflow, billing, and legal aspects. <https://telehealth.hhs.gov>
- AAP Telehealth Resources <https://www.aap.org/en-us/professional-resources/practice-transformation/telehealth/Pages/Getting-Started-in-Telehealth.aspx>
- AMA Telehealth Toolkit <https://www.ama-assn.org/system/files/2020-04/ama-telehealth-implementation-playbook.pdf>
- Telehealth Resource Center: Working to advance accessibility of telehealth with a focus in rural communities, Federally Qualified Health Centers (FQHCs), and Rural Health Clinics (RHCs). <https://telehealthresourcecenter.org>
- Medicaid and CHIP Toolkit <https://www.medicaid.gov/medicaid/benefits/downloads/medicaid-chip-telehealth-toolkit.pdf>
- Federation of State Licensing Boards: Check if the state your patient is in allows you to practice medicine there.
 - <https://www.medicaid.gov/medicaid/benefits/downloads/medicaid-chip-telehealth-toolkit.pdf>
 - [states-waiving-licensure-requirements-for-telehealth-in-response-to-covid-19.pdf](https://www.fsmb.org/states-waiving-licensure-requirements-for-telehealth-in-response-to-covid-19.pdf) ([fsmb.org](https://www.fsmb.org))
- Coding Scenarios <https://www.aafp.org/family-physician/patient-care/current-hot-topics/recent-outbreaks/covid-19/covid-19-telehealth/coding-scenarios-during-covid-19/telehealth.html>
- Medicare Q&A <https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>
- CMS Telemedicine Toolkit <https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf>

Resources



Payors

Aetna

- <https://www.aetna.com/health-care-professionals/clinical-policy-bulletins/medical-clinical-policy-bulletins.html>
- <https://www.aetna.com/health-care-professionals/covid-faq/billing-and-coding.html>

Blue Cross Blue Shield

- <https://www.bluekc.com/consumer/agents-providers/>

Cigna

- <https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwcCOVID-19.html>

Humana

- <https://www.humana.com/provider/coronavirus/telemedicine>

UHC

- <https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19.html>

KMAP

- <https://www.kmap-state-ks.us/Documents/Content/Provider/COVID%2019%20.pdf>



Questions?



Case Presentation

Questions and Discussion

- Visit that cannot be completed on telehealth platform due to technical issues but is completed via Doximity or on the phone. What is appropriate documentation and billing?
- How do I stay on top of all of the coding changes that seem to occur frequently?
- Should recorded videos be saved as documentation for the visit?



Coming soon...

April 6 – Confidentiality, Privacy & Etiquette
April 20 – Practice Management Side (Forms)

