



SANTÉ COMMUNITY
PHYSICIANS

20 March 2020

URGENT COMMUNICATION RE: COVID-19 AND TELEHEALTH OPTIONS

MY FELLOW COLLEAGUES:

I want to convey our continued gratitude to you and your teams for the services on the front-line which you are providing for the benefit of all our patients. We hope our initial communication on Monday was helpful in updating you on the facts of COVID-19 and CDC's guidelines regarding protection of your patients, your staff, and yourselves.

Initial results from expanded testing in our region seems to indicate that current mitigation strategies appear to be effective in limiting the number of COVID-19 cases and eliminating community acquired cases. For our region, testing of predominantly high-risk individuals seems to indicate that less than 1% of local tests are positive for COVID-19, meaning the remaining 99% of tested individuals have another respiratory illness e.g. flu or cold. We also have zero non-traveler cases so far.

Most of the concerns I am currently hearing from our providers revolve around the changing laws and requirements for various forms of Telehealth. Therefore, we wanted to assist you and summarize the *most relevant points* to consider when initiating and conducting Telehealth electronic communication medical services.

TELEHEALTH PRIOR TO COVID-19 EMERGENCY PERIOD

As you know, the Center for Medicare and Medicaid Services (CMS) provides law regarding provision of Telehealth services for Medicare beneficiaries. These laws are typically applied by most commercial payors for its members as well. In addition, the Department of Health and Human Services (HHS) enforces our country's HIPAA patient-privacy laws.

Herein are those rules that continue to stand and *do not* change as of today:

CMS has three types of Telehealth services: (1) Medicare Telehealth visits, (2) Virtual Check-ins (including telephone visits), (3) and E-visits.

Telehealth Services: Live, interactive, audio *with video*, electronic encounters. CMS considers this the equivalent of in-person visits.

Virtual Check-ins: Brief, *patient-initiated* communications which *do not require video*; via telephone, email, secure text messaging, or a patient portal; for *established* patients (3 years); and not related to an E/M visit within the previous 7 days and not leading to an E/M visit within next 24 hours. Co-insurance and deductibles generally apply to these services.

E-Visits: Non face-to-face *patient-initiated* communications delivered via a secure *online* patient-portal, for *established* patients. Co-insurance and deductibles generally apply to these services. NOTE: EPIC MyChart has a questionnaire-based patient-initiated E-Visits program via PNA that some offices may be interested in initiating.

Examples of CMS-designated practioners eligible to be reimbursed for Telehealth services:

Physician, Nurse Practioner, Physician Assistant, Nurse Midwife, Clinical Nurse Specialist, Registered Dietician or Nutritionist, Clinical Psychologist, Clinical Social Worker, CRNAs.

TELEHEALTH DURING COVID-19 EMERGENCY PERIOD

On 3/17/20, President Trump's administration directed CMS to broaden access to Medicare Telehealth services and HSS to cut back on certain HIPAA enforcement provisions on a temporary emergency waiver basis during this Period of Emergency Declaration (PED). CMS states it will pay physicians for additional Telehealth services effective 3/6/20 for any diagnostic or treatment purpose, even if its unrelated to COVID-19, so long as they do so in good faith.

Telehealth Services

Here are the new CMS rules representing changes from previous regulations:

- Previously, CMS limited only certain HPSA-designated locations to offer Telehealth services. Under this new waiver, originating sites may now include patients' place of residence to connect to from the office.
- Although the waiver requires the patient to have a prior established relationship with the provider, HHS will not conduct audits to verify such relationship existed for claims submitted during the PED, so that you may connect to new patients.
- Although patient-initiated services means patients must initiate these virtual services, practioners may educate their patients on the availability of the service prior to initiation.
- HHS Office of Inspector General has been authorized to use enforcement discretion related to copays and deductibles so healthcare providers may reduce or waive these cost-sharing fees for Telehealth visits.
- HSS will temporarily waive certain HIPAA enforcement penalties against providers who serve patients in good faith to provide Telehealth services with non-secure systems like their personal smartphones or mobile computing applications e.g. Face-Time or Skype or Zoom.
- Providers are encouraged to notify patients that these third-party applications may not be secure and potentially introduce privacy risk and should enable all available encryption and privacy modes when using such applications. Public facing social apps should not be used e.g. Facebook Live or TikTok.

Documentation

Proper documentation includes inclusion of all required E/M elements for validating level of service performed. In addition, documentation of consent and waivers is recommended.

An example script - I performed this medical visit using real time interactive Telehealth mechanisms, including a live video connection between my office location and the patient's location. Prior to this encounter, verbal informed consent was obtained regarding use of Telehealth and that a waiver for secure connection was received. Total time spent on medical discussion xx minutes.

TIPS FOR YOUR BILLING/CODING TEAMMATES

Coding

- Telehealth services are billed as if the services are furnished in-person. CMS recognizes Place of Service (POS) code 02 for reporting Telehealth services from a distant site.
- Telehealth use CPT E/M codes and paid at same rate as in person visits
- Include evaluation and management visits, preventive health visits (including AWV G0438-39 modifier GT), and mental health counselling (908xx)
- Virtual Check-in services use POS code 11 for office and HCPCS (CMS) code G2012 5-10 minutes of medical discussion and Commercial CPT 99441-99443 based on minutes of medical discussion.
- E-Visits billed using CPT codes 99421-99423 based on cumulative on-line minutes over 7 days.

DMHC issued an All-Plan Letter on 3/19/20 instructing HMO plans to allow people to obtain health care via Telehealth. Also remember, the DMHC requires “zero” copays, deductibles, or coinsurance for screening, testing, treatment, or prescriptions for COVID-19.

MEDI-CAL

CMS and CMA asking Department of Health Care Services to develop a state plan amendment for Medi-Cal services in order for CMS to approve payment methodologies to account for Telehealth costs.

It is our hope that this type of summary is helpful to you. We encourage you to visit each of these agency’s web sites for details and updates, as this Period of Emergency Declaration is a fluid situation.

Thank you for your service and dedication. Please thank your staff, both clinical and administrative, for us as well.

Very Sincerely,

A handwritten signature in black ink, appearing to read 'M. Synn', with a stylized flourish at the end.

Michael Synn, M.D.
Chief Medical Officer
Santé Health System