

COVID PHE Virtual Telehealth... What You Must Know. Optimize Opportunity & Limit Liability

Ray Jorgensen Consulting, LLC
RayJConsulting@gmail.com

Agenda



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- HCPCS & ICD Review
- Health Center Encounter Rate Review
- Virtual Care Options
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- Medicare 2022 Proposed Rule... FQHC Impact
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- AMA COVID Testing In-Person & Telehealth Examples
- CMS Telehealth Takeaways
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- Credentialing & State Licensure
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Ray Jorgensen, MS



Ray Jorgensen is a serial entrepreneur and national healthcare reimbursement professional. A CPC since 1996, Ray has become a nationally prominent speaker whose motivational style and unique perspective afford audiences unusual and thought-provoking insight around healthcare financial issues. Having personally trained thousands of providers and financial/billing professionals in all 50 states on coding, billing, and reimbursement, he has also authored several books and dozens of articles.

Early on in his career, Ray worked at Blue Cross & Blue Shield of Massachusetts and United HealthCare in hospital claims, customer service, provider relations and contracting. After a recent exit from PMG RCM & RevenueHealth, Ray holds equity positions in PMG Credentialing, Patient360 (a Medicare Quality Payment Program registry), and Kore Compliance (a cannabis-dispensary-focused business-management software platform). Ray is an avid golfer and fitness enthusiast who loves spending time with his award-winning author wife (www.TabithaLordAuthor.com) and his four beautiful kids.

BA: College of the Holy Cross (Worcester, MA)

MS: Northeastern University (Boston, MA)

CPC: American Academy of Professional Coders (Salt Lake City, UT)

CHBME: Healthcare Billing & Management Association (Washington, DC)

Disclaimer

1. The guidelines, interpretations, and recommendations set forth as part of this training session are presented as a guide only. Attendees understand and recognize that actual coding and/or business decisions are the sole liability and responsibility of the provider(s), respective billing staff, and financial professionals. Ray Jorgensen Consulting, LLC does not accept any liability or responsibility in this regard.
2. The presentation today may include discussion about a particular commercial product/service and the presenter has significant financial interest/relationship with the organization that provides this product and/or service.
3. Remember the 2021 E&M Changes apply ONLY to 99202-99215. All other E&M follow the 1995 and/or 1997 E&M Documentation Guidelines.

HCPCS & ICD Basics

- **H**ealthcare **C**ommon **P**rocedure **C**oding **S**ystem
- Owned/Distributed by AMA (Editorial Panel & RUC)
 - Level 1: Current Procedural Terminology (CPT)
 - 5 Character all numeric (e.g., 99213 or 10060)
 - Level 2: Called “HickPicks”
 - 5 character, alpha numeric (e.g., G0101 or Q0091)
- **I**nternational **C**lassification of **D**iseases
- “Owned” by WHO, US Distribution via AHA
 - Current version: ICD-10 (e.g., DM: E11.9 & HTN: I10)

ICD-10 Chapter Overview



Chapter	Code Range	Description
1	A00-B99	Certain infectious and parasitic diseases
2	C00-D49	Neoplasms
3	D50-D89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
4	E00-E89	Endocrine, nutritional and metabolic diseases
5	F01-F99	Mental, Behavioral and Neurodevelopmental disorders
6	G00-G99	Diseases of the nervous system
7	H00-H59	Diseases of the eye and adnexa
8	H60-H95	Diseases of the ear and mastoid process
9	I00-I99	Diseases of the circulatory system
10	J00-J99	Diseases of the respiratory system
11	K00-K95	Diseases of the digestive system
12	L00-L99	Diseases of the skin and subcutaneous tissue
13	M00-M99	Diseases of the musculoskeletal system and connective tissue
14	N00-N99	Diseases of the genitourinary system
15	O00-O9A	Pregnancy, childbirth and the puerperium
16	P00-P96	Certain conditions originating in the perinatal period
17	Q00-Q99	Congenital malformations, deformations and chromosomal abnormalities
18	R00-R99	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified
19	S00-T88	Injury, poisoning and certain other consequences of external causes
20	V00-Y99	External causes of morbidity
21	Z00-Z99	Factors influencing health status and contact with health services

Health Center Encounter Rate Services

- CMS-focused PPS
- Medicaid usually following similar rules (T1015)
- “Face-to-face” with a core-provider (i.e., MD, DO, NP, PA, CNM, PhD, & LCSW)
- FFS applies to Managed Medicaid, Medicare Advantage, & Commercial
- Primarily office-based E&M... NOT 99211 if PPS
- PPS requires “Qualifying Visit” from CMS list*
 - Certain Exclusions (E.g., Stand alone Chiro/Osteo manipulation & procedures)
- Certain FFS carve outs (E.g., Chronic Care Management)
- Professional component of diagnostic tests included
 - Technical component separately paid (E.g., CLIA Labs, 93005, TC-imaging, etc.)

*<https://www.cms.gov/medicare/medicare-fee-for-service-payment/fqhcpps/downloads/fqhc-pps-specific-payment-codes.pdf>

Virtual Care Options

- Telehealth: See HCPCS list*
 - Most payers. modifier -95 (Post 1-Jul 2020, optional for MAC/CMS); e.g., 99213-95
 - Understand permanent vs. temporary (During COVID PHE) options*
 - CMS Fee: 2021: \$92.03 & 2022: \$99.45 (NOT wrap eligible)
- Virtual Check In: G2010 & G2012
 - Rendered via patient portal/EMR
 - Not real time; e.g., sharing “stored” images/data with patients via EMR
- E-Visits: 99421-99423
 - Communication through an online portal
- Audio Only E&M: 99441-99443
 - Telephone Only... NOT PPS encounter rate eligible
 - Temporary telehealth eligible*

* Updated 17-Aug 2021: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

**NOTE: 2021,
99201 deleted.**

Type of Service	What is the Service?	CPT/HCPCS Codes	Patient/Provider Relationship
Telehealth Visit	A visit with a provider that uses telecommunication systems between a provider and a patient.	99201 - 99215	For new* or established patients. *To the extent an 1135 waiver requires an established relationship. HHS will not conduct audits to determine whether a prior relationship exists during the COVID-19 emergency period.
Virtual Check-In: Phone or Video	A brief (5-10 minutes) check in with a practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	G2012	For established patients.
Virtual Check-In: Phone Only		99441 99442 99443	
Virtual Check-In: Store & Forward		G2010	
E-Visit: Physician or Advanced Practice Provider (APP)	A communication between a patient and their provider through an online patient portal.	99421 99422 99423	For established patients.
E-Visit: Other than a Physician or APP		98970 or G2061 98971 or G2062 98972 or G2063	

Source: Adapted from CMS's [Medicare Telemedicine Health Care Provider Fact Sheet](#), March 17, 2020.

<https://www.nationalfamilyplanning.org/file/COVID---Telehealth-Coding---FINAL.pdf?erid=0>

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: <ul style="list-style-type: none"> • 99201-99215 (Office or other outpatient visits) • G0425-G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	For new* or established patients. *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency
VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	<ul style="list-style-type: none"> • HCPCS code G2012 • HCPCS code G2010 	For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	<ul style="list-style-type: none"> • 99421 • 99422 • 99423 • G2061 • G2062 • G2063 	For established patients.

NOTE: 2021, 99201 deleted.

What is 1135 Waiver?

- 1135 of the Social Security Act
- HHS Secretary temporarily waives/ modifies statute certain
- Medicare, Medicaid, and Children's Health Insurance Program (CHIP)
- Two areas of assurance:
 - Sufficient items & services available to meet needs of beneficiaries
 - Providers rendering care in "good faith" reimbursed & exempted from sanctions
- Fraud & Abuse activity explicitly excluded; i.e., NOT protected
- Waiver can be targeted to local area (e.g., fire/tornado) or broad (e.g., pandemic)
- National Public Health Emergency (PHE) affords broad, extended "blanket" waiver

Distant vs. Originating Site

- Originating Site = Patient Location
 - Pre-COVID... a provider's office or Health Center
- Distant Site = Billing/Servicing Provider Location
 - Pre-COVID... Health Centers NOT allowed (Written payer confirmation)
 - During COVID through 2021... Health Centers allowed
- NACHC & PCA Lobbying... PERMANENT Distant Site status
- Know limitations of local market/payers!!

Medicare 2022 PFS Proposed Rule

- 2021 Consolidated Appropriations Act (CAA)...Mental Health
 - Face-to-face required within 6 months of telehealth
 - Removed geographic restrictions
 - Proposing 2022
 - Patient must be seen 6 months prior
 - Allow “audio only” for telehealth iff patient not able/willing to use video
 - Pay encounter rate for mental health telehealth as Distant Site

NOTE Telehealth but “virtual” care info...

- Concurrently pay for same patient during same month, multiple care management
 - E.g., Transitional Care Management (TCM) & Chronic Care Management (CCM)

<https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2022-medicare-physician-fee-schedule-proposed-rule>

1135 COVID PHE Changes to Telehealth (1 of 3)



- Providers may use non-HIPAA Compliant video chats
 - E.g., Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype
 - NOT Facebook Live, Twitch, TikTok, & similar public facing video apps
 - Despite UNsecure tech, OCR enforcement discretion... “good faith provision”
 - Notify patients of privacy risks
- Need policy for waiving fees (SFDS) in PHE
 - Understand limits of HRSA compliance plan
 - Special PHE relief (e.g., hurricanes, tornadoes, flooding, pandemics, etc.)
 - Understand “nominal fee reduction” vs. waiving obligatory fees
 - Get legal counsel around program modification

1135 COVID PHE Changes to Telehealth (2 of 3)



- Provider considerations
 - Volunteer providers & FTCA: GAP vs. local “state of emergency” coverage?
 - Provider employment agreement language
 - Afford written guidelines re. POS latitude (e.g., hospital or ED)
 - Include permission to act in the event of an emergency
 - Primary Care Exception: General Supervision Requirements during COVID PHE
- Geographic restrictions lifted
 - No HPSA or originating site required; providers/patients may be home
- Visit frequency limits lifted
- Expanded list of telehealth services
- AUDIO only vs. audio and visual requirement
- E&M Time Documentation & MDM (new 2021 E&M documentation guidelines)

1135 COVID PHE Changes to Telehealth (3 of 3)

- 99211 payable!!! (DOS 1-March and forward)...
 - Not PPS but Telehealth approved per MLN Matters SE20016
 - INCIDENT TO “Consequently, we are revising the definition of direct supervision to allow, for the duration of the PHE for the COVID-19 pandemic, direct supervision to be provided using real-time interactive audio & video technology.”*

*Page 57: <https://www.cms.gov/files/document/covid-final-ifc.pdf>
& <https://www.cms.gov/newsroom/fact-sheets/final-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar-year-1>

Claim Submission, CMS Guidance

#1 Claim Example for DOS 27-Jan through 30-Jun:

Revenue Code	HCPCS Code	Modifier
052X	G0467 (or other appropriate FQHC Specific Payment Code)	N/A
052X	99214 (or other FQHC PPS Qualifying Payment Code)	95
052X	G2025	95

#2 Claim Example DOS 1-Jul and forward:

Revenue Code	HCPCS Code	Modifier
052X	G2025	95

Format #2 for ANY telehealth after 1-July

Format #2 for any audio only telehealth as of 1-Mar DOS

****Per CMS, health centers should engage each MAC re. claim submission requirements.****

CMS Claim... > 1 Service, Single DOS

#1 Claim Example for DOS 27-Jan through 30-Jun:

Revenue Code	HCPCS Code	Modifier
052X	G0467 (or other appropriate FQHC Specific Payment Code)	N/A
052X	99214 (or other FQHC PPS Qualifying Payment Code)	95
052X	G2025	95
900	G0470	N/A
900	90832	95
900	G2025	95

#2 Claim Example DOS 1-Jul and forward:

Revenue Code	HCPCS Code	Modifier
052X	G2025	95
900	G2025	95

Format #2 for ANY telehealth after 1-July

Format #2 for any audio only telehealth as of 1-Mar DOS

****Per CMS, health centers should engage each MAC re. claim submission requirements.****

Scenario 1: Patient comes to office for E/M visit, is tested for COVID-19 during the visit, test conducted at laboratory not in physician's office



Action	In-office E/M visit	Patient swab sample collected	COVID-19 test performed
Who is performing	Physician/QHP	Clinical staff (eg, RN/LPN/MA)	Laboratory
Applicable CPT Codes	99202-99205 (New Patient) 99212-99215 (Established Patient)	Swab collection included in E/M 99000, 99072 (if applicable*)	87635, 86328, 86769, 87426, 86408, 86409, 86413, 87428, 87635, 87636, 87637, 87811 PLAs: 0202U, 0223U, 0224U, 0225U, 0226U, (0240U & 0241U POC only)
ICD-10CM codes	Z11.59, Z03.818, Z20.828, Z11.52, Z20.822, Z86.16, M35.81, M35.89, J12.82		
Place of Service (POS)	11 Physician Office 19 Off Campus Outpatient Hospital 20 Urgent Care Facility 22 On Campus Outpatient Hospital	N/A	19 Off Campus Outpatient Hospital 22 On Campus Outpatient Hospital 81 Independent Laboratory
Notes		*Check with specific payor. Not covered by Medicare	

NOTE: POS = 50 for health centers & 99000/99072 not payable by CMS

Source: <https://www.ama-assn.org/system/files/covid-19-coding-advice.pdf>

Scenario 1a: Patient comes to office for E/M visit, tested for COVID-19 in office during the visit, test conducted in office



Action	In-office E/M visit	Patient swab sample collected	COVID-19 test performed in office*
Who is performing	Physician/QHP	Clinical staff (eg, RN/LPN/MA)	Physician Office
Applicable CPT Codes	99202-99205 (New Patient) 99212-99215 (Established Patient)	Included in E/M	87635, 86328, 86769, 87426, 86408, 86409, 86413, 87428, 87635, 87636, 87637, 87811 PLAs: 0202U, 0223U, 0224U, 0225U, 0226U, (0240U & 0241U POC only)
ICD-10CM codes	Z11.59, Z03.818, Z20.828, Z11.52, Z20.822, Z86.16, M35.81, M35.89, J12.82		
Place of Service (POS)	11 Physician Office 19 Off Campus Outpatient Hospital 20 Urgent Care Facility 22 On Campus Outpatient Hospital	N/A	N/A – reported on same claim
Notes			* Contact payor for applicable reimbursement policies concerning in-office laboratory testing.

NOTE: POS = 50 for health centers & 99000/99072 not payable by CMS

Source: <https://www.ama-assn.org/system/files/covid-19-coding-advice.pdf>

Scenario 2: Patient comes to office for E/M visit re: COVID-19 and is directed to an external testing site (not affiliated with physician), sample sent to lab



Action	In-office E/M visit	Patient swab sample collected	COVID-19 test performed
Who is performing	Physician/QHP	Testing Site	Laboratory
Applicable CPT Codes	99202-99205 (New Patient) 99212-99215 (Established Patient)	99211 <i>Note: CMS has approved 99211 for specimen collection for new and established patients with 4/30 IFR; check other payors for reimbursement policies</i> or 99001, 99072 (if applicable*)	87635, 86328, 86769, 87426, 86408, 86409, 86413, 87428, 87635, 87636, 87637, 87811 PLAs: 0202U, 0223U, 0224U, 0225U, 0226U, (0240U & 0241U POC only)
ICD-10CM codes	Z11.59, Z03.818, Z20.828, Z11.52	Z20.822, Z86.16, M35.81, M35.89, J12.82	
Place of Service (POS)	11 Physician Office 19 Off Campus Outpatient Hsp 20 Urgent Care Facility 22 On Campus Outpatient Hsp	15 Mobile Unit 17 Walk-in Retail Health Clinic 20 Urgent Care Facility 23 Emergency Room Hospital	19 Off Campus Outpatient Hospital 22 On Campus Outpatient Hospital 81 Independent Laboratory
Notes	COVID-19 test orders given to patient	If provided, Patient presents physician/QHP test orders to testing personnel. *Check with specific payor. Not covered by Medicare	

NOTE: POS = 50 for health centers & 99000/99072 not payable by CMS

Source: <https://www.ama-assn.org/system/files/covid-19-coding-advice.pdf>

Scenario 3: Patient received telehealth visit re: COVID-19, and is directed to go to their physician's office or physician's group practice site for testing



Action	Patient evaluated for COVID-19 testing need: E/M Telehealth ^{1,2} OR Telephone visit	Pt goes to site	Throat swabs taken at site, sent to lab	COVID-19 test performed
Who is performing	Physician / QHP		Clinical Staff (eg, RN/LPN/MA)	Laboratory
Applicable CPT Code(s)	E/M Telehealth ^{1,2,3}	Telephone Visit New and Established Patients Patient directed to proceed to office for COVID-19 testing	99211 <i>Note: CMS has approved 99211 for specimen collection for new and established patients with 4/30 IFR; check other payors for reimbursement policies</i> 99000, 99072, (if applicable*)	87635, 86328, 86769, 87426, 86408, 86409, 86413, 87428, 87635, 87636, 87637, 87811 PLAs: 0202U, 0223U, 0224U, 0225U, 0226U, (0240U & 0241U POC only)
	<i>New Patient (CPT times)</i>			
	99202 (15-29 min) 99203 (30-44 min) 99204 (45-59 min) 99205 (60-74 min)			
	<i>Established Patient (CPT times)</i>			
	99212 (10-19 min) 99213 (20-29 min) 99214 (30-39 min) 99215 (40-54 min)			
ICD-10CM codes	Z11.59, Z03.818, Z20.828, Z11.52, Z20.822, Z86.16, M35.81, M35.89, J12.82			
Place of Service (POS)	11 Physician Office 19 Off Campus Outpatient Hospital 20 Urgent Care Facility 22 On Campus Outpatient Hospital		11 Physician Office	11 Physician office 19 Off Campus Outpatient Hospital 22 On Campus Outpatient Hospital 81 Independent Laboratory
Notes	¹ CMS requires use of modifier 95 for telehealth services; other payors may require its use ² Individual states (through Executive Order) or payors may permit use of E/M codes with audio-only encounters. ³ CMS will permit reporting of telehealth E/M office or other outpatient visits based on time or Medical Decision Making (MDM) Office for Civil Rights at HHS provides flexibility on audio/visual tools Medicare will pay telehealth at in-person rates and not conduct audits to ensure prior relationship with patient		*Check with specific payor. Not covered by Medicare	

REMEMBER: G2025 for telehealth & 99211 via telehealth = G2025

NOTE: POS = 50 for health centers & 99000/99072 not payable by CMS

Source: <https://www.ama-assn.org/system/files/covid-19-coding-advice.pdf>

Scenario 4: Patient received telehealth visit re: COVID-19, and is directed to unaffiliated testing site (not affiliated with physician/health care facility or laboratory)



Action	Patient Evaluated for COVID-19 testing need: E/M Telehealth ^{1 2 3} OR Telephone visit		Pt goes to testing site	Throat swabs taken at remote testing site, delivered to lab	COVID-19 test performed
Who is performing	Physician / QHP			Testing Site	Laboratory
Applicable CPT Code(s)	E/M Telehealth ^{1 2 3}	Telephone Visit New and Established Patients		99211 (when requirements are met) <i>Note: CMS has approved 99211 for specimen collection for new and established patients with 4/30 IFR; check other payors for reimbursement policies</i> or 99001, 99072 (if applicable*)	87635, 86328, 86769, 87426, 86408, 86409, 86413, 87428, 87635, 87636, 87637, 87811 PLAs: 0202U, 0223U, 0224U, 0225U, 0226U, (0240U & 0241U POC only)
	<i>New Patient (CPT times)</i>	99441 (5-10 min) Payor guidelines may vary 99442 (11-20 min) Payor guidelines may vary 99443 (21-30 min) Payor guidelines may vary			
	99202 (15-29 min) 99203 (30-44 min) 99204 (45-59 min) 99205 (60-74 min)				
	<i>Established Patient (CPT times)</i>				
	99212 (10-19 min) 99213 (20-29 min) 99214 (30-39 min) 99215 (40-54 min)				
ICD-10CM codes	Z11.59, Z03.818, Z20.828, Z11.52, Z20.822, Z86.16, M35.81, M35.89, J12.82				
Place of Service	11 Physician Office 19 Off Campus Outpatient Hospital 20 Urgent Care Facility 22 On Campus Outpatient Hospital			15 Mobile Unit 17 Walk-in Retail Health Clinic 20 Urgent Care Facility	11 Physician Office 19 Off Campus Outpatient Hospital 22 On Campus Outpatient Hospital 81 Independent Laboratory
Notes	1 CMS requires use of modifier 95 for telehealth services; other payors may require its use 2 Individual states (through Executive Order) or payors may permit use of E/M codes with audio-only encounters. 3 CMS will permit reporting of telehealth E/M office or other outpatient visits based on time or Medical Decision Making (MDM) Office for Civil Rights at HHS provides flexibility on audio/visual tools Medicare will pay telehealth at office visit rates and not conduct audits to ensure prior relationship with patient			When provided, patient presents physician/QHP test orders to testing personnel. *Check with specific payor. Not covered by Medicare	

REMEMBER: G2025 for telehealth & 99211 via telehealth = G2025

NOTE: POS = 50 for health centers & 99000/99072 not payable by CMS
 Source: <https://www.ama-assn.org/system/files/covid-19-coding-advice.pdf>

CMS Telehealth Takeaways

- G2025: 2020 = \$92.03 & 2021 = \$99.45
- Permanent & temporary HCPCS*
- Pre & Post COVID, health centers NOT Distant site
- 90 Day PHE extension (1135 Waiver)... health centers still Distant Site^
- Telehealth likely remaining as key delivery model
- Audio AND Visual recommended for permanence
- Limited “audio only” & NOT-HIPPA-secure... only during current COVID PHE
- CS (No copay) for COVID treatment/testing & preventive

NOTE: G2025... use CS for preventive services

- -95 for telehealth services in general (Post 1-Jul 2020, optional for MAC/CMS)
- 99211 still payable via telehealth but not in person*

*<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

^<https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx>

G2025: Potential Fraud Waste Abuse (FWA)

- First COVID "billing period" with SE20016 directive: DOS 1-Mar till 1- July 1 2020*
 - CHCs bill telehealth using the PPS G code, qualifying visit code, & G2025
- DOS from 1-July 1 until the end of the PHE (31-Dec 2021)
 - Bill only G2025; no qualifying visit required (i.e., Eligible services = CMS telehealth code list^
 - Recommendation: Record "qualifying visit" even if not required by payer
- CMS (other payers) allow same DOS: 1. In-person visit AND 2. G2025
- Issue... same DOS claim looks claim requirement 1-Mar to 1 Jul 2020
- CHC mistakenly billing "telehealth only" with both PPS G Code & G2025
 - MAC double pays... thinking it is in person (PPS G) and telehealth (G2025)
 - CHC on the hook if audited... Reportable FWA
 - Check with legal counsel!

Credentialing & State Licensure

- Credentialed in how many (which) states?
- During COVID PHE... commonly lenient approach, affording temporary licensing/approval to treat
 - Updated as of 15-Sep 2021*
- Policy for telehealth across state lines (FTCA coverage?)
- Check with state Medical Society & Licensing board(s)
- Internal legal Counsel review/recommendation
- Medical Director... billing under his/her NPI... transparency with him/her

<https://www.fsmb.org/siteassets/advocacy/pdf/states-waiving-licensure-requirements-for-telehealth-in-response-to-covid-19.pdf>

Patient Communication



This message is available in [Arabic](#), [Chinese](#), [Haitian Creole](#), [Portuguese](#), [Russian](#), and [Spanish](#).

Dear Patient,

We know that patients trust virtual visits from our providers. Many patients have come to see virtual care as part of routine care. We are writing to you because many state and federal regulations for virtual care have changed.

What you need to know

Costs of a virtual visit - You may now have a co-pay or deductible for a virtual visit. Many states and insurers had waived these costs during the COVID pandemic. Many of these waivers have expired. Co-pays and deductibles for virtual visits are usually the same as an in-person visit. Please check with your insurer to find out what your cost is for virtual visits. You may be responsible for all or part of the cost.

Your location and who can provide virtual care - We will ask you where you will be located at the time of your virtual visit. This is to make sure we follow state and federal regulations. At this time, Mass General Brigham is limiting virtual visits to patients who are located in the New England states or Florida at the time of the visit.

Also, not all Mass General Brigham providers can see patients virtually out of state. Currently, our physicians, nurse practitioners, physician assistants, and clinical psychologists can provide virtual care if they have a license in the state where you will be located at the time of the virtual visit. Our other providers (for example physical therapists, occupational therapists or social workers) are not able to provide virtual care outside the state where they regularly practice.

What you need to do

There is nothing you need to do at this time. At your next in-person visit or when you schedule a virtual visit, you can review the Mass General Brigham Virtual Care consent form. This goes over our terms and conditions for virtual care. You can also see our [website](#) for more information.

We continue to work with government officials and insurance companies to make sure virtual care remains available to all our patients.

We thank you for trusting us to safely care for you during the pandemic and beyond. We look forward to seeing you soon.

Sincerely,

Tom Sequist, MD, MPH
Chief Patient Experience and Equity Officer
Mass General Brigham

NACHC Resources (1 of 2)

- Care Management & Virtual Communication Services

<http://www.nachc.org/wp-content/uploads/2020/04/Payment-Action-Guide-04.15.20-1.pdf>

- Telehealth Reimbursement Tips

https://www.nachc.org/wp-content/uploads/2020/05/Payment-Reimb.-Tips_Telehealth-April-2021.pdf

- Virtual Check Ins or Virtual Care Services (VCS)

https://www.nachc.org/wp-content/uploads/2020/04/Payment-Reimb.-Tips_VCS-April-2021.pdf

- Initial Preventive Physical Exam (IPPE) & Annual Wellness Visit (AWV)

https://www.nachc.org/wp-content/uploads/2020/03/Payment-Reimb.-Tips_IPPE-April-2021.pdf

NACHC Resources (2 of 2)

- Chronic Care Management (CCM) & Principal Care Management (PCM)

https://www.nachc.org/wp-content/uploads/2020/04/Payment-Reimb.-Tips_CCM-April-2021.pdf

- Transitional Care Management (TCM)

https://www.nachc.org/wp-content/uploads/2020/04/Payment-Reimb.-Tips_TCM-April-2021.pdf

- Behavioral Health Integration

https://www.nachc.org/wp-content/uploads/2020/04/Payment-Reimb.-Tips_BHI-April-2021.pdf

- Psychiatric Collaborative Care

https://www.nachc.org/wp-content/uploads/2020/04/Payment-Reimb.-Tips_CoCM-April-2021.pdf

Summary

- Symbiotic relationship of ICD to HCPCS (E.g., CPT)
- New E&M... Time or MDM (master MDM examples)
- Incident to (Direct Supervision) via AV technology vs. "on site"
- COVID testing, treatment, & immunization... fluid situation
- Telehealth...
 - Here to stay
 - Range of acceptable codes & CHC "Distant site" status changes post PHE
- Commit to educate
- Accept constant change

Questions????



Ray Jorgensen

RayJConsulting@gmail.com

LinkedIn: <https://www.linkedin.com/in/ray-jorgensen-a04368/>