

Telemedicine Basics For an Oncology Practice

Hosted By: The Ohio Hematology Oncology Society



Ohio Hematology
Oncology Society

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Today's Agenda

- Define Telemedicine & Telehealth
- Benefits for Patients & Practice
- Reimbursement
- OHOS Budget Bill
- Practice Integration
- Summary



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DEFINING TELEHEALTH AND TELEMEDICINE

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Clarifying Difference **often used interchangeably

Both = Administering Health Care Via Technology

■ Telehealth

- A broad scope of remote health care
 - Refers to clinical and non-clinical services and education
 - Includes consumer and professional education

■ Telemedicine

- "Healing from a distance"
 - Refers specifically to remote clinical services
 - Patient Consultations via video conferences
 - Transmission of still images

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Different Types of Telemedicine

- The practice of telemedicine largely breaks down into three types of solutions, store-and-forward, remote patient monitoring, and real-time encounters.
 - Store-and-Forward Telemedicine
 - Remote Patient Monitoring.
 - Real-time telemedicine

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Store It Forward

- is a method by which healthcare providers share patient medical information like lab reports, imaging studies, videos, and other records with a physician, radiologist, or specialist at another location
 - It isn't unlike email, but it is done using a solution that has built-in, sophisticated security features to ensure patient confidentiality
 - Efficient way for patients, primary care providers, and specialists to collaborate because they can all review the information when it is convenient for them
 - The approach gives patients access to a care team that can be comprised of providers in different locations, even across long distances and in different time zones

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Remote Patient Monitoring

- Remote patient monitoring, or "telemonitoring" is a method that allows healthcare professionals to track a patient's vital signs and activities at a distance
 - Often used for the management of high-risk patients
 - like those with heart conditions and people who have recently been released from the hospital
 - Often used for monitoring chronic conditions
 - Diabetics, for example, to track their glucose levels and send the data to their doctor

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Real-time Telemedicine



- Real-time video visits
 - Patients and providers use video conferencing software to hear and see each other
 - Used in lieu of a trip to the doctor's office
 - Popular for primary care, urgent care, follow-up visits and the management of medications and chronic illness

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Telemedicine Technology

BENEFITS FOR PATIENTS AND PRACTICE

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"Tomorrow's Medicine"

Non-Hospital-Based Provider-to-Patient Telehealth Use Growing

2014 to 2018 saw increase of 1,393 percent from 0.007 to 0.104 percent of all medical claim lines

According to the report, the use of non-hospital-based provider-to-patient telehealth increased 1,393 percent from 2014 to 2018, from 0.007 to 0.104 percent of all medical claim lines. There was a 624 percent increase in claim lines related to any type of telehealth, from 0.0192 to 0.1394 percent of all medical claim lines. Non-hospital-based provider-to-patient telehealth accounted for 84 percent of all telehealth claim lines in 2018, an increase from 52 percent in 2014. Usage of non-hospital-based provider-to-patient telehealth increased more rapidly in urban than rural areas from 2014 to 2018. The age range most associated with telehealth overall was 31 to 40 years, accounting for 21 percent of all telehealth claim lines in 2014 to 2018; however, 82 percent of claim lines for discharge-related provider-to-patient telehealth were associated with individuals aged 51 years and older.

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Pros



- Patients
 - Convenient
 - Can save a trip to the office
 - Less time away from family or work
 - No exposure to other sick patients
 - Reduces healthcare costs
 - Increases access to care
- Physicians
 - Improves patient engagement and satisfaction
 - Could be an income generator
 - Minimize overhead expenses
 - Reduces encounter time allowing time for more patients
 - Improved work/life balance (can work from home)
 - Reduces no-shows and cancellations
 - Reduces hospital admission rates

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Cons



- Reduced care continuity
 - Connect to random healthcare providers
- Fewer In-person Consultations
- Loss of "personal touch"
- Limited opportunity for physical exams
- Technical training and equipment costs
- Technology problems & restrictions
- Tricky policies and reimbursement rules

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REIMBURSEMENT

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Good News...

- Telemedicine is growing in popularity and enhances quality
 - Forcing legislators and insurance companies to coverage and better policies related to telemedicine
 - Parity Laws in 35 states require insurance companies to reimburse providers
 - In most states – parity laws prevent plans from withholding reimbursement for telemedicine services based on patient's location
 - Does not apply to Medicare/Federal programs



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Bad News...

- Coverage is all over the place and so much to consider
 - Rules vary by payer to payer
 - Some coverage is plan specific
 - Coverage for PPO but no coverage for HMO or a lesser Bronze policy
 - Guidelines are often vague
 - Geographic limitations
 - Reimbursement levels are usually determined by the payer unless it is included in the states' legislation



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Private Payers



- ASK!
 - Which healthcare providers can bill for telemedicine?
 - What healthcare services can be done via telemedicine?
 - Do you specifically cover live video telemedicine?
 - Are there any restrictions or conditions that need to be met before a patient qualifies for telemedicine (i.e. distance from provider, established provider-patient relationship, informed patient consent in writing)?
 - Are there any restrictions on the number of telemedicine visits patients can have in a given year?
 - Documentation requirements?
 - What CPT codes do you cover and do you require a modifier?
 - What are your reimbursement rates?

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Ohio - Recently Passed Budget Bill



- RC 3902.30
 - Telemedicine Parity
 - Enacted section 3902.30 of the Revised Code to prohibit health benefit plans from treating telemedicine services differently from in-person health care services solely because they are provided as telemedicine services

<https://www.legislature.ohio.gov/legislation/legislation-summary?id=GA132-HB-546> 20

Ohio DOI - Recently Passed Budget Bill



- Additional Provisions
 - No annual lifetime maximum benefit
 - Prohibits requiring cost sharing greater than that for comparable in-person services
 - Does not set the pricing
 - Does not require reimbursement for cost of telemedicine
 - Prohibits Providers from charging the health plan a facility, origination or other fee with regard to covered services
- Applies to all health benefit plans issued, offered, or renewed on or after January 1, 2020

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Coding



- Some payers want typical E & M CPT Codes
 - (99201 – 99205, 99212 – 99215)
 - Possibly with modifier GT or 95 or place of service 02 to identify telemedicine visit
- Some want specific telemedicine codes
 - 99444 or 98969 commonly used
 - Medicare has a list of covered telehealth services
 - <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes.html>
 - Some qualify to bill a facility fee – Q3014
- For private payers – ASK
 - If they can't give you a list, ask whether 99444 is covered or whether you can use E & M codes with a modifier or place of service code to identify the telemedicine service

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LIST OF MEDICARE TELEHEALTH SERVICES CY 2019		LIST OF MEDICARE TELEHEALTH SERVICES CY 2019		LIST OF MEDICARE TELEHEALTH SERVICES CY 2019	
Code	Short Description	Code	Short Description	Code	Short Description
90785	Psychoanalytic interpretation	98114	Neurobehavioral status exam	98406	Behavior change smoking 3-10 min
90791	Psych diagnostic evaluation	98116	Assess bld/bld pressure	98407	Behavior change smoking >10 min
90792	Psych diag eval w/out exam	98151	Assess bld/bld pressure	98485	Trans care mgmt 14 day dash
90812	Psychotherapy, 30 minutes	98152	Interview bld/bld pressure	98486	Trans care mgmt 7 day dash
90813	Psychotherapy, 45 minutes	98153	Interview bld/bld pressure	98487	Adm care plan 30 min
90814	Psychotherapy, 60 minutes	98154	Interview bld/bld pressure	98488	Adm care plan add 10 min
90815	Psychotherapy, 75 minutes	98160	Ph focused bld/bld exam	CG108	Diagn manage tm, per indic
90816	Psychotherapy, 90 minutes	98161	Cognitive health risk assess	CG109	Diagn manage tm, per group
90817	Psychotherapy, 105 minutes	97962	Medical nutrition consult	CG176	Med rxn to far change dx
90818	Psychotherapy, 120 minutes	97963	Med nutrition mnt, 1st sess	CG194	Visit to assess bld/dx
90819	Psychotherapy, 135 minutes	97964	Medical nutrition mnt	CG196	Alcohol/bld mnt 15-30 min
90820	Psychotherapy, 150 minutes	99201	Office consultation visit new	CG197	Alcohol/bld mnt >30 min
90821	Psychotherapy, 165 minutes	99202	Office consultation visit new	CG404	Dep bld follow up 15
90822	Psychotherapy, 180 minutes	99203	Office consultation visit new	CG407	Dep bld follow up 30
90823	Psychotherapy, 195 minutes	99204	Office consultation visit new	CG408	Dep bld follow up 45
90824	Psychotherapy, 210 minutes	99205	Office consultation visit new	CG426	Ind vce dtd mnt per session
90825	Psychotherapy, 225 minutes				
90826	Psychotherapy, 240 minutes				
90827	Family psycho w/patient				
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Medicare Policy



- Changing Policy to Allow More Access
 - Historically – strict limits
 - Rural location of patient
 - Originating site MUST be a health center
 - Service must be live video
 - 2019 Changes
 - Brief communication technology-based service
 - (virtual check in, HCPCS G2012)
 - Remote evaluation of pre-recorded patient information
 - (HCPCS G2010)
 - Interprofessional internet consultation
 - (CPT 99452, 99451, 99446, 99447, 99448 and 99449)
 - Specifically said NO to hospital visits


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Medicare Policy, cont.,

- Proposed for 2020
 - Expanded access for Medicare Advantage enrollees
 - Part of government funded “basic benefits” instead of supplemental services
 - Available to enrollees in both urban and rural areas
 - Will remove requirement to go to a health care facility as the originating site of service
 - Patient can receive telemedicine services from home

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Medicare Requirements



PRINT FRIENDLY VERSION

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Medicare Requirements

- Generally...
 - The beneficiary is located in a qualifying rural area;
 - The beneficiary is located at one of eight qualifying originating sites;
 - The services are provided by one of ten distant site practitioners eligible to furnish and receive Medicare payment for telehealth services;
 - The beneficiary and distant site practitioner communicate via an interactive audio and video telecommunications system that permits real-time communication between them; and
 - The Current Procedural Terminology/Healthcare Common Procedure Coding System (CPT/HCPCs) code for the service itself is named on the list of covered Medicare telehealth services.

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Medicare Requirements

- First Limiting Factor
 - (Chronic Care Management, Acute Stroke, Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment are potential exceptions)
- Originating Sites
 - Location where the **patient** gets telemedicine services through live video system
 - Patient must go to the originating site for the services located in either:
 - A county outside a Metropolitan Statistical Area (MSA)
 - A rural Health Professional Shortage Area (HPSA)
 - But not through their home or office!
- HRSA Established Search Tool
 - To see if a site is eligible – visit:
 - <http://datawarehouse.hrsa.gov/telehealthAdvisor/telehealthEligibility.aspx>

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Medicare Requirements

- Part B Benefit
 - Medicare not only reimburses for the actual telemedicine service, but will also pay the originating site a facility fee (Q3014) for hosting the patient
 - For example, if you have a patient in your office and you host a telemedicine visit with a physician in another location, you could bill for the facility fee
- Reimbursement same rate as the comparable in-person medical service

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Medicare Requirements

- List of Originating Sites
 - Provider offices
 - Hospitals
 - Critical access hospitals
 - Rural health clinics
 - Federally qualified health centers
 - Skilled nursing facilities
 - Community mental health centers
 - Hospital-based or critical access hospital-based renal dialysis centers



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Medicare Requirements

- Other Factors
 - Eligible Providers (Distant Site Practitioners)
 - Eligible Facilities
 - Telemedicine Modality Limitations
 - Videoconferencing, Store-and-forward, Remote Patient Monitoring, Mhealth (smart phone or tablet)
 - Claim Submission Requirements
 - Place of service 02

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Medicare Specific References

- [Centers for Medicare & Medicaid Services \(CMS\) Change Request, CR10152 - Elimination of the GT Modifier for Telehealth Services](#)
- CMS [Telehealth](#) website
- [Medicare Learning Network \(MLN\) Matters Article, MM9428 - Telehealth Services](#)
- [MM9726 - New Place of Service \(POS\) Code for Telehealth and Distant Site Payment Policy](#)
- [Telehealth Services Fact Sheet](#)

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Medicaid



- Broader coverage for telemedicine services than Medicare, BUT varies from state to state
 - 49 states and Washington DC provide reimbursement for some form of live video in Medicaid fee-for-service
 - 15 states reimburse for store and forward delivered services.
 - States that only provide reimbursement for teleradiology were not counted in this number.
 - 20 states reimburse for remote patient monitoring (RPM)
 - 9 states reimburse for all three
 - 32 states provide a transmission and/or facility fee

<https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies?jurisdiction=All&category=128&topic=1>
https://www.cchpca.org/sites/default/files/2018-10/CCHP_50_State_Report_Fall_2018.pdf

Ohio Medicaid Telemedicine Fact Sheet (Dated December 2016)

Definition	Originating Site	Distant Site
	Physical location of the patient	Physical location of treating practitioner
Eligible providers (Provider type codes)	<ul style="list-style-type: none"> Primary Care Clinic (03) Outpatient Hospital (02) Rural Health Clinic – Medical (05) Federally Qualified Health Center – Medical (12) Physician (09) Professional Medical Group (23) Podiatrist (36) Optometrist (05) 	<ul style="list-style-type: none"> Physician (09) Psychologist (62) Federally Qualified Health Center – Medical and Mental Health (12)
Excluded places of service for originating or distant site payment (Place of service codes)	<ul style="list-style-type: none"> Home (12) Inpatient Hospital (07) Nursing Facility (01 or 02) Inpatient Psychiatric Hospital (52) Other POS exclusions for E/M and psychiatric codes 	Home (12)
Bill type and procedure codes (except APC/CNHC, see billing example below)	<ul style="list-style-type: none"> Professional claim Place of service physical location of the patient Q3014 – see: <ul style="list-style-type: none"> Q2 modifier with: <ul style="list-style-type: none"> a. 99201-99215 b. 99241-99245 c. 99251-99255 d. 92022, 92054 e. 92052, 92054 	<ul style="list-style-type: none"> Professional claim Place of service physical location of the practitioner GT modifier with: <ul style="list-style-type: none"> a. 99201-99215 b. 99241-99245 c. 99251-99255 d. 90791-90792 e. 90851-90854 f. 90863

<https://medicaid.ohio.gov/Portals/0/Resources/Publications/Guidance/BillingInstructions/TelemedicineBillingGuidance.pdf>

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Coding Example

- Online synchronous (live-real time) video visit with an established patient to evaluate a new onset pruritic rash. Diagnosed as atopic dermatitis and prescribed emollients and triamcinolone 0.1% ointment. 15 minute visit, with over 50% time spent in counseling/coordination of care.

Option 1 (Private Insurance): Bill based on time
CPT code: 99213
Modifier: 95 (may be optional)
Place of service: 02 (required)

Option 2 (Private Insurance): Bill using online E/M codes
CPT: 99444 or 98969 (only for established patients)
Place of service: 02 (required)

Option 3 (Medicare):
CPT: 99213
Place of service: 02
Originating site (physical location of patient) also bills: CPT Q3014

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WATCH OUT - OIG



Review of Medicare Payments for Telehealth Services

Medicare Part B covers expenses for telehealth services on the telehealth list when those services are delivered via an interactive telecommunications system, provided certain conditions are met (42 CFR § 410.78(b)). To support rural access to care, Medicare pays for telehealth services provided through live, interactive videoconferencing between a beneficiary located at a rural originating site and a practitioner located at a distant site. An eligible originating site must be the practitioner's office or a specified medical facility, not a beneficiary's home or office. We will review Medicare claims paid for telehealth services provided at distant sites that do not have corresponding claims from originating sites to determine whether those services met Medicare requirements.

CMS PAID PRACTITIONERS FOR TELEHEALTH SERVICES THAT DID NOT MEET MEDICARE REQUIREMENTS


Announced or Revised	Agency	Title	Component	Report Number(s)	Expected Issue Date (FY)
Completed	Centers for Medicare & Medicaid Services	Review of Medicare Payments for Telehealth Services	Office of Audit Services	A-55-16-00026-W-00-16-35790	2018

Practice Integration

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Road Blocks and Mistakes to Avoid

- Be Upfront on all Elements of Program
 - Include ROI – Regulatory and Reimbursement
 - Evaluate Pricing and Payments early
- Physician Champion
 - Bring EVERYONE to the table!
 - It takes a TEAM for success



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Road Blocks and Mistakes to Avoid

- Set Goals and Deadlines
 - How far can it go?
 - Do we have enough staff?
- Too Much Too Soon
 - Start small – specific areas of care
 - Payer specific

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Road Blocks and Mistakes to Avoid

- Are The Patient's On Board?
 - Everyone ready and no patients
 - Do patients want to participate?
 - Patient awareness and engagement
 - Patient consent
- Practice Management
 - Who is doing what?
 - Telemedicine should be the same as an in person visit

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SUMMARY

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Get it Right

- Start Slow
- Have all your questions answered and ducks in a row
- Watch for upcoming changes
- Consider working with an experienced vendor
 - Some specialize in oncology

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Questions??

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