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MANAGING THE CV CARE REEMERGENCE

Navigating the New CMS Flexibilities – Part 2

May 7, 2020

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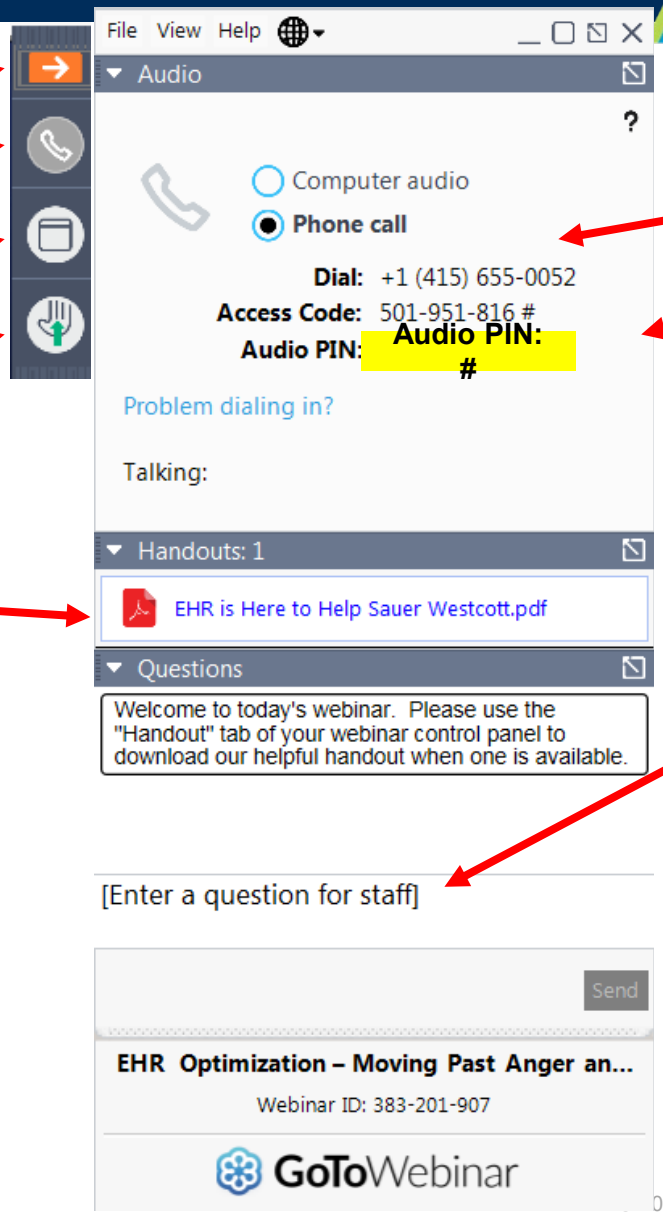

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Updated Announcement

- HHS extended the deadline for providers to attest to receipt of payments from the Provider Relief Fund and accept the Terms and Conditions.
- Now have 45 days, increased from 30 days, from the date they receive a payment to attest and accept or return the funds (i.e. payment received on April 10, is extended to May 24 from May 9)
- With the extension, not returning the payment within 45 days of receipt will be viewed as acceptance.

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OVERVIEW

- CMS Releases Additional Waivers for COVID-19 (4/30/20)
- Emphasis and Expansion of Telehealth Flexibilities (Audio Only Services, RPM, Hospital, etc.)
- CMS Additional Support for COVID-19 Testing – What do we Need to Know?
- New Rule Affects on Care Team Functions

Poll Question #1

1. What has been the percentage decrease in face-to-face visits since before COVID-19?

   a. <25%
   b. 25-50%
   c. 51-75%
   d. >75%

Poll Question #2

2. What percentage of your visits have you changed to tele-visits (video/audio)?

a. <25%
b. 25-50%
c. 50-75%
d. >75%

Poll Question #3

3. What percentage of your visits have you changed to virtual (telephone only)?

a. <25%
b. 25-50%
c. 50-75%
d. >75%

GET THE FACTS

The waivers are retroactive to March 1, 2020

In effect until the end of the PHE declared by the Secretary of HHS

Restrictions on telehealth have been waived during the COVID-19 PHE

CMS TELEHEALTH FLEXIBILITIES – INITIAL (3/30/20)

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- Telehealth services may be provided anywhere – i.e., patient's home
- Technology expanded – HIPAA waivers. (Facetime, Skype, etc.)
- Reimbursement for providers same as "in-person" visits for approved telehealth services
- Physician licensure flexibility across state lines. State licensure laws still apply
- May reduce or waive cost sharing
- Provided to new or established patients for all diagnoses
- Consent may be obtained by staff annually
- May report E&Ms based on MDM and time – limited hx and exam requirements

CMS EXPANDED FLEXIBILITY – APRIL 30, 2020

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- Expansion of Eligible Practitioners (i.e., physical, speech, occ therapy, etc.)
- Reimbursement for CERTAIN audio only telephone E&M, behavioral health counseling/education services
- Increasing payments for audio-only telephone E&M services
- Expanded CMS telehealth list of approved services
- Will add new telehealth services on a sub-regulatory basis, considering requests broadly
- Allow hospitals to bill when serving as originating sites for telehealth services furnished by hospital-based practitioners to registered hospital outpatients

DETAILS OF REIMBURSEMENT

- Retroactive payment increases to CPT codes 99441 to 99443 for telephone E&M services
- Added to CMS telehealth approved list – audio only (telephone) – usual POS

Crosswalk Telephone E&M Services				
PROVIDER Telephone E&M CPT Code	Office E&M CPT Code Correlation	Revised Telephone E&M wRVU – PHE	Non- Facility National Estimated $$	Facility National Estimated $$
99441 (5-10 mins)	99212	0.48	$46	$26
99442 (11-20 mins)	99213	0.97	$76	$52
99443 (21-30 mins)	99214	1.50	$110	$80

TELEPHONE VISIT GUIDANCE

- TIME based service
- May be used for new and established patients during PHE
- Not reported with portal, e-visit codes 99421-23
- No E&M prior 7 days nor leading to an E&M
- Involves MDM and/or care coordination
- NOT used to communicate normal test results, appointment reminders, administrative, etc.

DOCUMENTATION TIPS

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- Notation of patient consent
- Identify who was present during the call
- Chief complaint – reason for visit
- Any relevant history, background, results, etc.
- Assessment and plan
- Total time spent on medical discussion

CMS EXPANDED LIST – 4/30/20

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LIST OF MEDICARE TELEHEALTH SERVICES				
Code	**Short Descriptor**	**Status**	**Can Audio-only Interaction Meet the Requirements?**	**Medicare Payment Limitations**
99203	Office/outpatient visit new			
99204	Office/outpatient visit new			
99205	Office/outpatient visit new			
99211	Office/outpatient visit est			
99212	Office/outpatient visit est			
99213	Office/outpatient visit est			
99214	Office/outpatient visit est			
99215	Office/outpatient visit est			
99221	Initial hospital care	Temporary Addition for the PHE for the COVID-19 Pandemic		
99222	Initial hospital care	Temporary Addition for the PHE for the COVID-19 Pandemic		
99223	Initial hospital care	Temporary Addition for the PHE for the COVID-19 Pandemic		
99231	Subsequent hospital care			
99232	Subsequent hospital care			
99233	Subsequent hospital care			
99238	Hospital discharge day	Temporary Addition for the PHE for the COVID-19 Pandemic		
99239	Hospital discharge day	Temporary Addition for the PHE for the COVID-19 Pandemic		
99441	Phone e/m phys/qhp 5-10 min	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20	Yes	
99442	Phone e/m phys/qhp 11-20 min	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20	Yes	
99443	Phone e/m phys/qhp 21-30 min	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20	Yes	
99497	Advncd care plan 30 min		Yes	
99498	Advncd care plan addl 30 min		Yes	

INTERIM FINAL RULE SECTION

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"Level Selection for Office/Outpatient E/M Visits when Furnished Via Medicare Telehealth"

CMS initial release 3/30/2020

- Section starts by discussing the upcoming changes in 2021 for EM Office/Outpt Codes
- Practitioner can select a level of service based on total time for the day or MDM
- The time spent includes non-face-to-face time that the practitioner spends and does not need to be dominated by counseling
- Caused confusion on "different" times

Clarification with release 04/30/2020

- Interim basis that will apply for office/outpatient visits via telehealth
- Remove requirements for history/exam
- May use MDM or time
- "Use total time that the practitioner (not staff) spends on that day, whether or not counseling dominates the visit
- Keep current definitions of MDM, not the revised set that will be implemented in 2021

Telehealth Facility Fee

- A **registered outpatient of the hospital** is receiving a telehealth service, the hospital may bill the **originating site facility fee** to support telehealth services furnished by a physician or practitioner who ordinarily practices there.
- Includes when the patient is at home and the home is serving as a temporary provider-based department of the hospital.
- Q3014 describes the Medicare telehealth originating sites facility fee
- **Documentation requirement necessary for facility as well as professional service provided**
- No reference or information regarding – G0463 (Facility EM)

RURAL HEALTH CLINICS (RHC)

- CMS is paying for telehealth services during the PHE
- Previously, these clinics could not be paid to provide telehealth expertise as “distant sites”
  - Telehealth distant sites furnished between January 27, 2020, and June 30, 2020, must report G2025 with the CG Modifier
  - Modifier “95” may be appended but is not required
  - Claims will be paid at the RHC’s All Inclusive Rate and automatically reprocessed on July 1, 2020, at $92.03
  - Beginning July 1, 2020, RHC’s should no longer use the CG modifier with HCPCS code G2025
- See guidance for FQHCs differs a bit

KEY POINTS "OTHER" CODE PHE FLEXIBILITIES

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Remote Patient Monitoring (RPM)

No payment changes

No CPT guidance or regulatory changes (Clinical staff or provider performed based on CPT specifics)
DURING CODIV PHE

- New or established patients
- Acute or chronic conditions
- FDA expanded use of devices
- ***CMS may be reported for suspected or confirmed dxs of COVID -19 for fewer than 16 days**

Virtual Check-In (G2012)

No payment changes

No CPT guidance or regulatory changes (Provider performed service)

DURING CODIV PHE

- New or established patients
- May educate patients on availability of services
- Communication can use non-HIPAA compliant technology

E-Visits (99421-23)

No payment changes

No CPT guidance or regulatory changes (Provider performed service)

DURING CODIV PHE

- New or established patients
- May educate patients on availability of services

RISK ADJUSTMENT FAQ

Diagnosis and Documentation

Telehealth services reimbursable and meets applicable RA data submission standards can be submitted for the purposes of the risk adjustment program

If a code submitted is descriptive of a face-to-face service and is an acceptable source of a new diagnosis, it will be included in the risk adjustment filtering

Telehealth visits are considered equivalent to face-to-face interactions and are still subject to the same requirements regarding provider type and diagnostic value

E-visit services (99421-23, G2061-63) will be valid for diagnosis filtering purposes in risk adjustment data for the 2020 benefit year

ACOs

- CMS is adjusting the financial methodology to account for COVID-19 costs
- Ensure Medicare ACOs will be treated equitably, regardless of the extent to which their patients are affected by the pandemic
- Forgoing the annual app cycle for 2021, participation slated to end this year option of extending for another year maintaining their current financial risk level

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Transforming Cardiovascular Care, Together.

Virtual Services Tool

Navigate Updated Virtual Coding, Documentation & Reimbursement Guidelines

ACCESS THE TOOL

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NEW RULES AFFECTING CARE TEAM FUNCTIONS

CARE TEAM FUNCTIONS

Overarching considerations

- These changes are for Medicare Only – check with your private payers
- State license and scope of practice still takes precedence
- Hospital privileges and collaborative contracts may inhibit
- Malpractice insurance – check with your carrier

DIAGNOSTIC TESTING SUPERVISION

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Stress Test Supervision

NPPs can supervise diagnostic tests as authorized understate law and licensure

Statutory relationships with supervising and collaborating physicians is still required

*See ASNC.com and ASE.com for triage recommendations

DIRECT PHYSICIAN SUPERVISION REQUIREMENTS

Direct Physician Supervision

- For services requiring direct supervision by the physician or other practitioner, that physician supervision can be provided virtually using real time audio/video technology
  - Device clinics
  - Stress test supervision

*See ASNC.com and ASE.com for triage recommendations

HOME HEALTH SERVICES

Home Health Orders and Review Plan of Care

APPs can now provide home health services that includes:

Order home health services

Establish and periodically review a plan of care for home health patients

Certify and re-certify that the patient is eligible for home health services

HOSPITAL ADMITTING REQUIREMENTS

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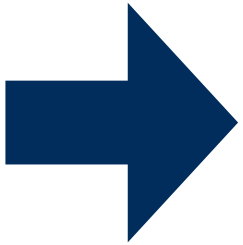
Admitting provider



- Medicare patients can be under the care of an NPP including hospital admission order and care
- Rule allows hospitals to use APPs to the fullest extent possible

PHARMACISTS

Incident to Services

Pharmacists can provide services incident to the professional services of a physician or NPP (PA or NP) who bills Medicare Part B under the Physician Fee Schedule

As long as rules are met and payment under Part D is not an option

Services must be provided in accordance with pharmacist's scope of practice and applicable state law

TEACHING SERVICES

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Review requirement changes

Physician review for a Resident's patient visit may be performed via audio/video real time communication from a remote location

- Provides flexibility for social distancing

For medical and NPP students, the preceptor no longer needs to redocument for billing purposes but can review and verify

STATE TO STATE SERVICE PROVISION

State License Requirements

Medicare is allowing physicians and APPs to provide services outside the state in which are licensed

Requirements

- Enrolled in Medicare program
- Possess a valid license to practice in state which relates to Medicare enrollment
- Furnishing services (in person or telehealth) in a state where an emergency is occurring
- Is not affirmly excluded from practicing in the state where service is provided
- 1135-based licensure waiver from CMS is required

COVID-19 DIAGNOSTIC LABORATORY TESTING

"The rapid expansion of COVID-19 diagnostic laboratory testing capacity is a top priority in our strategy to combat the pandemic."

CMS Interim Final Rule
April 30. 2020

COVID-19 LAB TESTING AS A PRIORITY

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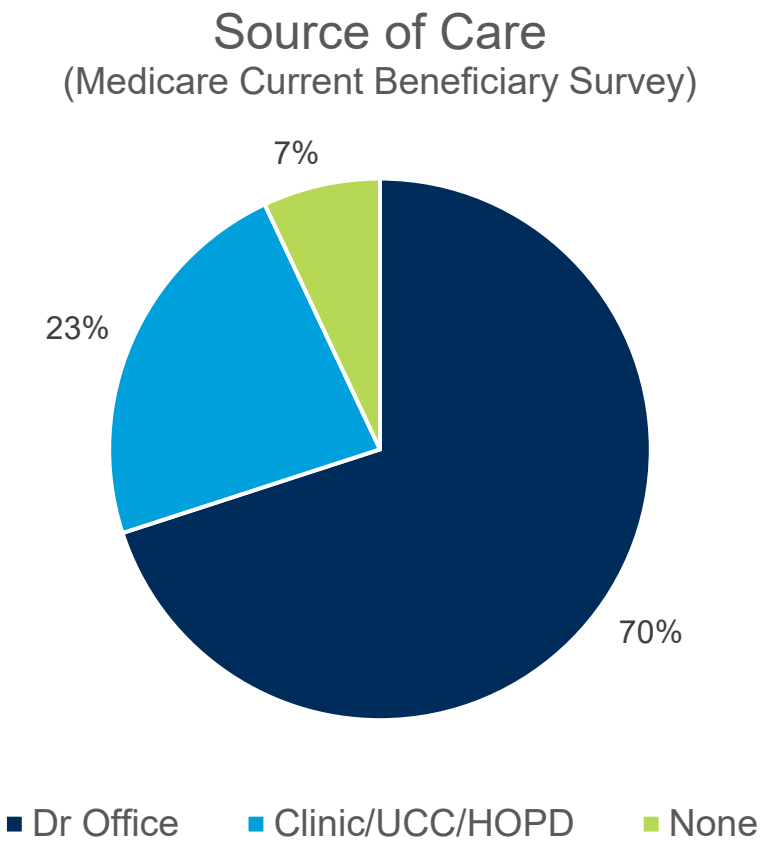
A Targeted Strategy for the Medicare Population

- Broad access to testing for at-risk population
- Make prompt decisions about seeking further care
- Take appropriate precautions to prevent further spread of the illness

POTENTIAL ACCESS BARRIERS

Background



- Access to providers is supported through expanded telehealth coverage
- However the requirement for a provider visit to obtain an order may limit access to COVID-19 diagnostic lab testing for up to 30% of Medicare beneficiaries

COVID-19 LAB TESTING UNDER PHE

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- Testing for COVID-19 may be covered when supervised by any healthcare professional authorized to do so under state law (NP, CNS, CNM, PA)
- No written order is required but the ordering or referring NPI number is required on the claim
- Also applies to diagnostic laboratory test for influenza virus and respiratory syncytial virus (often done in conjunction with COVID-19 testing

COVID-19 LAB TESTING

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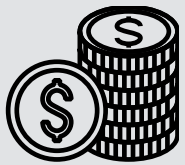
Specimen Collection Fees



- Paid separately when specimen collection is the only service the patient receives during the encounter – established or new
- Provider visit: Use CPT code 99211 for the purpose of a COVID-19 assessment and specimen collection
- E/M C9803 (new) supports testing sites *(Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source).*

MEDAXIOM'S COVID-19 RESOURCES

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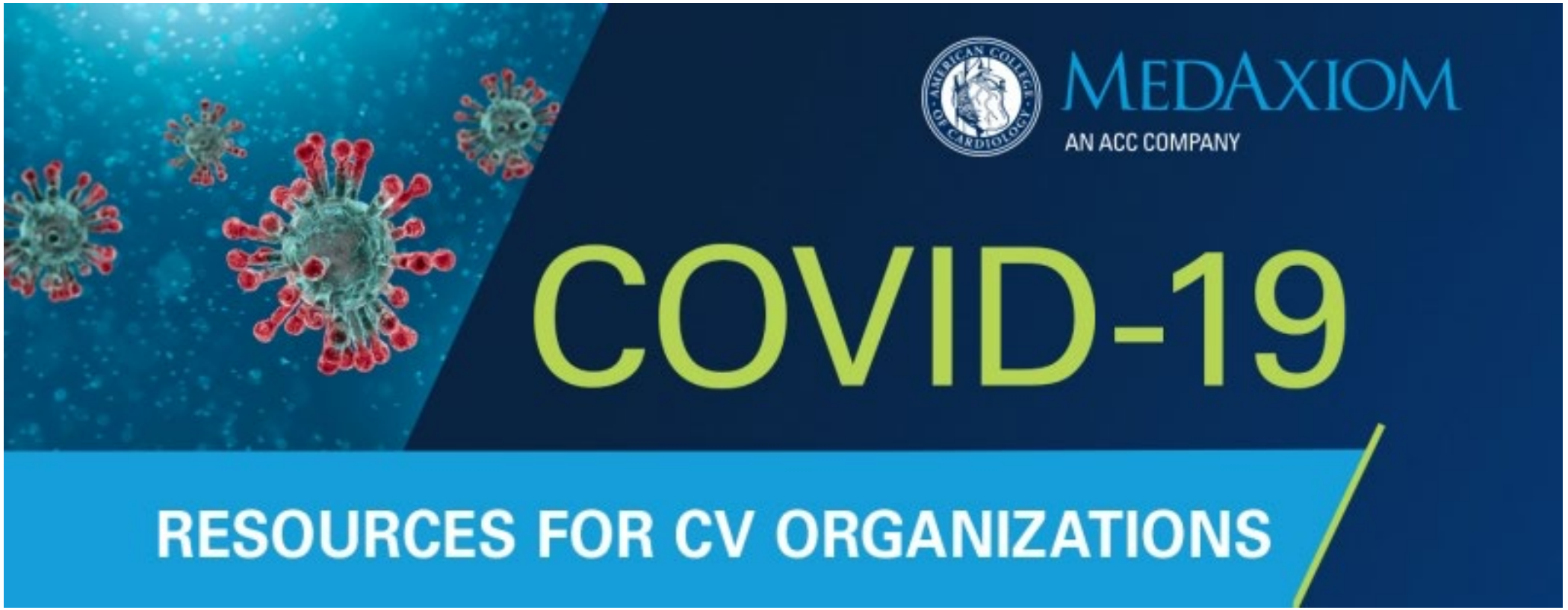

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CARDIOVASCULAR CARE
REEMERGENCE PLAYBOOK

YOUR GUIDE TO NAVIGATING THE NEW NORMAL

EXPERT AND COMMUNITY GUIDANCE AND RESOURCES TO
HELP CV PROGRAMS **SUCCESSFULLY REEMERGE** FROM THE COVID-19 PANDEMIC.

MedAxiom.com/COVIDPlaybook

RESOURCES

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Interim Final Rule

https://www.cms.gov/files/document/covid-final-ifc.pdf

Hospitals Fact Sheet

https://www.cms.gov/files/document/covid-hospitals.pdf

Physicians other Practitioners Fact Sheet

https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf

RHC/FQHC

https://www.cms.gov/files/document/covid-rural-health-clinics.pdf

Q&A