

Pursuing Telehealth Reimbursement

Webinar Series: Part I

Webinar Host:

Gerald Buggs, MSJ
Director of Reimbursement
Health Recovery Solutions





Pursuing Telehealth Reimbursement

Webinar Overview



Reimbursement Opportunities: CMS, Commercial, & Private Pay



Understanding Agency Structure: Impact on Reimbursement Opportunities



Billing Requirements: Critical Information to Obtaining Reimbursement

Reimbursement Resources

01

Telehealth services – Must use an interactive audio and video telecommunications system that permits real-time communication between you at the distant site, and the beneficiary at the originating site.

02

Remote patient monitoring (RPM) – A subcategory of homecare telehealth that allows patients to use mobile medical devices and technology to gather patient health data for review by healthcare professionals. Common physiological data collected includes vital signs, weight, blood pressure and heart rate.

03

Originating sites* – Locations in which Medicare beneficiaries receive physician or practitioner medical services through telecommunications.

04

Distant site practitioners* – Determines which clinicians can furnish and get payment for covered telehealth services.

05

Parity Law - Requires private insurers and state employee health plans to provide the same coverage for telemedicine as in-person visits.

06

CMS – MLN Booklet. Access, [here](#).



Avenues for Reimbursement

CMS Reimbursement

- Medicare:
 - Billing through CPT codes.
 - requires direct supervision – depends on organizational structure
- Medicaid:
 - Check state regulations
 - Varies from state to state
 - Parity Law

Commercial Reimbursement

- Partnering with commercial carriers your agency works with to determine opportunities for reimbursements
- 30% of HRS clients currently receive commercial reimbursement from their telehealth services

Private-Pay Program

- Creating an out-of-pocket payment program to ensure patients who are not covered under CMS or commercial payers can continue receiving telehealth and remote monitoring services
- Enables providers to extend services beyond episode of care
- Over 50% of HRS clients currently support a private-pay program

A green arrow pointing to the right, with a grey line and a grey dot on each end, passing through the arrow.

Medicare Guidelines

General Supervision:

- Qualified healthcare professional does not necessarily need to be on-site but monitoring (alerts and changes) must be reviewed during weekly clinical discussions
- Only MD, NP, or other healthcare professional outlined by CMS qualify

Direct Supervision

- Qualified healthcare professional must be on-site during the time of monitoring
- Only MD, NP, or other healthcare professional outlined by CMS qualify



RPM Billing Codes

99453	Initial set up and patient education on use of equipment	\$ 21.00
99454	Supply of devices, collection, transmission, and report/summary services to the clinician	\$ 69.00
99457	Remote physiologic monitoring services by clinical staff/MD/QHCP for first 20 minutes of RPM services	\$ 54.00
99458	Remote physiologic monitoring services by clinical staff/MD/QHCP for an additional 20 minutes of RPM services	\$ 43.00

* General supervision

* Billed under Part B services

* Regionally adjusted

First Month Billing

99453	\$ 21.00
99454	\$ 69.00
99457	\$ 54.00
99458	\$ 43.00
Monthly Total	\$ 187.00

Each Consecutive Month

99454	\$ 69.00
99457	\$ 54.00
99458	\$ 43.00
Monthly Total	\$ 166.00



CCM Billing Codes

For patients with two or more chronic medical conditions expected to persist for more than 12 months after initial diagnosis and place the patient at increased risk.

99487	Minimum 60 minutes non face-to-face consultation time establishing or monitoring a care plan	\$ 92.00
98489	To be billed with CPT 99487 for every additional 30 minutes of non face-to-face consultation	\$ 47.00
99490	Minimum 20-minute non face-to-face time monitoring the care plan	\$ 42.00

* General supervision
* Billed under Part B services
* Regionally adjusted

RPM & CCM Combined Billing

Minimum of 16 days is required to submit claims for RPM, and minimum of 12 months after diagnosis that places patient at additional risk to submit claims for CCM

RPM	99457	\$ 54.00
RPM	99458	\$ 43.00
CCM	99487	\$ 92.00
CCM	98489	\$ 47.00
Monthly Total		\$ 236.00

* Chart is for illustrative purposes only

2020 Telehealth Billing Codes

For the evaluation and management provided in a physician's office or other outpatient or ambulatory setting.







CPT Codes: 99201–99215

Includes:

- Detailed history, evaluation, and exam of new patients
- Detailed expansion of history, evaluation, and exam of existing client



Commercial Partnerships

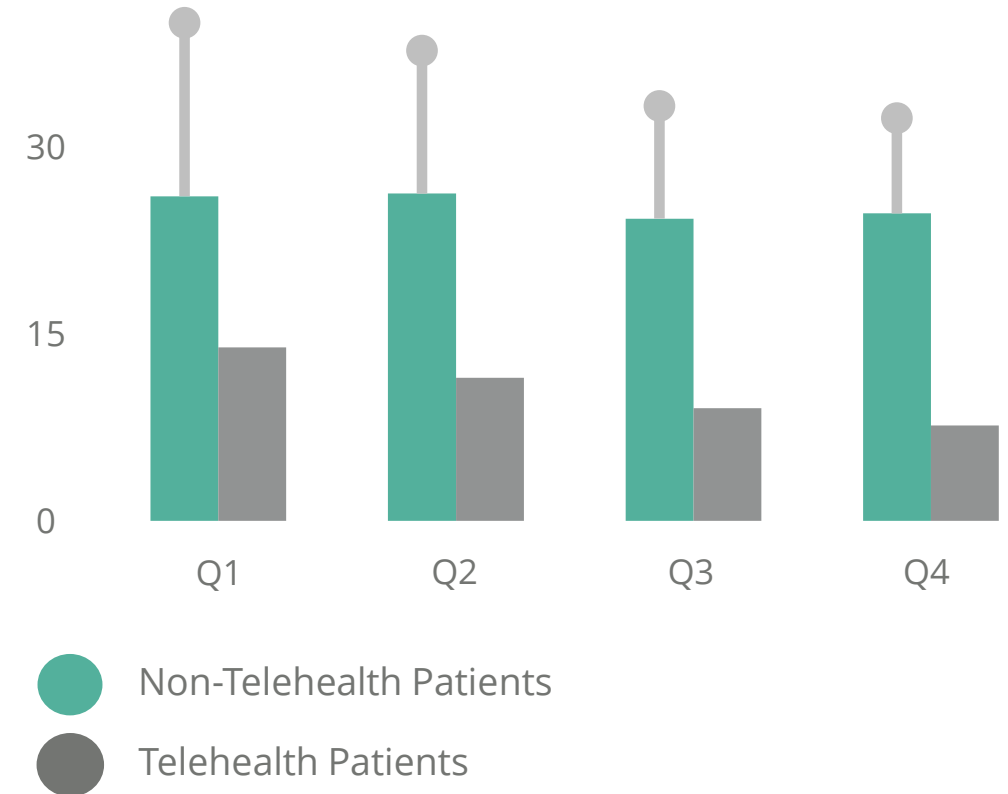
-  Commercial carriers by patient percentage
-  Current reimbursement received
-  CPT codes/modifiers being utilized
-  Disease management groups currently receiving reimbursement
-  Facility fee reimbursement received
-  Data supporting decreased utilization & improved outcomes

Approaching Commercial Payers

Key Metrics: Utilization of services before and after telehealth deployment

- Increase in healthcare services provided closes gaps in care
- Marked decrease in ED visits and re-hospitalizations
 - Pre & Post-Telehealth deployment
 - Specific to disease management groupings
- Reduction in skilled nursing (SN) visits
- Cost Avoidance (cost savings)
 - HRS Clients have achieved up to \$2.6M in cost avoidance

30-Day All-Cause Readmissions Among Telehealth and non-Telehealth Patients





Private-Pay Programs

A private-pay program allows patients to continue receiving telehealth services after their episode of care has ended.

Costs associated with your private pay program

- Personnel & patient monitoring
- Equipment provided
- Patient populations monitored

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Webinar Series: Part II
March 5 at 2:00 PM EST

Webinar Hosts:

Patty Upham
VP of Clinical Services
Health Recovery Solutions



Gerald Buggs, MSJ
Director of Reimbursement
Health Recovery Solutions



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