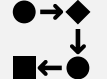## Telemedicine: Telehealth and Virtual Check-Ins

### Revenue Cycle Best Practices during COVID-19 Public Health Emergency

*With the ability to perform more technology-enabled services as a result of the COVID-19 public health emergency ("PHE"), medical groups need to be armed with the operational information to implement these services in an expedited and compliant manner. With the below-referenced regulatory and educational information surrounding telehealth and the use of virtual care technologies, this guidance document provides regulatory reference materials and operational best practices when providing technology-enabled services.*

## Operational Best Practices

| Process | Best Practice | Suggestions & Tips |
|---|---|---|
| **Update Codes** | *Add Telehealth and Virtual Check in CPT/HCPCS have been to the CDM/EMR* | ✓ Add newly eligible codes. CMS expanded the list of covered telehealth codes by 80+ during the PHE. **Link to codes in Reference Material section below.**<br>✓ Add COVID-19 related CPT/HCPCS.<br>✓ Tip: Qualifying originating site, geographic limitations, frequency restrictions, and other criteria have been relaxed during the emergency further expanding eligible services. |
| **Price** | *Set a price for all Telemedicine and COVID-19 CPT/HCPCS in the CDM* | ✓ Follow a set standard at your organization related to pricing.<br>✓ When allowable, price telehealth CPT/HCPCS codes at the same rate when service is provided in person.<br>✓ If this process/standard isn't formalized, we recommend pricing 200% to 300% of the Medicare reimbursement. |
| **Build Workflows** | *Establish EMR workflow for documentation guidelines are in place for all providers* | ✓ Establish workflows for each host system for all telehealth and virtual check in visits.<br>✓ Include scripting and process for obtaining consent.<br>✓ Create new appointment types a controlled provider workflow. For example, creating a virtual provider office ("VPO") may help drive the workflow. |
| **Assign a Service Location** | *Evaluate Place of Service ("POS") against CMS and Payer-specific rules to determine what is most appropriate for billing telehealth CPT/HCPCS.* | ✓ For Medicare claims, a POS of '02' is not required to bill telehealth services, despite earlier guidance. **Utilize the same POS for E/M and other Telehealth services that the provider would have billed if the visit took place in person.**<br>✓ For claims that may have been prematurely released with a POS of '02', initial guidance indicates they will process at the lower facility (non-office) rate. Provider should assess volume, revenue and consider potential rebilling.<br>✓ Commercial and other payer guidance is still in process. Unless otherwise specified, we recommend following Medicare guidelines outlined above for now. |

# COVID-19

| Icon | Title | Subtitle | Details |
|---|---|---|---|
| | **Identify Eligible Patients** | *Ensure providers understand which services can now be billed for new vs. existing patients.* | ✓ During the PHE, CMS is exercising enforcement discretion to relax requirements related to the new or established patient aspect of the code descriptors for telehealth services, virtual check-ins, and remote patient monitoring.<br>✓ Use the CMS toolkit for up-to-date releases regarding COVID and the public health emergency. **Link to toolkit in Reference Material section below.** |
| | **Know Telephone Rules** | *Understand Patient-initiated telephone communications rules* | ✓ During the PHE, CMS established separate payment for CPT codes 99441-994439 and 8966-98968, which can be furnished using *audio-only* modalities. These are telephone E/M visits that were not previously covered by Medicare.<br>✓ These services can be furnished to both new and established patients, even though these codes are intended for established patients only. During the PHE, CMS is exercising enforcement discretion to relax enforcement of this aspect of the code descriptors.<br>✓ A 95 modifier is not required for these services.<br>✓ Provider should assess volume and revenue for eligible telephone communications and consider potential rebilling. |
| | **Bill to Ensure Revenue Integrity** | *Apply modifiers correctly* | ✓ Append modifier 95 to all **telehealth** services unless otherwise specified by payer.<br>✓ The "CS" modifier should be applied for Medicare patients when an E&M results in **an order for** administration of a COVID-19 clinical diagnostic laboratory test and relates to:<br>   1. The furnishing or administration of such test OR<br>   2. To the evaluation of the patient for purposes of determining the need for a COVID-19 test.<br>✓ Commercial and other payer guidance is still in process. |
| | **Hold Claims** | *Establish "Pre-claim release" holds that will allow coders and billers to review* | ✓ Configure edits to stop claims **prior to billing** based on the presence of modifier 95 or other payer specific modifiers for telehealth claims.<br>✓ Edits should stop claims **prior to billing** based on the presence of the POS 02 code for telehealth claims.<br>✓ Build holds for all telehealth codes, including virtual check-ins.<br>✓ If needed, correct claims for telehealth services based on a thorough review of payer-specific guidelines.<br>✓ Tip: if providers are accountable for modifier application, place hold in claim edit hold. If coders are responsible, place in a charge review work queue. |
| | **Perform a Payer Analysis** | *Research and develop a Telehealth services billing matrix* | ✓ Document the rules and requirements for billing telehealth services by major commercial carriers and Medicaid plans in each market.<br>✓ Contact R1 for a current analysis of top payers.<br>✓ For Cigna, we recommend holding all claims until at least 4/6/2020. |

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| | **Look Up State Waivers** | *Clarify the waiver status of all states in which care is being provided* | ✓ Review CMS 1135 waiver rules and allowances for your state(s) of practice. These may relax provider enrollment guidelines, including approval for FFS along with other criteria.<br>✓ Review CMS's list of Medicaid Waiver States for up-to-date information on waiver status and scope. **Link to list in Reference Material section below.** |
| | **Claim Release** | *Review payer-specific rules prior to releasing claims off of pre-bill holds* | ✓ Drop small volumes of claims by payer and closely tracking the status to understand payer processing and behavior.<br>✓ Release claims based on payer guidance received. As noted above, if specific guidance is not received, we recommend following Medicare guidelines (unless you are awaiting further guidance from a payer). |
| | **Quality** | *Establish daily monitoring* | ✓ Establish daily tracking on:<br>1. Claims in pre-bill holds;<br>2. Daily staff productivity and establishing triggers for contingency if backlogs occur (e.g. additional contract support, overtime); and<br>3. Denials, payments and potential educational opportunities for providers. |
| | **Cheat Sheets** | *Give tip-sheets for Telemedicine, Virtual Check-In, E-visits to all providers* | ✓ Identify providers who will be trained on each telemedicine vertical and assess staffing skills and determine which providers can provide what services.<br>✓ Tip: For virtual check-ins (CPT codes 98966-98968) describe assessment and management services performed by practitioners who cannot separately bill for E/M services.<br>✓ These virtual check-in codes may be furnished by, among others**, licensed clinical social workers, clinical psychologists, and physical therapists, occupational therapists**, and **speech language pathologists** when the visit pertains to a service that falls within the benefit category of those practitioners. |
| | **Educate** | *Deliver education on Telemedicine, Virtual Check-In, E-visits* | ✓ Provide training for providers, clinic operations and revenue cycle staff.<br>✓ Tip: Sessions should be recorded to allow for reference as well as FAQ documents. Points of contact as well as communication distribution should be formalized during daily COVID-19 huddles. These huddles should include operations leadership, IT leadership, revenue cycle leadership and medical leadership. |

# COVID-19

## Reference Material

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| **R1 Regulatory Review** | Instructive overview for providers regarding CMS guidance on telehealth services, with a summary of external links to commonly used CMS information. | https://www.r1rcm.com/covid-19-regulatory |
| **Webinar** | Guidance on best practices for billing and coding telehealth services during COVID-19 PHE. | https://www.r1rcm.com/covid-19-regulatory |
| **CMS Fact Sheet** | CMS guidance issued on 3/30 to clarify where telemedicine services can be performed, how CMS will accept claims. | https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf |
| **List of Expanded CPT/HCPCS Codes** | Guidance on eligible codes Medicare will make payment for Medicare telehealth services furnished to patients during the PHE. | https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet |
| **List of Medicaid Waiver States** | Information on health care providers flexibilities to ensure Americans continue to have access to the health care they need during the PHE. | https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers |
| **CMS COVID-19 Toolkit** | Up to date guidance from CMS to providers during the PHE. | https://www.cms.gov/outreach-education/partner-resources/coronavirus-covid-19-partner-toolkit |