TeleHealth: Clinicians providing Comprehensive care during the Challenge of COVID

Medical Society of Virginia
COVID Update Call
4.24.20
Kurt Elward, MD, MPH
Challenges

- Coding
- Documentation
- Liability Coverage
- New patients
- Remote Monitoring
- Clinician-Clinician Collaboration
- Ease of Use
- Removing Barriers
Telehealth Workgroup

Led by Dr. Karen Rheuban

Multiple stakeholders and broad expertise.

Incredible work on aligning payors with respect to telehealth

Thanks to Jay Andrews at VHHA for work on COVID testing coverage and policies
Coverage for testing, PA requirements
(thanks to Jay Andrews, VHHA – Telehealth Work Group)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna</td>
<td>X</td>
<td>X</td>
<td>Yes</td>
<td>No PA required</td>
</tr>
<tr>
<td>Anthem</td>
<td>X</td>
<td></td>
<td>Yes</td>
<td>No PA required</td>
</tr>
<tr>
<td>Carefirst</td>
<td>X</td>
<td>X</td>
<td>Yes</td>
<td>No PA required</td>
</tr>
<tr>
<td>Humana (Commercial products)</td>
<td>X</td>
<td></td>
<td>Yes</td>
<td>No PA required</td>
</tr>
<tr>
<td>Cigna</td>
<td>X</td>
<td>X</td>
<td>Yes</td>
<td>No PA required</td>
</tr>
<tr>
<td>Optima</td>
<td>X</td>
<td></td>
<td>Yes</td>
<td>No PA required</td>
</tr>
<tr>
<td>Magellan</td>
<td></td>
<td></td>
<td>Yes - Allow behavioral health for all routine services and certain psych testing, ABA, IOP and PHP. Includes telephone-only sessions, May require PA to determine medical necessity.</td>
<td></td>
</tr>
<tr>
<td>Piedmont</td>
<td></td>
<td></td>
<td>Waive out-of-pocket costs but only at Centra 24/7.</td>
<td>No PA required</td>
</tr>
<tr>
<td>UnitedHealthcare</td>
<td>X</td>
<td>X</td>
<td>Yes</td>
<td>No PA required</td>
</tr>
<tr>
<td>Virginia Premier</td>
<td>X</td>
<td></td>
<td>Yes</td>
<td>No PA required</td>
</tr>
<tr>
<td>Commercial Plan</td>
<td>Published End Date (may change)</td>
<td>Phone only = TeleVideo?</td>
<td>POS</td>
<td>Modifier</td>
</tr>
<tr>
<td>-----------------</td>
<td>---------------------------------</td>
<td>-------------------------</td>
<td>-----</td>
<td>----------</td>
</tr>
<tr>
<td>Aetna</td>
<td>4-Jun-20</td>
<td>Y</td>
<td>POS = 02</td>
<td>GT or 95</td>
</tr>
<tr>
<td>Anthem</td>
<td>19-Jun-20</td>
<td>N</td>
<td>POS = 11</td>
<td>GT or 95</td>
</tr>
<tr>
<td>Carefirst</td>
<td>Duration of emergency</td>
<td>N</td>
<td>POS = 2</td>
<td>GT or 95</td>
</tr>
<tr>
<td>Humana (Commercial products)</td>
<td>Aligns with Medicare/Medicaid</td>
<td>Y</td>
<td>?POS = 11</td>
<td>GT or 95</td>
</tr>
<tr>
<td>Cigna</td>
<td>31-May-20</td>
<td>Y</td>
<td>POS = 11</td>
<td>GT or 95</td>
</tr>
<tr>
<td>Optima</td>
<td>7-Jun-20</td>
<td>Y</td>
<td>POS = 02</td>
<td>95 or GT</td>
</tr>
<tr>
<td>Magellan</td>
<td>19-Jun-20</td>
<td>TH covered, including teleBH visits</td>
<td>POS = 2</td>
<td>GT</td>
</tr>
<tr>
<td>UnitedHealthcare</td>
<td>19-Jun-20</td>
<td>Y</td>
<td>POS = 11</td>
<td>GT or 95</td>
</tr>
<tr>
<td>Virginia Premier</td>
<td>19-Jun-20</td>
<td>Y</td>
<td>POS = 2</td>
<td>GT</td>
</tr>
<tr>
<td>Medicaid</td>
<td>Duration of emergency</td>
<td>Y</td>
<td>POS= 02</td>
<td>GT</td>
</tr>
<tr>
<td>Medicare</td>
<td>Until it doesn't</td>
<td>N</td>
<td>POS = 11</td>
<td>95</td>
</tr>
</tbody>
</table>

Accurate as of 4.23.20; references available at msv.org
These pertain to outpatient office/clinic-based services. Specialty and Primary Care Evaluation and Management Codes.

Inpatient codes are different, and at this time the allowance for TeleHealth from Inpatient location to Outpatient sites is still variable and limited.
Note: Double check whether your insurer wants a 95 modifier or a GT/GQ modifier. May differ for plans that offer Commercial/M’care/M’caid

www.msv.org

https://www.matrc.org/matrc-telehealth-resources-for-covid-19/
**CareFirst:** will pay a $20 flat fee for CPT 99441 (phone only). They selected this code for all phone visits, regardless of the amount of time. This is in effect through the duration of the pandemic.

Preventive Care Visits – still variable and in process

<table>
<thead>
<tr>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>99421-3</td>
</tr>
<tr>
<td>99441-3</td>
</tr>
</tbody>
</table>

Be sure to bill the correct POS – for some insurers you will get paid less if you bill the wrong POS (e.g., CIGNA): “Billing a POS 02 may result in reduced payment or denied claims due to current CIGNA system limitations. Billing a typical place of service (POS = 11) will ensure providers receive the same reimbursement as they typically get for a face-to-face visit.”

POS = 02 for Medicaid pays the same as office.

Be sure to document time no matter what.
The final 2019 Medicare Physician Fee Schedule (the “Rule”), released on November 1st, unbundles four existing codes (CPT Codes 99446-99449) and creates two new codes (CPT Codes 99451 and 99452) in the category of Interprofessional Internet Consultation. In CMS’ words:

CMS’ decision to unbundle the existing codes increases efficiency for patients and providers, eliminating the need for separate, costly, and inconvenient specialist appointments where a phone or internet-based interaction between the treating physician (or qualified healthcare professional) and consulting physician with specific expertise is sufficient. Additionally, the two new CPT codes add reimbursement not previously available for the treating provider’s efforts in initiating the consult.

Some Commercial Plans are covering.

https://www.cchpca.org/sites/default/files/2020-03/CORONAVIRUS%20TELEHEALTH%20POLICY%20FACT%20SHEET%20MAR%2020%202020%20PM.pdf

Medicaid is considering.
MD-MD consultation

Synchronous

May be for established or new patients to the specialist

Must be documented

Time-based

Reimbursement provided for referring and consulting clinician

Monitoring use and outcomes
**E-Consultation Codes**

**CPT® 99451:** Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician including a written report to the patient’s treating/requesting physician or other qualified healthcare professional, 5 or more minutes of medical consultative time. Medicare reimbursement ~ $34

**CPT® 99446:** Interprofessional telephone/internet assessment and management service provided by a consultative physician, including a verbal and written report to the patient’s treating/requesting physician or other qualified healthcare professional; 5-10 minutes of medical consultative discussion and review.

99446 Medicare reimbursement ~ $18

**CPT® 99447:** Same as CPT® 99446, except 11-20 minutes. Medicare reimbursement ~ $36
• **CPT® 99452**: Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or qualified healthcare professional, 30 minutes.

• Medicare reimbursement approximately $34

• Must be documented in record

This is reimbursed the same regardless of how the consult is made
What is the appropriateness and utility of electronic consultations (e-consults)?

### Appropriateness

- Clinical question
  - not answerable using a point of care resource
  - not purely logistical
  - appropriate urgency
  - appropriate complexity

### Utility

- 81.2% avoided a visit
  - no same specialty visit 120 days after e-consult

---

Annals of Internal Medicine

http://annals.org/aim/article/10.7326/M19-3852
© 2020 American College of Physicians