

Telehealth in the COVID-19 Era

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Disclosures

- John Mielke – nothing to disclose
- Kelli Petersen – nothing to disclose



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Objectives

- Regulatory changes
- Telemedicine usage
- Telemedicine provider service types
- Practical aspects of telehealth
- Future implications



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Polling Question

What percentage of your visits are completed via telemedicine?

- 0-25%
- 25-50%
- 50-75%
- 75-100%



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Regulatory Changes – COVID

- Originating site changes
- Reimbursement same as in-person visits
- Expanded CPT code availability with increased reimbursement
- Adjusted face to face requirements
- Expanded telehealth platforms acceptable with HIPAA enforcement discretion



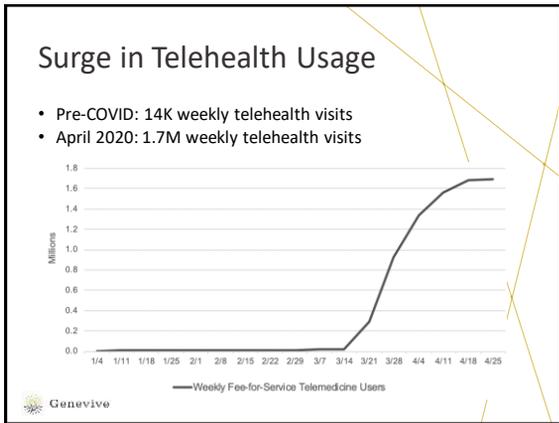
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Surge in Telehealth Usage

- 9 million Medicare beneficiaries of telemedicine during PHE (March – June)
- No significant differences by race, ethnicity, age, or gender
- Dually eligible beneficiaries (Medicare & Medicaid) have higher rates of use
- 26% of nursing homes visits via telemedicine
- E/M visits most common form



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Telemedicine Goes Mainstream

- COVID knocked down barrier of reaching patients when not on-site
- Telehealth began as necessity, now offering multiple ways to meet patient needs
- Provider groups adaptable and innovative
- Socially distanced patient management
- Improve the patient experience
- Reimbursed at in-person rates

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Medicare Telehealth Provider Services

Type of Service	Service Details	CPT Code
Telehealth Visits	Same as in-person visit Real-time audio and visual telecommunication system	99304—99310 SNF 99324—99337 AL 99341—99350 IL/Home Reimbursement: Same as in-person
Virtual Check-ins	Brief check-in with provider Telephone or other telecommunication device Remote evaluation of recorded video or images Decide if provider visit is warranted	G2012, G2010 Reimbursement: \$12-14
E-Visit	Online digital E/M service Communication via online portal (7 days)	99421—99423 Reimbursement: \$12-41

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Medicare Telehealth Provider Services

Type of Service	Service Details	CPT Code
Telephone Consult	One of the following situations: <ul style="list-style-type: none"> • Telephonic communication with patient or responsible party that does not originate from related E/M service within previous 7 days or lead to visit in next 24 hours • Visit that cannot be completed audio-visual 	99441: 5-10 minutes 99442: 11-20 minutes 99443: 21-30 minutes Reimbursement: \$46-110



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Polling Question

- What types of telemedicine services are you using? (select all)
 - Telehealth visits (typical E/M service codes)
 - Virtual Check-ins
 - E-Visits
 - Telephone Consults
 - Other



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Documentation Requirements

- Type of communication
 - Audio-visual or audio-only
- Annual verbal consent obtained and documented
- Location
 - Patient's originating location
 - Provider's distant location
- Names and roles of participants
- Time statement if based on time



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Potential for fraudulent billing

- Telehealth visits being monitored closely by OIG
- Federal agencies charged 345 people for submitting >\$6 billion in fraudulent claims to payers as of 10/1/20
 - \$4.5 billion connected to telemedicine schemes



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Practical Benefits

Patient Benefits	
<ul style="list-style-type: none">• Increase continuity of care• Acute needs addressed timely• Higher quality of care (than over the phone)• Increased patient satisfaction/comfort "seeing" a provider• ACP/End-of-life discussions more personal• Reassuring to patient's families	
Provider Benefits	Additional Benefits
<ul style="list-style-type: none">• Be "on-site" anytime• Increased accessibility• Increased efficiency/productivity• Reduced travel burden	<ul style="list-style-type: none">• Reduce spread infectious diseases• Conserve PPE• Educational/interactive for nurses• Provider shortages (future)



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Practical Challenges

- Facility staffing and availability
- Facility staff engagement
- Devices available for telehealth
- Exam limitations
- Limitations of the medium:
 - Hearing issues are common
 - Chart information not immediately available



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Methods to Address Challenges

- Routinely schedule telehealth visits
 - Provide schedule to nursing in advance
 - Stay flexible
- Flexible with telehealth platform
- Documentation requirements are embedded in progress notes
- Say “thank you” often!



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Facility Reimbursement

- CARES Act set aside \$5B for nursing homes
- Q3014 – Telehealth Originating Site Facility Fee
 - Reimbursement for facility staff time devoted to telehealth visits (per visit fee)
 - Reimbursement of \$21-28 by payers



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Future of Telemedicine

- Opportunity to be innovative, change standards of addressing patients needs
- Unknown regulations after PHE concludes
- HIPAA compliant platforms
- Facility support and funding



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Health and Human Services Quote

“While in-person patient-provider interactions will remain necessary and preferred, this pandemic has accelerated openness to telehealth in ways previously unseen – from policymakers to providers and patients alike.”

HHS News Report July 2020



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Polling Question

Do you plan to use telehealth post-COVID?

- Yes
- No
- Unsure



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Discussion: Should MAGIC advocate for expanded telehealth post-COVID?



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Links to References

[CMS General Provider Telehealth and Telemedicine Tool Kit](#)

[CMS List of Telehealth Services](#)

[CMS Medicare Telemedicine Health Care Provider Fact Sheet](#)

[CMS QIO Program- Telehealth in Nursing Homes](#)

[Health Affairs- Early Impact of CMS Expansion of Medicare Telehealth During COVID-19](#)

[HHS Issues New Report Highlighting Dramatic Trends in Medicare Beneficiary Telehealth Utilization amid COVID-19](#)

[OIG-HHS 2020 National Health Care Fraud Takedown](#)