



E-Visits During COVID 19

MBC & 8150 Advisors



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 - Practice Valuations
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 - Charge Capture
 - Compliance
 - Education & Administrative Functions

Good News for Friday

- UHC Expanded their Policy for Telehealth Coverage for Therapy
- <https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services/covid19-telehealth-pt-ot-st.html>
- Codes Covered
 - PT Evals & Re-evals Plus
 - 97110, 97116, 97530, 97112, 97535
 - OT Evals & Re-evals Plus
 - 97110, 97530, 97112, 97535
 - Speech
 - 92507, 92521, 92522, 95523, 92526, 96105, 97129, 97130
- <https://www.uhcprovider.com/content/provider/en/viewer.html?file=%2Fcontent%2Fdam%2Fprovider%2Fdocs%2Fpublic%2Fresources%2Fnews%2F2020%2FCOVID19-Telehealth-Services-PT-OT-ST.pdf>



More Wins



- CIGNA is covering telehealth and is transmitting that information to ASH and RPN
 - 97110 limit of 2 units
 - Low and Moderate complexity evaluations
- Don't forget Tricare and Triwest



Cares Act

CARES Act passed
the US Senate and
House Today and
signed by the
President

- Lifts the 2% sequestration reduction in Medicare payments 5/1/-12/31/2020
- Opens the door for Medicare expansion of Telehealth- still requires HHS Secretary to waive the restrictions specifically for physical therapists
- Defers Student Loan Payments through September 30, 2020

Recovery Rebates for Individuals included in the Cares Act

- \$1,200 (single)
- \$2,400 (married)
- \$500/child
- US Resident with Adjusted gross income up to \$75,000 (\$150,000 married).

Cares Act Payment Protection Loans (Section 1102)

- Eligibility: < 500 employees
 - Amount: 2.5 x avg monthly payroll (including bonuses, insurance premiums, retirement contributions and taxes) up to \$10M
 - No collateral, personal guarantees, etc
 - Will be administered by local banks-make those calls and find out who will be participating
 - Max interest rate 4%-no fees
-

Cares Act Loan Forgiveness & Delay In Payroll Taxes

- Loan Forgiveness (Section 1106)
 - The amount of the loan above that you spend in the 8 weeks following initiation of the loan on payroll costs, rent, utilities, internet, telephone and interest expense will be forgiven in full assuming:
 - You are paying the same amount of people (you used in your payroll calculation) the same amount of wages
 - If not, the amount that will be forgiven will be proportional to the reductions
- Delay in payroll taxes (Section 2302)
 - Defer payment of SS tax (pay 50% in 2021 and 50% in 2022)
 - Not huge but nice



E-Visits During COVID 19

***E-Visits ARE
NOT***

Telehealth

Telerehab

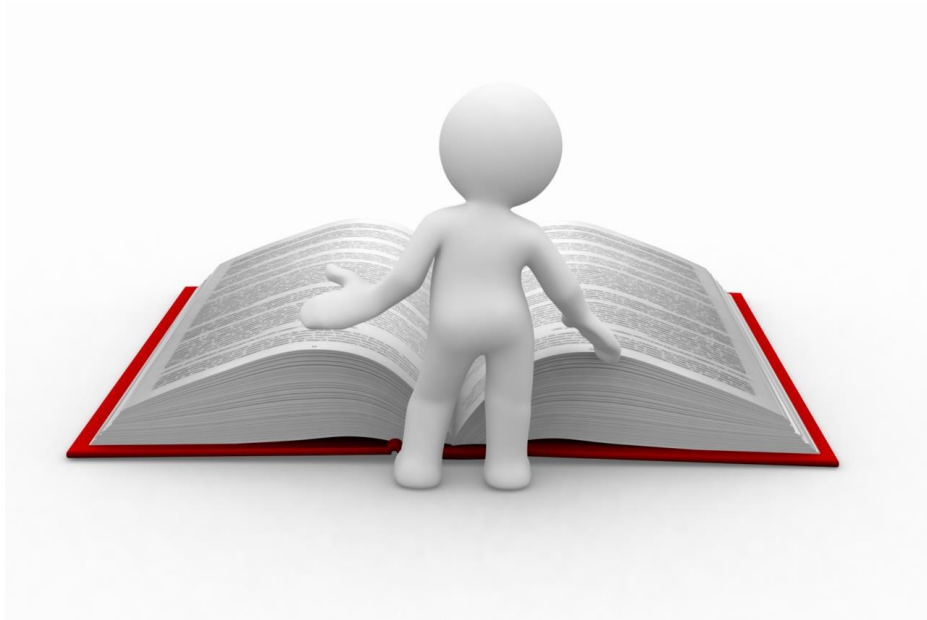
A true substitute
for therapy

E-Visits ARE

A pathway to keep in
touch with your patients

A pathway for them to get
answers to their questions

Better than nothing



Define An E-Visit

- Established patient
- Non face to face
- Patient initiated
- Digital communications
- That REQUIRE a clinical decision
- That otherwise typically would have been provided in the office
- Short term assessment and management activities
- Conducted online or via some other digital platform

Online Patient Portal

- Secure online website
- Gives patients convenient, 24 hour access to PHI from anywhere with an internet connection
- Requires a secure username and password
- Example: EPIC's My Chart



What If I Don't Have A Portal

- CMS has IMPLIED that they are giving providers flexibility in the platform used
- If you have adopted a telehealth platform, then that might be your best option even though an e-visit is not telehealth
- Call your MAC if you want to make sure



A magnifying glass with a black handle and silver rim is positioned over the word "ASSESSMENT". The word is in a bold, black, sans-serif font. The magnifying glass is tilted slightly to the right, and its lens is centered over the word. The background is a dark gray gradient.

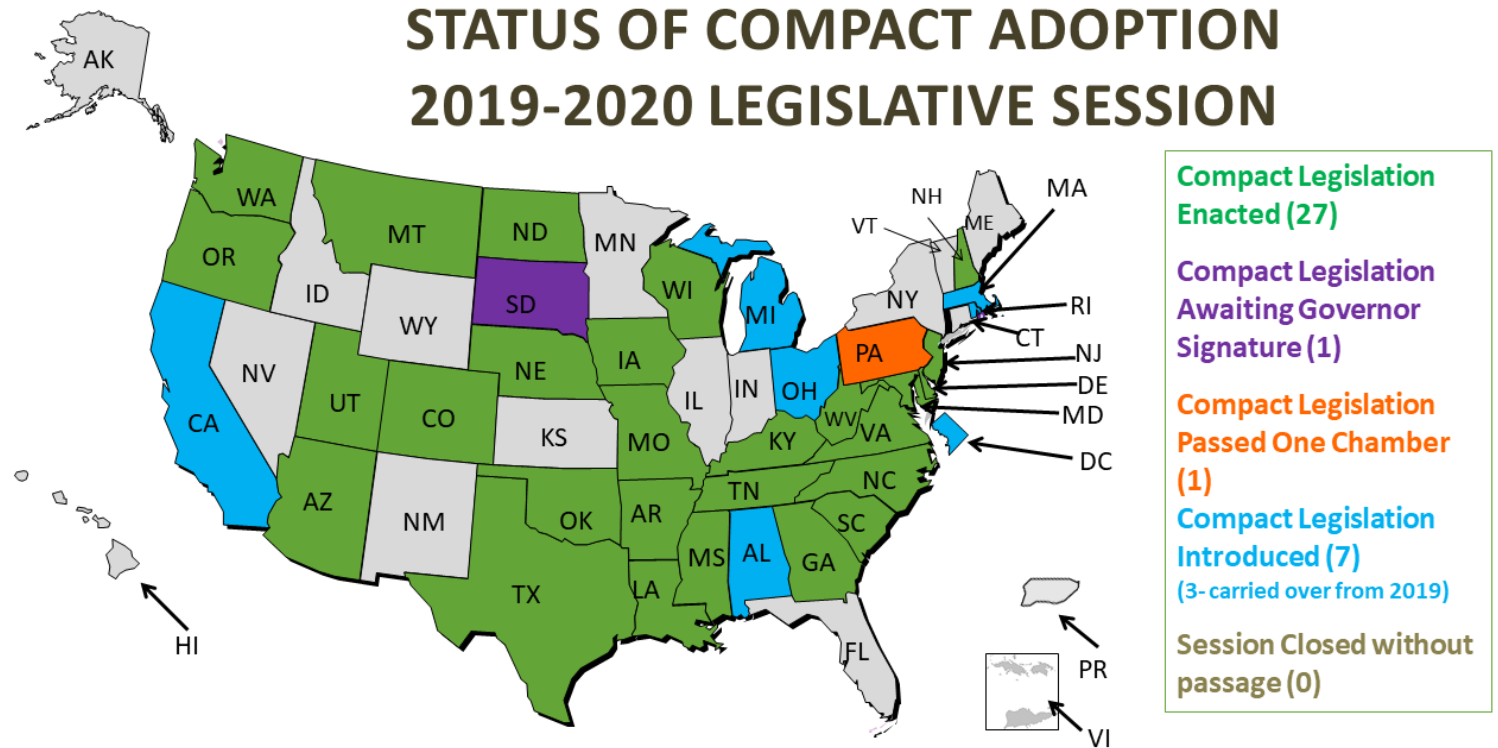
ASSESSMENT

Who Can Perform An E-Visit?

- The word assessment is used in the code
- Must be provided by a clinician
- PT/OT/SLP

Licensure

- Licensed in the state where the patient is
- Check for licensure laws if the patient is located in another state
- Some states are dropping their requirements at this time so that therapists can cross state lines and treat.
- Compact license





Billing G Codes

***March 17
Medicare
Publication –
E-Visits***

G2061: Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5–10 minutes

G2062: Qualified non-physician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11–20 minutes

G2063: Qualified non-physician qualified healthcare professional assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes.

Not Covered
for PT

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	<p>Common telehealth services include:</p> <ul style="list-style-type: none"> • 99201-99215 (Office or other outpatient visits) • G0425-G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) <p>For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes </p>	<p>For new* or established patients.</p> <p>*To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency</p>
VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	<ul style="list-style-type: none"> • HCPCS code G2012 • HCPCS code G2010 	For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	<ul style="list-style-type: none"> • 99431 • 99422 • 99423 • G2061 • G2062 • G2063 	For established patients.

Covered for
PT

Billing Limitations



LIMITATIONS

- Cumulative time in a 7 day period
- Highest paying code is 21+ minutes
- Clock starts with the first e-visit and ends after 7 days.
- Only 1 code per 7 days
- No face to face visits 7 days before the e-visit and 7 days after the e-visit
- Can I bill more than one per episode of care?
 - Ask your MAC
 - Noridian told one provider yes

Other Limitations

- Patient MUST initiate
- You can inform the patient of this option and give them the mechanism to initiate the e-visit
- Not a TRUE Telehealth Visit – if you do those, perform them as a cash-based visit.



Other Questions

- Does an e-visit have to be in my POC?
 - No
- Does an e-visit count towards my 10 visit Progress Note Requirement
 - No
- How Do I document?
 - Admin Note
 - Document why this is an e-visit vs a regular visit
 - Document that the patient initiated the e-visit and consented and the reason they initiated the visit.
 - Note what was done and make sure it shows clinical decision making

One More Billing Piece

“Just one more thing”



- Bill as Place of Service Code 11
- Bill with a CR modifier
- Bill with a DR modifier as a condition code and a CR modifier if you are a facility (Part A) provider
- Medicare coinsurance/deductibles apply
- We do not know how secondaries will process these.

Other Payers

- E-visits don't apply to authorized visits – it's not really a visit.
- Aetna is using the G codes



Billing Other Codes

Billing and Coding

- Codes 99421, 99422 and 99423 are E/M codes for physicians
- 99 Codes are not for you!



98 Codes.
**ONLY USE
THESE IF
DIRECTED BY
PAYER**

Nonphysician Telephone Services

Includes

- Assessment and management services provided by telephone by a qualified health care professional
- Initiated by an **established** patient or his/her guardian

Excludes

- Call initiated by the QHP – Meaning Patient has to Initiate
- Decision to see the patient with 24 hours of the call
- Telephone services that are considered a part of a previous or subsequent services – 7 days prior or 24 hours after

98 Codes

98966

- Telephone assessment and management service provided by a QHP (nonphysician) to an established patient, parent or guardian not originating from a related assessment and management services provided within the previous 7 days nor leading to an assessment and management services or procedure within the next 24 hours or soonest available appt;
- 5-10 minutes of medical discussion

98967

- 11-20 minutes

98968

- 23-30 minutes



Questions I Don't Have Answers To:

- Can you do these every 7 days?
- What will they pay?
- Can a PTA perform?
- Can you bill more than one of these codes when going over the highest code minute number?

Commercial Insurer Example

- BCBS SC
- <https://web.southcarolinablues.com/providers/providernews/providernewsarchives/2020/providernews.aspx?articleid=1216>

14. Can physical therapists, occupational therapists, and speech therapists file for telephone visits?

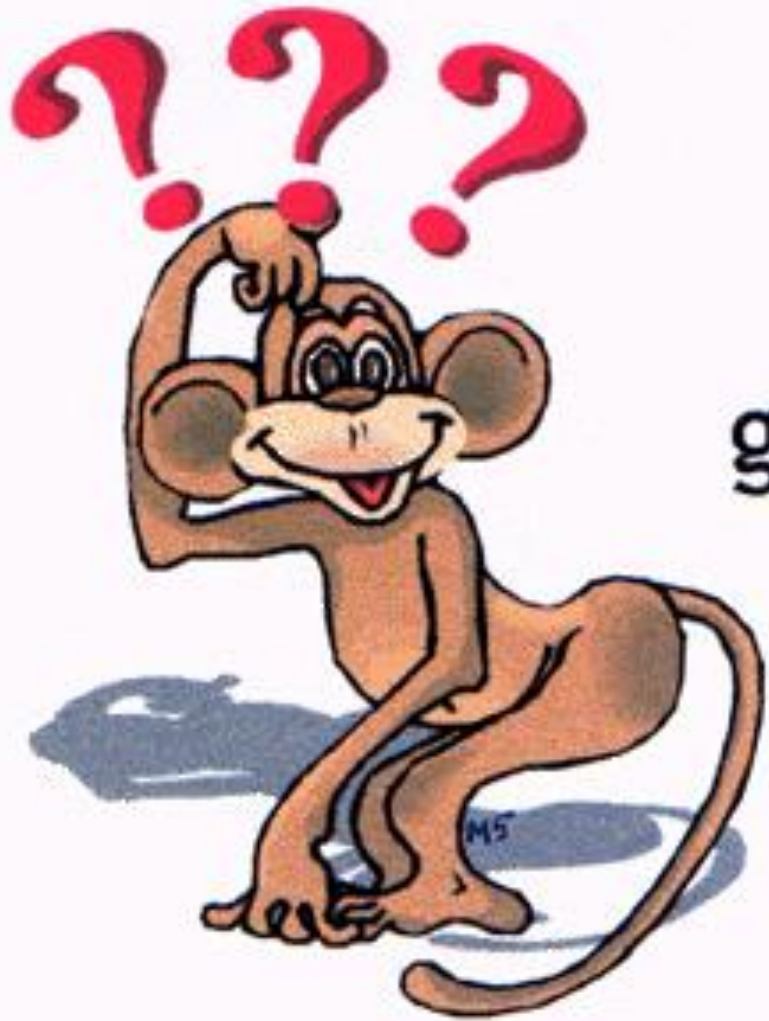
Yes, we will accept claims for physical therapy, occupational therapy, and speech therapy, using the following codes:

- 98966: Telephonic Assessment and Management services provided by a qualified non-physician health care professional to an established patient; 5-10 minutes of medical discussion
- 98967: Telephonic Assessment and Management services provided by a qualified non-physician health care professional to an established patient; 11-20 minutes of medical discussion
- 98968: Telephonic Assessment and Management services provided by a qualified non-physician health care professional to an established patient; 21-30 minutes of medical discussion



The Other 98 Codes

- 98970
 - Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
- 98971
 - 11-20 minutes
- 98972
 - 21 or more minutes
- These are just like the Medicare G codes – same information – just different codes.



Questions
are
guaranteed in
life;
Answers
aren't.