

# Telehealth (as of March 30, 2020)

- **Waived once a month limitation** on SNF subsequent care visits (99307-99310) billed via telehealth
- Added initial nursing facility and discharge visits to list of approved telehealth services (99304-99306; 99315/16)
- Added assisted living and home health codes to approved telehealth visits
- Must bill modifier 95 along with the regular CPT code
- Added payment for phone only evaluation codes 99441-99443
- **Waived established patient requirements**
- Relaxed HIPAA requirements allowing use of more common technologies like Skype, etc



## Key Language from CMS Guidance

- Medicare Telehealth • Physician visits in skilled nursing facilities/nursing facilities: CMS is waiving the requirement in 42 CFR 483.30 for physicians and non-physician practitioners to perform in-person visits for nursing home residents and allow visits to be conducted, **as appropriate, via telehealth options.**

<https://www.cms.gov/files/document/covid-long-term-care-facilities.pdf>

## F-tag 711

### **§483.30(b) Physician Visits**

*The physician must—*

**§483.30(b)(1)** *Review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this section;*

**§483.30(b)(2)** *Write, sign, and date progress notes at each visit; and*

**§483.30(b)(3)** *Sign and date all orders with the exception of influenza and pneumococcal vaccines, which may be administered per physician-approved facility policy after an assessment for contraindications.*

**Remains the same**

## F-tag 712

### **§483.30(c) Frequency of physician visits**

**§483.30(c)(1)** *The residents must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 thereafter.*

**§483.30(c)(2)** *A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required.*

**§483.30(c)(3)** *Except as provided in paragraphs (c)(4) and (f) of this section, all required physician visits must be made by the physician personally.*

**§483.30(c)(4)** *At the option of the physician, required visits in SNFs, after the initial visit, may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner or clinical nurse specialist in accordance with paragraph (e) of this section.*

**Remains the same**

## What Documentation Needs to be in a Federally Mandated Visit?

### F712 §483.30(c) Interpretive Guidance

- *During required visits, the physician must document a review of the resident's total program of care, including the resident's current condition, progress and problems in maintaining or improving their physical, mental and psychosocial well-being and decisions about the continued appropriateness of the resident's current medical regimen. The physician need not review the total plan of care at each visit, but must review the total plan of care at visits required by Federally mandated visits are those occurring every 30 days for the first 90 days then every 60 days thereafter (SNF and NF)*
- *The residents must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 thereafter.*

**Remains the same**

## State Operations Manual, Appendix PP - Guidance to Surveyors for Long Term Care Facilities

[https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_pp\\_guidelines\\_ltc.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltc.pdf)

### DEFINITIONS §483.30(c)

**Must be seen**, for purposes of the visits required by §483.30(c)(1), means that the physician or NPP must make actual face-to-face contact with the resident\*, and at the same physical location, not via a telehealth arrangement. There is no requirement for this type of contact at the time of admission, since the decision to admit an individual to a nursing facility (whether from a hospital or from the individual's own residence) generally involves physician contact during the period immediately preceding the admission.

**Just changed as of 3/30!!!**

### Medicare Telehealth

- *Physician visits in skilled nursing facilities/nursing facilities: CMS is waiving the requirement in 42 CFR 483.30 for physicians and non-physician practitioners to perform in-person visits for nursing home residents and allow visits to be conducted, as appropriate, via telehealth options.*

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## CMS Nursing Facility Telehealth Toolkit (3/27/20)

- <https://www.cms.gov/files/document/covid-19-nursing-home-telehealth-toolkit.pdf>

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
<b>MEDICARE TELEHEALTH VISITS</b>	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: <ul style="list-style-type: none"> <li>99201-99215 (Office or other outpatient visits)</li> <li>G0425-G0427 (Telehealth consultations, emergency department or initial inpatient)</li> <li>G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs)</li> </ul> For a complete list: <a href="https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes">https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes</a>	For new* or established patients.  *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
<b>VIRTUAL CHECK-IN</b>	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"> <li>HCPCS code G2012</li> <li>HCPCS code G2010</li> </ul>	For established patients.
<b>E-VISITS</b>	A communication between a patient and their provider through an online patient portal.	<ul style="list-style-type: none"> <li>99421</li> <li>99422</li> <li>99423</li> <li>G2061</li> <li>G2062</li> <li>G2063</li> </ul>	For established patients.

## Partial List of Eligible Telehealth Services

<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>  
<https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf>

PARTIAL LIST OF MEDICARE TELEHEALTH SERVICES		PARTIAL LIST OF MEDICARE TELEHEALTH SERVICES	
CY 2020		CY 2020	
Code	Short Descriptor	Code	Short Descriptor
99304	Nursing fac care initial	99221	Initial hospital care
99305	Nursing fac care initial	99222	Initial hospital care
99306	Nursing fac care initial	99223	Initial hospital care
99307	Nursing fac care subseq	99495	Trans Care Mgt 14 day disch
99308	Nursing fac care subseq	99496	Trans Care Mgt 7 day disch
99309	Nursing fac care subseq	99213	Office/Outpatient visit est
99310	Nursing fac care subseq	99214	Office/Outpatient visit est
99315	Nursing fac disch, 30 min	99215	Office/Outpatient visit est
99316	Nursing fac disch, >30 min	99231	Subsequent hospital care
99356	Prolonged service inpatient	99232	Subsequent hospital care
99357	Prolonged service inpatient	99233	Subsequent hospital care
99497	Advncd care plan 30 min	G0438	Ppps, initial visit
99498	Advncd care plan addl 30 min	G0439	Ppps, subsequent visit

## Suggestions for Regulatory Visits

- If resident is stable, consider “doorway” visits
  - Subsequent NF visits require 2/3 components: history, physical and/or MDM
- Regulatory visits should be compliant with required frequency
- Visits should be documented
- Notes should be compliant with required content as per CMS

## Other resources for Telehealth Services during pandemic

- Long-Term Care Nursing Homes Telehealth and Telemedicine Tool Kit  
<https://www.cms.gov/files/document/covid-19-nursing-home-telehealth-toolkit.pdf>
- Special coding advice during COVID-19 public health emergency  
<https://www.ama-assn.org/system/files/2020-03/covid-19-coding-advice.pdf>
- AMA quick guide to telemedicine in practice  
<https://www.ama-assn.org/practice-management/digital/ama-quick-guide-telemedicine-practice>
- Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19  
<https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf>
- Long Term Care Facilities (Skilled Nursing Facilities and/or Nursing Facilities): CMS Flexibilities to Fight COVID-19  
<https://www.cms.gov/files/document/covid-long-term-care-facilities.pdf>