Telehealth for Primary Care

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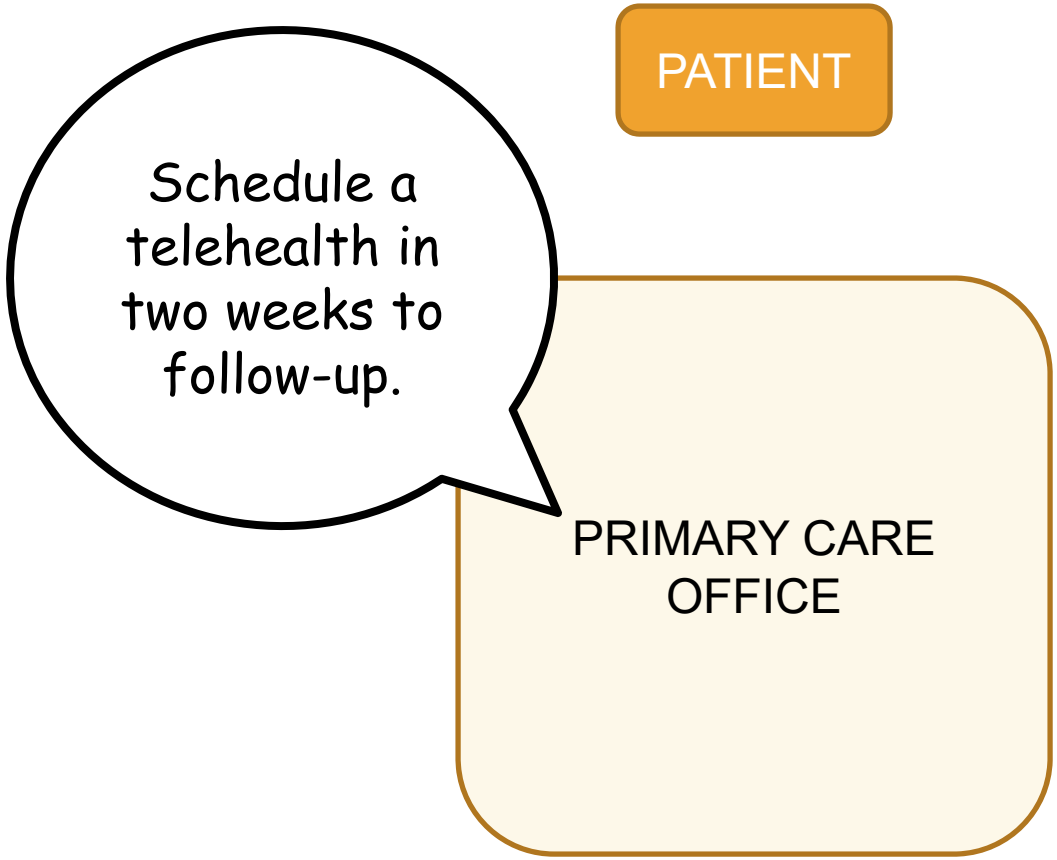
Co-Host, The Curbsiders

Scheduled Telehealth



Scheduled Telehealth

- Consent is <u>required</u> for Telehealth
- With Video-Teleconferencing
  - 9921X-GT/95
    - GT Modifier for “Real-Time” (not required per CMS)
    - 95 Modifier if not doing site-to-site (i.e. directly with the end-user and not a remote telehealth site)
- Without Video-Teleconferencing
  - Limited to the G2012 HCPCS or 9944X CPT Codes
    - Reimbursed (CMS): G2012
    - Not Reimbursed (CMS): 9944X
- Rules applied for Telehealth:
  - No E&M for same issue in the next 24-hours
  - No E&M for same issue in last 7 days

THE CURB SIDERS INTERNAL MEDICINE

AUDIO ONLY APPOINTMENT

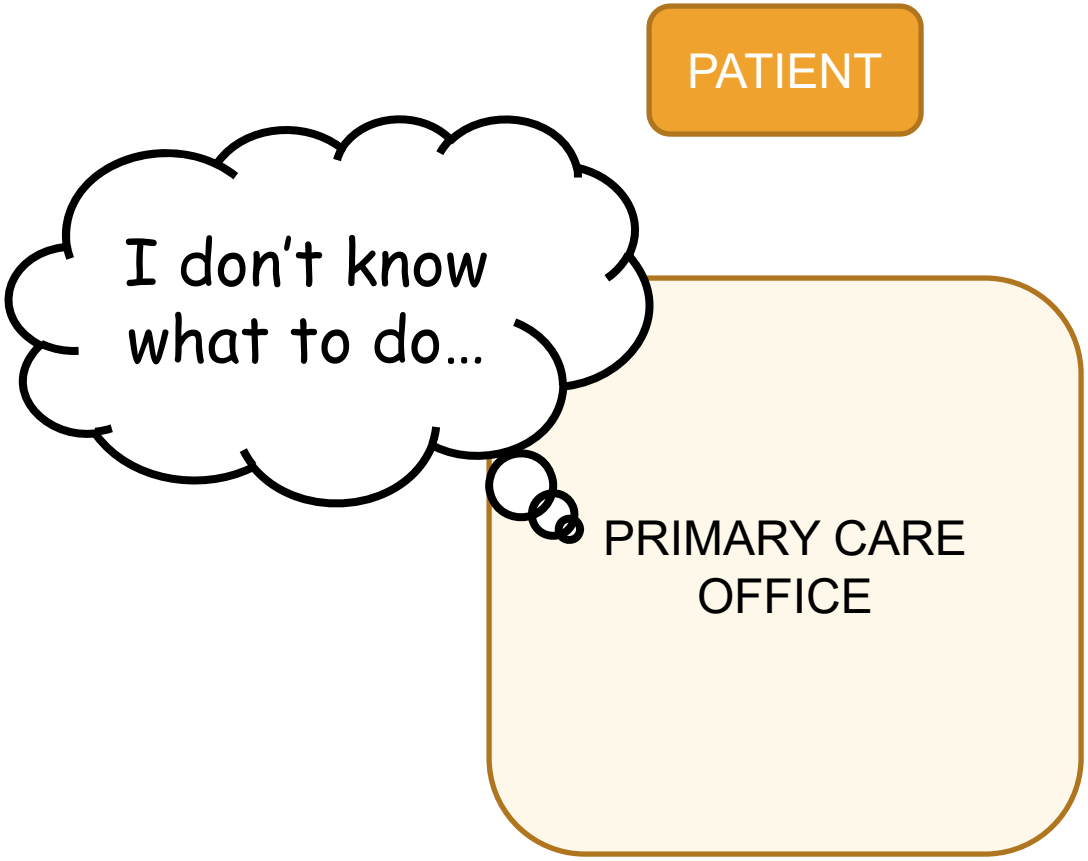
E&M Code	Time (min)	wRVU Value	$$$
99441	5-10	0.25	$12.96
99442	11-20	0.50	$25.92
99443	21-30	0.75	$38.88
99444	Online	0.00	$0.00
G2012	>5	0.25	$12.96

NOTE: DHA does not recommend usage of G2012.

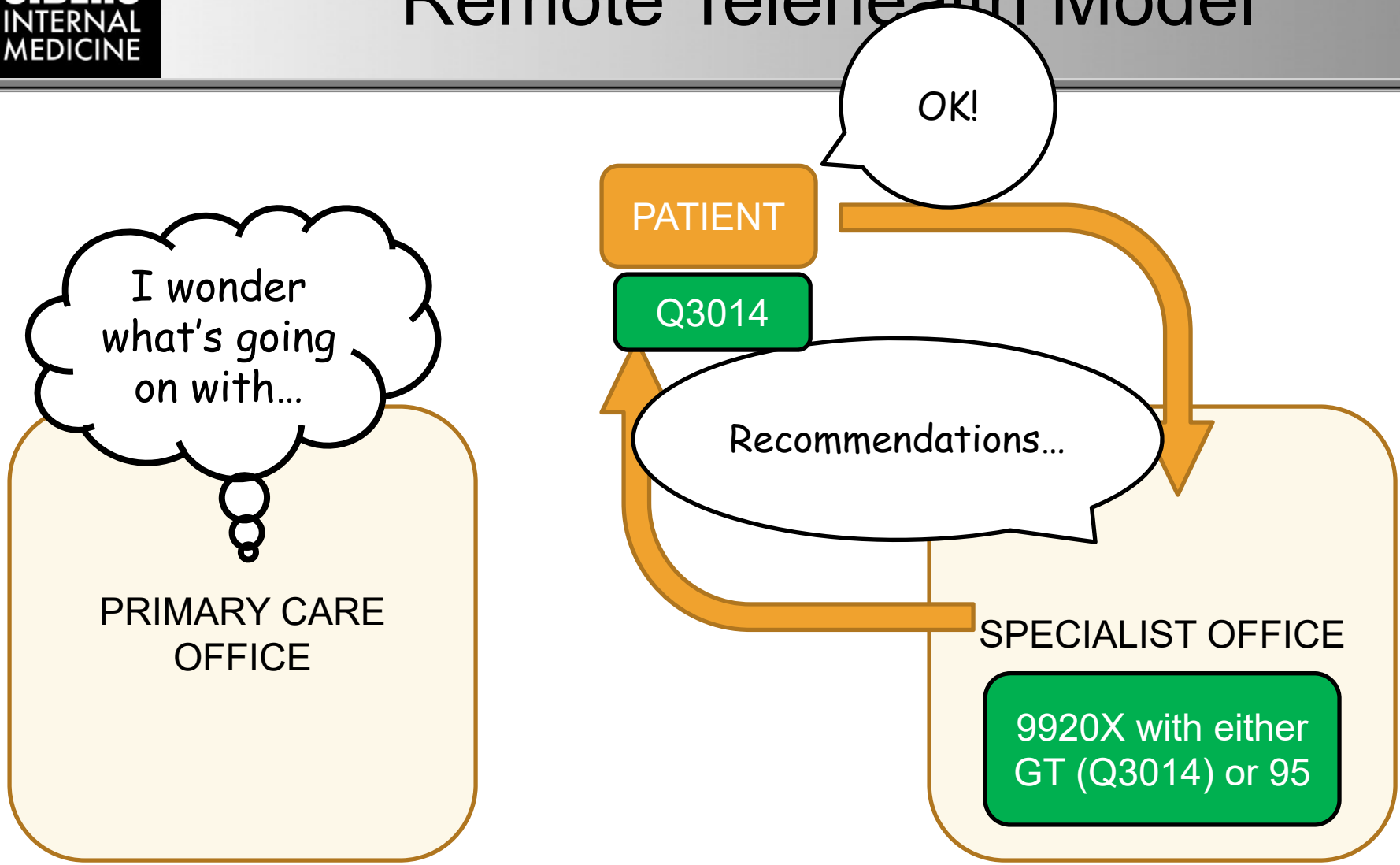
AUDIO/VIDEO APPOINTMENT

E&M Code	Time (min)	wRVU Value	$$$
99211-GT/95	5-9	0.18	$23.07
99212-GT/95	10-14	0.48	$45.77
99213-GT/95	15-24	0.97	$75.32
99214-GT/95	25-39	1.50	$110.28
99215-GT/95	>40	2.11	$147.76

Remote Specialist Telehealth


PATIENT
I don't know what to do…
PRIMARY CARE OFFICE

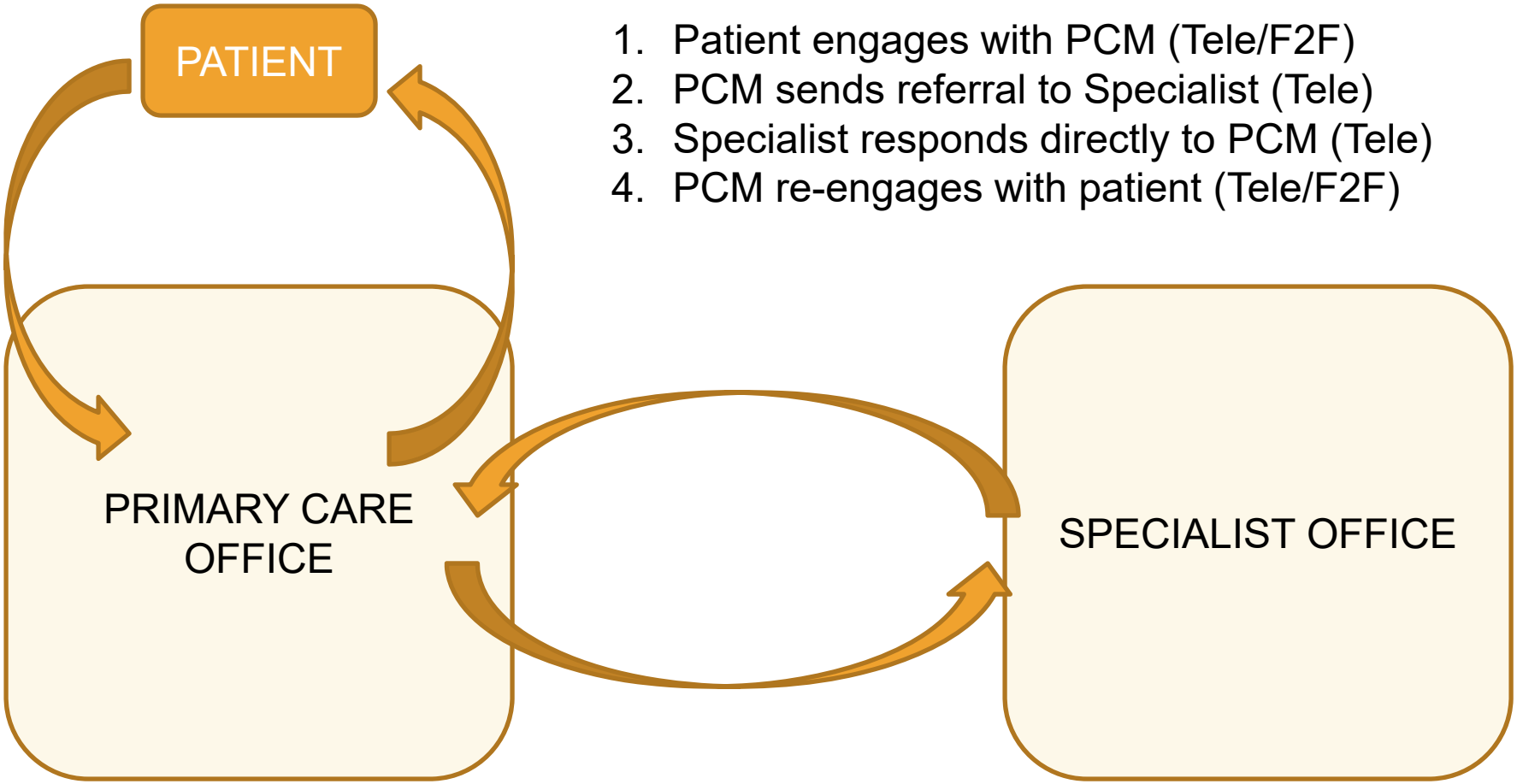
Remote Telehealth Model



Inter-Professional Telehealth (Ideal for Primary Care)

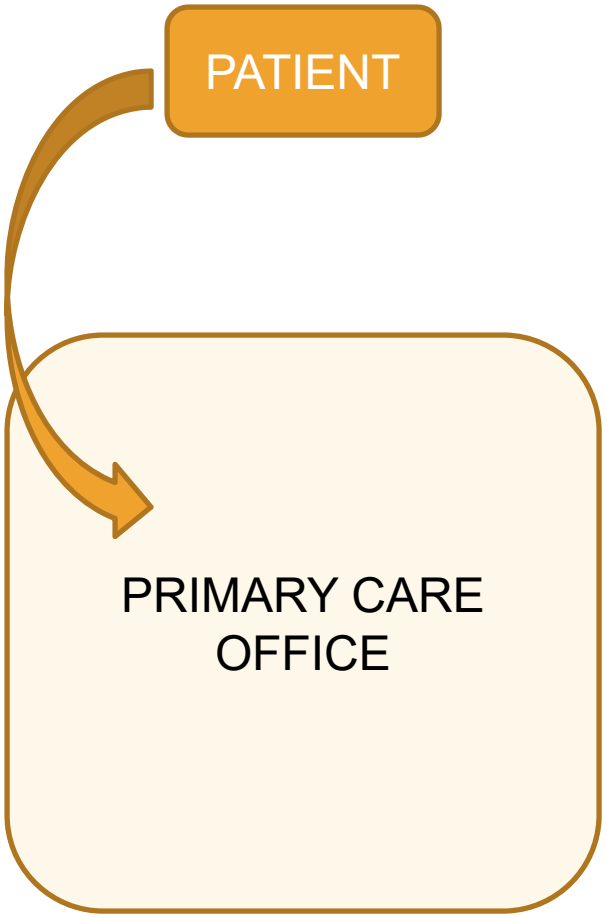
Model that allows for “true” closed loop communications with PCM.

Inter-professional 1-2-3-4 Telehealth Model



1. Patient engages with PCM (Tele/F2F)
2. PCM sends referral to Specialist (Tele)
3. Specialist responds directly to PCM (Tele)
4. PCM re-engages with patient (Tele/F2F)

Inter-professional 1-2-3-4 Telehealth Model



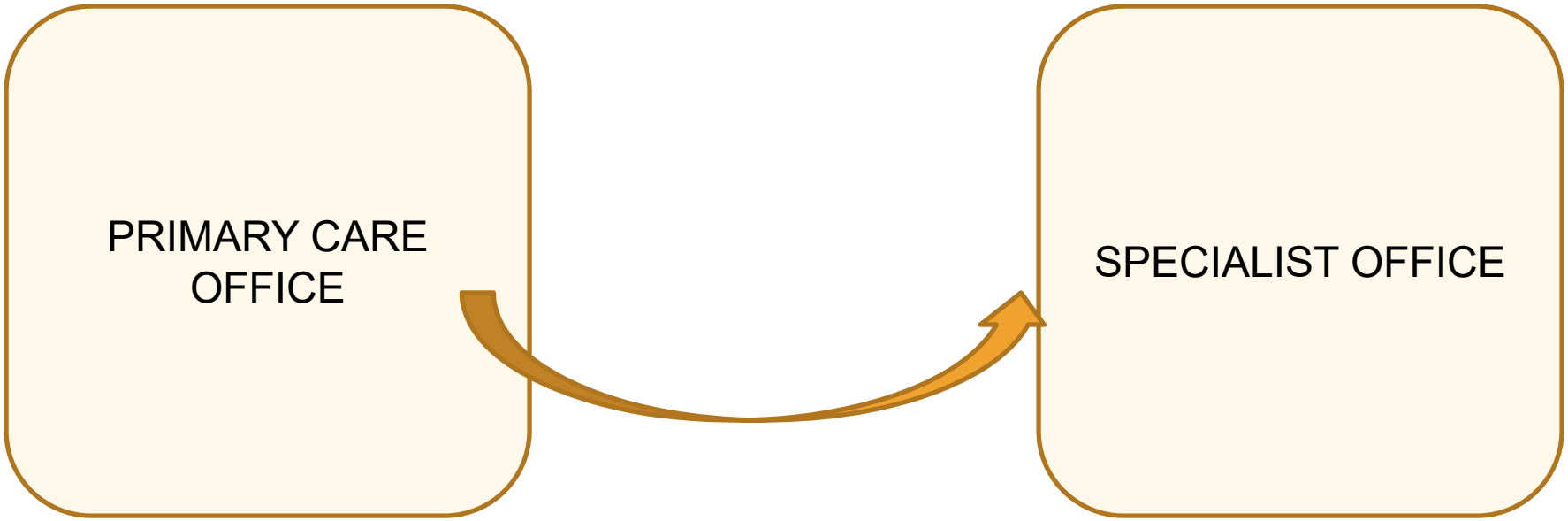
STEP 1 – Patient to PCM

- Patient, parent, guardian initiated
- Must have established relationship
- Can be face-to-face or telehealth
  - Rules apply for Telehealth:
    - No E&M for same issue in the next 24-hours
    - No E&M for same issue in last 7 days
- Billed as service type
  - F2F: 9921X
  - Tele: 9921X-95, 9944X, or G2012

Inter-professional 1-2-3-4 Telehealth Model

STEP 2 – PCM to Specialist

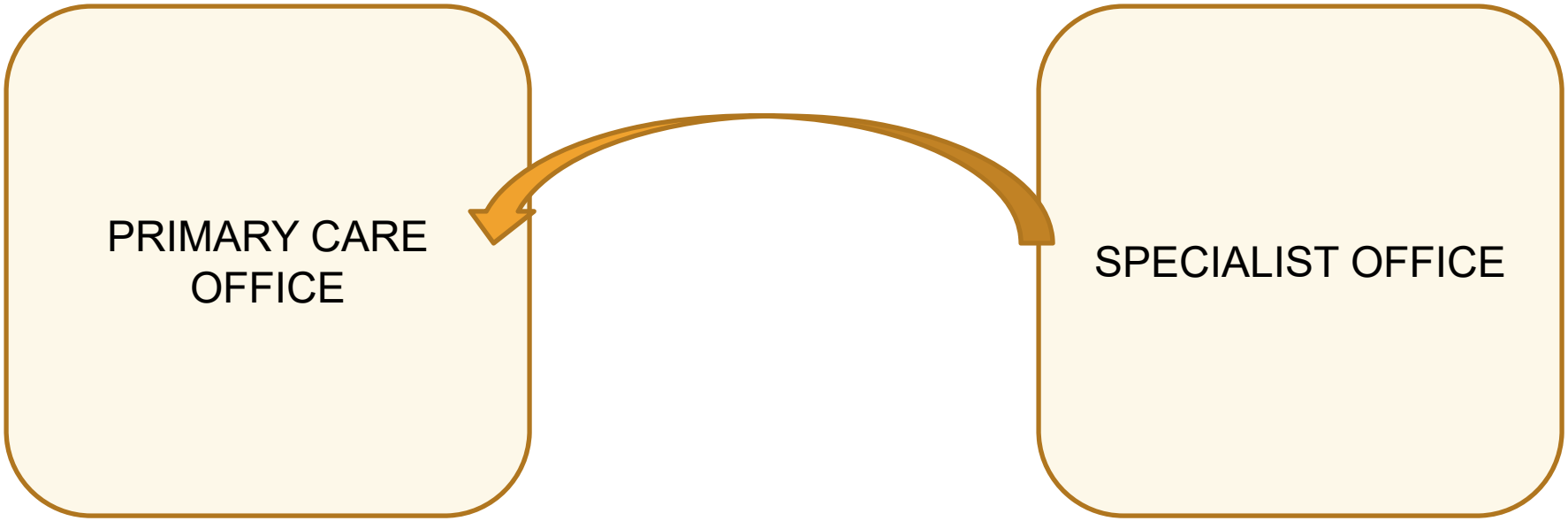
- PCM contacts specialist (can be electronic or within EHR)
- At this point, the consult is included in the bundled E&M for Step 1.



Inter-professional 1-2-3-4 Telehealth Model

STEP 3 – Specialist to PCM

- Specialist may determine that the patient either (a) does not need a F2F or (b) can provide recommendations remotely to the PCM.
- Recommendations documented in EHR; PCM could be identified as a Co-Signer for the Encounter for closed-loop communications



Inter-professional 1-2-3-4 Telehealth Model

STEP 3 – Specialist to PCM

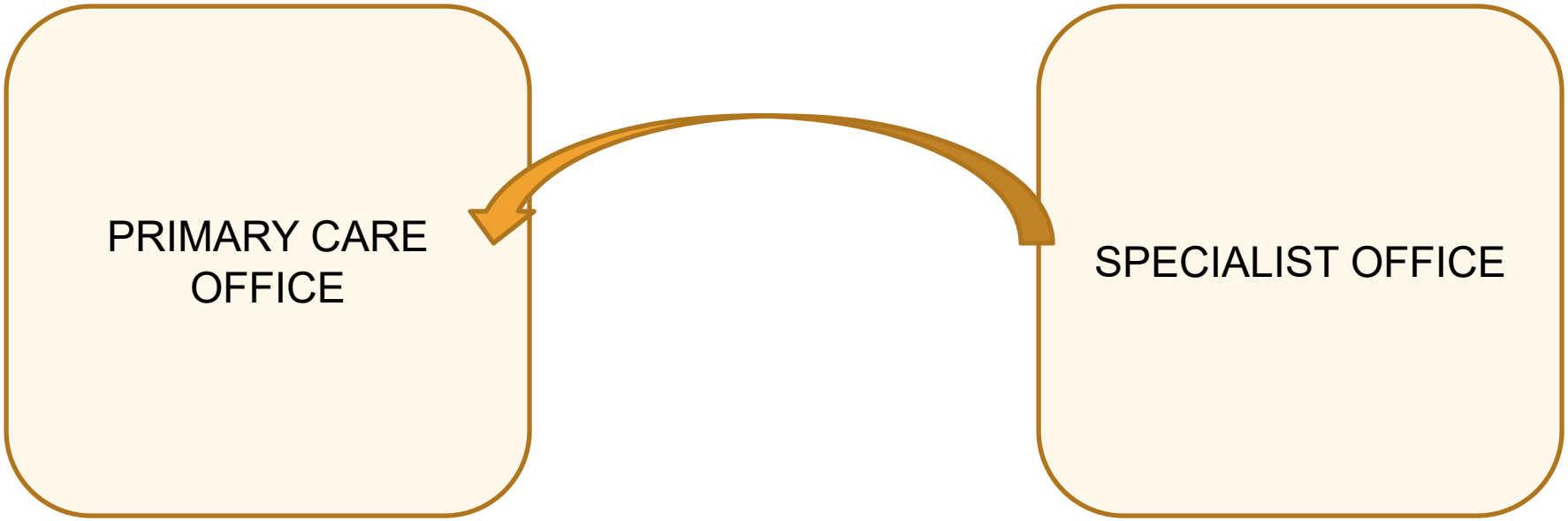
- E&M Code Depends on method of closed loop communication:
  - Specialist:
    - Verbal and written report: 9944X
    - Written report only: 99451
  - PCM:
    - Preparing consult and/or communicating with consultant: 99452

CPT Code	Time (min)	tRVU* Value	$$$
99446	5-10	0.51	$18.38
99447	11-20	1.01	$36.40
99448	21-30	1.52	$54.78
99449	>30	2.02	$72.80
99451	>5	1.04	$37.48
99452	>16	1.04	$37.48

Inter-professional 1-2-3-4 Telehealth Model

STEP 3 – Specialist to PCM

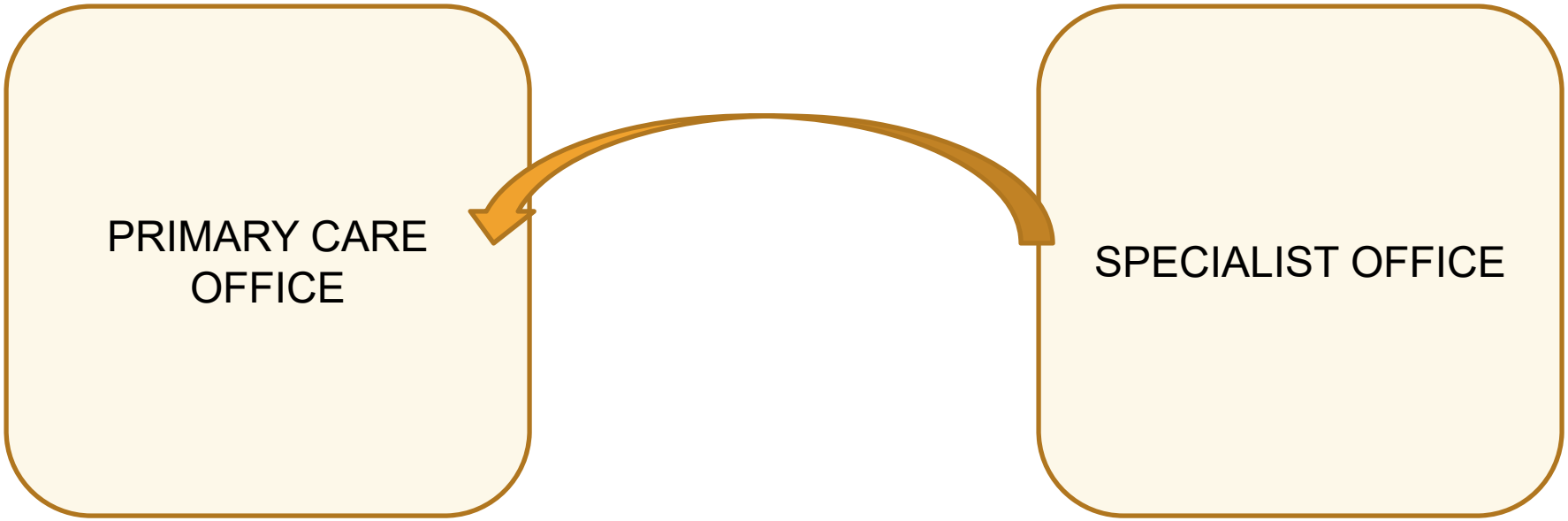
- If specialist documents a report only, a 99451 would be documented and the PCM could be identified as the co-signer. If the PCM spent >15 minutes preparing the consult and reviewing this report, they could separately bill a 99452.



Inter-professional 1-2-3-4 Telehealth Model

STEP 3 – Specialist to PCM

- If specialist discussed the consult over the phone or via electronic communications, a 99446-99449 could be billed by the specialist and the PCM could separately bill a 99452, assuming >15 minutes is spent preparing the consult and communicating with the specialist.

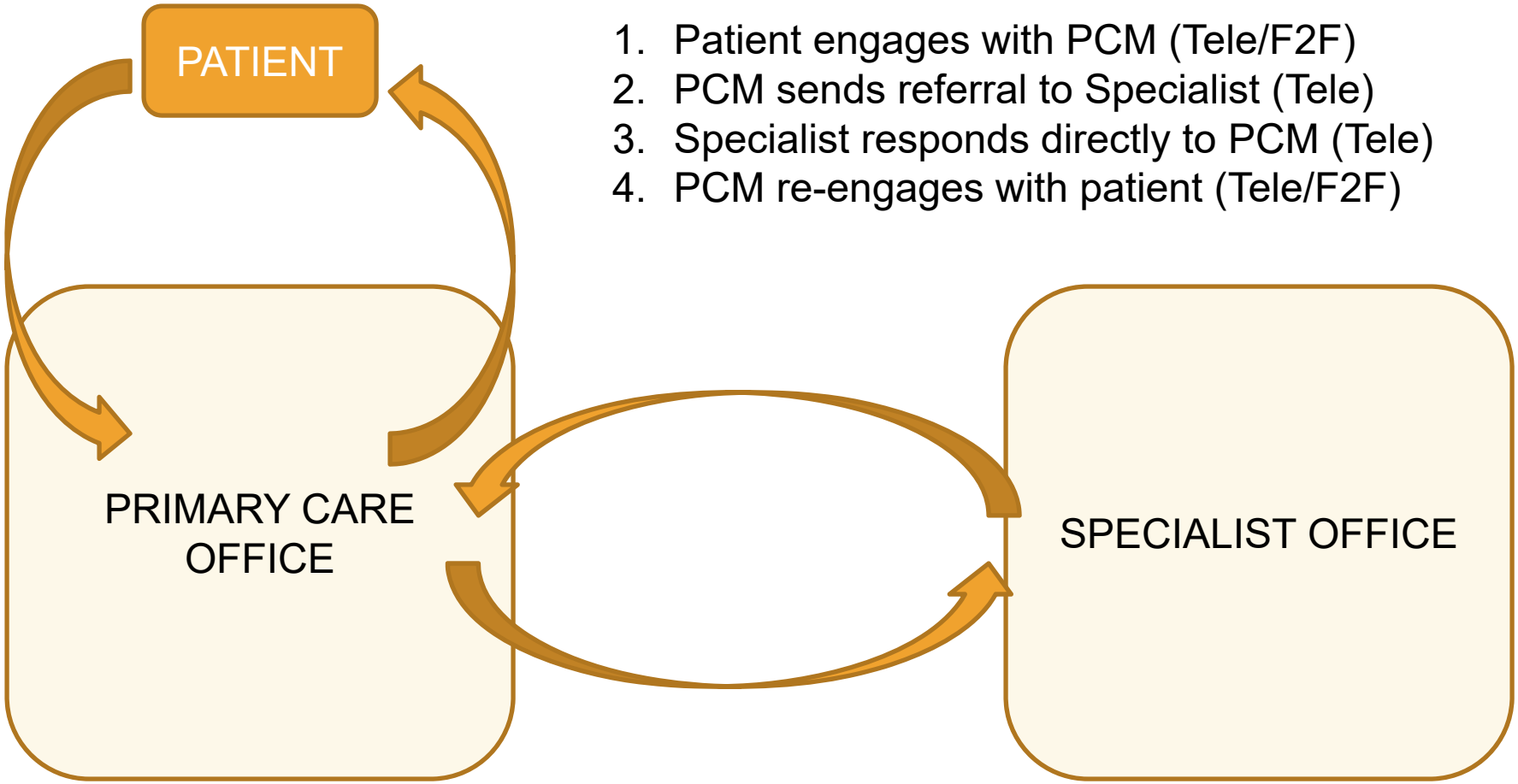


Inter-professional 1-2-3-4 Telehealth Model

STEP 4 – PCM to Patient

- May be scheduled after Step 3 (F2F, Tele) to review consult results
- Can be face-to-face or telehealth
  - Rules still apply for Telehealth:
    - No E&M for same issue in the next 24-hours
    - No E&M for same issue in last 7 days
- Billed as service type
  - F2F: 9921X
  - Tele: 9921X-95, 9944X, or G2012

Inter-professional 1-2-3-4 Telehealth Model



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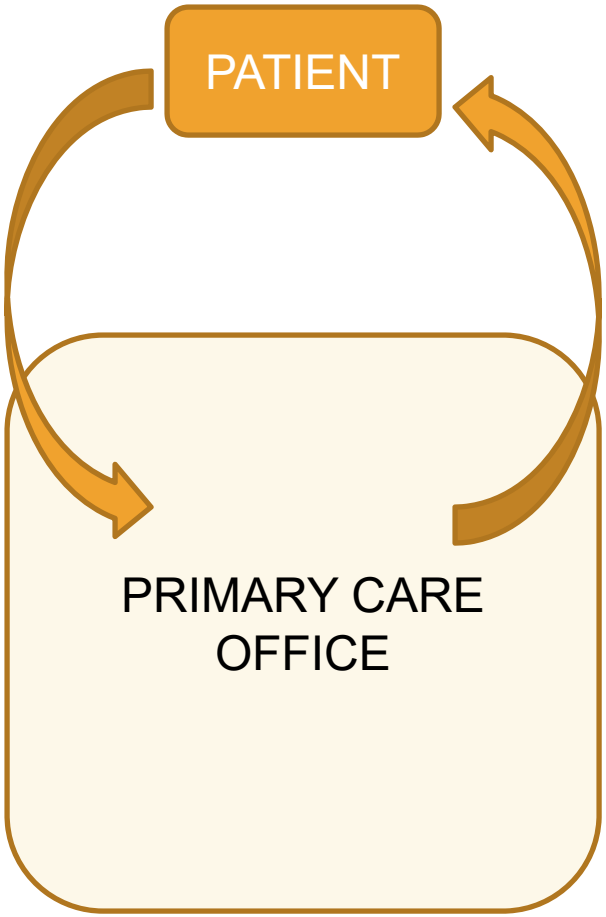
Chronic Care Management

Chronic Care Management

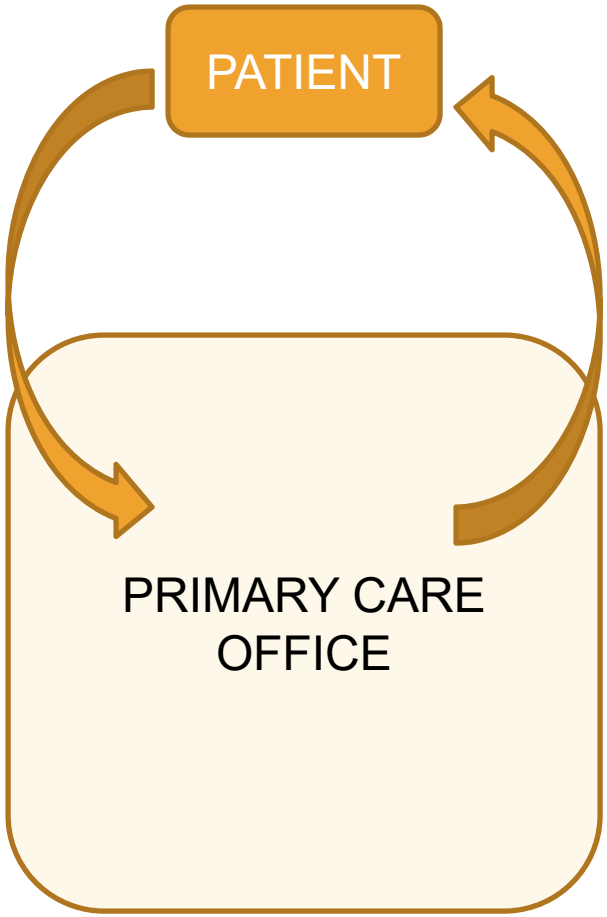


Chronic Care Management

CPT Code	Time (min)	wRVU Value	tRVU (Non-Fac)	$$$ (Non-Fac)
99487-GQ	>60	1.00	2.58	$92.98
99489-GQ	Add'l 30 (ea)	1.29	1.29	$46.49
99490-GQ	>20	0.61	1.17	$42.16
99491-GQ	>30	1.45	2.33	$83.97

- NOTE: 99491 is new as of 11/2018 and *explicitly* states that this is >30 minutes of physician or qualified healthcare provider time; therefore, you cannot use 99489 with 99491
- Aside from 99491, CCM Time includes *any* clinical staff as long as it directly involves the patient's care and includes RNs, LVNs, MAs, etc.
- Can be billed "incident to"

Chronic Care Management



Chronic Care Management

- Non-Billed Encounters
  - Bill as “99499,” but document appropriate clinical time spent on the patient’s care.
- Billed Encounters:
  - Add up total clinical time during the calendar month and bill for total time during the final clinical encounter.

Transitional Care Management

Transitional Care Management

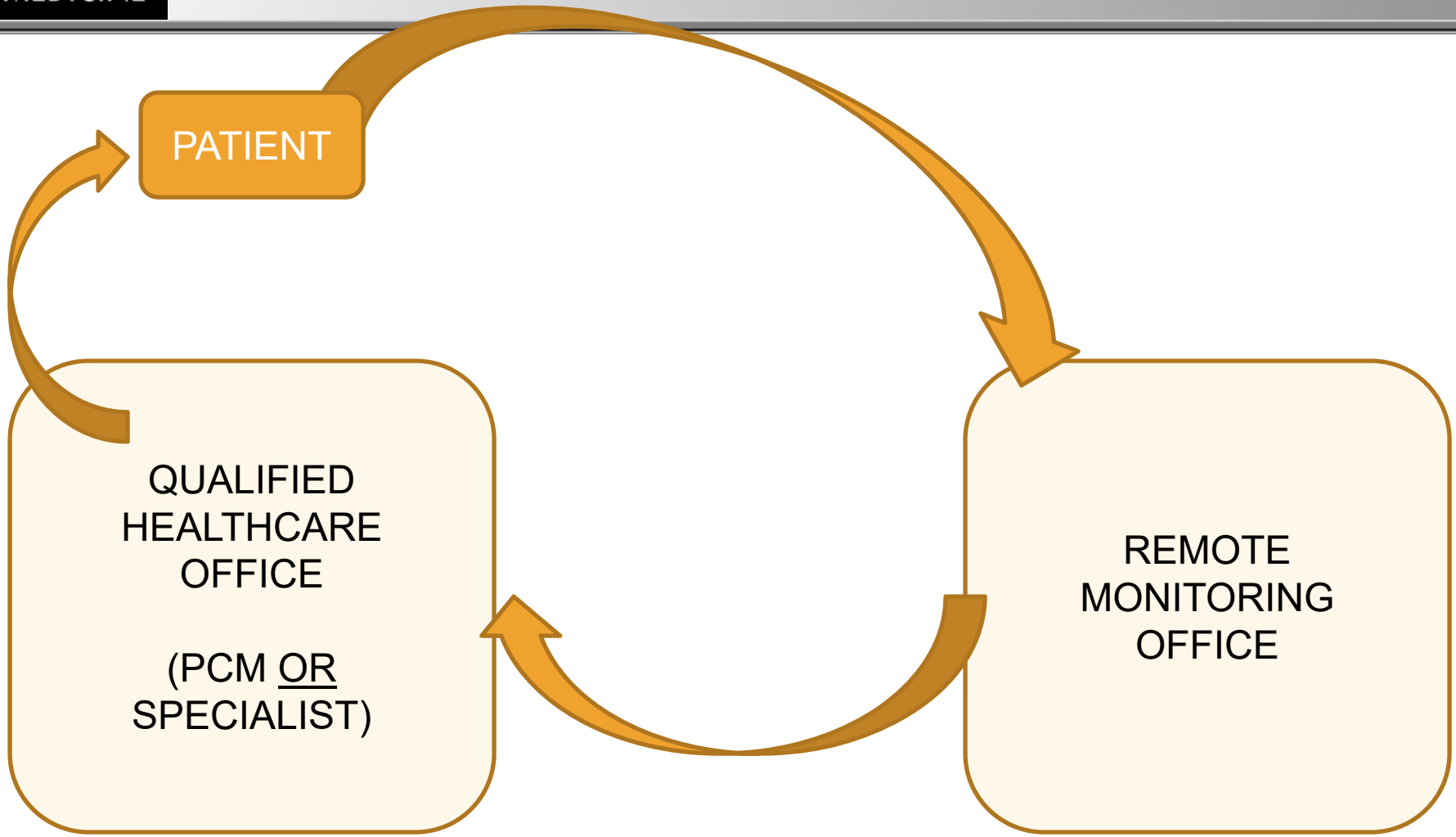
Transitional Care Management

- PCM is notified of a hospital discharge for one their patients. In response to this notification, the provider reaches out to the patient and/or care-giver within two business days. Face-to-face within 7 days (99496) or 14 days (99495) is required.
- May be billed by a specialist with whom the patient has a hospital follow-up scheduled (i.e. CHF patient scheduled to see their cardiologist).

CPT Code	MDM	wRVU Value	$$$
99495	Moderate	2.11	$166.50
99496	High	3.05	$234.97

Remote Monitoring

Remote Monitoring



Remote Monitoring

Remote Monitoring

- Codes:
  - 99453: Initial set-up, patient education
  - 99454: Initial device set-up, programming alerts, etc.
  - 99457: Billed CY (>20 minutes)
- Not Recommended:
  - 99091: Billed 30-day period (>30 minutes)

CPT Code	Time (min)	tRVU Value	$$$
99453		0.54	$19.46
99454		1.78	$64.15
99457	>20	1.43	$51.54
99091	>30	1.62	$58.38

Productivity Example

Reimbursement Per Patient

- Case Study: Each patient has (a) annual follow-up, (b) routine follow-up every six months, (c) been enrolled in Chronic Care Management (CCM), and (d) remote tele-monitoring.

Encounter	CPT/HCPCS	Units (Per year)	wRVU	tRVU (Non-Fac)	$$$ (Non-Fac)
Annual Follow-up	G0439	1.00	1.50	3.28	$118.21
Routine Follow-up	99214	2.00	3.00	6.12	$220.56
Chronic Care Mgmt	99490	12.00	7.32	14.04	$505.99
Remote Monitoring	99457	12.00	7.32	17.16	$618.45
TOTAL			19.14	40.60	$1,463.21

- Total annual reimbursement as high as $1,463.21 per patient. For 600 patients, this equates to **$877,926** and a ridiculous **11,484 work RVUs**, indicating the workload of approximately two and a half FTEs with just 600 patients!

Chronic Care Management and Remote Monitoring Template

Chronic Care Management and Remote Monitoring Template

MD/DO/APP			
730	HUDDLE		30
800	APPT1	99214	30
830	APPT2	99214	30
900	APPT3	99214	30
930	APPT4	99214	30
1000	APPT5	G0439	60
1100	APPT6	G0439	60
1200	LUNCH		60
1300	APPT7	G0439	60
1400	APPT8	99214	30
1430	APPT9	99214	30
ADMIN/FLEX			

MA1			
730	APPT1		30
800	APPT2		30
830	APPT3		30
900	APPT4		30
930	APPT5		30
	FLEX		30
1030	APPT6		30
	FLEX		30
1130	LUNCH		60
1230	APPT7		30
	FLEX		30
1330	APPT8		30
1400	APPT9		30
ADMIN/FLEX			

MA2			
730	HUDDLE		30
800	RM/PREP	99457	60
900	RM/PREP	99457	60
1000	RM/PREP	99457	60
1100	RM/PREP	99457	60
1200	LUNCH		60
1300	RM/PREP	99457	60
1400	RM/PREP	99457	60
ADMIN/FLEX			

RN1			
730	HUDDLE		30
800	CCM	99490	30
830	CCM	99490	30
900	CCM	99490	30
930	CCM	99490	30
1000	CCM	99490	30
1030	CCM	99490	30
1100	CCM	99490	30
1130	CCM	99490	30
1200	LUNCH		60
1300	CCM	99490	30
1330	CCM	99490	30
1400	CCM	99490	30
1430	CCM	99490	30
ADMIN/FLEX			

RN2			
730	HUDDLE		30
800	CCM	99490	30
830	CCM	99490	30
900	CCM	99490	30
930	CCM	99490	30
1000	CCM	99490	30
1030	CCM	99490	30
1100	CCM	99490	30
1130	CCM	99490	30
1200	LUNCH		60
1300	CCM	99490	30
1330	CCM	99490	30
1400	CCM	99490	30
1430	CCM	99490	30
ADMIN/FLEX			

RN3			
730	HUDDLE		30
800	CCM	99490	30
830	CCM	99490	30
900	CCM	99490	30
930	CCM	99490	30
1000	CCM	99490	30
1030	CCM	99490	30
1100	CCM	99490	30
1130	CCM	99490	30
1200	LUNCH		60
1300	CCM	99490	30
1330	CCM	99490	30
1400	CCM	99490	30
1430	CCM	99490	30
ADMIN/FLEX			

- MA2 does initial remote monitoring (RM) data collection for six (6) patients per hour (10 minutes each) and documents this in the chronic care management (CCM) notes for each of the RNs for patients scheduled next week. Up to 180 patients are prepped each week.
- Each RN is assigned 200 patients. RNs (1/2/3) provide CCM (20 minutes) and close out the RM note (additional 10 minutes).
- MD/DO works with MA1 to see nine (9) scheduled patients. All flex time can be used for walk-ins.
- Template requires 17 patient care days per month (200-210 days per year). Last two business days each month wouldn't have scheduled patients, but would be used for panel management and to sign/close out CCM/RM notes that month.

- Monthly Productivity (0 no-shows): $73,498.14 / 2,039.40 tRVU