Reimbursement After COVID-19: What's Payable in 2022 Based on Revised Regulations?

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Welcome!

Public Health Emergency (PHE) –

Extended through January 14, 2022

Recent discussion that PHE will be extended to
December 31, 2022
Sixty (60) days' notice prior to termination
Continuation of coverage and reimbursement through 2022?

COVID-19 created varying patient clinical needs that present different coverage, charge capture, coding, and billing requirements.

This discussion session will focus on three areas of **revised regulations** as well as "how-to's" for ensuring **optimum and compliant reimbursement**.

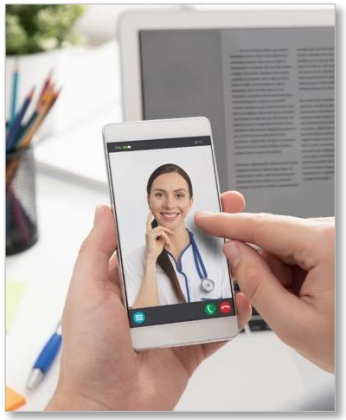
All Section 1135 Waivers and increases to allowed billable services extended as well.

https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx

Agenda – Services Expanded for 2021 and Continuing for 2022 Reimbursement

Expanded coverage, removed provider limitations, and newly recognized codes and rules for how / when remote service can be provided.

- **Medicare FFS Sequester – Updated**
- **Opioid Treatment Programs – New for 2022**
- **Revision – Claim Submission to MA Plans**
- **All about Telehealth**
  - Allowed technology limitations removed
  - Allowed services added, now numbering **over 200!**
  - Originating site limitations removed
- **Virtual Check-in**
- **Online Digital E&M**
- **Telephone Patient Interaction**
- **Beyond the PHE**
- **Appendix:**
  In-home administration of vaccine.



Sequestration Payment Adjustment: 2022

- ***The Protecting Medicare and American Farmers from Sequester Cuts Act*** **impacts payments for all Medicare Fee-for-Service (FFS) claims:**
- **2% Sequester reduction in payment was eliminated for 2020 and 2021.**

Update for 2022:

- **No payment adjustment** **through March 31, 2022**
- **1% payment adjustment** **April 1 – June 30, 2022**
- **2% payment adjustment** **beginning July 1, 2022**

- **Apply to Medicare payments from MACs.**
- **Calculated after beneficiary cost sharing.**
- **Apply only to amount Medicare pays.**
- **Beneficiaries bear no responsibility for reduction.**

Opioid Treatment Programs: New Information for 2022

- **The CY 2022 Physician Fee Schedule Final Rule includes information for Medicare-enrolled Opioid Treatment Programs (OTPs):**
  - **After the end of the COVID-19 PHE, CMS will allow audio-only interactions (like telephone calls) when audio-video communication isn't available to the patient, or the patient can't or won't agree to 2-way audio-video communication.**
- **CMS established HCPCS code G1028 for a higher dose of Naloxone Hydrochloride nasal spray in response to the increase in overdoses from illicitly-manufactured Fentanyl, which can require a more potent overdose reversal drug.**

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Opioid-Treatment-Program

Opioid Treatment Programs: New Information for 2022

- **After the PHE ends, CMS expects the following modifiers on claims for HCPCS code G2080 (each additional 30 minutes of counseling in a week of medication assisted treatment).**
  - **Modifier 95: for counseling and therapy provided using audio-video telecommunications (Telehealth).**
  - **Modifier FQ: for counseling and therapy provided using audio-only telecommunications (Telephone only).**
- **CMS issued an Interim Final Rule to maintain the Methadone payment at the 2021 rate for the duration of CY 2022.**

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/Opioid-Treatment-Program

Opioid Treatment Programs: New Information for 2022

Program Billing and Payment (Medicare) – Revised

- Learn about new HCPCS codes and modifiers:
  - Use HCPCS code G1028 –
    Take-home supply of nasal Naloxone;
    2-pack of 8 mg per 0.1 mL nasal spray.
  - Use HCPCS code G2215 –
    Take-home supply of nasal Naloxone;
    2-pack of 4 mg per 0.1 mL nasal spray.

See updated Table 1:

MAT Codes, Descriptors, and National Medicare Payment Rates to include updated rates, new HCPCS code G1028 and revised definition of HCPCS code G2215.

MedLearn Matters Booklet -- MLN8296732 November 2021 at:
https://www.cms.gov/files/document/otp-billing-and-payment-fact-sheet.pdf

COVID-19 Vaccine and Monoclonal Antibody Products: Changes for MA Plan Claims

- **As of January 1, 2022:**

Per CMS, if you vaccinate or administer Monoclonal Antibody treatments to patients enrolled in Medicare Advantage (MA) Plans,

submit claims to the MA Plan!

Original Medicare (FFS) will no longer pay these claims.

More information:

https://www.cms.gov/medicare/covid-19/medicare-billing-covid-19-vaccine-shot-administration
https://www.cms.gov/medicare/covid-19/monoclonal-antibody-covid-19-infusion

Telehealth: Medicare Restrictions Lifted

- **Medicare will make payment for professional services furnished to beneficiaries in all areas of the country in all settings.**
  - ***Remember facility (technical) component for provider-based clinics.***
- **Under the PHE, Medicare will make payment for Medicare Telehealth services furnished to beneficiaries *in any healthcare facility and in their homes.***
- **These visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits.**
- ***Executive Orders in place continue COVID-19 waivers and coverage!***

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Telehealth: Continuing to meet patient needs!

- From 11% in 2019; up to 46% of patients utilizing Telehealth.
- Survey – Out of 2,000 U.S. adult patients:
  - 42% utilized Telehealth since the beginning of COVID-19
  - 65% more convenient
  - 63% prefer not to be exposed to other patients
  - 44% easier to "be present" for early / late appointment times
  - 38% particularly preferred Telehealth "follow-up" visits
- 51% stated preference for continuing Telehealth services after pandemic has subsided.
- Current News: Telehealth expansion of some previously non-allowable services will continue after the PHE period has ended per Executive Order signed in August 2020.

Telehealth: Updates for 2022!

- Visits increased from 840,000 in 2019 to 52.7 million in 2020!
  - Behavioral Health = Telehealth visits were 33% of total visits
  - Primary Care = 8%
  - Other Specialists = 3%
- CMS announced payment for mental health visits furnished by Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) – through both Telehealth and audio-only telephone calls.
- CMS is permanently eliminating geographic barriers and allowing patients in their homes to access Telehealth services for diagnosis, evaluation and treatment of mental health disorders. (Consolidated Appropriations Act of 2021)
- Medicare services that were temporarily added during the PHE will remain in place through December 31, 2023.

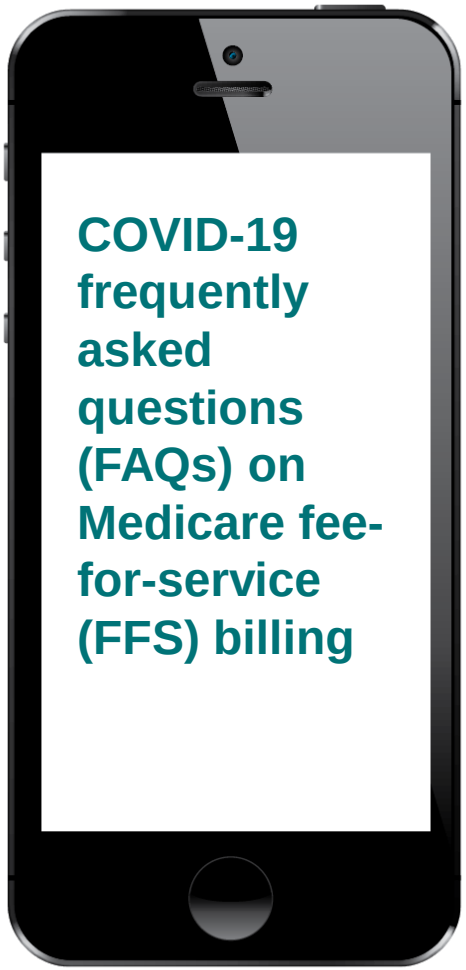
Positive Telehealth Results . . .
And additional reimbursement!

Greatest impact "expected" from:

• Greater patient access	83%
• Improved chronic care management	75%
• Delivery of care anytime / anywhere	67%
• Ability to scale physicians across markets	58%
• Improved patient outcomes – accessibility and "personal" response	58%
• Lower cost of care delivery	58%
• Lower physician space needs	46%
• Reduced length of stay	46%

October 2020, ***HFM***
The Academy, May 2020 Survey
Executive leaders from largest U.S. health systems

Telehealth: CMS Latest Developments



The FAQs in this document supplement the following previously released FAQs:

- 1135 Waiver FAQs: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/1135-Waivers
- Without 1135 Waiver FAQs: https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/Consolidated_Medicare_FFS_Emergency_QsAs.pdf
- **11/01/21 Telehealth Services – List of Services effective Jan. 1, 2022:**

https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

Telehealth: Over 200 Billable / Payable Services 2022

		LIST OF MEDICARE TELEHEALTH SERVICES effective January 1, 2022-updated November 1, 2021		
Code	Short Descriptor	Status	Can Audio-only Interaction Meet the Requirement	Medicare Payment Limitations
0362T	Bhv id suprt assmt ea 15 min	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20		
0373T	Adapt bhv tx ea 15 min	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20		
77427	Radiation tx management x5	Temporary Addition for the PHE for the COVID-19 Pandemic		
90785	Psytx complex interactive		Yes	
90791	Psych diagnostic evaluation		Yes	
90792	Psych diag eval w/med srvcs		Yes	
90853	Group psychotherapy		Yes	
90875	Psychophysiological therapy	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20		Non-covered service
90951	Esrd serv 4 visits p mo <2yr			
90952	Esrd serv 2-3 vsts p mo <2yr			
90953	Esrd serv 1 visit p mo <2yrs	Available up Through December 31, 2023		
90954	Esrd serv 4 vsts p mo 2-11			

Complete Table (List) at:
https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

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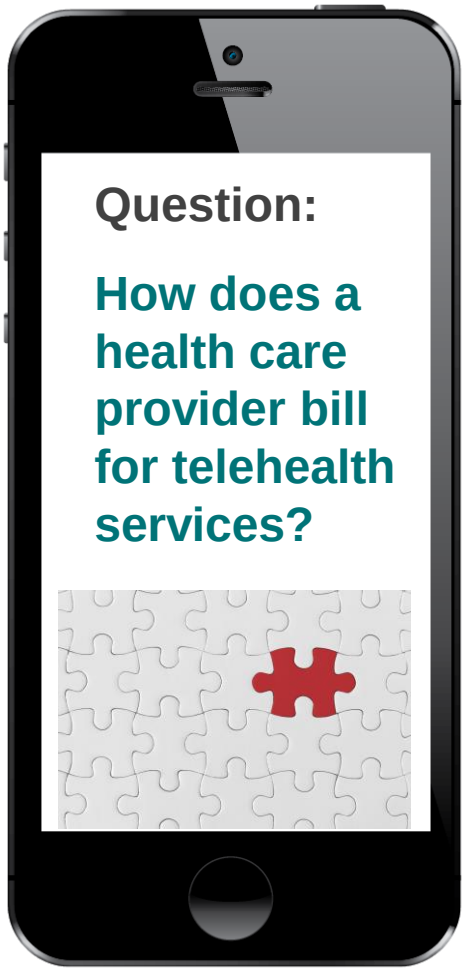
CMS – Telehealth: *Defined Patient Visits*

Service	HCPCS/CPT code
Telehealth consultations, **emergency department or initial inpatient**	G0425-G0427
Follow-up inpatient telehealth consultations furnished to beneficiaries **in hospitals or SNFs**	G0406-G0408
Office or other outpatient visits	99201-99215
Subsequent hospital care services, with the limitation of 1 telehealth visit every 3 days	99231-99233
Subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days	99307-99310
Individual and group kidney disease education services	G0420-G0421
Individual and group **diabetes self-management training services,** with a minimum of 1 hour of in-person instruction furnished in the initial year training period to ensure effective injection training	G0108-G0109
Individual and group health and **behavior assessment and intervention**	96150-96154
Individual psychotherapy	90832-90838
Telehealth pharmacologic management	G0459
Psychiatric diagnostic interview examination	90791-90792

11/01/21 – Updated

- **https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes**

Telehealth:



Answer:

- **Physicians and practitioners should report the POS code that would have been reported had the service been furnished in person.**
- **This will allow CMS systems to make appropriate payment for services which, if not for the PHE, would have been furnished in person, at the same rate they would have been paid if the services were furnished in person.**
- **We (CMS) believe this interim change will maintain overall relativity under the PFS for similar services and eliminate potential financial deterrents for clinically appropriate use of telehealth.**
- **During the PHE, the CPT Telehealth modifier, Modifier 95, should be applied to claim lines that describe services furnished via Telehealth.**

Telehealth: Required Provider Documentation *Communication Technology-based Services (CTBS)*

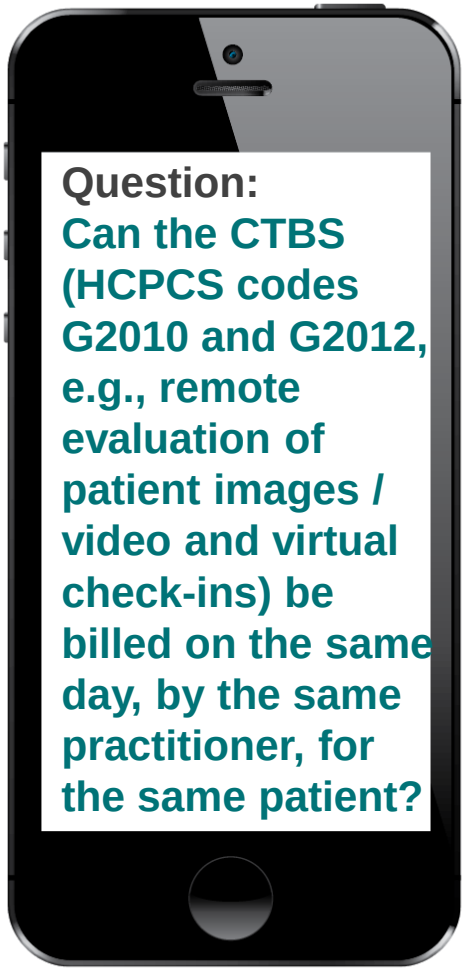
- **Providers must document all encounters / services within the patient's medical record.**
- **Providers must document:**
  - **That the visit occurred via telemedicine or a specified type of CTBS;**
  - **The physical location of the patient;**
  - **The physical location of the provider; and**
  - **The names of all persons participating in the telemedicine service and their role in the encounter.**
- **Documentation example to identify a telemedicine visit:**
  - **This visit was conducted with the use of interactive audio and video telecommunications system that permits real-time communication between the patient and the provider.**
  - **Patient (oral) consent for a virtual visit was obtained on DD/MM/YYYY**
  - **Origination site: location of the patient**
  - **Distant site: location of the provider**

Continued Coverage: *Virtual Patient Check-in*

- **A brief communication service (5 to 10 minutes) with practitioners via numerous communication technology modalities including synchronous telephone discussion or exchange of information through video or image.**
  - **Patient should initiate the virtual service.** **Waived during PHE**
  - **Patient should be established to the practice.** **Waived during PHE**
  - **The virtual check-in can only be billed if the communication is not related to a medical visit within the previous 7 days and does not lead to a medical visit within the next 24 hours (or soonest available appointment).**

Service description	HCPCS code
Doctors and QHPs may bill for these **virtual check-in services** furnished through several communication technology modalities, such as telephone	**G2012**
In addition, separate from the virtual check-in service, **captured video or images can be sent to a physician for evaluation and billed**	**G2010**

CMS – Medicare Telehealth Q&A



Answer:

As long as all requirements for billing both codes are met – and time and effort are not being counted twice –

HCPCS codes G2010 and G2012

may be billed by the same practitioner, for the same patient, on the same day.

Remote eval of patient images . . .
Virtual patient check-in . . .

Both codes can be charged and billed on the same day for the same patient!

Six Codes for “e-Visits”: Non-face-to-face patient portal

Service Description	Timeframe	CPT-4 Code
Online digital evaluation and management service, by a physician or NPP, for an established patient, for up to 7 days, cumulative time during the 7 days	5-10 minutes	99421
	11-20 minutes	99422
	21 or more minutes	99423
Qualified non-physician health care professional (QHP) online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days	5-10 minutes	98970
	11-20 minutes	98971
	21 or more minutes	98972

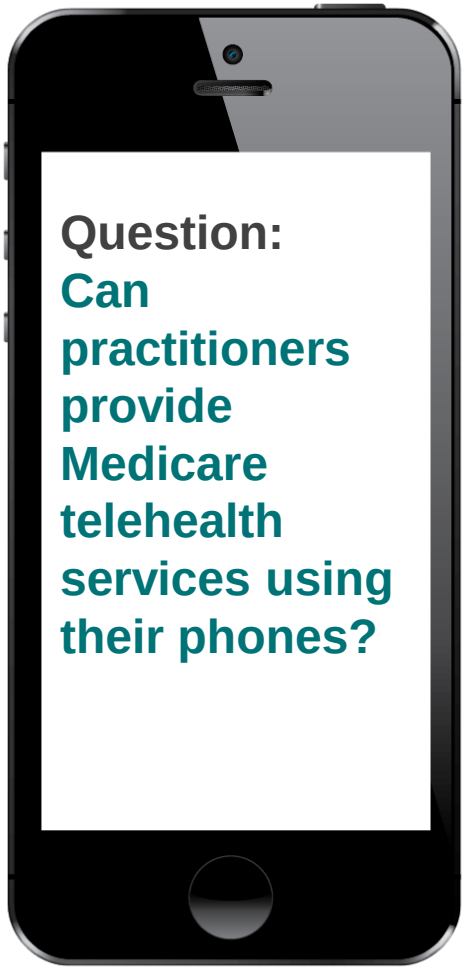
Online Assessment – Medicare Updated Codes

- **Medicare originally utilized HCPCS Level II Codes, but now has implemented the CPT-4 codes:**

- **Clinicians who may not independently bill for E&M visits (e.g., physical therapists, occupational therapists, speech language pathologists, clinical psychologists) can also provide these e-Visits and bill the following codes:**

Service Description	Timeframe	HCPCS Code
Qualified non-physician professional (QHP) online assessment (such as using the patient portal), for up to 7 days	5-10 minutes	98970
	11-20 minutes	98971
	21 or more minutes	98972

CMS – Medicare Telehealth Q&A – Telephone



Answer: Yes, for use of certain phones – Telehealth

- **Section 1135(b)(8) of the SSA allows the Secretary to authorize use of telephones that have audio and video capabilities for furnishing Medicare Telehealth services during the COVID-19 PHE.**
- **CMS amended its regulations to remove the restrictions on technology that practitioners can use to provide telehealth services.**
- **The OCR also has issued guidance allowing covered healthcare providers to use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype, to provide Telehealth without risk of penalty for noncompliance with the HIPAA rules related to the good faith provision of telehealth during the COVID-19 PHE.**
- **For more information:** https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency- preparedness/index.html

Telephone – “Audio” Only Services

Service description	Timeframe	CPT-4 code
Telephone E/M service provided by a physician to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment	5-10 minutes	99441
	11-20 minutes	99442
	21-30 minutes	99443

January 2021 Telehealth Update – *Rural Health*

- **The 2021 Physician Final Rule delivers on the President's recent Executive Order on Improving Rural Health and Telehealth Access by adding more than 60 services to the Medicare telehealth list that will continue to be covered beyond the end of the PHE.**
- **These additions allow beneficiaries in rural areas who are in a medical facility (like a nursing home) to continue to have access to Telehealth services such as certain types of emergency department visits, therapy services, and critical care services.**
- **Medicare does not have the statutory authority to pay for Telehealth to beneficiaries outside of rural areas or, with certain exceptions, allow beneficiaries to receive Telehealth in their home.**
- **However, this is an important step, and as a result, Medicare beneficiaries in rural areas will have more convenient access to healthcare.**

January 2021 Telehealth Update

- **Seema Verma, Administrator of CMS**
- **‘I can’t imagine going back’: Medicare leader calls for expanded Telehealth access after Covid-19 PHE ends.**
- **“People recognize the value of this (increased availability of providers to Medicare patients), so it seems like it would not be a good thing to force our beneficiaries to go back to in-person visits.”**

Recommendations

- **Now is the time to be thinking about what changes need to be made to manage an increased volume of Telehealth and other virtual services post-PHE.**
- **Proactively review strategic plans and ensure the ability to meet the pre-PHE Telehealth requirements, as well as the most-probable changes.**
- **This includes meeting all state-level Telehealth, licensing, and credentialing requirements.**
- **Also, check which payers require providers to be registered in-network to be covered and take steps to become a member of those networks that make sense for your organization.**
- **Educate, evaluate and expand – increased advertise-ment of appointment scheduling and all virtual services.**

Tips for Telehealth Services *After the PHE*

Use this time to prepare for future Telehealth requirements.

- **Follow these tips to position for success post-PHE:**
  - **Put a process in place to capture patient consent upon initial contact.**
  - **Continue to review 2022 national and state-level policies impacting Telehealth practice and reimbursement.**
  - **Ensure licensing and credentialling is in proper order for all providers.**
  - **Ensure a practice or emergency physician group is set up correctly to succeed with Telehealth once the PHE has ended.**
  - **Evaluate how technology solutions can improve patient care and can help to optimize reimbursement.**

Latest Coverage, Codes and Payment – *Virtual Services*

The Good News!

- **Increased opportunities for patient care delivery and reimbursement are continuing –**
- **Review your actual performance (volumes and dollars) utilizing the Communication Technology-Based Services (codes) we have discussed.**
- **Combine financial and clinical discussions to ensure a clear understanding of what's available now – are you maximizing these opportunities? -- And what will probably continue to be available after the PHE ends.**
- **Spot audit claims to determine accurate charge capture, coding and billing – and evaluate payments received to ensure optimum reimbursement!**

Questions and discussion

Appendix – Additional Information

- **Vaccine administration to a patient at home**

Latest Coverage, Codes and Payment – *Patient's Home*

MEDICARE PAYMENT *for COVID-19 Vaccine in the Home* Effective June 8, 2021

- **Additional $35 for administration of each dose in the patient's home.**
  for OPPS hospitals
- **In addition to standard administration amount ($40 per dose)**
  Total Payment = $ 75 for a single-dose vaccine
  = $150 for both doses
- **Utilize HCPCS Level II Code M0201 to charge and bill for the additional payment.**
  - **Continue to charge and bill the vaccine CPT-4 code and the routine vaccine admin code.**
  - **Until the PHE ends, include modifier CR on the claim only if you administer the COVID-19 vaccine at a temporary location that isn't considered your actual practice location.**

Latest Coverage, Codes and Payment – *Patient's Home*

COVID-19 Vaccine Payment

- **Payment applicable when either of these situations apply:**
  - **The patient has difficulty leaving the home to get the vaccine:**

    They have a condition,
    - due to illness or injury, that restricts their ability to leave home without a supportive device or help from a paid / unpaid caregiver.
    - that makes them more susceptible to contracting a pandemic disease, like COVID-19.
    - are generally unable to leave the home; and if they do, it requires a considerable and taxing effort.
  - **The patient is hard-to-reach** because they have a disability or face clinical, socioeconomic or geographical barriers to getting a COVID-19 vaccine in settings other than their home.
    - Challenges such as transportation, communication or caregiving.

Latest Coverage, Codes and Payment – *Patient's Home*

What Locations Qualify for the Additional In-Home Payment?

- Many types of locations **can qualify** as a Medicare patient's home for the additional in-home payment amount, such as:
    - A private residence
    - Temporary lodging (for example, a hotel or motel, campground, hostel, or homeless shelter)
    - An apartment in an apartment complex or a unit in an assisted living facility or group home
    - A Medicare patient's home that's made provider-based to a hospital during the COVID-19 public health emergency.
- Vaccine administration must be the sole purpose of the visit to the patient.

Latest Coverage, Codes and Payment – *Patient's Home*

What Locations Qualify for the Additional In-Home Payment?

- These locations **don't qualify** as a home for the additional payment amount:
    - Communal spaces of a multi-unit living arrangement
    - Hospitals, Medicare skilled nursing facilities (SNFs), and Medicaid nursing facilities, regardless of whether they are the patient's permanent residence.
    - Assisted living facilities participating in the CDC's Pharmacy Partnership for Long-Term Care Program, when their residents are vaccinated through this program
- Vaccine administration must be the sole purpose of the visit to the patient.

Resources for meeting patient needs

Temporary waivers allowed for:

- https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf

New codes and coverage:

- https://www.federalregister.gov/documents/2019/11/15/2019-24086/medicare-program-cy-2020-revisions-to-payment-policies-under-the-physician-fee-schedule
- https://www.ama-assn.org/practice-management/cpt/cpt-evaluation-and-management
- https://www.acponline.org/practice-resources/covid-19-practice-management-resources/covid-19-telehealth-coding-and-billing-information
- https://www.codingclinicadvisor.com/faqs-icd-10-cm-coding-covid-19

Additional resources from Xtend

Don’t miss these new resources from our team:

- Learn about the recent revision of CMS’s Accelerated and Advance Payment Program.
- Ensure your team has the latest CDC guidance on the accurate coding of COVID-19 cases.
- Check out our COVID-19 coding reference, which provides instruction on coding encounters related to COVID-19.
- Ten key CARES benefits that all hospitals and physician practices should understand.
- Learn more about the temporary telehealth penalty waiver

You can find all of our coronavirus-related insights on our COVID-19 resource page.

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Thank you!

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