

Cardiovascular Summit

Telehealth for the Long Term

Alison L. Bailey, MD, FACC
Centennial Heart at Parkridge/HCA Healthcare

Ami B. Bhatt, MD, FACC
Mass General Hospital/ACC Chief Innovation Officer

STRATEGIZE
INNOVATE
IMPLEMENT
TRANSFORM



Disclosures

Alison L. Bailey, MD

- OptumRx: Consultant
- GE Healthcare: Consultant

Ami B. Bhatt, MD

- None

Who are our patients?

- Improved Access
- Optimal Convenience
- Accessible Education
- Home-based Care
- Personalized Approach
- Holistic Investment



The Telehealth Landscape



Asynchronous Communication: PROMs, Electronic Consultation



Blended Care: In-person and Virtual synchronous visits



Clinical remote monitoring, medical grade devices



Digital tracking and wearables



Emerging analyses: Data and Artificial Intelligence

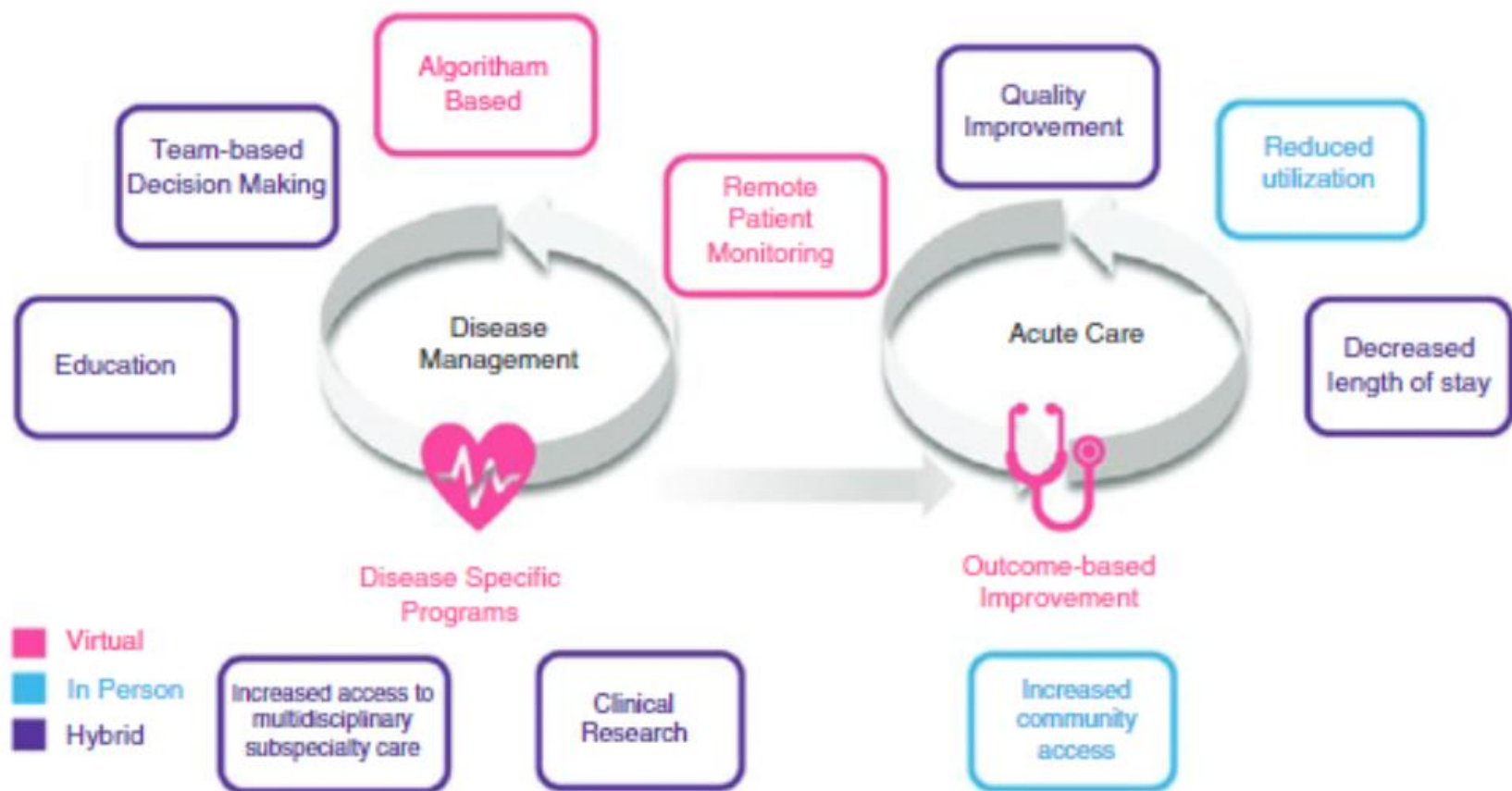


Fig. 6.1 Using fully virtual, traditional visits and hybrid models to manage chronic disease and provide acute care

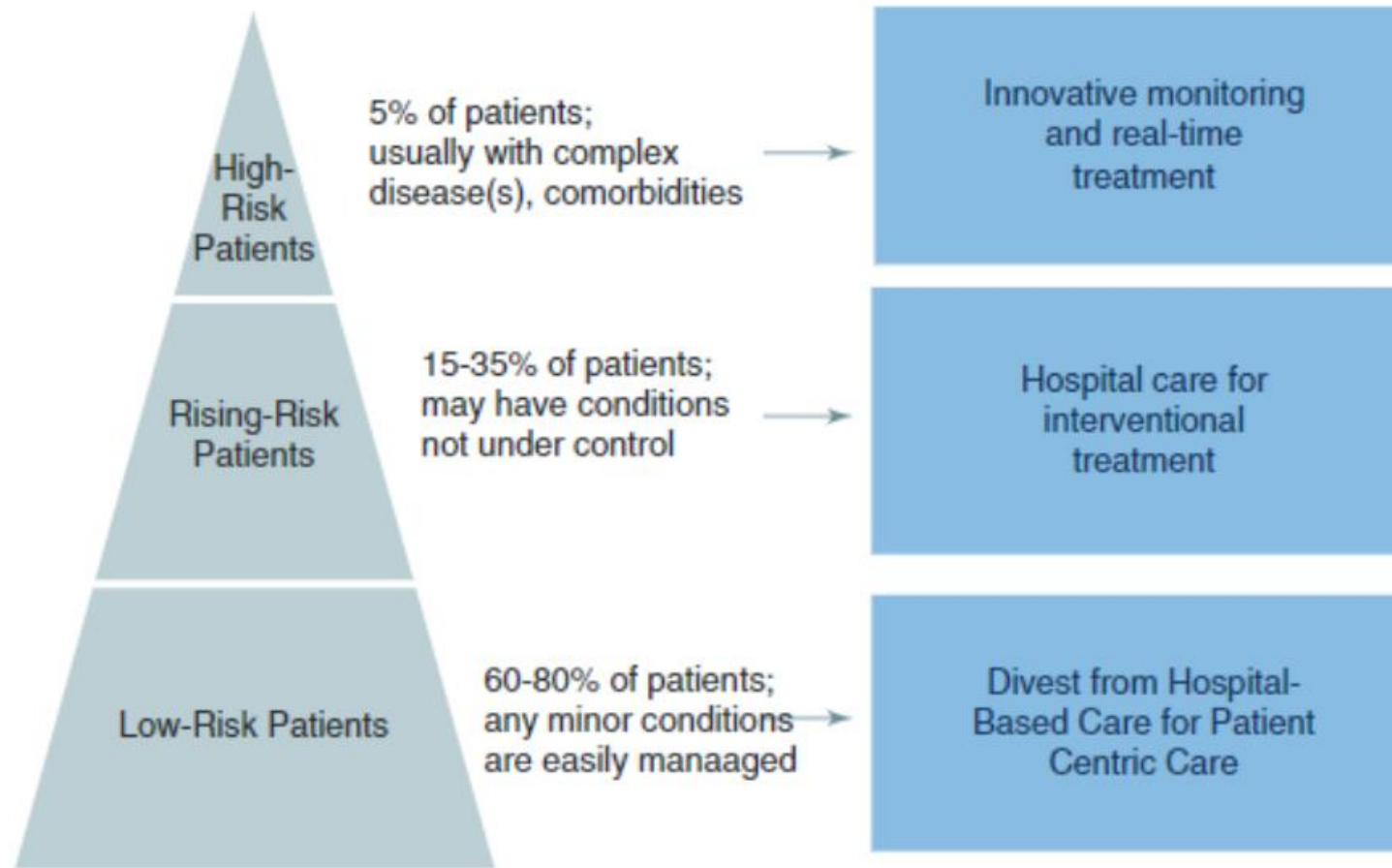


Fig. 6.2 Patient risk stratification for chronic disease management

What is Telehealth?

- **Synchronous care** is a 'real-time' interaction for patient health communication. Patients can have caregivers or in-home nursing present to assist the remote physician.
 - Video calls to share progress or check on healing
 - Audio only calls to confirm instructions
 - Text messaging to answer patient questions
- **Asynchronous telehealth** is communication between providers, patients, and caregivers stored for future reference or response.
 - E-mail or text messages with follow-up instructions or confirmations
 - Images for evaluation
 - Lab results or vital statistics

<https://telehealth.hhs.gov/providers/getting-started/>



Types of telehealth



Live video – Also referred to as “real-time;” a two-way, face-to-face interaction between a patient and a provider using audiovisual communications technology

Store-and-forward – Remote evaluation of recorded video and/or images submitted by an established patient

E-visits – Non-face-to-face patient-initiated communications through an online patient portal



Remote patient monitoring – Use of digital technologies to collect health data from patients in one location and electronically transmit that information securely to providers in a different location (data can include vital signs, weight, blood pressure, blood sugar, pacemaker information, etc.)

Audio-only visits – Use of telephone for visits without video



Mobile health (mHealth) – Allows patients to review their personal health data via mobile devices, such as cell phones and tablet computers, which can be done from their home and assists in communicating their health status and any changes; often includes use of dedicated application software (apps), which are downloaded onto devices

Telehealth for Providers: What You Need to Know

**Cardiovascular
Summit**



AMERICAN
COLLEGE of
CARDIOLOGY

JOIN THE CONVERSATION:
#CVSUMMIT

“Telehealth” per CMS has specific criteria

- The **originating site** is where the patient is located when the telehealth interaction takes place.
 - In Medicare, it is limited both geographically and by the specific site a patient is located in at the time of the telehealth interaction
 - **Prior to the PHE, this could not be the home for the majority of patients**
- The **distant or referral site** is where the medical provider is located

Billing for Telehealth Encounter: An Introductory Guide on Fee-For-Service

**Cardiovascular
Summit**



AMERICAN
COLLEGE of
CARDIOLOGY

JOIN THE CONVERSATION:
#CVSUMMIT

Communication Technology Based Services (CTBS)

- CTBS are not labeled “telehealth” by CMS
- Because of this, providers may bill and get reimbursed for them even if the patient is at home or if they live in a city
- Introduced in 2019 in order to reimburse providers for a review of an image or for a brief conversation with their patients
- CMS noted in the 2020 final rule that the CTBS should be patient-initiated

Billing for Telehealth Encounter: An Introductory Guide on Fee-For-Service

**Cardiovascular
Summit**



AMERICAN
COLLEGE *of*
CARDIOLOGY

JOIN THE CONVERSATION:
#CVSUMMIT

Virtual Check In

- A virtual check-in lets professionals bill for brief (5-10 min) communications that mitigate the need for an in-person visit and can be furnished via any synchronous telecommunications technology
- E-visit is similar to a virtual check-in, but used when communication occurs through an online patient portal



Communication Technology Based Services (CTBS)

- **G2010:**
 - Remote evaluation of recorded video and/or images submitted by an established patient, e.g., store-and-forward
- **G2012**
 - Virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services
 - 5-10 minutes of medical discussion
- **G2252**
 - Issued by CMS for calendar year 2021
 - **Will bridge audio only services provided by the telephone evaluation and management calls, which payment ceases immediately at the end of the PHE**
 - 11-20 minutes of medical discussion

Billing for Telehealth Encounter: An Introductory Guide on Fee-For-Service



Remote Physiologic Monitoring—Examples

- Glucose meters for patients with diabetes
- Heart rate and/or blood pressure monitors
- Caloric intake or diet logging programs
- Weight/urine output for heart failure patients

Billing for Telehealth Encounter: An Introductory Guide on Fee-For-Service

**Cardiovascular
Summit**



AMERICAN
COLLEGE *of*
CARDIOLOGY

JOIN THE CONVERSATION:
#CVSUMMIT

Remote Physiologic Monitoring

- **99453/99454:**
 - Staff service: initial set up of device; bill after 16 days of monitoring
 - Staff or facility service: covers initial device payment; bill after 16 days of receipt of and monitoring readings, bill every 30 days
- **99457:**
 - QHP service; 20 minutes of Non-F2F and F2F time spent in analysis and via synchronous communication with patient the findings or care plan
- **99458:**
 - Add-on code; full additional 20 minutes for services described in 99457

Billing for Telehealth Encounter: An Introductory Guide on Fee-For-Service

**Cardiovascular
Summit**



AMERICAN
COLLEGE *of*
CARDIOLOGY

JOIN THE CONVERSATION:
#CVSUMMIT

Econsult or Interprofessional Consult

- **99451:**
 - **Provided by a consultative physician**, including a written report to the patient's treating/requesting physician or other qualified health care professional
 - 5 minutes or more of medical consultative time
- **99452:**
 - **Provided by a treating/ requesting physician** or other qualified health care professional
 - 30 minutes
- **99446-99449:**
 - **Provided by a consultative physician**, including a **verbal and written report** to the patient's treating/ requesting physician or other qualified health care professional
 - 5 minutes through and over 31 minutes

Billing for Telehealth Encounter: An Introductory Guide on Fee-For-Service

**Cardiovascular
Summit**



AMERICAN
COLLEGE *of*
CARDIOLOGY

JOIN THE CONVERSATION:
#CVSUMMIT

Transitional Care Management

- **Moderate/99495:**

- Contact patient within 2 days after discharge, modality (telephone, electronic) or direct contact
- A follow-up visit must occur face-to-face within 14 calendar days of discharge.

- **High/99496:**

- Contact patient within 2 days after discharge, modality (telephone, electronic) or direct contact
- A follow-up visit must occur face-to-face within 7 calendar days of discharge.

Billing for Telehealth Encounter: An Introductory Guide on Fee-For-Service

**Cardiovascular
Summit**



AMERICAN
COLLEGE of
CARDIOLOGY

JOIN THE CONVERSATION:
#CVSUMMIT

Telehealth changed by the PHE

- 1/31/20: Public Health Emergency declared for US
- **1/16/22: Extended PHE until 4/16/22**
- Audio-Only Telehealth for Certain Services
 - Pursuant to authority granted under the CARES Act, CMS is waiving the requirements for use of interactive telecommunications systems to furnish telehealth services, to the extent they require use of video technology, for certain services



Telehealth changed by the PHE

- The waiver temporarily eliminates the requirement that the originating site must be a physician's office or other specified type of healthcare facility located in a rural area and allows Medicare to pay for telehealth services furnished to beneficiaries in their homes or any setting of care.

Medicare Fee For Service Billing 1135 Waiver FAQs

**Cardiovascular
Summit**



AMERICAN
COLLEGE *of*
CARDIOLOGY

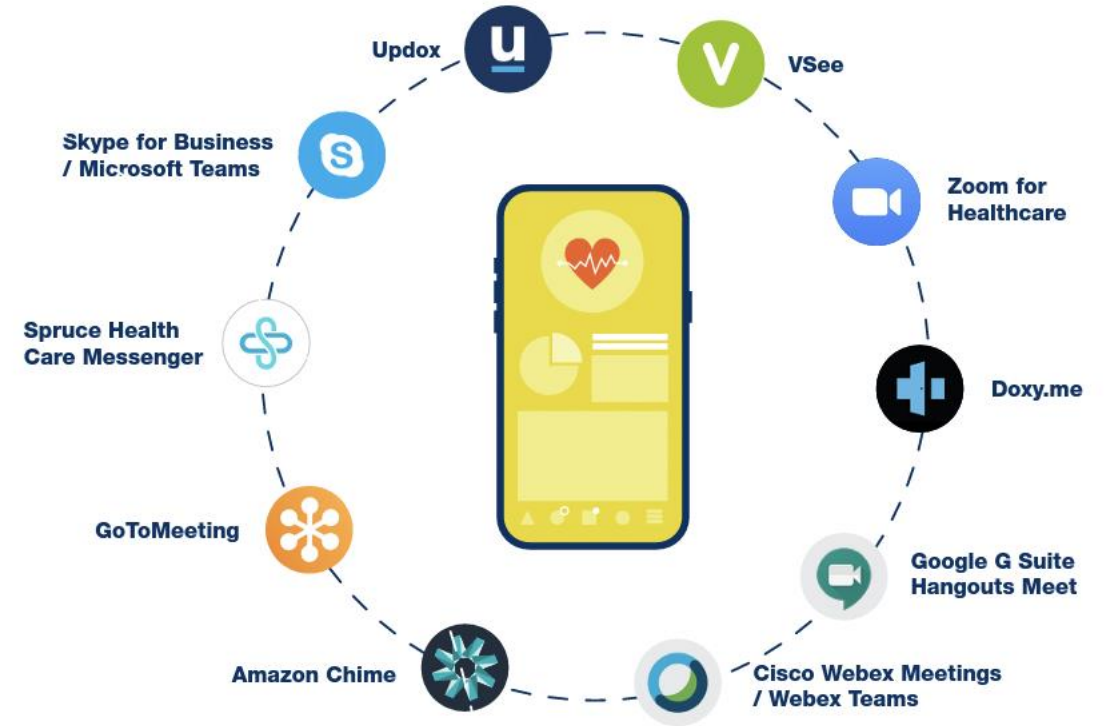
JOIN THE CONVERSATION:
#CVSUMMIT

Public health emergency (PHE) policy update

During the PHE, HHS issued a [temporary notice](#) to allow covered providers to use popular non-public facing communications apps to deliver telehealth during the COVID-19 PHE, such as:



HIPAA-compliant video communication products



Telehealth for Providers: What You Need to Know

**Cardiovascular
Summit**



AMERICAN
COLLEGE of
CARDIOLOGY

JOIN THE CONVERSATION:
#CVSUMMIT

Telehealth during the PHE

Visit Includes:

Video + Audio

Real-Time



Report POS as if in-person
+ modifier 95

CPT Code:

99201-99205 (new)
99211-99215 (est)

Audio

Real-Time



Telephone E&M visit
99441 (5-10 mins)
99442 (11-20 mins)
99443 (20-30 mins)

Communication Technology-Based Service (CTBS)

Visit Includes:

CPT Code:

Audio

Asynchronous

>7 days from E/M service

G2012

Virtual Check-in 5-10 mins

G2252*

Virtual Check-in 11-20 mins

Picture/Video

Asynchronous

Interpretation w/in 24 hours

G2010

Remote evaluation of
recorded video and/or
images

Remote Evaluation Codes

Visit Includes:

E-visit/Online portal

Asynchronous



Cumulative time during 7 days

CPT Code:

99421 5-10 mins
99422 11-20 mins
99423 >/=21 mins

During the PHE, all four codes may be billed after two days of data collection if the patient has a confirmed or suspected case of COVID-19

Other Remote Options

Visit Includes:

CPT Code:

T

During the PHE, the in-person or face-to-face encounter may be conducted via telehealth

E-consult
Interprofessional
Consult

Asynchronous
Review & Report

99446-99449
99451
99452

LIST OF MEDICARE TELEHEALTH SERVICES effective January 1, 2022 - updated January 5, 2022

Code	Short Descriptor	Status	Can Audio-only Interaction Meet the Requirements?	Medicare Payment Limitations
97542				
97750				
97755				
97760				
97761				
97802				
97803				
97804				
99202				
99203				
99204				
99205				
99211				
99212				
99213				
99214				
99215				
99217				
99218				
99219				
99220				
99221				
99222				
99471				
99472				
99473				
92604	Reprogram cochlear implt 7/>>	Ten		
92607	Ex for speech device rx 1hr	Ten		
92608	Ex for speech device rx addl	Ten		
92609	Use of speech device service	Ten		
92610	Evaluate swallowing function	Ten		
92625	Tinnitus assessment	Ten		
92626	Eval aud funcj 1st hour	Ten		
92627	Eval aud funcj ea addl 15	Ten		
93750	Interrogation vad in person	Ten		
93797	Cardiac rehab	Avail		
93798	Cardiac rehab/monitor	Avail		
94002	Vent mgmt inpat init day	Ten		
94003	Vent mgmt inpat subq day	Ten		
94004	Vent mgmt nf per day	Ten		
94005	Home vent mgmt supervision	Ten		
G0180	ic int pbw 2501-5000 g subsq			Available up through December 31, 2023
99483	Assmt & care pln pt cog imp			
99495	Trans care mgmt 14 day disch			
99496	Trans care mgmt 7 day disch			
99497	Advncd care plan 30 min			Yes
99498	Advncd care plan addl 30 min			Yes
G0108	Diab manage trn per indiv			Yes
G0109	Diab manage trn ind/group			Yes
G0270	Mnt subs tx for change dx			Yes
G0296	Visit to determ ldct elig			Yes
G0396	Alcohol/subs interv 15-30mn			Yes
G0397	Alcohol/subs interv >30 min			Yes
G0406	Inpt/tele follow up 15			Yes
G0407	Inpt/tele follow up 25			Yes
G0408	Inpt/tele follow up 35			Yes
G0410	Grp psych partial hosp 45-50			Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20
G0420	Ed svc ckd ind per session			Yes
G0421	Ed svc ckd grp per session			Yes
G0422	Intens cardiac rehab w/exerc			Available up Through December 31, 2023
G0423	Intens cardiac rehab no exer			Available up Through December 31, 2023
G0425	Inpt/ed teleconsult30			Yes
G0426	Inpt/ed teleconsult50			Yes
G0427	Inpt/ed teleconsult70			Yes
G0438	Ppps, initial visit			Yes

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

Cardiovascular Summit



AMERICAN COLLEGE of CARDIOLOGY

JOIN THE CONVERSATION: #CVSUMMIT

<5% **2019**
CARDIOVASCULAR
PATIENT VISITS
WERE MADE
UTILIZING
TELEMEDICINE.

75% **MARCH 30, 2020**
OF ENCOUNTERS
WERE BY SOME
FORM OF REMOTE OR
TELEMEDICINE MEANS.

Key Medicare changes at a glance

Requirement Type	Pre-COVID-19 PHE Policy	Current COVID-19 PHE Policy
Patient site/geographic location	Payment available only for care at certain facility types with limited services for home-based patients Patient location must be rural or outside a metropolitan statistical area (MSA)	No restrictions on geographic location Patients can be at home or any other setting
Services	Payment available for about 90 services, as captured by CPT/HCPCS codes	Payment available for about 250 services , as captured by CPT/HCPCS codes, as of March 2021
Telehealth modality	Payment for live video only, except for certain demonstration projects in Alaska and Hawaii	Payment available for live video, with audio-only phone for E/M services, behavioral health counseling, and educational services
Provider type	Payment available for services furnished by limited list of 9 provider types	Payment available for all health care professionals who are eligible to bill Medicare for professional services

Telehealth for Providers: What You Need to Know
 MedAxiom. "Reinventing cardiovascular care in two weeks: an industry adapts to a pandemic"

Cardiovascular
Summit

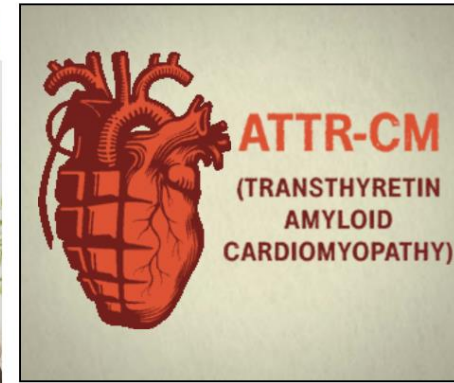


AMERICAN
 COLLEGE of
 CARDIOLOGY

JOIN THE CONVERSATION:
#CVSUMMIT

What You Need To Know: Telehealth Services

Rapid implementation of telehealth has been a key component of the COVID-19 response. Below find links to clinical guidance, expert perspectives and critical coding, reimbursement and other health policy resources to help with not only implementing telehealth, but navigating changing coverage policies and ensuring patients make the most of the experience.



Clinical Guidance

- ✓ Telehealth and Cardiovascular Disease Prevention: A Discussion of the Why and the How
- ✓ ACC/HRS/EHRA/APHRS/LAHRs/AHA Release Guidance Document on Telehealth and Arrhythmia Monitoring During COVID-19
- ✓ ACC and Heartbeat Health Revolutionize Cardiology With Breakthrough Virtual Care
- ✓ Telemedicine Part 1: Nuts and Bolts
- ✓ Telemedicine Part 2: Nuts and Bolts
- ✓ Telehealth: Rapid Implementation For Your Cardiology Clinic
- ✓ CardioSmart Patient Education

ons (FAQs) on
) Billing

FAQs: 1135 Waiver FAQs,

[AsAs1135Waiver.pdf](#).

Billing for Telehealth Encounters

AN INTRODUCTORY GUIDE ON FEE-FOR-SERVICE

March 2021

www.cchpca.org/

**Cardiovascular
Summit**

Telehealth
Implementation
Playbook

JOIN THE CONVERSATION:
#CVSUMMIT



of
OGY

States/Medicaid/

- Telehealth policy trends two states alike in how it regulated.

SUMMARY CHART

of Key Telehealth Policy Areas

This chart provides a quick reference summary of each state's telehealth policy on Medicaid reimbursement, private payer reimbursement laws (both if a law exists and whether or not payment parity is required), and professional requirements around interstate compacts and consent based on information gathered between June and September 2021. For further details, and additional categories, see each state's section on CCHP's telehealth [Policy Finder](#) tool.

STATE	MEDICAID REIMBURSEMENT				PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
	LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	AUDIO-ONLY	LAW EXISTS	PAYMENT PARITY	INTERSTATE COMPACTS <i>(see key)</i>	CONSENT REQUIREMENT
ALABAMA	✓	✗	✓	✗	✗	✗	IMLC, eNLC, EMS, PSY, PTC, ASLP-IC	✓
ALASKA	✓	✓	✓	✗	✓	✗	-	✓
ARIZONA	✓	✓	✓	✓	✓	✓	PTC, PSY, NLC, IMLC <i>(conditionally repealed)</i>	✓
ARKANSAS	✓	✗	✓	✓	✓	✗	PTC, NLC	✓
CALIFORNIA	✓	✓	✓*	✓	✓	✓	-	✓
COLORADO	✓	✗	✓	✓	✓	✗	IMLC, PTC, PSY, NLC, EMS, OTC, ASLP-IC	✓

State Telehealth Laws and Reimbursement Policies/Center for

**Cardiovascular
Summit**



AMERICAN
COLLEGE of
CARDIOLOGY

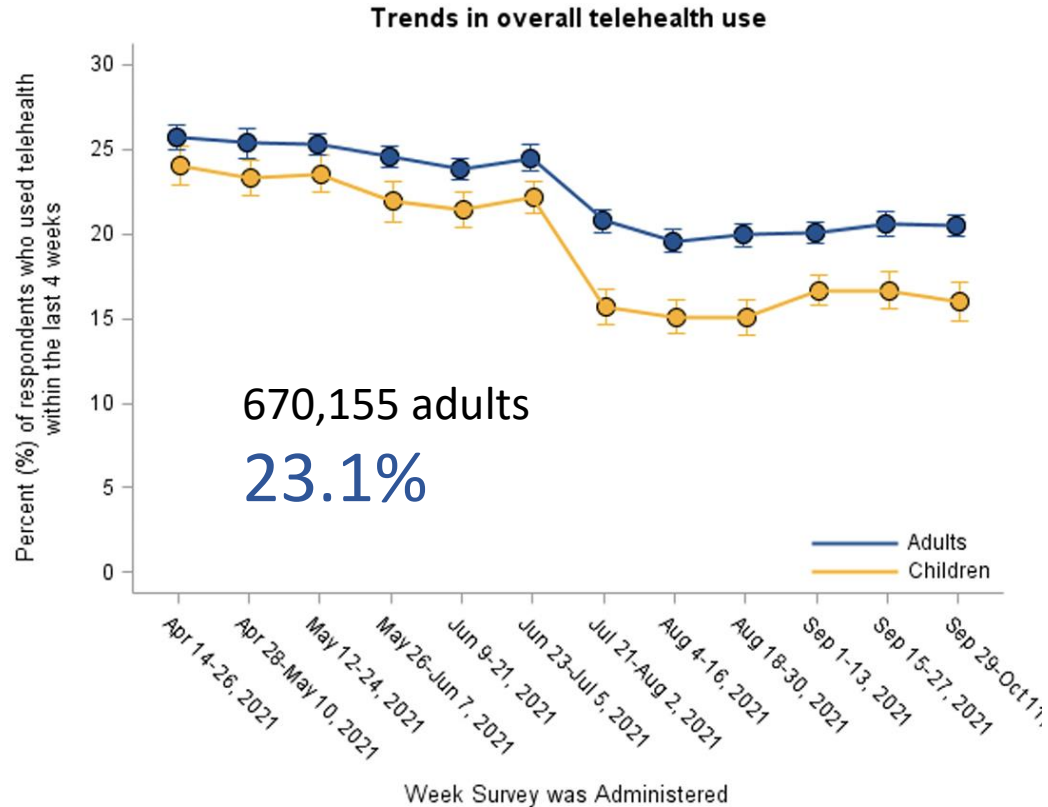
JOIN THE CONVERSATION:
#CVSUMMIT

State Example: Tennessee

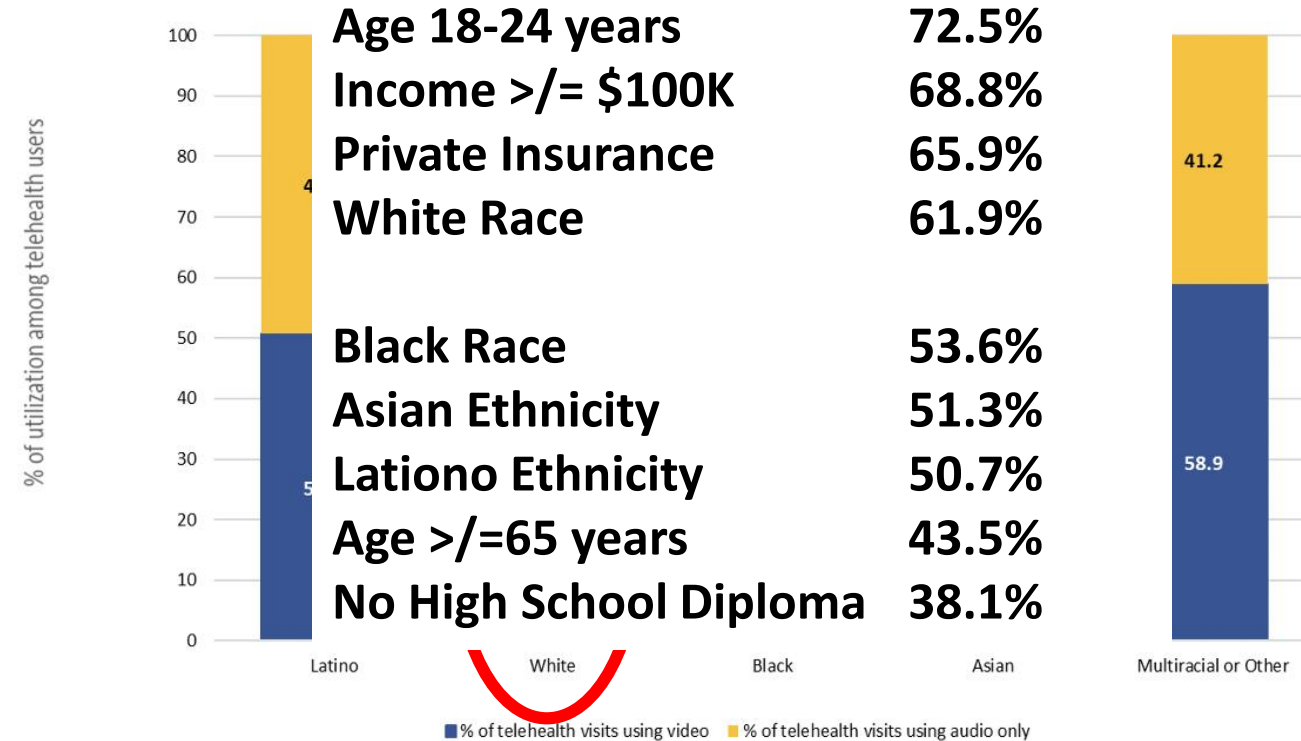
- Blue Cross Blue Shield of Tennessee has seen telehealth use surge during the coronavirus crisis... **The insurer is making its coverage of virtual visits with in-network providers permanent.**
- **Waivers allowing out-of-state healthcare professionals to practice via telemedicine,** most recently included in EO 90, **expired November 19, 2021,** and haven't been renewed
- Out-of-state DO telemedicine licensure - **The TN Osteopathic Board will issue a telemedicine license.**
 - An applicant who has an unrestricted license in good standing in another state and maintains an unencumbered certification in a recognized specialty area; or is eligible for such certification and indicates a residence and a practice outside the State of Tennessee but proposes to practice osteopathic medicine across state lines on patients within the physical boundaries of the State of Tennessee, shall in the discretion of the Board be issued a telemedicine license.



Telehealth Trends



Predictors of Video Use



Karimi, M. US Dept of HHS. February 2022

Telehealth can Improve Outcomes

- The Telehealth After Stroke Care strategy had a significant improvement in patient follow-up: 84% of patients in the enhanced telehealth group completed the 12-week study, compared to 64% of patients in the usual care group.
- 91% of patients in the enhanced telehealth group completed the video visit with primary care professionals and specialists, compared to 75% of patients in the usual care group.
- Blood pressure control was better in the enhanced telehealth group at 76%, compared to 25% control in the control group.
- Among Black study participants, blood pressure control improved from 40% of participants at enrollment to 100% at the study's conclusion in the enhanced

American Stroke Association International Stroke Conference 2022

**Cardiovascular
Summit**



AMERICAN
COLLEGE *of*
CARDIOLOGY

JOIN THE CONVERSATION:
#CVSUMMIT

Advocacy

- Patient satisfaction surveys and claims data from CMS and private health plans demonstrate that ***many Americans have come to see telehealth as one of the most positive improvements to our nation's health care system in recent memory***
- U.S. Sens. Catherine Cortez Masto, D-Nevada, and Todd Young, R-Indiana introduced bipartisan legislation, the ***Telehealth Extension and Evaluation Act***, to extend current Medicare telehealth reimbursement waivers an additional two years following the end of the PHE



Advocacy

Legislative Update *Telehealth Bills Advance to Full Committee, Coverage of Emergency Services Passes House*

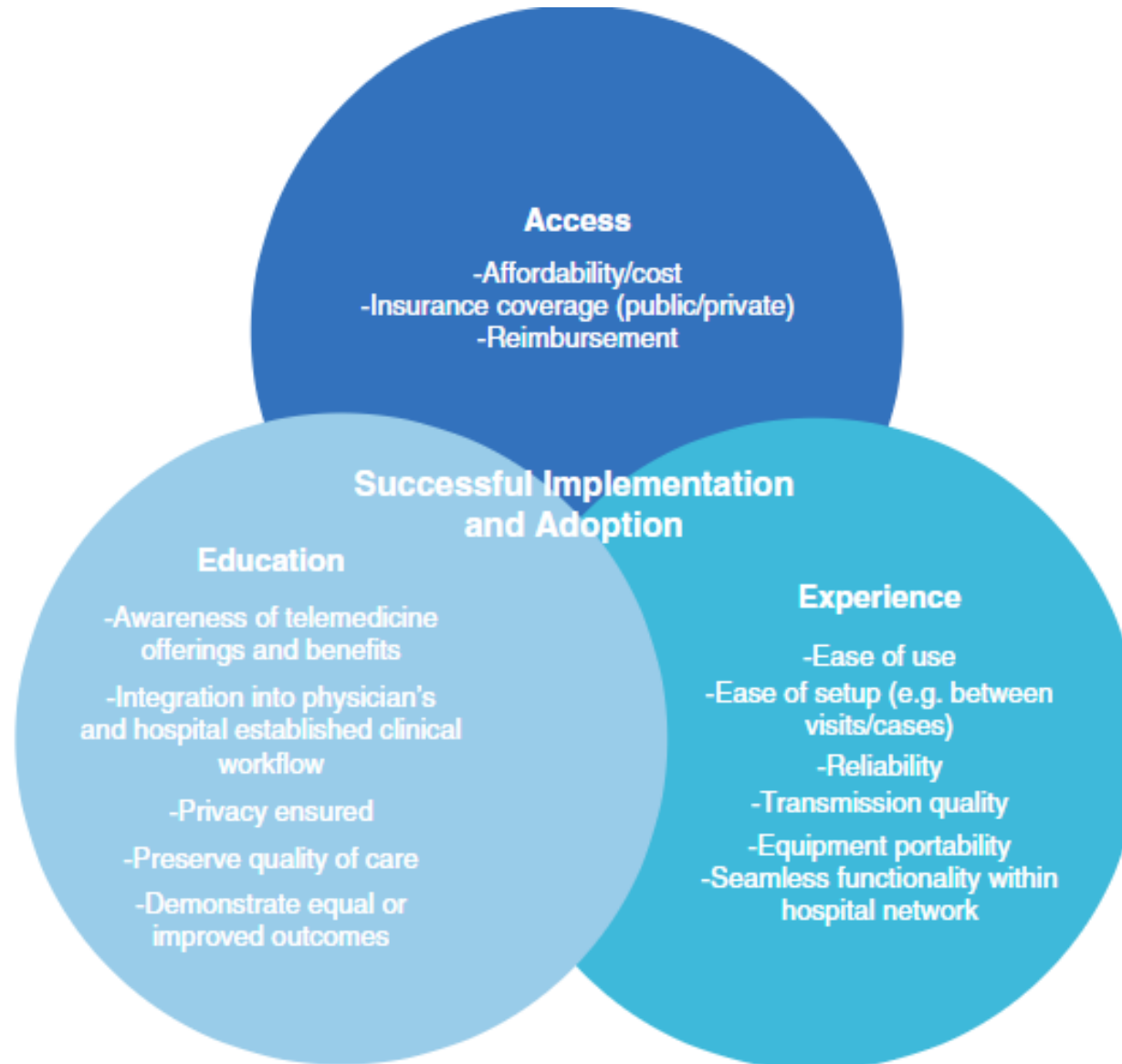
This week proved favorable for TMA's government affairs team and coalition members, as both telehealth bills cleared their first legislative hurdle in the House Insurance subcommittee on Tuesday.

Payment Parity (HB2655) carried by committee chairman, Rep. David Hawk (R-Greeneville) passed handily out of the subcommittee having received no opposition. **Audio-only Telehealth (HB1843)**, on the other hand, spurred more discussion from committee members as they sought to understand how audio-only encounters occur in practice.

To help illustrate, Dr. Mark Sittig, radiation oncologist from Tennessee Oncology, shared two patient examples demonstrating how audio-only telehealth can be clinically appropriate. His experiences highlighted how audio-only encounters allow for improved patient outcomes through continuity of care.

Despite hearing opposing testimony from Farm Bureau, HB1843 successfully passed out on a voice vote. Both bills move forward to the full committee, which is **scheduled to meet Tuesday, Feb. 22 at 9 am CT.**





Future

- **Payment parity between telehealth and in clinic care**
 - Regulatory change governing payment parity will need to be sustained after the pandemic
- **State boundaries**
 - Cross-state billing remains a significant barrier for clinicians who are not part of an in-state health care network



Future

- **Privacy**

- The OCR issued a notice stating that it will not impose HIPAA violations during the PHE; allowed clinicians to use platforms that are not HIPAA compliant
- Will require consideration of the long-term issues with these platforms

- **Focus on Minimizing Disparities**

- Policy efforts to ensure equitable access to telehealth, in particular video-enabled telehealth
- Rural areas and underprivileged communities are especially at risk, as are healthcare providers who serve these areas
 - 21% of rural Americans (or their families) reported difficulty accessing high-speed internet

Discussion

