



Teletechnology Quick Reference Tools



Teletechnology Quick Reference Tools

Introduction & Table of Contents

Due to the PHE facilities are now tasked with staffing nursing homes while mitigating the risk of exposure to those within the skilled nursing facility. Centers of Medicare & Medicaid Services (CMS) has taken aggressive and proactive steps through 1135 waivers to help healthcare providers contain the spread of 2019 Novel Coronavirus Disease (COVID-19). Specifically, blanket waivers and other flexibilities set forth by CMS help beneficiaries access the care they need. HTS remains committed during the public health emergency (PHE) to caring for patients based on individual clinical needs, while adhering to guidelines set forth by the Centers for Medicare & Medicaid Services (CMS) and also maintaining the safety and well-being of our patients. In order to mitigate COVID-19 risks, in some cases, HTS therapists and/or assistants may be restricted from entering certain areas of the provider site. CMS has provided clarification related to these specific concerns about contracting and/or spreading the COVID-19 virus across beneficiaries in the nursing facility environment.

HTS employees will follow State and Federal regulations regarding the use of teletechnology during the COVID-19 public health emergency. PT, OT, and ST are permitted by the states of Indiana, Kentucky, and Ohio to provide services through teletechnology services when appropriate.

This Tool-kit is intended to provide the resources and tools required to appropriately deliver teletechnology services within the skilled nursing facility.

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This Tool Kit may be used with permission of Healthcare Therapy Services by therapist. Documents may be edited to customize based on facility needs.

How to Use These tools

Documents and tools within this tool-kit are based on company policy and are to be used as a guide along with the steps in the Rehab Teletechnology Implementation Guide. Teletechnology tools have been created to successfully provide teletechnology services when deemed necessary and as allowed by state and federal regulations.

Practical Applications

Consider your process for identifying the need for teletechnology services. You may implement one or more of the following:

- Provide therapy staff with relevant, quick reference tools for teletechnology
- Consult with your HTS Regional Director
- Review definitions and the teletechnology policy & procedure

PT, OT, SLP Use of Teletechnology During the Coronavirus (COVID-19) Public Health Emergency

Policy Statement and Purpose:

HTS employees will follow State and Federal regulations regarding the use of teletechnology during the COVID-19 public health emergency. PT, OT, and ST are permitted by the states of Indiana, Kentucky, and Ohio to provide services through teletechnology platforms due to the increased risk of spreading the virus or exposure to the virus.

Although, therapists are allowed to perform telehealth based on the state legislation and/or waivers implemented by the specific state's lawmakers (through Governors' Executive Orders), it is not telehealth when telecommunication technology is used while the resident and the therapist are at the same physical address. In order to meet the definition of telehealth, the therapist must be at a distant site location. Please see the definitions below for further distinction between the two types of teletechnology:

Telehealth: Services provided via technology while *not* onsite at location.

Telecommunication Technology: Therapy practitioner & resident are located at the same physical address.

Telehealth is an appropriate service delivery method when:

- 1) The therapist and patient are *not* onsite at the same location
- 2) Care is provided to a vulnerable population with mild symptoms in their home
- 3) Community spread of the virus is being limited
- 4) Exposure to other residents and staff members is being limited to slow viral spread
- 5) Therapy practitioner determines the skilled service can be safely and adequately provided through the telecommunication technology platform
- 6) Use of telecommunication treatment is clinically appropriate based on the current condition of the patient, as well as the established plan of care
- 7) Patient has consented to the use of telehealth and the Consent for Telehealth services is documented
- 8) All options to safely provide therapy services with the therapist in the direct presence of the patient have been exhausted and documented

Telecommunication Technology is an appropriate service delivery method when:

- 1) Therapy practitioner & patient are located at the same nursing facility address (institutional setting)
- 2) Therapy practitioner determines the skilled service can be safely and adequately provided through the telecommunication technology platform
- 3) Use of telecommunication treatment is clinically appropriate based on the current condition of the patient, as well as the established plan of care
- 4) Patient has consented to the use of telecommunication technology
- 5) All options to safely provide therapy services with the therapist in the direct presence of the patient have been exhausted and documented

When teletechnology services are determined necessary, the patient will be asked for consent to perform the service through the teletechnology platform. If the patient declines, teletechnology services will not be performed. Treatment may be required to be withheld in those instances, and therapists should consult with the Rehab Manager or Regional Director if the resident declines services.

DEPARTMENT: Compliance Office/Clinical	EFFECTIVE DATE: 9-20-2020
POLICY NUMBER: TBD	APPROVAL DATE of update: 9-20-2020
POLICY: Teletechnology	APPROVED BY: Cassie Murray, COO
REPLACES POLICY: Telecommunication Technology	NUMBER OF PAGES: 4

PT, OT, SLP Use of Teletechnology During the Coronavirus (COVID-19) Public Health Emergency

Operations Procedure for Use of Telecommunication Technology:

- 1) Teletechnology platforms including but not limited to Zoom may be utilized for therapy services.
 - The platform used should provide both audio and visual functionality.
 - Use of Tik Tok and Facebook Live are prohibited.
 - When using telecommunication technology as a service delivery method, therapy staff members or facility staff members who meet the criteria to enter resident's rooms may assist with setting up the telecommunication platform and the device, and may provide assistance throughout the encounter at the direction of the clinician performing the therapy service.
 - Visits may be completed utilizing cell phones, laptops, ChromeBooks, etc. However, all equipment utilized during telecommunication visits must be properly disinfected following each visit.
 - Any use of non-HTS IT equipment must be first approved by the therapist's Regional Director.
- 2) Documentation and billing requirements for therapy services provided through teletechnology platforms include the following elements:
 - Reason teletechnology platform is being used:
 - Risk of COVID-19 exposure
 - Staff restrictions
 - Facility policies prevent entry into the resident's room
 - Location of the resident and location of the clinician
 - Telecommunication Technology: At the same institutional setting
 - Telehealth: Therapist and patient are not onsite at the same location
 - Resident's consent to receive services through the teletechnology platform.
 - Description of skilled service provided and patient's response.
 - Please see page 3 of this policy for a documentation and billing guide.
 - Please see page 4 of this policy for a list of Medicare Telehealth Service CPT codes, description and status.

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PT, OT, SLP Use of Teletechnology During the Coronavirus (COVID-19) Public Health Emergency

Documentation & Billing Guide

Type	Definition	Document	Billing
Medicare A: Telecommunication Technology	Therapist uses telecommunication technology while located at the same address as the patient	✓ Consent ✓ Reason used telecommunication instead of in-person ✓ Clinical justification	Bill as if provided in-person
Medicare B: Telecommunication Technology	Therapist uses telecommunication technology while located at the same address as the patient	✓ Consent ✓ Reason used telecommunication instead of in-person ✓ Clinical justification	Bill as if provided in-person
Medicare A: Telehealth	Therapist uses telecommunication technology while located at a different address than the patient	✓ Consent ✓ Reason used telecommunication instead of in-person ✓ Clinical justification ✓ Location of therapist ✓ Location of patient	Bill as if provided in-person per CMS guidelines <i>(Med A SNF is consolidated billing. No modifiers are required)</i>
Medicare B: Telehealth	Therapist uses telecommunication technology while located at a different address than the patient	✓ Consent ✓ Reason used telecommunication instead of in-person ✓ Clinical justification ✓ Location of therapist ✓ Location of patient	95 modifier required. Therapist selects "E-Synchronous" as interaction method which automatically applies required 95 modifier
Other Insurances	Plan specific guidance	✓ Same documentation requirements as Med A and Med B	Plan specific requirements. Must be verified for each payer plan.

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PT, OT, SLP Use of Teletechnology During the Coronavirus (COVID-19) Public Health Emergency

List of Medicare Telehealth Services (Effective 3/1/2020)		
Code	Short Descriptor	Status
97110	Therapeutic exercises	Temporary Addition for the PHE for the COVID-19 Pandemic
97112	Neuromuscular reeducation	Temporary Addition for the PHE for the COVID-19 Pandemic
97116	Gait training therapy	Temporary Addition for the PHE for the COVID-19 Pandemic
97161	PT Eval low complex 20 min	Temporary Addition for the PHE for the COVID-19 Pandemic
97162	PT Eval mod complex 30 min	Temporary Addition for the PHE for the COVID-19 Pandemic
97163	PT Eval high complex 45 min	Temporary Addition for the PHE for the COVID-19 Pandemic
97164	PT re-eval est plan care	Temporary Addition for the PHE for the COVID-19 Pandemic
97165	OT eval low complex 30 min	Temporary Addition for the PHE for the COVID-19 Pandemic
97166	OT eval mod complex 45 min	Temporary Addition for the PHE for the COVID-19 Pandemic
97167	OT eval high complex 60 min	Temporary Addition for the PHE for the COVID-19 Pandemic
97168	OT re-eval est plan care	Temporary Addition for the PHE for the COVID-19 Pandemic
97535	Self-care mgmt training	Temporary Addition for the PHE for the COVID-19 Pandemic
97760	Orthotic mgmt&training 1st enc	Temporary Addition for the PHE for the COVID-19 Pandemic
97761	Prosthetic training 1st enc	Temporary Addition for the PHE for the COVID-19 Pandemic
92507	Speech/hearing therapy	Temporary Addition for the PHE for the COVID-19 Pandemic
92522	Evaluation speech production	Temporary Addition for the PHE for the COVID-19 Pandemic
92523	Speech sound lang comprehen	Temporary Addition for the PHE for the COVID-19 Pandemic
97530	Therapeutic activities	Temporary Addition for the PHE for the COVID-19 Pandemic
97542	Wheelchair mngment training	Temporary Addition for the PHE for the COVID-19 Pandemic

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

DEPARTMENT: Compliance Office/Clinical	EFFECTIVE DATE: 4-30-2020
POLICY NUMBER: TBD	APPROVAL DATE of update: 4-30-2020
POLICY: Teletechnology	APPROVED BY: Cassie Murray, COO
REPLACES POLICY: N/A	NUMBER OF PAGES: 4

Informed Consent for Teletechnology

Patient Name: _____

Date: _____

DOB: _____

Physician: _____

I consent to teletechnology care (including telecommunication technology and/or telehealth) as a service delivery method performed by my therapists and associated health care providers at _____ (Facility Name).

This includes examinations, diagnostic testing, treatment and other health care services deemed medically necessary.

1. I understand that my healthcare provider wishes me to engage in teletechnology which includes audiovisual conferencing technology.
2. My provider has explained how the teletechnology will be used and the fact that I will not be in the same room as my health care provider.
3. I understand that teletechnology involves electronic communication of my personal medical information.
4. I understand that I may expect the anticipated benefits from the use of teletechnology in my care, but that no results can be guaranteed or assured.

Consent for Teletechnology Services:

1. "Teletechnology" consent involves the use of electronic audiovisual communications to enable health care providers at different locations to share my individual patient medical information for diagnosis, therapy, follow-up and/or education purposes. I consent to forwarding my information to and/or through a third party as needed to receive teletechnology services, and I understand that existing confidentiality protections apply.
2. I acknowledge that while teletechnology can be used to provide improved access to medical care, as with any medical procedure, there are potential risks. These risks include, but are not limited to: technical problems with the information transmission; equipment failures that could result in lost information or delays in treatment.
3. I understand that I have a right to withhold or withdraw my consent to the use of teletechnology in the course of my care at any time, without affecting my right to future treatment and without risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.

Patient Consent to the Use of Teletechnology:

I hereby authorize providers at _____ (Facility Name) to use teletechnology during the provision of all medically necessary health care services.

Patient/Responsible Party Printed Name

Relation to Patient

Patient/Responsible Party Signature

Date

Consent confirmed via telephone conversation by: _____ (staff member)

Responsible Party Name

Date and Time



Telecommunication Quick Reference

PT/OT/SLPs are permitted by the states of Indiana, Kentucky, and Ohio to provide services including treatment, supervision and/or assessments via telecommunication technology as long as the following criteria are met:

- ✓ Therapy practitioner & patient are located at the same nursing facility address (institutional setting)
- ✓ Therapy practitioner determines the skilled service can be safely and adequately provided through the telecommunication technology platform
- ✓ Use of telecommunication treatment is clinically appropriate based on the current condition of the patient, as well as the established plan of care
- ✓ Patient has consented to the use of telecommunication technology
- ✓ All options to safely provide therapy services with the therapist in the direct presence of the patient have been exhausted and documented

**If the patient declines telecommunication technology, services will not be performed. Treatment may be required to be withheld in these instances. Please discuss each case as an individual with your regional director.*

Telecommunication Technology Procedure

Telecommunication Criteria	1) Telecommunication technology may be used to provide PT, OT, and or SLP treatment, assessment, or supervision if the therapy practitioner and patient are: ▫ At the same physical address (institutional setting) ▫ Agreeable that telecommunication therapy services can be safely and effectively provided ▫ Planning telecommunication technology type services after consent has been received and documented ▫ Positive all options to safely provide therapy services in a traditional 1:1 modality in the direct presence of the patient has been exhausted
Telecommunication Platforms	2) Telecommunication technology platforms including but not limited to ZOOM may be utilized ▫ Audio and visual functionality must be present in the platform utilized ▫ Avoid use of Tik Tok and Facebook Live ▫ Visits may be completed utilizing cell phones, laptops, ChromeBooks, etc. ▫ All equipment must be properly disinfected following each visit ▫ Therapy staff members approved to enter a patient's room may assist with set-up of telecommunication technology. They may continue to provide assistance throughout the encounter with direction from the therapy practitioner.
Documentation & Billing	3) Documentation & billing requirements for therapy services provided through telecommunication technology include the following: ▫ Reason for use of telecommunication technology (risk of COVID-19 exposure, staff restrictions, facility policies preventing entry into the patient's room, etc) ▫ Location of the patient & therapy practitioner (at the same institutional setting) ▫ Patient's consent to receive services via telecommunication technology ▫ Description of skilled services provided and patient response ▫ Services to be billed as though they were provided in-person as indicated in the CMS FAQ ▫ Avoid use of "telehealth" to describe this method of service delivery. Telehealth is only applicable when the therapy practitioner provides the service from a place other than where the patient is located.

CMS COVID-19 FAQ:

Q: Should on-site visits conducted via video or through a window in the clinic suite be reported as telehealth services? How could a physician or practitioner bill if this were telehealth?

A: Services should only be reported as telehealth services when the individual physician or practitioner furnishing the service is not at the same location as the beneficiary. If the physician or practitioner furnished the service from a place other than where the beneficiary is located (a "distant site"), they should report those services as telehealth services. If the beneficiary and the physician or practitioner furnishing the service are in the same institutional setting but are utilizing telecommunications technology to furnish the service due to exposure risks, the practitioner would not need to report this service as telehealth and should instead report whatever code described the in-person service furnished.

Telehealth Quick Reference

Due to The Public Health Emergency (PHE), actions have been taken to allow therapists to provide telehealth services. Telehealth may offer an alternative method for necessary care to be safely delivered to residents in appropriate situations. Properly document the validity for use of telehealth. Telehealth is an appropriate service delivery method when:

- ✓ **Care is provided to a vulnerable population with mild symptoms in their home**
- ✓ **Community spread of the virus is being limited**
- ✓ **Exposure to other residents and staff members to slow viral spread is being limited**

**If the resident declines telehealth, services will not be performed. Treatment may be required to be withheld in these instances. Please discuss each case as an individual with your regional director.*

Telehealth Guidance

Definitions	Telehealth: Services provided via technology while <i>not</i> onsite at location. Telecommunication: Therapy practitioner & resident are located at the same physical address. E-Synchronous: Happening “live” or “now” over video feed. ▫ The service mode delivery is Telehealth A-Synchronous: Pre-recorded feed sent to the patient.
Documentation	Document the following components when using telehealth as a service delivery method: ▫ Skilled service can be safely and adequately provided through the telehealth platform. ▫ Use of telehealth as a service delivery mode is clinically appropriate based on the current condition of the resident, as well as the established plan of care. ▫ Resident consent for the use of telehealth via the Informed Consent for Teletechnology form. ▫ All options to safely provide therapy services with the direct presence between resident and therapist have been exhausted.
Billing	Telehealth for Med B ▫ Telehealth Modifier 95 applies to the traditional Medicare B Payer ▫ 95 modifier acts like the KX modifier and is automatically applied in Optima if the E-Synchronous interaction method is selected. ▫ Will be on the modifier 2 column when appropriate on the export. Telehealth for Med A (SNF) ▫ Consolidated billing is determined through the MDS in the SNF setting; therefore, the use of modifiers on the UB-04 is not necessary.
Set-Up	▫ Create an environment to provide a seamless and comfortable clinical atmosphere for residents. ▫ Select a quiet and secluded place in which services can be provided via telehealth. ▫ Assure set-up is professional for video calls (audio & visual functionality must be present). ▫ Avoid use of Tik Tok & Facebook Live. ▫ Visits may be completed via utilization of cell phones, lap tops, ChromeBooks, etc. ▫ More guidance can be found here.

Optima Procedure for Telehealth

1. Toggle to the Daily Activity Log where a new field entitled “Interaction Method” is present. Please note the item defaults to “In Person.”
2. If telehealth is being designated as the service delivery mode, drop down to select “E-Synchronous” as the interaction method (as indicated in the picture below). The 95 modifier will then automatically be applied by Optima. The 95 modifier identifies that the service was provided through telehealth. During the Public Health Emergency (PHE), telehealth therapy services are paid at the same in-person rate.

The screenshot shows the 'Daily Activity Log' window for 'Visit #1 for Cruise, Tom on 7/17/2020'. The 'Clinician' is 'Test, Optima'. The 'Interaction Method' dropdown is set to 'E-Synchronous', which is circled in red. Below this, there are tabs for 'Treatment Log', 'Treatment Encounter Note', and 'Goals'. The 'Treatment Log' tab is active, displaying a table with columns: Code, MDS, Non-MDS, Total, and Description. The table contains three rows: 97110 (Therapeutic exercises), 97112 (Neuromuscular reeducation), and 97116 (Gait training therapy). The MDS column for 97110 is highlighted with a red box.

	Code	MDS	Non-MDS	Total	Description
🕒	97110				Therapeutic exercises
🕒	97112				Neuromuscular reeducation
🕒	97116				Gait training therapy

3. Document justification of use of telehealth as this is available only through the waiver at this time.

Please remember, if using telecommunication technology as the service delivery mode, the interaction method will be “In Person” as shown in the picture below.

The screenshot shows the 'Daily Activity Log' window for 'Visit #1 for Cruise, Tom on 7/17/2020'. The 'Clinician' is 'Test, Optima'. The 'Interaction Method' dropdown is set to 'In Person', which is circled in red. Below this, there are tabs for 'Treatment Log', 'Treatment Encounter Note', and 'Goals'. The 'Treatment Log' tab is active, displaying a table with columns: Code, MDS, Non-MDS, Total, and Description. The table contains three rows: 97110 (Therapeutic exercises), 97112 (Neuromuscular reeducation), and 97116 (Gait training therapy). The MDS column for 97110 is highlighted with a red box. On the right side of the table, there is a partial view of another table with columns '9711' and 'MDS M'.

	Code	MDS	Non-MDS	Total	Description
🕒	97110				Therapeutic exercises
🕒	97112				Neuromuscular reeducation
🕒	97116				Gait training therapy

State Specific Guidelines on Telehealth/Telecommunication Waivers

Type	Definition	Document	Billing
Medicare A: Telecommunication Technology	Therapist uses telecommunication technology while located at the same address as the patient	✓ Consent ✓ Reason used telecommunication instead of in-person ✓ Clinical justification	Bill as if provided in-person
Medicare B: Telecommunication Technology	Therapist uses telecommunication technology while located at the same address as the patient	✓ Consent ✓ Reason used telecommunication instead of in-person ✓ Clinical justification	Bill as if provided in-person
Medicare A: Telehealth	Therapist uses telecommunication technology while located at a different address than the patient	✓ Consent ✓ Reason used telecommunication instead of in-person ✓ Clinical justification ✓ Location of therapist ✓ Location of patient	Bill as if provided in-person per CMS guidelines <i>(Med A SNF is consolidated billing. No modifiers are required)</i>
Medicare B: Telehealth	Therapist uses telecommunication technology while located at a different address than the patient	✓ Consent ✓ Reason used telecommunication instead of in-person ✓ Clinical justification ✓ Location of therapist ✓ Location of patient	95 modifier required. Therapist selects "E-Synchronous" as interaction method which automatically applies required 95 modifier
Other Insurances	Plan specific guidance	✓ Same documentation requirements as Med A and Med B	Plan specific requirements. Must be verified for each payer plan.

State	Waiver Specifics	Waiver End Date
Indiana	Executive Order 20-13 Extended with Executive Order 20-44	November 1, 2020
Kentucky	Kentucky's Response to COVID-19 Kentucky Actions & Guidance Related to Telehealth Executive Order 2020-215	Effective March 6, 2020 until otherwise stated
Ohio	Executive Order 2020-29D	November 13, 2020

Reference: <https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>

List of Medicare Telehealth Services Effective 3/1/2020

Code	Short Descriptor	Status
97110	Therapeutic exercises	Temporary Addition for the PHE for the COVID-19 Pandemic
97112	Neuromuscular reeducation	Temporary Addition for the PHE for the COVID-19 Pandemic
97116	Gait training therapy	Temporary Addition for the PHE for the COVID-19 Pandemic
97161	PT Eval low complex 20 min	Temporary Addition for the PHE for the COVID-19 Pandemic
97162	PT Eval mod complex 30 min	Temporary Addition for the PHE for the COVID-19 Pandemic
97163	PT Eval high complex 45 min	Temporary Addition for the PHE for the COVID-19 Pandemic
97164	PT re-eval est plan care	Temporary Addition for the PHE for the COVID-19 Pandemic
97165	OT eval low complex 30 min	Temporary Addition for the PHE for the COVID-19 Pandemic
97166	OT eval mod complex 45 min	Temporary Addition for the PHE for the COVID-19 Pandemic
97167	OT eval high complex 60 min	Temporary Addition for the PHE for the COVID-19 Pandemic
97168	OT re-eval est plan care	Temporary Addition for the PHE for the COVID-19 Pandemic
97535	Self-care mgmt training	Temporary Addition for the PHE for the COVID-19 Pandemic
97760	Orthotic mgmt&training 1st enc	Temporary Addition for the PHE for the COVID-19 Pandemic
97761	Prosthetic training 1st enc	Temporary Addition for the PHE for the COVID-19 Pandemic
92507	Speech/hearing therapy	Temporary Addition for the PHE for the COVID-19 Pandemic
92522	Evaluation speech production	Temporary Addition for the PHE for the COVID-19 Pandemic
92523	Speech sound lang comprehen	Temporary Addition for the PHE for the COVID-19 Pandemic

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



List of Medicare Telehealth Services Effective 3/1/2020

Code	Short Descriptor	Status
97110	Therapeutic exercises	Temporary Addition for the PHE for the COVID-19 Pandemic
97112	Neuromuscular reeducation	Temporary Addition for the PHE for the COVID-19 Pandemic
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97535	Self-care mgmt training	Temporary Addition for the PHE for the COVID-19 Pandemic
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92522	Evaluation speech production	Temporary Addition for the PHE for the COVID-19 Pandemic
92523	Speech sound lang comprehen	Temporary Addition for the PHE for the COVID-19 Pandemic

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



Telehealth Documentation Tips

Patient Consent

- Attain patient consent for telehealth services. **Include documentation of consent within the evaluation, recertification(s), all progress notes, and at discharge.** (i.e. *“Following verbal consent from the resident / representative, this therapist completed skilled observation and assessment of the patient to establish the plan of care.”*)
- Document all prior efforts for face-to-face evaluation. See examples below:
 - *“Licensed therapist furnish care in more than one provider location. Therefore, due to the PHE, it is in the best interest of the patient to avoid movement between provider locations in order to reduce the spread of COVID-19.”*
- **If consent is not received, telehealth services will not be provided.** Treatment may be required to be withheld in this situation.

Billing

Telehealth for Med B

- Telehealth Modifier 95 applies to the traditional Medicare B Payer
- 95 modifier acts like the KX modifier and is automatically applied in Optima if the E-Synchronous interaction method is selected.
- Will be on the modifier 2 column when appropriate on the export.

Telehealth for Med A (SNF)

- Consolidated billing is determined through the MDS in the SNF setting; therefore, the use of modifiers on the UB-04 is not necessary. 97530, 92610, 92526 are not yet approved telehealth codes
<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

Medical Necessity & Justification of Services

- Include statements justifying the need for telehealth services within the evaluation, progress reports, recertifications, and discharge. See below for examples:
 - *“Supervisory note accomplished this date by way of observation outside the patient room / therapy department. Consent received from patient for telehealth services.”*
 - *“Progress note completed this date via telehealth with PTA following instructions from the PT to gather all needed information regarding patient functional status. All short-term and long-term goals were reviewed with the assistant guiding the patient through required tasks.”*
 - *“Discharge visit completed this date via telehealth in the patient’s best interest due to efforts to limit the spread of COVID-19. Therapist completed thorough assessment of all established goals this date with the therapy assistant guiding patient through all instructions required.”*



1. Define teletechnology:
 - Telehealth: Services provided via technology while not onsite at location.
 - Telecommunication Technology: Therapy practitioner & resident are located at the same physical address.
2. Reference the HTS Teletechnology Policy for more information on appropriateness of teletechnology, purpose, and the operations procedure.
3. Attain informed consent for teletechnology services via the HTS form provided within this toolkit.
4. Review teletechnology platforms which include but are not limited to ZOOM:
 - The platform used should provide both audio and visual functionality.
 - Use of Tik Tok and Facebook Live is prohibited.
 - When using telecommunication technology as a service delivery method, therapy staff members or facility staff members who meet the criteria to enter resident's rooms may assist with setting up the telecommunication platform and the device, and may provide assistance throughout the encounter at the direction of the clinician performing the therapy service.
 - Visits may be completed utilizing cell phones, laptops, ChromeBooks, etc. However, all equipment utilized during telecommunication visits must be properly disinfected following each visit.
 - Any use of non-HTS IT equipment must be first approved by the therapist's Regional Director.
5. Review Documentation and billing requirements for teletechnology therapy services:
 - Reason teletechnology platform is being used
 - Risk of COVID-19 exposure
 - Staff restrictions
 - Facility policies prevent entry into the resident's room
 - Location of the resident and location of the clinician
 - Telecommunication Technology: At the same institutional setting
 - Telehealth: Therapist and patient are not onsite at the same location
 - Resident's consent to receive services through the teletechnology platform.
 - Description of skilled service provided and patient's response.
 - Please see page 3 of the Teletechnology Policy for a documentation and billing guide.
 - Please see page 4 of Teletechnology Policy for a list of Medicare Telehealth Service CPT codes, description and status.
6. Optimize systems to track approved timeframe for teletechnology services.



TELEHEALTH SERVICES



Target Audience: Medicare Fee-For-Service Providers

The Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

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CMS Alert!**Medicare Beneficiaries Expanded Telehealth Benefits During COVID-19 Outbreak**

Under the Coronavirus Preparedness and Response Supplemental Appropriations Act and Section 1135 waiver authority, the Centers for Medicare & Medicaid Services (CMS) broadened access to Medicare telehealth services, so beneficiaries can get a wider range of services from their doctors and other clinicians without traveling to a health care facility. On March 6, 2020, Medicare began temporarily paying clinicians to furnish beneficiary telehealth services residing across the entire country.

Before this announcement, Medicare could only pay clinicians for telehealth services, such as routine visits in certain circumstances. For example, the beneficiary getting the services must live in a rural area and travel to a local medical facility to get telehealth services from a doctor in a remote location. In addition, the beneficiary generally could not get telehealth services in their home.

Under this Section 1135 waiver expansion, a range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, can offer a specific set of telehealth services. The specific set of services beneficiaries can get include evaluation and management visits (common office visits), mental health counseling, and preventive health screenings. Beneficiaries can get telehealth services in any health care facility including a physician's office, hospital, nursing home or rural health clinic, as well as from their homes. This change broadens telehealth flexibility without regard to the beneficiary's diagnosis, because at this critical point it is important to ensure beneficiaries follow CDC guidance including practicing social distancing to reduce the risk of COVID-19 transmission. This change will help prevent vulnerable beneficiaries from unnecessarily entering a health care facility when clinicians can meet their needs remotely.

To read the Fact Sheet on this announcement visit: <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

To read the Frequently Asked Questions on this announcement visit: <https://www.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>

Learn about these Medicare telehealth services topics:

- Originating sites
- Distant site practitioners
- Telehealth services
- Telehealth services billing and payment
- Telehealth originating sites billing and payment
- Resources
- Helpful websites and Regional Office Rural Health Coordinators

Medicare pays for specific (Part B) physician or practitioner services furnished through a telecommunications system. Telehealth services substitute for an in-person encounter.

ORIGINATING SITES

An originating site is the location where a Medicare beneficiary gets physician or practitioner medical services through a telecommunications system. The beneficiary must go to the originating site for the services located in either:

- A county outside a Metropolitan Statistical Area (MSA)
- A rural [Health Professional Shortage Area](#) (HPSA) in a rural census tract

The Health Resources and Services Administration (HRSA) decides HPSAs, and the Census Bureau decides MSAs. To see a potential Medicare telehealth originating site's payment eligibility, go to HRSA's [Medicare Telehealth Payment Eligibility Analyzer](#).

Providers qualify as originating sites, regardless of location, if they were participating in a Federal telemedicine demonstration project approved by (or getting funding from) the U.S. Department of Health & Human Services as of December 31, 2000.

Beginning July 1, 2019, the [Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment \(SUPPORT\) for Patients and Communities Act](#) removes the originating site geographic conditions and adds an individual's home as a permissible originating telehealth services site for treatment of a substance use disorder or a co-occurring mental health disorder.

Each December 31 of the prior calendar year (CY), an originating site's geographic eligibility is based on the area's status. This eligibility continues for a full CY. Authorized originating sites include:

- Physician and practitioner offices
- Hospitals
- Critical Access Hospitals (CAHs)
- Rural Health Clinics
- Federally Qualified Health Centers
- Hospital-based or CAH-based Renal Dialysis Centers (including satellites)
- Skilled Nursing Facilities (SNFs)
- Community Mental Health Centers (CMHCs)
- Renal Dialysis Facilities
- Homes of beneficiaries with End-Stage Renal Disease (ESRD) getting home dialysis
- Mobile Stroke Units

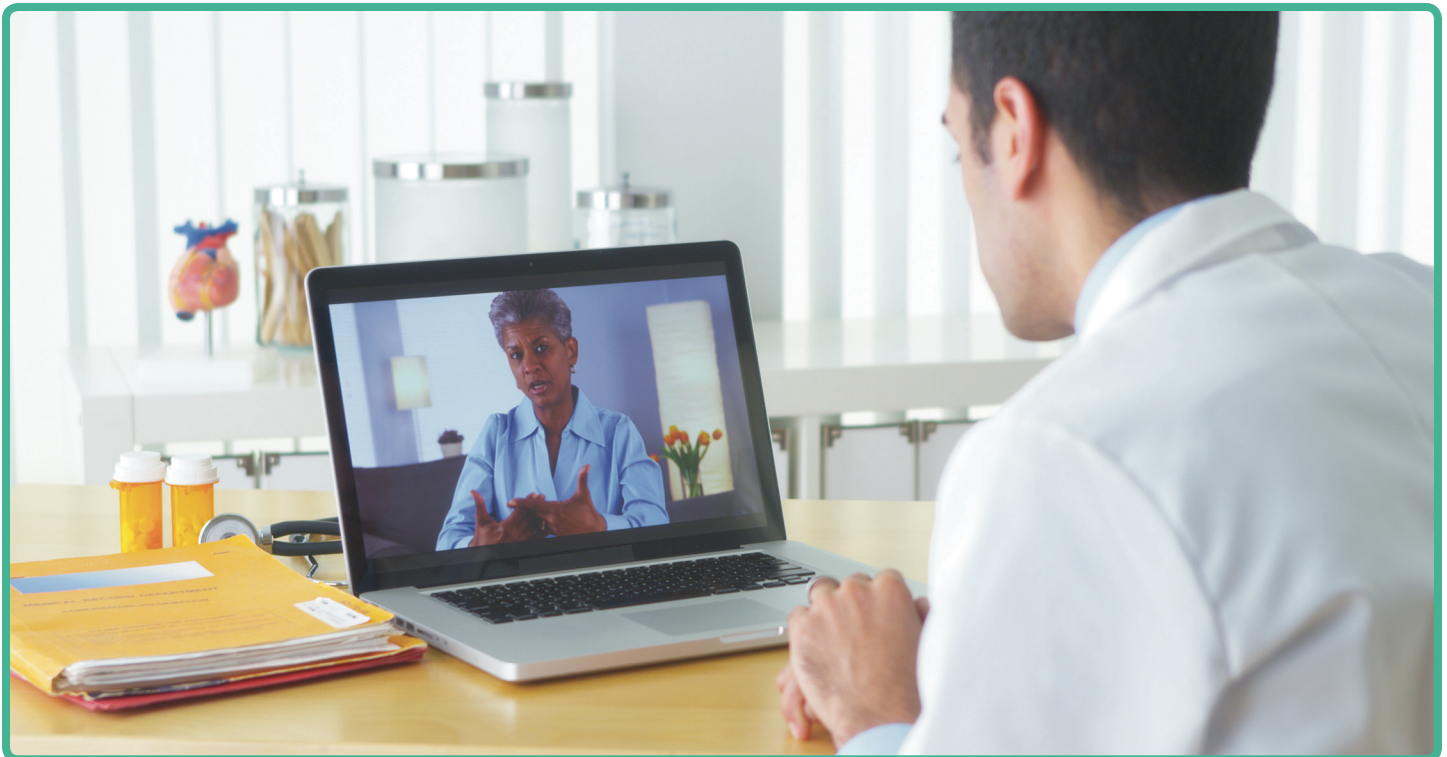
Note: Medicare does not apply originating site geographic conditions to hospital-based and CAH-based renal dialysis centers, renal dialysis facilities, and beneficiary homes when practitioners furnish monthly home dialysis ESRD-related medical evaluations. Independent Renal Dialysis Facilities are not eligible originating sites.

Beginning January 1, 2019, the Bipartisan Budget Act of 2018 removed the originating site geographic conditions and added eligible originating sites to diagnose, evaluate, or treat symptoms of an acute stroke. Go to MLN Matters® article, [New Modifier for Expanding the Use of Telehealth for Individuals with Stroke](#) to learn how to use the new modifier for billing.

DISTANT SITE PRACTITIONERS

Distant site practitioners who can furnish and get payment for covered telehealth services (subject to State law) are:

- Physicians
- Nurse practitioners (NPs)
- Physician assistants (PAs)
- Nurse-midwives
- Clinical nurse specialists (CNSs)
- Certified registered nurse anesthetists
- Clinical psychologists (CPs) and clinical social workers (CSWs)
 - CPs and CSWs cannot bill Medicare for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services. They cannot bill or get paid for Current Procedural Terminology (CPT) codes 90792, 90833, 90836, and 90838.
- Registered dietitians or nutrition professional



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TELEHEALTH SERVICES

You must use an interactive audio and video telecommunications system that permits real-time communication between you at the distant site, and the beneficiary at the originating site.

Transmitting medical information to a physician or practitioner who reviews it later is permitted only in Alaska or Hawaii Federal telemedicine demonstration programs.

CY 2019 Medicare Telehealth Services

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
End-Stage Renal Disease (ESRD)-related services included in the monthly capitation payment	90951, 90952, 90954, 90955, 90957, 90958, 90960, 90961
End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	90963

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CY 2019 Medicare Telehealth Services (cont.)

Service	HCPCS/CPT Code
End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 2–11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	90964
End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 12–19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	90965
End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 20 years of age and older	90966
End-Stage Renal Disease (ESRD)-related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age	90967
End-Stage Renal Disease (ESRD)-related services for dialysis less than a full month of service, per day; for patients 2–11 years of age	90968
End-Stage Renal Disease (ESRD)-related services for dialysis less than a full month of service, per day; for patients 12–19 years of age	90969
End-Stage Renal Disease (ESRD)-related services for dialysis less than a full month of service, per day; for patients 20 years of age and older	90970
Individual and group medical nutrition therapy	G0270, 97802–97804
Neurobehavioral status examination	96116
Smoking cessation services	G0436, G0437, 99406, 99407
Alcohol and/or substance (other than tobacco) abuse structured assessment and intervention services	G0396, G0397
Annual alcohol misuse screening, 15 minutes	G0442
Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	G0443
Annual depression screening, 15 minutes	G0444

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CY 2019 Medicare Telehealth Services (cont.)

Service	HCPCS/CPT Code
High-intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes	G0445
Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes	G0446
Face-to-face behavioral counseling for obesity, 15 minutes	G0447
Transitional care management services with moderate medical decision complexity (face-to-face visit within 14 days of discharge)	99495
Transitional care management services with high medical decision complexity (face-to-face visit within 7 days of discharge)	99496
Advance Care Planning, 30 minutes	99497
Advance Care Planning, additional 30 minutes	99498
Psychoanalysis	90845
Family psychotherapy (without the patient present)	90846
Family psychotherapy (conjoint psychotherapy) (with patient present)	90847
Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour	99354
Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes	99355
Prolonged service in the inpatient or observation setting requiring unit/floor time beyond the usual service; first hour (list separately in addition to code for inpatient evaluation and management service)	99356
Prolonged service in the inpatient or observation setting requiring unit/floor time beyond the usual service; each additional 30 minutes (list separately in addition to code for prolonged service)	99357
Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) first visit	G0438

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CY 2019 Medicare Telehealth Services (cont.)

Service	HCPCS/CPT Code
Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) subsequent visit	G0439
Telehealth Consultation, Critical Care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth	G0508
Telehealth Consultation, Critical Care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth	G0509
Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making)	G0296
Interactive Complexity Psychiatry Services and Procedures	90785
Health Risk Assessment	96160, 96161
Comprehensive assessment of and care planning for patients requiring chronic care management	G0506
Psychotherapy for crisis	90839, 90840
Prolonged preventive services	G0513, G0514

A physician, NP, PA, or CNS must furnish at least one ESRD-related “hands on visit” (not telehealth) each month to examine the beneficiary’s vascular access site.

TELEHEALTH SERVICES BILLING AND PAYMENT

Submit professional telehealth service claims using the appropriate CPT or HCPCS code.

If you performed telehealth services “through an asynchronous telecommunications system”, add the telehealth GQ modifier with the professional service CPT or HCPCS code (for example, 99201 GQ). You are certifying the asynchronous medical file was collected and transmitted to you at the distant site from a Federal telemedicine demonstration project conducted in Alaska or Hawaii.

Submit telehealth services claims, using Place of Service (POS) 02-Telehealth, to indicate you furnished the billed service as a professional telehealth service from a distant site. As of January 1, 2018, distant site practitioners billing telehealth services under the CAH Optional Payment Method II must submit institutional claims using the GT modifier.

Bill covered telehealth services to your Medicare Administrative Contractor (MAC). They pay you the appropriate telehealth services amount under the Medicare Physician Fee Schedule (PFS). If you are located in, and you reassigned your billing rights to, a CAH and elected the Optional Payment Method II for outpatients, the CAH bills the telehealth services to the MAC. The payment is 80 percent of the Medicare PFS facility amount for the distant site service.

TELEHEALTH ORIGINATING SITES BILLING AND PAYMENT

HCPCS Code Q3014 describes the Medicare telehealth originating sites facility fee. Bill your MAC for the separately billable Part B originating site facility fee.

Note: The originating site facility fee does not count toward the number of services used to determine payment for partial hospitalization services when a CMHC serves as an originating site.



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RESOURCES

Telehealth Services Resources

For More Information About...	Resource
Telehealth Services	CMS.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes.html CMS.gov/Medicare/Medicare-General-Information/Telehealth CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf
Physician Bonuses	CMS.gov/Medicare/Medicare-Fee-for-Service-Payment/HPSAPSAPhysicianBonuses CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1246598.html

Hyperlink Table

Embedded Hyperlink	Complete URL
Health Professional Shortage Area	https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HPSAPSAPhysicianBonuses
Medicare Telehealth Payment Eligibility Analyzer	https://data.hrsa.gov/tools/medicare/telehealth
New Modifier for Expanding the Use of Telehealth for Individuals with Stroke	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10883.pdf
Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act	https://www.congress.gov/bill/115th-congress/house-bill/6

HELPFUL WEBSITES

American Hospital Association Rural Health Care

<https://www.aha.org/advocacy/small-or-rural>

Critical Access Hospitals Center

<https://www.cms.gov/Center/Provider-Type/Critical-Access-Hospitals-Center.html>

Disproportionate Share Hospitals

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/dsh.html>

Federally Qualified Health Centers Center

<https://www.cms.gov/Center/Provider-Type/Federally-Qualified-Health-Centers-FQHC-Center.html>

Health Resources and Services Administration

<https://www.hrsa.gov>

Hospital Center

<https://www.cms.gov/Center/Provider-Type/Hospital-Center.html>

Medicare Learning Network®

<http://go.cms.gov/MLNGenInfo>

National Association of Community Health Centers

<http://www.nachc.org>

National Association of Rural Health Clinics

<https://narhc.org>

National Rural Health Association

<https://www.ruralhealthweb.org>

Rural Health Clinics Center

<https://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center.html>

Rural Health Information Hub

<https://www.ruralhealthinfo.org>

Swing Bed Providers

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/SwingBed.html>

Telehealth

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

Telehealth Resource Centers

<https://www.telehealthresourcecenter.org>

U.S. Census Bureau

<https://www.census.gov>

REGIONAL OFFICE RURAL HEALTH COORDINATORS

To find contact information for CMS Regional Office Rural Health Coordinators who provide technical, policy, and operational assistance on rural health issues, refer to [CMS.gov/Outreach-and-Education/Outreach/OpenDoorForums/Downloads/CMSRuralHealthCoordinators.pdf](https://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/Downloads/CMSRuralHealthCoordinators.pdf).

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