

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 to slow viral spread is being limited
- 5) Consent for Telehealth services is 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: 4-30-2020
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POLICY: Teletechnology	APPROVED BY: Cassie Murray, COO
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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 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.
- 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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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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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>

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