

Telehealth Non-physician Services

UPDATED INFO

See yellow highlights for updated content from previous published version.

Background

A Medicare Telemedicine Health Care Provider Fact Sheet was published on March 17, 2020, addressing expansions to telehealth services during the COVID-19 Public Health Emergency (PHE).¹

This led to many providers asking if e-visits or virtual services could be reported for Therapy services or other non-physician services offered in a variety of hospital outpatient settings and clinics. Initially, these services were not available for hospital outpatient billing. Implementation of the CARES Act on March 30, 2020 changed this.

The CARES Act did not provide a mechanism to split bill professional and technical services. However, it did expand the virtual and telehealth services to such an extent that services the hospital itself provides via these mechanisms can now be reported.

nThrive is guiding hospitals to the new Telehealth Expansion section of this booklet for additional information on the new codes that have been temporarily added to the list of services that may be provided via virtual or telehealth mechanisms.

A complete list of telehealth services can be found at: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

Medical Nutritional Therapy (MNT) and Diabetes Self-Management Training (DSMT) may be provided using telehealth services. These are commonly provided in a hospital provider-based clinic and were on the list of

Telehealth services prior to COVID-19 Coronavirus. Many certified DSMT programs are hospital-based, which allows the hospital to transition to telehealth mechanisms in order to continue the treatment of patients eligible for these programs.

Therapeutic rehabilitation and speech evaluation and therapy codes are **now** found on the list of available services by telehealth.

While the waiver and addition of the therapy service codes to the list of telehealth codes seems straightforward, language in a pending Interim Final Rule (IFR) introduces a potential issue. The IFR indicates that Therapy Associations have been petitioning CMS to add therapy services since 2018. CMS pointed to the fact that the providers eligible to render these services were not on the list of providers approved to render telehealth services.

"Since the majority of the codes are furnished over 90 percent of the time by therapy professionals, who are not included on the statutory list of eligible distant site practitioners, we stated that we believed that adding therapy services to the telehealth list could result in confusion about who is authorized to furnish and bill for these services when furnished via telehealth.

In light of the PHE for the COVID-19 pandemic, we believe that the risks associated with confusion are outweighed by the potential benefits for circumstances when these services might be furnished via telehealth by eligible distant site practitioners. We believe this is sufficient clinical evidence to support the addition of therapy services to the Medicare telehealth list on a category 2 basis.

However, we note that the statutory definition of distant site practitioners under section 1834(m) of the Act does not include physical therapists, occupational therapists, or speech-language pathologists, meaning that it does not provide for payment for these services as Medicare telehealth services when furnished by physical therapists, occupational therapists, or speech-language pathologists."²

List of Medicare Telehealth Services / CY 2020

| Code | Short Descriptor |
|-------|----------------------------|
| 97802 | Medical nutrition indiv in |
| 97803 | Med nutrition indiv subseq |
| 97804 | Medical nutrition group |
| G0108 | Diab manage trn per indiv |
| G0109 | Diab manage trn ind/group |
| G0270 | Mnt subs tx for change dx |

Though there is not a current provision for payment regarding PT, OT, and Speech via Telehealth, the CARES Act would suggest CMS' intent was "to increase access to telehealth in Medicare to ensure patients have access to physicians and other clinicians while keeping patients safe at home."⁵

On one hand, CMS has limited access to therapy services by continuing to exclude therapists from the distant site provider list. At the same time saying if the practitioners on the list are "under quarantine or at home, it could unintentionally limit the number of licensed practitioners available to furnish services to Medicare patients and could have the unintended consequence of limiting access to services paid under the PFS."

Guidance

1. Identify eligible telehealth services that may be offered.
2. Ensure clinicians continuing to provide services via a telehealth mechanism:
 - a. Confirm anticipated services are within the scope of practice of the designated practitioner or clinician.
 - b. Ensure documentation is consistent with requirements prior to the PHE
 - c. Document the telehealth mechanism by which the service was provided
3. Confirm CPT codes used to report these services are on the CMS list of approved telehealth services.
 - a. If the clinician is on the distant site provider list and the service is on the approved list of telehealth services, submit a claim with:
 - i. Condition code DR
 - ii. Modifier CR
 - iii. Revise the revenue code to Revenue code 0780
 - b. If the clinician is NOT on the distant site provider list but the service is on the approved list of telehealth services determine whether the provider will capture the charges and hold the claim until further direction is available. **Without revised CMS guidance reimbursement will NOT be available.**



Sources

1. <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>
2. CMS-1744-IFC, <https://www.cms.gov/files/document/covid-final-ifc.pdf>
3. <https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf> ■