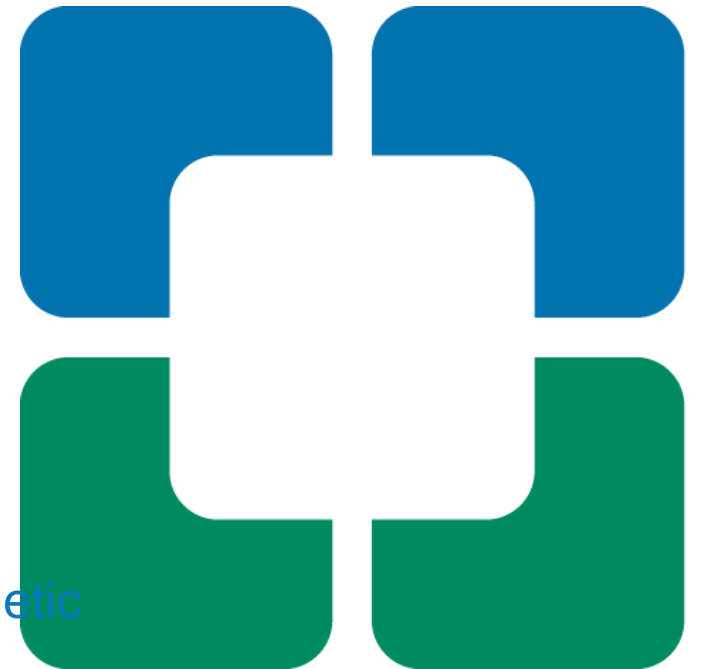


Billing and Reimbursement for Telegenetic Services Pre- Intra- and Post- Pandemic

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Financial Disclosure

“Nothing to disclose”



However



12:12 98%

← ⋮



Edit profile

David B. Flannery
@dflannery2

Medical Geneticist, Telemedicine evangelist.

📍 Cleveland, OH 📅 Joined September 2014

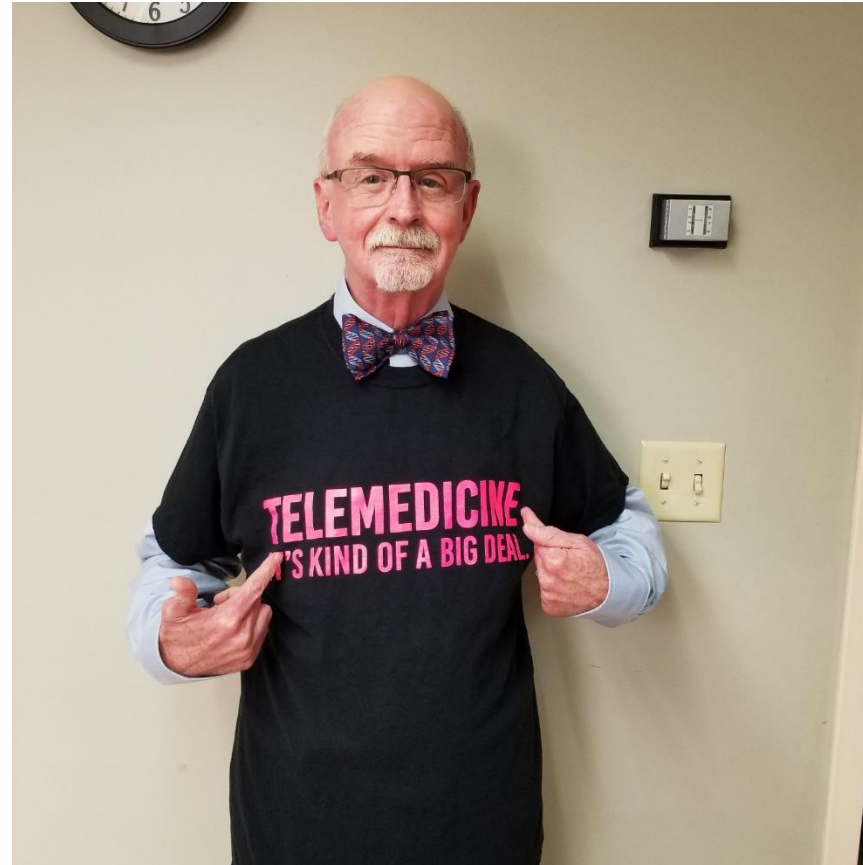
65 Following 46 Followers

Tweets Tweets & replies Media Likes

The image is a screenshot of a mobile phone displaying a Twitter profile. At the top, the status bar shows the time 12:12, signal strength, Wi-Fi, and 98% battery. The profile header has a blue background with a back arrow on the left and a three-dot menu on the right. Below the header is a circular profile picture of a man with glasses wearing a dark t-shirt with 'TELEMEDICINE' written on it. To the right of the profile picture is a rounded button labeled 'Edit profile'. The name 'David B. Flannery' is in bold, followed by the handle '@dflannery2'. Below that is the bio 'Medical Geneticist, Telemedicine evangelist.' and location 'Cleveland, OH' with a calendar icon and 'Joined September 2014'. At the bottom, it shows '65 Following' and '46 Followers'. A horizontal menu at the very bottom has four items: 'Tweets' (underlined), 'Tweets & replies', 'Media', and 'Likes'.



In case the twitter picture is too small



Billing for Telegenetic Services

- See patient via telemedicine
 - Physician must be licensed in the state where the patient is located, as well as where the provider is located for the service
- Document history, physical and medical decision-making
- Charge entry
 - ICD-10 diagnosis code(s)
 - CPT code for the type and level of service provided and documented (per E&M Documentation Guidelines)
 - 99201-99205; 99211-99215; 99241-99245
 - Plus **modifier** to indicate that the service was done via “**synchronous telemedicine**”
 - For private payers, -95 modifier
 - CMS does not recognize -95; it wants -GT or -POS 02



Example of a charge

- Outpatient Telemedicine Consultation for developmental delay and dysmorphic features
 - ICD-10 codes- F88; Q18.9
 - CPT code 99243 + -95



CPT codes which can use -95 modifier Appendix P in the AMA CPT Manual

Appendix P

CPT Codes That May Be Used For Synchronous Telemedicine Services

This table lists a summary of CPT codes that may be used for synchronous telemedicine (real-time) services. Services which are not specifically listed in this table may also be used for synchronous telemedicine services if they are otherwise specifically listed in the CPT manual. The codes listed below are classified in CPT 2017 with the following:

0188T	90771	90233
0189F	93272	90291
90791	93298	90262
90792	93299	90243
90832	90940	90211
90833	90116	90245
90834	90150	90251
90835	90151	90252
90837	96152	90253
90838	96153	90254
90843	96151	90255
90846	97802	90307
90847	97803	90308
90863	97804	90309
90851	98960	90310
90857	98961	90254
90854	90862	90256
90955	99201	99406
90957	99202	99407
90958	99203	99408
90960	99074	99409
90961	99205	99480
92227	96292	90496
92228	90213	
93228	90214	
93229	90215	
93268	90231	
93270	90232	



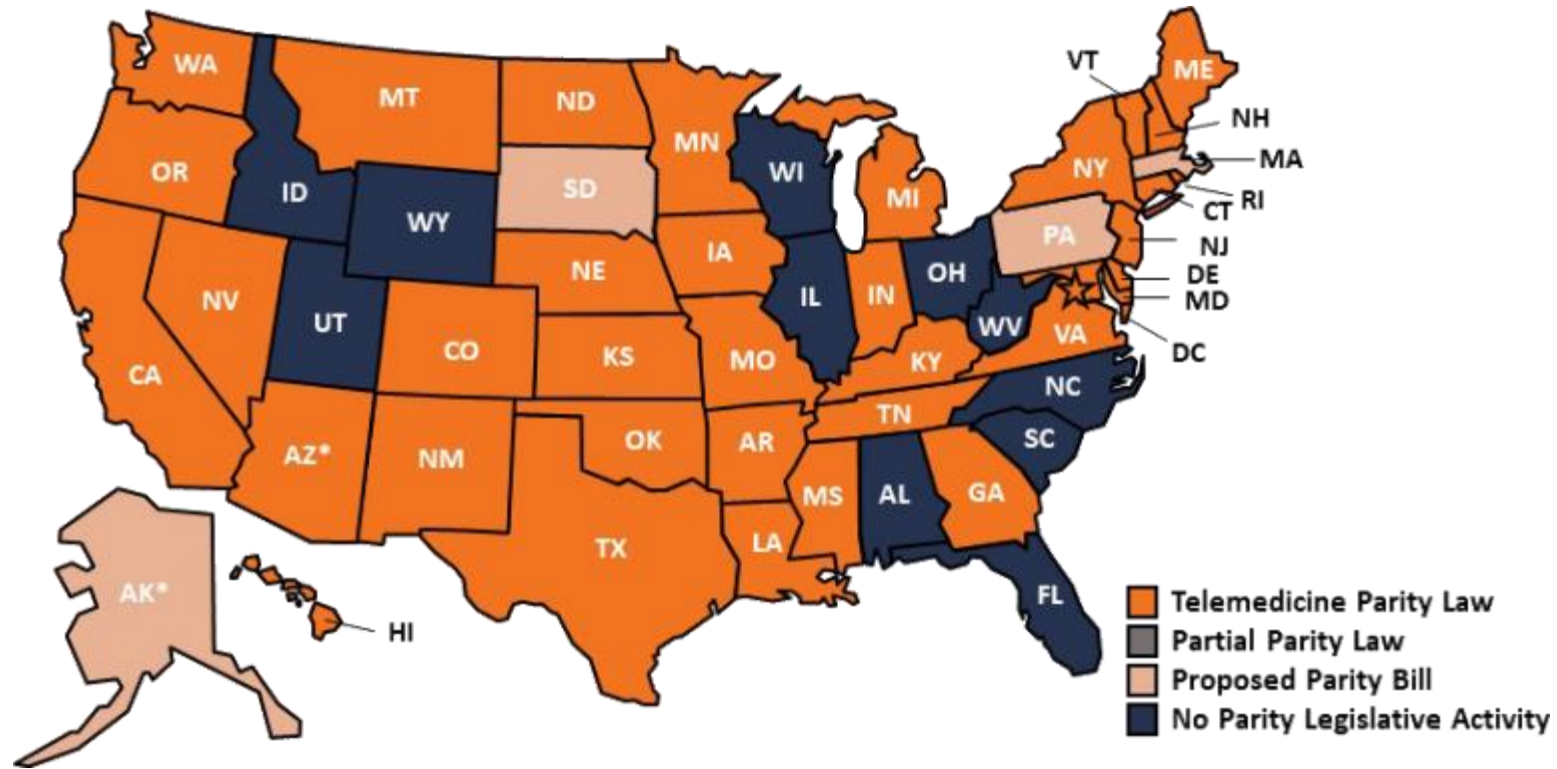
Reimbursement

What happens after the charge is submitted as a claim

- Payer policies
 - Is the service (CPT code plus telemedicine modifier) covered by the payer?
 - Varies from payer to payer.
 - CMS publishes a list annually
 - Is the payment for the service via telemedicine the same or less than in-person?
 - Parity laws
 - Is the site of service covered?
 - Pre-Pandemic, CMS had geographical limitations



Parity Laws



Pre-Pandemic Telegenetics

- Before the pandemic, given all the coverage and policy issues, only a small number of genetic providers performed telegenetic services
- NCC survey in 2013 found that only 37% of respondents did telegenetics
 - 40% of those did telegenetics by telephone only
 - A survey reported by the ACMG Adult Genetics SIG in 2018 showed similar numbers
- For example, our program did 129 telegenetics encounters in 2019



COVID-19 Public Health Emergency

March 2020

The world changed

- CMS removed restrictions on telemedicine services for Medicare patients for the duration of the PHE
 - Full list on next slide
- HHS Office for Civil Rights announced enforcement discretion which allowed telehealth services to be provided using non-HIPAA-compliant platforms, like Skype, FaceTime, Google Duo
 - Excluded public-facing apps, like Facebook Live, TikTok, Twitch.



Medicare will pay physicians for telehealth services at the same rate as in-person visits for all diagnoses, not just services related to COVID-19. Later included telephone services at the same rate.

- Patients can receive telehealth services in all areas of the country and in all settings, including at their home.
- CMS expanded the list of services eligible to be reported via telehealth
 - CMS will permit reporting of telehealth E/M office or other outpatient visits based on time or Medical Decision Making (MDM). – **see next slide**
 - The Qualified Healthcare Professionals that are eligible for telehealth has been expanded. Additional codes for these services were also added to the CMS telehealth list.
- CMS has clarified that telehealth services are permitted with both new and established patients.
- Physicians can reduce or waive cost-sharing for telehealth visits.
- Physicians licensed in one state can provide services to Medicare beneficiaries in another state. State licensure laws still apply.



New Documentation Guidelines for E&M Office Visits

- It was scheduled to go into effect January 1, 2021, but Medicare approved it for virtual services in the Spring of 2020
- Eliminates required history elements and body parts
- Requires documentation of “**medically appropriate history and physical exam**”. No more “bullets”
- Level of service is determined by documented **complexity of medical decision-making** or **total time** spent that day (both face-to-face and non-face-to-face)
- Now in effect for **in-person** encounters as well (99202-99205;99211-99215)
- The majority of private payers have agreed to follow these guidelines




State Policies Changed

- Many made it easy for out of state providers, MD and GC, to obtain licensure during the PHE .
 - The Federation of State Medical Boards has a list of every state and what waivers they have
<https://www.fsmb.org/advocacy/covid-19/>
- Many states expanded Medicaid coverage for telehealth services as well as expanded types of providers
 - Differs widely from state to state, so check



Pre-Pandemic MD Licensure Interstate Medical Licensure Compact

Administered by Federation of State Medical Boards

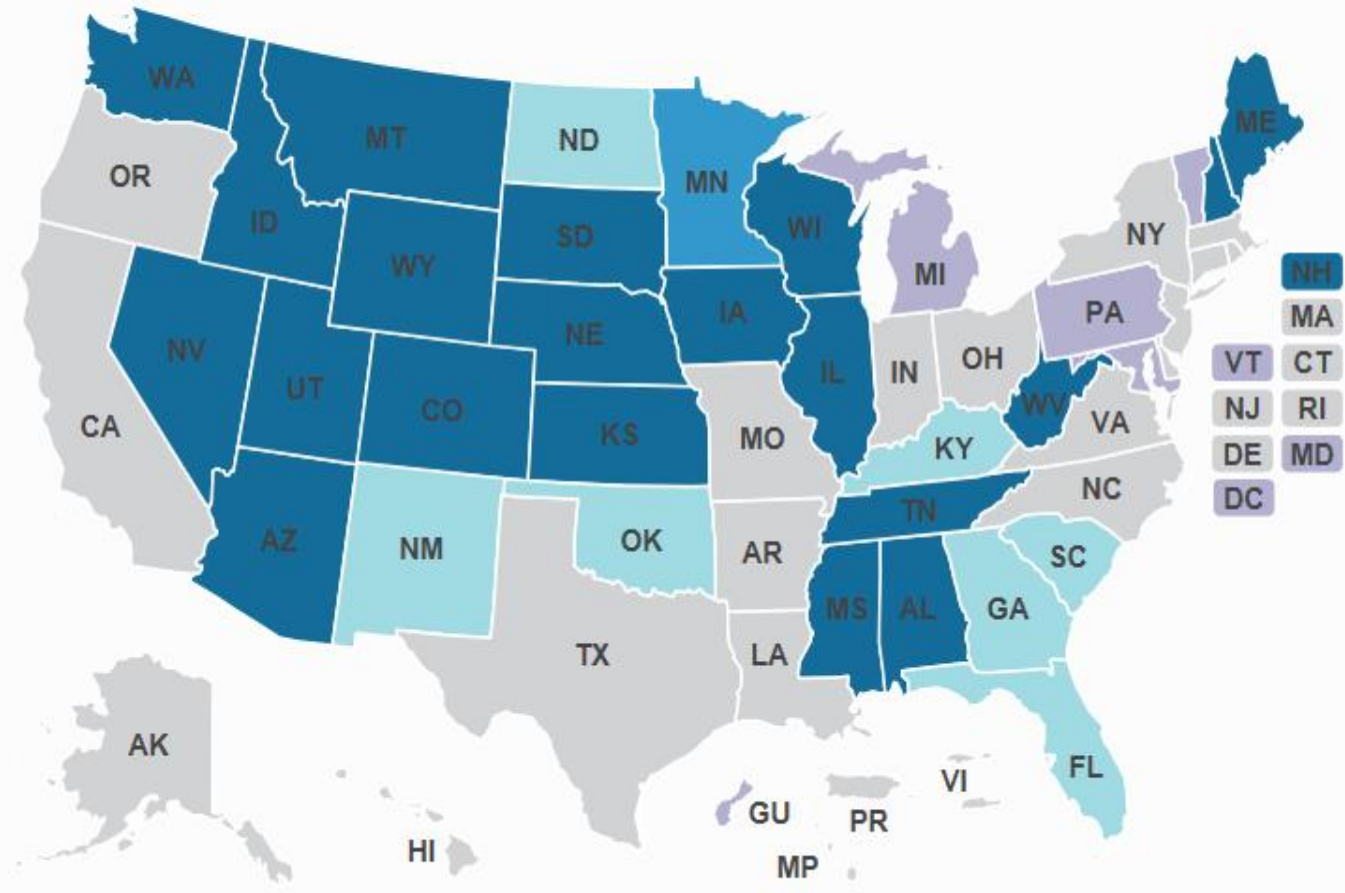
- An expedited pathway to licensure for qualified physicians who wish to practice in multiple states
 - Currently the IMLC is an agreement between 28 states and 1 territory and the Medical and Osteopathic Licensing Boards in those states and territory.
 - Under this agreement licensed physicians can qualify to practice medicine across state lines within the Compact if they meet defined eligibility requirements.
- 

Interstate Medical Licensure Compact

- Decreases paperwork.
 - Doesn't eliminate it.
- Still have to pay for licenses in each state, plus a fee for using the Compact



qualified and physician may select any number of compact states for which they desire to practice.



Legend:
Light Blue = Compact Legislation Introduced
Dark Blue = IMLC Member State serving as SPL processing applications and issuing licenses*

During the PHE, Private Payers Expanded Coverage as Well

- Expanded lists of services covered
- Expanded types of providers who could bill



Patient Acceptance of Telemedicine During the PHE

- Volume of telemedicine/telehealth services nationally increased by 3000% according to a recent newsletter article
- Our center had 1450 virtual Genetics visits between March 16 and June 30, 2020 vs. 129 in all of 2019



Post-Pandemic Telemedicine/Telegenetics

- “The genie is out of the bottle”
 - Seema Verma, former CMS Administrator
- “The toothpaste is not going back into the tube”
 - Several commentators



Post-Pandemic

- Many stakeholder groups have called upon Congress and CMS to make the policy changes permanent.
- Feel free to reach out to your legislators- state and Congressional
 - Check the Advocacy page at ACMG.net
 - and the Policy page at Americantelemed.org





Advocacy

A key part of ACMG’s mission is to advocate for our members – the professionals who comprise the genetic and genomic healthcare communities – and the patients they serve. From reimbursement of clinical and laboratory genomic services to protection of personal genetic information, ACMG works closely with fellow professional and patient organizations, state and federal government officials, and our members to promote the responsible application of genomics in medicine.

Use the below buttons to explore the examples of policy areas in which ACMG has been active, as well as ACMG position statements. Under each issue are related documents such as letters to Congress, comments to agency guidance and proposed rules, reports from congressional briefings, and other helpful resources.

[Policy Areas](#)

[Policy Statements](#)

[Advocacy Alerts](#)

[Medical Genetics Awareness Week](#)



Policy Updates

INFORM YOUR APPROACH POLICY GUIDANCE

Stay connected to the policies and issues impacting the telehealth industry.

Health. Virtually. Everywhere.

The policy principles of the ATA are rooted in its vision: we promote a healthcare system where people have access to safe, effective and appropriate care when and where they need it, while enabling clinicians to do more good for more people. To address global challenges driven by rising healthcare costs, an aging population,

ATA'S POSITION

Federal Activity

Learn more about your legislators, the bills affecting telehealth that are moving through Congress, and

Thank You





Cleveland Clinic

Every life deserves world class care.