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

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Financial Disclosure

“Nothing to disclose”
However
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

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<th>CPT Code</th>
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*Appendix P: CPT Codes That May Be Used For Synchronous Telemedicine Services*
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
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
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
During the PHE, Private Payers Expanded Coverage as Well

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

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,
Thank You
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Every life deserves world class care.