

Shanen Wright:

Hello and welcome to the April 2020 edition of QPPLive!, a production of Quality Insights Quality Payment Program Support Center. We appreciate all of you joining us today. If this is your first time joining us on QPPLive!, we'll tell you how you can interact with our panel of experts here in a moment. If you're a returning audience member, welcome back. You know how the procedure works. You can submit your questions using the Q&A feature in WebEx at any time during today's presentation. Today's session is going to be a little different than previous episodes. We're going to be demoing our website and specific resources that can be helpful to you during this time. Before we do that though, let's take a moment and meet our QPP team.

Shanen Wright:

We have Kathy Wild joining us today. She's our Project Manager for the Quality Insights Quality Payment Program Support Center. We also have Amy Weiser, who's our Lead Project Coordinator. Me, I'm Shanen Wright, Associate Project Director, coming to you from West Virginia today. We also have a panel of experts here to help you every step of the way. That includes Rox Fletcher, Andrea Phillips, Shirley Sullivan, Marvin Nichols, Julie Williams, Joe Pinto, Rabecca Dase, and Lisa Sagwitz. If you've never been here before and you'd like to ask a question, here's how you do it. Simply go over the bottom part of your WebEx player, which will bring up the controls, and you can press the Q&A button. You see it there, the little gray one with the three dots in there. You can type your question and hit send, and we'll get to as many as time will allow for during our 30 minute session today. We do ask that you refrain from using the chat icon for your questions, because we will be providing direct web links via chat during today's session.

Shanen Wright:

In addition to that, we will have an opportunity for you to ask questions verbally. Some of you may have been joining us via telephone. If so, we will unmute the lines at least once if you have any questions or comments for our presenters. Please also keep in mind that we're here to help you anytime, not just during QPPLive! on the third Thursday of every month at 9:30 AM. If you don't have an individual contact at Quality Insights, you can use our general QPP inbox for inquiries, or reach out to any member of our team. We'll make sure you get to the person you need to help you. We'll do our best to answer all the questions we can today, but know that sometimes we may need to do a little bit of research and follow up. Your questions are really great.

Shanen Wright:

Please keep in mind, especially if you're viewing an archived recording of this session, that rules and interpretations do change over time. Most of all, we here at Quality Insights want to establish a relationship with you so that you can succeed in CMS' Quality Payment Program. With that, it's my great pleasure to turn things over today to Amy Weiser, who's going to be showing you some of the great resources we have on Quality Insights' COVID-19 Information Center and CMS' Quality Payment Program website. Amy?

Amy Weiser:

Thank you so much Shanen, and welcome everyone. We hope that you are all healthy and safe today. I want to take this opportunity to show you these websites. So I'm going to share my screen, and you should be able to see our COVID-19 page that Quality Insights has developed (<https://www.qualityinsights.org/Coronavirus/>), and I just want to highlight several of their resources here for you. You can see on the left-hand side that we have a category for virtually anything and everything related to COVID-19. We have the behavioral health, CDC link, coding, information for dialysis, health guidelines, home health, nursing homes, patient information, regulatory changes, telehealth, and videos. So on this homepage, you can also see that we have for you the important websites for you to access – CMS, CDC, the White House Coronavirus Task Force, etc.

Amy Weiser:

But really what I want to concentrate on right now is our telehealth resource page. So I'm going to click on that, and you should be able to see our telehealth resources. You can see that we have listed many resources from the FCC COVID-19 Telehealth Program funding application and the CMS Telehealth Tool Kit. You can see that all or most of these resources are dated, so you know when they were last updated. There's Medicaid telehealth guidance, and then this is the telehealth tips expanded Medicare coverage. I'm going to click on that so you can see this resource as well. This is a resource that Quality Insights developed especially for you to help you understand who can provide telehealth services, why it's important that you're able to provide telehealth services, how to do it, cost, billing, etc. Then there's the telehealth codes, as well as the different types of other virtual visits that are available. For example, the virtual check-in, and the e-visit, and additional sources here that we used to develop this sheet as well.

Amy Weiser:

I just want to also show you, this is the CMS QPP website (<https://qpp.cms.gov/>). Hopefully you're familiar with this. This is just qpp.cms.gov, and this is everything that you need to know about the Quality Payment Program. You can see here that they have listed in red an update, which is the 2019 MIPS data submission deadline, which is extended to April 30 at 8:00 PM Eastern Standard Time. We want you to know that individual MIPS-eligible clinicians who do not submit their MIPS data by the submission deadline will qualify for the 2019 Automatic Extreme and Uncontrollable Circumstances Policy.

Amy Weiser:

If you want to get more information about the Quality Payment Program COVID-19 Response fact sheet, you can click on this link (<https://qpp-cm-prod-content.s3.amazonaws.com/uploads/966/QPP%20COVID-19%20Response%20Fact%20Sheet.pdf>). Also, if you click on the MIPS link here, and you go to the exceptions application link here (<https://qpp.cms.gov/mips/exception-applications>), it will actually pull up more information about the COVID-19 response and the Quality Payment Program. We just want to highlight that there is the Automatic Extreme and Uncontrollable Circumstances, so if you aren't able to submit data by April 30, you will automatically receive the Extreme and Uncontrollable Circumstances, and you will not be penalized for the Quality Payment Program. You will receive a neutral payment.

Amy Weiser:

However, if you have already submitted some data into the QPP portal and you're not able to complete that submission by April 30, you need to fill out the Extreme and Uncontrollable Circumstances Exception application, which is here ([https://cmsqualitysupport.service-now.com/nav\\_to.do?uri=%2Fcom.glideapp.servicecatalog\\_cat\\_item\\_view.do%3Fv%3D1%26sysparm\\_id%3D1b90b058db03670092d5365e7c961925](https://cmsqualitysupport.service-now.com/nav_to.do?uri=%2Fcom.glideapp.servicecatalog_cat_item_view.do%3Fv%3D1%26sysparm_id%3D1b90b058db03670092d5365e7c961925)). All you need to do is click on the apply button, and it should open, hopefully. You can submit an application as a group, an individual, or a virtual group. You can see the dropdown here, and as an individual you just go down and complete the information appropriate to you. If you have any questions at all about submitting the application, please reach out to us. We are more than happy to help you. We want to make sure that you have all of the information that you need to either submit or complete an application by April 30.

Amy Weiser:

The other thing I want to just mention, too, is that you do not have to have an EHR to use telehealth, so if you have any questions about using telehealth without an EHR, please reach out to us and we will get back to you about that as well. And if you have questions, please go ahead and submit them into the Q&A, and I will turn it back over to you, Shanen or April.

Shanen Wright:

Thank you so much, Amy. Great information there. A lot of resources relevant to everyone right now during COVID-19. Appreciate that. Now we'll enter the interactive portion of today's episode of QPPLive!. If you have questions, make sure and submit them now using the Q&A function in your WebEx player. Okay. We've already got one coming in right now. This question asks, "Have there been any changes for the 2020 year due to current pandemic circumstances?"

Shirley Sullivan:

Hi Shanen, this is Shirley. I can take this. There are not any changes at this time to the MIPS program for 2020, but CMS is looking into that, so there could be changes moving forward in the future, but at this time, there are no changes.

Shanen Wright:

All right. Thank you, Shirley. Here's another great question. This one asks, "Who are the qualified providers who are permitted to furnish telehealth services under the new law?"

Shirley Sullivan:

This is Shirley, I'll take this again. A good place, one, to look, in our chat, we have a link for our telehealth tips resource, and it also lists out the provider types there. But the providers are all physicians, nurse practitioners, physician assistant, certified nurse midwives, also nurse anesthetists, clinical social workers, clinical psychologists, registered dietitians and nutrition professionals. All of these provider types can furnish telehealth services. Thank you.

Shanen Wright:

Thank you. Another great question coming into us right now. This individual says, "I have a telehealth billing question. Is it required to submit Medicare claims with the provider's home address attached if they are providing telehealth from their home?"

Shirley Sullivan:

This is Shirley. That's a good question. I haven't heard that before. I'm not really sure. We might have to get back to you on that, unless somebody else knows the answer to that.

Shanen Wright:

Okay. Well, we will make sure and make note of your contact information, Joan, and we'll be following up with you with an answer to that excellent question. All right, let's go to another question we have here. This one asks, "How much does Medicare pay for telehealth services?"

Marvin Nichols:

Hi Shanen. Good morning. This is Marvin, and I'll take that question. Medicare pays the same amount for telehealth services as it would if the services were furnished in-person. For services to have different rates in the office versus the facility, Medicare uses the facility payment rate when services are furnished via telehealth.

Shanen Wright:

All right. Thank you so much, Marvin. Another question coming in. This individual says they joined a little late, "Will you be sending the meeting topics covered?" I think I can start that one, and anyone can jump in, that we are recording today's session, and we'll have an archive of that available to you, all the topics covered there within. I believe the slides, as well, will be emailed to you as a registered participant for today's session. Then we'll move to our next question that asks, "Will telehealth visits be counted in MIPS data?"

Marvin Nichols:

Hi Shanen, this is Marvin again. As Shirley alluded to, CMS has not given us guidance for the 2020 performance period. I'm guessing that when they give us guidance, that issue will be addressed. Just stay in tune with our newsletters in your emails from your different practice transformation specialists, and once that information is received, we will disseminate it. Thank you.

Shanen Wright:

Thank you Marvin. Another great question, "When will Medicare be able to process the virtual check-in billing code? We submitted, followed by rejection, and phone call stating that computers were not ready for processing that code."

Shirley Sullivan:

This is Shirley. Again, this is another, I don't know the answer when it will be ready to be processed. I don't know if CMS has put that information out yet, but we can look into that and get back, or if anyone

else on the call knows something further. But we can get back to you on that if we can look into that and see if there's any information we can gather.

Shanen Wright:

Great. Thank you, Shirley. Another person chimed in in our Q&A box and said that their claim was also denied. So just a note and a comment from there. Let's see... Coming up, we are going to unmute the phone lines here in a moment so that if any of you are joining on the phone, you can ask your questions or provide your feedback in that format. In the meantime, before we get to the open phones portion of today's presentation, let's go out for another question here. This one asks, "Should on-site visits conducted via video or through a window in the clinic be reported as a telehealth service?"

Shirley Sullivan:

This is Shirley. I can take that. Services should only be reported at the telehealth visit when the provider and the patient are not in the same location. The telehealth visit needs to be conducted using audio and video for real-time, two-way communication. A phone call or communicating through email or patient portal would not be considered a telehealth visit. But if you were using Skype or FaceTime or Zoom, those applications, to conduct a visit then that would be considered a telehealth visit.

Shanen Wright:

Excellent. Thank you, Shirley. All right, let's go ahead and unmute the phone lines at this time. April, if you wouldn't mind to do that for us. We do ask that if you don't have a question or comment, please make sure and mute the line on your end so we don't hear any background noise. Any questions or comments from folks on the phone today?

Shanen Wright:

Okay. Hearing none. We'll go ahead and re-mute the phone lines for everyone out there. If you have a question, we've still got about 10 minutes left in today's episode, so make sure and to use the Q&A box for it if you'd like to ask our experts. Here's another great question. This one asks, "Are the telehealth services only limited to services related to patients with COVID-19?"

Marvin Nichols:

Hi, Shanen, this is Marvin again. I'll take that one. The short answer is no. The law has given the telehealth flexibility without regard to the diagnosis of the patient. And this is critical, especially since we're going through this COVID-19 pandemic, and it's very important that we social distance, and use the recommendations provided by the CDC. So for example, a beneficiary could use this visit with a doctor before receiving another prescription refill. However, Medicare telehealth services, like all Medicare services, must be reasonable and necessary under the law, which is 1862 alpha of the CARES Act.

Shanen Wright:

Thank you, Marvin. Another great question in the Q&A box. This one asks, "Is there any situation that allows for a telehealth visit using audio only?"

Shirley Sullivan:

This is Shirley. No. To be a telehealth visit, it needs to be both audio and video in real-time. If you were just doing audio, say, a phone, that would be considered a virtual check-in, and there are codes that you can charge for that. It would not be considered a telehealth visit. Right now, a telehealth visit is considered as if it was a real, in-person visit at the office. You could charge for virtual check-ins, and again, I'll lead back to our telehealth tips sheet that Rebecca posted a link to in our chat. It does list the codes for both virtual check-in and e-visits and when you can bill for them.

Shanen Wright:

Thank you, Shirley. Another great question in reference to telehealth. This person says, "In reference to that question on telehealth versus virtual check-in, does this need to be documented in the notes, how you connected?"

Shirley Sullivan:

Okay. This is Shirley. I would say that you would want to document how you connected with the patient in the chart, regarding that visit, as you would if... I guess if they were in-person visit, you wouldn't necessarily document they were in person. But I would say you would probably document that to prove that you did do a telehealth visit.

Shanen Wright:

Thank you, Shirley. This question asks, "Are physical therapists allowed to provide and bill for telemedicine? What are the guidelines?"

Amy Weiser:

Hi, this is Amy. I would just say that we would have to get back to you on that to let you know for sure how that would work. We'll have to get your contact information and we'll get back to you. Thank you.

Shanen Wright:

Thank you, Amy. This question says, "You said claims would be paid at the same rate. However, I'm seeing there is a difference. Example, 99213 POS 11 allowed 7139. 99213 POS 02 allowed 1598. Are we doing something wrong?"

Marvin Nichols:

Hi Shanen, this is Marvin, and I'll reach out to Angela to discuss it more in detail after QPPLive!, because there are different codes. I'll just reach out to her after the QPPLive!.

Shanen Wright:

Excellent, thank you. And we will be able to pull a log of all of the Q&A so that we can follow up with you individually with these great and very relevant questions that are coming in through our Q&A box. Here's another good one, "How do we bill a COVID-19 test done at time of patient visit in the home?"

Shirley Sullivan:

So they're asking how to bill a COVID-19 test done to the patient if the... They're saying if the patient did the COVID-19 test in their home themselves, how would they bill for that? I'm not clear on what they're asking.

Shanen Wright:

Yeah, that's all we see at this time. That could be another great opportunity for some potential follow-up for us, and the person asking that was Maureen, which we can pull from the registration chat log and follow up with Maureen to get more information on what she's asking there. In the meantime, let's go to another question. This one asks, "Can a PCP bill for refilling prescriptions?"

Shirley Sullivan:

This is Shirley. No, a provider cannot bill for refilling prescriptions. That is not an allowable telehealth charge.

Shanen Wright:

Thank you. Shirley. Still got a few more minutes left in today's episode. If you've got a question, use that Q&A box right now before time runs out on today's QPPLive!. Here's another good question. This person says, "We are converting most office visits to telehealth visits. We call the patient and send a link to them. Is this considered provider-initiated?"

Marvin Nichols:

Shanen, this is Marvin. I'll answer that, and the answer is absolutely. If you're sending them a link to a non-public remote communication product which allows two-way audio/visual telecommunication between the patient and the provider, you can bill for telehealth E&M services.

Shanen Wright:

Excellent. Thank you, Marvin. Great information. Another question we have here. This one asks, "Do we need a written consent from the patient for a telehealth visit?"

Shirley Sullivan:

This is Shirley, I can take this. You do not need a written consent, but you do need a verbal consent. You want to get a verbal consent from the patient, you want to document that consent in the chart, and then also make sure that you update that consent once a year.

Shanen Wright:

Okay, thank you, Shirley. Here's another great question. "If the provider contacts the family because the patient does not have access to telehealth capabilities, is that billable?"

Shirley Sullivan:

This is Shirley. That happens with many of our elderly population, where they don't have access to the phones or a computer in order to do the two-way audio/video telehealth services. So there are recommendations that have a family member do the visit with them, but I don't think, and I would have to look into it further, a family member can do the visit in the patient's behalf if the patient wasn't there also during the telehealth visit. But we can look into it further to make sure that's correct, but I believe that's correct.

Amy Weiser:

Hi Shirley, hi everybody. This is Amy. That is correct. A patient has to be present in order for it to count as a telehealth visit.

Shanen Wright:

Okay. Here's another good question. This says, "Where do I find the telecodes to bill E and M?"

Marvin Nichols:

Amy demoed a nice little resource that we have all the telehealth codes on our website, so there's one resource that she showed you guys that definitely has all the codes on it, so you can use it as a source for your E and M codes, telehealth codes.

[http://www.qualityinsights.org/getattachment/Coronavirus/Telehealth/Telehealth-Tips-rev040620\\_508.pdf.aspx?lang=en-US](http://www.qualityinsights.org/getattachment/Coronavirus/Telehealth/Telehealth-Tips-rev040620_508.pdf.aspx?lang=en-US)

Shanen Wright:

Thank you, Marvin. And we have one final question here. I think this is a follow-up to the previous one about whether the provider contacts the family because the patient does not have access to telehealth capabilities. The follow-up says, "What about virtual check-in for the family member?"

Amy Weiser:

This is Amy. I believe the patient still has to be present. But we can follow-up on that. But I believe the patient still has to be able to communicate for the virtual check-in, or someone on their behalf has to be with them. But we can look into that further.

Shanen Wright:

Thank you, Amy. And with that, we would like to thank all of you for joining us for the April 2020 edition of QPPLive!. If you have additional questions, please feel free to reach out to us at our Quality Insights QPP Support Center. You see the information on your screen. The email address is [qpp-surs@qualityinsights.org](mailto:qpp-surs@qualityinsights.org). You can also give us a call at 1-877-497-5065, or visit our website at [qppsupport.org](http://qppsupport.org).

Shanen Wright:

We'd like to thank you for all the great questions today. We will be following up with you on many of these as well to make sure we can get the information we need to help you. Mark your calendars, we'll be doing this again on the third Thursday in May, 2020. That will be May 21 at 9:30 AM. On behalf of everyone at Quality Insights and the Quality Payment Program Support Center, thanks again for joining us and have a great day. Goodbye.