RPA Webinar: Delivering Care Via Telehealth to Kidney Patients During COVID-19

Policy Changes and Point of Contact Experience

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Speaker Bios

Katherine Kwon, MD is a partner at Lake Michigan Nephrology in St. Joseph, Michigan. After graduating from Albert Einstein College of Medicine in 2001, she completed her IM residency and nephrology fellowship at the University of Virginia. During her 13 years in private practice, she has expanded clinical services to include home hemodialysis, CRRT, and a hypertension specialty clinic with ambulatory blood pressure monitoring. Dr Kwon is a faculty member of the IM residency program at Spectrum Health Lakeland and has mentored several residents who have gone on to nephrology fellowship programs. She is passionate about helping nephrologists thrive in private practice and in using the power of the online nephrology community to help all nephrologists offer state of the art care. She currently serves on the ASN Continuing Professional Development Committee and was elected to the RPA Board of Directors in Spring 2020.

Rob Blaser has served as RPA's Director of Public Policy since October 2003, and previously as RPA's Director of Federal Affairs since September 1997. From June 1995 to September 1997, Rob served as RPA's Regulatory Analyst. Among Rob's primary areas of responsibility since joining RPA are management of RPA's legislative and regulatory portfolios, and policy development for the organization. In this latter role Rob has taken the lead in drafting over 30 position papers for RPA. Rob has also developed expertise in such diverse areas as legislative developments affecting renal care, nephrology reimbursement in the Medicare Fee Schedule (MFS), development of payment models for kidney related services, and other issues pertaining to CKD-specific coverage and reimbursement issues. A frequent lecturer, Rob has spent over a decade presenting to local, state, and national nephrology and/or kidney care associations and groups on federal legislative and regulatory issues affecting kidney disease care.

Overview

- Telehealth Policy
  - Pre-COVID -19
  - Recent Revisions (Beginning March 13, 2020, through March 30, 2020)
  - Other Relevant Points
- Point of Contact Application of Policy Revisions
  - Implementing Telehealth Processes Quickly
  - Impact on Staff and Office Workflow
  - Impact on Practice Revenue

Telehealth Policy, Pre-COVID-19

- Many Services Commonly Provided by Nephrologists on Allowed List
  - Outpatient E&M Codes (99201-99215)
  - Virtually All Outpatient Dialysis Care (All In-Center Codes, All Home Codes, All Pediatric Codes EXCEPT Single Visit In Center Codes, 90956/90959/90962; Policy Legacy Quirk)
  - Kidney Disease Education Codes (G0420-G0421)
  - Transitional Care Management Codes (99495-99496)
  - Advance Care Planning Codes (99497-99498)
- However, Originating Site, Geographic Restrictions Prevented Their Common Use
  - Originating Sites Exclude Patient's Home, Dialysis Facility
  - Geographic Restrictions Limit Use to Primarily Rural Areas (as Defined by CMS)
- HIPAA Concerns About Secure Technology Also a Hindrance

Recent Revisions

- On March 6, Congress Allowed HHS to Lift Originating Site, Geographic Restrictions, and HHS/CMS Acted to Do So on March 17
- So Now, All Codes on Telehealth List Can Be Provided From Any Distant Site (Where the Doc/NP/PA is Located) to Any Originating Site (Where the Patient Is)
- As Such, Face-to-Face Interactions are No Longer Required for These Codes (This Includes the MCP Complete Assessments; this was affirmed on March 30)
- Additionally, CMS Allows the Use of Virtually All Real-Time, Non-Public Facing AV Technology (iPhones, Skype, FaceTime) But Not Public Facing (Facebook Live)
- Restrictions on New Patients Being Seen by Telehealth Also Lifted

Recent Revisions (Cont.)

- Claims Should Use the POS That Would Have Been Used if the Encounter Happened F2F (as of March 30)
- Modifier -95 Should be Used (as of March 30)
- Reimbursement, and Documentation Requirements Same as F2F
- Applicable to All Patients (Not Just Those with COVID-19)
- Policy Revisions Applicable Until Conclusion of Public Health Emergency
- Re OIG/Auditing/Enforcement
  - Enforcement Discretion Being Exercised Regarding Technology
  - Similarly, OIG Will Not Administratively Sanction Physicians for Waiving Patient Cost-Sharing Obligations

Recent Revisions (cont) and Other Notes

- Single Visit In-Center Dialysis Codes (90956, 90959, and 90962) Now Allowable Via Telehealth (as of March 30)
- CPT Codes for Telephone E&M Services (99441-99443) Now Have Covered Status in Fee Schedule (as of March 30)
- Audio-Only Telehealth Still Not Allowable
- Some Health System/Insurers May Not Be Considering Vascular Access Services to Enable Dialysis, and PD Catheter Placement, as Essential Procedures (Although CMS Higher-Ups Have Pledged to Address This)

Other Notes (cont)

- Distant Site Practitioners Can Work From Anywhere, Including Home (For When Practitioner Quarantine is An Issue)
- Limits on State Licensure for Health Care Professionals Temporarily Waived
- Restrictions on Patient Cost-Sharing Obligations, Patient Consent Eased
- MIPS Update:
  - MIPS &MSSP (For ACOs) 2019 Reporting Deadline Extended to April 30, 2020
  - MIPS Clinicians Not Reporting Will Receive Neutral Payment Adjustment for PY 2021
  - CMS Evaluating Options for Relief from 2021 Participation/Data Submission Requirements

Implementing Telehealth Processes Quickly

Use of Commercial Telehealth Vendors; Pros & Cons

Pros

- Bare bones options easy to use, require minimal integration/training of staff
- HIPAA compliant for post-COVID emergency period
- Often need less bandwidth or use 3G

Cons

- Many require navigation to a website or an app, challenging for seniors
- Clinicians must learn new software, difficult with current cognitive load

Implementing Telehealth Processes Quickly

Use of Existing Platforms (Allowed as of March 17, 2020)

Pros

- Works more like a regular phone call; easier for non-savvy users
- Minimal new software to learn

Cons

- Clinicians require a new phone (or use their own), threatening privacy
- Difficulties with bandwidth/connectivity possible

Implementing Telehealth Processes Quickly

Our Process:

- Existing video chat options chosen
- Purchased 2 iPhone 6 phones with unlimited data plans and new phone #’s from contract-free carrier (such as Cricket Wireless, Boost Mobile)
- Purchased 2 small tripods and 2 bluetooth headpieces
- Total cost: $520
- Strongly recommend iPhones as this is what the majority of our patients have and FaceTime is very intuitive

Impact on Staff and Office Workflow

- One staff member in our office (the rest stay home)
- Patients are called several days in advance
- Written script is very helpful
- It’s important to identify patients with smartphones or tablets
- Apple products: FaceTime
- Android products: Skype is confusing for new users, requires login. Google Duo easier. Clinic staff walks them through download process
- Obtains consent for phone call, gives them the phone # that will be used, cautions them not to call or text this #

Impact on Staff and Office Workflow

- Staff reminds them to have their medications and recent home blood pressures handy
- Our practice will order patients a blood pressure cuff, to be delivered to them directly, through our amazon business account if they want one.
- Staff outlines a clinic schedule indicating who gets what type of call and what # to call
- Those without video capabilities are offered brief phone check-ins but are advised these will be limited.
- Doctors work from home with their new iPhones, place calls to patient at specified time.

Impact on Staff and Office Workflow

- Pitfalls:
  - How your staff offer this service to patients is CRITICAL
  - “Smartphone” sounds intimidating to patients and they don’t know what it means. Ask them if they can check email or Facebook on their phone.
  - “iPhone” is now vernacular for any smartphone. Ask them who makes their phone – check the back of the phone for the logo. FaceTime only works on iPhones.
  - Be patient and encouraging – staff should call clinic patients several days in advance so there is no time pressure.

Impact on Practice Revenue

Practice Revenue: Impact is severe if patients cannot do video

- Phone check-in (G2012): $15
- Telehealth Level 4 visit: $105
- Telephone codes (99441, 99442, 99443) $14, $28, and $41, respectively
- In our first week 80% of patients state no ability for telemedicine, phone calls only
- Week two: staff became much more thorough in talking to patients, now approaching 50%
- However several telehealth visits converted to phone daily due to bandwidth limitations, if patients are not able to use straightforward applications like Google Duo

Impact on Practice Revenue

Alternative, phone-only clinical care with better revenue impact:

Principal Care Management (Service code G2064)

- Covered Medicare benefit for patients with severe chronic problem, e.g. CKD 4 and 5
- Monthly coordination of care by physician, NP/PA, or RN, including monthly phone call
- Significant investment of time to get up and running
- 30 minutes work/patient/month (but can be cumulative, done without schedule)
- Phone call to patient
- Pays $85/person/month
- Can only be billed by one provider per patient; Cannot be billed in the same month as TCM
- Patients LOVE the monthly calls and coordination of care
- Much easier to do if you share an EMR with most of the other community doctors

Summary

- This can be done!
- HHS/CMS have provided substantive relief from telehealth restrictions
- There are still further policy revisions that RPA, others are seeking
- At point of contact, telehealth structures can be put in place relatively quickly
- That said, office workflows and practice revenue will be substantively and adversely affected
- RPA will remain as an ongoing resource in these efforts

RPA Resources

RPA COVID-19 Hub

- https://www.renalmd.org/page/COVID-19-HUB

RPA Guidance on Billing and Coding for Remote Nephrology Services

- https://cdn.ymaws.com/www.renalmd.org/resource/resmgr/covid_19/rev-rpa_guidance_on_billing_.pdf

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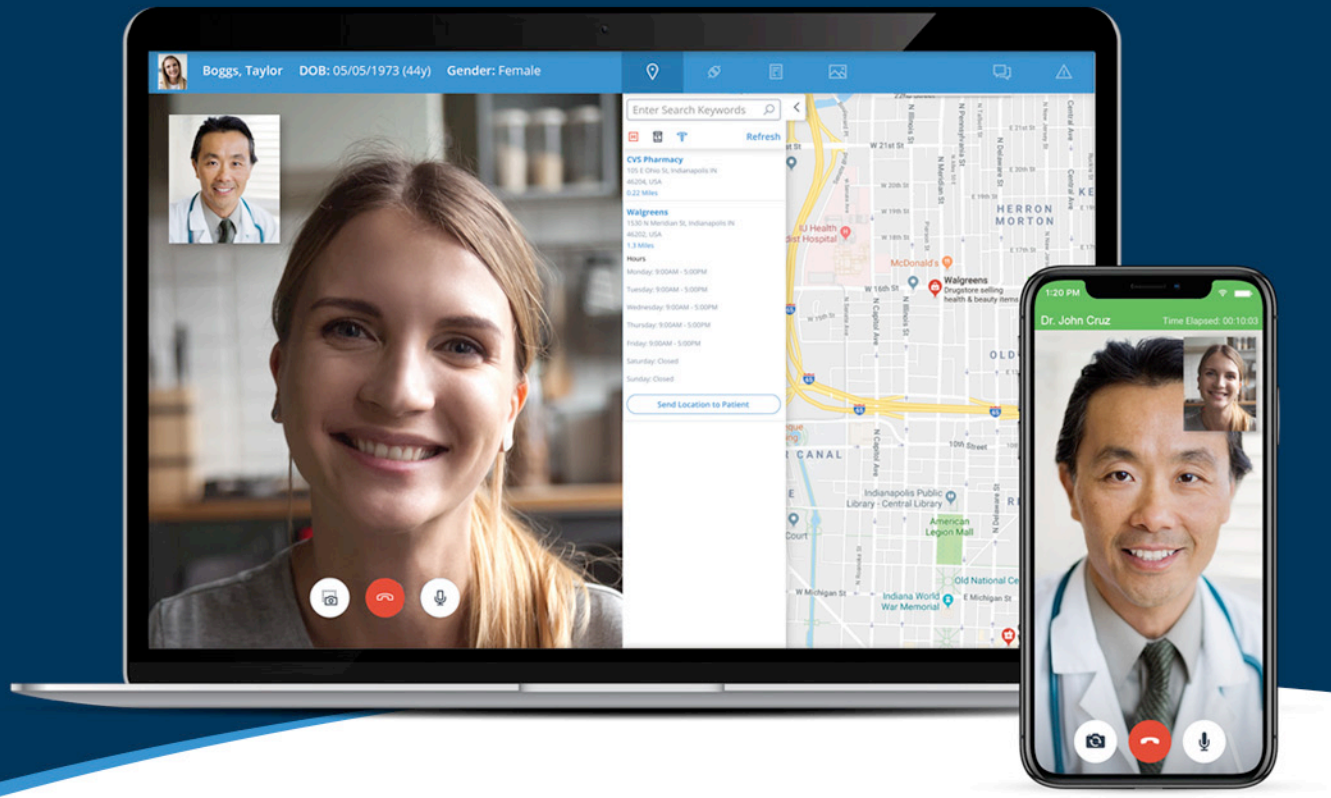
Renal Physicians Association

Provide Patients With The Care They Need Without Provider Privacy Concerns

Unlike other telehealth software options, AnywhereCare hides your personal contact information from the patient's view, allowing you to operate soundly with a HIPAA compliant telehealth module. With AnywhereCare, you can offer patients a readily available way to access care, address concerns while reducing risk of COVID-19 exposure and provide a safe environment for your patients and staff.



AnywhereCare™ by iSalus Healthcare

- Reduce Risk of COVID-19 Exposure to Patients/Staff
- Avoid Danger to High-Risk Patients i.e. Senior Citizens
- Minimize Risk to Staff by Pre-Screening for COVID-19
- Geo-Based Targeting for Pharmacies & Compliance

For more information please contact us at

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