Codify
BY AAPC

Health Information Compliance Alert

Telehealth: 2018 MPFS Final Rule Solidifies New Telehealth Options

Bipartisan efforts are in the works to utilize telehealth for opioid crisis.

Telemedicine allows providers to care for patients near and far, particularly those with chronic illnesses who require critical, sometimes daily, care and clinical interaction. As digital innovations push healthcare's electronic envelope ever farther, new telehealth codes available now provide clinicians with more access to patients' needs.

Context: The Centers for Medicare and Medicaid Services (CMS) continue to invest in telehealth as Medicare moves beyond the traditional venues to more alternative settings for enhanced patient care. However, a recent fact sheet noted that stakeholder input was mixed on the new options, as some clinicians felt the codes don't support new technologies or are too broad to be fully realized.

Review the New Code Options

The Medicare Physician Fee Schedule (MPFS) finalized the following CPT® and HCPCS codes for telemedicine in 2018, which are available for use now:

- HCPCS code G0296 (Counseling visit to discuss need for lung cancer screening (ldct) using low dose ct scan (service is for eligibility determination and shared decision making);
- CPT® code +90785 (Interactive Complexity...);
- CPT® codes 96160 and 96161 (...Health Risk Assessment...);
- HCPCS code G0506 (...Care Planning for patients requiring Chronic Care Management...); and
- CPT® codes 90839 and +90840 (Psychotherapy for Crisis...).

Modifier update: CMS dropped the GT modifier (Via interactive audio and video telecommunication systems) and will no longer require it for telehealth claims. "CR10152 revises the previous guidance that instructed practitioners to submit claims for telehealth services using the appropriate CPT® or HCPCS code for the professional service along with the telehealth modifier GT," noted MLN Matters release MM10152 on the subject. However, the notice advises providers to remember that "the GQ modifier [(Via asynchronous telecommunications system)] is still required when applicable."

Read MLN Matters release MM10152 at:
www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10152.pdf.

"Anytime a billing requirement is removed, it is positive - one less regulation to potentially 'trip over,'" says **Vinod Gidwani**, founder and president of Currence Inc. in Skokie, Illinois (medcurrence.com). "Telemedicine will continue to expand and its potential to bend the cost curve is one of the positive innovations taking place in healthcare."

Reminder: The addition of these codes to telehealth services, according to **Kent Moore**, senior strategist for physician payment at the American Academy of Family Physicians, "is generally a good thing, as the codes give physicians more flexibility to do more things remotely, as needed." Moore goes on to note that modifier GT won't be disappearing completely, as it "will still be required for distant site practitioners billing under Critical Access Hospital Method II on institutional claims."

The MPFS also noted that CPT® code 99091 (Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified healthcare professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time), which was bundled with other codes in the past, will be revalued and paid separately now.

Feds Latch Onto Telehealth for Opioid Crisis

One of telehealth's most important assets is the opportunity for physicians to advise and care for patients far from medical facilities and/or where clinician shortages exist. In a bipartisan drive to help providers treat patients suffering from opioid addiction, three United States Senators urge the Drug Enforcement Administration (DEA) to change its drug treatment policies in regard to telehealth, specifically to address epidemic issues in rural and underserved areas.

Background: "Opioid abuse is a serious public health issue," said HHS on its new online resource for the opioid crisis. "Drug overdose deaths are the leading cause of injury death in the United States." And with results suggesting that "more than 115 Americans die after overdosing on opioids" daily, according to the National Institute on Drug Abuse, it's no surprise that the government determined a Public Health Emergency (PHE) and is investing heavily to combat the serious issue. (See Health Information Compliance Alert, Vol. 17, No. 12).

Proposal: US Senators' **Claire McCaskill (D-MO)**, **Lisa Murkowski (R-AK)**, and **Dan Sullivan (R-AK)** want "to expand rural communities' access to treatment for opioid addiction," indicated a press release from Senator McCaskill's office. In a joint letter to DEA Acting Administrator Robert W. Patterson, the three Senators refer to the importance of the PHE and suggest the DEA "create a special class of providers" who could utilize telemedicine for "opioid-based medication-assisted addiction therapies." The group believes that the advantages of telehealth and this change would particularly aid providers battling this critical problem in rural areas where patients are mightily struggling with the epidemic.

"This rule change for expanding telemedicine access in a safe and controlled manner is another crucial step forward in addressing this epidemic and would ensure that controlled substances are dispensed in a tightly regulated and safe way," said Senator Murkowski.

Resource: To look at Senator McCaskill's release and read the letter to the DEA, visit www.mccaskill.senate.gov/media-center/news-releases/mccaskill-murkowski-sullivan-seek-to-expand-opioid-addiction-treatment-options-for-rural-communities.