Medicare Telemedicine Guidance

May 12, 2020

Effective March 6, 2020, the Center for Medicare and Medicaid Services has established an expansion of services usually performed in the office, hospital, and other outpatient facilities via various means of telehealth communication on a temporary and emergency basis for Medicare enrollees.

1. Telehealth Visits:

Definition: A visit with a provider that uses telecommunication systems between a provider and a patient.

Following Medicare guidelines, **Telehealth Visits** will be reimbursed by TNNJ when performed by a **Registered Physical Therapist, Occupational Therapist or Speech Language Pathologist** when performed as defined as follows:

- For established patients
- For new patients to the extent the CMS waiver under section 1135(g)(3) requires that an established relationship exists with a particular practitioner
- Require the use of an interactive, "real-time", audio and video telecommunication between the distant site and the patient at home
- **Billing:**
  - **92508, 97161-97168; 97110, 97112, 97116, 97530, 97535, 97750, 97755, 97760, 97761, 92521-92524, 92507, 97542**
  - Place of Service (POS) equal to what it would have been had the service been furnished in-person; include Modifier 95, indicating that the service rendered was actually performed via telehealth
  - POS 02 will be accepted
- **Reimbursement:** Reimbursement shall be based on your current contract terms.

2. E-Visit

Definition: A patient-initiated online evaluation and management which is conducted via an online patient portal.

The Agency's current telemedicine policy is available at:

https://www.medicare.gov/coverage/e-visits
https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

Effective Mach 6, 2020, Therapy Network of New Jersey (TNNJ) shall reimburse **Speech Therapy, Physical Therapy and Occupational Therapy services** which apply to services rendered to Medicare enrollees.

Following Medicare guidelines, E-visits will be reimbursed by TNNJ when performed by clinicians who may not independently bill for evaluation and management services, such as a Physical Therapist, Occupational Therapist or Speech Therapist and when performed as defined as follows:

- Patients communicate with their treating therapist without going to the therapist's office by using online patient portals
- For established and new patient
- **Billing and Reimbursement:**
  - **Physical Therapist, Occupational Therapist, and Speech Language Pathologist – G2061 – G2063** (Qualified non-physician healthcare professional assessment and management service, for an established patient, for up to 7 days, cumulative time during the 7 days)

Reimbursement

- **If you have an EXISTING authorization on file, reimbursement shall be based on your current contract terms.**
- **If you DO NOT have an existing authorization on file, authorization will not be required, and reimbursement will be based on 100% of Medicare for the CPT codes G2061 – G2063.**
  - Since authorization is not required for those who do not have an existing authorization on file; please submit all claims via EDI transmission or by direct data entry via the secure HS1 Provider Web Portal to receive payment.
  - Place of Service (POS) equal to what it would have been had the service been furnished in-person; include Modifier 95, indicating that the service rendered was actually performed via telehealth
  - POS 02 will be accepted

3. E/M Telephone Services

Definition: Telephone assessment and management service provided by a qualified nonphysician health care professional to a new or established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment.

Following Medicare guidelines, telephone E/M services will be reimbursed by TNNJ when performed as defined as follows:

- Evaluation and management services via telephone are provided to a new or established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.
- **Billing:**
  - 98966-98968
  - Place of Service (POS) equal to what it would have been had the service been furnished in-person; include Modifier 95, indicating that the service rendered was actually performed via telehealth
  - POS 02 will be accepted
- **Reimbursement**
- If you have an existing authorization on file, reimbursement shall be based on your current contract terms.
- If you do not have an existing authorization on file, authorization will not be required, and reimbursement will be based on 100% of Medicare for the CPT codes 98966-98968.
  - Since authorization is not required for those who do not have an existing authorization on file; please submit all claims via EDI transmission or by direct data entry via the secure HS1 Provider Web Portal to receive payment.

In order to provide the services referenced herein you must complete the enclosed TNNJ Telemedicine Attestation. Please contact your TNNJ representative if you meet the qualifications to provide Medicare Telemedicine; you will be asked to complete and return the attached attestation so we can confirm your agreement with these regulations and provide us with the technology you will be using.

Claims Submissions

Electronic claims submission is preferred by TNNJ at all times, it is of utmost importance now. Please submit all claims via electronic transmission, or by direct data entry via the secure TNNJ Provider Web Portal, which allows for documentation attachment. Paper claims submission is to be used only as last resort. The only exception to this are claims that are submitted in response to a previously finalized claim, which may be sent via US Mail (e.g. medical records, disputes, etc.).

If you have any questions regarding this transmittal, please contact TNNJ 305-614-0100 x 4526 or contact your assigned representative directly.

*Therapy Network of New Jersey is an independent company providing reimbursement services on behalf of Amerigroup Community Care.

AGPCARE-0474-20 April 2020   509603NJPENAGP   2020MAY12_070314   Page 2 of 3

Telemedicine Attestation/ Attestation for Medicare

TELEMEDICINE DEFINITION: Telemedicine is the practice of health care delivery by a practitioner who is in a site other than the site where a recipient is located, using interactive telecommunications equipment that minimally includes real time, two-way interactive communication between a recipient and a practitioner using audio and video equipment.

E-VISIT DEFINITION: A patient-initiated online evaluation and management which is conducted via an online patient portal.

Provider Name:

Provider TIN:

1. **Do you provide telemedicine services to enrollees? If "Yes", please review the below statements and sign at the bottom of the document, confirming your compliance.**

   ☐ Speech Therapy

   ☐ Physical Therapy

   ☐ Occupational Therapy

2. I confirm that our equipment, means of communication, and processes for providing telemedicine services are in compliance with the Health Insurance Portability and Accountability Act (HIPAA) laws pertaining to patient privacy and security, however, I understand that these requirements shall be waived during the Public Health Emergency (PHE).

3. I confirm that our telecommunication equipment and telemedicine operations meet the technical safeguards required by 45 CFR 164.312 however, I understand that these requirements shall be waived during the PHE.

4. In the provision of services to the Medicare population, I confirm services are medically necessary and performed in accordance with the CMS coverage determination process https://www.cms.gov/Medicare/Coverage/DeterminationProcess/index.

5. I confirm that Telemedicine should not be used by a provider if it may result in any reduction to the quality of care or if the service delivered through this modality could adversely impact the recipient

6. I confirm that we educate the patient on the use of telemedicine and obtain informed consent

7. I confirm that the recipient (and their legal guardian) must be present for the duration of the service provided using telemedicine

8. I confirm that I provide recipients the choice of whether to access services through a face-to-face or telemedicine visit with us, and document such choice

9. I confirm that the documentation regarding the use of telemedicine must be included in the progress notes for each encounter with a recipient. All other documentation requirements for the service must be met as required by CMS. https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth

10. I confirm that providers must assure that the recipient has compatible equipment and the necessary connectivity in order to send and receive uninterrupted video (video is excluded from E-Visits)

11. I confirm we are responsible for all equipment required to provide telemedicine services

12. **If providing E-visits, I confirm that I make use of a patient portal through my EHR (Electronic Health Records). Please provide the name of the program**

    ✎ _____

13. I confirm the above patient portal is in compliance with the Health Insurance Portability and Accountability Act (HIPAA) laws pertaining to patient privacy and security, however, I understand that these requirements shall be waived during the PHE.

_____
Provider Name

_____
Printed Name of Signer

_____
Signature

_____
Date of Signature

I represent and warrant that the information and statements in this document are true and accurate and that the applicable network/health plans are relying on such information and statements in connection with the arranging of our provision of telemedicine services. I have the authority to execute documents for and bind the Provider named above.

Please return via fax to 1 (305) 614-3009 or to alborzfardm@mytnnj.com