Compliance Updates Q&A

April 3, 2020

1. Tonny, you mentioned that the time spent (in telehealth visit) needed to reflect the time the billing provider was involved in the visit. How does that apply to primary care exception care.
    a. Tonny – If you are going to use that to code, you have to meet that threshold of time. That's going to be Attending time. If a Resident spent 10 minutes, and the Attending only spent 5 minutes, then you have 5 minutes of time counts. Time is really only if the billing provider is doing the visit themselves and not in Resident care. You will want to use the documentation of the Resident in the medical decision making and leave the time part off. And the time would also need to be documented at the top of your encounter, so the coder knows that you spent 25 minutes of time. CMS likes start and stops, but they do not require it.
2. What needs to be included in the note?
    a. The total time spent for the encounter needs to be documented.
3. What is the time frame that was stated?
    a. Tonny – They put that in the Final Rule. There was a link to the time tables.
    b. John – The Interim Final Rule was published on March 26th.
    c. Tonny – they are allowing the visits back to March 1st.
4. Did I hear correctly that Residents are not allowed to conduct phone visits?
    a. John – It is our understanding that they are not.
    b. Tonny – I think that is because they are timed visits, which is Attending time. G2012 code is not a timed code, but it pays very little.
5. Does that pertain to Fellows as well?
    a. Tonny – We do not bill under Fellows, so it would be the same situation.
6. To bill appropriately, some of us are going through _____. Do we just have to document that correctly if we are using a Resident to interact with a patient?
    a. Shannon – Yes.
7. So everything needs to be documented whether it is on Zoom or a Texas Tech system or ____?
    a. Shannon – Correct.
8. Can we use them (students) through telemed purposes instead of being in close proximity to the patient? Could we use them as a facilitator in patient visits? For example, could students direct traffic through Zoom appointments, clinical flow?
    a. John – I think that would be fine if they are sufficiently trained. Just remember that they are volunteers, not staff.
9. How will waivers of co-pays be handled in our system?
    a. Pat Conover – There are not clear guidelines with respect to insurance and payment. One thing available for clinic visits is to identify telemedicine visits. The Lubbock campus has put this in place, which has ramifications for provision of

care as well as coding and billing. We are trying to find a balance between the rules we know and the rules as they may evolve. As far as the revenue side, we can put some appointment types in place. If people use those appointment types, we could put a mechanism in place so people could screen those appointment types. Maybe we need a work group. I think we need to ask the group to consider a write-off process. The billing director in Amarillo said that the insurances would normally tell us what would be covered, what would be a co-pay, what would be a deductible. I don't know if they are ready to do that, yet. We can discuss this with the coding and revenue people and then report back next Friday.

10. What does direct supervision mean? Generally, only direct supervision is required for 99204 or 99214.
    a. John Geist – Under the regs, direct supervision means (pre COVID-19) that the Teaching Physician must be in the same office building or facility when and where the service is provided and must be immediately available to furnish assisted direction. In my mind, in the COVID environment, the Teaching Physician would be available via interactive telecommunications technology. They would be available via Zoom if needed. This is different from personal supervision, when the Teaching Physician has to be (pre COVID-19) has to be in the room when and where the service is provided. In my mind, in the COVID environment, they would have to be on the same Zoom session with the Resident and the patient during the encounter. But with direct supervision, I don't think they have to be actually involved in that session but they have to be able to link in if there is as need.
    b. Anna McGregor – My interpretation is that they can do it via telecommunication with the phone or Zoom. They are not limited, max out at a Level 3 if it warrants a high level of service, but the documentation must be there.
    c. Tonny Smith – I don't believe that it includes telephone. They specify that it needs to be audio-visual. The supervising needs to be on audio-visual as well.
11. Let's say my Resident conducts a Zoom session with a patient and renders a Level 3 visit. Would I have to be present at all during that encounter?
    a. Tonny Smith & John Geist – No.
12. What if the visit conducted by a Resident were a Level 4 visit? What should the Teaching Physician then do? Would a Level 4 or 5 follow that same workflow as a Level 1, 2, and 3?
    a. John Geist – Yes. In both places, where they talk about primary centers and the other statement that is more broad, they use the term direct supervision. To me this means that at some point the Resident needs to reach out to the Teaching Physician and discuss the care but that the Teaching Physician does not have to be on that Zoom session.

b. So, you are saying that the Resident invites the Teaching Physician in during that same encounter to provide personal supervision, that's what that means. However, CMS does not use the term "personal supervision."
c. John Geist – They do not.
d. So, it would be up to the Resident's decision making and everyone's workflow to advise the Resident, "If you have questions, invite me in. I will be available, and I can provide personal supervision." But that is not a requirement for all Level 4s or 5s or non-PCE services.
e. John Geist – Yes, that is my interpretation.
f. Tonny Smith – that is how I interpret it as well.
g. To clarify, it would be an option if the Resident chooses to invite the Supervising Physician into the Zoom encounter but it is not a requirement to bill a Level 4 or 5 provided under telemedicine services.
h. John Geist – Under the new COVID, that's my interpretation.
i. We just want the Attendings to know that they have to be available during those PCE visits. That rule hasn't changed.
j. John Geist – Absolutely. You are correct.

13. Sonya Castro – OCR came out with guidance related to options for delivery of telehealth services. They've opened it up to private facing applications. On the Lubbock campus we use Amwell. Based on discussions with IT, the apps that we should be using for telemed are Zoom (BAA) and Skype (TTU app). FaceTime can be used, although we don't have a BAA with them. FaceTime should not be your first choice. Public facing apps are not allowed (e.g., TikTok).
    a. What about Google Duo?
    b. John Geist – I believe it is allowed under the OCR rules since they are encrypted at both ends. We can research this and give a definitive answer.
    c. Dr. Galloway – Google Duo is allowed.
    d. Dr. Mulkey – I echo what Sonya said. FaceTime, Google Duo, and others that are technically allowed should be your last choice because the way these services are designed they will allow the patient to contact you back. There is no way to prevent the patient from FaceTiming you back, even if you use a generic email or a no-reply email, anything you connect to your Apple ID to FaceTime the patient from your personal device, as long as you are still using your Apple ID, they can FaceTime you back and interrupt your future sessions with patients. So, it is for emergency use only. So, those others should be our primary choice for video visits.
14. How is consent obtained?
    a. John Geist – We can get a verbal consent prior to the visit. We don't want to hold up any treatments, but written consent could be returned before the visit would be conducted. We can get a verbal consent and then afterwards we could try to send an email or fax or U.S. mail for consent for a signature to be returned

to us. It is my understanding that a verbal would be acceptable to allow the patient to be seen.

   b. Sonya Castro – For some e-visits, we have some language that was put together. It's brief – basically saying there is some risk, you understand this is a telephone call – and walks them through a form of a consent. We will post that on our Compliance website.
   c. Dr. Mulkey – It is available on the guidebooks that have been published for telephone visits.

15. Can we have a telephone origin visit with a new patient?
    a. John Geist – My understanding is Yes.
16. Are attestations going to change?
    a. Tonny Smith – We will have guidance at the beginning of the week. We are addressing that as a committee. There was relaxation at the beginning of 2020 where a Resident can attest for the participation of the Attending Physician. We will have that coming out soon, of what that attestation will look like and what will be allowed.
17. Have there been any updates for providing care for out-of-state patients?
    a. John Geist – That is allowed. My understanding is that we can provide telehealth services anywhere in the country.
18. On the New Mexico website, it still said you had to be licensed in New Mexico in order to provide coverage. Is that still the case?
    a. John Geist – I think there is specific guidance from CMS. I will need to go back and review that specifically.
    b. Sonya Castro – I thought they opened up the licensure requirements. I thought you could practice across state lines. We will go back and research that.
    c. Anna McGregor – As of today, New Mexico still states you have to be licensed in the state.
    d. John Geist – We will get more information for you.
    e. We have done 500 telemedicines in the last 2 weeks. We have had to disappoint all of our New Mexico patients, and it's their state's fault. If that has changes, we would love to be able to do those visits.
19. Kary Blair commented that verbal consent does not apply to psychotherapy patients. Those would be excluded.
20. What does direct supervision mean? Generally only direct supervision is required for 99204+, 99214+.
    a. Audio and video telecommunications technology allows for the teaching physician to interact with the resident through virtual means.
    b. Tonny – From the guidance on March 26th, it states: We believe use of real-time, audio and video telecommunications technology allows for the teaching physician to interact with the resident through virtual means, and thus would

meet the requirement for teaching physician presence for office/outpatient E/M services furnished in primary care centers.

21. Can we have a telephone or Zoom visit with a new patient?
    a. Yes
22. Pat Conover – For Clinic Appointments, the Lubbock Campus has updated Scheduling Departments to have Telemedicine Appointment types. This is an option available to clinics that use Centricity. Please contact me if you would like to discuss the steps to put these in place.
23. Xin Wang – This is the Compliance Updates page: https://www.ttuhsc.edu/compliance/covid_compliance_updates.aspx