The information provided herein is intended to be general in nature. It is not offered as legal or insurance related advice, and is not a complete description, or meant, or intended, to replace or be interpreted as specific, of Medicare or other requirements. Although every effort has been made to ensure the content herein is correct, we assume no responsibility for its accuracy.
A REQUEST

• Please let us know
  • If (when) we make an error
  • If (when) we say something that is misleading or unclear

• How?
  • Respond in the town hall so we can all learn together
  • Email to jhenderson@clinicient.com so we can research, follow up and clarify
UPDATE: MEDICARE COVERAGE FOR TELEHEALTH

• Allows telehealth for PT, OT, Speech
• Retroactive to March 1
• PT and OT Eval and Re-Eval Codes: 97161-97168
• Typical PT/OT treatment codes
  • 97110, 97112, 97116, 97150, 97530, 97535, 97542, 97750, 97755, 97760, 97761
  • 97535 allowed as “audio only”
• SLP codes
  • 92507, 92508, 92521, 92522, 92523, 92524
  • All allowed as “audio only” codes.

Sources:
Updated List of Telehealth Codes
Interim Final Rule 2
CMS Bulletin
OTHER CHANGES

• Allows “virtual check ins” (G2012) and “remote eval of video/images” (G2010) on new patients

Sources: Interim Final Rule 2
CMS Bulletin
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PLACE OF SERVICE QUESTIONS

• “Practitioner Locations: CMS is temporarily waiving requirements that out-of-state practitioners be licensed in the state where they are providing services when they are licensed in another state.”

• “Allow licensed providers to render services outside of their state of enrollment.”

• “Allow physicians and other practitioners to render telehealth services from their home without reporting their home address on their Medicare enrollment while continuing to bill from their currently enrolled location.”

SECOND TRANCHE OF HHS MONEY?

• “the remaining $20 billion will be distributed according to 2018 net patient revenue based on cost reports submitted to CMS” **but, of course only institutional providers submit cost reports.**

• “the department seems to indicate that providers who didn't submit cost reports to CMS can use "a portal" that will be accessible through the relief fund webpage that would allow them to provide revenue information to possibly qualify for the money.”
“Today, the Centers for Medicare & Medicaid Services (CMS) announced that it is reevaluating the amounts that will be paid under its Accelerated Payment Program and suspending its Advance Payment Program to Part B suppliers effective immediately. The agency made this announcement following the successful payment of over $100 billion to healthcare providers and suppliers through these programs and in light of the $175 billion recently appropriated for healthcare provider relief payments.”
THANK YOU
ADDITIONAL SLIDES
POST-ACUTE TSUNAMI?

Respiratory Muscle Performance Screening for Infectious Disease Management Following COVID-19: A Highly Pressurized Situation

Richard Severin, PT, DPT, CCS  •  Ross Arena, PhD, PT  •  Carl J Lavie, MD  •  Samantha Bond, MS  •  Shane A. Phillips, PhD, PT

Published: April 25, 2020  •  DOI: https://doi.org/10.1016/j.amjmed.2020.04.003

• “... impaired respiratory muscle performance is an underappreciated factor contributing to poor outcomes unfolding during the coronavirus pandemic.

• “... measures of respiratory muscle performance are not routinely performed in clinical practice,...”

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## Coverage Summary for Remote Services

<table>
<thead>
<tr>
<th>Code Group</th>
<th>Code Range</th>
<th>Traditional Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PTIP/OTIP (CMS 1500)</td>
<td>Facilities (UB-04)</td>
</tr>
<tr>
<td>Nonphysician Remote Evaluation</td>
<td>G2010</td>
<td>Yes</td>
</tr>
<tr>
<td>“Virtual Check-In”</td>
<td>G2012</td>
<td>Yes</td>
</tr>
<tr>
<td>Nonphysician Online Assessment “E-Visits”</td>
<td>G2061-G2063</td>
<td>Yes</td>
</tr>
<tr>
<td>Nonphysician Telephone Assessment</td>
<td>98966-98968</td>
<td>Yes</td>
</tr>
<tr>
<td>Nonphysician Online Digital Eval &amp; Mgmt</td>
<td>98970-98972</td>
<td>No</td>
</tr>
<tr>
<td>Standard Eval and Re-Eval CPT</td>
<td>97161-97168</td>
<td>No</td>
</tr>
<tr>
<td>Applicable Treatment Codes</td>
<td>97110, 97112, 97116, 97530, 97535, 97750, 97755, 97760, 97761</td>
<td>No</td>
</tr>
</tbody>
</table>

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services that are commonly furnished remotely using telecommunications technology, but are not considered Medicare telehealth services. These services can always be provided to patients wherever they are located, and include physician interpretation of diagnostic tests, care management services, and virtual check-ins.

New: 4/9/20

2. **Question:** Who are the Qualified Providers who are permitted to furnish telehealth services under the PHE waiver?

**Answer:** The same health care providers are still permitted to furnish Medicare telehealth services under the waiver authority during the Public Health Emergency, including physicians and certain non-physician practitioners such as nurse practitioners, physician assistants and certified nurse midwives. Other practitioners, such as certified nurse anesthetists, licensed clinical social workers, clinical psychologists, and registered dietitians or nutrition professionals may also furnish telehealth services within their scope of practice and consistent with Medicare benefit rules that apply to all services.

New: 4/9/20

Updated: 4/9/2020
“Additionally, in the CY 2020 PFS final rule (84 FR 62796), we stated that HCPCS codes G2061-G2063, specific to practitioners who do not report E/M codes, may describe services outside the scope of current Medicare benefit categories and as such, may not be eligible for Medicare payment. We have received a number of questions regarding which benefit categories HCPCS codes G2061-G2063 fall under. In response to these requests, we are clarifying here that there are several types of practitioners who could bill for these service. For example, the services described by these codes could be furnished as licensed clinical social worker services, clinical psychologist services, physical therapist services, occupational therapist services, or speech language pathologist services, so practitioners that report services in those benefit categories could also report these online assessment and management services.”

Interim Final Rule, page 56
“We are noting that these services may be furnished by, among others, LCSWs, clinical psychologists, and physical therapists, occupational therapists, and speech language pathologists when the visit pertains to a service that falls within the benefit category of those practitioners. To facilitate billing of these services by therapists, we are designating CPT codes 98966-98968 as CTBS “sometimes therapy” services that would require the private practice occupational therapist, physical therapist, and speech-language pathologist to include the corresponding GO, GP, or GN therapy modifier on claims for these services.”

Interim Final Rule, page 130
“On an interim basis, during the PHE for the COVID-19 pandemic, we are also broadening the availability of HCPCS codes G2010 and G2012 that describe remote evaluation of patient images/video and virtual check-ins. We recognize that in the context of the PHE for the COVID-19 pandemic, practitioners such as licensed clinical social workers, clinical psychologists, physical therapists, occupational therapists, and speech-language pathologists might also utilize virtual check-ins and remote evaluations instead of other, in-person services within the relevant Medicare benefit to facilitate the best available appropriate care while mitigating exposure risks.”