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SUPPORTING PATIENTS AT A DISTANCE: *TELEHEALTH NOW AND IN THE FUTURE*

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Telehealth: The Current Landscape

Susan Pilch, JD
Senior Director of Government Relations
American Academy of Audiology

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Telehealth—No Longer the Wave of the Future!!

- Current COVID-19 healthcare crisis and stay-at-home orders have pushed telehealth to the forefront for providers and patients.

- Many current restrictions to telehealth have been temporarily lifted—State Executive Orders, Medicaid, private payers and to a certain degree Medicare have all responded

- Some barriers still exist!! (Medicare.....)

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Webinar Overview

This member webinar is designed to provide actionable information/guidance to members on:

➢ Varying approaches to Telehealth—State/Federal
➢ Academy Efforts to Include Audiology in Medicare Telehealth
➢ Academy Recommendations to CMS on Medicare telehealth/Covered audiology services
➢ Academy Coding and Reimbursement Committee's guidance on telehealth and reimbursement options
➢ Member experiences in transitioning audiology practices to telehealth.

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Landscape of Telehealth Requirements

• State Licensure Board Requirements/Guidelines

• Medicaid Reimbursement Policies

• State Private Payer Laws

• Medicare

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State Licensing Boards and Telehealth

- 24 state audiology licensing boards address telehealth in some way; standard definitions, policy statements or specific regulations

- 11 state audiology licensing boards have specific regulations in place relative to the provision of audiology services via telehealth

- Inter-state professional licensing compacts facilitate the provision of telehealth—Academy currently supporting the ASLP-IC for this very reason!

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Medicaid and Telehealth

- No two state Medicaid programs are alike in terms of telehealth definitions; eligible providers; and reimbursement

- Reimbursement often based on specific telehealth modality—live video vs. email/phone consultation

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Telehealth and Commercial Payers

- Policies and reimbursement differ from payer to payer

- 40 State and the District of Columbia have laws in place that govern private payer telehealth reimbursement.

- Some laws require contracts to provide "mutually acceptable reimbursement" or parity with in-person services

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Medicare—Still an Outlier in Audiology!!!

- Audiologists still classified as "suppliers" rather than practitioners

- Only reimbursed for diagnostic services

- Physician order requirement

- Outdated Medicare regulations re: audiology=hinderance to provision of services via telehealth

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Academy Efforts to Advance Medicare Audiology Telehealth

- Continued Efforts to Advance MAASA—H.R. 4056/S.2446

- Letters to House and Senate Leadership

- Letters and Dialogue with CMS/Recommendations

- Discussions with congressional champions

- Legislative Action Center letter for members

- Introduction of "Emergency COVID-19 Telehealth Response Act" (includes audiologists)

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Covered Audiology Services in Medicare – Current Opportunity?

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Professor, University of Akron - Northeast Ohio AuD Coordinator

Chair, AAA Professional Development Council

Member, Practice Policy Advisory Committee

Past President, American Academy of Audiology

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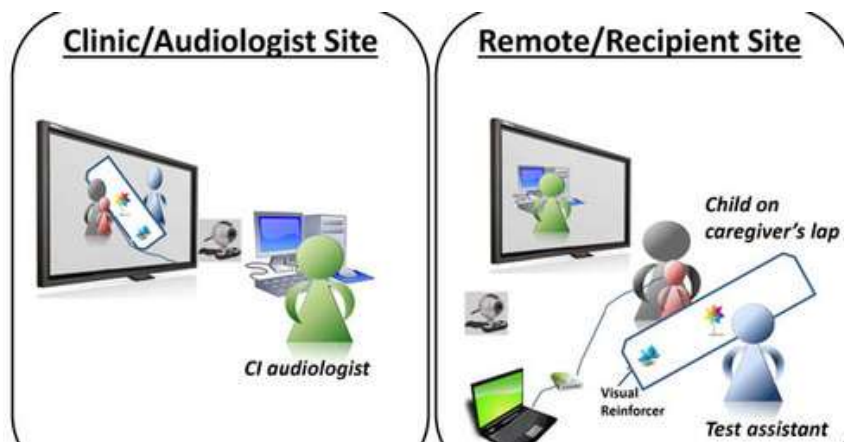
Covered Audiology Services

- Hearing and balance assessment services are generally covered as "other diagnostic tests" under section 1861(s)(3) of the Social Security Act and payable under the physician fee schedule

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf

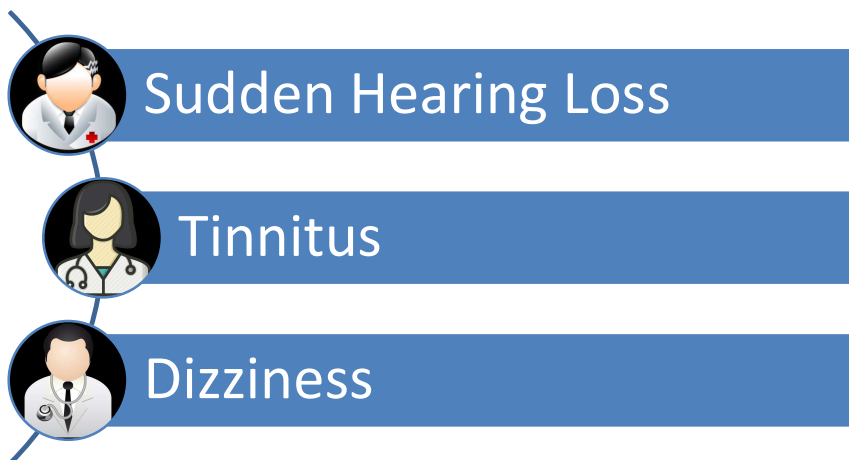## CI Remote Programming

Cochlear Implant Codes

92601, Diagnostic analysis of cochlear implant, patient under 7 years of age; with programming

92602, Diagnostic analysis of cochlear implant, patient under 7 years of age; subsequent programming

92603, Diagnostic analysis of cochlear implant, age 7 years or older; with programming

92604, Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming

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Educate CMS:
PCP Referral Patterns

Sudden Hearing Loss

Tinnitus

Dizziness

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Service Provision

REVIEW MEDICAL HISTORY

OBTAIN PROBLEM FOCUSED HISTORY

CLINICAL DECISION MAKING

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CLARIFICATION

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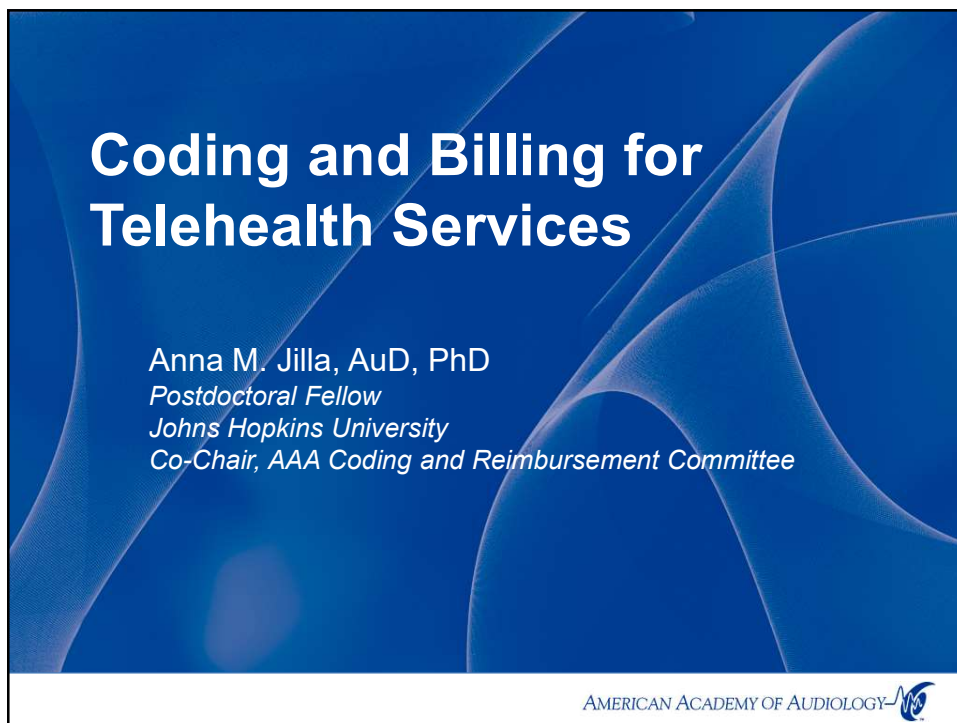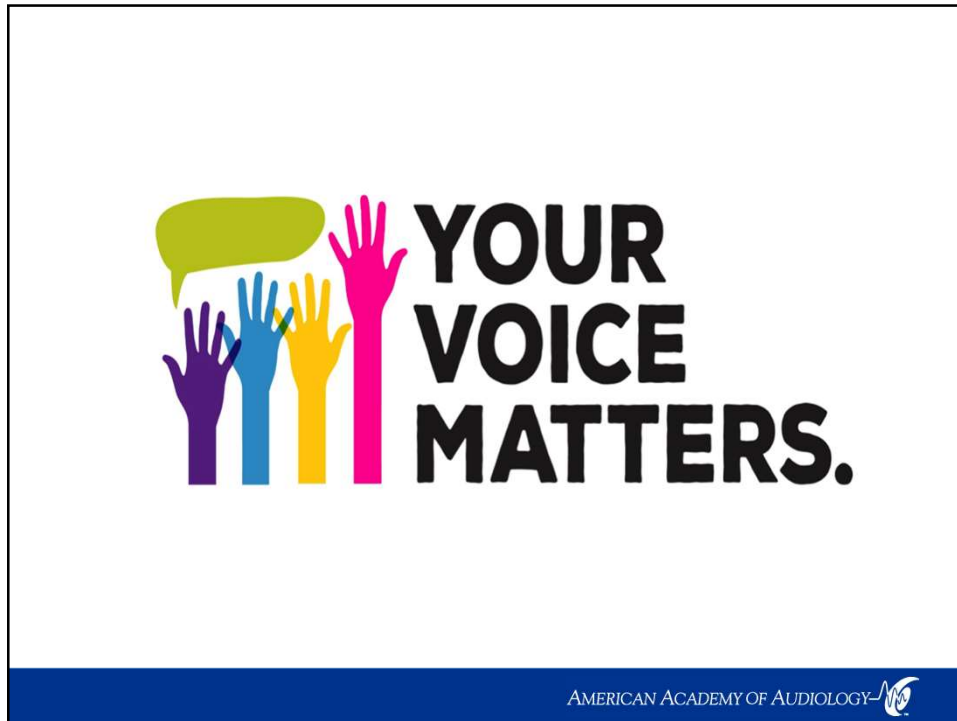Your Online CEU Source

Revised Codes in 2020

92626 Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour

92627 each addition 15 minutes (list separately in addition to code for primary procedure)

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MAASA
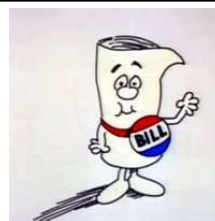
- The Medicare Audiologist Access and Services Act (H.R. 4056 & S. 2446)
- No change in scope of hearing health benefits
  – Does not expand Audiologists Scope of Practice

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Coding and Billing for Telehealth Services

Anna M. Jilla, AuD, PhD
Postdoctoral Fellow
Johns Hopkins University
Co-Chair, AAA Coding and Reimbursement Committee

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What **can** we do?

We **can** continue to serve patients.

We **can** mitigate health risks for our patients and our communities.

We **can** bill for our services.

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Audiology.org/covid19

COVID-19 – Telehealth Update
April 3, 2020

As COVID-19 continues to impact individuals across the United States, the Department of Health and Human Services, state and local agencies, and commercial insurance programs are creating new and revised regulations/guidance regarding telehealth payment policies.

Audiologists are beginning to employ creative solutions to assist their patients while mitigating the risk of further transmission of the virus. Some former face-to-face visits are now being handled via telephone, video, and/or remote connection to hearing aid devices. Many audiologists are wondering if these remote services can be billed and reimbursed. This guide will help you understand options that are available to audiologists at the present time.

https://www.audiology.org/practice_management/coding/covid-19-telehealth-update-and-guidance

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Overview

- Telehealth
- Coverage policies
- Billing for services

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Telehealth/Telemedicine

- State telehealth expansions
  - https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies
  - http://connectwithcare.org/state-telehealth-and-licensure-expansion-covid-19-chart/
- Monitoring current legislation
  - State Legislature
  - LegiScan
  - OpenStates
- Academy's State Relations Committee

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Original Medicare (Part B)

- Audiologists reimbursed for a defined set of procedures in specific places of service (i.e., face-to-face)
- No changes to covered services under Medicare
  - Outlined in the CMS guidance regarding Audiology Services
  - https://www.cms.gov/Medicare/Billing/TherapyServices/Downloads/Audiology_Codes.pdf
- Impact on audiologists remains low

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Original Medicare (Updates)

- Cochlear implant programming codes now available for reimbursement via telehealth during public health emergency (added April 30, 2020)
- https://www.audiology.org/advocacy/cms-expands-list-medicare-eligible-telehealth-providers-include-audiologists

CPT Code	Description
92601	Diagnostic analysis of CI, patient <7y, initial programming
92602	Diagnostic analysis of CI, patient <7y, subsequent reprogramming
92603	Diagnostic analysis of CI, patient ≥7y, initial programming
92604	Diagnostic analysis of CI, patient ≥7y, subsequent reprogramming

Guidance on submitting claims to CMS for telehealth is forthcoming.

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State Medicaid, CHIP, Medicare Advantage, Commercial Payers, and 3rd Party Insurance Networks

- Websites for COVID-19 policy changes
- Provider bulletin updates
  - Email announcements
  - Listservs
- Provider relations departments

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State Medicaid

https://hhs.texas.gov/services/health

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State Medicaid

https://www.medi-cal.ca.gov/

Medicare Advantage Plan

https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19.html

Commercial Plan

https://individual.carefirst.com/individuals-families/about-us/coronavirus-healthcare-providers.page

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What do I do if insurance does not cover telehealth for audiologists?

- Coverage policies ≠ Scope of practice
- Services not covered by the payer?
  - *Services can be reimbursed directly by the patient (self-pay)*
  - Can use the same office procedures, policies, and customary fees they would use for a similar face-to-face self-pay transaction

Decision Matrix for Telehealth Services

Do you typically bill for this service?

YES ↓   NO ↳   Patient is not billed for the service.

Is this a covered service?

YES ↓   NO ↳   Services can be reimbursed directly by the patient.

Follow the payer's telehealth guidance.
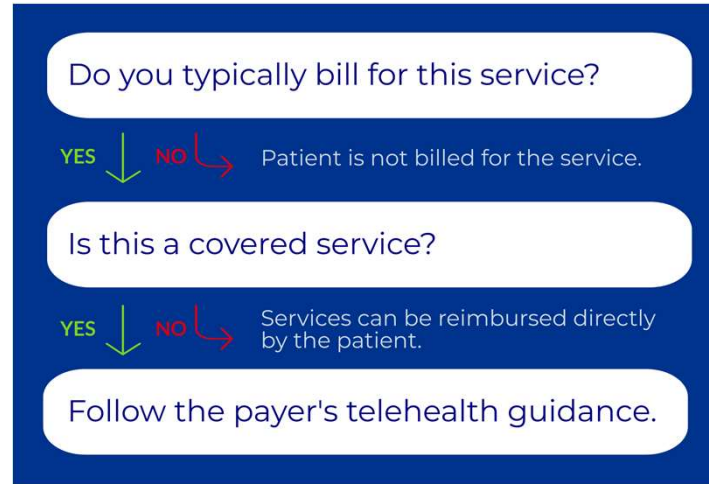
Adapted from: *AAA COVID-19 -- Telehealth Updates*, April 2020

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Take Aways

- Coverage policies ≠ Scope of practice
- How you code and bill for telehealth services will depend on the payer
- Keeping it simple:
  - <u>Covered services</u>: Check with payer to see if coverage policies allow for billing the same procedure conducted via telehealth.
  - <u>Non-covered services</u>:
    - Not covered and thus not reimbursable when provided via telehealth
    - Follow appropriate steps to seek reimbursement directly from the patient

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Resources (1 of 2)

- Medicare Telemedicine Health Care Provider Fact Sheet (March 17, 2020)
  - https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet
- COVID-19: Academy Resources
  - https://www.audiology.org/practice-management/covid-19/covid-19-resources
- COVID-19: Resources for Healthcare Providers
  - https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html
- Telehealth and Telemedicine
  - American Academy of Audiology
    - https://www.audiology.org/practice_management/resources/introduction-telemedicine
  - American Medical Association
    - https://www.ama-assn.org/practice-management/digital/ama-quick-guide-telemedicine-practice
  - American Telemedicine Association
    - https://info.americantelemed.org/covid-19-news-resources
    - https://www.americantelemed.org/resource/why-telemedicine/

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Resources (2 of 2)

- CMS Guidance Regarding Audiology Services
  - Audiology Services
    - https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Audiology
  - Audiology Code List (revised 2016)
    - https://www.cms.gov/Medicare/Billing/TherapyServices/Downloads/Audiology_Codes.pdf
- CMS Telehealth Resources
  - https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet
  - https://www.medicare.gov/coverage/telehealth

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EMAIL US YOUR QUESTIONS!

REIMBURSEMENT@AUDIOLOGY.ORG

Individualized coding guidance for AAA members

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Transitioning to Telepractice…
Ready or Not

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Editor-in-Chief, Seminars in Hearing

Consultant, National Board Of Medical Examiners, Accommodations

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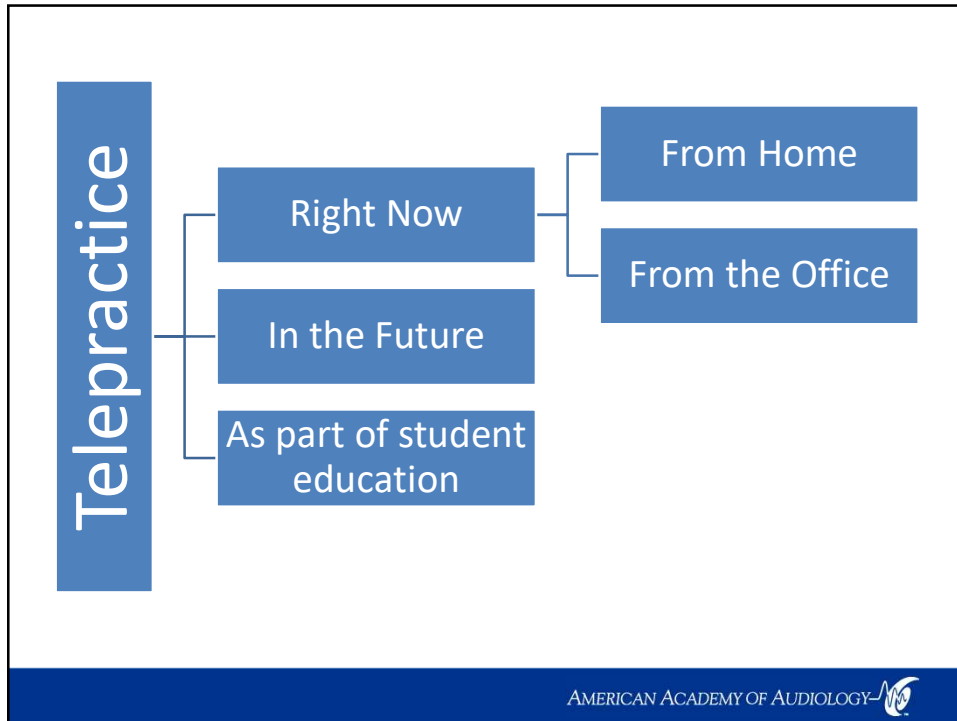
Working from home

Working from home when you didn't plan to…
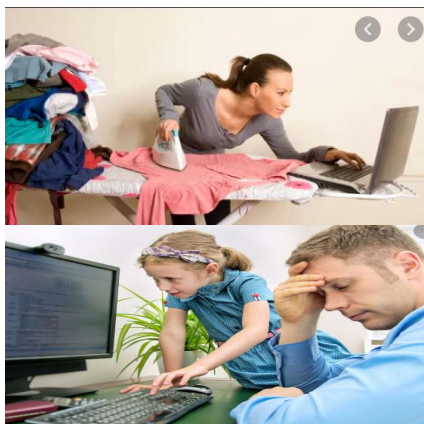
Planning to work from home (hybrid model?)

Equipment to Provide Telehealth from Home or the Office

Computer or Laptop

Internet Connection

Phone
(Landline or Cell)

Camera with microphone

Headset with microphone

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Use services or strategies to hide your personal cell phone number.

Microsoft Teams Domestic Calling Plan

doximity

Doximity

No Caller ID

Some phones allow you to turn off "show my caller ID" default

Caller ID: Anonymous

*67

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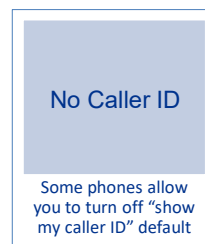
If you have Microsoft Office 365, try a Microsoft Teams Calling Plan

- Domestic plans start around $12 per month per user
- You'll be assigned a new phone #
- When you call someone, the new # will show up on the caller ID
- If they have to call back, email alert and Teams alert with transcription
- Fun tip: Have patients call the Duquesne Light Time & Temp Announcing Service when testing phone connectivity or hearing ability!

More info available at: https://docs.microsoft.com/en-us/microsoftteams/calling-plans-for-office-365

Calls

Speed dial

Your number: (412) 756-

1 412-391-9500

1	2 ABC	3 DEF
4 GHI	5 JKL	6 MNO
7 PQRS	8 TUV	9 WXYZ
*	0 +	#

Call

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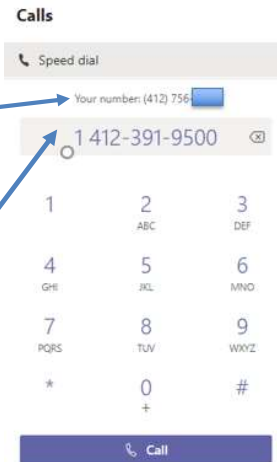
We are empowering medical providers to serve patients wherever they are during this national public health emergency. We are especially concerned about reaching those most at risk, including older persons and persons with disabilities. – Roger Severino, OCR Director.

- **CMS is not imposing penalties for noncompliance with HIPAA regulations during the COVID-19 national emergency**

During the COVID-19 national emergency, which also constitutes a nationwide public health emergency, covered health care providers subject to the HIPAA Rules may seek to communicate with patients, and provide telehealth services, through remote communications technologies. Some of these technologies, and the manner in which they are used by HIPAA covered health care providers, may not fully comply with the requirements of the HIPAA Rules.

OCR will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency. This notification is effective immediately.

For full text, please visit
https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html

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If you are using Facetime, change your caller ID from your personal phone number to your email address.
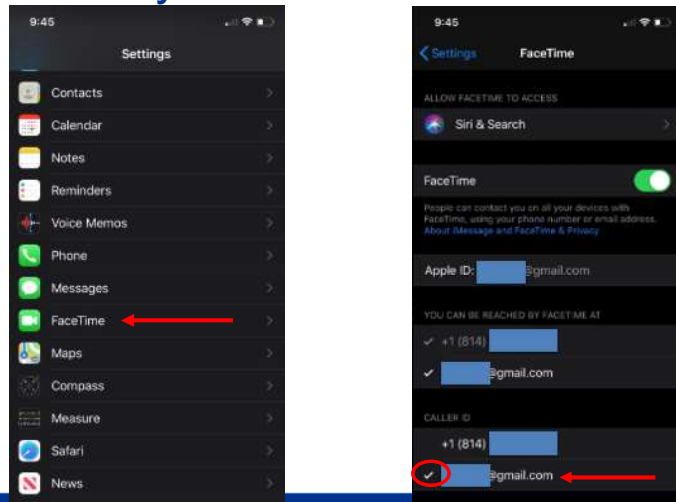
Require a password to enter the Zoom session

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Privacy/Professional Considerations for Telehealth Appointments no matter the origination (home or office)

Create a professional & private space
- Eliminate distractions
- Dress professionally

Ensure appropriate lighting
- Ideal lighting is in front of you
- Backlight will create a silhouette effect (your patient won't be able to see you)

Confirm that the patient can see and hear you

Use the patient's help on exam, if needed

Maintain eye contact with the camera, not the screen

Information taken from UPMC Video Visits Guide

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DON'T GET LEFT BEHIND

Office set up for telehealth
   (meeting HIPAA guidelines)
E-record set up for telehealth
Documenting

Telephone Call

Email

Tele Visit

Video Visit

Email Visit

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| Phone calls (providing treatment or advice)	Telemedicine Phone Appt	On schedule	.audtelemedphone *must document duration of interaction & must be > 10 mins
Phone calls (ex: telling someone to pick up a repair)	Telephone encounter *won't show up on schedule	No	No
Emails (providing treatment or advice)	Telemedicine Phone Appt (copy & paste the conversation into the encounter)	On Schedule	.audtelemedemail *must document duration of interaction & must be > 10 mins
Emails (ex: telling someone to pick up a repair)	Informational encounter *won't show up on schedule (copy & paste the conversation into the encounter)	No	No
EHR messaging (providing treatment or advice)	Telemedicine Phone Appt (indicate in note that details of conversation are in EHR message)	On Schedule	.audtelemedEHR *must document duration of interaction & must be > 10 mins
MyUPMC messaging (ex: telling someone to pick up a repair)	Don't need to do anything additional *the conversation will show up in e-record	No	No
Telemedicine Video visit through Epic (for patients enrolled in EHR Communication)	Telemedicine Video Appt	On Schedule	.audtelemedvideo
Telemedicine Video visit through another platform (for pts not enrolled in HER Communication)	Telemedicine Phone Appt	On Schedule	.audtelemedother *must document duration of interaction & must be > 10 mins

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"dot" phrases

- .audtelemedphone = This consultation was provided via telemedicine from patient's home using audio telecommunications technology between the patient and the provider. Verbal consent has been received. *** minutes were spent consulting with the patient.

- .audtelemedvideo = This consultation was provided via telemedicine from patient's home using two-way, real-time interactive telecommunications technology between the patient and the provider. The interactive telecommunication technology included audio and video. Verbal consent has been received.

- .audtelemedemail = This consultation was provided via telemedicine from the patient's home using two-way, asynchronous communication technology between the patient and the provider. This communication took place in written form due to the patient's communication challenge or because the patient needed the information to be presented in a way that they can reference again in the future. This patient is not enrolled in EHR messaging, so the information was provided via secure email. *** minutes were spent creating the message.

- .audtelemedEHRmessage = Please see the EHR message in this patient's chart for the details of this conversation. This consultation was provided via telemedicine from the patient's home using two-way, asynchronous communication technology between the patient and the provider. This communication took place in written form due to the patient's communication challenge or because the patient needed the information to be presented in a way that they can reference again in the future. *** minutes were spent creating the message.

- .audtelemedother = This consultation occurred during the COVID-19 pandemic and was provided via telemedicine from patient's home using two-way, real-time interactive telecommunications technology between the patient and the provider. The interactive telecommunication technology included audio and video. Verbal consent has been received. The patient is not enrolled in EHR messaging, so the interaction occurred via an alternate platform. *** minutes were spent consulting with the patient.

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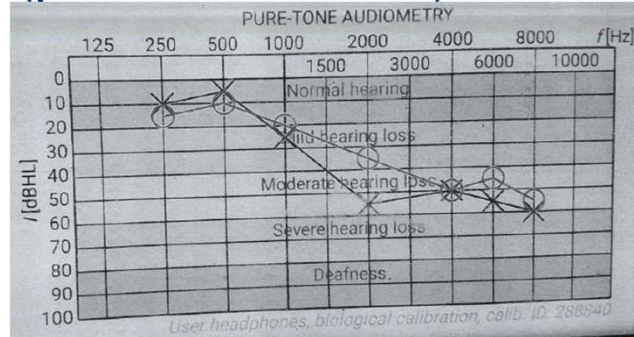
Case 1

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The patient

- 66 year old male
- Acoustic trauma (pre COVID-19 closures)
  - Riffle went off accidently without hearing protection
  - Change in hearing and tinnitus in both ears
- Steroid taper

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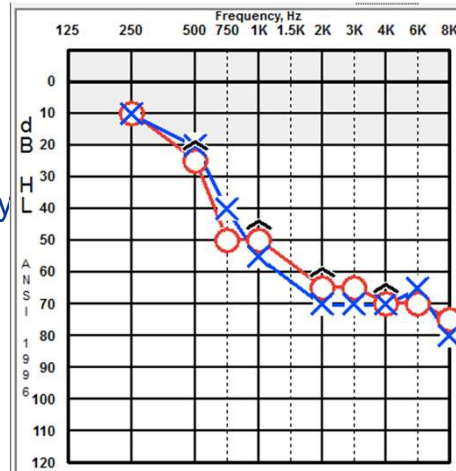
Follow Up (post COVID-19)

- Two week follow up after steroid taper
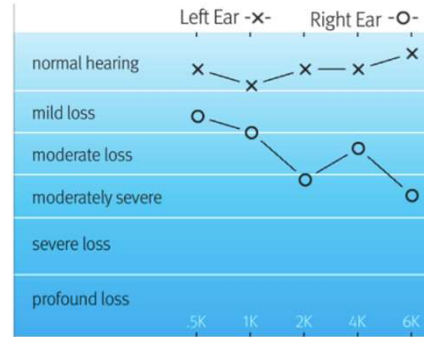- Performed on Hearing Test application (Android)

- Improvement in high frequencies
  - Patient felt that his hearing had improved to his baseline
  - He decided to pursue hearing aids after COVID 19 has resolved

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Case 2

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The patient

- The patient is a 47 year old male
  - New patient, no prior audiogram on record
  - Decrease in hearing in the right ear
  - New onset tinnitus
  - Vertigo
  - Symptoms began approx. 1 week ago
  - Hearing test with iOS app

Follow Up

- The patient was placed on a 10 day steroid taper
  - No improvement in hearing (self-report)
  - Due to the results of our hearing screening demonstrating a clear asymmetry and no improvement noted he was deemed eligible to come into the clinic for evaluation and treatment
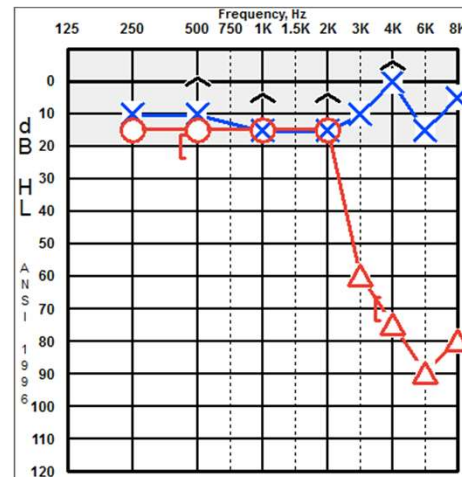
MRI ordered

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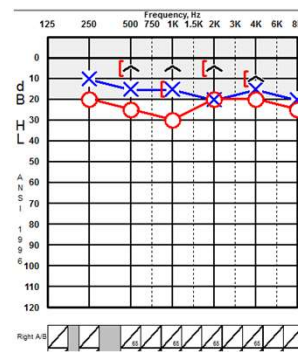
Case 3

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Established Patient with new Complaint

- 18 year old female
- Hx of OME, 2 right tympanoplasties, Right Conductive HL and bilateral tinnitus
- Contacted office with new complaint of difficulty hearing in her college Music Theory and Aural Training class as it transitioned to online

Recent audiogram

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- Phone communication to set up formal telemedicine consult appointment
- Telemedicine consult
  - Tuning headset with patient to emphasize low frequencies
  - Requesting ability to repeat listening passages
- Forwarded recommendations to school
- Set up appointment for future APD evaluation

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Case 4

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Hearing aid fitting and delivery

- Programmed to targets for soft, moderate, and loud inputs in the test box (didn't have RECD)
- Patient's son picked up aids (could have mailed)
- Sent YouTube links in advance
- Zoom orientation with son present
- Follow-up with remote fine-tuning

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Troubleshooting

- Cleaning hearing aids
- Pairing devices
- Using Zoom with captions
- Remote programming
  - Specific to communication with masks
- Connecting new earmolds to devices

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Good enough until we can see you…

- Online Qualtrics Questionnaires
- Amplifier apps
- Tinnitus apps
- Google Live Transcribe, iOS Live Transcribe
- Simple amplifier

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ESTABLISHING ONGOING TELEHEALTH

BUILDING RELATIONSHIP FOR FUTURE IN-PERSON VISITS

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QUESTIONS???

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