NACHC Office Hours-Registrants Questions

October 13, 2022

1) Choosing between Audio Only E/M Services and Telephonic E/M codes
   a) Is the visit patient initiated?
   b) Does the payer allow audio only office visits (99202-99205, 99211-99215)?
   c) Does the documentation support the replacement of an in-person visit?
   d) Is this a triage call with brief medical discussion?
   e) For most State Medicaid Plans, audio-only is allowed for office visits and telephonic E/M codes are a temporary benefit during the PHE. Telephonic E/M codes are not considered telehealth and do not replace an in person visit. Telephonic E/M codes are intended for triage. It is important to know when a triage call turns into an audio only office visit. For example, medical decision making or time. An appropriate history and physical is documented.

2) Staying up to date on changes to telehealth policies and coverage
   a) Reach out to your Telehealth Resource Center. For the northeast region, NETRC updates the major payer list with telehealth coverage and billing requirements monthly. This is accessible through their website.
   b) Access the Center for Connected Health Policy. Their website summarizes coverage by State.
   c) Review and understand your State's Medicaid Plan-review the chapter on Telehealth and whether an FQHC can be a distant site provider. Review whether audio only is reimbursed and if any in person requirements and at what duration is needed.
3) Extension of the PHE and Post PHE changes
   a) Current PHE ends today, however the attorney general indicated that a 60 days' notice if the PHE would not be extended. This means that more than likely the PHE is extended. FQHC's can continue to provide Telehealth services and maintain flexibilities until June 14th, 2024. When the PHE ends, most waivers and flexibilities continue until the last day of the year of which the PHE ends plus an additional 151 days.
4) Requirements for onsite frequency between telehealth visits
   a) For Medicare, see MLN SE2202: https://www.cms.gov/files/document/se22001-mental-health-visits-telecommunications-rural-health-clinics-federally-qualified-health.pdf
   b) Exception to the 12 month in person requirement. Documentation is required. Note: Section 304 of the Consolidated Appropriations Act (CAA), 2022, delayed the in-person visit requirements under

Medicare for mental health visits provided by an FQHC via telecommunications.

5) Telehealth Provider Licensure
    a) See document handout on review State licensing requirement.
    b) Identify whether your State participates in the interstate compact
    c) Identify whether providers must have special enrollment for practicing across State lines.
6) Ensuring quality reporting when services are provided via telehealth
    a) See document handout on maintaining quality benchmarks during a telehealth visit.
    b) Virtual Registration
    c) Virtual Check In (rooming the patient)
    d) Virtual Check Out that includes referrals to in house support services as well as linking patients to community outreach services
7) Documentation Deficiencies
    a) Document telehealth visits as you would in person visits
    b) Add the following for TH
        i) Consent Obtained
        ii) Method of Telehealth Delivery, (audio only vs audio/video)
        iii) Location of Provider
        iv) Location of Patient
        v) All participants
        vi) Total time spent when coding based on time
        vii) Whether a provider personally observed vitals or it the vitals were self-reported, (recommended for quality reporting).