

DOCUMENTING SERVICES PROVIDED BY TELEHEALTH DURING THE COVID-19 PUBLIC HEALTH EMERGENCY

Despite the clear policy goal of encouraging telehealth as a substitute for face-to-face encounters in order to minimize coronavirus transmission, we do not yet have clear guidance on exactly what requirements will apply in order to support claims for reimbursement, especially for FQHC services. It is entirely possible that claims may need to be re-coded and re-billed in light of future guidance. Therefore, FQHCs would be well advised to capture and record sufficient data to support reimbursement even if the current reimbursement guidance changes.

Data elements worth considering (in addition to those already routinely captured in support of E+M codes) might include the following:

- Originating site
 - Health care provider's office?
 - Health care facility?
 - Patient's home?
 - Other?

- Provider site
 - FQHC site?
 - Provider's home (or home office)?
 - Other?

- Telehealth modality
 - Interactive audio and video?
 - Audio only?
 - Data monitoring only?
 - If not interactive audio and video, has clinical appropriateness been established?
 - For example, some payors consider certain behavioral health services never clinically appropriate if provided by audio only
 - Are there special circumstances why only audio is available, such as loss of internet connection?

- Telehealth technology and equipment
 - Previously established secure platform? (For example, online patient portal?)
 - Platform or app used (for example, Zoom, Skype, FaceTime, etc.)
 - HIPAA compliance documented?
 - Security measures (encryption, etc.)?

- Patient's informed consent
 - Written?
 - Documented by provider or staff with patient's verbal consent?
 - Is patient already established as FQHC patient? New patient?

- Medical necessity
 - Medical, mental health, or qualified preventive health services?
 - FQHC practitioner's skill level required?
 - Comparable quality to face-to-face services?
 - If not, possible basis for waiver of comparable quality requirement?

- Scope of services
 - FQHC practitioner vs. other FQHC staff
 - Supervision requirements met via telehealth?
 - “Virtual check-in”?
 - Remote evaluation of patient-transmitted information?

- For Medicare, is practitioner telehealth-eligible?
“Distant site practitioners who can furnish and get payment for covered telehealth services (subject to State law) are:
 - Physicians
 - Nurse practitioners (NPs)
 - Physician assistants (PAs)
 - Nurse-midwives
 - Clinical nurse specialists (CNSs)
 - Certified registered nurse anesthetists
 - Clinical psychologists (CPs) and clinical social workers (CSWs)
 - CPs and CSWs cannot bill Medicare for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services. They cannot bill or get paid for Current Procedural Terminology (CPT) codes 90792, 90833, 90836, and 90838.
 - Registered dietitians or nutrition professional”