



Webinar: Telehealth and E-Visits-Make It Work For You

Questions & Answers

April 21, 2020

- Q. Can therapy services be provided to Medicare patients in SNF's as a non-billable service?**
- A. Our professional therapy associations ([AOTA](#), [APTA](#), and [ASHA](#)) have posted some recent updates on this on their websites and we encourage you to visit their sites. For telehealth services for which we are statutorily excluded can be provided as non-billable services. The federal law statutorily excludes audiologists and SLPs from Medicare reimbursement for telepractice ([Section 1834\(m\); Social Security Act](#)). The statutory exclusion eliminates such services from Medicare service delivery requirements and shifts financial liability for paying for the services to beneficiaries at the discretion of the patient. As a result, audiologists and SLPs may provide telepractice services to Medicare beneficiaries and enter into private pay contracts to receive reimbursement, if agreed to by the patient. If telehealth is allowed by state law/practice act, then it could be provided as a service that is not billable to Medicare.
- Q. Is there a document that outlines rules for telehealth for each state?**
- A. NARA does not have a single document that has the all the rules and guidelines for telehealth by state. However, we encourage you to check with your state practice act for this information. AOTA also offers a [payer coverage summary](#). The Center for Connected Health Policy also lists all state-specific telehealth regulations for all provider types (<https://www.cchpca.org/>). APTA's telehealth coverage summary documents can be found here: <http://www.apta.org/Telehealth/>. For resources from ASHA check here [ASHA's page](#)
- Q. We have been told, if you bill on a UB-04 form (institutional providers) Medicare will not pay for E-Visits. Have any of you heard this?**
- A. Unfortunately, at this time (as of 4/23/20), it does not appear that Medicare will reimburse for institutional providers billing e-visits on the UB04 form. This is due to the interim final rule [CMS-1744-IFC](#) dated March 30 that stated on page 55 these visits could be billed by private practice physical therapists, occupational therapists and speech language pathologists. The public is encouraged to submit comments to CMS on this interim final rule by June 1, 2020, and providers are encouraged to contact their MAC and other payers for clarification.
- Q. You discussed billing differences between the different telehealth services. Can you explain the difference between Telehealth and E-visits? Is it who initiates the service? How long can each be for? Can you do evaluations during E-visits? Or full treatment session and still bill? Something about 7 days for E visits: does that mean I can only bill once per 7 days of treatments?**
- A. An E-visit is a communication between an established patient and the provider initiated by the patient through an online patient portal. Telehealth is a visit between a new or established patient and provider through a telecommunications system with real-time, two-way audio and visual technology. Clinicians who may not independently bill for evaluation and management visits (for example – physical therapists, occupational therapists, speech language pathologists, clinical psychologists) can provide e-visits and bill utilizing G2061, G2062 or G2063. You can only bill these codes once every 7 days, and the code selection is based upon the cumulative number of minutes provided during that 7-day period. We cannot advise you on whether you can perform an evaluation during an E-visit. Telehealth visits should be considered the same as in-person visits. Click [here](#) to access APTA's resource regarding E-visits.

Q. Can you speak specifically to supervision of assistants in SNF using telehealth?

A. You will need to adhere to the payer policies and state practice acts related to supervision of assistants.

Q. Do you have any resources on therapy activities appropriate to do with telehealth?

A. We have posted [this document](#) as a resource on our COVID-19 resource page.

Q. Can you clarify, SNF therapists billing Medicare A/B CAN provide the services and it is NOT telehealth, as long as both the therapist and the patient are in the same building. If this is correct, how do we document this "non telehealth" service?

A. Per the April 8, 2020 CMS Open Door Forum, services should only be reported as telehealth services when the individual physician or practitioner furnishing the service is not at the same location as the beneficiary. If the physician or practitioner furnished the service from a place other than where the beneficiary is located (a "distant site"), they should report those services as telehealth services. If the beneficiary and the physician or practitioner furnishing the service are in the same institutional setting but are utilizing telecommunications technology to furnish the service due to exposure risks, the practitioner would not need to report this service as telehealth and should instead report whatever code described the in-person service furnished. New: 4/9/20 FAQ (page 22 question 9). We recommend you document the service was performed in such a manner in the medical record.

Q. Is it appropriate to use either of these services to conduct supervision visits with an assistant in a SNF?

A. The Medicare Part B 10th day supervision requirement has not been waived by CMS at the time of this webinar and development of the Q&A.

Thank you for attending this NARA Webinar.

Click [here](#) to access the recording of this webinar.

Click [here](#) to download the handout of the presentation.

Click [here](#) to access NARA's Coronavirus Resource Page including a section on Telehealth

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