

QUESTION REPORT: APRIL 27 WEBINAR

NHPCO COVID-19 Discussion on Effective Virtual Visits in collaboration with the National Coalition for Hospice and Palliative Care

May 13, 2020

NOTE: The questions answered from this webinar are accurate as of May 8, 2020. Please check the NHPCO website COVID-19 page to determine if there is more updated information available.

Question Details

QUESTION	ANSWER(S)
Why can't CMS make these visits billable for nurse visits? I am having a hard time getting nurses (and wanting to) into some of these facilities.	We have gotten the allowance for virtual visits to be conducted for all RHC visits in hospice. Technically the visits are part of the per diem rate and not separately billable now.
How do we find out the rates for the telephonic billable visits?	"CMS previously announced that Medicare would pay for certain services conducted by audio-only telephone between beneficiaries and their doctors and other clinicians. On April 30, CMS broadened that list to include many behavioral health and patient education services, including the Advance Care Planning codes. CMS is also increasing payments for these telephone visits to match payments for similar office and outpatient visits. This would increase payments for these services from a range of about \$14-\$41 to about \$46-\$110. The payments are retroactive to March 1, 2020. Here is the link to the waivers: https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf Here is the link the codes that are now allowed: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes "
Can anyone give clarification on whether or not telephone visits will count as routine visits for hospice patients, given CMS guidelines for COVID19? I haven't been able to get a clear answer on this. Thanks.	During the pandemic, voice only visits, or telephone visits, can be conducted for Routine Home Care. The only discipline where telephone visits does not apply is for hospice aides. The Interim Final Rule allows it, as of March 1, 2020.
Do you have any recommendations for RPM platforms or software?	Per panelist: TapCloud is an excellent platform that has most experience in the HPM space.
Are there any recommendation for HIPPA compliant Telehealth companies that we can contract with?	Per panelist: I am using TotalCare and DoxyMe - but they both have issues. Thank goodness for FaceTime (for now).
I listened in to an OCR webinar on telehealth, and I got the impression that while there are waivers right now, if providers plan to continue to provide telehealth outside the waiver for COVID, they need to have a Business Associate Agreement with the provider, ie, Zoom. Is this your understanding too?	Yes. You should have a BAA with the vendor.

Do you see, since this pandemic, and how quickly we have had to adapt, this as a norm for hospice?	Currently, the waivers are temporary.
Is ResolutionCare completely TH based, or do you do home visits too?	Per Michael Fratkin: We are 100% now, were 50% before COVID, expect to be about 90% after COVID.
Michael - what platform are you using? We discovered doxy. me and that is what we are using. So far it is going well. But trying to decide what we may use long term. What do you use for families to sign paperwork?	Per Michael Fratkin: We use Zoom and it works best for us.
Is there a definition of an "essential visit" for social workers, where telehealth is not acceptable per CMS or other criteria?	Per NHPCO: There is not. You should follow your own policies and procedures. Unless a patient is COVID-19 positive or suspected positive, most agencies are making in-person visits per their usual policy. See the NHPCO resource: https://www.nhpco.org/wp-content/uploads/COVID-19-Agency-Preparedness.pdf
Nancy - could you repeat the way you risk stratified patients?	Per Nancy Fickert: Low, Moderate, High based on risk. This determines how often you need to make contact with them. Do they have high symptom burden or poor functional status, or lack of support in home? Once you determine you can set up a plan with team as to who needs to make contact and how often.
How many televisits do you do in a day? What is your daily visit goal?	Per panelist: Good question - I still use 45 min for visits. and I am astounded how much energy it requires still. So my goal is 6 a day.
How are you completing POLST forms virtually i.e. getting signatures and getting the form to the patient?	From panelists: Some agencies are using DocuSign. Others are mailing forms or dropping them off at the home.
Are you using DocuSign consents and POLST?	Per panelist: Yes.
What company do use for remote monitoring?	Per panelist: Accuhealth - So far its great!
Christine Gardella: Are the BP cuffs electronic?	Yes, electronic and apart of a platform to analyze and sends me messages and they even call my patients to talk to them!
In the CGS telehealth webinar, they recommended we discuss potential risks of telehealth. Could you please mention some examples of risks to make patients and families aware of?	Per NHPCO: Risk include possibility of a dropped connection or connectivity issues; some limitations in assessment.
Is Zoom HIPAA compliant to use for telehealth?	Zoom offers a Zoom Healthcare platform. You should check with Zoom regarding whether their health care platform meets HIPAA requirements.
The structure of the tele-triage call and the routine telephone visit....is there a template that anyone can provide to assist hospice with this? Also a template related to disease processes and questions to perform a clinical assessment by phone.	You can access the tools Rena is talking about on the NHPCO COVID-19 website: https://www.nhpco.org/wp-content/uploads/COVID-19-Resource-Telehealth-RN-Case-Manager-and-Triage-Visits.pdf . These tools can be used for hospice telehealth visits, too.

<p>Rena - Interested how you set the stage with the patient at the beginning that they will eventually be moved to a primarily telehealth environment. And do you start teaching them the technology right away?</p>	<p>There is a warm hand-off between the patient, the AIM staff person in the home and the telephonic case manager.</p>
<p>What is the most used platform for virtual visits?</p>	<p>TapCloud is used for some. You might check with other providers to see what is working in your area.</p>
<p>How about auditing the visit to meet at least a minimum standard to ensure we are meeting the needs as per the POC</p>	<p>The resource: https://www.nhpco.org/wp-content/uploads/COVID-19-Resource-Telehealth-RN-Case-Manager-and-Triage-Visits.pdf contains an audit tool.</p>
<p>Hello, I wonder if I could bill for a ACP/ Goals of care conversation (99497/99498) without billing for a ICD-10 and E/M code during a telemedicine visit?</p>	<p>Per Jean Acevedo (Acevedo Consulting): A claim submitted with a CPT/HCPCS code without a related ICD-10 code will not be processed. The ICD-10 code linked to the 99497/8 should be the condition(s) that prompted the discussion. You can bill ACP w/o an E/M code. 99497/8 can and should be billed on their own if the only service provided was a goals of care discussion.</p>
<p>If the patient is unable to participate in a telehealth visit and the visit is completed by the SW with the family, can that count in the visit frequency?</p>	<p>Yes. SW visits with the family do count.</p>
<p>How would you suggest our hospice have a conversation with a LTC facility that does not want to use telehealth even when family members of a patient is requesting it? They state "you want us to do your job for you?" We have tried providing education on CMS QSO information to the facility.</p>	<p>Telehealth visits protect the LTC staff and their residents by decreasing the risk of exposure to COVID-19. Offer a pilot of using telehealth first to work out any issues.</p>
<p>Is Zoom visit within 7 days of death billable or non-billable (initial visits, routine visits done via Zoom)? There is a rate difference if visit made within last 7 days for Social work, etc.?</p>	<p>Telehealth visits for hospice patients are not billable and cannot be put on the claim. You will want to document why a telehealth visit was completed instead of an in-person visit. The care plan should also reflect the use of telehealth visits. SW phone calls completed in the last 7 days of life do not count toward the SIA.</p>
<p>How are you handling obtaining a consent for telehealth virtually? Dr. Catherine Nichols, DNP, APRN BC - leading a home based palliative practice</p>	<p>During the pandemic, telehealth visit consent can be verbal. You need to document that consent was obtained. The NHPCO resource: https://www.nhpco.org/wp-content/uploads/COVID-19-Quick-Guide-Virtual-Care_FNL.pdf includes language to include in an authorization form.</p>
<p>What do we do if our Hospice/Palliative Care Organization isn't on board with the telemedicine, haven't made it an option to their team & continue to push for "productivity?"</p>	<p>Consider doing a pilot. The NHPCO resource: https://www.nhpco.org/wp-content/uploads/COVID-19-Quick-Guide-Virtual-Care_FNL.pdf can help you get started.</p>
<p>Are organizations using telehealth or telemedicine for admission/start of care? Do these have to be performed in person?</p>	<p>Yes. However, hospice providers must use their best judgment in determining if they could gather enough information without an in person visit to do an admission, and to ensure continuity and quality care for their patients and families. Hospices should document how the goals of care are met in a safe and appropriate manner.</p>

<p>Is there consideration with CMS for these telehealth video visits to count for reporting with the last seven days of life?</p>	<p>Social worker phone calls can be added to the claim form for all phone calls to patients and families for social work services. Audio visual requirements do not apply, as this is a long-standing requirement for social work services. No other disciplines in hospice may enter telehealth visits on the claim form at this time</p>
<p>Do you need a consent to have video/zoom meetings for the bereaved or bereavement groups? Does HIPAA apply?</p>	<p>Even if OCR does not provide guidance specifically for bereavement, the best practice would be to obtain a signed consent/permission form.</p>
<p>is the facetime webex stated being used HIPAA compliant?</p>	<p>FaceTime is not a HIPAA compliant platform.</p>
<p>You said telehealth should be listed in the plan of care. What would that look like?</p>	<p>The plan of care should indicate whether the visit will be completed through telehealth and if there are specific interventions that will be completed/deleted during this type of visit.</p>
<p>Are admissions allowed via Televisits? GIP and/or routine at home?</p>	<p>Admissions are allowed via telehealth. However, Hospice providers must use their best judgment in determining if they could gather enough information without an in person visit to do an admission, and to ensure continuity and quality care for their patients and families. Hospices should document how the goals of care are met in a safe and appropriate manner. It might be difficult to do GIP virtually, but more likely this could apply to RHC.</p>
<p>How do you have support groups and maintain privacy? Zoom shows names.</p>	<p>You may be able to set the entry in Zoom so that only the phone number is shown.</p>
<p>How are programs ensuring equitable telehealth access for patients that may not readily have devices/internet/data?</p>	<p>NHPCO's Edge Partner: Franey & Associates mentioned a loaner program used at Resoulution Care. You can access the webinar: Tips for a Successful Telehealth & Virtual Visit (04/13/20) at https://www.nhpc.org/coronavirus</p>
<p>Can rn spiritual counselor msw visits be made as a billable when a face to face visit or an audio visit has been made</p>	<p>Under Part B, visits made by these disciplines whether face to face or telehealth, are not billable. For Part A under hospice, face to face visits for all are billed on the claim but only SW telehealth visits can be billed on the claim.</p>
<p>Kat Walker mentioned helping programs get approved for a clinical pharmacist. Where do you start with this? Who could I contact?</p>	<p>You can reach out to Kat at Kathryn.A.Walker@medstar.net</p>
<p>From a hospice perspective, is CMS recognizing phone visit as telehealth visits? Without the visual aspect?</p>	<p>Yes, however, the only phone visits that can be included on the claim are SW phone calls.</p>
<p>Acceptance is an issue with our hospice administration. The concern is that being at bedside is more important than mitigating risk for the novel coronavirus. What support/ data do you have for choosing telemedicine instead in-person? (This is assuming symptoms can be managed effectively either way.)</p>	<p>Please see the NHPCO resource: https://www.nhpc.org/wp-content/uploads/COVID-19-Agency-Preparedness.pdf. Your agency's policy & procedure should consider minimizing the risk of exposure for patients, their family and staff. Activities to minimize risk may include daily screening, establishing a group of staff willing to care for COVID-19 positive and suspected positive patients, offering telehealth visit option for all patients at high risk for exposure.</p>

See the NHPKO resource: https://www.nhpco.org/wp-content/uploads/COVID-19-Quick-Guide-Virtual-Care_FNL.pdf.

Here is an excerpt:

Screen the Target Population for Telehealth Capacity & Model Appropriateness

- a. What percentage of the target population is interested and/or can be convinced to receive some of their care through telehealth?
- b. What portion of the interested population is self-enabled or can be enabled through a caregiver/family member?
- c. What questions will you need to ask patients to determine their capacity and appropriateness for receiving care through telehealth? Is the patient willing to have face-to-face visits using a video conferencing (telehealth) approach? Does the patient have an applicable video conferencing device (i.e., a front-facing camera on a mobile telephone, tablet, laptop or desktop computer)?

We are having difficulty with getting patients set up for visits such as a run through and going over telehealth permission with guardian or dpoa. Thus then falls on the provider or RN. We have more often done visits when one member of the team us in the home and helping NP or physician with our visits. What is your suggestion for getting past this barrier?

Does Medicare consider telehealth visits as billable or acceptable to replace an in person visit? I thought Medicare have said no.

Social worker phone calls can be added to the claim form for all phone calls to patients and families for social work services. Audio visual requirements do not apply, as this is a long-standing requirement for social work services. ii. No other disciplines in hospice may enter telehealth visits on the claim form at this time. Claims can still process even if there were no in person visits.