IAND Registered Dietitian Telehealth Update – as it pertains to MNT/DSMT for Medicare *only*

By Susie Roberts, RDN LD, April 20, 2020

IMPORTANT NOTES:

- This information is summarized from the 4/16/2020 presentation (with updates from 4/18/2020 also included) given by Mary Ann Hodorowicz, titled: ***Telehealth DSMT and MNT, and, Medicare Waivers per COVID-19 Emergency***. To view the recorded webinar or to see the original handouts, go to www.dietitiancentral.com. This summary is intended for information purposes only.
- COVID-19 Waivers are constantly changing! Always double-check these resources:
  - https://www.eatrightpro.org/coronavirus-resources
  - https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page
  - https://www.eatrightpro.org/practice/practice-resources/telehealth
  - https://www.diabeteseducator.org/practice/practice-tools/app-resources/covid-19-information
- Medicare covers MNT/DSMT for beneficiaries under these stipulations only:
  - Has a diagnosis of: diabetes, non-dialysis kidney disease, and a patient who is 36 months post kidney transplant.
  - Patient has been referred by a physician
  - MNT/DSMT services are provided by an RDN who is enrolled as Medicare Provider.

MNT / DSMT telehealth provisions	Pre-COVID Requirements	COVID-19 Waivers – new provisions during COVID-19 Emergency
1. Beneficiary Consent to receive telehealth services	Written consent required	-Verbal consent is acceptable -Document date/time of verbal consent in patient record
		If using temporarily approved comm. Technologies that to NOT meet HIPAA compliance, RD must: -Inform pt of potential risk -Obtain pt's verbal approval to proceed (document in record) -Minimize HIPAA risks
		Recommended: -Issue a Notice of Privacy Practices to pts, noting: • Any changes to Notice • Document date of issue and date of patient acknowledgement/acceptance (in writing and/or verbally)

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2. Telehealth platforms /technologies	Must fully comply with HIPAA rules	CMS and OCR (Office of Civil Rights) will NOT impose penalties for HIPAA non-compliance in connection with good faith provision
		-*Must use the following with the patient*: • Interactive audio and video telehealth technology that permits real time audio and visual communication with patient on a: ○ Computer / Tablet – approved programs, in real time (HIPAA compliant, and vendor will enter into HIPAA Business Associate Agreement): ▪ Skype for Business / Microsoft Teams ▪ Updox ▪ VSee ▪ Zoom for Healthcare ▪ Doxy.me ▪ Google G Suite Hangouts Meet ▪ Cisco Webex Meetings / Webex Teams / GoToMeeting ▪ Amazon Chime ○ Smart phone – with these approved Apps in real time: ▪ Apple Face Time ▪ Facebook Messenger video chat ▪ Google Hangouts video ▪ Skype ▪ Whatsapp video chat ▪ Signal, Jabber
		-Use 'non-public facing' telehealth platforms: allow only the intended parties to participate in the remote communication session. -Avoid 'public facing' platforms (as they allow wide access to communication). EX: • Facebook Live Twitch Tik Tok
		*These are **NOT** allowed* (are public-facing and there's NO audio + visual communication in real time: • Telephone calls and faxes • Email without audio and visual • Online without audio and visual • Real time texts • Stored and delayed transmissions of images of beneficiary
		-Discourage use of public and semi-public settings/locations -If NOT in a private setting, implement reasonable HIPAA safeguards to limit uses/ disclosures of patient protected health information (PHI)

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3. 'New' vs. "Established' Patient		Waivers now include furnishing telehealth DSMT and MNT to: • Established patients • New patients -CMS will *NOT* conduct audits to ensure that a prior established relationship existed for claims submitted during COVID-19 emergency
4. Physician Referrals for DSMT		Another referral is *NOT* required if group classes were indicated on the original DSMT referral -Educator must document in chart note that visit was done 1:1 due to: • COVID-19, and • No group classes available within 2 months
5. Individual vs. Group DSMT Visits	Must be group unless special exceptions.	All 10 hours of initial DSMT can be individual
6. Training on injectable diabetes meds	Must be in-person	Must be in-person

7. DSMT & MNT Reimbursement for FQHCs and RHCs
 	
New information as of 4/17/2020, provided from Mary Ann's updated PPT.
	Telehealth services not eligible for reimbursement	CARES Act (passed 3/27/2020) indicates that telehealth services may be provided by FQHCs and RHCs as distant sites, and WILL BE REIMBURSED
		• Report **revenue code 780** on UB-04 claim: *'Telemedicine, general'*
		• Only **INDIVIDUAL** telehealth DSMT and MNT visits will be payable by Medicare. Use these individual codes:
		  ○ **G0108**, **97802**, **97803**, **G0270**
		• Qualified providers: **any** practitioner working within scope of practice; Services may be furnished from any location, including their homes
		• **Must waive coinsurance** and put "**CS**" **modifier** on service line to indicate same.
		  ○ Note: RHC/FQHC claims with "**CS**" **modifier** will be paid with the coinsurance applied, and the MAC will automatically reprocess these claims beginning **July 1**.
		  ○ Note: RHC/FQHC must waive collection of coinsurance from beneficiaries

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[continued] **7.DSMT & MNT Reimbursement for FQHCs and RHCs** **New information** as of 4/17/2020, provided from Mary Ann's updated PPT.	Telehealth services not eligible for reimbursement	CARES Act (passed 3/27/2020) indicates that telehealth services may be provided by FQHCs and RHCs as distant sites, and WILL BE REIMBURED (continued): • From Jan 27, 2020 to June 30, 2020: ○ Must put **procedure code modifier "95"** on claim (*'Synchronous telemedicine service rendered via real-time interactive audio and video telecommunications system'*) ○ Payment: RHC = All-Inclusive rate; FQHC=Prospective Payment System rate • From July 1, 2020 and the end of the COVID-19 PHE: ○ Must use **code G2025** on claim (*identifies services furnished via telehealth*) ○ RHC/FQHC claims with the **new G code** will be paid at the $92 rate ○ Costs for furnishing distant site telehealth services will NOT be used to determine the RHC AIR or the FQHC PPS rates but must be reported on cost report form
		RHCs (rural health clinics) from Jan 27, 2020 to June 30, 2020: • Add telehealth DSMT MNT visits via procedure codes to **RHC Cost Report** • Paid via Medicare bundled 'All-Inclusive Rate' (AIR) • Must report both originating and distant site telehealth costs on ***Form CMS-222-17*** on *line 79 of the Worksheet A*, in the section titled *Cost Other Than RHC Services*.
		FQHC (federally qualified health center) from Jan 27, 2020 to June 30, 2020: • Add telehealth DSMT + MNT visits via procedure codes on UB-04 claim • Paid 80% of the lesser of bundled OP Prospective Payment System (PPS) rate or DSMT/MNT visit fee • Must report both originating and distant site telehealth costs on ***Form CMS-224-14*** the FQHC Cost Report, on *line 66 of the Worksheet A*, in the section titled *Other FQHC Services*.

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8. Hospital billing on UB-04 Claim Form New information as of 4/17/2020, provided from Mary Ann's updated PPT.	Medicare reimburses for these via telehealth: • DMST • MNT ○ In FQHCs & RHCs: individual only visits	See Mary Ann Hodorowicz's actual presentation from 4/14/2020 for the very detailed explanation. Provided through www.dietitiancentral.com. Per Mary Ann: calls that ADCES has had with CMS have been very clear that **telehealth DSMT furnished in hospital outpatient depts cannot be billed on UB-04 claim form**. Her suggestion: ask your billers/coders if your hospital DSMT telehealth visits can be billed to Medicare on the professional 1500 claim form.
9.Approved sites to receive and provide Medicare DSMT / MNT Telehealth	Various limitations	Beneficiary: • Telehealth DSMT/MNT services may be provided regardless of where beneficiary is located geographically during visit • Beneficiary's home has been added as an Originating Site
	Excluded: • Independent renal dialysis facilities • Pharmacies	Diabetes Educator and RDN Distant Sites now include: • Rural Health Clinics (RHCs): ○ Per CMS: "Note that the provision of these services by RDs or nutritional professionals might be considered 'incident to services' in the RHC setting, provided all applicable conditions are met. However, they do not constitute an RHC visit, in and of themselves." ○ Translation: RDN furnishes MNT and RHC puts cost of on cost report. • Federally Qualified Health Centers (FQHC) – as distant sites (new during pandemic) and originating sites: ○ DSMT and MNT are considered 'medical visits' ○ Medical visit + DSMT or MNT visit on same day are ***not*** payable ○ But, behavioral/mental health visit + DSMT or MNT visit on same dare are payable ○ Only individual DSMT and MNT are payable (same as pre-COVID-19) Still Excluded: Independent renal dialysis facilities and pharmacies
10. Procedure code modifiers		On 1500 professional claim and hospital UB-04 claim: • Add **modifier "95"** to procedure code – '*Synchronous telemedicine service rendered via real-time Interactive audio and video telecommunications system'*
		Critical Access Hospitals Method II • Add **modifier "GT"** on UB-04 claims – '*Via interactive audio and video telecommunications system'*

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11. Place of Service Code on Professional 1500 Claim Form (NOT Hospitals)		1500 professional claim form (837P): • Report SAME place of service (POS) code that is reported usually for in-person DSMT and <MT • Medicare originally stated that POS "02" (telehealth visit) to be used…however, "02" is NOT incorrect
12. DMST Educator and RDN working from home can furnish DSMT/MNT telehealth services from their homes	Services could not be provided from Educator's/RD's homes	• Providers do NOT have to add their "home" to their Medicare enrollment file • Can bill Medicare under their **regular practice location** when doing DSMT and MNT from their homes • If your DSMT program has ADCES accreditation: ○ Go online to DEAP Dashboard and add 'home' as an ADCES accreditation **community site** (this is free) • If your DSMT program has ADA recognition: ○ Go to ADA ERP portal and add "home" as an **expansion site** • Continue to bill as usual, pre-pandemic
13. Medicare Co-payment for DSMT / MNT services	-DSMT: subject to Part B deductible + 20% -MNT: not subject to deductible/ 20%	• DSMT: Have flexibility to reduce…or waive DSMT co-payment • MNT: no change
14. RDN enrollment as Medicare provider		• RDNs can apply on the phone for temporary Medicare Part B billing privileges • Call your Medicare Administrator Contractor's hotline

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15. Other Medicare-Payable Billing Codes for Virtual Services for Part B providers	Telehealth services, including individual DSMT, could only be furnished by: a physician assistant, nurse practitioner, clinical nurse specialist, certified nurse-midwife, psychologist, social worker, or RD or nutrition professional (someone who has completed all RD requirements, except taking the national exam)
	
	Excluded: RNs and pharmacist (pre & post-pandemic)
	Exception: beneficiary signs Medicare ABN
		Medicare is **temporarily** covering these 3 codes for **telephonic assessment & management services** furnished by Medicare Part B providers…including RDNs:
		• **98966**, **98967**, **98968**:
		  ○ Can be used **after 7 days** following an MNT visit
		  ○ May **NOT** be used to submit claims for providing MNT
		
		• **98966**: Telephone assessment and management service
		  ○ Provided by a qualified non-physician health care professional to an established patient: parent, or guardian
		  ○ **NOT** originating from related assessment and management service provided within **previous 7 days**, nor leading to assessment and management service or procedure within **NEXT 24 hours** or soonest available apt
		  ○ **5 – 10 minutes of medical discussion**
		• **98967**: 11 – 20 minutes
		• **98968**: 21 – 30 minutes
		Note: if call lasts longer than 30 minutes, may use more than 1 of the above codes.
		Example: 45 minute call can be billed as both:
		• **98967** (11 – 20 minutes), + 98968 (21 – 30 minutes)
		
		Other virtual care codes for providers, including RDNs:
		• **G2061**: qualified non-physician healthcare professional online assessment and management, for established patient, for up to 7 days:
		  ○ Cumulative time during the 7 days: 5 – 10 minutes
		  ▪ Includes:
		  1. Review of initial inquiry
		  2. Review of patient records pertinent to assessment of patient's problem
		  3. Personal interaction with clinical staff focused on patient's issue
		  4. Development of mgmt. plans (including generation of RX or ordering of tests), and
		  5. Subsequent communication with patient (may occur through online, phone, email, or digitally supported communication)
		• **G2062**: 11 – 20 minutes
		• **G2063**: 21 or more minutes

16.Billing physician visit on same day as DSMT or MNT	Can't do it.	Can bill for both physician and DSMT/MNT telehealth visit on same day? • No…if DSMT program is using physician's NPI# to bill, one of the charges will likely get denied. • Yes…if DSMT program is NOT billed under same NPI# as physician visit