

Disclaimer: COVID-19

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Telehealth/Telemedicine Disclaimer:

Information presented herein represents current CMS and CPT guidelines at the time of this presentation. Payer specific nuances apply to many telehealth services.

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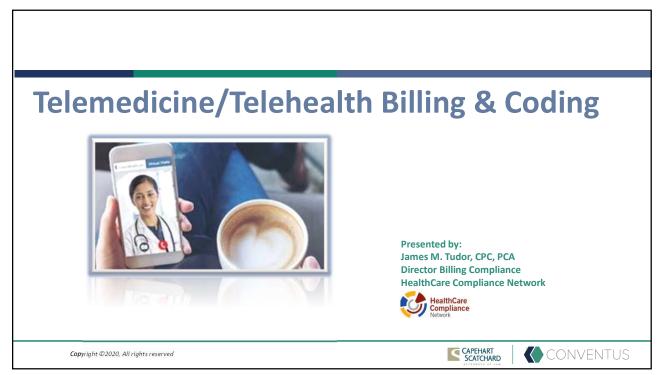
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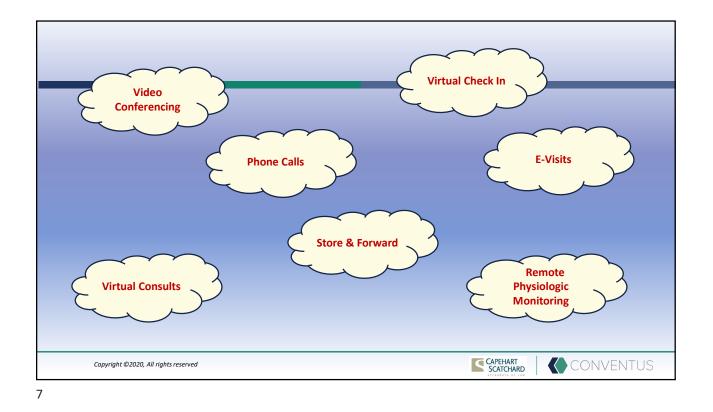
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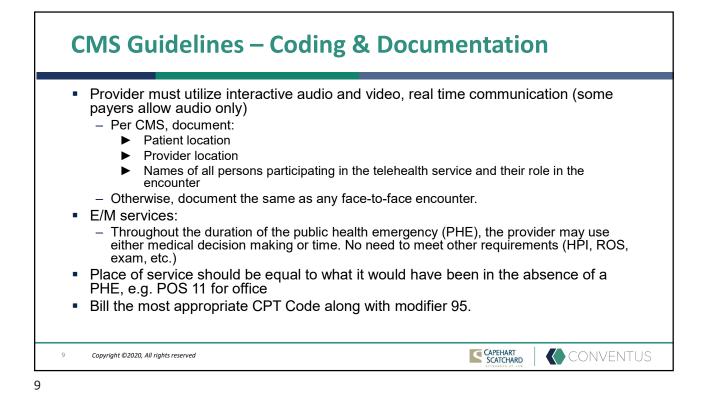
Objectives Provide updates on: • Telemedicine/Telehealth billing and coding requirements • Funding and Human Resources Update • Coronavirus Aid, Relief, and Economic Security Act (CARES) Act, Provider Relief Fund • NJ Family Leave Act • Immunity from Civil Liability • Executive Order 112, S2333, CARES Act, Public Readiness and Emergency Preparedness (PREP) Act

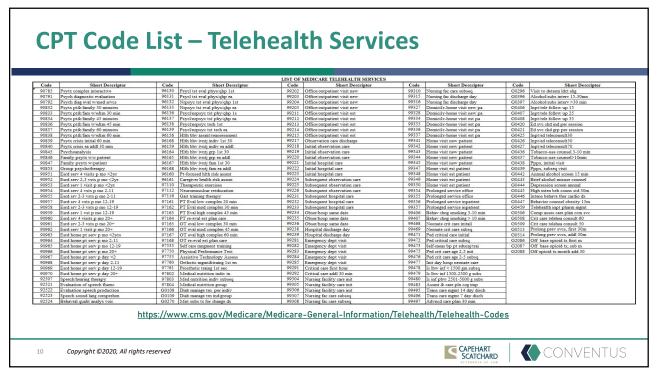


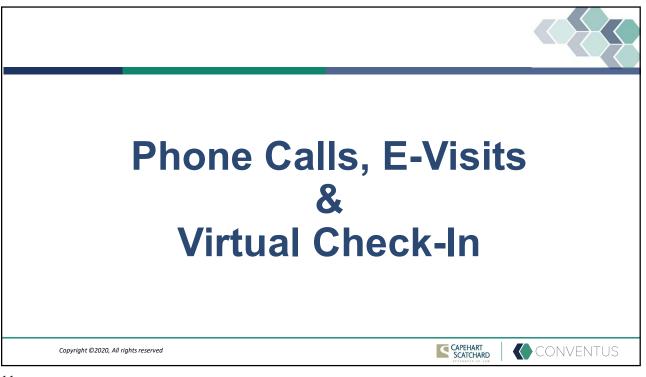


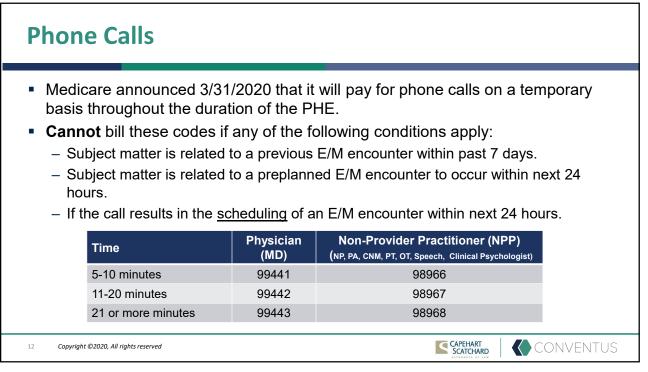










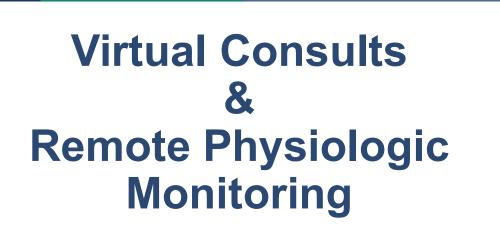


Virtual Check-In/Store & Forward

- Intent of Virtual Check In is to avoid unnecessary trips to the office.
- Store & Forward Provider review of previously recorded images and video.
- Patient must verbally consent.
- Only for providers who can bill E/M codes.
- "7/24" concept applies.
 - G2012: Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
 - G2010: Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment

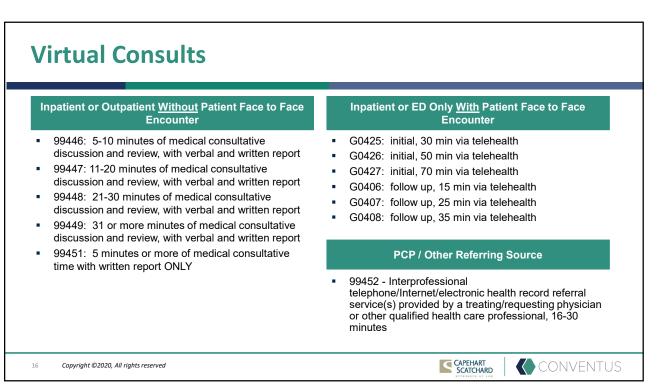
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		ATTORNEYS AT LAW

• 7	•		he practice can reach out to patients	
	make them aware of service availability. If within seven days of the initiation of an online digital E/M service, a separately reported E/M			
	If within seven days of the initiati	on of an online digital E/N	1 service, a separately reported E/M	
= \	visit occurs, then the work devote	•	A service, a separately reported E/M M service is incorporated into the	
= \		•	M service is incorporated into the	
= \	visit occurs, then the work devote	•		
• \	visit occurs, then the work devote separately reported E/M visit.	ed to the online digital E/I	M service is incorporated into the Other	
= \	visit occurs, then the work devote separately reported E/M visit. Time spent over 7-day period	ed to the online digital E/I MD or NPP	M service is incorporated into the Other (PT, OT, Speech, Clinical Psychologist)	



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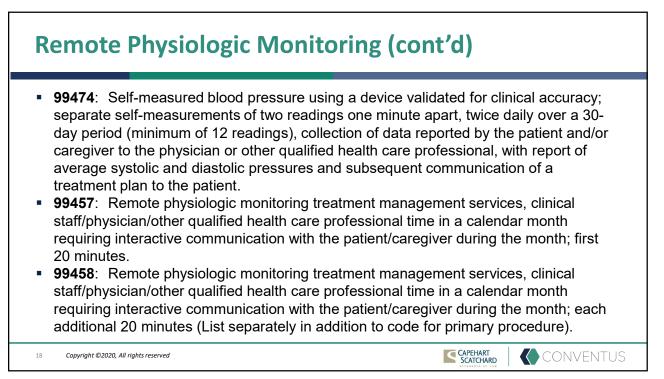
Remote Physiologic Monitoring

- 99453: Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment.
- 99454: Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days.
- 99091: Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days.
- **99473**: Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration.

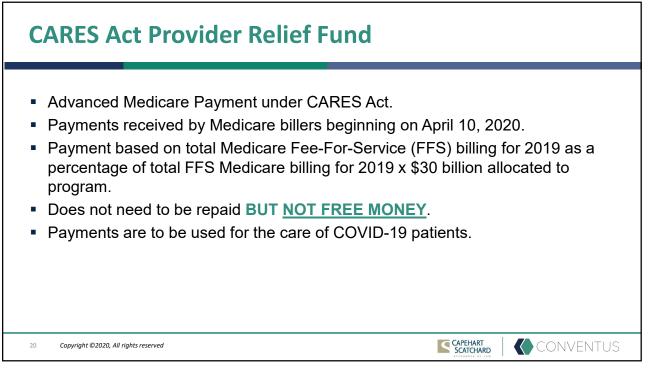
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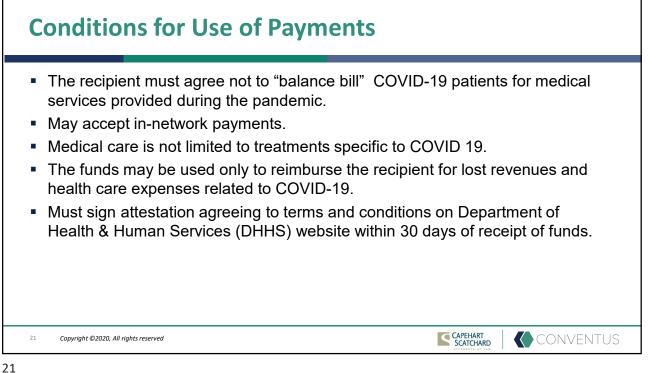
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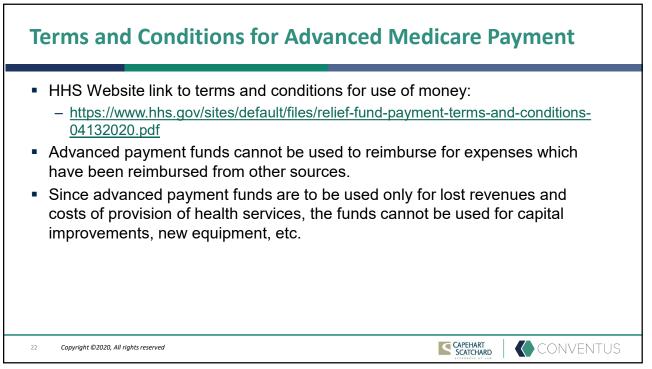


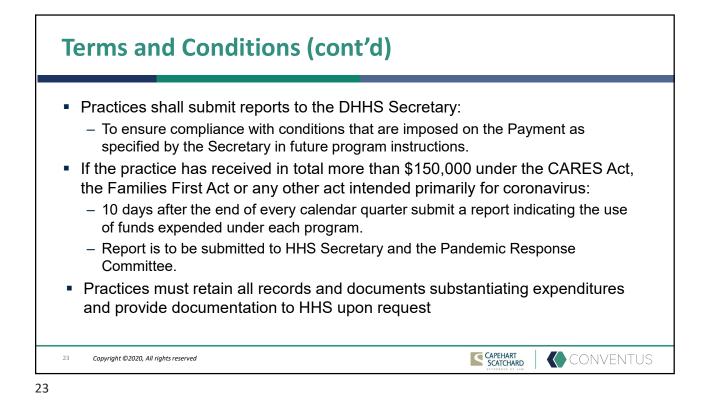


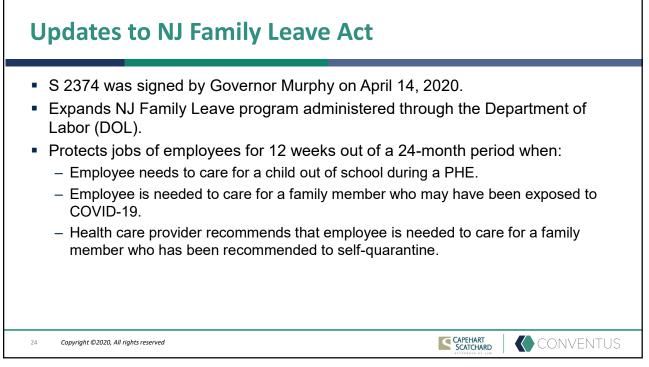


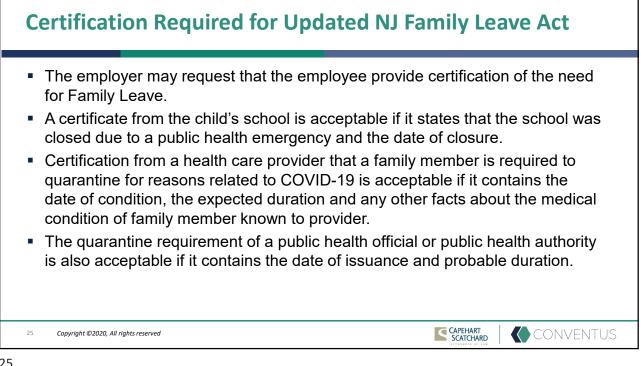




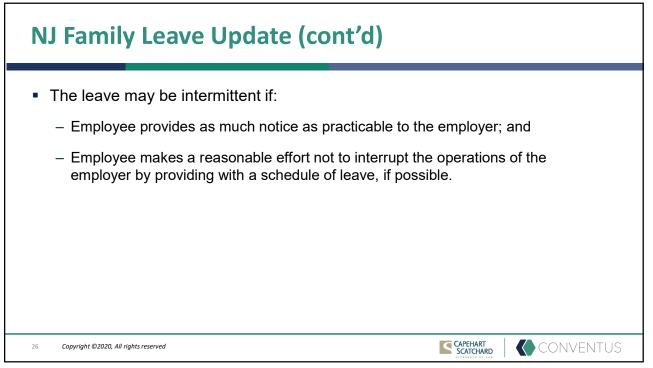




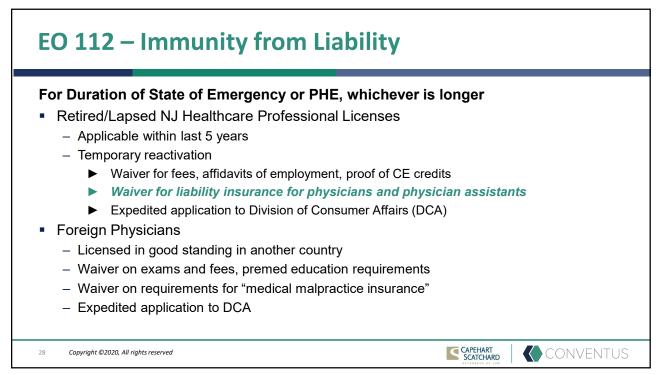












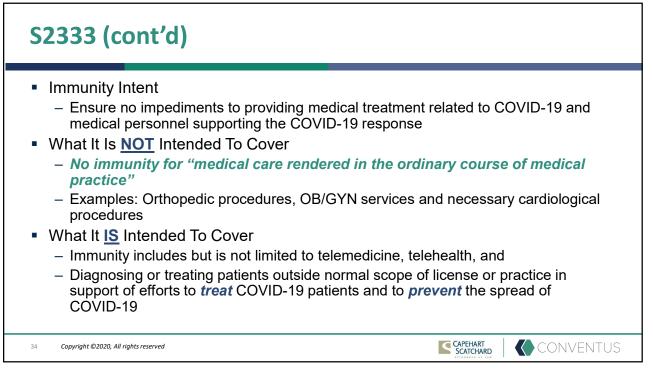
EO 112 (cont'd)	
 Advance Practice Nurses (APNs) 	
 Suspension and waivers on requirements for written approval from collaborating physician detoxification and substance abuse 	
 Physician Assistants (PAs) 	
 Suspension and waivers on requirements for agreements, obtaining authorization to preso (CDS), limits on assistance in the operating it 	ribe controlled dangerous substances
Access to NJ Prescription Monitoring Progra	am (NJPMP)
 CDS registration is <u>not</u> required 	
 Drug Enforcement Administration (DEA) regi 	stration <u>is</u> required
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EO 112 (cont'd)		
 Immunity from Liability – Temporary Licensees Immunity from civil liability for any damages from and in the course of providing services in support. Can be outside scope of practice Immunity does not extend to crimes, actual framory or willful conduct 	n acts or omissions ort of NJ's COVID-19) response
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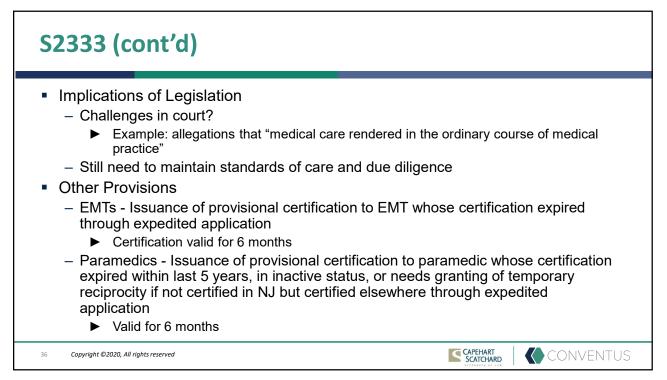
EO 112 (cont'd)	
 Immunity from Liability – Current Licensees Includes but not limited to APNs, PAs Can be outside scope of practice Immunity from civil liability for any damages and in the course of providing services in su <i>Exclusions removed!</i> Immunity does not extend to crimes, actual to or willful conduct 	from acts or omissions in good faith pport of NJ's COVID-19 response
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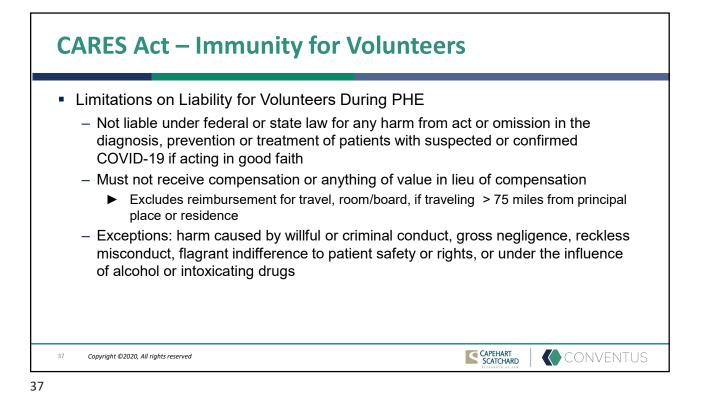
EO 112 (cont'd)
 Hospitals Immune from civil liability for any damages from acts or omissions in good faith and in the course of providing services in support of NJ's COVID-19 response <i>Exclusions removed!</i> Immunity does not extend to crimes, actual fraud, actual malice, gross negligence, or willful conduct Retroactive Immunity Applies to all acts or omissions occurring during the State of Emergency or PHE, including <i>prior</i> to issuance of the EO
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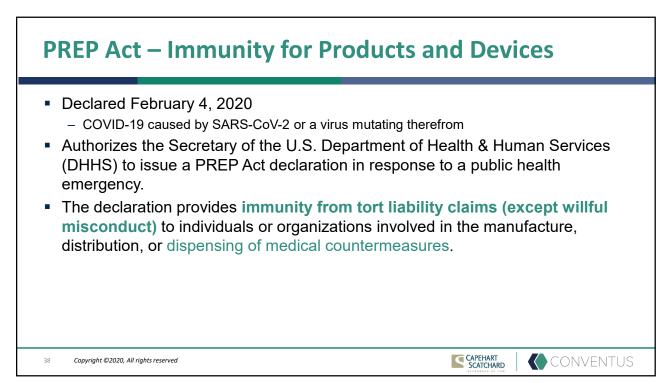
S2333 – NJ Immunity Legislation
 For the Duration of the State of Emergency or PHE, Whichever is Longer Signed into law on April 13, 2020 Retroactive to March 9, 2020 Further defines EO 112 immunity for healthcare services "in support of state's COVID-19 response"
 Applies to healthcare professionals Physician, PA, APN, RN, LPN or other healthcare professional whose practice is regulated in NJ pursuant to Title 45 NJ certified EMT, mobile intensive care paramedic, and radiologic technologist regulated pursuant to Title 26
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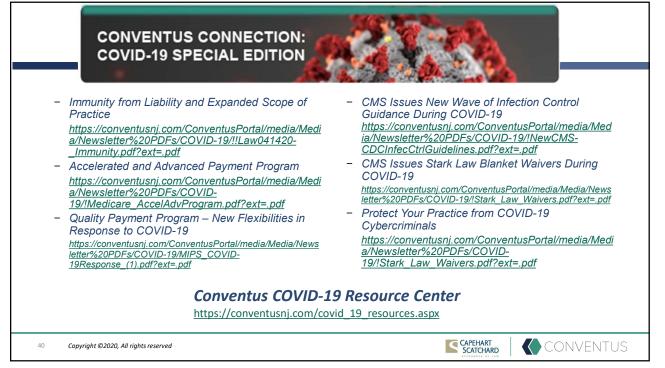




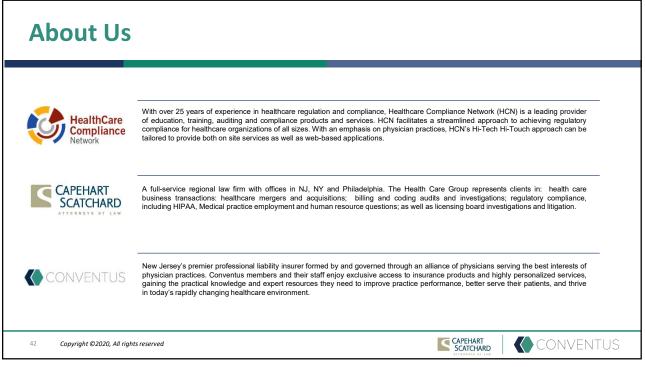




PREP Act (cont'd) Covered Countermeasures Vaccines, antidotes, medications, medical devices or other FDA regulated assets used to respond to pandemics, epidemics, or any biological, chemical, radiological, or nuclear threat. Used to treat, diagnose, cure, prevent, or mitigate COVID-19, or the transmission of SARS-CoV-2 or a virus mutating therefrom. Tort Claims - Death, physical/mental/emotional injury; property damage or loss; development, distribution, administration, dispensing. Implications May apply to COVID-19 testing, medications, ventilators, vaccines, Personal Protective Equipment (PPE). - Must still provide adequate informed consent, including no misrepresentations. CAPEHART SCATCHARD 39 CONVENTUS Copyright ©2020, All rights reserved







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