

Home Health Provider Telemedicine Training Webinar

8/18/20

STAKEHOLDER QUESTIONS AND ANSWERS

This document contains answers to questions posed by stakeholders at the Home Health Provider Telemedicine Training Webinar. Answers provided reflect information that is current as of November 11, 2020

1. When the phrase "same standard of care" is used, there are elements of the standard hands on nursing assessment that cannot occur via telemedicine (e.g. - lung auscultation). For a long-term home health patient that appears stable and at baseline through visual assessment, are the elements of a hands-on assessment that are deferred due to the telehealth visit considered acceptable?

Telemedicine visits cannot replace the need for in-person visits that are on the plan of care. If an in-person visit would be needed to fulfill the plan of care, it cannot be replaced by a telehealth visit. Prior authorized telemedicine visits can be provided in addition to what is being provided actually in person but cannot replace those needed in-person services or assessments described in the plan of care.

2. Where can I find the latest rules about how we can safely provide in-home services during the pandemic?

The Center for Medicare and Medicaid Services (CMS) has resources on the [public website](#) about protocols for providing in-home care safely during the public health emergency .

3. When Patients start the Telehealth call, I can't record (only the caller can) so I've been starting the calls so I can record. If that's not okay, what else can we do?

The patient must initiate the call that is billed for service. We cannot advise you on the recording issue.

4. PDN Supervisory visits cannot be billed, is that correct?

That is correct for the fee for service home health benefit. The supervisory visits referenced only apply to registered nurses supervising certified nurse aides.

5. Can remote patient monitoring (RPM) be billed as face to face visits?

Yes, RPM (also referred to as home health telehealth) is distinct from telemedicine and describes a remote, store-and-forward review by an RN. The member's health status is monitored remotely via equipment, data is transmitted from the member's home to the member's home health agency. The agency receives the store-and-forward technology data from the client's home and nurses review the vital information, later billing a visit and billing home health telehealth reimbursement code for performing that service.

6. Can you offer a private pay telehealth and remote patient monitoring program only?

Home Health Telehealth in the home health benefit is available to all eligible clients who meet the diagnosis criteria for remote, store-and-forward review. Both the Home Health Telehealth service and Home Health services delivered through Telemedicine are available for Health First Colorado members only.

7. On the Home Health Fee Schedule there are codes 583 (98970) Acute and 780 (98970) long term at \$10.74 (per day, can only be billed if a home health unit is billed for the same day) why would we bill this and not a visit with the GT code?

Revenue codes 583 and 780 are for the Home Health Telehealth service (remote patient monitoring) described in question five. This service is for review of health data sent via remote, store-and-forward technology, not for live interaction performed via telemedicine.

8. Are LPN supervision and pediatric recertifications covered under telemedicine?

Supervisory visits are required by CMS' Conditions of Participation for Home Health Agencies (42 CFR § 484.80 Condition of participation: Home health aide services) and must be performed as an "on-site visit to the location where the patient is receiving care".

A face-to-face encounter with a Federally authorized practitioner is required for initial orders for home health services and for all episodes initiated with the completion of an OASIS assessment. A face-to-face encounter is not required at recertification of home health services. The face-to-face encounter can be performed through the use of telemedicine depending on the clinical needs of the client, in accordance with [CMS' final face-to-face rule](#).

9. In what instance would a home health provider use a professional claim?

Home Health providers should use the UB-04 claim type.

10. When doing a recert, you are doing a comprehensive assessment, which often does include lung auscultation. So, when you are doing telehealth, that cannot be completed.

Correct, if an assessment requires hands-on, direct care, such as a lung auscultation, it cannot be performed via telemedicine.

11. We are currently not using telemedicine. It would not be of benefit for our patients. Most of our patients are medication set up weekly, so we still need to see them. I just don't see how it is of benefit to our current case load.

The Department thanks the stakeholder for sharing this information.