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PPTA 2020 FALL Reimbursement Webinar

Part 1 : Intro, COVID 19 and Telehealth Updates

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1



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2



Part 1 - Objectives

- Review Payment Specialist Role
- Review PPTA Website Resources - Payment
- Provide COVID -19 updates
- Provide Telehealth Update
- Telehealth Survey

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PPTA Payment Specialist Role

- We are a resource available to all PPTA members and non-PTs/PTAs working with a member – **member benefit**
- If you are not the member, please provide a colleague member's name in your email or communication
- We provide payment updates and resources to members– archived on PPTA Website
- We respond to member payment questions with resources allowing practices to make operational decisions.
- Resource to update PPTA website – Reimbursement Resources– updates are planned to be completed by the end of 2020

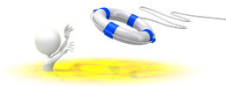


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4

PPTA Website as a Resource

- www.ppta.org
- Log in
- Navigate to "Payment" button



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5

PPTA Website Payment Resources Updated

APTA Resources

PPTA Resources

Reimbursement Blast Archive



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6

PPTA PA Specific Resources

PPTA State Specific Resources

Click to jump to each topic:

- [AETNA](#)
- [American Specialty Health \(ASH\)/CIGNA](#)
- [Capital Blue Cross](#)
- [CIGNA](#)
- [Geisinger Health Plan](#)
- [Highmark BC/BS](#)
- [Highmark BC/BS - Archived Information](#)
- [Independence Blue Cross](#)
- [Medical Record Copying Fees](#)
- [Novitas Resources](#)
- [PA Automobile](#)
- [PA Insurance Commission Resources](#)
- [PA Medicaid Resources](#)
- [PA PT Practice Act and Regulations](#)
- [RADMD/NIA/Magellan - AETNA/Coventry/HealthAmerica](#)
- [United Healthcare Resources](#)
- [Workers Compensation](#)






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PPTA PA Specific Resources

11. **PA Automobile**
 - a. [PA Chapter 59 Motor Vehicle Financial Responsibility Law](#)
 - b. [Peer Review Organization Process](#)
12. **PA Insurance Commission Resources**
 - a. [Filing a Consumer Complaint with the Insurance Commissioner](#)
 - b. [Reporting Insurance Fraud in PA](#)
 - c. [APTA PT in Motion: Filing a Complaint with the Insurance Commission](#)
 - d. [APTA Utilization Management Toolkit](#)
 - e. [APTA Sample Chapter Member and Patient Grievance Letters](#)
 - f. [Prompt Payment Statutes in PA](#)
13. **PA Medicaid Resources**
 - a. [PA DHS Website](#)
 - b. [Healthcare/Medicaid Assistance for Providers](#)
 - c. [PA Managed Medicaid HealthChoices Map](#)
 - d. [CHIP Provider Enrollment](#)
 - e. [PA Medicaid Fee Schedule](#)
14. **PA PT Practice Act and Regulations**
 - a. [Practice Act](#)
 - b. [Regulations](#)

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APTA & CMS Specific Resources

APTA and Medicare Resources

Click to jump to each topic:

- [2019 Medicare Final Rules](#)
- [APTA Coding and Billing](#)
- [APTA Glossary and Common Definitions within Payment Terms](#)
- [APTA Healthcare Reform](#)
- [APTA Insider Intel Live Webinar Series on Payment & Regulatory Issues](#)
- [APTA Medicaid](#)
- [APTA Medicare Coding & Billing](#)
- [APTA Medicare Enrollment](#)
- [APTA Private Insurance](#)
- [APTA VA & Tricare](#)
- [APTA Value-Based Care](#)
- [APTA Workers Compensation](#)
- [CMS Therapy Hyperlinks](#)
- [Medicare Locum Tenens](#)
- [Medicare Managed Care Manuals](#)
- [Medicare/Medicaid Dual Eligible Beneficiaries \(OMB\)](#)
- [Medicare National Provider Identifier Application Form](#)
- [Medicare Policy Manuals](#)
- [Medicare Skilled Maintenance](#)
- [Utilization Management Resources](#)

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9

PPTA Payment Specialists are Expanding!

I am pleased to announce that the PPTA is in the last stages of hiring additional part-time Payment Specialists to assist in delivering the best for our members.

An announcement is coming soon officially welcoming them

Look for that announcement in an upcoming PPTA Weekly announcement and in a future Reimbursement Blast.



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10

PPTA Payment Specialist Reimbursement Blast

Every other week, the Payment Specialist posts payment updates in the PPTA Reimbursement Blast emailed out to all members **every other Friday**. It usually comes out by 5 pm on that Friday.

Office staff should ask their PT/PTA colleagues that receive it to forward a copy to them to stay up-to-date on payment and advocacy issues



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11

PPTA Payment Specialist Email

pptapaymentquestions@gmail.com

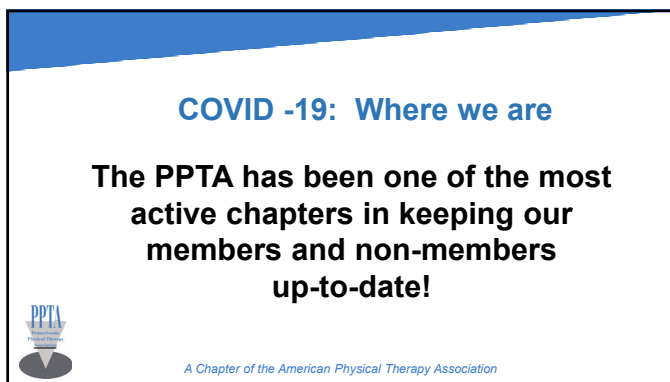


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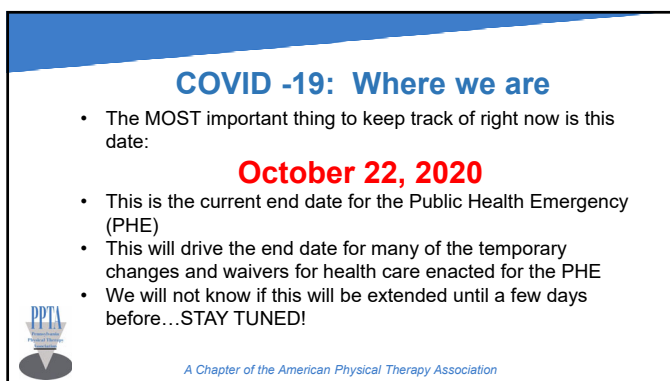
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13



14



15

COVID -19: Where we are

What to know about the PHE and COVID -19 falls into the following categories:

- Keeping patients and yourself (and your family) safe from getting COVID -19
- Keeping Staff Safe
- How to Stay in Business during the PHE
- Research on how to treat those with COVID-19 illnesses in all settings and phases of the disease



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16

COVID -19: Resources

Keeping patients and yourself (and your family) safe from getting COVID -19:

PA Dept of Health Coronavirus main page:

<https://www.health.pa.gov/topics/disease/coronavirus/Pages/Coronavirus.aspx>

PA Dept of Health Coronavirus page for Health Care Professionals:

<https://www.health.pa.gov/topics/disease/coronavirus/Pages/Health-Care-Professionals.aspx>

CDC Guidance for Health Professionals:

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>



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COVID -19: Resources

Keeping Staff Safe: As Above PLUS:

- Re-Opening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes:

<https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>

- Guidance for Cleaning and Disinfecting: <https://www.cdc.gov/coronavirus/2019-ncov/community/cleaning-disinfecting-decision-tool.html>

- Making Your Plan to Clean and Disinfect: https://www.cdc.gov/coronavirus/2019-ncov/community/pdf/ReOpening_America_Cleaning_Disinfection_Decision_Tool.pdf




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18

COVID -19: Resources

Keeping Staff Safe: As Above PLUS:

- Cleaning and Disinfecting Your Facility – How to clean and disinfect:
<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>
- Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html
- CDC Understanding and Selecting Respiratory Protection Devices:
<https://www.cdc.gov/niosh/nppt/pdfs/N95-Infographic-REACH-II-508.pdf>



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19


COVID -19: Resources

Keeping Staff Safe: As Above PLUS:

Special note about OSHA- Anyone who has taken a Paycheck Protection Grant or other Federal Assistance will be held to strict OSHA standards (it is a condition of your loan or grant). You need to understand the OSHA standards or risk large fines as OSHA audits practices:

Resources:

- OSHA Self-Evaluation Tool – General Industry:
https://www.osha.gov/shpguidelines/docs/SHP_Self-Evaluation_Tool.pdf
- Pandemic Influenza Continuity of Operations Annex Template Instructions :
https://www.fema.gov/media-library-data/1396880633531-35405f61d483668155492a7cccd1600b/Pandemic_Influenza_Template.pdf
- TB Respiratory Protection Program in Health Care Facilities Administrator's Guide (CDC, NIH and OSHA) : https://www.cdc.gov/niosh/docs/99-143/pdfs/99-143.pdf?id=10_26616/NIOSH/PUB99143




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COVID -19: Resources

How to Stay in Business during the PHE:

- Telehealth resources (see slides later in presentation)
- Gov Wolf's statement on waivers and relaxation of state regulations concerning telehealth:
<https://www.media.pa.gov/Pages/State-Details.aspx?newsid=375>
- CARES Act and other financial services- Small Business Administration (SBA) link to Coronavirus Relief Options:
<https://www.sba.gov/funding-programs/loans/coronavirus-relief-options>




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21

COVID -19: Resources

Research on how to treat those with COVID-19 illnesses in all settings and phases of the disease:


- APTA resources:
<https://www.apta.org/patient-care/public-health-population-care/coronavirus>
- PPTA resources (on the members only Practice and Research PPTA webpage):
<https://www.ppta.org/Practice-Research-Committee>




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COVID -19: New CPT Code 99072



- CMS has, with input from multiple groups including the APTA, created and approved a new code to help cover additional costs created by a public health emergency (PHS)
- The code is designated 99072



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COVID -19: New CPT Code 99072

Definition:

"99072 Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a Public Health Emergency, as defined by law, due to respiratory-transmitted infectious disease

99072 captures the cost of supplies and activities required to mitigate the spread of COVID-19 (or any similar public health emergency), including:

- time spent pre-screening patients before the visit and checking for symptoms onsite;
- PPE for the patient, clinician, and staff; and
- time and cleaning supplies for disinfecting equipment and rooms after each encounter."



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24

COVID -19: New CPT Code 99072

Clinicians should report 99072 only:

- during a local, state, or federally declared PHE due to a respiratory-transmitted infectious disease, such as COVID-19. This was purposely worded so that it can be used in the future for any new public health emergency, not just for COVID-19
- **once per in-person patient encounter** (does not apply to telehealth) per day, regardless of the number of services provided during that encounter; and
- when providing services in a non-facility setting, such as a private practice. Basically this can be used by any practice billing on a 1500 form



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25

COVID -19: New CPT Code 99072

Don't get too excited...

- Code has not been valued so we do not know how much it will pay
- Don't know even if Medicare or any other insurer will consider it a covered service
- If they do, have no idea when they will start paying it. (Currently the PHE is set to expire Oct 22, 2020)
- PT's and PTA's could be excluded from use of this code



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Telehealth

27

Telehealth- Definition

Telehealth:

“The use of electronic communication to remotely provide health care information and services”

-APTA telehealth page



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Telehealth- So what is Telemedicine? Telerehabilitation? Telemental Health?

Telehealth: Is the main term to describe all types of the use of electronic communication to remotely provide health care information and services

Subsets of Telehealth include:

Telemedicine
Telerehabilitation
Telemental Health
Telehealth Nursing
Home Telehealth
Telepractice...and more



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29

Telehealth- Telemedicine

Telemedicine:

Traditional term taken to mean a synchronous telehealth visit where some form of treatment takes place in real time. This is slowly being replaced with Telehealth



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Telehealth – Why use it?

While maintaining patient and staff safety in a crisis like coronavirus is obvious, here are a number of other reasons to consider telehealth for treatment:

- Distance or lack of transportation; improves rural health access
- Pt has a medical or psychologic reason they cannot come into the clinic
- Children- may be difficult to get to go to clinic or there are child care difficulties
- Lifestyle- may fit into an ultra busy schedule to improve participation in recommended PT



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Telehealth types

Asynchronous (Store and Forward)
Synchronous (Live Video, Mobile)
Remote Patient Monitoring (RPM)
Hybrid



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32

Telehealth – Legal, Regulatory and Other Considerations During COVID

Expansion of Scope of Practice (PA Board of PT):

<https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/PhysicalTherapy/Documents/Special%20Notices/PHYSICAL%20THERAPY%20scope%20of%20practice%20summary%205-19-2020.pdf>

Will need to review Gov. Wolf's statement and PA Board of PT info on what regulations have been relaxed during the PHE:

<https://www.media.pa.gov/Pages/State-Details.aspx?newsid=375>



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Telehealth – Legal, Regulatory and Other Considerations in General

Legal and Regulatory Considerations:

- State Laws – PA does NOT have a telehealth law yet. Most recent law failed to pass in April.
 - Other states telehealth laws require practitioner be licensed in the state
 - How will Compact Licensure affect telehealth
 - Will the practitioner have to have an office in the state? – Some states require that
- Advocacy will be needed to pass the bill



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Telehealth – Legal, Regulatory and Other Considerations

Legal and Regulatory Considerations:

- What about regulations? The State Board of PT will have to consider
 - Direct Access?
 - Will PTA's be allowed to practice telehealth?
 - Requirements for consent?
 - Technology Requirements?



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Telehealth – Legal, Regulatory and Other Considerations

Legal and Regulatory Considerations:

- HIPAA
 - Even though this coronavirus crisis has caused a relaxation of HIPAA rules, when the crisis is over, the security and privacy of the telehealth visit will be the number one legal and regulatory issue to understand and manage
 - Number one requirement is a private room for the practitioner and for the patient
- Consent – How will you manage patient consent?



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Telehealth – Legal, Regulatory and Other Considerations

Legal and Regulatory Considerations:

- Scope of Practice – Do not try telehealth in an area that is out of your scope of practice
- Broadband Access – PA is not 100% covered with broadband. Will you advocate for 100% coverage?
- Malpractice – Are you covered with your policy?



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37

Telehealth – Legal, Regulatory and Other Considerations

Other Considerations:

- Staff Education – A major need is in the area of how to operate the technology and how to do modified evaluations by telehealth
- Brick and Mortar – Do you have private rooms and enough rooms?
- EMR – What are your EMR needs? Does your EMR have the appropriate codes?



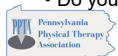
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38

Telehealth – Legal, Regulatory and Other Considerations

Other Considerations:

- Technology – Do you have the resources for the proper technology? Many insurers require special equipment (rules relaxed now for coronavirus crisis); You will need a quality camera and microphone and must have backups as well
- Cost of monthly subscriptions for Telehealth Apps
- PT Equipment needed? (be creative)
- Do you need a family member to assist?



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Telehealth – Legal, Regulatory and Other Considerations

Other Considerations:

- Payment – Must know the insurer policy on telehealth including codes allowed
- Parity laws- Many states pass a companion with the telehealth bill called the "Parity Law" which requires insurers to pay for telehealth, but these do NOT guarantee insurers will cover it.
- Advocacy – see later section



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40

Telehealth- How do I start doing telehealth

I have checked off the regulatory and legal concerns and other considerations, how do I start?

- Select the right patients- well...now it is every patient
- Get the word out that it is available. Set up your schedule
- Make sure the patient is aware of how to connect, what app and agrees to sign on early to check connection
- Do you have back up technology??



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41

Telehealth- How do I start doing telehealth

I have checked off the regulatory and legal concerns and other considerations, how do I start? (continued)

- Make sure patient are aware of the expectations:
 - Quiet, private area. Limit background noise
 - Secure accepted technology with a good connection. Have patient sign in early to test (or test prior to visit)
 - Expectation on copays, coinsurance and deductibles
- Consent
- Plan for session including family assistance or equipment needed



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42

Telehealth- Treatment Considerations

Treatment Considerations:

- Intake – Subjective assessment becomes extremely important – take time for a good subjective assessment
- Evaluations/ Re-evaluations: Have I reviewed how to properly adjust an evaluation to the limitations of telehealth- there is a lot of information out there on how to do an ortho eval, neuro eval, vestibular eval, pelvic health eval etc.



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43

Telehealth- Treatment Considerations

Treatment Considerations:

- When the coronavirus crisis is over, you will need to decide which patients you can do appropriate telehealth with, whether you need to do hybrid telehealth with in-person evaluations/ re-evaluations/assessments
- Equipment – have you set up with the patient the equipment that will be needed (be creative)
- Assistance – do you need a family member to help? With kids, getting a sibling to help can be a great thing for the family at home



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Telehealth-Things to think about with documentation

Documentation considerations:

- Document the reason for the need for telehealth
- Document that consent was received
- Document location of both the practitioner and patient
- Document the treatment per insurer guidelines (8 minutes rule etc still applies)
- Document the limitations and barriers that require continued treatment by telehealth or if face-to-face visits can start or resume



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45

Telehealth- Payment

Payment consideration:

- Know the telehealth policy for that insurer
- Know the codes and modifiers for that insurer



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46

Telehealth- PPTA Payer Chart

The PPTA Payment Specialist created and keeps updated, an easy to follow chart per payer on billing considerations for telehealth payment during the PHE

- Available for members on the Reimbursement Section of the PPTA website: <https://www.ppta.org/>
- Easy reference to know the codes and modifiers for each insurer



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47

UNITED HEALTH CARE (UHC) COMMERCIAL March 18 – Sept. 30, 2020 (Exception for COVID-19 related diagnoses telehealth visits which are extended to October 22, 2020)	Use “-” the place of service that would have been reported had the services been furnished in person...	95 97164, 97130, 97112, 97116, 97530, 97535, 97550, 97755, 97760, 97761	UHC policy update UHC update * NOTE: 1. Will allow institutional billing UB04 with revenue code 780 2. Requires real time audio/visual (synchronous telehealth) with acceptable technology (see policy) 3. UHC Utilization management policies still apply 4. Cost sharing will be waived for in-network telehealth services for PT/OT/ST services for Medicare Advantage, Medicaid, individual and fully insured Group Market health plan members, with opt-in available for self-funded employers. 5. UHC announced, as of 4-7-20, <u>accelerated payments to providers and other financial resources as well as a whole list of provider resources regarding COVID-19 pandemic to help patients and providers.</u> 6. UHC has continued the waiver for commercial plan telehealth policy to Sept. 30, 2020 (with the exception of COVID-19 visits). <u>ONLY Medicare Advantage plans and commercial COVID-19 related telehealth visits are extended to October.</u> UHC continues up to date/extension suspension * NOTE: 1. Allows telehealth and has extended to the “end of the public health emergency” (recently extended to 10-22-2020) 2. Policy for UHC MA program is the same as the commercial policy info as above 3. UHC has announced it will continue to waive cost sharing (copay, coinsurance etc.) from May 21, 2020 through Sept. 30, 2020 for UHC Medicare Advantage clients (does not apply to commercial plans) which includes OP PT visits. Please refer to the link above for services eligible for this waiver. 4. Aetna Medicare Advantage will follow CMS plan to suspend 2% reauthorization (see link above).
UNITED HEALTH CARE (UHC) MEDICARE ADVANTAGE March 18 – “to the end of the public health emergency” (recently extended to 10-22-2020)	Use “-” the place of service that would have been reported had the services been furnished in person...	95 97161, 97162, 97163, 97164, 97130, 97112, 97116, 97530, 97535, 97750, 97755, 97760, 97761	




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48

Telehealth Resources


- Telehealth in Practice (APTA):
<https://www.apta.org/your-practice/practice-models-and-settings/telehealth-practice>
- Telehealth Considerations Today and after the Pandemic (APTA)
<https://www.apta.org/apta-magazine/2020/07/01/july-2020/telehealth-considerations-today-and-after-the-pandemic>
- Telehealth Billing and Coding Considerations (APTA):
<https://www.apta.org/your-practice/practice-models-and-settings/telehealth-practice/billing-and-coding>

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49

Telehealth

- Additional information and resources on telehealth can be found at:
 The Center for Connected Health Policy (CCHP)
<https://www.cchpca.org/>

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E-Visits and Remote Patient Monitoring

51

E-Visits and Remote Monitoring

- The APTA has issued detailed guidelines on furnishing and billing E-Visits and the status of remote monitoring
- We recommend that you review these detailed guidelines prior to beginning to use E-Visits, Remote Patient Monitoring or other Telephonic Assessment

<http://www.apta.org/PTinMotion/News/2020/03/18/E-VisitFAQs/>



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52

E-Visits-The Overview

- E-visits are a MEDICARE program that existed prior to the COVID-19 crisis
- **CMS(Medicare) does not consider these to be telehealth**
- CMS refers to E-Visits as: "non face-to-face patient-initiated digital communications that require a clinical decision that otherwise typically would have been provided in the office."
- **E-Visits are not treatment**; they are an option for assessment and management of Medicare patients that have to miss face-to-face visits



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53

E-Visits

"An e-visit is a patient-initiated online assessment and management service for an established patient that is furnished using an online patient portal, not in real time. The PT and patient exchanges communications and information via messaging through the portal. Attachments such as photos and patient handouts may be uploaded to the portal. This is an example of asynchronous, or store-and-forward, technology. The code descriptors for the HCPCS codes related to e-visits (depending on the payer, it is either HCPCS G2061, G2062, and G2063 or CPT 98970, 98971, and 98972) suggest that the codes are intended to cover short-term (up to seven days) assessments and management activities that are conducted online or via some other digital platform and include any associated clinical decision-making." <https://www.apta.org/your-practice/practice-models-and-settings/telehealth-practice/quick-guide-to-using-e-visits-by-pts>



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Virtual Check-Ins

- "Virtual check-ins are brief, real-time remote communication services for an established patient."
- CMS allows audio-only real-time telephone interactions (meaning cell phone video calls are not allowed) in addition to synchronous, two-way audio interactions that are enhanced with recorded video or other kinds of data transmission. The HCPCS code related to a virtual check-in is G2012 and explicitly describes (and requires) direct interaction between the patient and the billing PT."
- <https://www.apta.org/your-practice/practice-models-and-settings/telehealth-practice/quick-guide-to-using-virtual-check-ins-by-pts>



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Remote Evaluation of a Recorded Image or Video

- "When a PT reviews a prerecorded video or image that an established patient has submitted, it's considered a remote evaluation of recorded video or images. This is another example of asynchronous technology, although when the PT follows up with the patient after evaluating the video or image, the discussion could be in real time over the telephone or other audio, as well as not in real time via texting, email, or patient portal. The HCPCS code related to remote evaluation of these visual recordings is G2010."
- <https://www.apta.org/your-practice/practice-models-and-settings/telehealth-practice/quick-guide-to-using-remote-evaluations-of-recorded-video-and-or-images-by-pts>

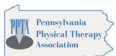


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Telephone Assessment and Management Services

- "Telephone assessment and management services are initiated by the patient or, for a child, the parent or guardian and involves a real-time discussion with the PT over the telephone. The CPT codes for these services are 98966-98968."
- <https://www.apta.org/your-practice/practice-models-and-settings/telehealth-practice/quick-guide-to-using-telephone-assessment-and-management-services-by-pts>



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57

E-Visits – Can a PTA do an E-Visit?

- **NO** – Currently only a PT can do an E-Visit



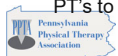
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Other E-Visits, Telephonic Assessment Remote Monitoring Codes

- **Can PTs bill CPT codes 99421, 99422 and 99423 for an e-visit?**
No. These are evaluation and management, or E/M, codes, for e-visits and PTs are not permitted to independently bill for E/M visits. The non-physician e-visit codes are CPT codes 98970-98972 for commercial payers and HCPCS codes G2061-G2063 for Medicare. (March 18)

***Many of the Remote Monitoring E/M codes are unavailable for PT's to use



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59

E-Visits – What's next?

- **After the COVID-19 crisis is over, DO remember that we can utilize these services to assess and manage a patient that cannot make a visit or needs to be monitored remotely between visits**
- APTA continues to advocate that PT's can and do utilize remote monitoring and should be included in the practitioners that can utilize the remote monitoring codes
- APTA continues to advocate for payment of these codes as well. Many insurers have not recognized these codes as a covered service



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60

Telehealth – What's next?

- Keep in mind that while the APTA and PPTA strongly support telehealth in limited circumstances especially to bring PT care to those who would otherwise not have access to it, we do not support it replacing face-to-face hands on care.
- We support strong legislation to provide regulatory guidance for consistency, guidelines for appropriate use including # patient seen per hour and per day and most importantly for the protection of the public and providers
- Advocacy – see later for info on telehealth advocacy



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61



Telehealth Survey

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62

A Task for you over the Break:

During the Break please consider completing this Telehealth Survey:

URGENT INPUT NEEDED:

New Telehealth Survey:

Use and Reimbursement of Telehealth in Physical Therapy

Lebanon Valley College, with support from PPTA, asks that you take time to complete this new, important, and updated telehealth survey.

- The data from this survey is intended to document the use of telehealth and reimbursement for physical therapy services in the Commonwealth of Pennsylvania and will be useful in future legislative efforts to include telehealth as a standard of care in PA after the COVID-19 crisis subsides.



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63

A Task for you over the Break:

• The purpose of this survey is to assess the use and reimbursement of telehealth in physical therapy. **This survey should be completed by all individuals in your practice who have a role in billing for physical therapy services, including physical therapists, physical therapist assistants, practice owners and staff.**

• Your participation in this research is voluntary. There is no obligation to finish the or even start the survey. There are no known risks in participating with this survey. All information collected will be deidentified and be secured in a confidential manner. This survey will take approximately 5 minutes to complete. The survey was approved by the IRB at Lebanon Valley College.



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64

A Task for you over the Break:

• If you have any questions regarding the survey, please contact Stan Dacko at Dacko@lvc.edu

• Clicking on the link to start the survey indicates that you are older than 18 years of age, understand the information above, and agree to participate.

• https://lvc.qualtrics.com/jfe/form/SV_1TzxPV8jXgDMnqt



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65



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Thank you!

66



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Questions

Thank you for your membership

67
