Telehealth and DSMT: Answers to Commonly Asked Questions

ADCES has held a series of webinars with Q&A over the past several weeks. Here is that conversation:

*Please note: Information is current as of April 2, 2020. This document will be updated as new rules are released.*

**Q: Who can provide DSMT via telehealth?**

The following types of providers may facilitate and get payment for covered telehealth services (subject to State law) are:

- Physicians
- Nurse practitioners (NPs)
- Physician assistants (PAs)
- Nurse-midwives
- Clinical nurse specialists (CNSs)
- Registered dietitians or nutrition professional

*At this time, RNs and pharmacists are not currently listed.*

**Q: Are both audio and video required for CMS Telehealth and what is the definition?**

CMS allows for use of telecommunications technology that have audio and video capabilities that are used for two-way, real-time interactive communication. For example, to the extent that many mobile computing devices have audio and video capabilities that may be used for two-way, real-time interactive communication they qualify as acceptable technology. **Note: ADCES has requested that CMS include DSMT phone visits in the 1135 Emergency Waiver. We are awaiting a response.**


**Q: Can G2061, G2062, G2063 codes be used for phone visits by RN’s or other clinicians?**

These codes are designated for e-visits, specifically online assessment and management of a patient. These are not specifically designated for phone visits. The Medicare fact sheet states that RDNs, physical therapists, occupational therapists, speech language pathologists, and clinical psychologists can provide the following e-visits and bill the following codes. RNs and pharmacists are not listed:

- **G2061**: Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5–10 minutes
- **G2062**: Qualified non-physician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11–20 minutes
• G2063: Qualified non-physician qualified healthcare professional assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes.

While these code descriptors specifically say “established patient” CMS has stated that they will relax enforcement of this aspect of the code descriptor.


Q: How does a qualified provider bill for telehealth services?

NPs, PAs, CSWs and RDNs can furnish and bill for DSMT via telehealth if they are instructors in either an accredited DEAP program or recognized ERP program. Medicare telehealth services are generally billed as if the service had been furnished in-person- DSMT would still be billed under the Program NPI# using G0108 for 1:1 and G0109 for group. Prior to March 30, 2020, CMS advised the use of the Place of Service (POS) 02 modifier. As of March 30, CMS is now asking providers to report the POS code that would have been reported had the services been provided in person. For example, you may use the POS 11 modifier to indicate a service that would have been provided in an office. CMS has also directed providers to report the 95 modifier for services reported via telehealth. You should now use the appropriate POS modifier and the 95 modifier. The POS code 02 code is not incorrect, CMS has just added more specific guidance. Note: ADCES has requested that CMS include RNs and Pharmacists as health professional who can provide education via telehealth in the 1135 Emergency Waiver awaiting response.

POS codes: https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Setv

Q: How will I report DSMES furnished by phone or telehealth during the pandemic?

Please include all individuals who have received DSMES through your accredited program. The Annual Status Report (ASR) does not differentiate between types of visits at this time and regardless of your ability to bill for these services, those participants can and should be included in your ASR data.

Q: We can use the code G2012 for phone calls. It just needs to be < 10 mins and reimbursement is $15. Can you confirm that this is true?

CMS has broadened the use of G2012. These codes describe a brief communication between the provider and patient using a variety of communication technology modalities including discussion over the telephone or exchange of information through video or image. These services are meant to represent a brief communication for the sole purpose of determining if another visit is required. CMS has noted that during the PHE for the COVID-19 pandemic, practitioners such as licensed clinical social workers, clinical psychologists, physical therapists, occupational therapists, and speech-language pathologists might also utilize virtual check-ins and remote evaluations. Providers who can bill for Evaluation and Management (E/M) services can also use these codes. RDNs, RNs, and pharmacists are not included on this list.

• 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
Medical necessity must be met to bill G2012. This code was originally intended to evaluate if an office visit was needed. Some examples for this code may be patients that had an office visit that was cancelled or patients with medical concerns.

**Q: Are group classes still required for Medicare beneficiaries during Covid-19?**

Referring providers can request 1:1 in the referral order and indicate “Covid-19 risk” as the special need and “telehealth” if indicated. They may also request 1:1 in cases where no group classes are available for 2 months due to social distancing measures. Group DSMT and MNT codes are also available for telehealth if programs have the training, software, and capacity to facilitate and individualize DSMT virtually. But remember, two-way, real-time interactive communication is required and comprehensive DSMES assessment is still required. [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf)

**Q: Can I provide DSMT by phone? Can I provide any other services by phone?**

At this time, DSMT services CANNOT be reimbursed by Medicare if provided by an audio-only phone. DSMT must be provided by telecommunications technology that has audio and video capabilities that are used for two-way, real time interactive communication.

CMS recognizes that during the COVID-19 pandemic, there may be cases when the two-way, audio and video technology required to provide a Medicare telehealth service may not be available and the provider and patient may need a prolonged, audio-only communication. CMS has provided the following option in this case. Note, this does not fully replace a face-to-face visit and providers should not use the telephone option to bill DSMT. CMS has indicated the following codes can be used by other qualified health care professionals as social workers, speech language pathologists and physical and occupational therapists. This list does not include RDNs, RNs or pharmacists. Physicians, nurse practitioners, and physician assistants should use CPT codes 99441—99443. A modifier is not required when billing these codes.

- **CPT code 98966** *(Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion)*

- **CPT code 98967** *(Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion)*

- **CPT code 98968** *(Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion)*
Q: If I am not able to provide telehealth services as an RN or Pharmacists and submit charges to CMS under the program NPI# as I would for in-person visits, can I still provide DSMT to my patients via telehealth at no cost?
Yes. Please document these visits for accreditation the same as you would if they were in person. Documentation should indicate delivery format: phone, phone/audio, in person.

Q: We only bill through the hospital, we do not bill through individual NPI numbers. Can we still bill in this way for telehealth?
Yes. EXPANSION OF TELEHEALTH WITH 1135 WAIVER: Under this new waiver, Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and including in patient’s places of residence starting March 6, 2020. A range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, will be able to offer telehealth to their patients. Additionally, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.

Q: When this viral pandemic resolves, will CMS discontinue this ability to bill for telehealth?
CMS has been clear that changes made under the 1135 waiver will end once the public health emergency (PHE) is over. The guidelines around providing DSMT via telehealth that were established before the COVID-19 pandemic will remain.

Q: I provide DSME in a private physician’s office; can I provide telehealth from my home?
CMS is allowing providers to provide telehealth services from their home without reporting their home address on their Medicare enrollment. This means that you can continue to bill from your currently enrolled location.

For accreditation purposes, ADCES recommends you add your HOME as a Community Site through our DEAP dashboard if you are doing this. There is no additional cost to do this. You can remove once you return to your normal office.

Q: How much does Medicare pay for telehealth services?
Medicare pays the same amount for telehealth services as it would if the service were furnished in person. For services that have different rates in the office versus the facility (the site of service payment differential), Medicare uses the facility payment rate when services are furnished via telehealth.

Q: Will CMS enforce an established relationship requirement?
CMS has clearly stated that clinicians can provide telehealth services to new or established patients. They have stressed that it imperative during this public health emergency that patients avoid travel,
when possible, to physicians’ offices, clinics, hospitals, or other health care facilities where they could risk their own or others’ exposure to further illness.


Q: What platforms acceptable form for Telehealth? (Facetime, etc)? (please note this may not be a comprehensive list, but a good starting point)

Telehealth Platforms with HIPAA and BAA readiness for providers:

- Skype for Business / Microsoft Teams
- Updox
- VSee
- Zoom for Healthcare
- Doxy.me
- Google G Suite Hangouts Meet
- Cisco Webex Meetings / Webex Teams
- Amazon Chime
- GoToMeeting

Acceptable: Non-Public Facing Communication:

- Products that allow only the intended parties to participate in communication
- Some will be suited for individual, some allow for many participants
- Apple FaceTime, Facebook Messenger video chat, Google hangouts video, Whatsapp video chat, Skype, Zoom
- Some products would also allow texting applications with end-to-end encryption

Free Telehealth Platforms by EHR Vendors:

- AdvancedMD is offering certain features within its patient engagement suite free of cost until the end of May.
- Prognocis will be giving its complete telehealth platform free of cost to all its customers.
- Chartlogic has just launched its telehealth service and will be offering it for free to all its customers.
- Drchrono Two of its telehealth partners have special 90-day free trial offers for all Drchrono customers.
- eclinicalworks is providing accelerated activation, training, and setup of telemedicine services for all practices. Non-customers can also purchase their stand-alone telehealth platform

https://www.hhs.gov/hipaa/for-professionals/special-topics/emergencypreparedness/index.html

Q: We are a hospital base program billing under the hospital NPI and not RD NPI; can RN, CDE and RD provide DSMT via telehealth and continue to bill using Hospital NPI or does it have to be using RD NPI?

This does not change the billing NPI# you would use for DSMT. However, please note that CMS (Medicare) does not allow RN to provide DSMT Via telehealth at this time.
Q: For use of the G0108 and G0109, is ADCED or ADA program recognition required?
Yes.

Q: Would this Telehealth delivery be considered a curriculum change for Accreditation?
No, most likely you can use the same curriculum, but your delivery methods will change. ADCES does not need to be notified, but you may want to track how and what you did to keep in your binder for your own future reference.

Q. Has CMS issued any additional guidance allowing FQHCs to provide telehealth services?
On March 27, Congress passed the CARES Act which paves the way to allow FQHCs and RHCs to provide telehealth services and be reimbursed under Medicare during the public health emergency (PHE). CMS released regulatory guidance on March 30, but this guidance did not specifically address allowing FQHCs and RHCs to provide telehealth services. Further regulatory guidance is expected.

Q. Do any of the recent changes apply to the Medicare Diabetes Prevention Program (MDPP)?
Yes! CMS has modified certain MDPP policies during the PHE:

- MDPP suppliers that have the capability, can deliver MDPP services virtually. If MDPP suppliers cannot provide services virtually, CMS is allowing them to suspend in-person services and resume services at a later date.
- CMS is waiving limits on the number of virtual make up sessions for MDPP supplies able to provide services virtually. These virtual services must be provided in a manner consistent with the CDC’s DPRP standards for virtual sessions, follow the CDC approved DPP curriculum requirements, and are provided at the request of the Medicare beneficiary.
- Virtual make-up sessions may only be furnished to achieve attendance goals and may not be furnished to achieve weight-loss goals.
- Waiving the once per lifetime benefit and allow MDPP beneficiaries whose sessions were suspended to resume sessions or start over
- Increasing the number of virtual make-up sessions that can be offered by MDPP suppliers.
- These changes are applicable only to MDPP suppliers that are enrolled in the MDPP as of March 1, 2020 and Medicare beneficiaries who were receiving services as of March 1, 2020. The requirement for in-person attendance at the first core session remains in effect.
- These changes are only in effect as during the PHE.


Q. Does this impact in-person/face-to-face requirements for CGM and insulin pumps?
We think so but are conducting additional analysis to clarify recent changes. CMS had released guidance that face-to-face requirements for evaluations, assessments, certifications, etc. outlined in national coverage determinations (NCDs) and local coverage determinations (LCDs) would not apply for the PHE during the COVID-19 pandemic. CMS has stressed that this flexibility is to ensure providers can appropriately care for their patients.
NCDs and LCDs may require face-to-face, timely evaluations or re-evaluations to qualify for coverage or continuing coverage. These policies have applied to devices like insulin pumps and continuous glucose monitoring systems (CGM). This has presented issues for providers and people with diabetes during the PHE. We will update the FAQ as soon as we have more information.