



Welcome!

FLS Bone Health ECHO® TeleECHO Clinic

We will be recording this TeleECHO Clinic for educational and quality improvement purposes.

By participating in this clinic you are consenting to be recorded.

If you do not wish to be recorded, please email andrea.medeiros@nof.org at least one week prior to the TeleECHO Clinic you wish to attend.

Please type in your name, location, and email address in the chat.

Clinic will start in less than 15 minutes

Some helpful tips:

Please mute your microphone when not speaking

Position webcam effectively

Communicate clearly during clinic:

- ▶ Speak clearly
- ▶ Use chat function

Project ECHO's goal is to protect patient privacy

To help Project ECHO accomplish that goal, please only display or say information that doesn't identify a patient or that cannot be linked to a patient.

References:

For a complete list of protected information under HIPAA, please visit www.hipaa.com

Common HIPAA Identifier Slip-Ups and Easy Ways to Protect Patient Privacy

1st – **Names:** Please do not refer to a patient's *first/middle/last name* or use any *initials*, etc. Instead please use the *ECHO ID*.

2nd – **Locations:** Please do not identify a patient's *county, city or town*. Instead please use only the patient's *state* if you must or the *ECHO ID*.

3rd – **Dates:** Please do not use any dates (like *birthdates*, etc.) that are linked to a patient. Instead please use only the patient's *age* (unless > 89)

4th – **Employment:** Please do not identify a patient's *employer*, work *location* or *occupation*. Instead please use the *ECHO ID*.

5th – **Other Common Identifiers:** Do not identify patient's *family* members, *friends, co-workers, numbers, e-mails*, etc.

NOF Staff Disclosures

Andrea P. Medeiros, Director, Programs, Policy & Membership: Nothing to Disclose

Ami Patel, Director, Professional Education and Medical Affairs: Nothing to Disclose

Planning Staff Disclosures

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Dudley Phipps, PA-C: Consultant & Shareholder: RPJ FLS; Speaker's Bureau: Amgen

E. Michael Lewiecki, MD: Employed by New Mexico Clinical Research & Osteoporosis Center which received income from: Radius, Amgen, Mereo, Bindex, Alexion, Sandoz, Samsung Bioepis, Sanifit

NOF Updates

- ▶ COVID-19 What You Need to Know
 - ▶ Patients and Caregiver Info
 - ▶ <https://www.nof.org/covid-19-updates/>
- ▶ COVID-19 and Osteoporosis Treatment: Webinar for Healthcare Professionals on Friday, April 17th, 12PM ET
 - ▶ Register: <https://bit.ly/34zkOW9>
- ▶ COVID-19 Crisis Osteoporosis Management & Treatment Survey for Healthcare Providers
 - ▶ Released Wednesday, April 15th
 - ▶ <https://www.surveymonkey.com/r/COVID19HCP>

The screenshot shows the NOF website with a navigation bar including 'SUPPORT NOF', 'Podcast + Blog', 'Advocacy', 'Connect', 'Find a Professional', and a search bar. Below the navigation is a banner for 'COVID-19 UPDATE What You Need to Know' with a 'READ MORE' button. The main content area features the 'BONE SOURCE' logo and a section titled 'COVID-19 AND OSTEOPOROSIS TREATMENT: WEBINAR FOR HEALTHCARE PROFESSIONALS'. The webinar details include the date 'Friday, April 17, 2020' and time '12:00 PM - 1:00 PM'. A paragraph explains that due to the healthcare crisis, Congress and CMS have released new resources and relaxed rules to allow for flexibility in treating patients. It also invites providers to join the webinar on April 17th at 12PM ET to discuss new rules and legislation, and offers to answer questions via email at education@nof.org.

The background of the slide features a microscopic view of bone tissue. It shows a complex network of red, porous-looking structures, likely trabeculae, interspersed with a grey, more solid-looking matrix. The overall appearance is that of a highly porous, interconnected lattice. The text is overlaid on the right side of this image.

FLS and Osteoporosis Care in the Time of COVID - 19

NM Update



How is COVID-19 Affecting Your Clinic?

- ▶ Reduced clinic schedules
 - ▶ Potential for telehealth considering reduced CMS restrictions
- ▶ Method for continuing injectables/infusions
 - ▶ Possibility of “drive by” injection clinic
 - ▶ Concern for patients in facilities who cannot come for their treatment
- ▶ Delay testing (postpone DEXA scans and labs?)
- ▶ Strategies for keeping track of fragility fracture patients

Telehealth and Related Services

- ▶ Medicare/Medicaid telehealth restrictions relaxed as of 3/6/20 under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act. This was done to ensure that all patients across the country had access to their provider without having to travel to a healthcare facility.
 - ▶ Telehealth visits can be achieved while the patient is in their residence
 - ▶ Telehealth visits are considered same as in person visits, and are paid at the same rate as regular, in person visits.
- ▶ As of the HHS OCR announcement on 3/17/20, HIPPA restrictions were relaxed so that common platforms/apps could be used (Skype, Facetime, Zoom, Google hangouts, etc).
- ▶ On March 30, 2020, CMS finalized payment for telephone evaluation and management (E/M) services (CPT 99441-99443). Effective March 1, 2020, the codes will be considered active and payable for the duration of the COVID-19 pandemic. CMS will allow physicians to provide telephone E/M services to new and established patients.

Telehealth Visits

- ▶ It is recommended that **modifier-95** be attached to the claim - which describes services delivered via telehealth
- ▶ Providers can select the level of office/outpatient E/M furnished via telehealth using medical decision making or time
- ▶ Telehealth Tips:
 - ▶ Make sure you have a good internet connection where you will be conducting the telehealth visits (1.5 Mbps minimal, although at least 15Mbps recommended download speed with 5 Mbps upload speed is ideal). Google “internet speed test” to test your internet speed instantly for free.
 - ▶ Ensure that the patient and you have tested your video and microphone prior to visit
 - ▶ Use a quiet room to ensure patient privacy and limit distractions - pay attention to your surroundings
 - ▶ Documentation is the same, although in addition, it should be documented that the visit was completed via telemedicine with the patient’s consent. The location of the provider (home or office) should be documented, as well as the patient (including the state they were in during the visit, and the setting - home or work), and time spent during the visit.

Summary Of Telehealth Services

From Karen Zupko &
Associates, accessed
4/14/20

<https://www.karenzupko.com/KZA-telehealth-solution-center>

Telehealth During the Public Health Emergency

	Telehealth Visits	E-Visits	Telephone Only	Virtual Check-ins
Description of service	Real time interactive visit via video-chat	Patient-initiated online <i>digital</i> evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days	Patient-initiated telephone E/M service not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service within the next 24 hours (or soonest appointment available)	Brief connection between visits where the communication is not related to a medical visit within the previous 7 days and does not lead to a medical visit within the next 24 hours (or soonest appointment available)
Eligible providers include	Physician, physician assistant, nurse practitioner <i>Despite certain therapy services listed as covered telehealth codes, services provided by PTs, OTs, SLPs are not paid by Medicare under telehealth. Could bill Incident-To physician if guidelines met</i>	Physician, physician assistant, nurse practitioner <ul style="list-style-type: none"> PTs, OTs, SLPs use GO, GP, or GN therapy modifier on claims for these services 	Physician, physician assistant, nurse practitioner <ul style="list-style-type: none"> PTs, OTs, SLPs use GO, GP, or GN therapy modifier on claims for these services 	Physician, physician assistant, nurse practitioner <ul style="list-style-type: none"> PTs, OTs, SLPs use GO, GP, or GN therapy modifier on claims for these services
Modality	Audio + Video <i>Two-way, real-time interactive communication</i>	Digital (e.g. online patient portal)	Phone	Phone, secure text, portal
Eligible CPT codes	See list of Medicare telehealth services: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes Includes 99201-99215	99421 Online digital E/M 5-10 min 99422 Online digital E/M 11-20 min 99423 Online digital E/M 21+ min For PTs, OTs, SLPs: G2061 Online assessment/mgt 5-10 min G2062 Online assessment /mgt 11-20 min G2063 Online assessment/mgt 21+ min	99441 Physician 5-10 min 99442 Physician 11-20 min 99443 Physician 21-30 min For PTs, OTs, SLPs: 98966 Non-Physician 5-10 min 98967 Non-Physician 11-20 min 98968 Non-Physician 21-30 min	G2012: 5-10 minutes of medical discussion G2010: remote evaluation of recorded video and/or images submitted by a patient including interpretation with F/U with the patient
New or Established?	New + Established Patients	New + Established Patients <i>CMS not reviewing if new/established during PHE period</i>	New + Established Patients <i>CMS allows new patients during PHE. Check payor policy for commercial payors.</i>	New + Established Patients
POS	Medicare: whatever POS would have been billed for the service if it was performed face-to-face Commercial: See policy	Medicare: 11 or 22 Commercial: See policy	Medicare: 11 or 22 Commercial: See policy	Medicare: 11 or 22 Commercial: See policy
If provider is furnishing service from home, list provider home address on claim				
Modifier	Medicare: 95** Commercial: See policy	Medicare: None, not a telemedicine service (PT, OT, SLP see above) Commercial: See policy	Medicare: None, not a telemedicine service (PT, OT, SLP see above) Commercial: See policy	Medicare: None, not a telemedicine service (PT, OT, SLP see above) Commercial: See policy
RVUs	RVU for selected code	99421-99423: 0.43-1.39 RVUs G2061-G2063: 0.34-0.94 RVUs	99441-99443: 0.40-1.14 RVUs 98966-98968: 0.40-1.14 RVUs	G2012: 0.41 RVUs G2010: 0.34 RVUs
Patient cost-sharing	Medicare: Medicare is allowing but not requiring coinsurance and deductible amounts to be waived for telehealth visits, not e-Visits, Telephone, and Virtual Check-Ins Commercial: See payor policy. Many payors are waiving patient cost-sharing for telehealth visits.			

** Guidance published on March 31, 2020 allows for POS 11 where appropriate for telehealth visits in order to be paid non-facility rate. <https://www.cms.gov/files/document/covid-final-ifc.pdf>

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Information as of March 31, 2020

Visit <http://www.karenzupko.com/KZA-telehealth-solution-center-access> for up-to-date information

Other Management Strategies

- ▶ Possibility of utilizing “drive by” injection clinics for denosumab and romosozumab
- ▶ Likely OK to delay zoledronic acid infusions
- ▶ Delay initiation of treatment if starting denosumab or romosozumab
- ▶ What should you do with patient that cannot come for their injections?
 - ▶ Possibly transition to a different agent (i.e. alendronate?)
- ▶ DEXA scans can likely be delayed
- ▶ Process for keeping track of fragility fractures occurring during this time - need to do this likely depends on process for capturing/identifying fragility fracture patients

Additional Resources

- ▶ CMS telemedicine fact sheet:
 - ▶ <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>
- ▶ American Academy of Family Physicians telemedicine info:
 - ▶ <https://www.aafp.org/patient-care/emergency/2019-coronavirus/telehealth.html>
- ▶ AAOS:
 - ▶ COVID-19 Resource Center: <https://www.aafp.org/patient-care/emergency/2019-coronavirus/telehealth.html>
 - ▶ Telemedicine resource guide: <https://www.aaos.org/globalassets/about/covid-19/aaos-telemedicine-resource-guide.pdf>
- ▶ Karen Zupko and Associates
 - ▶ <https://www.karenzupko.com/KZA-telehealth-solution-center>