NORTHEAST TELEHEALTH RESOURCE CENTER NETRC.org

Auditing Telehealth Visits

Auditing Telehealth Visits & Compliance Reporting *during and post-PHE*

During the time that CMS has dubbed the "wind down" period, health centers should begin to structure their telehealth audit and compliance plans. Many of the telehealth flexibilities that were extended in the Consolidated Appropriations Act of 2022 have been extended in the Consolidated Appropriations Act of 2023 further until December 31, 2024, regardless of when the public health emergency (PHE) ends.

List of Extended Flexibilities

- FQHCs/RHCs as Distant Site Providers
- Originating Site Requirements
- Distant Site Practitioners (including but not limited to physical therapists, audiologists, speech-language pathologists)
- Technology Requirements (continues to allow audio-only to be used to provide some services)
- Delayed in-person requirement for mental health visits via telecommunications until January 1, 2025

TIP FROM CHRISTINA

Creating a place in your EHR that will allow for data extrapolation will enable standardization in reporting. You want to limit the time your audit staff spends reading each note to determine whether the telehealth service was performed via audio only or audio/video or whether a consent was obtained.

Telehealth Audit & Compliance Reporting

1. Visit Drop-Down: create a visit type drop down for both audio only and audio/video telehealth visits. This will allow staff to pull a report by visit type and verify whether the correct modifier was used (93 or 95).
2. Create structured fields to capture the following:
   a. Consent and whether it was verbal or written. This will allow your auditing staff to pull visits by telehealth and payer and confirm whether the appropriate consent was received. Certain Medicaid payers require a written consent. Creating radio buttons for providers to check will limit staff from having to read free text in the body of the note.
   b. Technology used - only HIPAA compliant software should be listed and used post-PHE.
   c. Location of the Provider
   d. Location of the Patient
   e. Any participants that may also be present
   f. Total time spent (including non-direct time when coding visits based on time)

Place of Service: During the PHE, many health centers defaulted POS 02 to all telehealth claims. Most often telehealth services are provided in the patient's home and POS 10 should be used.

TIP FROM CHRISTINA

Create a radio button for when a provider personally observed vitals, or if the vitals were self-reported. Certain quality measures do not allow self-reported vitals to meet the criteria as "met."

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COMPLIANCE REPORTING SUGGESTIONS

Determine whether the appropriate modifier was used to distinguish audio only telehealth vs audio/video telehealth.

- Payer: certain payers will want an FQ or a standard 93 for all audio only claims
- Visit Type: Audio Only
- Provider: Distinguishes between Mental Health and Medical provider
- Modifier: FQ for Behavioral Health, 93 for medical

Determine whether the appropriate place of service was added to the claim correctly

- Payer
- Visit Type: Telehealth Audio Only & Audio/Video
- Place of Service
- Structured Data that can pull in the location of the patient

Telehealth Consent: This will allow staff to pull reports by payer to determine whether the appropriate method of consent was received.

- Payer: Pull two reports. 1. For payers that require written consent and 2. For payers that only require verbal consent. During the PHE, verbal consent is sufficient.
- Visit Type: Telehealth Audio Only & Audio/Video
- Consent:
- Consent Type: Written or verbal

In-Person Requirements for Mental Health Services Furnished via Telecommunications

Beginning January 1st, 2025, an in-person visit is required annually for patients receiving mental health services via telecommunications

TIP FROM CHRISTINA

Create a "recall" named "TH In-Person Visit Requirement" like you would do for patients that need annual wellness visits, dental exams, chronic care visits, etc. and attach that recall to a patient annually after receiving the initial in-person visit requirement. This will ensure that all patients are meeting the in-person visit requirement and may continue to receive mental health services via telecommunications.

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