



innovaTel
telepsychiatry

re-imagining psychiatric care

Telehealth's Rapid Adoption In 2020 & Building Sustainable Telehealth Programs for the Future

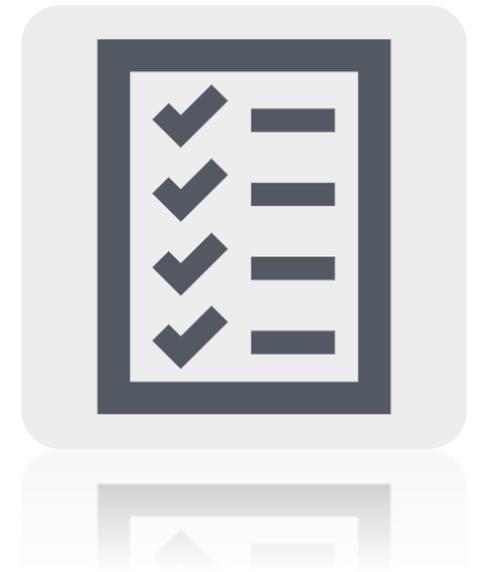
Today's Speakers:

- *Jordana Bernard, Chief Compliance Officer, innovaTel Telepsychiatry*
- *Jon Evans, CEO & Founder, innovaTel Telepsychiatry*
- *Lauren Lashbrook, Director of Strategic Partnerships, innovaTel Telepsychiatry*
- *Dr. McCray Ashby, Child Psychiatrist, innovaTel Telepsychiatry*


NATIONAL
COUNCIL
FOR BEHAVIORAL HEALTH
STRATEGIC PARTNER

Agenda

- innovaTel Telepsychiatry Overview
- 2020's Impact on Behavioral Health and Substance Use Disorder
- Telehealth's Rapid Adoption
- Overview Telehealth Reimbursement Policies
- Telebehavioral Health Payment Opportunities
- What's Next for Telehealth and Building Sustainable Long-Term Telehealth Programs



About innovaTel Telepsychiatry

Clinician Owned & Operated

innovaTel was founded by a clinical team with 30+ years of experience.

Success with Telepsychiatry

Through word of mouth the clinic's adoption & success using telepsychiatry spread quickly the country.

CMMHC Roots

The Founders started the first CMHC in NW Pennsylvania and through a small SAMSHA grant developed a successful telepsychiatry program.

Founded in 2014

As a result of the success and need to establish an independent company, innovaTel was founded in April 2014.

Psychiatric recruitment and retention was a constant challenge.



STRATEGIC PARTNER





Partnering To Grow Your Team

- innovaTel partners with organizations by offering contracted hours (part-time or full-time) for providers including:
 - Psychiatrists
 - Psychiatric Nurse Practitioners
 - Licensed Clinical Social Workers
- Specialty Patient Populations
 - Bi-Lingual
 - SMI/SMPI
 - Co-Occurring/Dual Diagnosis
 - Child & Adolescent
 - Geriatric
 - Forensic
 - Substance Use Disorder
- Clinical Partners
 - Community Mental Health Centers
 - CCBHCs
 - Federally Qualified Health Centers
 - Outpatient & Residential Facilities
 - Substance Use Disorder Programs
 - Health Systems
- **The organizations we partner with interview and choose the provider or providers that are joining their team.**
- **We believe continuity of care is critical in behavioral health.** Partnering with innovaTel, the selected clinician becomes a virtual member of the team. Patients will see the same clinician each and every time.

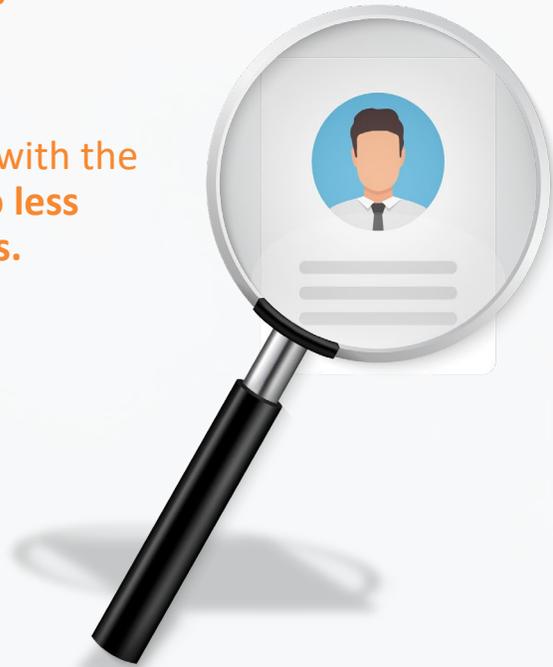
A Telepsychiatry Partner Focused on SMI & Co-Occurring Patient Populations

We have a thorough screening process for hiring specific to working with SMI population.

Because of our thorough matchmaking process, **we are proud to have a 95% clinician retention rate.**

innovaTel is also extremely selective with the clinicians we hire, extending offers to **less than 20% of those that apply with us.**

You **interview and choose** the clinician(s) that will join your team.



innovaTel saw a **71% increase** in the amount of clinicians looking to join our team since March 2020 due to the rapid adoption of telehealth.

We have seen a significant increase in the amount of organizations that are looking for providers with co-occurring experience to treat both mental health and substance use disorder.

COVID-19 Resolution: The Hybrid Model

COVID-19 is a crisis for all

especially organizations that serve the most vulnerable populations. Prior to COVID, all patients that innovaTel providers connected with were located in physical clinics.

Increase Access to Care & Reduce No-shows

By mobilizing quickly in partnership with our clinic partners, we were able to provide care to patients who were no longer able to come into a clinic and remove barriers that were historically in place, which resulted in **increased access to care and a reduction in no-shows for our clinic partners.**

Evolution

innovaTel rapidly responded to changing needs in behavioral health and evolved to provide our customers' patients with access psychiatric coverage no matter if they were seen on-site or from their home. **Now 90% of patient encounters are occurring in patient homes.**

The Future is Hybrid

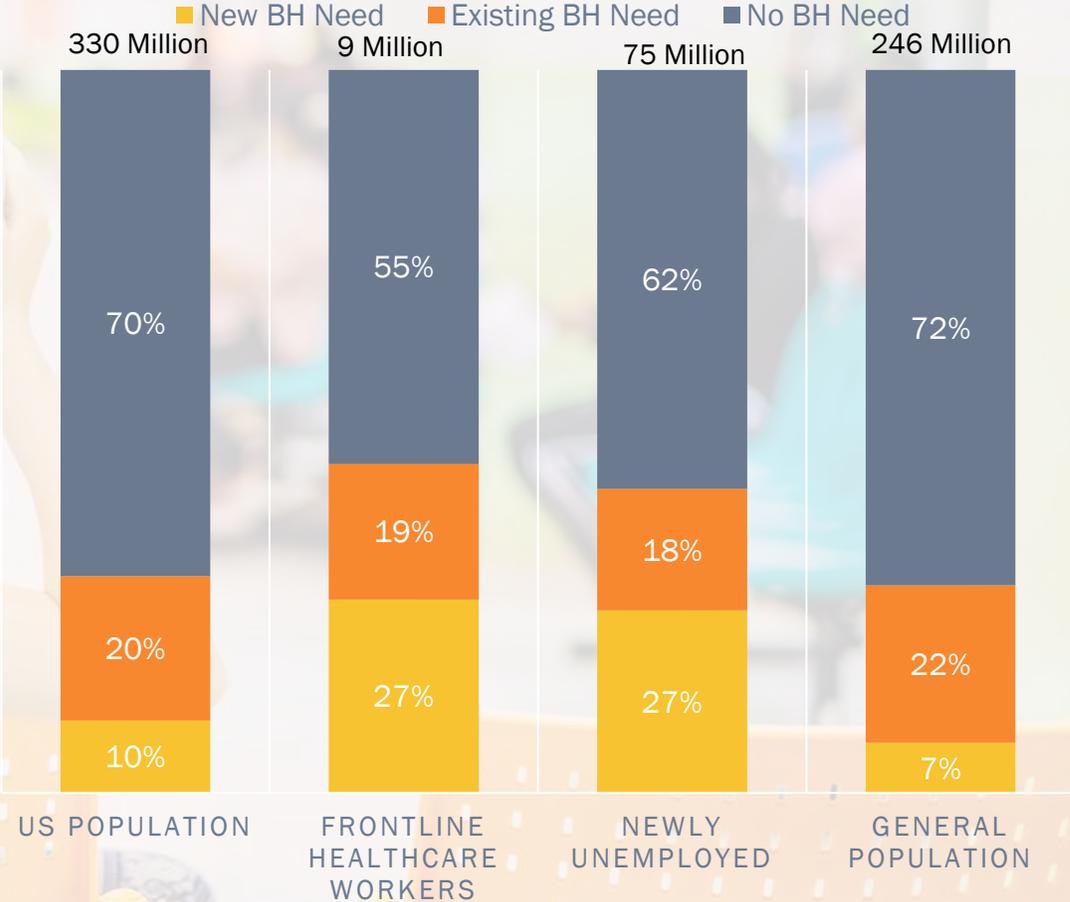
innovaTel believes the future of behavioral health will be a hybrid of patients connecting remotely and coming on-site for appointments based on clinical appropriateness and technology available.

A Pandemic Within the Pandemic: Increased Demand for BH Services

Impact of COVID-19 on Behavioral Health Across
Different Population Segments

Nationally, we are seeing an increase in demand for behavioral health treatment.

Historically, the statistic has been **1 in 5 adults** in the US may be in need of behavioral health services, and this model is estimating that this could switch to **1 in 3**, that's an additional **35 million people**.



Source: McKinsey & Company

<https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/understanding-the-hidden-costs-of-covid-19s-potential-impact-on-us-healthcare#>

From A Physician's Perspective



Dr. McCray Ashby, MD
Director of Medical Integration
Child Psychiatrist

Challenges & Opportunities

- Sustainable rates
- Historical funding challenges
- Parity
- Medicare Rates
- CCBHC Status

Reimbursement for Telehealth & Other Communication Technology-based Services

Telehealth policies vary by payer and state

- **Medicare**
 - Telehealth defined by Section 1834(m) of Social Security Act
 - Communication technology-based services
- **Medicaid**
 - States & DC determine respective policies
 - 50+ sets of rules
- **Commercial Insurance**
 - Policies vary by plan & state laws
 - Telehealth “parity” laws (coverage vs payment)



Jordana Bernard, MBA, FATA
Chief Compliance Officer
innovaTel Telepsychiatry

Medicare Telehealth Conditions for Payment (Pre-COVID)

Patient in authorized originating site

Service delivered by authorized provider type

Modality two-way interactive audio video



Originating site in defined rural geographic area

Service on approved telehealth list

Note: To bill telehealth use POS (02) telehealth, no modifier

§1834(m) of Social Security Act, exceptions for stroke, ESRD, SUDs

2018 Enacted Federal Telehealth Legislation

Bipartisan Budget Act of 2018

- Removed rural geographic restriction for acute stroke, end-stage-renal disease (ESRD)
- Enabled nationwide reimbursement
- Added mobile stroke units, patient's home (ESRD)
- Expanded flexibilities for telehealth in MA plans and ACOs

SUPPORT for Patients and Communities Act

- Removed rural geographic restriction for SUD services via telehealth
- Enabled nationwide reimbursement
- Added patient's home



Targeted removal of statutory restrictions to...

- Expand access to care
- Enable payment of services to accelerate adoption

Medicare Communication Technology-Based Services (Pre-COVID)



Each type of service has a unique set of rules for reimbursement

Virtual Check-ins

- Brief visit
- Live video, phone, store and forward
- Patient-initiated
- Established patients
- Geography neutral, no setting restrictions

eVisits

- Online patient portal
- Patient-initiated
- Established patients
- Geography neutral, no setting restrictions

Remote Patient Monitoring

- Non face-to-face
- Chronic care management
- Geography neutral, no setting restrictions

Note: Medicare allows exceptions for store and forward telehealth in HI, AK

COVID-19 Pandemic Accelerates Telehealth Policy Reforms

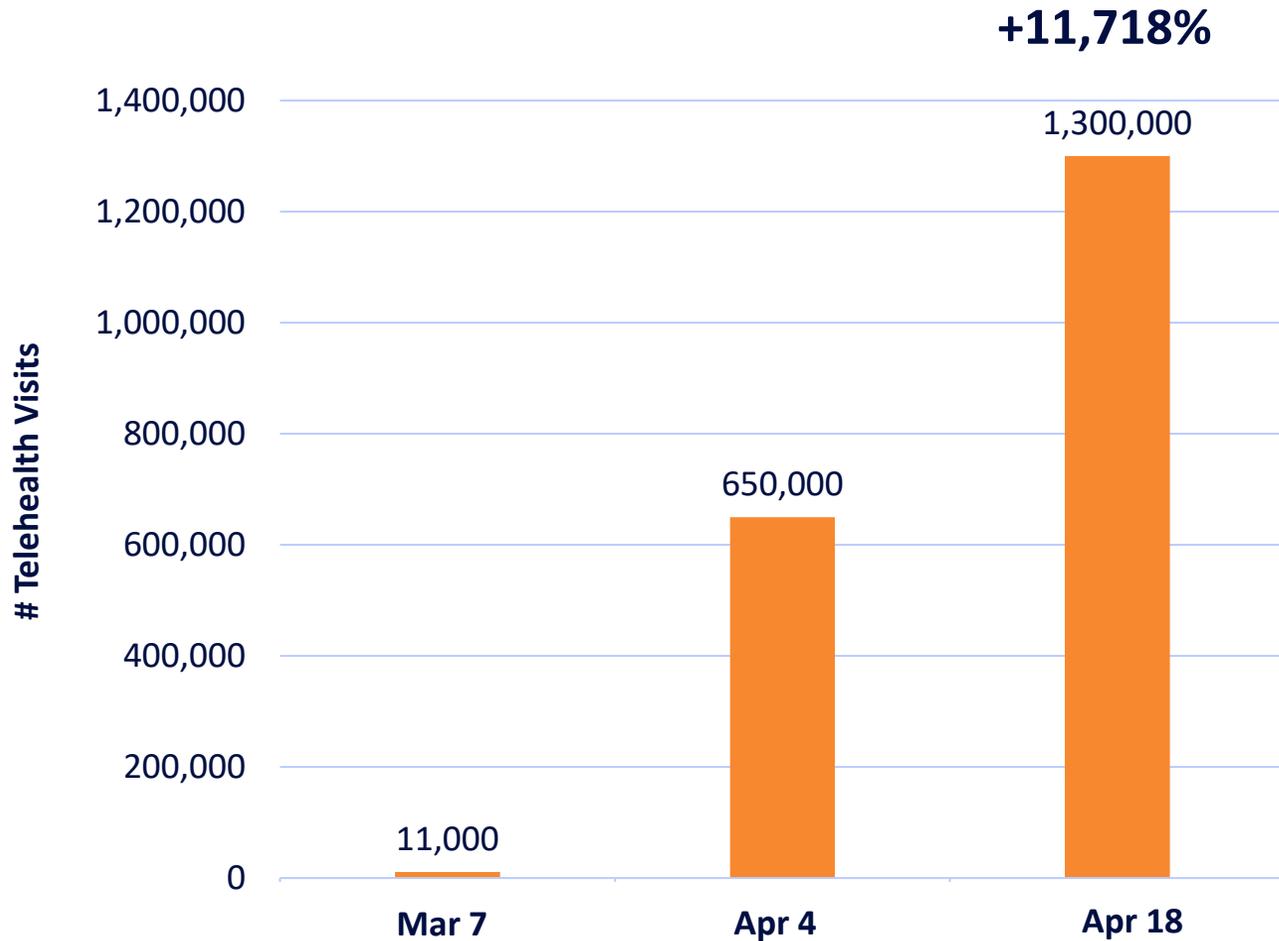


Drives healthcare delivery towards telehealth



MEDICARE

Medicare Telehealth Visits Increase 100X

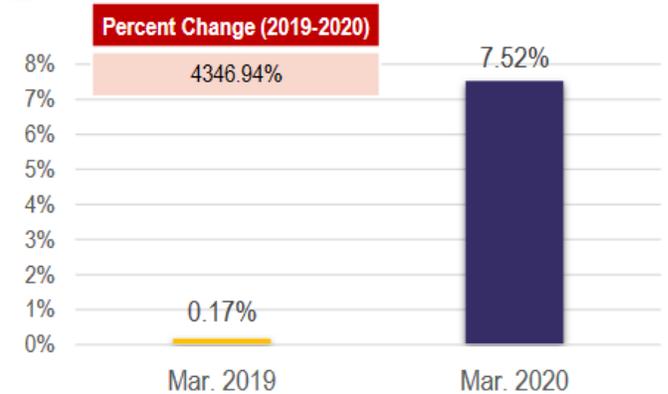


Majority of **States** took action to expand telehealth during the crisis

Commercial Plans



Volume of Claim Lines, 2019 vs. 2020



Fair Health Monthly Telehealth Regional Tracker / Mar 2020

Medicare Telehealth Reimbursement Changes COVID-19



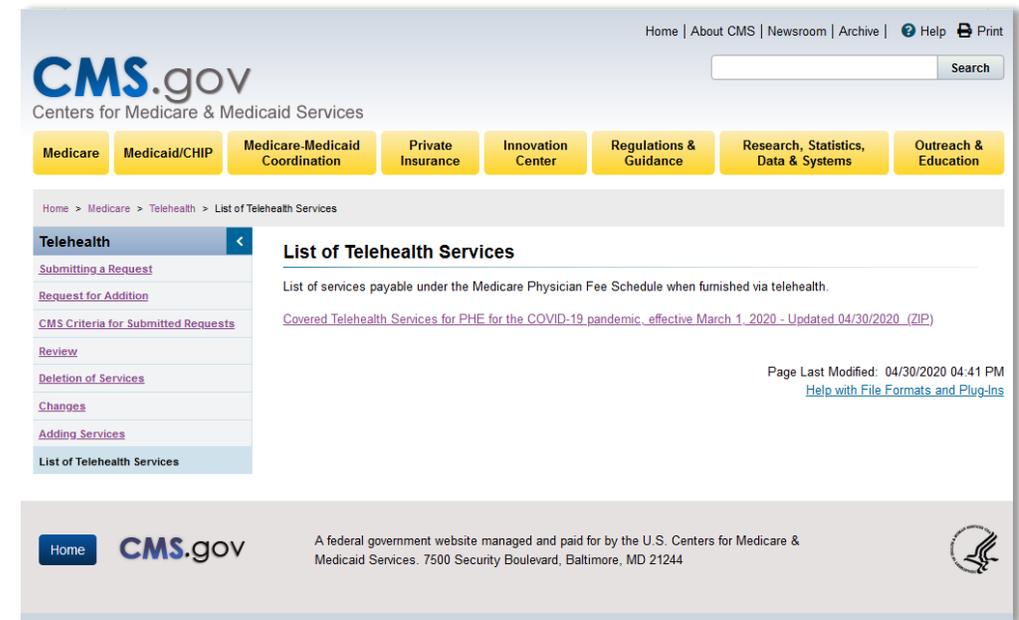
	Telehealth Payment (Pre-PHE)	Telehealth Payment Rules (During PHE)
Location of originating site	Limited to rural areas	No geographic restrictions
Type of originating site	Limited sites, no home	No restrictions, allows home
Eligible providers	Limited to MDs, NPs, LCSWs, few others	Added FQHCs/RHCs, all providers
Approved modalities	Limited, interactive audio-video	Expanded modalities, allowed audio-only / telephone
Approved services	Limited ~100 total covered services	Expanded ~240 total services

* HHS Office of Civil Rights is exercising enforcement discretion and waiving penalties for HIPAA violations against providers that serve patients in good faith through every day, consumer-grade technologies, such as FaceTime or Skype

Medicare Telehealth Services (COVID-19)

Services to patients in any geographic area, site of care including patient's home

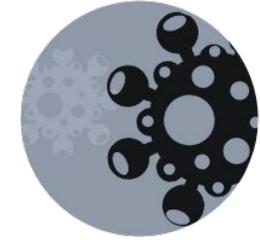
- Outpatient, inpatient, home (DTP, DTC) services
- E/M visits, consultations
- Telebehavioral health, critical care, ED, hospital care, observation, wellness, long-term care
- Certain telehealth visits by phone
- Providers may waive or reduce cost-sharing
- To bill a telehealth service
 - Use modifier 95, POS code that would have been reported had the service been furnished in person
 - Medicare pays the same as in-person care



The screenshot shows the CMS.gov website interface. At the top, there is a navigation bar with links for Home, About CMS, Newsroom, Archive, Help, and Print. Below this is the CMS.gov logo and the text "Centers for Medicare & Medicaid Services". A search bar is located on the right. A horizontal menu contains several categories: Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. The main content area is titled "List of Telehealth Services" and includes a sub-header "List of services payable under the Medicare Physician Fee Schedule when furnished via telehealth." Below this, there is a link to "Covered Telehealth Services for PHE for the COVID-19 pandemic, effective March 1, 2020 - Updated 04/30/2020 (ZIP)". A footer section contains the CMS.gov logo, the text "A federal government website managed and paid for by the U.S. Centers for Medicare & Medicaid Services. 7500 Security Boulevard, Baltimore, MD 21244", and a small icon of a person.

<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

Medicare Reimbursement for Other Communication Technology-based Services (COVID-19)



Virtual Check-ins

Expanded to include both new and established patients

Expanded types of providers eligible to bill

HCPCS codes G2010, G2012

eVisits

Expanded to include both new and established patients

Expanded types of providers eligible to bill

CPT/HCPCS codes 99421-99423, G2061-G2063

Remote Patient Monitoring

Expanded to include both new and established patients

Expanded to include acute conditions

Incident to billing CPT codes 99453, 99454

CY2021 Medicare Physician Fee Schedule



Key Telehealth Policy Changes

- Makes permanent payment for certain telehealth services
- Extends payment for 60 temporary PHE services through end of 2021
- Creates new permanent payment codes for virtual check-ins, eVisits
- Finalizes other temporary telehealth PHE policy changes
- Implements major changes to outpatient E/M rules and documentation requirements

CY2021 Medicare Physician Fee Schedule



Key Telebehavioral Health Policy Changes

- Makes permanent payment
 - 90853, Group Psychotherapy
 - 99347-99348, Home Visits (treatment of SUDs/co-occurring MH disorders)
- Extends payment through end of 2021
 - 99349-99350, Home Visits (treatment of SUDs/co-occurring mental health disorders)
 - 99281-99285, ED visits
- Creates new permanent payment CPT code G2252, extended virtual check-ins through 2021 (physicians and QHPs)
- Finalized periodic assessments via live video telehealth (OUD treatment services for OTPs)

CY 2021 Medicare PFS Telebehavioral Health Services Billing Codes & Rates



Code	Medicare Short Descriptor	Facility Rate (Nat. Avg.)	Non-Facility Rate (Nat. Avg.)
90785	Psytx complex interactive	\$13.26	\$15.00
90791	Psych diagnostic evaluation	\$156.32	\$180.75
90792	Psych diag eval w/med srvc	\$176.56	\$201.68
90832	Psytx w pt 30 minutes	\$68.74	\$77.81
90833	Psytx w pt w e/m 30 min	\$63.51	\$71.18
90834	Psytx w pt 45 minutes	\$91.07	\$103.28
90836	Psytx w pt w e/m 45 min	\$80.25	\$90.02
90837	Psytx w pt 60 minutes	\$134.69	\$152.48
90838	Psytx w pt w e/m 60 min	\$106.77	\$119.33
90839	Psytx crisis initial 60 min	\$128.06	\$145.16
90840	Psytx crisis ea addl 30 min	\$60.71	\$68.74
90845	Psychoanalysis	\$87.23	\$98.05
90846	Family psytx w/o pt 50 min	\$98.40	\$99.10
90847	Family psytx w/pt 50 min	\$101.89	\$102.59
90853	Group psychotherapy	\$24.08	\$27.57
96156	Hlth bhv assmt/reassessment	\$86.19	\$97.35
96158	Hlth bhv ivntj indiv 1st 30	\$58.97	\$66.65
96159	Hlth bhv ivntj indiv ea addl	\$20.59	\$23.03
96164	Hlth bhv ivntj grp 1st 30	\$8.72	\$9.77
96165	Hlth bhv ivntj grp ea addl	\$3.84	\$4.54
96167	Hlth bhv ivntj fam 1st 30	\$62.81	\$71.18
96168	Hlth bhv ivntj fam ea addl	\$22.33	\$25.47

Code	Medicare Short Descriptor	Facility Rate (Nat. Avg.)	Non-Facility Rate (Nat. Avg.)
99202	Office/outpatient visit new	\$49.90	\$73.97
99203	Office/outpatient visit new	\$84.44	\$113.75
99204	Office/outpatient visit new	\$137.48	\$169.93
99205	Office/outpatient visit new	\$186.68	\$224.36
99211	Office/outpatient visit est	\$9.07	\$23.03
99212	Office/outpatient visit est	\$36.29	\$56.88
99213	Office/outpatient visit est	\$68.04	\$92.47
99214	Office/outpatient visit est	\$100.49	\$131.20
99215	Office/outpatient visit est	\$147.95	\$183.19
99354	Prolog svc o/p 1st hour	\$120.73	\$129.10
99355	Prolog svc o/p ea addl 30	\$88.98	\$96.30
99441	Phone e/m phys/qhp 5-10 min	\$36.29	\$56.88
99442	Phone e/m phys/qhp 11-20 min	\$68.39	\$92.82
99443	Phone e/m phys/qhp 21-30 min	\$100.84	\$131.55
G2086	Off base opioid tx 70min	\$287.17	\$394.64
G2087	Off base opioid tx, 60 m	\$280.54	\$351.37
G2088	Off base opioid tx, add30	\$33.85	\$66.65
G0425	Inpt/ed teleconsult30	\$101.19	n/a
G0426	Inpt/ed teleconsult50	\$136.08	n/a
G0427	Inpt/ed teleconsult70	\$200.29	n/a

- New conversion factor \$34,8931, per Consolidated Appropriations Act, 2021, see CMS special update January 7
- Source: CY 2021 PFS Final Rule Addenda (Updated 12/29/2020)

CY 2021 Medicare PFS Other Digital Health Services Billing Codes & Rates



Code	Type of Service	Medicare Short Descriptor	Facility Rate (Nat. Avg.)	Non-Facility Rate (Nat. Avg.)
98970	eVisit	Qnhp ol dig assmt&mgmt 5-10	\$11.51	\$11.86
98971	eVisit	Qnhp ol dig assmt&mgmt 11-20	\$20.59	\$20.94
98972	eVisit	Qnhp ol dig assmt&mgmt 21+	\$32.80	\$32.80
99421	eVisit	Ol dig e/m svc 5-10 min	\$12.91	\$15.00
99422	eVisit	Ol dig e/m svc 11-20 min	\$26.17	\$30.01
99423	eVisit	Ol dig e/m svc 21+ min	\$41.17	\$47.45
G2010	Virtual Check-in (S&F)	Remot image submit by pt	\$9.42	\$12.21
G2012	Virtual Check-in (Phone or Video)	Brief check in by md/qhp	\$13.26	\$14.66
G2250	Virtual Check-in (S&F)	Remot img sub by pt, non e/m	\$9.42	\$12.21
G2251	Virtual Check-in (Phone or Video)	Brief chkin, 5-10, non-e/m	\$13.26	\$14.66
G2252	Virtual Check-in (Phone or Video)	Brief chkin by md/qhp, 11-20	\$25.47	\$26.87

- New conversion factor \$34,8931, per Consolidated Appropriations Act, 2021, see CMS special update January 7
- Source: CY 2021 PFS Final Rule Addenda (Updated 12/29/2020)

Other Policy Changes Impacting Telehealth (COVID-19)

Flexibilities enhance access to care during the pandemic

Prescribing Controlled Substances Via Telehealth



- DEA waiver to allow remote prescribing of controlled substances via telehealth without initial in-person visit (certain conditions must be met)
- Buprenorphine to new and existing patients with OUD via telephone without initial in-person visit

Other



- Privacy
- Licensure
- Consent
- Supervision

Note: January 14, 2021
HHS eliminates X-Waiver requirement for
DEA-registered physicians

End-of-Year Stimulus & Government Funding Package



Consolidated Appropriations Act

- Expanded payment for telebehavioral health services
 - Removed rural geographic restriction
 - Added patient's home
 - Requires in-person item or service for which payment was made
 - Within 6 months prior to initial telehealth visit
 - Exceptions SUDs/co-occurring MH disorders
- Added small rural emergency hospitals (under 50 beds) as eligible originating sites
- Delayed implementation of G2211 (E/M add on code) until CY2024
- Expanded grant funding for telehealth
- Increased payment rates for 2021

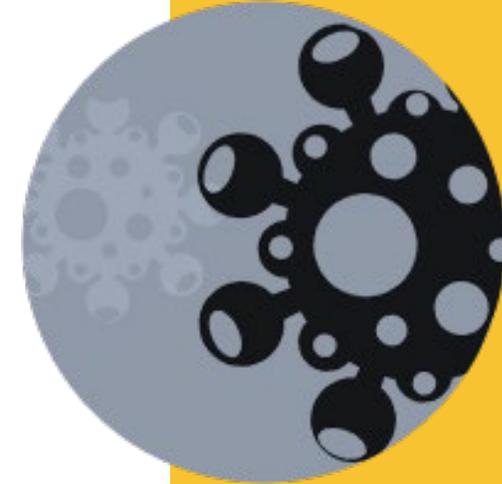
State-level Telehealth Policy Changes COVID-19

Medicaid

- Expanded reimbursement
- Allowed audio-only / telephonic visits
- Waived cost-sharing requirements

Commercial Plans

- Expanded coverage & reimbursement
- Paying same as in-person care (parity)
- Waived cost-sharing requirements



Source: Center for Connected Health Policy (CCHP) www.cchpca.org

What's Next for Telehealth



- Making permanent payment changes will be front and center
- Support for telehealth will continue with new administration, congressional leaders
 - Promote access
 - Ensure health equity & quality care
 - Address utilization/cost issues
- PHE period possible through end of 2021 or later

Questions?

www.innovatel.com

Lauren.Lashbrook@innovatel.com

407.607.9242



innovaTel
telepsychiatry

re-imagining psychiatric care

Thank You!

Providing
*access through
telepsychiatry
partnerships.*

Our provider team consists of:

Psychiatrists | Psychiatric Nurse Practitioners | Licensed Clinical Social Workers

