Welcome to Tonight’s Webinar

Thank you for joining us!

Please submit questions in the control panel

Live Tweet with #ASMBSCOVID
CORONAVIRUS (COVID-19)
Agenda

1. Welcome and Introductions. Matt Hutter, MD
2. Working with Payers/Insurers. Joe Northup, MD
3. The impact on community/independent practices. Paul Kemmeter, MD
4. Pearls and pitfalls for telehealth. John Scott, MD
5. Updates:
   1. Accreditation and MBSAQIP.
   2. Fellows experience.

This will kick off a series of webinars addressing COVID-19 issues during this pandemic.
   Telehealth, Private/Community Practices, Restarting your practice.
ASMBS and COVID-19: Working with Payors

C. Joe Northup, MD, FACS, FASMBS
Medical Director, Premier Health Weight Loss Solutions
Chair, ASMBS Access to Care Committee
ASMBS Executive Council
Unexpected Access Barriers

- Cancelled Elective Surgeries
- Lack of Communication with Insurance Companies
- Expired Authorizations
- Patients Currently on the Pathway
  - Proactive Communication with Insurers
March 23, 2020

Dear Medical Director:

On behalf of the American Society of Metabolic and Bariatric Surgery (ASMBS), I am writing you regarding the trying situation we are all dealing with under the COVID-19 crisis. Daily life has been disrupted for every American and the restrictions imposed upon our patients will have a sweeping impact for the immediate future. Many of our patients suffering from obesity are currently in the process of insur-er-mandated, preoperative dietary requirements. In order to ensure our patients not be unfairly impacted by this interruption in services, the ASMBS would request:

- Patients would not be denied surgery for missing office visits or “gaps” in their sequential dietary requirements due to travel restrictions and cancellation of “non-essential” office visits
- Telephone encounters, telemedicine visits, self-reported weights/diet history and other information be accepted as adequate documentation for participation in preoperative requirements
- Any guidelines for preoperative weight gain or weight loss be temporarily eliminated due to limited travel, food resources and fitness availability
- For any procedure currently approved that is cancelled, delayed or rescheduled, the pre-authorization would be honored as soon as facility and other restrictions are eased

Hopefully, our lives and health care systems will return to normalcy in a short period of time. The goal of the ASMBS is to partner with you and make certain the impact on our patients is minimal, and we can all return to daily life as soon as possible.

Thank you,

C. Joe Northup, MD, FACS, FASMBS  
Chair, ASMBS Access to Care Committee  
ASMBS Executive Council Member

Matthew Hutter, MD, FACS, FASMBS  
President, American Society for Metabolic and Bariatric Surgery
Awareness of Patients Currently on the Pathway toward Bariatric Surgery During the COVID-19 Environment

Requests:

- Patients would not be Denied Bariatric Surgery for “gaps” in Sequential Dietary Requirements

- Telephone Encounters, Telemedicine, Self-Reported Weights and Diet History be Accepted as Adequate Documentation

- Elimination of Weight Loss or No Weight Gain Requirement

- Any Surgery Currently Approved and Cancelled during COVID-19 Crisis would be Honored
Early Responses

- Several Early Responses
- Mostly Positive
  - Forward to Appropriate Person
  - “Great Ideas” and will Take into Consideration
  - Already Working on Options
- No Confirmed Changes or Updates in Policy
Guidelines

- Telemedicine Careful Documentation
  - Weight Documentation
  - Dietary Behaviors
  - Physical Activity

- Re-Submission of Cancelled Surgery with “Placeholder” Dates

- Communication with Patients
Next Steps

- Resend Letter to Medical Directors
- Expand Contacts to Regional Carriers and Self-Insured
  - Medical Director Contacts
  - cjnorthup@premierhealth.com
- Mobilize State Chapters
  - Collect Data on Insurance Plans
  - Managed by Each Chapter
- Telemedicine “Best Practices” Document

- Keep Patients on the Pathway
Questions?

C. Joe Northup, MD, FACS, FASMBSS
Chair, ASMBSS Access to Care Committee

cjnorthup@premierhealth.com
Questions?

? Please submit questions with the chat function in the control panel....
COVID-19 Practice Survival: From Triage to Recovery

Paul Kemmeter, MD, FACS
Medical Director Bariatric Services MHSM
Associate Clinical Professor MSU/CHM
Co-Director ASMBS Community/Independent Practice Committee
Triage – Phase I

• Establish Task Force and Command Central
• Adaptable Planning
• Communication
• Partnerships
  • Vendors, Insurance Companies, Financial Institutions
  • Professional Organizations
  • Hospitals/Surgical Centers
• Patients
• STAFF
Acute Care - Phase II

• Cash Flow
  • Accounts Receivable
  • Telehealth
  • Miscellaneous (i.e. medicolegal work)

• Expense Reduction/Delay
  • Staff Furlough
  • Third Party Assistance
    • Landlord, Malpractice and Healthcare Insurance, etc.
Step Down – Phase III

- Transition Planning
- Coronavirus Aid, Relief, and Economic Security Act
  - Paycheck Protection Program Loan
  - U.S. SBA Economic Injury Disaster Loan program (EIDL)
  - Individual Recovery Checks
  - Employee Retention Tax Credit
  - Pandemic Unemployment Assistance Program
  - Updated Business Tax Provisions

- CMS Advanced and Accelerated Payment Program
Rehabilitation/Recovery – Phase IV

• Unknown
• Stages I-III Critical
  • Planning, Communication, Partnerships
Additional Resources

• ASMBS Members Facebook Group

• ASMBS Practice Management Facebook Group

• https://www.whitecoatinvestor.com/cares-act/

• paulkemmeter@gmail.com
Questions?

Please submit questions with the chat function in the control panel....
Pearls and Pitfalls of Telehealth

- John D. Scott MD FACS FASMBS
  - Chair, Program Committee
  - Executive Council Member
Objectives

• CMS Rules Relaxed
• Telehealth Platforms
• Documentation
• Billing
CMS Rules Adjusted During Crisis

MEDICARE TELEHEALTH VISITS: Currently, Medicare patients may use telecommunication technology for office, hospital visits and other services that generally occur in-person.

- The provider must use an interactive audio and video telecommunications system that permits real-time communication between the distant site and the patient at home. Distant site practitioners who can furnish and get payment for covered telehealth services (subject to state law) can include physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians, and nutrition professionals.
- It is 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. Accordingly, the Department of Health and Human Services (HHS) is announcing a policy of enforcement discretion for Medicare telehealth services furnished pursuant to the waiver under section 1135(b)(8) of the Act. To the extent the waiver (section 1135(g)(3)) requires that the patient have a prior established relationship with a particular practitioner, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.

CMS COVID19 Telehealth Tip Sheet
Insurance companies' telehealth policies during COVID-19

March 18, 2020 - Posted in Health by John Lewis

As hospitals focus more attention on addressing the coronavirus pandemic, insurance companies and healthcare providers are emphasizing the use of telehealth services for patients that are not critically ill or presenting symptoms of COVID-19 (cough, fever, shortness of breath).

“South Carolina insurance companies are requested to incentivize doctors to treat patients with non-COVID-19 issues by telehealth, rather than in-person,” Governor Henry McMaster said in a news conference on Tuesday. “If it can be done without an in-person visit, do that. That will allow space for those who do need to come in for appointments - for the COVID-19 patients.”
Opportunities for Bariatric TELEHEALTH

1. Patient Intake/Seminars
2. Insurance Verification
3. Dietary Assessment
4. Psychological Evaluation
5. Pre-operative Diet Visits
6. Weight Documentation
7. Weight Loss/No Weight-Gain Requirements
8. Approvals (?)
9. Cancelled Surgeries- Approvals and Rescheduling
10. Post-op Visits
11. Support Groups
12. Labs
13. Workup for Issues/Complications
14. ED Visits
Approved CMS Mediums Used in Good Faith

For example, a covered health care provider in the exercise of their professional judgment may request to examine a patient exhibiting COVID-19 symptoms, using a video chat application connecting the provider’s or patient’s phone or desktop computer in order to assess a greater number of patients while limiting the risk of infection of other persons who would be exposed from an in-person consultation. Likewise, a covered health care provider may provide similar telehealth services in the exercise of their professional judgment to assess or treat any other medical condition, even if not related to COVID-19, such as a sprained ankle, dental consultation or psychological evaluation, or other conditions.

Under this Notice, covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency. Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.

Covered health care providers that seek additional privacy protections for telehealth while using video communication products should provide such services through technology vendors that are HIPAA compliant and will enter into HIPAA business associate agreements (BAAs) in connection with the provision of their video communication products. The list below includes some vendors that represent that they provide HIPAA-compliant video communication products and that they will enter into a HIPAA BAA.

- 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
- Spruce Health Care Messenger

CMS COVID19 Telehealth Tip Sheet
Public Applications NOT TO BE USED

Under this Notice, however, Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth by covered health care providers.
EMR platforms
The simple, free, and secure telemedicine solution.

We've made telemedicine simple and easy for you. Create your personal room and start practicing telemedicine today.
Welcome, Dr. Scott!

To invite someone to your waiting room, share this link:

https://doxy.me/jdscottmd

Upgrade to Professional or Clinic account, starting at $29/mo
Documentation Guidelines

Basic Guidelines for Telephone or Telemedicine Visits

Documentation for Telemedicine Telephone Visits

- Verbal Consent provided by patient consenting to treatment via telemedicine devices.
- This Telemedicine telephone visit occurred as a direct conversation between the patient and billing provider. {YES/NO}
- Names of participants participating in visit other than provider and patient: {Dietician, MA, etc.}

Documentation for Telemedicine Video Visits

- Patient and family are aware telemedicine technology will be utilized to conduct face-to-face consult with (patient) who is off site. Instructed no recordings will be made of this consult and patient confidentiality will be maintained at all times. All questions answered. Verbalized agreement to participation in telemedicine visit.
- Names of participants participating in visit other than provider and patient: {Dietician, MA, etc.}
- Location of patient: {Home, Apartment, etc.}
- Location of provider: {Provider location}
Virtual Visit - {Telehealth Visit Type:36329}
Telehealth Platform: {Telehealth Platform:36387}
Patient has given consent to care via virtual visit: {Yes Only:36296}
Indication for Telemedicine Visit: @RFVN@
Patient Location / Address: {Virtual Visit Patient Location:36194}***
Referring Provider: @REFPROV2(100)@
Participants: @ENCPROVNMTITLEAMB@, Physician Examiner
   @NAME@, patient
   ***
Telemedicine Visit Start Time: ***   Telemedicine Visit End Time: ***

This telephone/video communication visit was conducted in concordance with CDC’s recommendation that during the SARS CoV2 outbreak healthcare facilities should "provide non-urgent patient care by telephone/video" especially in patients at increased risk for an adverse outcome when exposed to coronavirus infections
# Coding Guidelines

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Source: SAGES Telehealth Primer
# Telephone Services

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Source: SAGES Telehealth Primer
Resources for the TELEHEALTH NOVICE

• **CMS:**

• **AMA:**

• **SAGES:**
Questions?

? Please submit questions with the chat function in the control panel....
Additional COVID-19 issues:

- No site visits through 2020.
  - All site visits scheduled between March 2020 through the remainder of the 2020 calendar year will be postponed.

- All currently accredited MBSAQIP centers will have their accreditation extended by 12 months.

- “Prioritize patient care and safety first and foremost”
  - Flexibility with:
    - SCR deployment,
    - Volume requirements
    - CMBS Meetings

- Data:
  - Lock dates suspended for 2020.
Additional COVID-19 issues:

• **Bariatric Fellows**
  • Their training and experience
    • Numbers needed for their Bariatric Certificate.
    • Strike a balance between fairness to fellows and patient safety.
  • Further discussions with:
    • the ASMBS Bariatric Training Committee,
    • the Bariatric Fellowship Directors,
    • the Fellowship Council, and
    • the ASMBS Executive Council.
Questions?

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Please submit questions with the chat function in the control panel....
Going Forward:

• Weekly Emailed COVID-19 Updates.
• Regularly scheduled webinars with issues important to our members:
  • Telehealth
  • Impacts on your practice.
  • When and how to restart your practice.

Please let us know what matters most to you!
communications@asmbs.org

Please share with us stories of how your colleagues are making an impact!
COVID – 19 Updates from the ASMBS

- Support your patients.
- Help out however you can.
- Use the opportunity to transform how we provide care.

Stay safe!