Telehealth in the PHE World

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for

NCHIMA/SCHIMA/WCHIMA

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Agenda

- Telehealth on a state by state basis in the U.S.
- Coding for Telehealth prior to 4-1-2020 and post 4-1-2020 & 10-1-2020 for 2021 ICD-10-CM codes
- Modifier CS for Cost Sharing Waivers
- Provider Based Departments are billing for Telehealth – including patient's homes

Telehealth payment state by state

Questions to Ask Payers

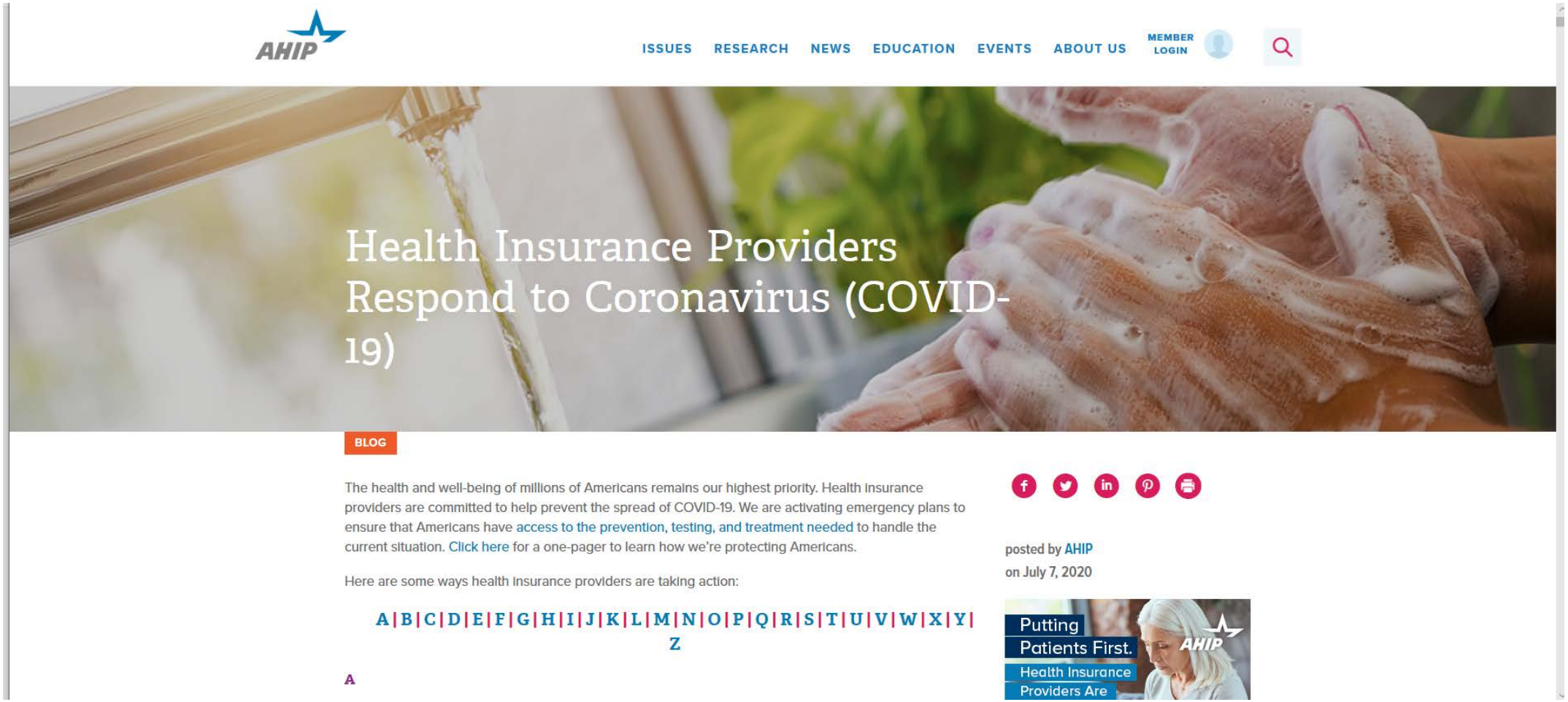
- What are the effective dates? Most insurers are limiting this exemption to a specific period of time.
- What services are covered?
- May these services be provided by Nurse Practitioners, Physician Assistants, and other Qualified Healthcare Providers (QHP)?
- How are those to be billed?
- Do we use telehealth codes or office visit codes?
- What place of service?
- What modifiers are necessary?
- Is this only for services related to COVID-19?

Other Commercial Payers

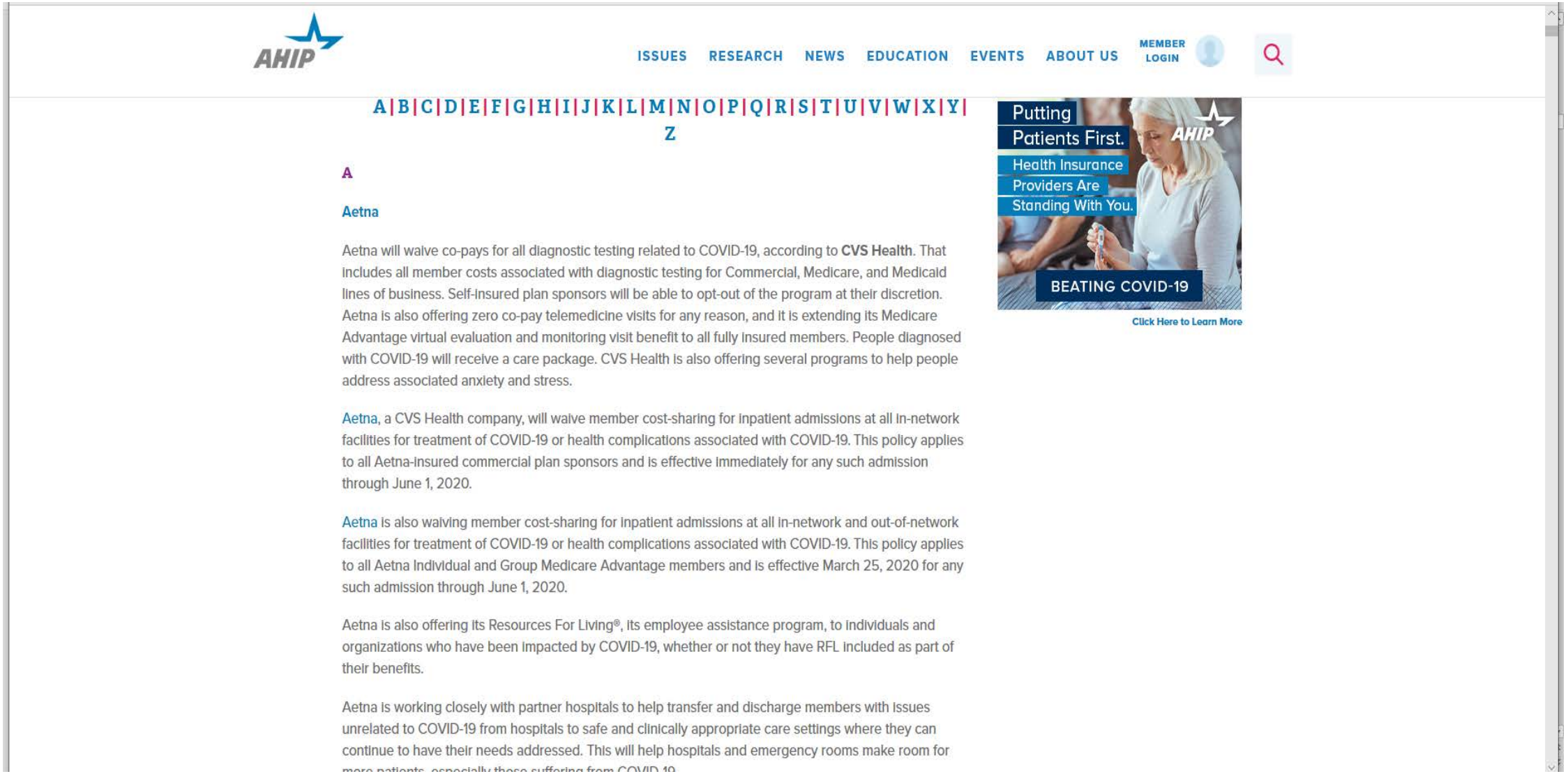
America’s Health Insurance Plans (AHIP) website – list of member plans responses

https://www.ahip.org/health-insurance-providers-respond-to-coronavirus-covid-19/

AHIP Website for Commercial Plans



Payer Specific Information Example from AHIP Website



Telehealth Billing Guide for Providers

UPDATED: MAY 15, 2020

Alabama Blue Members (Commercial/Regular Business)				
Telehealth Service	**Requirements**	**Eligible Members**	**Eligible Providers**	**Notes**
99201-99203	May be performed via telephone call (audio with or without visual component).	All Alabama Blue members	In-network PMD and Physician Extender (includes Select), Preferred Optometry network providers, Preferred Chiropractors	Services should be representative of medically necessary evaluation and management. New patient visits typically require a physical exam. Please be sure to include a notation that the visit was performed telephonically. Please also document any subjective information available by the patient (patient reported temperature or other vitals).
99204	May be performed via telephone call (audio with or without visual component).	All Alabama Blue members	In-network PMD and Physician Extender (includes Select), Preferred Optometry network providers	Effective 4/24/2020 – Services should be representative of medically necessary evaluation and management. New patient visits typically require a physical exam. Please be sure to include a notation that the visit was performed telephonically. Please also document any subjective information available by the patient (patient reported temperature or other vitals).
99211-99213	May be performed via telephone call (audio with or without visual component).	All Alabama Blue members	In-network PMD and Physician Extender (includes Select), Preferred Optometry network providers, Preferred Chiropractors	Services should be representative of medically necessary evaluation and management. Standard documentation applies for meeting the components of an E/M.
99214	May be performed via telephone call (audio with or without visual component).	All Alabama Blue members	In-network PMD and Physician Extender (includes Select), Preferred Optometry network providers	Effective 4/24/2020 – Services should be representative of medically necessary evaluation and management. Standard documentation applies for meeting the components of an E/M.

Telemedicine Guidelines

PAYOR REQUIREMENTS - Updated on 04/03/2020

Informed Consent: This must be obtained verbally on every encounter to include the patient's understanding that they are comfortable with – and understand the limitations with - this type exam. They must also be informed that normal billing practices apply to these types of visits. This consent must be documented in the medical record on initial intake.

Payor	Telehealth (Established) DrFirst	Modifier (Only applies to Telehealth column)	Place of Service	Telephonic (Established) *(Not Related to E/M Service w/in the Previous 7 Days nor Leading to E/M w/in 24 Hours)	Virtual Check-In (Established) (Not Related to Medical Visit w/in the Previous 7 Days and Not Lead to Medical Visit w/in Next 24 Hours) PATIENT INITIATED	E-Visits (Online Patient Portals - Established) PATIENT INITIATED	Effective Dates (Will Reevaluate for Continuance)
MEDICARE - MEDICAID - BCBS OF AL							
Medicare	99211-99215	95	19 or 22 (provider-based)/ 11 (physician office)	*99441-99443 (physician)/98966-98968 (non-physician practitioner)	G2010 (image) / G2012 (phone)	99421-99423 (Physician/NP)/G2061 -G2063 (Qualified Non-physician)	03/06/2020 - until further notice
Medicaid	99211-99213	CR	02	N/A	N/A	N/A	03/16/2020 - 04/16/2020
BCBSAL	99211-99213	N/A	02	99211-99213	N/A	N/A	03/01/2020 - 04/16/2020
MEDICARE ADVANTAGE PLANS							
Blue Advantage	99211-99213	N/A	02	99211-99213	G2010 (image) / G2012 (phone)	N/A	03/01/2020 - 04/16/2020
Humana Medicare	99211-99215	95	19 or 22 (provider-based)/ 11 (physician office)	*99441-99443 (physician)	G2010 (image) / G2012 (phone)	99421-99423 (Physician/NP)/G2061 -G2063 (Qualified Non-physician)	03/23/2020 - until further notice
UHC Medicare	99211-99215	95	19 or 22 (provider-based)/ 11 (physician office)	99211-99215	G2010 (image) / G2012 (phone)	99421-99423 (Physician/NP)/G2061 -G2063 (Qualified Non-physician)	03/18/2020 - 06/18/2020

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Payor	Telehealth (Established) DrFirst	Modifier (Only applies to Telehealth column)	Place of Service	Telephonic (Established) *(Not Related to E/M Service w/in the Previous 7 Days nor Leading to E/M w/in 24 Hours)	Virtual Check-In (Established) (Not Related to Medical Visit w/in the Previous 7 Days and Not Lead to Medical Visit w/in Next 24 Hours) PATIENT INITIATED	E-Visits (Online Patient Portals - Established) PATIENT INITIATED	Effective Dates (Will Reevaluate for Continuance)
COMMERICAL PLANS							
UHC	99211-99215	95	19 or 22 (provider-based)/ 11 (physician office)	99211-99215	G2010 (image) / G2012 (phone)	99421-99423 (Physician/NP)/G2061 -G2063 (Qualified Non-physician)	03/18/2020 - 06/18/2020
Viva	99211-99213	N/A	02	99211-99213	G2010 (image) / G2012 (phone)	99421-99423 (Physician/NP)/G2061 -G2063 (Qualified Non-physician)	03/01/2020 - 04/16/2020
Humana	99211-99213	95	19 or 22 (provider-based)/ 11 (physician office)	99211-99213	G2010 (image) / G2012 (phone)	99421-99423 (Physician/NP)/G2061 -G2063 (Qualified Non-physician)	03/23/2020 - until further notice
Cigna	99211-99213	95	19 or 22 (provider-based)/ 11 (physician office)	99211-99213	G2010 (image) / G2012 (phone)	99421-99423 (Physician/NP)/G2061 -G2063 (Qualified Non-physician)	03/23/2020- 05/30/2020
Aetna	99211-99213	95	19 or 22 (provider-based)/ 11 (physician office)	99211-99213	G2010 (image) / G2012 (phone)	99421-99423 (Physician/NP)/G2061 -G2063 (Qualified Non-physician)	03/18/2020 - 06/04/2020

State Legislation Efforts for Payments

- Colorado – Law signed in to effect on 7-6-2020 – “requires the state Medicaid program to reimburse for telehealth services at rural health clinics, federally qualified health centers and the federal Indian Health Service at the same rate as for in-person treatment; expands coverage to include speech therapy, physical therapy, occupational therapy, hospice care, home health care, and pediatric behavioral health care; and allows home health care providers to supervise their own telehealth services.”
  - Law also prohibits payers from requiring an in-person exam before a dr uses telehealth to treat a new patient & prevents them from imposing limitations on location, certification or training as a condition of reimbursement
  - Law also prevents them from imposing requirement or limitations on mandating the use of HIPAA-compliant technologies for telehealth
  - Requires the state to post data within 30 days of services and also provides monies to help support connected health expansions for telehealth
    - MhealthIntelligence –(2020) https://mhealthintelligence.com/news/colorado-expands-telehealth-coverage-includes-home-health-care-services
- Pennsylvania is considering similar legislation
- Massachusetts medical board has approved a permanent policy for the state on Telehealth

FQHC/RHC

FQHCs and RHCs previously not authorized to serve as distant sites for Medicare telehealth – allowed during this PHE

- 1/27/2020 – 6/30/2020 – may bill any service on the CMS-approved telehealth list with modifier 95 – paid at PPS/AIR rate.
- 7/1/2020 through end of Public Health Emergency, bill G2025 for telehealth visits
- May perform Virtual Check-In and bill G0071

  G0071 - Payment for communication technology-based services for 5 minutes or more of a virtual (nonface-to-face) communication between a rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only

  Effective 3/1/2020 through the end of PHE, will pay at higher rate

COVID-19 Diagnosis Coding

COVID-19 Diagnosis Code DOS Prior to 4/1/2020

- B97.29 – Other coronavirus as the cause of diseases classified elsewhere

Not specific to COVID-19 – could be used for ANY coronavirus, but for tracking purposes, suggested to only use this for COVID-19

Code first the manifestation/problem – pneumonia, respiratory distress, etc.

COVID-19 Coding - Diagnoses

- For COVID-19 related visits – guidance is available at https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf
- Effective 4/1/2020 – U07.1 – for confirmed COVID-19.
- For suspected cases, code the symptoms or reason to suspect, such as:
  - Z20.828 – Contact with and (suspected) exposure to other viral communicable diseases
  - R05 – Cough
  - R50.9 – Fever
- Screening with no symptoms or exposure - Z11.59
- Lab results are not required to code as confirmed.
- Code based on the physician's judgment/documentation.

COVID-19 Coding – Diagnoses – 10-1-2020

Coronavirus (infection)

- as cause of disease classified elsewhere B97.29
- coronavirus-19 U07.1
- COVID-19 U07.1
- SARS-associated B97.21
- Coronavirus infection, unspecified B34.2

  - Per ICD-10-CM Guidelines/Index released 07/09/2020
  - https://www.cms.gov/medicare/icd-10/2021-icd-10-cm

Diagnosis Example

Patient is seen for cough and fever. She indicates that someone at her church has been diagnosed with COVID-19. She has previously been treated for asthma and diabetes, and these are noted to be risk factors for complications.

- R05 – cough
- R50.9 – fever
- Z20.828 – Contact with and (suspected) exposure to other viral communicable diseases
- J45.909 – asthma
- E11.9 – diabetes

COVID-19 - Testing

- Per CARES Act, visits to order testing are to be paid at 100% by insurers – identify with modifier CS for Medicare
- G-codes for specimen collection can only be billed by independent laboratories
- No code for obtaining the swab - some payors may reimburse a handling fee
  - 99000 - Handling and/or conveyance of specimen for transfer from the office to a laboratory
- Physicians can bill office visit for collection – 99211 if not seen by MD.

  - https://www.cms.gov/files/document/se20016.pdf

COVID-19 Laboratory Testing

- 87635 - Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique
- U0001 - CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel
- U0002 - 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC
- U0003 - Infectious agent detection by nucleic acid (DNA or RNA); Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R
- U0004 - 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R

Telehealth

Public Health Emergency (PHE) - Waiver 1135

Under Section 1135 of the Social Security Act, the Secretary of Health and Human Services (HHS) may temporarily waive or modify certain Medicare, Medicaid, and Children's Health Insurance Program (CHIP) requirements to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in Social Security Act programs in the emergency area and time periods and that providers who provide such services in good faith can be reimbursed and exempted from sanctions (absent any determination of fraud or abuse).

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/1135-Waivers

Two Requirements:

- President must have declared an emergency or disaster under either the Stafford Act or the National Emergencies Act.
- The Secretary must have declared a Public Health Emergency under Section 319 of the Public Health Service Act.

Waiver 1135 – COVID-19 - Telehealth

From January 27, 2020 through the duration of the PHE –

- the patient can be in their home or other location - they do not have to be in a healthcare facility in a HPSA.
- the audio-video link does not have to be HIPAA-compliant – it can be something as simple as Skype or FaceTime or Facebook Messenger video calls - but it has to be a real-time audio AND video one-to-one connection, not something public-facing (but the patient should be notified that it is not necessarily private).
- costshare can be waived - it is not automatically, but it can be waived at the providers' discretion.
- HHS will not audit for the “established relationship” criteria normally required for telehealth

The nature of the visit itself does not have to be related to COVID-19

Update March 30, 2020

https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf

- Additional services added to telehealth list – but only during PHE
- New guidance on place of service and modifiers
- Medicare will now cover telephone calls 99441-99443
- Consent required but may be obtained annually and may be obtained by ancillary staff
- For services requiring direct supervision, this supervision may be provided with real-time interactive audiovisual technology
- Residents may perform telehealth with real-time supervision through interactive telecommunications technology

Medicare Telehealth

- Even during PHE, requires real-time audio AND video link
- Only applicable for services on the list at: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

  updated 4/30/2020 to specify which codes can be audio only
- The criteria for the code must still be met***

Previous guidance from CMS – POS 02 resulted in payment at the Facility rate.

New guidance – provider can choose to use whichever POS is most appropriate with modifier 95.

Other services now payable such as virtual check-in, online services, and telephone calls are not considered telehealth but rather Communication Technology Based Services (CTBS)

LIST OF MEDICARE TELEHEALTH SERVICES

Code	Short Descriptor	Status	Can Audio-only Interaction Meet the Requirements?
99201	Office/outpatient visit new		
99202	Office/outpatient visit new		
99203	Office/outpatient visit new		
99204	Office/outpatient visit new		
99205	Office/outpatient visit new		
99211	Office/outpatient visit est		
99212	Office/outpatient visit est		
99213	Office/outpatient visit est		
99214	Office/outpatient visit est		
99215	Office/outpatient visit est		
99441	Phone e/m phys/qhp 5-10 min	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20	Yes
99442	Phone e/m phys/qhp 11-20 min	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20	Yes
99443	Phone e/m phys/qhp 21-30 min	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20	Yes

Modifiers

95 - Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System - CMS indicates may be used in lieu of POS 02

GQ - Via asynchronous telecommunications system (Alaska and Hawaii only)

GT - Via interactive audio and video telecommunication systems

G0 - Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke

CS – When co-insurance from patient is waived, should be attached to claims

https://www.cms.gov/files/document/se20016.pdf

CMS has stated that a modifier is not necessary when using POS 02, but many contractors and payers are requesting the use of:

CR - Catastrophe/disaster related

Coding and Documentation – Examination?

Question raised about doing examinations where the physician cannot "lay hands" on the patient -

Consider –

- Established Patient Office Visits and Subsequent Hospital or Nursing Facility Visits require 2 out of 3 key components: History, Examination, Medical Decision-Making
- Some examination can be performed through observation or conversation; for example: general appearance, sclera anicteric injected, hearing intact, skin tone, respiratory effort, gait and station, mental status

Medicare Telehealth – Interim Final Rule

"On an interim basis, we are revising our policy to specify that the office/outpatient E/M level selection for these services when furnished via telehealth can be based on MDM or time, with time defined as all of the time associated with the E/M on the day of the encounter; and to remove any requirements regarding documentation of history and/or physical exam in the medical record. This policy is similar to the policy that will apply to all office/outpatient E/Ms beginning in 2021 under policies finalized in the CY 2020 PFS final rule. It remains our expectation that practitioners will document E/M visits as necessary to ensure quality and continuity of care. To reduce the potential for confusion, we are maintaining the current definition of MDM. We note that currently there are typical times associated with the office/outpatient E/Ms, and we are finalizing those times as what should be met for purposes of level selection."

New Patient Office Visits

New Patient	99201	99202	99203	99204	99205
(must meet all 3)					
History	chief complaint 1-3 HPI	chief complaint 1-3 HPI 1 ROS	chief complaint 4 or more HPI or 3 chronic problems 2 - 9 ROS pertinent PFSH	chief complaint 4 or more HPI or 3 chronic probs 10 or more ROS complete PFSH	chief complaint 4 or more HPI or 3 chronic probs 10 or more ROS complete PFSH
Examination	1 system	2 - 7 systems	2 - 7 systems (in detail)	8 or more systems	8 or more systems
Medical Decision-Making	(must meet 2 of 3) minimal diagnoses minimal/no data minimal risk	(must meet 2 of 3) minimal diagnoses minimal/no data minimal risk	(must meet 2 of 3) limited diagnoses limited data low risk	(must meet 2 of 3) multiple diagnoses moderate data moderate risk	(must meet 2 of 3) extensive diagnoses extensive data high risk
Time (only relevant if counseling >= 50%)	10 minutes	20 minutes	30 minutes	45 minutes	60 minutes

Established Patient Office Visits

Established Patient	99211	99212	99213	99214	99215
(must meet 2 of 3)					
History		chief complaint 1-3 HPI	chief complaint 1-3 HPI 1 ROS	chief complaint 4 or more HPI 2 - 9 ROS pertinent PFSH	chief complaint 4 or more HPI 10 or more ROS complete PFSH
Examination		1 system	2 - 7 systems	2 - 7 systems (in detail)	8 or more systems
Medical Decision-Making		(must meet 2 of 3) minimal diagnoses minimal/no data minimal risk	(must meet 2 of 3) limited diagnoses limited data low risk	(must meet 2 of 3) multiple diagnoses moderate data moderate risk	(must meet 2 of 3) extensive diagnoses extensive data high risk
Time (only relevant if counseling >= 50%)	5 minutes	10 minutes	15 minutes	25 minutes	40 minutes

Medicare Telehealth Example #1

Patient is concerned that her blood sugar is running higher than usual. She contacts her physician who responds by Skype, questions her about any changes in diet, exercise, etc. and advises her on changes to her medication.

- Expanded Problem-Focused History (Severity, Modifying Factors plus a limited Review of Systems)
- Problem-Focused Examination (General Appearance)
- Low Complexity Medical Decision-Making (1 Established Problem – Worsening, Medication Management)

99213

Be sure to document the diagnosis treated and any coexisting conditions that affect care.

Medicare Telehealth Example #2

Patient is concerned that her palpitations are "giving me more trouble right now". Physician reviews history and notes that patient is on Atenolol and Norvasc. She states that her blood pressure has been normal, but that she feels really anxious "maybe it's just all this virus stuff" and she feels like her heart is pounding out of her chest. Patient appears anxious. Physician encourages patient to limit time spent watching the news, get outside for a walk every day while maintaining recommended social distancing. Patient is normally active in her church, so she is advised to explore online services and church groups. Medications are not increased at this time, but patient is encouraged to call if needed.

Diagnoses: Palpitations (R00.2) - Hypertension (I10) - Situational Anxiety (F43.22)

- This visit could be coded based on time: 15 minutes = 99213, 25 minutes = 99214 - or it could also meet the guidelines for 99214 based on Moderate Complexity Medical Decision-Making.

Medicare Telehealth Example #3 – part 1

Patient with COPD, diabetes, hypertension - doing great overall, but wants to discuss their risk and get Rx refills. Physician notes the status of their chronic conditions -

- COPD needing inhaler a bit more right now due to the pollen
- Diabetes - checking blood sugar daily - usually around 110, taking Metformin
- Hypertension - taking meds, BP measured at home is around 110/70

No fever, no chills, no shortness of breath

Reviews medications

Patient staying home, granddaughter is doing their grocery shopping and leaves bags on porch.

Detailed History

Medicare Telehealth Example #3 – part 2

The patient appears to be feeling well, respiratory effort normal, mood and affect normal.

Expanded Problem-Focused Examination

Diagnoses COPD (J44.9), diabetes (E11.9), hypertension (I10)

Continue Metformin, Norvasc daily as prescribed, inhaler as needed.

Encouraged to get outside for a walk every day while maintaining recommended social distancing.

Return to office in 3 months. Call sooner if needed.

Moderate Complexity Medical Decision-Making

- 99214 - detailed history, expanded problem-focused examination, moderate complexity medical decision-making

Other Payers - Telehealth

- Some payers are allowing telephone calls to be billed as telehealth, that is, with office visit codes.
- May be limited to lower level codes – 99211-99213

Example 99213 by telephone:

The patient calls in with complaint of dysuria. The physician documents the complaint (Duration, Timing) and further asks questions about fever, nausea and vomiting (Constitutional and Gastrointestinal Review of Systems). He also reviews the patient's Past Medical History and Allergies. Based on her previous history, he suspects that the patient has a urinary tract infection and orders an antibiotic. (Low-complexity Medical Decision-Making)

Provider Based Departments are billing for Telehealth – including patient's homes

Provider Based Billing – New Information updated 7-8-2020

- DR condition code is to be used for institutional billing for 837 claims during PHE
- CR modifier is to be reported for Part B billing – both institutional and non-institutional – using 837 or CMS 1500 on paper

- "When services are provided by the hospital in the patient's home as a provider-based outpatient dept when the patient is registered as a hospital outpatient
- During the COVID-19 PHE, hospitals may furnish clinical staff services in the patient's home as a provider-based outpatient department and bill and be paid for these services as Hospital Outpatient Department (HOPD) services when the patient is registered as a hospital outpatient. Hospitals should bill as if the services were furnished in the hospital, including appending the PO modifier for excepted items and services and the PN modifier for non-excepted services. The DR condition code should also be appended to these claims."
  - https://www.cms.gov/files/document/se20011.pdf

Hospitals and Nursing Facility Telehealth

- Subsequent care has been on the telehealth list – initial care added during the PHE
- Like other telehealth services, requires an audio AND video link with ***the patient***
- Talking with the nursing staff would not qualify as telehealth
- Consulting with other physicians, without seeing the patient, may meet the parameters for interprofessional consultation

- Not all payers will cover telehealth for inpatients!

	Initial Inpatient Care (Hospital Admit H&P)		
	99221	**99222**	**99223**
	3 of 3	**3 of 3**	**3 of 3**
History	chief complaint 4 or more HPI 2 - 9 ROS 1 element PFSH	chief complaint 4 or more HPI 10 or more ROS complete PFSH	chief complaint 4 or more HPI 10 or more ROS complete PFSH
Examination	2 - 7 systems/areas (in detail)	8 or more systems	8 or more systems
Medical Decision-Making	(must meet 2 of 3) minimal diagnoses minimal/no data minimal risk	(must meet 2 of 3) multiple diagnoses moderate data moderate risk	(must meet 2 of 3) extensive diagnoses extensive data extensive risk
Time (only relevant if counseling >= 50%)	30 minutes	50 minutes	70 minutes

	Subsequent Care (Daily Visits)		
	99231	**99232**	**99233**
	2 of 3	**2 of 3**	**2 of 3**
History	interval history chief complaint 1-3 HPI	interval history chief complaint 1-3 HPI 1 ROS	interval history chief complaint 4 or more HPI 2 - 9 ROS pertinent PFSH
Examination	1 system/area	2 - 7 systems/areas	2 - 7 systems/areas (in more detail)
Medical Decision-Making	(must meet 2 of 3) minimal diagnoses minimal/no data minimal risk	(must meet 2 of 3) multiple diagnoses moderate data moderate risk	(must meet 2 of 3) extensive diagnoses extensive data extensive risk
Time (only relevant if counseling >= 50%)	15 minutes	25 minutes	35 minutes

Interprofessional Internet Consultation

Not Telehealth

- 99446 – Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review
- 99447 – 11-20 minutes of medical consultative discussion and review
- 99448 – 21-30 minutes of medical consultative discussion and review
- 99449 – 31 minutes or more of medical consultative discussion and review
- 99451 – Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician including a written report to the patient’s treating/requesting physician or other qualified health care professional, 5 or more minutes of medical consultative time

Requesting physician must document patient consent, including acknowledgement of beneficiary cost-sharing

Critical Care

- Critical Care Codes 99291-99292 added to the list of telehealth codes during this PHE
- Other requirements of the codes must still be met
  - Instability of the patient
  - Complexity of medical decision-making and interventions
  - Time – minimum of 30 minutes

Preventive Medicine

Medicare Annual Wellness Visits are on list of telehealth –

- Most of the requirements are easily met by telehealth, but what about vitals – BMI and blood pressure?
  - Per CMS FAQs 5/27/2020, can be self-reported
- Remember, AWV was placed on the list when the patient was required to be at an originating site – clinical staff at the site would obtain vitals
- Some contractors are allowing patient to self-report vitals
- Some Medicare Advantage plans are waiving the requirement for vitals

Initial Preventive Physical Exam is NOT on the telehealth list

CPT codes 99381-99397 for Preventive Medicine require a comprehensive examination that is unlikely to be performed via telehealth

Virtual Check-In

- 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 the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
- G2010 - Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment

Rural Health Clinics and Federally Qualified Health Centers may be paid for these outside the encounter rate using new code G0071 – reimbursement increased under PHE

Virtual Check-In Details

- Originally established patients only – same definition as for other E&M services – BUT during PHE can be used for new patients
- Verbal consent required – documented in the patient's medical record (originally separate consent required for each instance, now just once per year) – may be obtained by ancillary staff
- No service-specific documentation requirements but medical necessity and diagnosis must be documented
- May only be billed by those providers who can perform/bill E&M services

Virtual Check-In Documentation

“3/25/2020 - I spoke with Patty Patient for approximately 10 minutes. She is concerned that she is not able to come into the office for her six-month checkup because of the current public health concerns. She tells me that she has been checking her blood pressure, and that it is usually around 110/70. She has been following her low-carb diet and taking all her medications as prescribed. I have renewed her prescriptions for Norvasc and Atorvastatin, and we will see her in the office in three months.” Diagnoses documented as hypertension and hyperlipidemia.

Billed: G2012 – Dx Hypertension - I10, Hyperlipidemia - E78.5

Telephone Calls

March 30, 2020 – CMS announced Medicare coverage of these codes ***during this PHE only!***

- 99441 - Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
- 99442 - 11-20 minutes of medical discussion
- 99443 - 21-30 minutes of medical discussion

Reimbursement increased to be commensurate with office visit codes

Telephone Calls – Other Non-Physician Professionals

- 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
- 98967 - 11-20 minutes of medical discussion
- 98968 - 21-30 minutes of medical discussion

These are not for NPPs such as Nurse Practitioners and Physician Assistants – these providers are considered QHPs – Qualified Healthcare Practitioners

Controlled Substances

As part of the 1135 waiver, controlled substances may be prescribed through telehealth if:

- The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice
- The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system.
- The practitioner is acting in accordance with applicable Federal and State law.

EMR Questions

- How to document phone calls and online encounters?
  - Check with EMR vendor – some “encounter types” may not cross over into Practice Management system for billing
  - Place of Service may require manual changes
  - Will encounters be stored where they are easily accessible for clinical purposes or payer review?

To Ensure Success!

- Follow the guidelines from each payer – don’t assume that they are the same as CMS.
- Documentation should fulfill the requirements of the code billed.
- Diagnosis should be documented at each encounter.
- Store the encounter information where it is accessible for provider and for payer review.

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