COVID-19 Telehealth Billing Guidelines

Effective starting March 6th 2020 and for the duration of the COVID-19 Public Health Emergency

CMS Guidelines

•Applies only to visits using an interactive audio and video telecommunications system that permits real-time communication. Providers also can evaluate beneficiaries who have audio phones only. Please reference https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-covid19/index.html for a list of platforms allowed.

•Can be utilized by Doctors, physician assistants, nurse practitioners, clinical psychologists, and licensed clinical social workers

•The Medicare coinsurance and deductible would generally apply to these services. However, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.

•To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency. (Due to this we may not be able to bill New Patient Visits E&M)

•The Originating site is the patients physical location at time of telehealth encounter and the Distant site is providers physical location. Place of service will still be billed as you normally would with a face to face encounter

•No patient waiver is needed as this is covered under a blanket waiver, the 1135 waiver refers to the order allowing the expansion of benefits

•Unlike other claims for which Medicare payment is based on a “formal waiver,” telehealth claims don’t require the “DR” condition code or “CR” modifier. Not required by Medicare but recommended by MGMA

Coding Guidelines

Bill office E&M just as you would in a normal office visit.

Patient must verbally consent to receive virtual check-in services

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.

Use your normal POS equal to what it would have been had the service been furnished in-person (11-office, 22-OP, 21-IP) not 02-telehealth (per CMS final ruling)

Category 1

Office or other outpatient E&M service

New	Established
99201	99211
99202	99212
99203	99213
99204	99214
99205	99215

Category 2

Inpatient Hospital E&M service

99221-99223, 99231-99233, 99238-99239

Observation

99217-99236

ER

99281-99285

Critical Care

99291-99292

Modifiers to Add

Medicare Professional Claims (Medicare required adding 95 when they revised the POS)

95 Modifier - Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System

CR Modifier - Not required by Medicare but recommended by MGMA

Medicare Institutional Claims

GT Modifier - Via interactive audio and video telecommunication systems

CR Modifier - Not required by Medicare but recommended by MGMA

● **Category 1:** Services that are similar to professional consultations, office visits, and office psychiatry services that are currently on the list of telehealth services. In reviewing these requests, we look for similarities between the requested and existing telehealth services for the roles of, and interactions among, the beneficiary, the physician (or other practitioner) at the distant site and, if necessary, the telepresenter, a practitioner who is present with the beneficiary in the originating site. We also look for similarities in the telecommunications system used to deliver the service; for example, the use of interactive audio and video equipment.

● **Category 2:** Services that are not similar to those on the current list of telehealth services. Our review of these requests includes an assessment of whether the service is accurately described by the corresponding code when furnished via telehealth and whether the use of a telecommunications system to furnish the service produces demonstrated clinical benefit to the patient. Submitted evidence should include both a description of relevant clinical studies that demonstrate the service furnished by telehealth to a Medicare beneficiary improves the diagnosis or treatment of an illness or injury or improves the functioning of a malformed body part, including dates and findings, and a list and copies of published peer reviewed articles relevant to the service when furnished via telehealth. Our evidentiary standard of clinical benefit does not include minor or incidental benefits.

Some examples of clinical benefit include the following:
● Ability to diagnose a medical condition in a patient population without access to clinically appropriate in-person diagnostic services.
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● Treatment option for a patient population without access to clinically appropriate in-person treatment options.
● Reduced rate of complications.
● Decreased rate of subsequent diagnostic or therapeutic interventions (for example, due to reduced rate of recurrence of the disease process).
● Decreased number of future hospitalizations or physician visits.
● More rapid beneficial resolution of the disease process treatment.
● Decreased pain, bleeding, or other quantifiable symptom.
● Reduced recovery time.

Extracted from page4 & 5 of Medicare Learning Network publication (MLNMatters Number: SE20011)

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: • 99201-99215 (Office or other outpatient visits) • G0425–G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406–G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	For new* or established patients. *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency
VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	• HCPCS code G2012 • HCPCS code G2010	For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	• 99421 • 99422 • 99423 • G2061 • G2062 • G2063	For established patients.

CMS Final rulings for the following codes:

Telephone E&M

In the context of the goal of reducing exposure risks associated with the PHE for the COVID-19 pandemic, especially in the case that two-way, audio and video technology required to furnish a Medicare telehealth service might not be available, we believe there are many circumstances where prolonged, audio-only communication between the practitioner and the patient could be clinically appropriate yet not fully replace a face-to-face visit. Therefore, we are finalizing, on an interim basis for the duration of the PHE for the COVID-19 pandemic, separate payment for CPT codes 98966-98968 and CPT codes 99441-99443.

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	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; 11-20 minutes of medical discussion
99443	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; 21-30 minutes of medical discussion
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	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; 11-20 minutes of medical discussion
98968	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; 21-30 minutes of medical discussion

Virtual Check-ins (allowing on New and Established patients)

Only reportable by the physicians and practitioners who can furnish evaluation and management (E/M) services

Limited to established patients but during the PHE they are exercising enforcement discretion on an interim basis to relax enforcement of this aspect of the code descriptors

Beneficiary consent must be documented in the patient's medical record for each service

G0210 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

G0212 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

Online Digital Evaluations

May only be reported if they do not result in a visit, including a telehealth visit, can be furnished to both new and established patients

While consent to receive these services must be obtained annually, it may be obtained at the same time that a service is furnished.

Bundles with a related E&M if provided in the previous 7 days

G2061-G2063 could be furnished as licensed clinical social worker services, clinical psychologist services, physical therapist services, occupational therapist services, or speech language pathologist services

99421 Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes

99422 Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes

99423 Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes

~~98970~~ Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes

~~98971~~ Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes

~~98972~~	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes
G2061	Qualified nonphysician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5–10 minutes
G2062	Qualified nonphysician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11–20 minutes
G2063	Qualified nonphysician qualified healthcare professional assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes

Telemedicine -Licensure

•This is not available unless all of the following four conditions are met:

•1) the physician or non-physician practitioner must be enrolled as such in the Medicare program

•2) the physician or non-physician practitioner must possess a valid license to practice in the State which relates to his or her Medicare enrollment

•3) the physician or non-physician practitioner is furnishing services –whether in person or via telehealth –in a State in which the emergency is occurring in order to contribute to relief efforts in his or her professional capacity

•4) the physician or non-physician practitioner is not affirmatively excluded from practice in the State or any other State that is part of the 1135 emergency area

References

https://www.cms.gov/files/document/covid-final-ifc.pdf

https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-covid19/index.html

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https://www.cms.gov/files/document/se20011.pdf

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