Welcome to Telehealth 101
presented by
the Academy of Medicine of Cincinnati

Thank you for joining!
The webinar will begin promptly at 7:00PM

www.academyofmedicine.org

Technical assistance provided by PBSI Technology Solutions
Welcome to Telehealth 101
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the Academy of Medicine of Cincinnati

Moderator: Chris Paprzycki, MD

The Academy of Medicine of Cincinnati exists to organize, represent, advocate for, and serve the physicians of Greater Cincinnati – in all specialties and all practice environments.

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- Academy members have access to social and educational events, physician wellness activities, and discounts that benefit physicians’ professional and personal lives.

- If you are not a member, please join and help the Academy maintain a strong, local voice for physicians in Greater Cincinnati

- For more information, please see our website.

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• Special thanks to the Webinar Planning Committee:
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  • Gregory Rouan, MD
  • Michael Schoech, MD

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Agenda
1. Introduction to Telehealth
2. Technology and Available Platforms
3. Implementation into your Practice
4. Telehealth Etiquette
5. Documentation
7. Q&A (if time allows)

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Why Telehealth?

- Connects physicians and patients in different locations
- Conserves PPE resources
- Reduces travel burdens
- Improves access and efficiency of care
- Improves continuity of care
- Overcomes physician shortages
Potential Telehealth Visit Types

- Acute care (cough, rash)
- Chronic disease (BP check-up, lab results)
- Preventative care (screenings, lifestyle management, tobacco cessation)
- Hospital/ED follow-up
- Coordination of care
- Medication management/adjustment/compliance
- Behavioral health
- Surgical follow-up
Telehealth Platforms

• Simplest is best
  • Zoom
  • Facetime/Skype
  • Facebook Messenger
  • Google Hangouts/Duo
  • GoToMeeting
  • Doximity
  • Microsoft Teams
HIPAA Considerations

• **CMS has relaxed guidelines during Covid-19**
  - CMS permits use of non-certified HIPAA-compliant telehealth visit tools
  - Waived threat of HIPAA fines and penalties
  - No one knows whether this will be temporary or permanent

• **Permitted Tools**
  - HIPAA vendor-described certified apps including: Doxy.me, Vsee, Zoom for Healthcare, Updox, Skype
  - Non-public facing apps like: Zoom, Teams, FaceTime, FaceBook Messenger, Google Hangouts

• **Tools to avoid** - Public-facing apps like: FaceBook Live, Twitch, TikTok

• **Helpful HIPAA Telehealth Links**
  - [CMS HIPAA Covid Enforcement Discretion Notification](#)
  - [OCR HIPAA Guidelines during Novel Coronavirus](#)
  - [HHS.gov HIPAA and Covid-19](#)
  - [OCR Telehealth and HIPAA FAQ](#)
Patient Selection is Key!

Partner with the patient!
- Identify patients most likely to succeed

Choose which type of visit is best
- Face to face
- Audio and/or Visual telehealth
- E-visit/Virtual check-in

Set expectations for appointment!
- Commit to time slot
- Pre-visit check-in
- Prepare questions ahead of time
Design Your Workflow

- Identify what support you will need
- Update existing clinical/admin workflow
- Assign clear office staff roles and responsibilities
- Ask for patient and staff feedback!
SCHEDULING FIRST TELEHEALTH APPOINTMENT:

PATIENT SEEN IN-PERSON
- Provider orders telehealth follow-up appointment.**
- Provider obtains general patient consent and gives instructions

ADMIN
- Schedules telehealth appointment with patient
- Manages authorization

PATIENT
- Receives appointment reminder
- Receives link to access telehealth appointment through patient portal

DAY-OF/DURING VISIT:

PATIENT
- Receives visit reminder
- Confirms visit
- Logs in to patient portal
- Tests connection with clinic staff and troubleshoots

ADMIN
- Collects co-pay
- Confirms or collects electronic consent if needed
- Checks in patient in platform

CLINICIAN
- Joins visit
- Provides virtual care
- Concludes visit
- Completes documentation, enters orders and care plan, enters charges

ADMIN
- Patient is checked out in platform
- Patient receives visit summary and feedback survey in portal
- Follow-up visit is scheduled
Design Your Telehealth Encounter

• Give yourself plenty of time to start
  • Ex: 30 min appts
• Technical challenges may lengthen amount of time needed
• Staff need additional time for check-in
• Patients will need technical assistance
• Determine balance of in-office and virtual patients
  • Ratio of every other, 1:2, one per hour, etc
• Start slow and adapt!
Now Proudly Offering
TELEHEALTH VISITS

Initiating Your Telehealth Encounter

- Need consent to perform telehealth visit
  - Give patients a choice of visit; in-office or video
- Patient education once visit is scheduled (phone)
- Download video platform ahead of time
- Have staff contact patient to review process
  - Consider hosting a practice session, if possible
Telehealth Technology Toolbox

Confirm that patient has adequate technology
- Smart phone or computer
- Webcam and microphone
- Wifi/network bandwidth

Perform practice encounter/test at home
- Allow cookies
- Allow pop-up windows
- Allow internet for audio
Develop “Rooming” Protocols

- Pre-visit phone call to patient by staff
  - Day before: Confirm appt, review complaint, meds, history, ROS, etc
- MyChart/online patient portal
- Notify patients 15 minutes prior to expected connection
Telehealth Etiquette

• Ensure private/quiet/clean location
• Appropriate lighting/stable WiFi/video
• Introduce yourself and confirm patient’s identity
• Same level of professional attire as in-person care
  • Eg: white coat, tie, stethoscope
Telehealth Etiquette

- Verbally verify consent
- Remind that visit will be submitted to insurance
- Review privacy risk (HIPAA)

- Narrate your actions when you look away
  - “I’m taking notes”, “Reviewing your imaging”
- Make eye contact with the camera
- Patient and provider camera should be placed at eye level
Telehealth Etiquette
Telehealth Etiquette
Telehealth Etiquette

- Review complaint/chart ahead of time
- Pause to allow transmission; lags are common!
- Speak clearly and slowly
- Signal to your patient using non-verbal language
Documentation Guidelines

• Time of Service
• Medical decision making
• Consent
• Platform Used
• Location of patient/physician
• Need for telehealth services
• Physical Exam not required!
Documentation Guidelines

- To ease documentation and satisfy some of these points, here's an example to use and modify as needed:

  - I am seeing this patient today virtually using HIPAA-compliant videoconferencing technology. The patient has provided full consent to use this technology and understands the risks and benefits of proceeding. I am seeing the patient today from my office in CITY, STATE, and from their home located within STATE.
Telehealth Physical Exam

Many organ systems can be assessed visually!

- GI: abd distention
- MSK: Squats/pushups, ROM
- Skin: Erythema/edema
- Resp: Running/walking in place for tachypnea
- Neuro: extend arm out and touch nose

Be creative!
Technical Challenges

• Technical issues WILL arise
• Have a plan!
• Know when to switch to a telephone visit or reschedule in person
• Have a backup video option
Review your process

- Incorporate staff feedback
- Where can you increase efficiency?
- Streamline administrative tasks
- Collect patient satisfaction feedback
- Schedule follow-up care
Additional Resources

• Centers for Medicare and Medicaid Services (CMS)
  • https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth

• Ohio State Medical Association (OSMA)
  • https://osma.org/aws/OSMA/pt/sp/telehealth

• American Medical Association (AMA)

• Check with your Specialty Societies!
Questions?
Thank you for joining!

- Please direct any questions to academy@academyofmedicine.org
- Please fill out the evaluation email
- Further information will be provided on the Academy website
- Please consider joining/renewing your Academy membership

www.academyofmedicine.org
Potential Questions?

• Does telehealth actually work?
• Will I be paid?
• Will I be held liable?
• Will it improve my practice?
• How do my tech-naïve patients participate?
Telehealth Webinar 101
Cincinnati Academy of Medicine
May 19, 2020
Coding & Billing for Telehealth

Maxine Lewis, CMM, CPC, CPC-I, CPMA, CCS-P
medicalcoding124@gmail.com
513-702-9256
Disclaimer

• This presentation was current at the time it was published or uploaded onto the web. Medical policy changes frequently so links to the source documents have been provided within the document for your reference.

• The information provided is only intended to be a general summary. It is not intended to take the place of either the policies, written law or regulations. One should review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.
Types of Medicare Telehealth Visits During Pandemic

• Virtual Check-ins
• E-Visits
• Medicare Telehealth visits
• Audio only

For office, hospital visits and other services that generally occur in person.
Expansion of Telehealth with 1135 Waiver

• Under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act, (CARES) payment for office, hospital, and other visits furnished via telehealth across the country and including in patient’s places of residence starting March 6, 2020 were payable under the Medicare Fee Schedule.

• 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.

Definition

• Telehealth, telemedicine, and related terms generally refer to the exchange of medical information from one site to another through electronic communication to improve a patient’s health. Innovative uses of this kind of technology in the provision of healthcare is increasing.
<table>
<thead>
<tr>
<th>Description</th>
<th>Practitioner Site or DISTANT SITE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Physical location of the treating practitioner when the service was delivered</td>
</tr>
<tr>
<td>Referring providers</td>
<td>Physician &amp; psychiatrist (20) Podiatrist (36) Psychologists (42) Physician Assistant (24) Dentist (30) Advanced Practice Registered Nurses: Clinical Nurse Specialist (85) Certified Nurse Midwife (71) Certified Nurse Practitioner (720) Licensed Independent Social Worker (37) Licensed Independent Chemical Dependency Counselor (54) Licensed Independent Marriage &amp; Family Counselor Licensed Professional Clinical Counselor (47) Dietician (07) Audiologist and Speech-Language pathologist (43) Occupational Therapist (41) Physical Therapist (39) Practitioners who are supervised or cannot practice independently: Supervised practitioners &amp; supervised trainees defined 5150-8-05 Occupational therapist Assistant Speech-language aide; Audiology aide Individuals holding a conditional license as described in section 4753.071 of the revised code Licensed health professionals providing medically necessary supportive services (RN)s and LPNs working in hospice or home health setting Non-agency Nurses (38) Medicaid School Program (MSP) practitioners described in 5150-35 of the administrative Code Other providers as designated by the Director of ODM Speech-Language Pathologists, Speech-Language Pathology Aides, Individuals Holding a Conditional License (ORC 4753.071) Medicaid School Program Practitioners (OAC 5160-35) * Practitioners Affiliated with Community Behavioral Health Centers *</td>
</tr>
<tr>
<td></td>
<td>Patient Site ORIGINATING SITE</td>
</tr>
<tr>
<td></td>
<td>Physical location of the patient when the service was delivered There is no limitation of patient site</td>
</tr>
</tbody>
</table>
# Billing Conditions for Medicare

<table>
<thead>
<tr>
<th>Originating Site</th>
<th>Distant Site</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition</strong></td>
<td><strong>Physical location of the patient</strong></td>
</tr>
<tr>
<td>Eligible Providers</td>
<td>• Primary Care Clinic (50)</td>
</tr>
<tr>
<td>Provider type code</td>
<td>• Outpatient Hospital (01)</td>
</tr>
<tr>
<td></td>
<td>• Rural Health Clinic – Medical (5)</td>
</tr>
<tr>
<td></td>
<td>• Federally Qualified Health Center Medical (12)</td>
</tr>
<tr>
<td></td>
<td>• Physician Offices (20)</td>
</tr>
<tr>
<td></td>
<td>• Professional Medical Group (21)</td>
</tr>
<tr>
<td></td>
<td>• Podiatrist (36)</td>
</tr>
<tr>
<td></td>
<td>• Optometrist (35)</td>
</tr>
<tr>
<td></td>
<td>• SNFs</td>
</tr>
<tr>
<td></td>
<td>• Community Mental Health Centers CMHCs)</td>
</tr>
<tr>
<td></td>
<td>• Critical access hospitals (CAHs)</td>
</tr>
<tr>
<td></td>
<td>• Hospital-based or CAH-based renal dialysis centers (including satellites)</td>
</tr>
</tbody>
</table>

**Excluded places of service for originating or distant site payment** *(Place of service code) prior to 4/30/20*

- Patient's home
- Inpatient Hospital (21)
- Nursing Facility (31 or 32)
- Inpatient Psychiatric Hospital (51)
- Other POS exclusions for E&M and psychiatric codes
<table>
<thead>
<tr>
<th>Code</th>
<th>Description Virtual Check-in (not considered Telehealth)</th>
<th>2020 wRVU</th>
<th>National non-facility payment</th>
<th>National facility payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>G2010</td>
<td>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 4/30/20 add new patients</td>
<td>0.18</td>
<td>$12.27</td>
<td>$9.38</td>
</tr>
<tr>
<td>G2012</td>
<td>Brief communication-technology based, e.g., virtual check-in by a physician or QHP who can report E/M 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 or procedure within the next 24 hours or soonest appointment, 5-10 minutes of medical discussion 4/30/20 Add new patients</td>
<td>0.25</td>
<td>$14.80</td>
<td>$13.35</td>
</tr>
</tbody>
</table>
E-Visits Online Digital E/M Services

Brief, online assessments that are reported for **cumulative time** spent over the course of up to 7 days

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Brief Description</th>
<th>Time Required</th>
<th>Provider Type Allowed</th>
<th>Total RVUs</th>
<th>New or Established or Both</th>
<th>Audio &amp; Video Required</th>
<th>Online Portal Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>99421</td>
<td>Online digital evaluation and management service</td>
<td>5-10 min.</td>
<td>MD or QHP</td>
<td>0.25</td>
<td>Both</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>99422</td>
<td>Online digital evaluation and management service</td>
<td>11-20 min.</td>
<td>MD or QHP</td>
<td>0.50</td>
<td>Both</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>99423</td>
<td>Online digital evaluation and management service</td>
<td>21-or more min.</td>
<td>MD or QHP</td>
<td>0.80</td>
<td>Both</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Audio Only to Manage Complex Problems

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Brief Description</th>
<th>Time Required</th>
<th>Provider Type Allowed</th>
<th>Total RVUs</th>
<th>New or Established or Both</th>
<th>Audio &amp; Video Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>99441</td>
<td>Telephone E/M not originating from previous 7 days nor leading to E/M or procedure within next 24 hours on soonest appt.</td>
<td>5-10 minutes of medical discussion</td>
<td>MD or QHP</td>
<td>0.48</td>
<td>Both</td>
<td>Audio</td>
</tr>
<tr>
<td>99442</td>
<td>Same as above</td>
<td>11-20 min</td>
<td>MD or QHP</td>
<td>0.97</td>
<td>Both</td>
<td>Audio</td>
</tr>
<tr>
<td>99443</td>
<td>Same as above</td>
<td>21-30 min.</td>
<td>M.D. or QHP</td>
<td>1.50</td>
<td>Both</td>
<td>Audio</td>
</tr>
</tbody>
</table>

5/19/20 CPT is a registered trademark of the American Medical Association
Clinicians who may not independently bill for evaluation and management visits (for example – physical therapists, occupational therapists, speech language pathologists, clinical psychologists) can also provide these e-visits and bill the following codes:

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Brief Description</th>
<th>Time Required</th>
<th>Provider Type allowed</th>
<th>Total RVUs</th>
<th>New or Established or both</th>
<th>Audio, Video or Portal required</th>
<th>Audio &amp; Video Required</th>
<th>Online Portal Required</th>
<th>CPT Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>G2061</td>
<td>Online digital E/M Service</td>
<td>5-10 min.</td>
<td>Ancillary Staff</td>
<td>0.25</td>
<td>Both</td>
<td>Portal**</td>
<td>No</td>
<td>Yes</td>
<td>G2061</td>
</tr>
<tr>
<td>G2062</td>
<td>Online digital E/M Service</td>
<td>11-20 min</td>
<td>Ancillary Staff</td>
<td>0.44</td>
<td>Both</td>
<td>Portal**</td>
<td>No</td>
<td>Yes</td>
<td>G2062</td>
</tr>
<tr>
<td>G2063</td>
<td>Online digital E/M Service</td>
<td>21+ min</td>
<td>Ancillary Staff</td>
<td>0.69</td>
<td>Both</td>
<td>Portal**</td>
<td>No</td>
<td>Yes</td>
<td>G2063</td>
</tr>
</tbody>
</table>
Audio Only- Telephone Call

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>RVU</th>
<th>$Ohio Non-facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>98966</td>
<td>Telephone assessment QHP to established pt./parent/guardian not originating from a related assessment &amp; management service provided within the previous 7 days nor leading to an assessment or procedure within the next 24 hours or soonest available appointment, 5-10 minutes</td>
<td>0.25</td>
<td>$14.07</td>
</tr>
<tr>
<td>98967</td>
<td>..........11-20 minutes</td>
<td>0.50</td>
<td>$27.53</td>
</tr>
<tr>
<td>98968</td>
<td>..........21-30 minutes</td>
<td>0.75</td>
<td>$40.24</td>
</tr>
</tbody>
</table>
# Other Telehealth Services

<table>
<thead>
<tr>
<th>Service</th>
<th>HCPCS/CPT Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telehealth consultations, emergency department or initial inpatient</td>
<td>G0425–G0427</td>
</tr>
<tr>
<td>Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs</td>
<td>G0406–G0408</td>
</tr>
<tr>
<td>Office or other outpatient visits</td>
<td>99201–99215</td>
</tr>
<tr>
<td>Subsequent hospital care services,</td>
<td>99231–99233</td>
</tr>
<tr>
<td>Subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days</td>
<td>99307–99310</td>
</tr>
<tr>
<td>Individual and group kidney disease education services</td>
<td>G0420–G0421</td>
</tr>
<tr>
<td>Individual and group diabetes self-management training services, with a minimum of 1 hour of in-person instruction furnished in the initial year training period to ensure effective injection training</td>
<td>G0108–G0109</td>
</tr>
<tr>
<td>Individual and group health and behavior assessment and intervention</td>
<td>96150–96154</td>
</tr>
<tr>
<td>Individual psychotherapy</td>
<td>90832–90838</td>
</tr>
<tr>
<td>Telehealth Pharmacologic Management</td>
<td>G0459</td>
</tr>
<tr>
<td>Psychiatric diagnostic interview examination</td>
<td>90791–90792</td>
</tr>
<tr>
<td>End-Stage Renal Disease (ESRD)-related services included in the monthly capitation payment</td>
<td>90951, 90952, 90954, 90955, 90957, 90958, 90960, 90961</td>
</tr>
<tr>
<td>End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents</td>
<td>90963</td>
</tr>
</tbody>
</table>
New Telehealth Services Added 4/30/20

<table>
<thead>
<tr>
<th>Description</th>
<th>CPT Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Dept Visits Levels 1-5</td>
<td>99281-99285</td>
</tr>
<tr>
<td>Initial &amp; Subsequent Observation &amp; Observation Discharge Day Management</td>
<td>99217-99220, 99224-99226, 99234-99236</td>
</tr>
<tr>
<td>Initial Hospital Care &amp; Hospital discharge</td>
<td>99221-99223, 99238-99239</td>
</tr>
<tr>
<td>Initial NF visits all Levels &amp; facility discharge day management</td>
<td>99304-99306, 99315-99316</td>
</tr>
<tr>
<td>Critical Care Services</td>
<td>99291-99292</td>
</tr>
<tr>
<td>Domiciliary, Rest Home, Custodial Care, New &amp; Est Pts.</td>
<td>99327-99328, 99334-99337</td>
</tr>
<tr>
<td>Home visits New &amp; Est. Pts all levels</td>
<td>99341-99345, 99327-99350</td>
</tr>
<tr>
<td>Inpatient Neonatal &amp; Pediatric CC, Initial &amp; Subsequent</td>
<td>99468-99469, 99471-99473, 99475-99476</td>
</tr>
<tr>
<td>Initial &amp; Continuing Intensive Care</td>
<td>99477-99480</td>
</tr>
<tr>
<td>Care Planning for Patients with Cognitive Impairment</td>
<td>99483</td>
</tr>
<tr>
<td>Group psychotherapy</td>
<td>90853</td>
</tr>
<tr>
<td>Psychological &amp; Neuropsychological Testing</td>
<td>96130-96133, 06136-96139</td>
</tr>
</tbody>
</table>
Added 4/30/20

• Behavioral health and education services to be furnished via telehealth using audio-only communications, The full list of telehealth services notes which services are eligible to be furnished via audio-only technology, including telephone evaluation and management visits: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth-Telehealth-codes
# Telehealth Consultations

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>RVU</th>
<th>$ Medicare Ohio 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0425</td>
<td>Telehealth consultation, ER or Initial inpatient, typically 30 minutes communicating with the patient via telehealth</td>
<td>1.92</td>
<td>$99.64</td>
</tr>
<tr>
<td>G0426</td>
<td>.....50 minutes</td>
<td>2.61</td>
<td>$135.26</td>
</tr>
<tr>
<td>G0427</td>
<td>.....70 minutes</td>
<td>3.86</td>
<td>$204.59</td>
</tr>
<tr>
<td>G0406</td>
<td>F/U IP consultation, limited, physicians typically spend 15 minutes communication via telehealth</td>
<td>0.76</td>
<td>$38.90</td>
</tr>
<tr>
<td>G0407</td>
<td>.....25 minutes</td>
<td>1.39</td>
<td>$71.69</td>
</tr>
<tr>
<td>G0408</td>
<td>.....35 minutes</td>
<td>2.00</td>
<td>$103.09</td>
</tr>
</tbody>
</table>
## Remote Physiologic Monitoring
(when no E/M service on the same date)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>RVU (NF Reimbursement)</th>
</tr>
</thead>
<tbody>
<tr>
<td>99091</td>
<td>Collection and Interpretation of physiologic data (eg. weight, BP, glucose monitoring) digitally stored &amp;/or transmitted by pt. &amp;/or caregiver to physician or QHP,...(when applying a minimum of 30 minutes of time, each 30 days)</td>
<td>1.10 (57.92)</td>
</tr>
<tr>
<td>99457</td>
<td>Remote physiologic monitoring treatment management services, clinical, physician &amp; other QHP time in a calendar month requiring interactive communication with patient or caregiver; first 20 minutes</td>
<td>0.61 (32.16)</td>
</tr>
<tr>
<td>+99458</td>
<td>each additional 20 minutes</td>
<td>0.61 (40.76)</td>
</tr>
<tr>
<td>99473</td>
<td>Self measured BP using a device validated for clinical accuracy, patient education/training and device calibration</td>
<td>0.0 ($10.29)</td>
</tr>
<tr>
<td>99474</td>
<td>Separate self-measurement of 2 readings 1 minute apart, 2X daily over a 30 day period (min.12 readings)......with report of avg diastolic 7 systolic pressures &amp; subsequent communication of a treatment plan to patient</td>
<td>0.18 ($8.86)</td>
</tr>
</tbody>
</table>
Medicaid

• Healthcare services can be provided to a patient via synchronous, interactive, real time electronic communication that includes both audio and video elements OR activities that are synchronous that do not have both audio and video components such as:
  • Telephone calls
  • Images transmitted through fax
  • Electronic mail.

Covered individuals can access telehealth services wherever they are located including: Home, school, temporary housing, homeless shelter, nursing facility, hospital, group home and intermediate facilities for individuals with intellectual disabilities (ICF/IIDs)
Institutional Providers for Medicaid

• Are eligible to bill for telehealth service identified in the Appendix to Ohio Administrative Code (OAC) rule 5160 located on the website:
  • https://medicaid.ohio.gov/provider/feescheduleandrates.

• To bill outpatient hospital telehealth service append modifier GT to the procedure code.

• If telehealth services are performed as a result of COVID-19 pandemic, also append Modifier CR Catastrophic/disaster to the applicable procedure codes and include condition code DR disaster related at the header level of the institutional claim.
## Additional Medicaid Provider Types*

<table>
<thead>
<tr>
<th>Practitioner Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed Independent Chemical Dependency Counselor (54)*</td>
</tr>
<tr>
<td>Licensed Independent Marriage and Family Counselor*</td>
</tr>
<tr>
<td>Registered Nurses (RN) and LPN working in a hospice or home health setting*</td>
</tr>
<tr>
<td>Non-Agency Nurse (38)*</td>
</tr>
<tr>
<td>Medicaid School Program practitioners described in 5150-35 of the Administrative Code*</td>
</tr>
<tr>
<td>Other providers as designated by the Director of ODM.*</td>
</tr>
</tbody>
</table>
# Professional Claims Submission for Services Delivered via Telehealth Medicaid

<table>
<thead>
<tr>
<th>Billing Provider Type</th>
<th>Provider of Professional Services</th>
<th>FQHC &amp; RHC or claims for wraparound payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claim Type</td>
<td>Professional (submitted via MITS portal or EDI)</td>
<td>Professional (submitted via MITS portal or EDI)</td>
</tr>
<tr>
<td>Procedure code</td>
<td>CPT code for service delivered via telehealth</td>
<td>First detail line: T1015 encounter code and the appropriate U modifier. Second detail line CPT code for service delivered via telehealth</td>
</tr>
<tr>
<td>Modifier</td>
<td>GT Modifier Any other required modifiers based on provider contract</td>
<td>GT modifier with the procedure code Any other required modifiers based on provider contract</td>
</tr>
<tr>
<td>Place of Service Code (POS)</td>
<td>Physical location of the practitioner when the service was delivered</td>
<td>Physical location of the practitioner when the service was delivered</td>
</tr>
</tbody>
</table>
# Reporting E/M via Telehealth

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Brief Description</th>
<th>Time Required</th>
<th>Provider Type allowed</th>
<th>Total RVUs*</th>
<th>New or Established or both</th>
<th>Audio, Video or Portal required</th>
<th>Audio &amp; Video Required</th>
<th>Online Portal Required</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>99201-99205</td>
<td>Telehealth E&amp;M- Report same as pre-PHE but report with modifier 95</td>
<td>MDM or Time</td>
<td>MD or QHP</td>
<td>1.29-5.85</td>
<td>New</td>
<td>Audio, Video or Portal</td>
<td>Yes</td>
<td>No</td>
<td>Patient Initiated. Provider may waive Cost Share</td>
</tr>
<tr>
<td>99212-99215</td>
<td>Telehealth E&amp;M- Report same as pre-PHE but report with modifier 95</td>
<td>MDM or Time</td>
<td>MD or QHP</td>
<td>1.28-4.11</td>
<td>Established</td>
<td>Audio, Video or Portal</td>
<td>Yes</td>
<td>No</td>
<td>Patient Initiated. Provider may waive Cost Share</td>
</tr>
</tbody>
</table>
## Times for Telehealth E/M

<table>
<thead>
<tr>
<th>Code</th>
<th>Time</th>
<th>Code</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>99201</td>
<td>10-19 minutes</td>
<td>99211</td>
<td>N/A</td>
</tr>
<tr>
<td>99202</td>
<td>20-29 minutes</td>
<td>99212</td>
<td>10-14 minutes</td>
</tr>
<tr>
<td>99203</td>
<td>30-44 minutes</td>
<td>99213</td>
<td>15-24 minutes</td>
</tr>
<tr>
<td>99204</td>
<td>45-59 minutes</td>
<td>99214</td>
<td>25-39 minutes</td>
</tr>
<tr>
<td>99205</td>
<td>60 minutes</td>
<td>99215</td>
<td>40 minutes</td>
</tr>
</tbody>
</table>

These are not the times for 2020 E/M but 2021 E/M
On an interim basis for the duration of the COVID-19 PHE, Medicare may make PFS payment to the teaching physician for the following additional services when furnished by a resident under the primary care exception:

- 99201-99203 new patient encounters
- 99211-99213 established patient encounters
- 99421-99423* online digital E/M
- 99441-99443* telephone E/M
- 99452* referral
- 99495-99496 Transitional care
- G2012* video tracing
- G2010* virtual check-in

## Clinical Coding of COVID-19 with ICD-10-CM

### Confirmed cases

<table>
<thead>
<tr>
<th></th>
<th>No symptoms</th>
<th>With symptoms</th>
<th>ICD-10 codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive test result only, patient showing no symptoms</td>
<td></td>
<td>U07.1</td>
<td></td>
</tr>
<tr>
<td>Positive test result</td>
<td>COVID-19 documented as cause of death</td>
<td>U07.1*</td>
<td></td>
</tr>
<tr>
<td>Positive test result</td>
<td>Use additional code(s) for respiratory disease (e.g. viral pneumonia J12.8) or signs or symptoms of respiratory disease (e.g. shortness of breath R06.0, cough R05) as documented.</td>
<td>U07.1 + codes for symptoms *</td>
<td></td>
</tr>
</tbody>
</table>

- Use intervention/procedure codes to capture any mechanical ventilation or extracorporeal membrane oxygenation and identify any admission to ICU unit.
- *Use additional codes for isolation (Z29.0) or laboratory examination (Z01.7) as required for the specific case.
- U07.2 virus not identified.
- Z20.828 Exposure(suspected) to other viral disease.

### Suspected/probable cases

<table>
<thead>
<tr>
<th>Patient presents with acute respiratory illness</th>
<th>Contact or suspected exposure</th>
<th>ICD-10 codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>No other etiology; history of travel</td>
<td>✗</td>
<td>U07.2; Z20.8 + codes for symptoms *</td>
</tr>
<tr>
<td>Contact with confirmed or probable case</td>
<td>✗</td>
<td>U07.2; Z20.8 + codes for symptoms *</td>
</tr>
<tr>
<td>No other etiology; hospitalization required</td>
<td></td>
<td>U07.2 + codes for symptoms *</td>
</tr>
<tr>
<td>COVID-19 documented without any further information re: testing</td>
<td></td>
<td>U07.2 + codes for any symptoms *</td>
</tr>
</tbody>
</table>

- 5/19/20
# Where Medicare Beneficiaries Can Get Tested

## CMS Actions To Expand SARS-CoV-2 Testing

### Where Medicare Beneficiaries Can Get Tested

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DOCTOR'S OFFICE, HOSPITAL</strong></td>
<td>Medicare is separately paying hospitals and practitioners to assess patients and collect laboratory samples for COVID-19 testing even when that is the only service the patient receives. This approach supports both hospital and physician practices to operate testing sites.</td>
</tr>
<tr>
<td><strong>HOME (INCLUDING NURSING HOMES)</strong></td>
<td>For beneficiaries who are homebound and unable to travel, Medicare pays labs to send technicians to a beneficiary’s home, including a nursing home. When a beneficiary is not in Part A skilled nursing facility (SNF), collect a lab sample.</td>
</tr>
<tr>
<td></td>
<td>A home health nurse could collect a lab sample as part of a normal visit for beneficiaries receiving home health services.</td>
</tr>
<tr>
<td></td>
<td>A visiting nurse working for a Rural Health Clinic or Federally Qualified Health Center and making a home visit can collect a lab sample under certain conditions.</td>
</tr>
<tr>
<td><strong>PHARMACY</strong></td>
<td>Medicare will pay for COVID-19 tests performed by pharmacists as part of a Medicare-enrolled laboratory.</td>
</tr>
<tr>
<td></td>
<td>A pharmacist also may furnish basic clinical services, such as collect lab samples, under contract with a doctor or practitioner, in accordance with a pharmacist’s scope of practice and state law.</td>
</tr>
<tr>
<td></td>
<td>Benefits can get tested at “purchasing test” sites operated by pharmacies consistent with state requirements.</td>
</tr>
<tr>
<td><strong>DRIVE-THRU TESTING OR ALTERNATIVE SITES</strong></td>
<td>Healthcare facilities like hospitals, doctor’s offices, labs can set up off-site locations like drive-through testing to collect samples. Medicare pays these healthcare providers as they normally would.</td>
</tr>
</tbody>
</table>

**References:**
- Medicare is covering serology (or antibody) tests, which may be helpful for patients, practitioners, and communities in making decisions on medical treatment and responsible social distancing policies.
Medicare Payment for Lab Services

<table>
<thead>
<tr>
<th>Lab Service</th>
<th>Medicare Payment</th>
<th>Billing Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDC RNA Based Lab Test</td>
<td>Approx. $36</td>
<td>HCPCS code U0001</td>
</tr>
<tr>
<td>Non-CDC Lab Test that uses any technique, multiple types or subtypes</td>
<td>Approx. $51</td>
<td>HCPCS code U0002</td>
</tr>
<tr>
<td>(includes all targets)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non CDC Lab Test using RNA based technique</td>
<td>Approx. $51</td>
<td>CPT code 87435</td>
</tr>
<tr>
<td>Serology (antibody) test</td>
<td>TBD</td>
<td>CPT code 86328</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CPT code 86769</td>
</tr>
<tr>
<td>Lab Test Using High Through-Put Technology</td>
<td>$100 (effective 4/10)</td>
<td>HCPCS: code U0003;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HCPCS: code U0004</td>
</tr>
<tr>
<td>Lab Specimen Collection from a Patient</td>
<td>Approx $23-$25</td>
<td>HCPCS code C8003 billed by hospital outpatient department</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HCPCS code G0021 billed by a physician office</td>
</tr>
<tr>
<td></td>
<td></td>
<td>HCPCS code G20234 billed for home/hunting home collection by a lab or on behalf of a home health agency</td>
</tr>
</tbody>
</table>

5/19/20
Basic Requirements of Telehealth Visit

• Document the identity and location of the patient
• Provide the patient with confirmation of identity and qualifications of the physician
• Document the method of communication (examples Skype, Facetime, Zoom, etc.)
• Give the patient contact information for the physician
• Maintain a physician-patient relationship that conforms to standard of care
• Determine appropriate technology for service
• Obtain patient consent for use of technology (verbal is allowed) (Patient initiated visit)
• Some telehealth codes are time-based- time must be noted in the encounter
• Conduct appropriate evaluations and history of the patient
• eRx is subject to state requirements and an online questionnaire is not an acceptable standard of care
• Records must be made available to the patient and any identified care provider
• The telehealth care provided by the physician or other qualified health care provider should be provided in a secure private location (i.e., not overheard by the general public).
• The care and services provided do not have to be related to the Coronavirus/COVID-19. Use specific ICD-10.
  ▪ One should review this process with your specific malpractice carrier to identify if they have any additional requirements
Payment Provisions for Medicare Telehealth

- **Provider should use Place of Service where the service would have been provided (office) with modifier 95 to identify telehealth and can be provided from any secure location**
- Provider will be reimbursed at the same rate as an in-person visit regardless of diagnosis; parity is in effect until the Pandemic is declared ended.
- The provider must have documentation of informed consent and identify the risk & benefit of this communication
- Medicare will pay the facility fee as well as the professional fee for telehealth visits for facility-based practices only during the duration of the Coronavirus Public Health Emergency
- Does not require that patient be in a rural or HPSA area, new or established.
- If provider bills using Method II billing (i.e., some CAH providers), then the **GT modifier** is required.
- If telehealth is used to diagnose and/or treat acute stroke, the **GO modifier** is required.
- Read the article about **modifier CS and cost sharing here**

Telehealth services can be used for any patient and are **not limited** to patients with COVID-19.
Licensure

• March 19, 2020 - Federal officials have announced that they are allowing healthcare providers to practice across state lines – a move that eliminates, at least temporarily, a key barrier to the continued adoption of telehealth.

• The Department of Veterans’ Affairs has been allowing its care providers to treat veterans in any state as part of the VA MISSION Act of 2018.

• Interstate Medical Licensure Compact Commission, a branch of the Federation of State Medical Boards
## In Summary

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>PLACE OF SERVICE</th>
<th>MODIFIER(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office visit related to COVID-19 testing</td>
<td>11 – Office</td>
<td>-CS</td>
</tr>
<tr>
<td>Telehealth visit related to COVID-19 testing</td>
<td>11 – Office</td>
<td>-95, -CS</td>
</tr>
<tr>
<td>Office visit not related to COVID-19</td>
<td>11 – Office</td>
<td>None</td>
</tr>
<tr>
<td>Telehealth visit not related to COVID-19</td>
<td>11 – Office</td>
<td>-95</td>
</tr>
<tr>
<td>Virtual Check-In (HCPCS G2012, G2010)</td>
<td>11 – Office</td>
<td>None</td>
</tr>
<tr>
<td>E-Visit (CPT 99421-99423)</td>
<td>11 – Office</td>
<td>None</td>
</tr>
<tr>
<td>Telephone Evaluation and Management (CPT 99441-99443)</td>
<td>11 – Office</td>
<td>None</td>
</tr>
</tbody>
</table>
# Summary

<table>
<thead>
<tr>
<th>TYPE OF SERVICE</th>
<th>WHAT IS THE SERVICE?</th>
<th>HCPCS/CPT CODE</th>
<th>Patient Relationship with Provider</th>
</tr>
</thead>
</table>
| **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.  
New 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.  
New Patients |
CMS Sources of Information on Telehealth

- **Coding for Telehealth**
  - https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes
- **Privacy and HIPAA While Using Telehealth Technology**
Ohio Medicaid Sources of Information on Telehealth

- https://medicaid.ohio.gov/Portals/0/For%20Ohioans/Telehealth/ODM-Telehealth-FAQs.pdf
  **Telehealth Executive Order**
- **Behavioral Health Services and Use of Telehealth**
  - https://medicaid.ohio.gov/Portals/0/For%20Ohioans/Telehealth/MITS-BITS-Newsletter.pdf
- **State of Ohio Coronavirus Website**
- All follow-up questions about Ohio Medicaid’s coverage for telehealth services can be directed to: Medicaid@medicaid.ohio.gov
Commercial Insurers

- https://www.medmutual.com/Campaign-Pages/Coronavirus.aspx
Commercial and Other References

- Medical Mutual: https://www.medmutual.com/For-providers.aspx
- Buckeye Health Plan: https://www.buckeyehealthplan.com/providers.html
- CIGNA: https://www.cignaforhcp.cigna.com/app/login
- Humana https://www.humana.com/provider/coronavirus
- Medicaid: https://Medicaid.ohio.gov/provider
- MediGold: https://medigold.ohio/Tools-and-Resources/MediGold-Blog
- Ohio Department of Health: https://odh.ohio.gov/wps/pportal/gov/odh/home
- Oscar: https://www.bioscar.com/providers/resources
- United Healthcare: https://www.uhc/health-and-wellness/health-topics/covid-19
Coding & Reimbursement for Telehealth Services

• Thanks to the Academy of Medicine of Cincinnati for allowing me to be a part of this program. The telehealth method of practicing medicine is in its infancy and will only grow in development.

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