

Welcome to Telehealth 101

presented by
the Academy of Medicine of Cincinnati

Thank you for joining!

The webinar will begin promptly at 7:00PM



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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
 - Barry Brook, MD
 - Joseph Cheng, MD
 - Gregory Kennebeck, MD
 - Michelle Knopp, MD
 - Maxine Lewis, CMM, CPC, CPC-I, CPMA, CCS-P
 - Gregory Rouan, MD
 - Michael Schoech, MD



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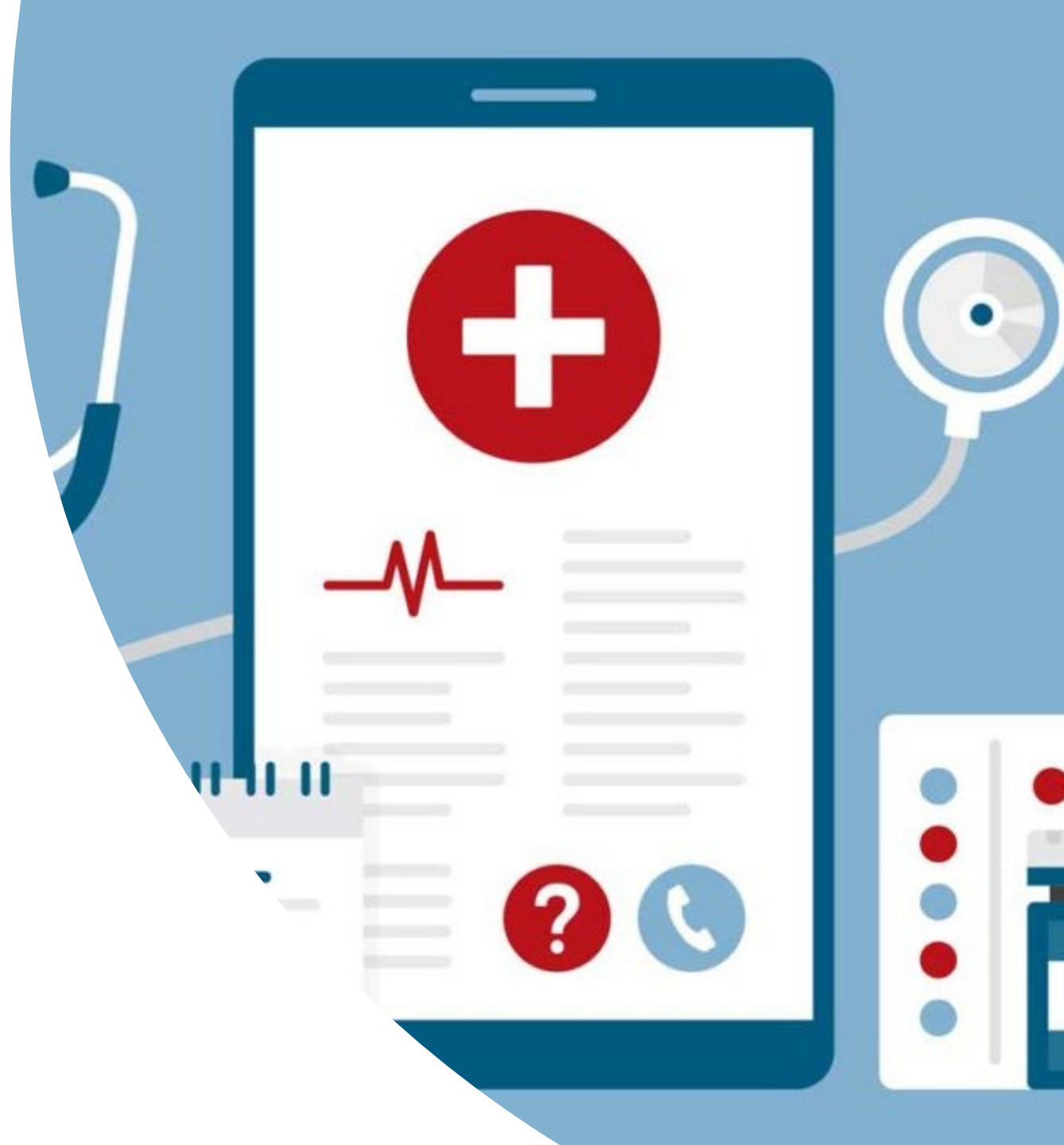
Agenda

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



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

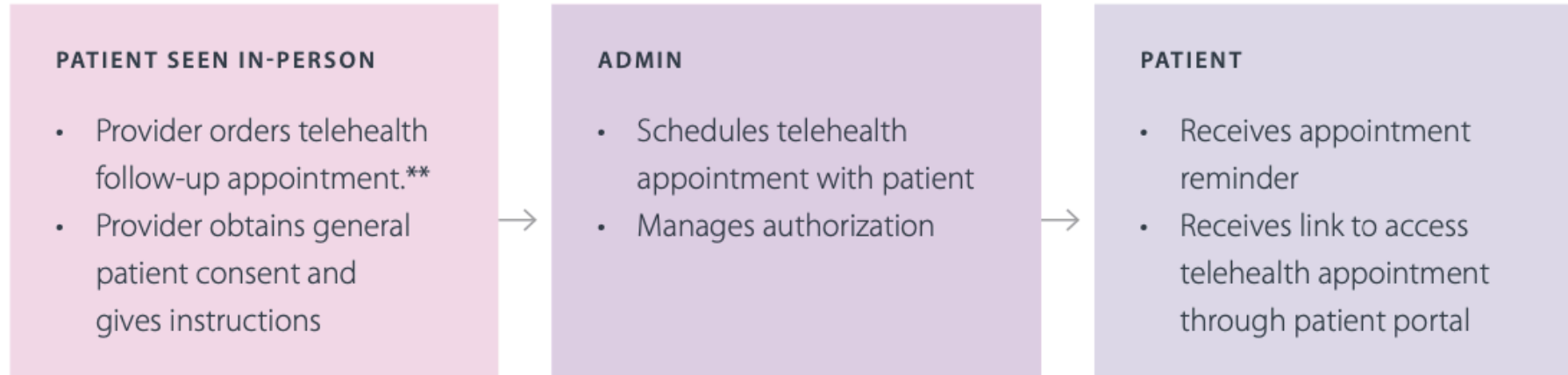


Assign clear office staff roles and responsibilities

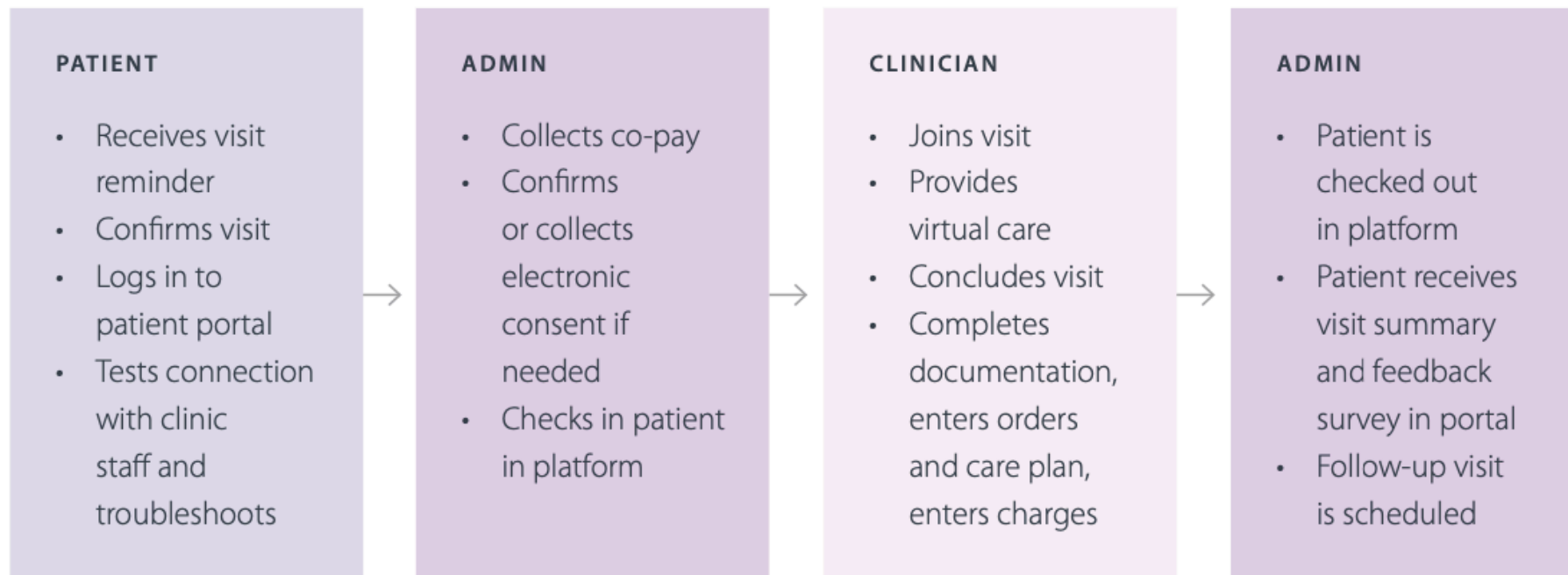


Ask for patient and staff feedback!

SCHEDULING FIRST TELEHEALTH APPOINTMENT:



DAY-OF/DURING VISIT :



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



Review

Review
complaint/chart
ahead of time



Pause

Pause to allow
transmission; lags
are common!



Speak

Speak clearly and
slowly



Signal

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





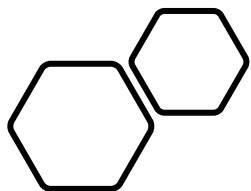
Review your process

- 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)
 - <https://www.ama-assn.org/practice-management/digital/ama-quick-guide-telemedicine-practice>
- 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

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

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513-702-9256

Disclaimer

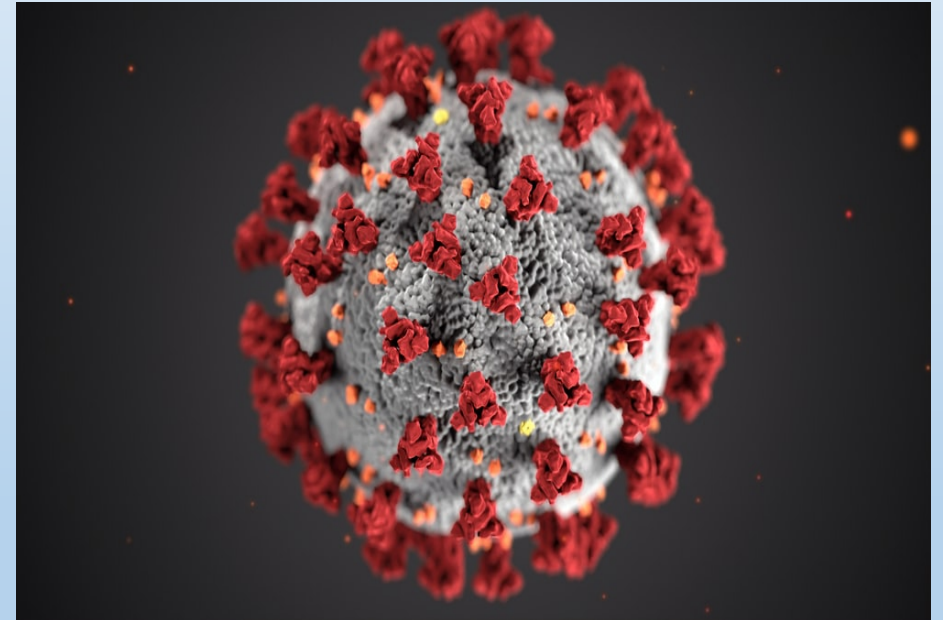


- This presentation was current at the time it was published or uploaded onto the web. Medical policy changes frequently so links to the source documents have been provided within the document for your reference.
- The information provided is only intended to be a general summary. It is not intended 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

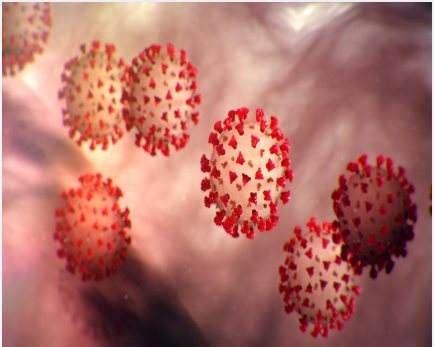
- Under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act, (CARES) payment for office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence starting March 6, 2020 were payable under the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

<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

Definition

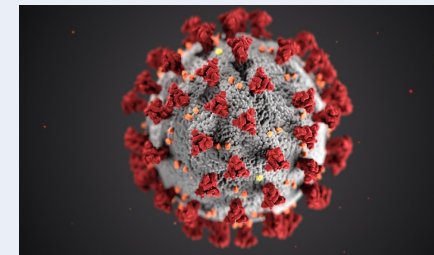
- Telehealth, telemedicine, and related terms generally refer to the exchange of medical information from one site to another through electronic communication to improve a patient's health. Innovative uses of this kind of technology in the provision of healthcare is increasing.



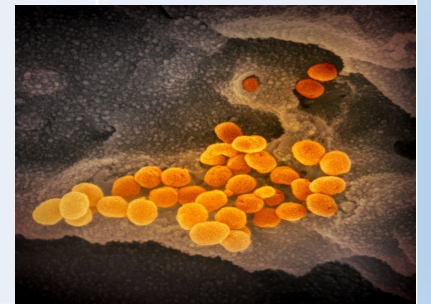
	Practitioner Site or DISTANT SITE	Patient Site ORIGINATING SITE
Description	Physical location of the treating practitioner when the service was delivered	Physical location of the patient when the service was delivered There is no limitation of patient site
Referring providers (MITS Provider type*)	<p>Physician & psychiatrist (20)</p> <p>Podiatrist (36)</p> <p>Psychologists (42)</p> <p>Physician Assistant (24)</p> <p>Dentist (30)</p> <p>Advanced Practice Registered Nurses:</p> <p>Clinical Nurse Specialist (85) Certified Nurse Midwife (71)</p> <p>Certified Nurse Practitioner (720)</p> <p>Licensed Independent Social Worker (37)</p> <p>Licensed Independent Chemical Dependency Counselor (54)</p> <p>Licensed Independent Marriage & Family Counselor</p> <p>Licensed Professional Clinical Counselor(47)</p> <p>Dietician (07)</p> <p>Audiologist and Speech-Language pathologist (43) (43)</p> <p>Occupational Therapist (41) Physical Therapist (39)</p> <p>Practitioners who are supervised or cannot practice independently:</p> <p>Supervised practitioners & supervised trainees defined 5150-8-05</p> <p>Occupational therapist Assistant</p> <p>Speech-language aide; Audiology aide</p> <p>Individuals holding a conditional license as described in section 4753.071 of the revised code Licensed health professionals providing medically necessary supportive services</p> <p>(RNs) and LPNs working in hospice or home health setting</p> <p>Non-agency Nurses (38) Medicaid School {Program (MSP)</p> <p>practitioners described in 5150-35 of the administrative Code</p> <p>Other providers as designated by the Director of ODM</p> <p>Speech-Language Pathologists, Speech-Language Pathology Aides,</p> <p>Individuals Holding a Conditional License (ORC 4753.071)</p> <p>Medicaid School Program Practitioners (OAC 5160-35) *</p> <p>Practitioners Affiliated with Community Behavioral Health Centers *</p>	

Billing Conditions for Medicare

	Originating Site	Distant Site
Definition	Physical location of the patient	Physical location of treating practitioner
Eligible Providers Provider type code	<ul style="list-style-type: none"> • Primary Care Clinic (50) • Outpatient Hospital (01) • Rural Health Clinic – Medical (5) • Federally Qualified Health Center Medical (12) • Physician Offices (20) • Professional Medical Group (21) • Podiatrist (36) • Optometrist (35) • SNFs • Community Mental Health Centers CMHCs) • Critical access hospitals (CAHs) • Hospital-based or CAH-based renal dialysis centers (including satellites) 	Physician Offices (20) » Psychologist (42) » Federally Qualified Health Center - Medical and Mental Health (12) Home Assisted Living
Excluded places of service for originating or distant site payment (Place of service code) prior to 4/30/20	<ul style="list-style-type: none"> • Patient's home • Inpatient Hospital (21) • Nursing Facility (31 or 32) • Inpatient Psychiatric Hospital (51) • Other POS exclusions for E&M and psychiatric codes 	



Code	Description Virtual Check-in (not considered Telehealth)	2020 wRVU	National non-facility payment	National facility payment
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 4/30/20 add new patients	0.18	\$12.27	\$9.38
G2012	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	0.25	\$14.80	\$13.35



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

CPT Code	Brief Description	Time Required	Provider Type Allowed	Total RVUs	New or Established or Both	Audio & Video Required	Online Portal Required
99421	Online digital evaluation and management service	5-10 min.	MD or QHP	0.25	Both	No	Yes
99422	Online digital evaluation and management service	11-20 min.	MD or QHP	0.50	Both	No	Yes
99423	Online digital evaluation and management service	21-or more min.	MD or QHP	0.80	Both	No	Yes

Audio Only to Manage Complex Problems

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

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:

CPT Code	Brief Description	Time Required	Provider Type allowed	Total RVUs	New or Established or both	Audio, Video or Portal required	Audio & Video Required	Online Portal Required	CPT Code
G2061	Online digital E/M Service	5-10 min.	Ancillary Staff	0.25	Both	Portal**	No	Yes	Yes
G2062	Online digital E/M Service	11-20 min	Ancillary Staff	0.44	Both	Portal**	No	Yes	Yes
G2063	Online digital E/M Service	21+ min	Ancillary Staff	0.69	Both	Portal**	No	Yes	Yes

Audio Only- Telephone Call

Code	Description	<u>RVU</u>	\$Ohio Non-facility
98966	Telephone assessment QHP to established pt./parent/guardian not originating from a related assessment & 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	0.25	\$14.07
98967	.....11-20 minutes	0.50	\$27.53
98968	.....21-30 minutes	0.75	\$40.24

Other Telehealth Services

Service	HCP/CS/CPT Code
Telehealth consultations, emergency department or initial inpatient	G0425–G0427
Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs	G0406–G0408
Office or other outpatient visits	99201–99215
Subsequent hospital care services,	99231–99233
Subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days	99307–99310
Individual and group kidney disease education services	G0420–G0421
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	G0108–G0109
Individual and group health and behavior assessment and intervention	96150–96154
Individual psychotherapy	90832–90838
Telehealth Pharmacologic Management	G0459
Psychiatric diagnostic interview examination	90791–90792
End-Stage Renal Disease (ESRD)-related services included in the monthly capitation payment	90951, 90952, 90954, 90955, 90957, 90958, 90960, 90961
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	90963

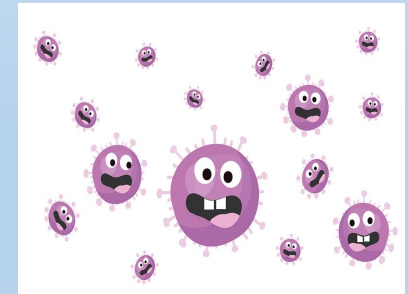
New Telehealth Services Added 4/30/20

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

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

Code	Description	RVU	\$ Medicare Ohio 2020
G0425	Telehealth consultation, ER or Initial inpatient, typically 30 minutes communicating with the patient via telehealth	1.92	\$99.64
G0426	.....50 minutes	2.61	\$135.26
G0427	.....70 minutes	3.86	\$204.59
G0406	F/U IP consultation, limited, physicians typically spend 15 minutes communication via telehealth	0.76	\$38.90
G0407	.....25 minutes	1.39	\$71.69
G0408	.....35 minutes	2.00	\$103.09

Remote Physiologic Monitoring

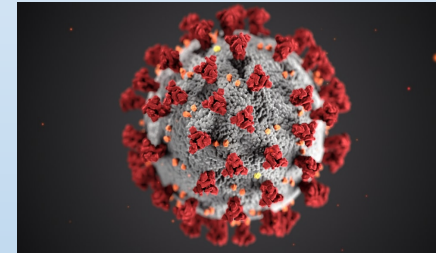
(when no E/M service on the same date)

Code	Description	RVU (NF Reimbursement)
99091	Collection and Interpretation of physiologic data (eg. weight, BP, glucose monitoring) digitally stored &/or transmitted by pt. &/or caregiver to physician or QHP,...(when applying a minimum of 30 minutes of time, each 30 days	1.10 (57.92)
99457	Remote physiologic monitoring treatment management services, clinical, physician & other QHP time in a calendar month requiring interactive communication with patient or caregiver; first 20 minutes	0.61 (32.16)
+99458	each additional 20 minutes	0.61 (40.76)
99473	Self measured BP using a device validated for clinical accuracy, patient education/training and device calibration	0.0 (\$10.29)
99474	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 & subsequent communication of a treatment plan to patient	0.18 (\$8.86)

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*

	Practitioner Site	
	<p>Licensed Independent Chemical Dependency Counselor (54)*</p> <p>Licensed Independent Marriage and Family Counselor*</p> <p>Registered Nurses (RN) and LPN working in a hospice or home health setting*</p> <p>Non-Agency Nurse (38)*</p> <p>Medicaid School Program practitioners described in 5150-35 of the Administrative Code*</p> <p>Other providers as designated by the Director of ODM.*</p>	

Professional Claims Submission for Services Delivered via Telehealth Medicaid

Billing Provider Type	Provider of Professional Services	FQHC & RHC or claims for wraparound payments
Claim Type	Professional (submitted via MITS portal or EDI)	Professional (submitted via MITS portal or EDI)
Procedure code	CPT code for service delivered via telehealth	First detail line:T1015 encounter code and the appropriate U modifier Second detail line CPT code for service delivered via telehealth
Modifier	GT Modifier Any other required modifiers based on provider contract	GT modifier with the procedure code Any other required modifiers based on provider contract
Place of Service Code (POS)	Physical location of the practitioner when the service was delivered	Physical location of the practitioner when the service was delivered

Reporting E/M via Telehealth

CPT Code	Brief Description	Time Required	Provider Type allowed	Total RVUs*	New or Established or both	Audio, Video or Portal required	Audio & Video Required	Online Portal Required	
99201-99205	Telehealth E&M- Report same as pre-PHE but report with modifier 95	MDM or Time	MD or QHP	1.29-5.85	New	Audio, Video or Portal	Yes	No	Patient Initiated. Provider may waive Cost Share
99212-99215	Telehealth E&M- Report same as pre-PHE but report with modifier 95	MDM or Time	MD or QHP	1.28-4.11	Established	Audio, Video or Portal	Yes	No	Patient Initiated. Provider may waive Cost Share

Times for Telehealth E/M

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

These are not the times for 2020 E/M but 2021 E/M

A Rule by the Centers for Medicare & Medicaid Services
on [05/08/2020](#)

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
- <https://www.federalregister.gov/documents/2020/05/08/2020-09608/medicare-and-medicaid-programs-basic-health-program-and-exchanges-additional-policy-and-regulatory>

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

	No symptoms	With symptoms	ICD-10 codes
Confirmed cases	Positive test result only, patient showing no symptoms		U07.1
	Positive test result	COVID-19 documented as cause of death	U07.1*
	Positive test result	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.	U07.1 + codes for symptoms *

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

Z09 encounter for F/U exam after completing treatment Z20.828 Exposure(suspected) to other viral disease


	Patient presents with acute respiratory illness	Contact or suspected exposure	ICD-10 codes
Suspected/probable cases	No other etiology; history of travel	√	U07.2; Z20.8 + codes for symptoms*
	Contact with confirmed or probable case	√	U07.2; Z20.8 + codes for symptoms*
	No other etiology: hospitalization required		U07.2 + codes for symptoms*
	COVID-19 documented without any further information re: testing		U07.2 + codes for any symptoms*

Where Medicare Beneficiaries Can Get Tested

// CMS ACTIONS
TO EXPAND
**SARS-CoV-2
TESTING**




WHERE MEDICARE BENEFICIARIES CAN GET TESTED




**DOCTOR'S OFFICE,
HOSPITAL**

- 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 hospitals and physician practices to operate testing sites.
- To ensure that Medicare beneficiaries have broad access to testing, for Medicare payment purposes, Medicare no longer requires an order from the treating physician or other practitioner for beneficiaries to get both COVID-19 testing and laboratory tests for influenza and respiratory syncytial virus that may be part of a COVID-19 diagnosis. COVID-19 tests may be covered when ordered by any healthcare professional authorized to do so under state law.
- 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.




**HOME (INCLUDING
NURSING HOMES)**

- 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 a Part A skilled nursing stay, to collect a lab sample.
- A home health nurse could collect a lab sample as part of a normal visit for beneficiaries receiving home health services.
- 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.



PHARMACY

- Medicare will pay for COVID-19 tests performed by pharmacists as part of a Medicare-enrolled laboratory.
- 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.
- Beneficiaries can get tested at "parking lot" test sites operated by pharmacies consistent with state requirements.

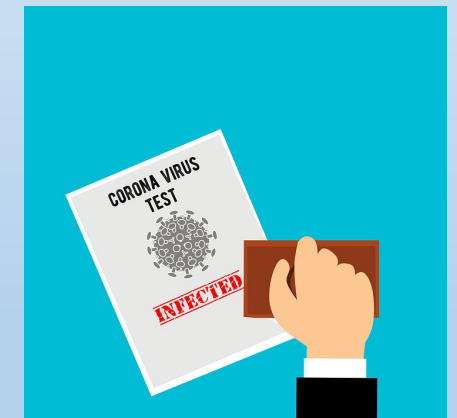


**DRIVE-THROUGH
TESTING OR
ALTERNATIVE SITES**

- 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.

Medicare Payment for Lab Services

MEDICARE PAYMENT FOR LAB SERVICES		
LAB SERVICE	MEDICARE PAYMENT	BILLING CODE
CDC RNA Based Lab Test	Approx. \$36	HCPCS code U0001
Non- CDC Lab Test that uses any technique, multiple types or subtypes (includes all targets)	Approx. \$51	HCPCS code U0002
Non CDC Lab Test using RNA based technique	Approx. \$51	CPT code 87635
Serology (antibody) test	TBD	CPT code 86328 CPT code 86769
Lab Test Using High Through-Put Technology	\$100 <i>(effective 4/14)</i>	HCPCS code U0003; HCPCS code U0004
Lab Specimen Collection from a Patient	Approx \$23-\$25	HCPCS code C9803 billed by hospital outpatient department HCPCS code 99211 billed by a physician office HCPCS code G2023/G2024 for home/nursing home collection by a lab or on behalf of a home health agency



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

SERVICE	PLACE OF SERVICE	MODIFIER(S)
Office visit related to COVID-19 testing	11 – Office	-CS
Telehealth visit related to COVID-19 testing	11 – Office	-95, -CS
Office visit not related to COVID-19	11 – Office	None
Telehealth visit not related to COVID-19	11 – Office	-95
Virtual Check-In (HCPCS G2012, G2010)	11 – Office	None
E-Visit (CPT 99421-99423)	11 – Office	None
Telephone Evaluation and Management (CPT 99441-99443)	11 – Office	None

Summary

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.	<p>Common telehealth services include:</p> <ul style="list-style-type: none"> • 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) <p>For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes</p>	<p>For new* or established patients.</p> <p>*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</p>
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.	<ul style="list-style-type: none"> • HCPCS code G2012 • HCPCS code G2010 	<p>For established patients.</p> <p>New Patients</p>
E-VISITS	A communication between a patient and their provider through an online patient portal.	<ul style="list-style-type: none"> • 99421 • 99422 • 99423 • G2061 • G2062 • G2063 	<p>For established patients.</p> <p>New Patients</p>

CMS Sources of Information on Telehealth

- ■ *<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>*
- **Coding for Telehealth**
- ■ *<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>*
- **Privacy and HIPAA While Using Telehealth Technology**
- ■ *<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>*
- For coding advice by AMA <https://www.ama-assn.org/system/files/2020-04/covid-19-coding-advice.pdf> (Examples of coding scenarios).

Ohio Medicaid Sources of Information on Telehealth

- www.cms.gov/newsroom/press-releases/cms-news-alert-may-1-2020
- <https://medicaid.ohio.gov/Portals/0/For%20Ohioans/Telehealth/ODM-Emergency-Telehealth-Rule.pdf>
- <https://medicaid.ohio.gov/Portals/0/For%20Ohioans/Telehealth/ODM-Telehealth-FAQs.pdf>
Telehealth Executive Order
- https://content.govdelivery.com/attachments/OHOOD/2020/03/19/file_attachments/1406216/20200319175845648.pdf
- **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**
- <https://coronavirus.ohio.gov/wps/portal/gov/covid-19>
- All follow-up questions about Ohio Medicaid's coverage for telehealth services can be directed to: Medicaid@medicaid.ohio.gov

Commercial Insurers



- <https://providernews.anthem.com/georgia/article/information-from-anthem-for-care-providers-about-covid-19-4>
- <https://www.humana.com/provider/news/medical-news/telehealth-services-policy>
- <https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq/billing-and-coding.html>
- <https://www.medmutual.com/Campaign-Pages/Coronavirus.aspx>
- [https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-comm-plan-reimbursement/UHCCP-Telehealth-and-Telemedicine-Policy-\(R0046\).pdf](https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-comm-plan-reimbursement/UHCCP-Telehealth-and-Telemedicine-Policy-(R0046).pdf)

Commercial and Other References

- Anthem: <https://providernews.anthem.com/article/information-from-anthem-for-care-providers-about-covid-19>
- Aetna: <https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-manuals/covid-faq.html>
- Medical Mutual: <https://www.medmutual.com/For-providers.aspx>
- Buckeye Health Plan: <https://www.buckeyehealthplan.com/providers.html>
- CDC: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- CIGNA: <https://www.cignaforhcp.cigna.com/app/login>
- CMS: <https://www.cms.gov/About-CMS/Agency-Information/emergency/EPrO/Current-Emergencies-Current-Emergencies-page>
- Humana <https://www.humana.com/provider/coronavirus>
- Medicaid: <https://www.medicaid.ohio.gov/provider>
- MediGold: <https://medigold.ohio.gov/Tools-and-Resources/MediGold-Blog>
- Ohio Department of Health: <https://odh.ohio.gov/gov/wps/pportal/gov/odh/home>
- Oscar: <https://www.bioscar.com/providers/resources>
- United Healthcare: <https://www.uhc.com/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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