Telehealth Pop-up Webinar – Part B & Non-RHC

Healthcare Business Specialists

Sponsored by Azalea Health and ChartSpan

April 11, 2020

HBS
Healthcare Business Specialists

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Become a fan and Like us on Facebook for more RHC information

HBS
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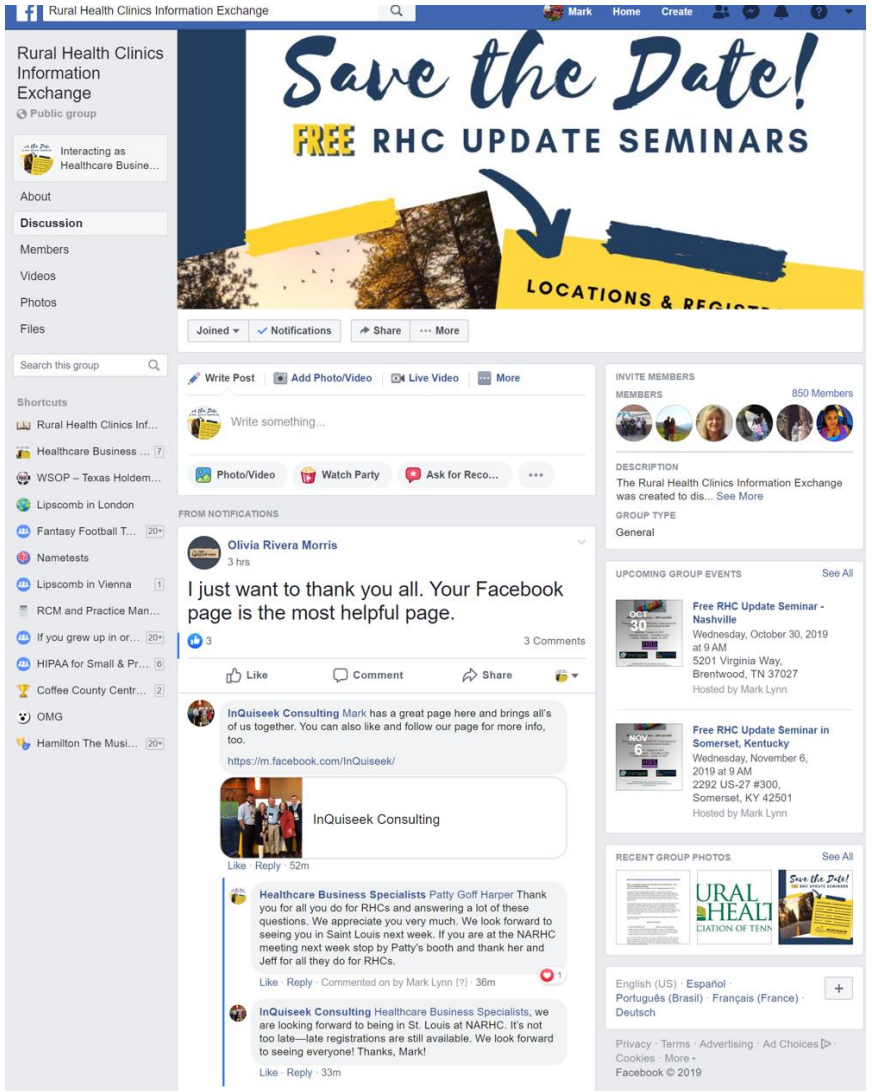
RHC Information Exchange Group on Facebook

- *"A place to share and find information on RHCs."*



RHC Information Exchange Group on Facebook

Join this group to post or ask questions regarding RHCs. Anyone is welcome to post about meetings, seminars, or things of interest to RHCs

https://www.facebook.com/groups/1503414633296362/

HBS

Healthcare Business Specialists

- What does Healthcare Business Specialists do?
- Listing of Services

https://tinyurl.com/w63xbp9

- We prepare Medicare and Medicaid Cost Reports for Rural Health Clinics.
- We prepare Program evaluations of RHCs.
- We help clinics startup as RHCs.
- Emergency Preparedness for RHCs.
- We prepare Tenncare Quarterly Reports
- Our Cost Reporting Brochure can be found at the following link:
- RHC Cost Report Brochure

For Updates, a recording of this webinar, slide presentations, and lots of information on RHCs and COVID-19 go to our COVID-19 Website

http://www.ruralhealthclinic.com/covid19

Disclaimer

- Due to COVID-19 Healthcare Policy is changing rapidly, waivers are being issued, guidance is being backdated, issued and retracted, official documents are out of date almost as soon as they are issued, so proceed with caution. Some of our resources will contain outdated information, but most of the information is still relevant. The trick and frustrating part is knowing what changed and when. This presentation was prepared on April 11, 2020 and we believe it to be current as of that date, but we could have missed something. If you know of an omission or change, please let us know and we correct it.

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Telehealth
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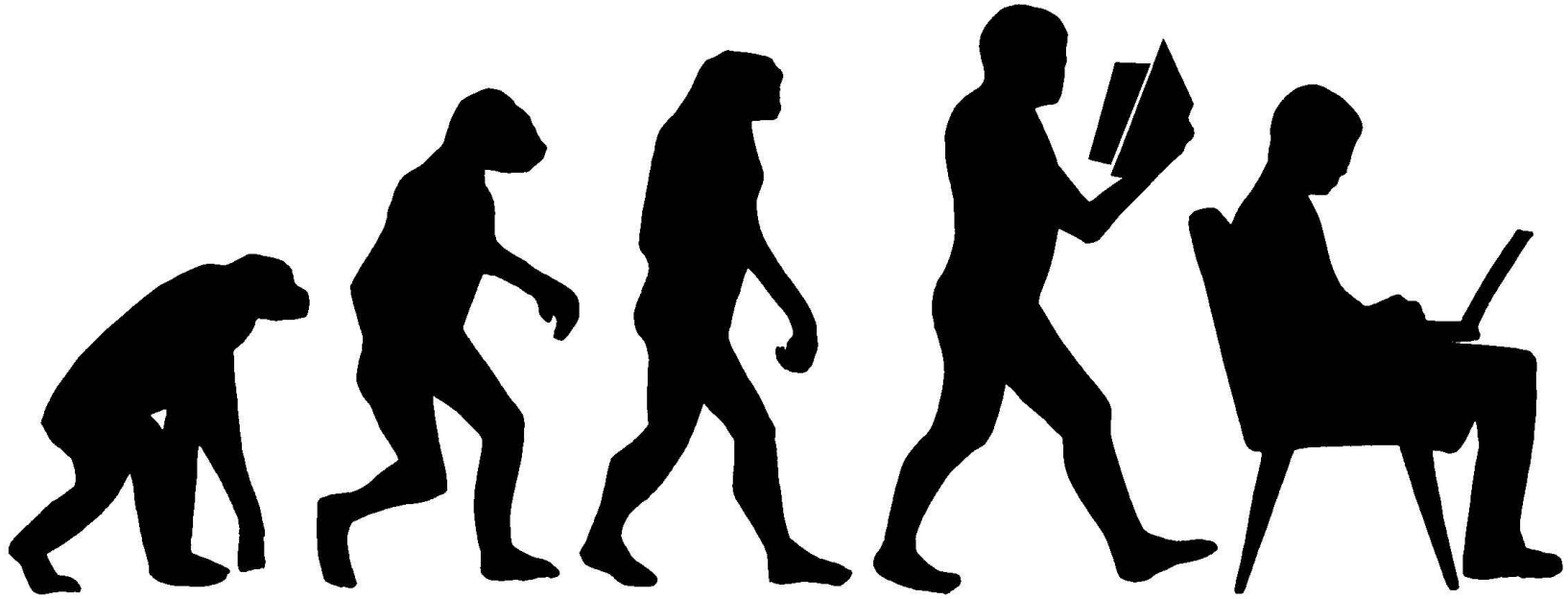
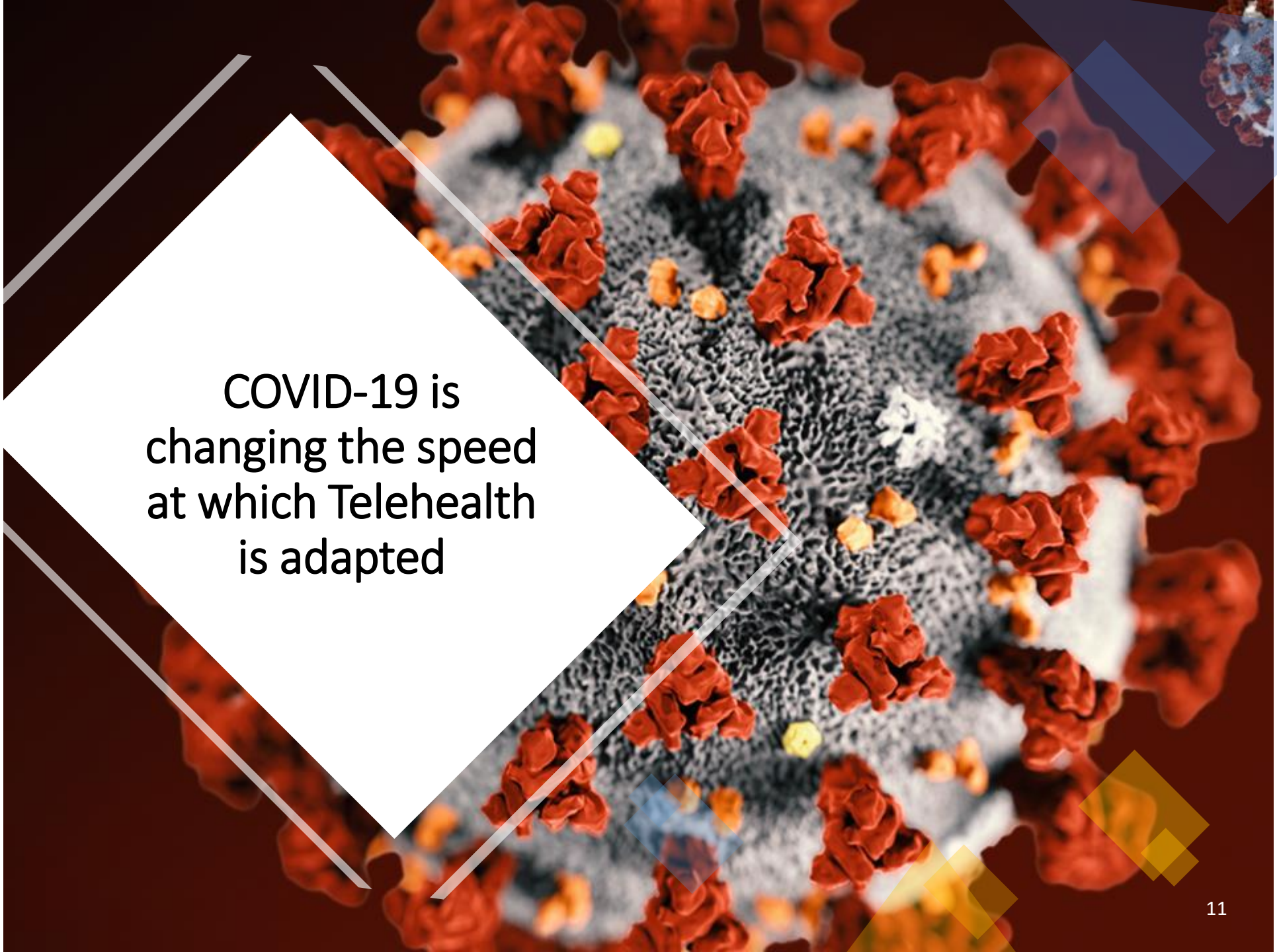
Telehealth is Changing the way healthcare is delivered



The Purpose of this webinar is to help RHCs adapt to change caused by COVID-19 and the need to rapidly adopt Telemedicine by RHCs



COVID-19 is changing the speed at which Telehealth is adapted

We will be talking mostly about Medicare rules which do not always apply to other payers

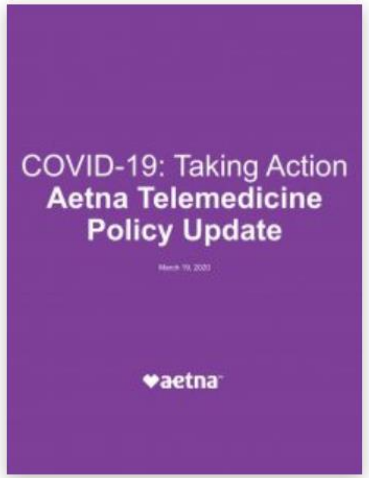
He who has the Gold Makes the Rules

Don’t let the tail wag the Dog

https://www.cchpca.org/resources/covid-19-related-state-actions

Insurance Payment Guidance

Aetna Guidance



Cigna Guidance

United Guidance

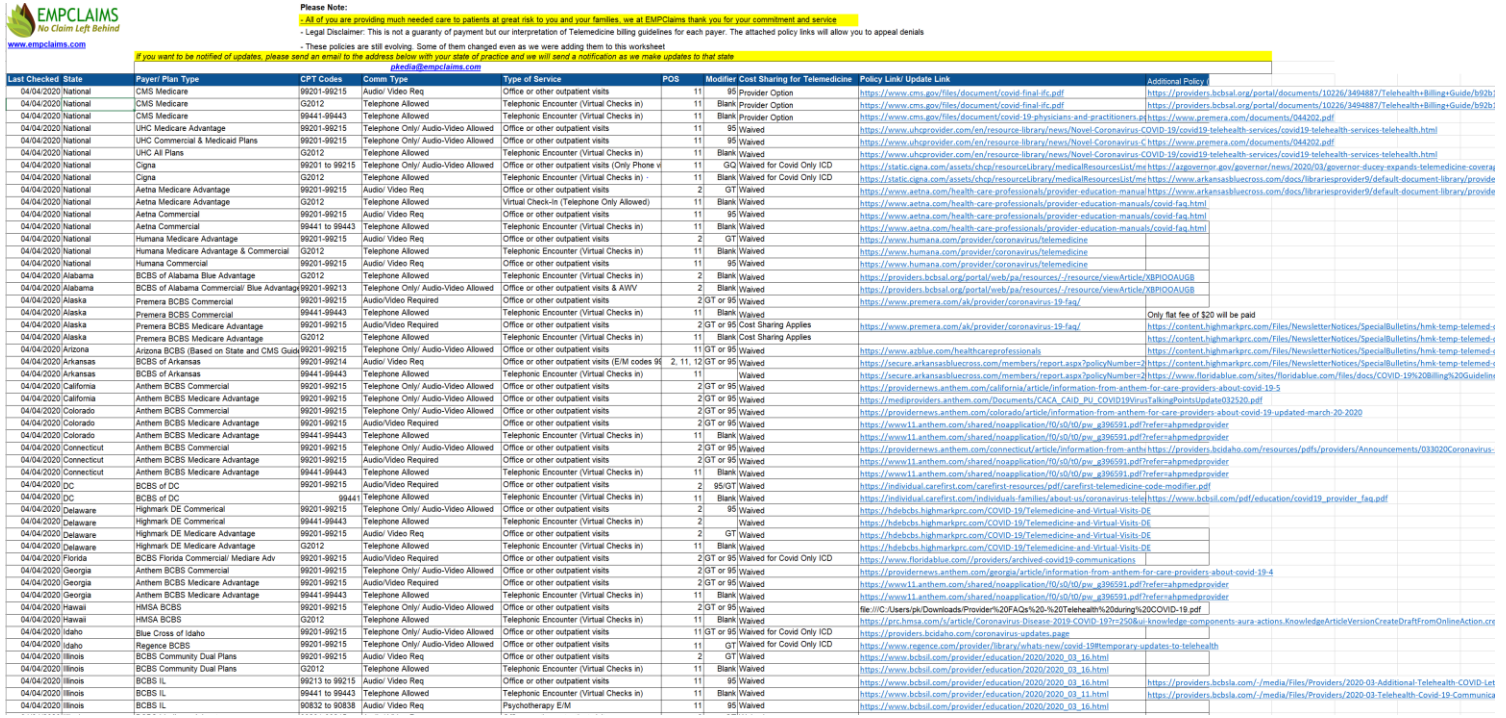
Humana Guidance

https://vhanhub.com/coronavirus-covid-19-resources/coronavirus-covid-19-resources-practice-operations/telehealth-update/

Create a Cheat sheet

Schedule of Telehealth Billing Codes
Various Insurance Companies
31-Mar-20

Last updated	Payer/ Plan Type	CPT Codes	Comm Type	Type of Service	Coverage Type	POS	Modifier	Policy Link/ Update Link
3/29/2020	CMS Medicare	99201-99215	Audio/ Video Req	Office or other outpatient visits	All ICD's	2	Blank	https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet
3/29/2020	CMS Medicare	G2012	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	All ICD's	11	Blank	https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet
3/29/2020	UHC Medicare Advantage	99201-99215	Audio/ Video Req	Office or other outpatient visits	All ICD's	2	GT	https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services/covid19-telehealth-services-telehealth.html
3/29/2020	UHC Commercial & Medicaid Plans	99201-99215	Audio/ Video Req	Office or other outpatient visits	All ICD's	11	95	https://www.uhcprovider.com/content/provider/en/viewer.html?file=%2Fcontent%2Fdam%2Fprovider%2Fdocs%2Fpublic%2Fpolicies%2Fcomm-reimbursement%2FCOMM-Telehealth-and-Telemedicine-Policy.pdf
3/29/2020	UHC All Plans	G2012	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	All ICD's	11	Blank	https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services/covid19-telehealth-services-telehealth.html
3/29/2020	BCBS IL	99213 to 99215	Audio/ Video Req	Office or other outpatient visits	All ICD	11	95	https://www.bcbsil.com/provider/education/2020/2020_03_16.html https://www.bcbsil.com/pdf/education/covid19_provider_faq.pdf
3/29/2020	BCBS IL	99441 to 99443	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	All ICD	11	Blank	https://www.bcbsil.com/provider/education/2020/2020_03_11.html
3/29/2020	BCBS IL	90832 to 90838	Audio/ Video Req	Psychotherapy E/M	All relevant ICD's	11	95	https://www.bcbsil.com/provider/education/2020/2020_03_16.html
3/29/2020	BCBS Medicare Advantage	99201-99215	Audio/ Video Req	Office or other outpatient visits	All ICD's	2	GT	https://www.bcbsil.com/provider/education/2020/2020_03_16.html
3/29/2020	BCBS Community Dual Plans	99201-99215	Audio/ Video Req	Office or other outpatient visits	All ICD's	2	GT	https://www.bcbsil.com/provider/education/2020/2020_03_16.html
3/29/2020	BCBS Medicare Advantage	G2012	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	All ICD's	11	Blank	https://www.bcbsil.com/provider/education/2020/2020_03_16.html
3/29/2020	BCBS Community Dual Plans	G2012	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	All ICD's	11	Blank	https://www.bcbsil.com/provider/education/2020/2020_03_16.html
3/30/2020	Medicaid & Medicaid plans	99201 to 99215	Audio/ Video Req	Office or other outpatient visits	All ICD	2	95	https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn20320b.aspx
3/30/2020	Medicaid & Medicaid	99441 to 99443	Telephone Allowed	Telephonic Encounter	All ICD	11	Blank	https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn20320b.aspx



EMPCLAIMS
No Claim Left Behind
www.empclaims.com

Please Note:
- All of you are providing much needed care to patients at great risk to you and your families, we at EMPClaims thank you for your commitment and service
- Legal Disclaimer: This is not a guaranty of payment but our interpretation of Telemedicine billing guidelines for each payer. The attached policy links will allow you to appeal denials
- These policies are still evolving. Some of them changed even as we were adding them to this worksheet

If you want to be notified of updates, please send an email to the address below with your state of practice and we will send a notification as we make updates to that state
pkedia@empclaims.com

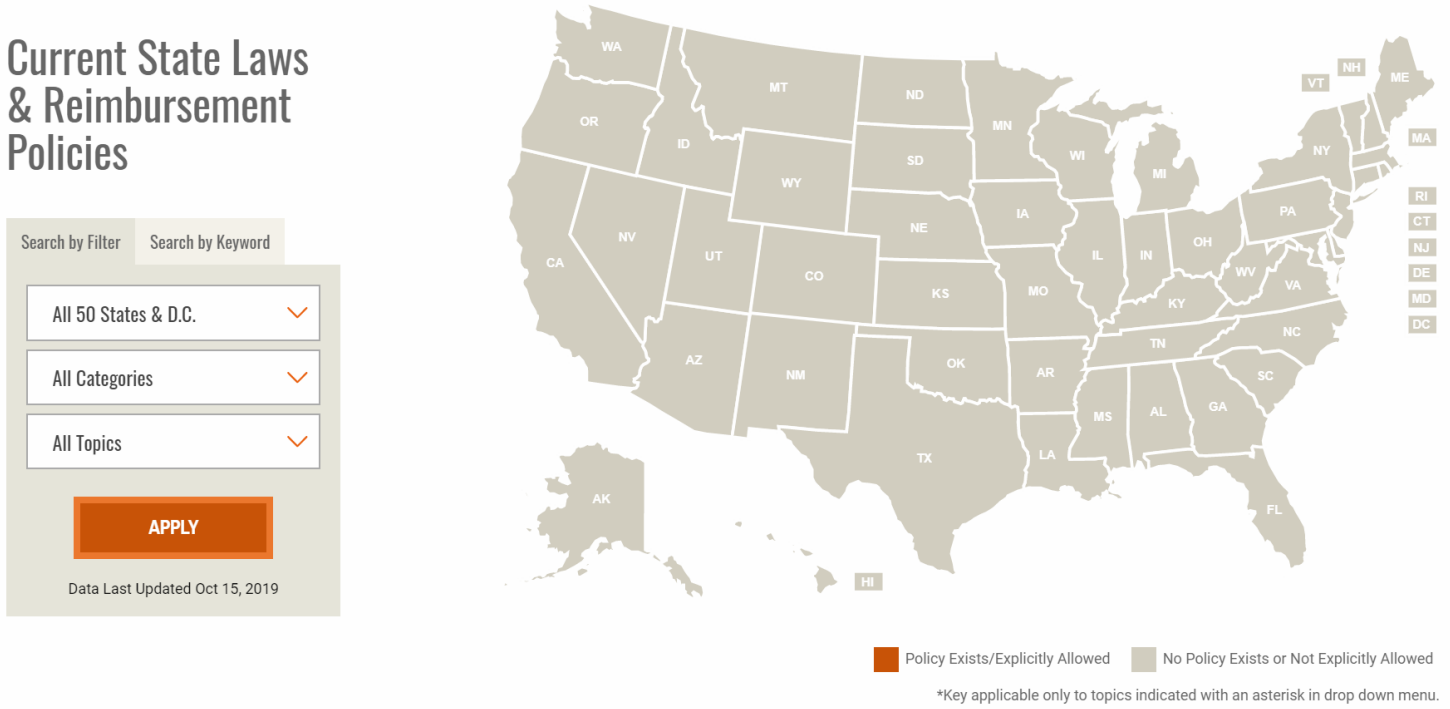
Last Checked	State	Payer/ Plan Type	CPT Codes	Comm Type	Type of Service	POS	Modifier	Cost Sharing for Telemedicine	Policy Link/ Update Link	Additional Policy
04/04/2020	National	CMS Medicare	99201-99215	Audio/ Video Req	Office or other outpatient visits	11	95	Provider Option	https://www.cms.gov/files/document/covid-final-ifc.pdf	https://providers.bcbsal.org/portal/documents/10226/3494887/Telehealth+Billing+Guide/b92b
04/04/2020	National	CMS Medicare	G2012	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	11	Blank	Provider Option	https://www.cms.gov/files/document/covid-final-ifc.pdf	https://providers.bcbsal.org/portal/documents/10226/3494887/Telehealth+Billing+Guide/b92b
04/04/2020	National	CMS Medicare	99441-99443	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	11	Blank	Provider Option	https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pd	https://www.premera.com/documents/044202.pdf
04/04/2020	National	UHC Medicare Advantage	99201-99215	Telephone Only/ Audio-Video Allowed	Office or other outpatient visits	11	95	Waived	https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services/covid19-telehealth-services-telehealth.html	
04/04/2020	National	UHC Commercial & Medicaid Plans	99201-99215	Telephone Only/ Audio-Video Allowed	Office or other outpatient visits	11	95	Waived	https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-C	https://www.premera.com/documents/044202.pdf
04/04/2020	National	UHC All Plans	G2012	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	11	Blank	Waived	https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services/covid19-telehealth-services-telehealth.html	
04/04/2020	National	Cigna	99201 to 99215	Telephone Only/ Audio-Video Allowed	Office or other outpatient visits (Only Phone v	11	GQ	Waived for Covid Only ICD	https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/me	https://sgovernor.gov/governor/news/2020/03/governor-ducey-expands-telemedicine-coverag
04/04/2020	National	Cigna	G2012	Telephone Allowed	Telephonic Encounter (Virtual Checks in) -	11	Blank	Waived for Covid Only ICD	https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/me	https://www.arkansasbluecross.com/docs/libraries provider9/default-document-library/provide
04/04/2020	National	Aetna Medicare Advantage	99201-99215	Audio/ Video Req	Office or other outpatient visits	2	GT	Waived	https://www.aetna.com/health-care-professionals/provider-education-manual	https://www.arkansasbluecross.com/docs/libraries provider9/default-document-library/provide
04/04/2020	National	Aetna Medicare Advantage	G2012	Telephone Allowed	Virtual Check-in (Telephone Only Allowed)	11	Blank	Waived	https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html	
04/04/2020	National	Aetna Commercial	99201-99215	Audio/ Video Req	Office or other outpatient visits	11	95	Waived	https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html	
04/04/2020	National	Aetna Commercial	99441 to 99443	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	11	Blank	Waived	https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html	
04/04/2020	National	Humana Medicare Advantage	99201-99215	Audio/ Video Req	Office or other outpatient visits	2	GT	Waived	https://www.humana.com/provider/coronavirus/telemedicine	
04/04/2020	National	Humana Medicare Advantage & Commercial	G2012	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	11	Blank	Waived	https://www.humana.com/provider/coronavirus/telemedicine	
04/04/2020	National	Humana Commercial	99201-99215	Audio/ Video Req	Office or other outpatient visits	11	95	Waived	https://www.humana.com/provider/coronavirus/telemedicine	
04/04/2020	Alabama	BCBS of Alabama Blue Advantage	G2012	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	2	Blank	Waived	https://providers.bcbsal.org/portal/web/pa/resources/-/resource/viewArticle/XBPIOOAUGB	
04/04/2020	Alabama	BCBS of Alabama Commercial/ Blue Advantage	99201-99213	Telephone Only/ Audio-Video Allowed	Office or other outpatient visits & AWV	2	Blank	Waived	https://providers.bcbsal.org/portal/web/pa/resources/-/resource/viewArticle/XBPIOOAUGB	
04/04/2020	Alaska	Premera BCBS Commercial	99201-99215	Audio/Video Required	Office or other outpatient visits	2	GT or 95	Waived	https://www.premera.com/ak/provider/coronavirus-19-faq/	
04/04/2020	Alaska	Premera BCBS Commercial	99441-99443	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	11	Blank	Waived		Only flat fee of $20 will be paid
04/04/2020	Alaska	Premera BCBS Medicare Advantage	99201-99215	Audio/Video Required	Office or other outpatient visits	2	GT or 95	Cost Sharing Applies	https://www.premera.com/ak/provider/coronavirus-19-faq/	https://content.highmarkpcrc.com/Files/NewsletterNotices/SpecialBulletins/hmk-temp-telemed-
04/04/2020	Alaska	Premera BCBS Medicare Advantage	G2012	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	11	Blank	Cost Sharing Applies		https://content.highmarkpcrc.com/Files/NewsletterNotices/SpecialBulletins/hmk-temp-telemed-
04/04/2020	Arizona	Arizona BCBS (Based on State and CMS Guid	99201-99215	Telephone Only/ Audio-Video Allowed	Office or other outpatient visits	11	GT or 95	Waived	https://www.azblue.com/healthcareprofessionals	https://content.highmarkpcrc.com/Files/NewsletterNotices/SpecialBulletins/hmk-temp-telemed-
04/04/2020	Arkansas	BCBS of Arkansas	99201-99214	Audio/ Video Req	Office or other outpatient visits (E/M codes 9	2, 11, 12	GT or 95	Waived	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2	https://content.highmarkpcrc.com/Files/NewsletterNotices/SpecialBulletins/hmk-temp-telemed-
04/04/2020	Arkansas	BCBS of Arkansas	99441-99443	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	11		Waived	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2	https://www.floridablue.com/sites/floridablue.com/files/docs/COVID-19%20Billing%20Guidelin
04/04/2020	California	Anthem BCBS Commercial	99201-99215	Telephone Only/ Audio-Video Allowed	Office or other outpatient visits	2	GT or 95	Waived	https://providernews.anthem.com/california/article/information-from-anthem-for-care-providers-about-covid-19-5	
04/04/2020	California	Anthem BCBS Medicare Advantage	99201-99215	Telephone Only/ Audio-Video Allowed	Office or other outpatient visits	2	GT or 95	Waived	https://mediproviders.anthem.com/Documents/CACA_CAID_PU_COVID19VirusTalkingPointsUpdate032520.pdf	
04/04/2020	Colorado	Anthem BCBS Commercial	99201-99215	Telephone Only/ Audio-Video Allowed	Office or other outpatient visits	2	GT or 95	Waived	https://providernews.anthem.com/colorado/article/information-from-anthem-for-care-providers-about-covid-19-updated-march-20-2020	
04/04/2020	Colorado	Anthem BCBS Medicare Advantage	99201-99215	Audio/Video Required	Office or other outpatient visits	2	GT or 95	Waived	https://www11.anthem.com/shared/noapplication/f0/s0/t0/pw_g396591.pdf?refer=ahpmedprovider	
04/04/2020	Colorado	Anthem BCBS Medicare Advantage	99441-99443	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	11	Blank	Waived	https://www11.anthem.com/shared/noapplication/f0/s0/t0/pw_g396591.pdf?refer=ahpmedprovider	
04/04/2020	Connecticut	Anthem BCBS Commercial	99201-99215	Telephone Only/ Audio-Video Allowed	Office or other outpatient visits	2	GT or 95	Waived	https://providernews.anthem.com/connecticut/article/information-from-anthe	https://providers.bcidaho.com/resources/pdfs/providers/Announcements/033020Coronavirus-
04/04/2020	Connecticut	Anthem BCBS Medicare Advantage	99201-99215	Audio/Video Required	Office or other outpatient visits	2	GT or 95	Waived	https://www11.anthem.com/shared/noapplication/f0/s0/t0/pw_g396591.pdf?refer=ahpmedprovider	
04/04/2020	Connecticut	Anthem BCBS Medicare Advantage	99441-99443	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	11	Blank	Waived	https://www11.anthem.com/shared/noapplication/f0/s0/t0/pw_g396591.pdf?refer=ahpmedprovider	
04/04/2020	DC	BCBS of DC	99201-99215	Audio/Video Required	Office or other outpatient visits	2	95/GT	Waived	https://individual.carefirst.com/carefirst-resources/pdf/carefirst-telemedicine-code-modifier.pdf	
04/04/2020	DC	BCBS of DC	99441	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	11	Blank	Waived	https://individual.carefirst.com/individuals-families/about-us/coronavirus-tele	https://www.bcbsil.com/pdf/education/covid19_provider_faq.pdf
04/04/2020	Delaware	Highmark DE Commercial	99201-99215	Telephone Only/ Audio-Video Allowed	Office or other outpatient visits	2	95	Waived	https://hdebcbs.highmarkpcrc.com/COVID-19/Telemedicine-and-Virtual-Visits-DE	
04/04/2020	Delaware	Highmark DE Commercial	99441-99443	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	2		Waived	https://hdebcbs.highmarkpcrc.com/COVID-19/Telemedicine-and-Virtual-Visits-DE	
04/04/2020	Delaware	Highmark DE Medicare Advantage	99201-99215	Audio/ Video Req	Office or other outpatient visits	2	GT	Waived	https://hdebcbs.highmarkpcrc.com/COVID-19/Telemedicine-and-Virtual-Visits-DE	
04/04/2020	Delaware	Highmark DE Medicare Advantage	G2012	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	11	Blank	Waived	https://hdebcbs.highmarkpcrc.com/COVID-19/Telemedicine-and-Virtual-Visits-DE	
04/04/2020	Florida	BCBS Florida Commercial/ Mediare Adv	99201-99215	Audio/Video Required	Office or other outpatient visits	2	GT or 95	Waived for Covid Only ICD	https://www.floridablue.com//providers/archived-covid19-communications	
04/04/2020	Georgia	Anthem BCBS Commercial	99201-99215	Telephone Only/ Audio-Video Allowed	Office or other outpatient visits	2	GT or 95	Waived	https://providernews.anthem.com/georgia/article/information-from-anthem-for-care-providers-about-covid-19-4	
04/04/2020	Georgia	Anthem BCBS Medicare Advantage	99201-99215	Audio/Video Required	Office or other outpatient visits	2	GT or 95	Waived	https://www11.anthem.com/shared/noapplication/f0/s0/t0/pw_g396591.pdf?refer=ahpmedprovider	
04/04/2020	Georgia	Anthem BCBS Medicare Advantage	99441-99443	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	11	Blank	Waived	https://www11.anthem.com/shared/noapplication/f0/s0/t0/pw_g396591.pdf?refer=ahpmedprovider	
04/04/2020	Hawaii	HMSA BCBS	99201-99215	Telephone Only/ Audio-Video Allowed	Office or other outpatient visits	2	GT or 95	Waived	file:///C:/Users/pk/Downloads/Provider%20FAQs%20-%20Telehealth%20during%20COVID-19.pdf	
04/04/2020	Hawaii	HMSA BCBS	G2012	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	11	Blank	Waived	https://prc.hmsa.com/s/article/Coronavirus-Disease-2019-COVID-19?r=250&ui-knowledge-components-aura-actions.KnowledgeArticleVersionCreateDraftFromOnlineAction.cre	
04/04/2020	Idaho	Blue Cross of Idaho	99201-99215	Telephone Only/ Audio-Video Allowed	Office or other outpatient visits	11	GT or 95	Waived for Covid Only ICD	https://providers.bcidaho.com/coronavirus-updates.page	
04/04/2020	Idaho	Regence BCBS	99201-99215	Telephone Only/ Audio-Video Allowed	Office or other outpatient visits	11	GT	Waived for Covid Only ICD	https://www.regence.com/provider/library/whats-new/covid-19#temporary-updates-to-telehealth	
04/04/2020	Illinois	BCBS Community Dual Plans	99201-99215	Audio/ Video Req	Office or other outpatient visits	2	GT	Waived	https://www.bcbsil.com/provider/education/2020/2020_03_16.html	
04/04/2020	Illinois	BCBS Community Dual Plans	G2012	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	11	Blank	Waived	https://www.bcbsil.com/provider/education/2020/2020_03_16.html	
04/04/2020	Illinois	BCBS IL	99213 to 99215	Audio/ Video Req	Office or other outpatient visits	11	95	Waived	https://www.bcbsil.com/provider/education/2020/2020_03_16.html	https://providers.bcbsla.com/-/media/Files/Providers/2020-03-Additional-Telehealth-COVID-Let
04/04/2020	Illinois	BCBS IL	99441 to 99443	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	11	Blank	Waived	https://www.bcbsil.com/provider/education/2020/2020_03_11.html	https://providers.bcbsla.com/-/media/Files/Providers/2020-03-Telehealth-Covid-19-Communica
04/04/2020	Illinois	BCBS IL	90832 to 90838	Audio/ Video Req	Psychotherapy E/M	11	95	Waived	https://www.bcbsil.com/provider/education/2020/2020_03_16.html	

http://www.ruralhealthclinic.com/s/2020-Telehealth-Excel-Spreadsheet-of-Telehealth-Place-of-Service-Modifiers-etc-for-various-insurance.xlsx

https://mark-lynn-r8he.squarespace.com/s/2020-Telemedicine-Coverage-by-Payer-by-EMPClaims.xlsx

Current State Laws & Reimbursement Policies

CCHP helps you stay informed about telehealth-related laws, regulations and Medicaid programs. The map and search options below cover current laws and regulations for all fifty states and the District of Columbia. The information provided is only for research and informational purposes and should not be construed as legal counsel. Please consult with an attorney if you are seeking a legal opinion. To view the full report, visit the 50 State Report PDF.



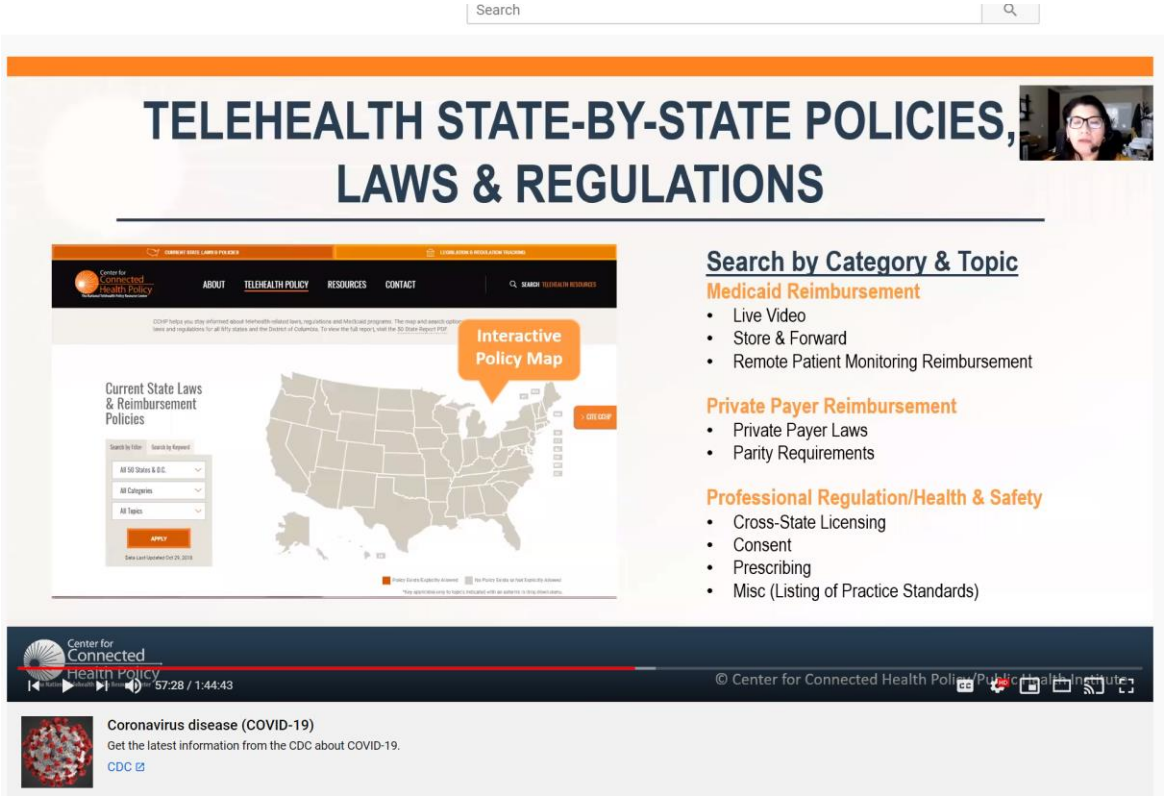
https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies

What is a 1135 Public Health Emergency (PHE)

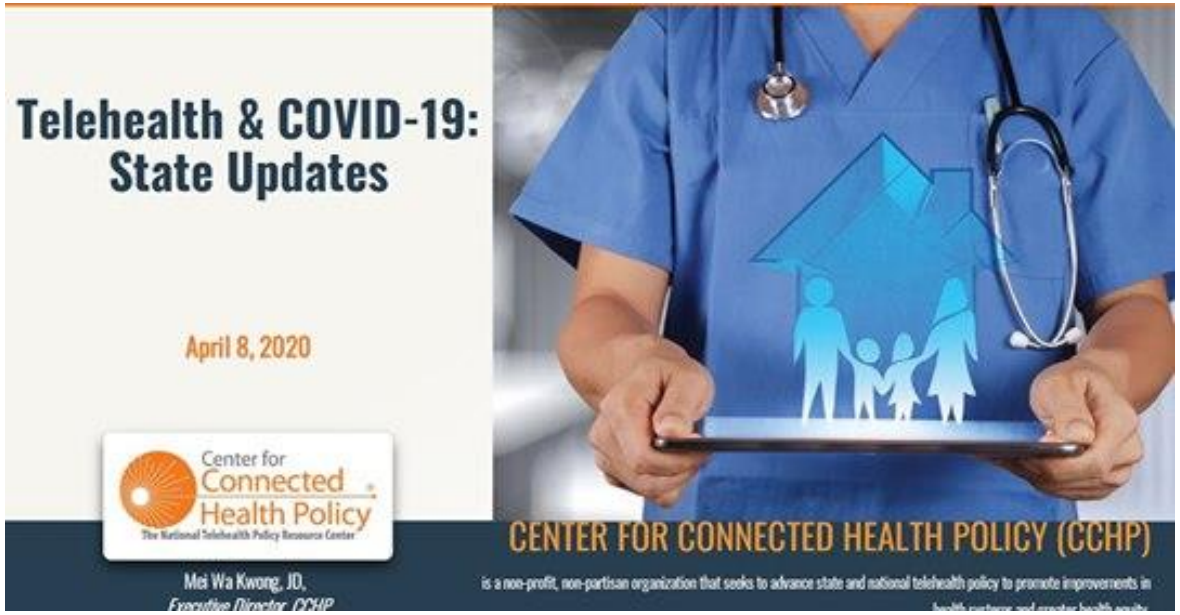
- When the President declares a major disaster or an emergency under the Stafford Act or an emergency under the National Emergencies Act, and the HHS Secretary declares a public health emergency, the Secretary is authorized to take certain actions in addition to his regular authorities under section 1135 of the Social Security Act. He may waive or modify certain Medicare, Medicaid, Children's Health Insurance Program (CHIP) and Health Insurance Portability and Accountability Act (HIPAA) requirements as necessary to ensure to the maximum extent feasible that, in an emergency area during an emergency period, sufficient health care items and services are available to meet the needs of individuals enrolled in Social Security Act (SSA) programs and that providers of such services in good faith who are unable to comply with certain statutory requirements are reimbursed and exempted from sanctions for noncompliance other than fraud or abuse.

https://www.phe.gov/Preparedness/legal/Pages/1135-waivers.aspx

Where can I find more information on Telehealth Policies, Laws, and Regulations (start at the 55th minute)
https://www.cchpca.org/



https://www.youtube.com/watch?v=HtMYM9zdqM0&t=4648s



https://www.youtube.com/watch?v=jRpXYsy0Gu0&fbclid=IwAR1wOin84NbsVpOCGdJwFpAyyJYxBnZWnKGHM_YRPfdsmVopUX2Z-pcmC2g

Center for Connected Health Policy
The National Telehealth Policy Resource Center

QUICK GLANCE STATE TELEHEALTH ACTIONS IN RESPONSE TO COVID-19 (March 30, 2020 – 5 pm PT)

Please note this document is meant to be a quick overview of certain state actions. Additionally, details related to those actions are not captured in this chart. Refer to the official state documents to fully understand the scope and details of the policy. Each item is linked to the appropriate document. This is also a living document. Please check CCHP's website to ensure you have the most recent version.

STATE	MEDICAID	PAYERS	LICENSING	FQHC/RHC	TELEHEPHONE	CONSENT	FACILITY FEE	PRESCRIBING/ ESTABLISHING PATIENT-PROVIDER RELATIONSHIP	HOME ELIGIBLE SITE MEDICAID	ALLIED HEALTH PROFESSIONALS
AL	Expand coverage, but specific codes to bill				Yes	Form waived but must get verbal consent	Starting 4/1 Medicaid will pay facility fee			
AK										
AZ	Cover all services if covered in Medicaid	Exec Order all payers to expand telehealth coverage & cover if would for in-person.			Yes			Prohibits regulatory board to require in-person exam before writing prescription	Yes	
AR	Medicaid will not require established patient-provider relationship prior to telehealth being used. Will only be for Live video and phone.		Suspension of need for special Technology-assisted license for Marriage Family Therapy		Yes			Suspend requirement of in-person/LV encounter to establish patient-provider relationship	Yes	
CA		Managed Care health plans must cover telehealth services and at same rate Private plans must cover telehealth services and at same rate Health plans should allow network providers to use telehealth			Yes					
CO	What services are covered remain the same as it was pre-COVID-19 but some other expansions made for modality and eligible provider.	Directed to do an outreach and education campaign to enrollees on telehealth. Cover COVID-19-related in-network telehealth at no cost share.		Billable in Medicaid	Yes and expands to live chat					Eligible during the emergency.
CT	Adds "new patient" E/M Code. Expansion of covered services.								Yes	

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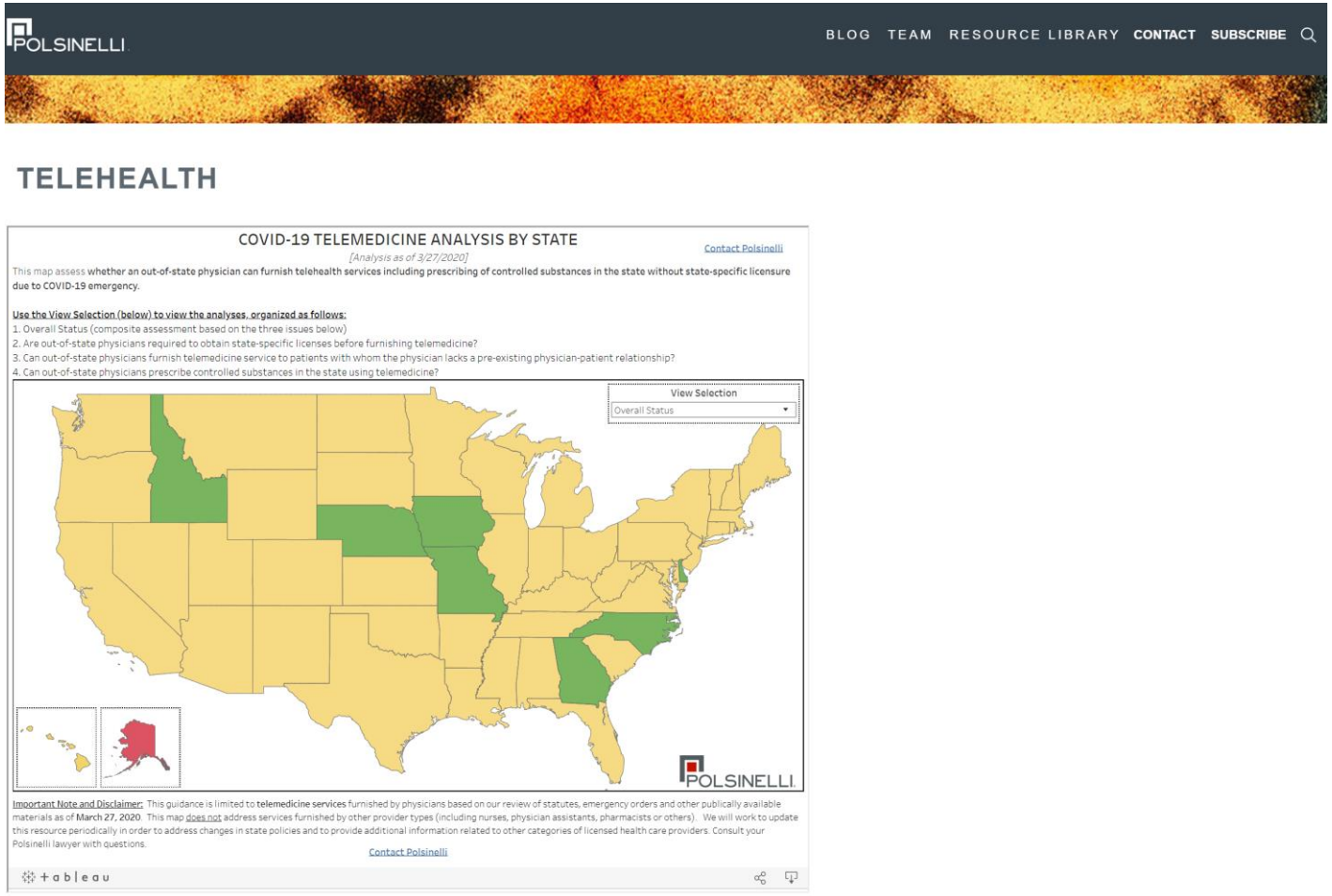
https://www.cchpca.org/sites/default/files/2020-03/STATE%20TELEHEALTH%20ACTIONS%20IN%20RESPONSE%20TO%20COVID%20OVERVIEW%203.29.2020.pdf

Can Out of State physicians furnish Telehealth Services?



https://www.covid19.polsinelli.com/telehealth

Starting a Telehealth Program

Find a Telehealth Toolkit

https://www.ruralhealthinfo.org/toolkits/telehealth

General Provider Telehealth and Telemedicine Tool Kit

General Provider Telehealth and Telemedicine Tool Kit

Table of Contents

Table of Contents 1

Intent of Toolkit: 1

Tool Kit Contents: 3

1135 Waiver Information 4

CMS Telemedicine General Policy Guidance 4

Telehealth Implementation Guide 5

State Statute Guidance 5

Basics on Setting up Telehealth 5

Telehealth Technical Assistance 5

Selecting a Vendor 6

Articles 6

Patient and Community Resources 6

Intent of Toolkit:

Under President Trump's leadership to respond to the need to limit the spread of community COVID-19, the Centers for Medicare & Medicaid Services (CMS) has broadened access to Medicare telehealth services so that beneficiaries can receive a wider range of services from their doctors without having to travel to a healthcare facility. These policy changes build on the regulatory flexibilities granted under the President's emergency declaration. CMS is expanding this benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act. The benefits are part of the broader effort by CMS and the White House Task Force to ensure that all Americans – particularly those at high-risk of complications from the virus that causes the disease COVID-19, are aware of easy-to-use, accessible benefits that can help keep them healthy while helping to contain the community spread of this virus.

Under this new waiver, Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence starting March 6, 2020. A range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, will be able to offer telehealth to their patients. Additionally, 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.

Note, this toolkit is designed to provide information only and not intended to endorse any non-federal entities.

General Provider Telehealth and Telemedicine Tool Kit

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. And with the emergence of the virus causing the disease COVID-19, there is an urgency to expand the use of technology to help people who need routine care, and keep vulnerable beneficiaries and beneficiaries with mild symptoms in their homes while maintaining access to the care they need. Limiting community spread of the virus, as well as limiting the exposure to other patients and staff members will slow viral spread.

There are three main types of virtual services physicians and other professionals can provide to Medicare beneficiaries summarized in this fact sheet https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet: Medicare telehealth visits, virtual check-ins and e-visits.

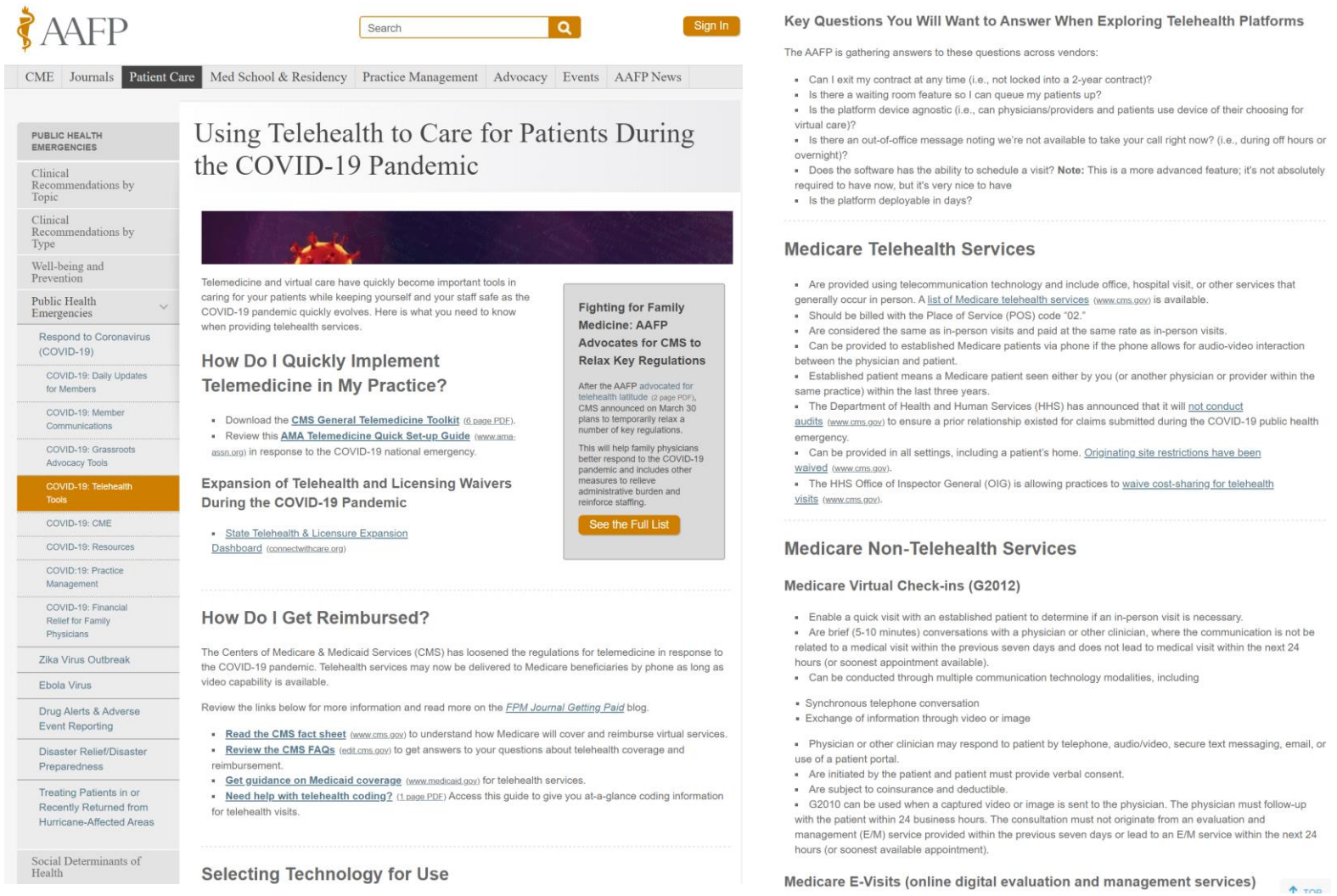
TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: • 99201-99215 (Office or other outpatient visits) • G0425-G0427 (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.

Effective immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency. For more information: https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html

CMS encourages all providers to share with patients these new abilities to provide healthcare through telemedicine.

https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf

Using Telehealth to Care for Patients During the COVID-19 Pandemic



https://www.aafp.org/patient-care/emergency/2019-coronavirus/telehealth.html

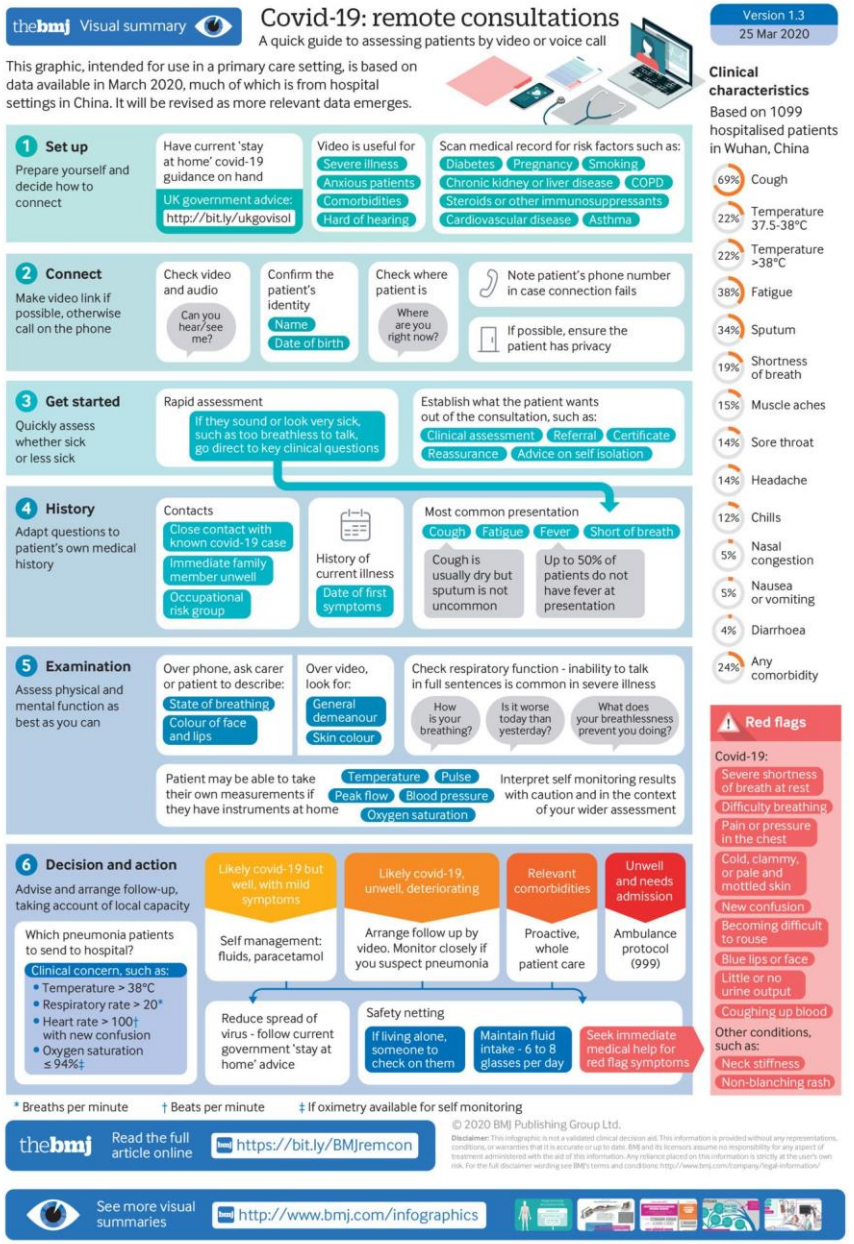
Think through the how to conduct a Telemedicine visit before doing one. Practice internally before going live

- Telehealth and Telephone Visits in the Time of COVID-19: FQHC Workflows and Guides

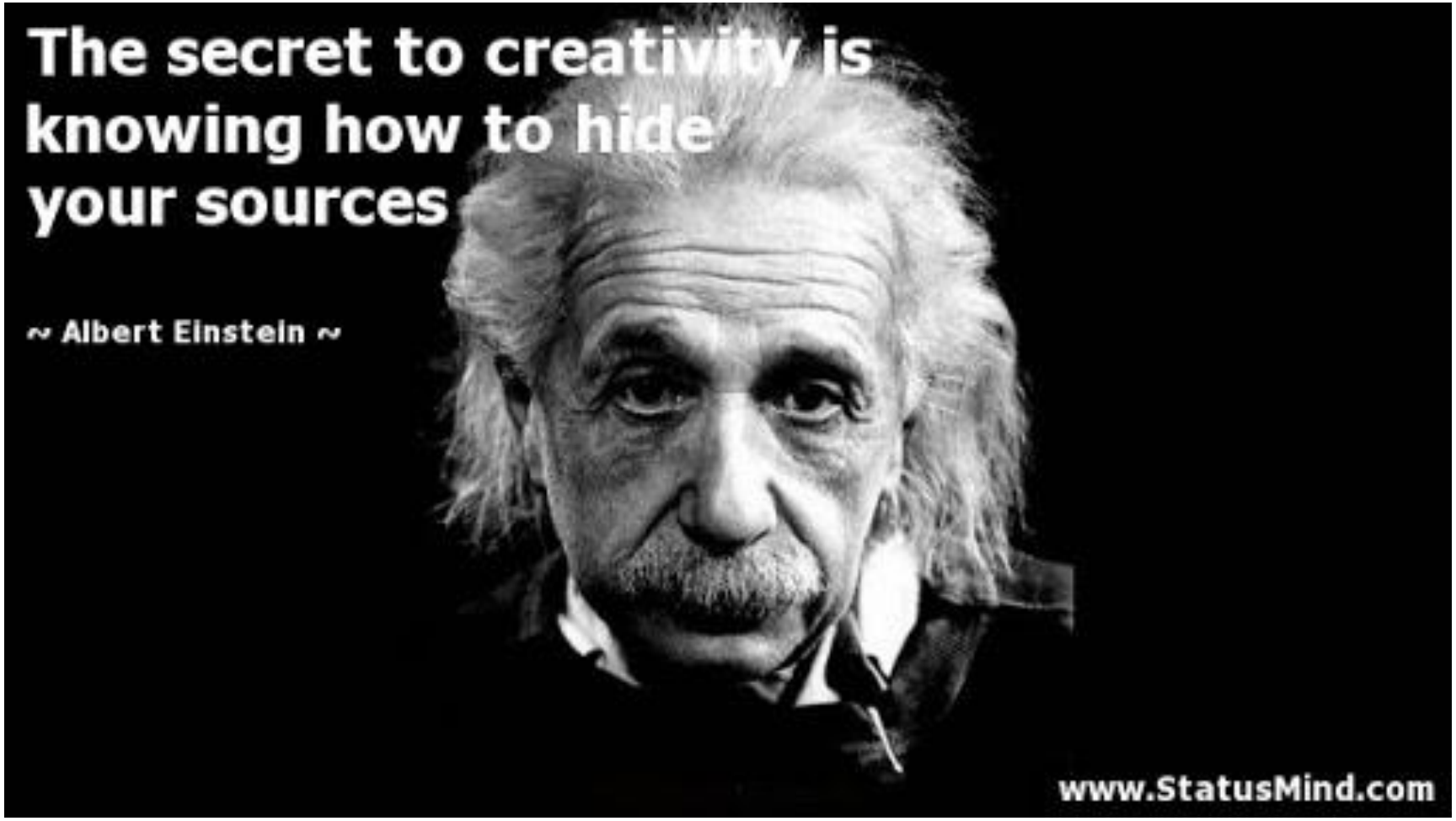
https://www.careinnovations.org/resources/telehealth-and-telephone-visits-in-the-time-of-covid-19-sample-fqhc-workflows/

***Phone Call Script**

- * Hello, this is (**employees name**) from Clinicas de Salud del Pueblo, calling to confirm your appointment for tomorrow at (**TIME**), your provider will be doing a **telephone consultation.** You are not required to come to the clinic at this time due to the pandemic (Corona virus).
- Hola, mi nombre es _____ llamo de Clinicas de Salud del Pueblo para confirmar su cita de mañana a las _____, su cita sera una consulta via telefono. Usted no require venir a la clínica durante este momento debido a la pandemia (Corona virus).



https://www.bmj.com/content/bmj/368/bmj.m1182/F1.large.jpg



We make no attempt to hide our sources

Listing of COVID-19 Documents
Healthcare Business Specialists
www.ruralhealthclinic.com

Number	Date	Title of Document	Topic	Author	Type	Link to Supporting Document
1	4/10/2020	Cares Act Relief Funds -Immediate infusion of $30 billion into healthcare system	Provider Relief Fund	HHS	Website	https://www.hhs.gov/provider-relief/index.html?fbclid=IwAR2-7cslysC1sYu2ptWGGkREJgqLvfPobdB4mAE28NtnIEhzVv5CcamP
2	4/10/2020	Provider Relief Fund Pop Up Webinar on payment to RHCs	Provider Relief Fund	HBS	Webinar	https://youtu.be/K6bEARXZ_bg
3	4/10/2020	Direct Deposits, Supervision Relaxation, Staffing Requirements Changed, and Modifier CS!	Update	NARHC	Article	https://www.web.narhc.org/News/28310/COVID-19-Updates?fbclid=IwAR2dthpE2r0WUxG9Lnzn8AmQu47cUvKD1iqTm4Va0PW98cnKqAtv3iK0E
4	4/10/2020	NARHC Survey for Rural Health Clinics	Survey	NARHC	Survey	https://www.surveymonkey.com/r/RHCsCovid-19
5	4/10/2020	HHS Announces First Distribution of Relief Funds to Providers	Provider Relief Fund	UCA	Press Release	https://ucaoa-noah.informz.net/informzdataservice/onlineversion/ind/bWFpbG2luc3RhbmNlaWQ9OTI2MTE0MCZzdWJzY3JpYmVyaWQ9MTEzNTNTE5Mg==
6	4/9/2020	CCHP provides an overview of State actions in addressing COVID-19	Telehealth	CCHP	Webinar	https://www.youtube.com/watch?v=jRpXYsy0Gu0
7	4/9/2020	COVID-19 Emergency Declaration BlanketWaivers for Health Care Providers effective 3/1/2020	Waivers	CMS	Memorandum	https://www.cms.gov/files/document/summary-covid-19-emergedeclaration-waivers.pdf?fbclid=IwAR27qkL7__Bs_gk9T6U-ks7sl97ZPpkwvW1dDaK3-eU7q03LW59aCT_NEQU
8	4/7/2020	MLN Connects - CS Modifier Announced	Billing & Coding	CMS	MLN Matters	https://www.cms.gov/outreach-and-educationoutreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se
9	4/6/2020	The BMJ Group Visual Flowchart	Telehealth	BMJ	Flowchart	https://www.bmj.com/content/bmj/368/bmj.m1182/F1.large.j
10	4/6/2020	The Federal Communications Commission (FCC) COVID-19 Telehealth Program - $200 Million	Telehealth	Holland & Knight	Article	https://www.hklaw.com/en/insights/publications/2020/04/the-federal-communications-commission-fcc-covid19-telehealth-prog
11	4/4/2020	1135 Waivers	Emergency Preparedness	HHS	Website	https://www.phe.gov/Preparedness/legal/Pages/1135-waivers.aspx
12	4/4/2020	HBS Notes from NARHC Webinar	Telehealth	HBS	Letter	https://static1.squarespace.com/static/53c5f79de4b0f4932a32a8/t/5e89dab59b6208253a6b4941/1586092725525/202otes+form+the+NARHC+Webinar+on+April+3%2C+2020.pdf
13	4/4/2020	Polsinelli map of Out of State Licensure rules for Telehealth	Telehealth	Polsinelli	Website	https://www.covid19.polsinelli.com/telehealth
14	4/3/2020	Guidance for Infection Control and Prevention of Coronavirus Disease (COVID19) in Outpatient Settings: FAQs and Considerations	Laws & Regulation	CMS	Memorandum	file:///D:/DropBox/HBS%20Dropbox/Mark%20Lynn/2020%20C%20State%20Operations%20Memo%20QSO-20-22-%20ASC,%20CORF,%20CMHC,%20OPT,%20RHC_FQHCs%20on March%2030,%202020.pdf
15	4/3/2020	Medicare Fee-for-Service (FFS) Response to the Public Health Emergency on the Coronavirus (COVID-19)	Telehealth	CMS	MLN Matters	https://www.cms.gov/files/document/se20011.pdf
16	4/3/2020	Medicare Coverage and Payment of Virtual Services	Telehealth	CMS	Webinar	https://www.youtube.com/watch?v=bdb9NKtybzo&feature=youte

Review our Sortable Reference Data Base

http://www.ruralhealthclinic.com/s/2020-Telehealth-Webinar-Milestone-Chart-and-list-of-announcements-as-of-4-11-2020.xlsx?fbclid=IwAR3roqpyFdpYUPI7A54xTNAv8dO82CIL5EkacfU7IzpF_9J2PfJ5uLlIYPY

CMS is backdating some of the guidance – Watch your dates- You may need to refile claims

CMS Expands the use of Telehealth during the period of the PHE

Newsroom Press Kit Data Contact Blog Podcast Search

Fact sheet

MEDICARE TELEMEDICINE HEALTH CARE PROVIDER FACT SHEET

Mar 17, 2020 | Telehealth

Share

Medicare coverage and payment of virtual services

INTRODUCTION:

Under President Trump's leadership, the Centers for Medicare & Medicaid Services (CMS) has broadened access to Medicare telehealth services so that beneficiaries can receive a wider range of services from their doctors without having to travel to a healthcare facility. These policy changes build on the regulatory flexibilities granted under the President's emergency declaration. CMS is expanding this benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act. The benefits are part

Related Releases

Trump Administration Releases COVID-19 Checklists and Tools to Accelerate Relief for State Medicaid & CHIP Programs
Mar 22, 2020

President Trump Expands Telehealth Benefits for Medicare Beneficiaries During COVID-19 Outbreak
Mar 17, 2020

Telehealth Benefits in Medicare are a Lifeline for Patients During Coronavirus Outbreak
Mar 09, 2020

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

KEY TELEHEALTH TAKEAWAYS

- *Effective for services starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth services furnished to patients in broader circumstances.*

- *These visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits.*

- *Starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for professional services furnished to beneficiaries in all areas of the country in all settings.*

Key Telehealth Takeaways (2)

- *While they must generally travel to or be located in certain types of originating sites such as a physician's office, skilled nursing facility or hospital for the visit, effective for services starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth services furnished to beneficiaries in any healthcare facility and in their home. (No longer restricted to originating sites)*

- *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. (New patients are allowed during the duration of the National Emergency.)*

As of March 16, 2020, HHS and the DEA, in accordance with the public health emergency exception, will allow Schedule II-V controlled substances to be prescribed to patients, even when an in-person medical evaluation has not been conducted, if the following conditions are met:

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

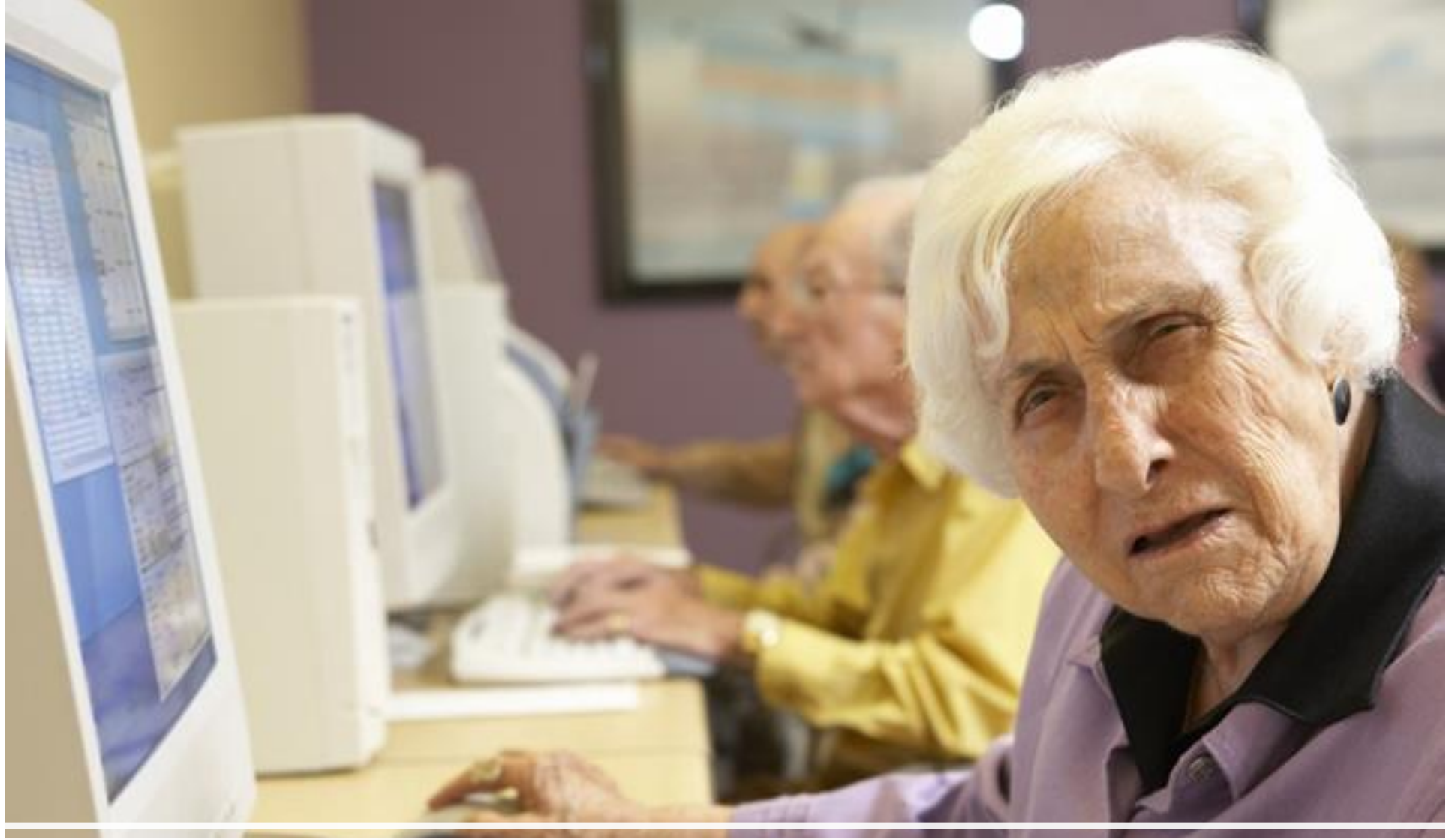
https://www.deadiversion.usdoj.gov/coronavirus.html

Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19 – March 30, 2020

- Beneficiary consent should not interfere with the provision of telehealth services. **Annual consent may be obtained at the same time, and not necessarily before, the time that services are furnished.**

- Physician visits: CMS is waiving the requirement in 42 CFR 483.30 for physicians and non-physician practitioners to perform in-person visits for nursing home residents and allow visits to be conducted, as appropriate, via telehealth options.

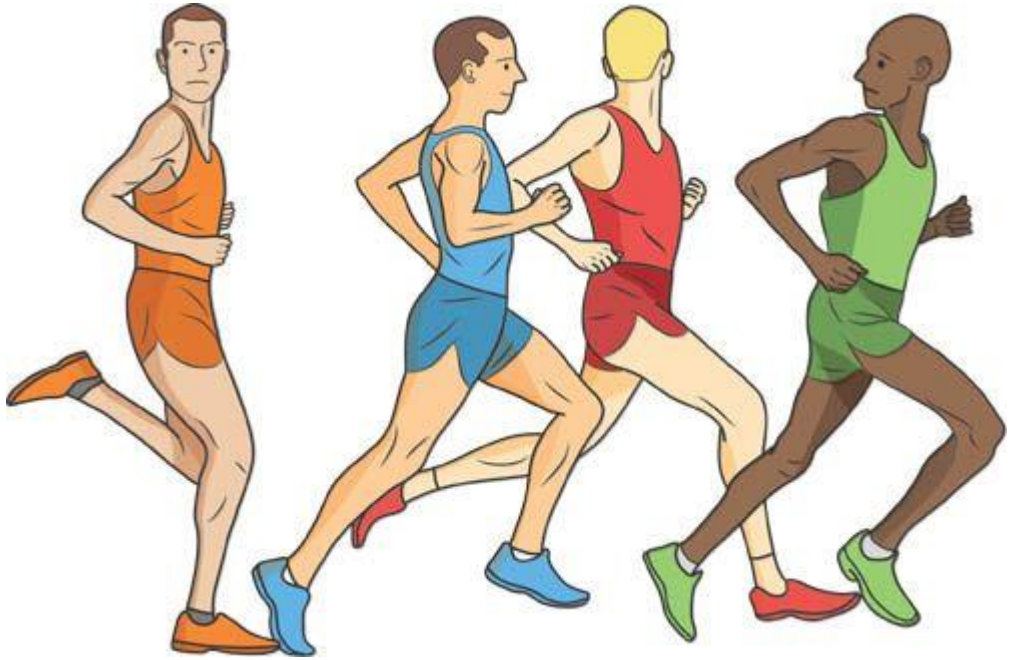
https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf



Why Medicare Patients are slow to adopt Telemedicine

Medicare is Falling Behind

Medicare Commercial Insurance Medicaid



How Medicare RHC Regulations have slowed the growth of Telehealth

The Patient must be located at specific originating sites (except during State of Emergency)

RHCs can not be Distant Sites (except during State of Emergency)

Telehealth costs are not used to compute the AIR.

Originating Sites for Telemedicine can now be in urban areas and can be initiated from a patient's home

Medicare Originating Sites

ORIGINATING SITES

An originating site is the location where a Medicare beneficiary gets physician or practitioner medical services through a telecommunications system. The beneficiary must go to the originating site for the services located in either:

- A county outside a Metropolitan Statistical Area (MSA)
- A rural Health Professional Shortage Area (HPSA) in a rural census tract

The Health Resources and Services Administration (HRSA) decides HPSAs, and the Census Bureau decides MSAs. To see a potential Medicare telehealth originating site's payment eligibility, go to HRSA's Medicare Telehealth Payment Eligibility Analyzer.

Providers qualify as originating sites, regardless of location, if they were participating in a Federal telemedicine demonstration project approved by (or getting funding from) the U.S. Department of Health & Human Services as of December 31, 2000.

Beginning July 1, 2019, the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act removes the originating site geographic conditions and adds an individual's home as a permissible originating telehealth services site for treatment of a substance use disorder or a co-occurring mental health disorder.

Waived duration of National Emergency

Each December 31 of the prior calendar year (CY), an originating site's geographic eligibility is based on the area's status. This eligibility continues for a full CY. Authorized originating sites include:

- Physician and practitioner offices
- Hospitals
- Critical Access Hospitals (CAHs)
- Rural Health Clinics
- Federally Qualified Health Centers
- Hospital-based or CAH-based Renal Dialysis Centers (including satellites)
- Skilled Nursing Facilities (SNFs)
- Community Mental Health Centers (CMHCs)
- Renal Dialysis Facilities
- Homes of beneficiaries with End-Stage Renal Disease (ESRD) getting home dialysis
- Mobile Stroke Units

Note: Medicare does not apply originating site geographic conditions to hospital-based and CAH-based renal dialysis centers, renal dialysis facilities, and beneficiary homes when practitioners furnish monthly home dialysis ESRD-related medical evaluations. Independent Renal Dialysis Facilities are not eligible originating sites.

Beginning January 1, 2019, the Bipartisan Budget Act of 2018 removed the originating site geographic conditions and added eligible originating sites to diagnose, evaluate, or treat symptoms of an acute stroke. Go to MLN Matters® article, New Modifier for Expanding the Use of Telehealth for Individuals with Stroke to learn how to use the new modifier for billing.

Waived duration of National Emergency

Providers furnishing telehealth services from home do NOT have call Part B add their home address to their Medicare Enrollment

This answer was removed from the most recent FAQ

11. Can the distant site practitioner furnish Medicare telehealth services from their home? Or do they have to be in a medical facil

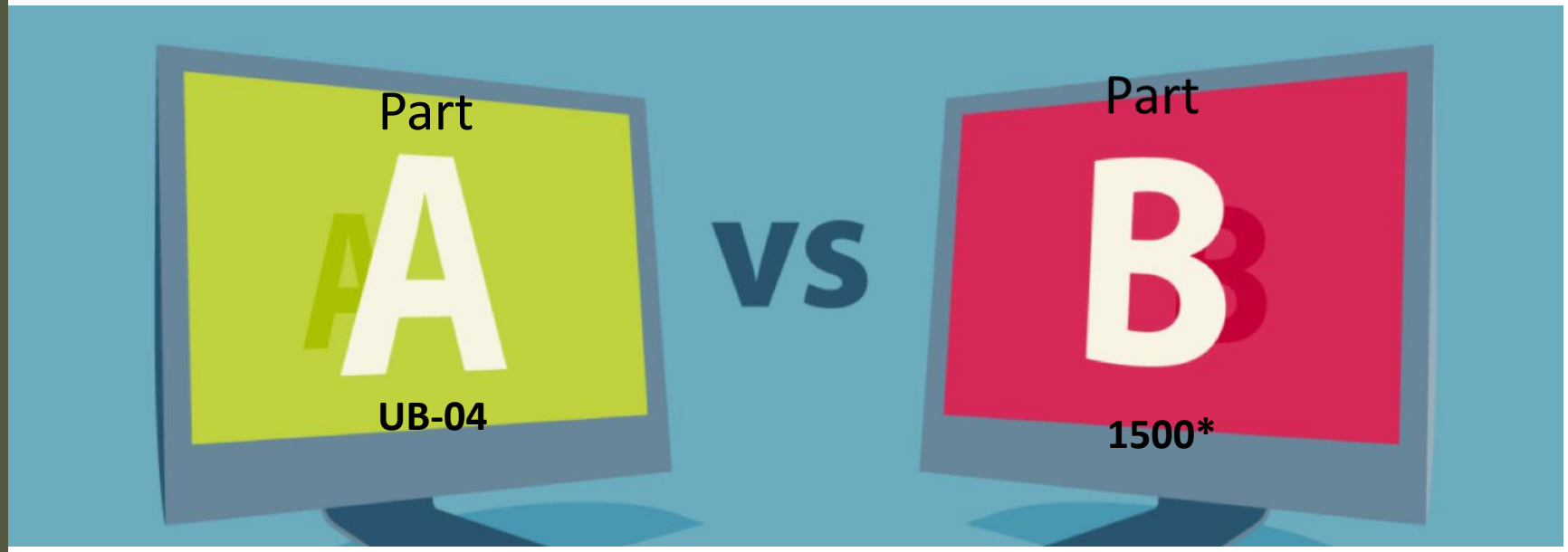
There are no payment restri t site urnishing Medicare telehealth services from their home. The e their Medicare h the home location. The practition ress to their Medic file by reaching out to the Medicare tractor in their jurisdict provider enrollment hotline. It wo iately so practitioners providing care without a disru enrollment requir found at 42 CFR 424.516.

If the physician or non-physicia ioner reassig benefits to a clinic the clinic/group practice is require to update their Me are enrollment with home location. The clinic/group practice can add the individual's home address to their Medicare enrollment file by reaching out to the Medicare Administrative Contractor in their jurisdiction through the provider enrollment hotline.

https://www.cms.gov/files/document/provider-enrollment-relief-faqs-covid-19.pdf

Is Telehealth here to Stay?

Definitions



RHCs

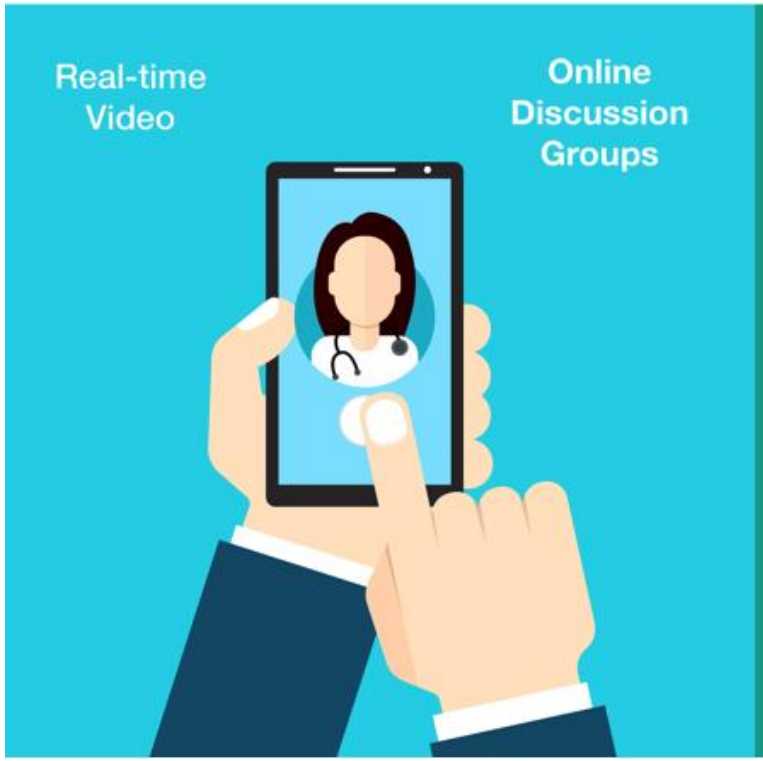
Private Practice (not an RHC)
Non-RHC Hours

Technically RHCs provide a Part B service funded through the Part B Trust Fund and paid through a Medicare Part A Cost-Based Reimbursement Methodology.

TELEHEALTH & TELEMEDICINE

- What is the difference between Telehealth and Telemedicine?
  - Telehealth can either refer to clinical and/or non-clinical services.
  - Telemedicine only refers to the provision of clinical services.

Synchronous Telehealth



Asynchronous Telehehealth

synchronous adjective

syn·chro·nous | \ ˈsiŋ-krə-nəs, ˈsin-\

Definition of *synchronous*

1 : happening, existing, or arising at precisely the same time

2 : recurring or operating at exactly the same periods

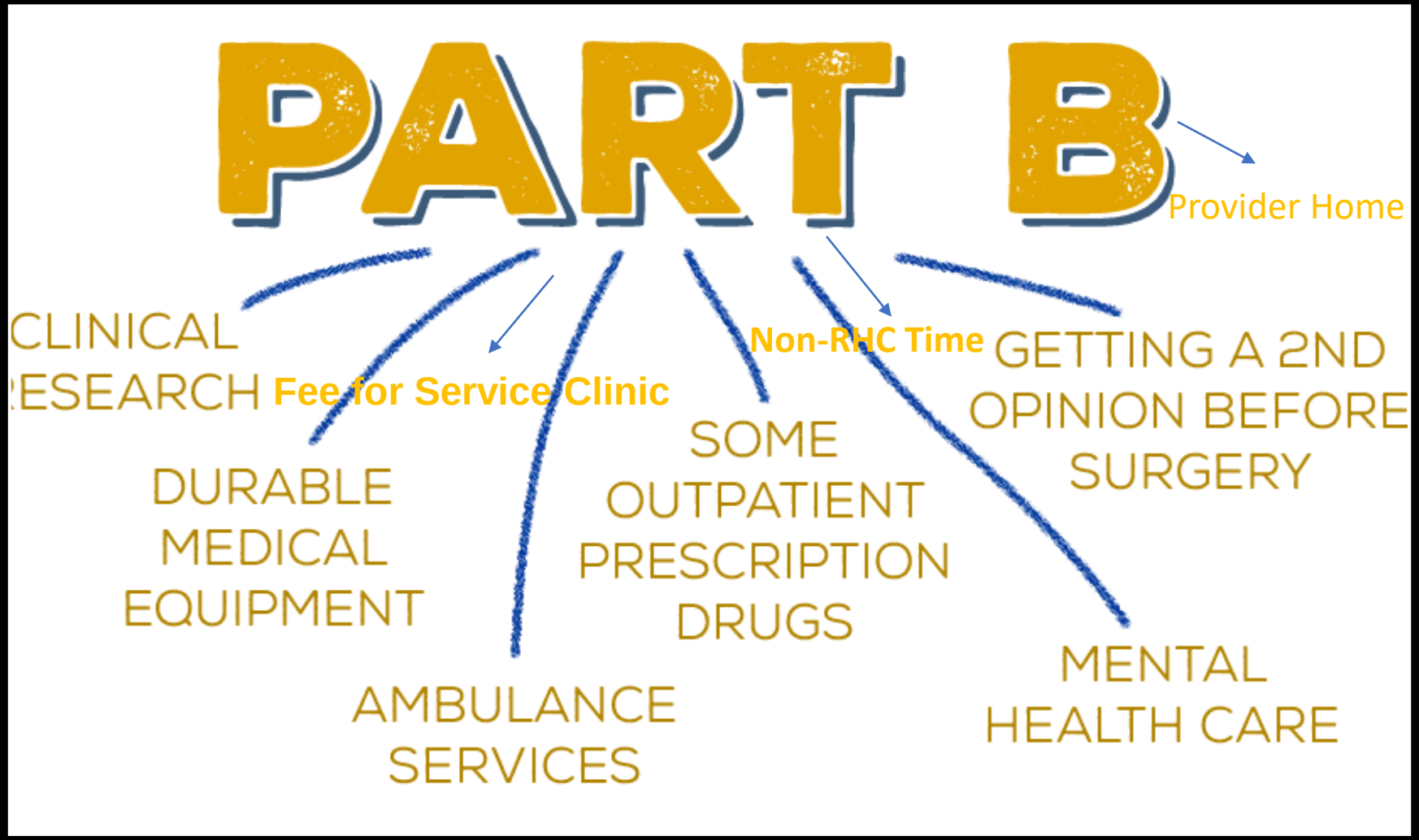
asynchronous adjective

asyn·chro·nous | \ (ˌ)ā-ˈsiŋ-krə-nəs, -ˈsin-\

Definition of *asynchronous*

1 : not simultaneous or concurrent in time : not synchronous
// asynchronous sound

How to bill Telehealth to Medicare Part B, Fee for Service



Telehealth Services in Provider Homes and during Non-RHC Hours

Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19

The Trump Administration is issuing an unprecedented array of temporary regulatory waivers and new rules to equip the American healthcare system with maximum flexibility to respond to the 2019 Novel Coronavirus (COVID-19) pandemic. Made possible by President Trump's recent emergency declaration and emergency rule making, these temporary changes will apply immediately across the entire U.S. healthcare system for the duration of the emergency declaration. The goals of these actions are to 1) to ensure that local hospitals and health systems have the capacity to handle a potential surge of COVID-19 patients through temporary expansion sites (also known as CMS Hospital Without Walls); 2) remove barriers for physicians, nurses, and other clinicians to be readily hired from the community or from other states so the healthcare system can rapidly expands its workforce; 3) increase access to telehealth in Medicare to ensure patients have access to physicians and other clinicians while keeping patients safe at home; 4) expand in-place testing to allow for more testing at home or in community based settings; and 5) put Patients Over Paperwork to give temporary relief from many paperwork, reporting and audit requirements so providers, health care facilities, Medicare Advantage and Part D plans, and States can focus on providing needed care to Medicare and Medicaid beneficiaries affected by COVID-19.

Medicare Telehealth

Clinicians can now provide more services to beneficiaries via telehealth so that clinicians can take care of their patients while mitigating the risk of the spread of the virus. Under the public health emergency, all beneficiaries across the country can receive Medicare telehealth and other communications technology-based services wherever they are located. Clinicians can provide these services to new or established patients. In addition, providers can waive Medicare copayments for these telehealth services for beneficiaries in Original Medicare.

To enable services to continue while lowering exposure risk, clinicians can now provide the following additional services by telehealth:

- Emergency Department Visits, Levels 1-5 (CPT codes 99281-99285)
- Initial and Subsequent Observation and Observation Discharge Day Management (CPT codes 99217- 99220; CPT codes 99224- 99226; CPT codes 99234- 99236)
- Initial hospital care and hospital discharge day management (CPT codes 99221-99223; CPT codes 99238- 99239)
- Initial nursing facility visits, All levels (Low, Moderate, and High Complexity) and nursing facility discharge day management (CPT codes 99304-99306; CPT codes 99315-99316)
- Critical Care Services (CPT codes 99291-99292)
- Domiciliary, Rest Home, or Custodial Care services, New and Established patients (CPT codes 99327- 99328; CPT codes 99334-99337)
- Home Visits, New and Established Patient, All levels (CPT codes 99341- 99345; CPT codes 99347- 99350)
- Inpatient Neonatal and Pediatric Critical Care, Initial and Subsequent (CPT codes 99468- 99473; CPT codes 99475- 99476)
- Initial and Continuing Intensive Care Services (CPT code 99477- 994780)
- Care Planning for Patients with Cognitive Impairment (CPT code 99483)
- Psychological and Neuropsychological Testing (CPT codes 96130- 96133; CPT codes 96136- 96139)
- Therapy Services, Physical and Occupational Therapy, All levels (CPT codes 97161- 97168; CPT codes 97110, 97112, 97116, 97535, 97750, 97755, 97760, 97761, 92521- 92524, 92507)
- Radiation Treatment Management Services (CPT codes 77427)
- Licensed clinical social worker services, clinical psychologist services, physical therapy services, occupational therapist services, and speech language pathology services can be paid for as Medicare telehealth services.

A complete list of all Medicare telehealth services can be found here: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

Virtual Check-Ins & E-Visits

- Additionally, clinicians can provide virtual check-in services (HCPCS codes G2010, G2012) to both new and established patients. Virtual check-in services were previously limited to established patients.
- Licensed clinical social workers, clinical psychologists, physical therapists, occupational therapists, and speech language pathologists can provide e-visits. (HCPCS codes G2061-G2063).
- A broad range of clinicians, including physicians, can now provide certain services by telephone to their patients (CPT codes 98966 -98968; 99441-99443)

Remote Patient Monitoring

- Clinicians can provide remote patient monitoring services to both new and established patients. These services can be provided for both acute and chronic conditions and can now be provided for patients with only one disease. For example, remote patient monitoring can be used to monitor a patient's oxygen saturation levels using pulse oximetry. (CPT codes 99091, 99457-99458, 99473-99474, 99493-99494)

Removal of Frequency Limitations on Medicare Telehealth

To better serve the patient population that would otherwise not have access to clinically appropriate in-person treatment, the following services no longer have limitations on the number of times they can be provided by Medicare telehealth:

- A subsequent inpatient visit can be furnished via Medicare telehealth, without the limitation that the telehealth visit is once every three days (CPT codes 99231-99233);
- A subsequent skilled nursing facility visit can be furnished via Medicare telehealth, without the limitation that the telehealth visit is once every 30 days (CPT codes 99307-99310)
- Critical care consult codes may be furnished to a Medicare beneficiary by telehealth beyond the once per day limitation (CPT codes G0508-G0509).

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

- *Medicare Physician Supervision requirements:* For services requiring direct supervision by the physician or other practitioner, that physician supervision can be provided virtually using real-time audio/video technology.

Other Medicare Telehealth and Remote Patient Care

- For Medicare patients with End Stage Renal Disease (ESRD), clinicians no longer must have one "hands on" visit per month for the current required clinical examination of the vascular access site.
- For Medicare patients with ESRD, we are exercising enforcement discretion on the following requirement so that clinicians can provide this service via telehealth: individuals must receive a face-to-face visit, without the use of telehealth, at least monthly in the case of the initial 3 months of home dialysis and at least once every 3 consecutive months after the initial 3 months.
- To the extent that a National Coverage Determination (NCD) or Local Coverage Determination (LCD) would otherwise require a face-to-face visit for evaluations and assessments, clinicians would not have to meet those requirements during the public health emergency.
- Beneficiary consent should not interfere with the provision of telehealth services. Annual consent may be obtained at the same time, and not necessarily before, the time that services are furnished.
- Physician visits: CMS is waiving the requirement in 42 CFR 483.30 for physicians and non-physician practitioners to perform in-person visits for nursing home residents and allow visits to be conducted, as appropriate, via telehealth options.

Workforce

- *Medicare Physician Supervision requirements:* For services requiring direct supervision by the physician or other practitioner, that physician supervision can be provided virtually using real-time audio/video technology.
- *Medicare Physician Supervision and Auxiliary Personnel:* The physician can enter into a contractual arrangement that meets the definition of auxiliary personnel at 42 CFR 410.26, including with staff of another provider/supplier type, such as a home health agency (defined under § 1861(o) of the Act) or a qualified home infusion therapy supplier (defined under § 1861(iii)(3)(D)), or entities that furnish ambulance services, that can provide the staff and technology necessary to provide care that would ordinarily be provided incident to a physicians' service (including services that are allowed to be performed via telehealth). In such instances, the provider/supplier would seek payment for any services provided by auxiliary personnel from the billing practitioner and would not submit claims to Medicare for such services.
- *Medicare Physician Supervision requirements:* Direct physician supervision is no longer required for non-surgical extended duration therapeutic services provided in hospital outpatient departments and critical access hospitals. Instead, a physician can provide a general level of supervision for these services so that a physician is no longer required to be immediately available in the office suite.
- *Physician Services:* CMS is waiving 482.12(c)(1-2) and (4), which requires that Medicare patients in the hospital be under the care of a physician. This allows hospitals to use other practitioners, such as physician's assistant and nurse practitioners, to the fullest extent possible. This waiver should be implemented in accordance with a state's emergency preparedness or pandemic plan.
- *National coverage determinations (NCDs) and Local Coverage Determinations (LCDs):* To the extent NCDs and LCDs require a specific practitioner type or physician specialty to furnish or supervise a service, during this public health emergency, the Chief Medical Officer or equivalent of a hospital or facility will have the authority to make those staffing decisions.

Medicare Coverage and Payment of Virtual Services Video Released April 3, 2020

https://www.youtube.com/watch?v=bdb9NKtybzo&feature=youtu.be

What are the types of virtual services?

- Medicare telehealth visits
- Virtual check-ins
- E-visits
- Telephone Services

Part B -Summary of Medicare Telehealth Services

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. **Interim Final Regulation added 85 new codes**	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 is ok during PHE**
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 is ok during PHE**

Telephone

Interim Final Regulation added 6 new codes

Medicare Recognizes Four Types of Telemedicine

Effective March 6, 2020 and for the duration of the Public Health Emergency

Telehealth

1. Audio and Video
2. Expanded to include all areas and all settings
3. Applicable to new and established patients
4. Medicare Copays and deductibles apply however OIG will allow flexibility for providers to reduce or waive fees during the PHE
5. Payment is changed to then non-facility fee schedule if performed in the office (POS 11, Modifier 95)
6. Consent to treat needs to be obtained*

Virtual Check-Ins

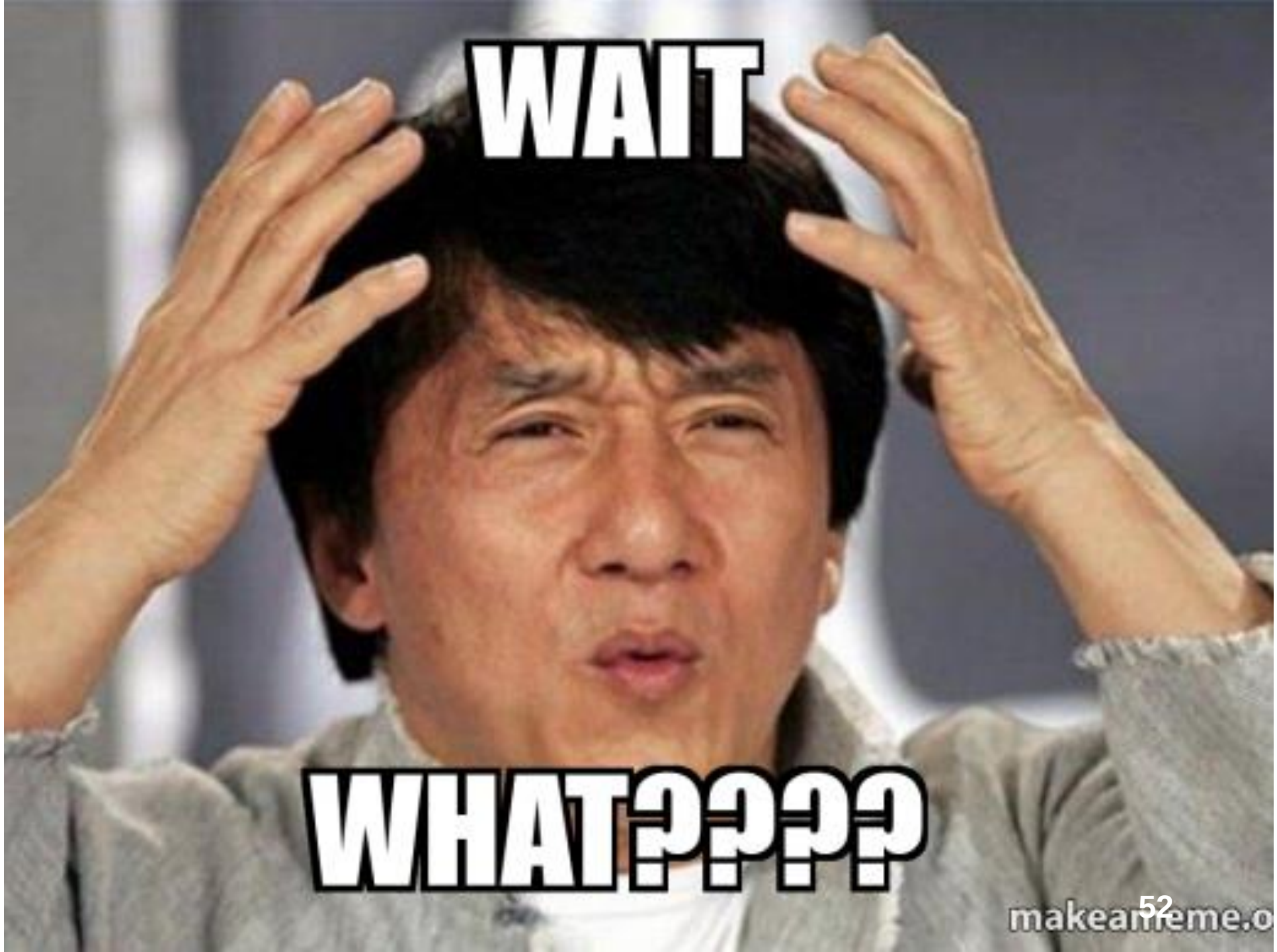
1. Phone Calls
2. No Geographic or location restrictions
3. Applicable only to established patients (New is Ok during PHE)
4. Medicare Copays and deductibles apply except when treating COVID)
5. Consent to treat needs to be obtained*
6. Part B codes are G2012 or G2010 & RHCs use G0071

E-Visits

1. Patient Portal
2. No Geographic or location restrictions
3. Applicable only to established patients. (New is Ok during PHE)
4. Medicare Copays and deductibles apply except when treating COVID
5. Consent to treat needs to be obtained*
6. Individual services need to be initiated by the patient, but practitioner may educate beneficiaries of availability of the service.

Telephone

1. Prolonged Phone Calls
2. Part B Codes are 98966-98968 for Non-Physicians and 99441-99443 for physicians
3. Similar to virtual check-ins
4. Physical Therapist, Speech Pathologists, Occupational Therapists
5. Applicable only to established patients (New is Ok during PHE)
6. Medicare Copays and deductibles apply except when treating COVID)
7. Consent to treat


WAIT
WHAT????
makeameme.o

What are Telehealth Services?

Who can provide telehealth services?

- Physicians
- Nurse practitioners
- Physician assistants
- Nurse midwives
- Certified nurse anesthetists
- Clinical psychologists
- Clinical social workers
- Registered dietitians
- Nutrition professiona

Which Practitioners can perform Telehealth
Public Health Emergency – 1135 Waiver

Waiver expanded list of eligible providers to provide services and be reimbursed

- Eligible providers are:
  - Physicians
  - Nurse practitioners
  - Physician assistants
  - Nurse-midwives
  - Clinical nurse specialists
  - Certified registered nurse anesthetists
  - Clinical psychologists (CP)
  - Clinical social workers (CSWs) (NOTE: CPs and CSWs cannot bill Medicare for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services, they cannot bill or get paid for CPT codes 90792, 90833, 90836, and 90838)
  - Registered dietitians or nutrition professional
  - Physical Therapists
  - Occupational Therapists
  - Speech Language Pathologist

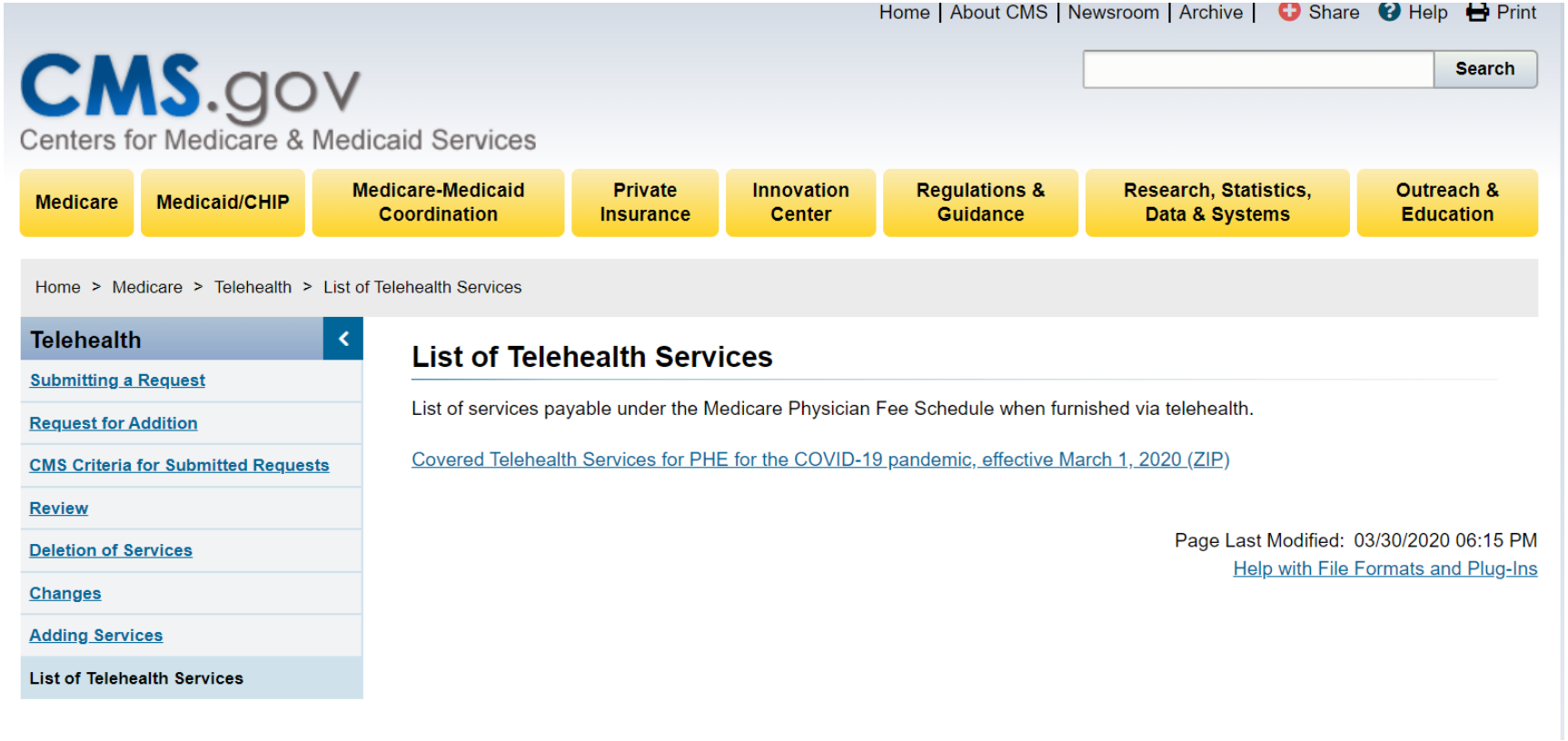
Interim Final Regulation added 85 new Telehealth Codes in two categories on March 30, 2020 effective March 1, 2020

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.

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

CMS Expanded the number of payable Medicare Part B Telehealth services from 101 to 191



https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

Excel Spreadsheet of current list of Telehealth Codes
Total Codes currently Equal 191 of which 85 are Temporary

LIST OF MEDICARE TELEHEALTH SERVICES		
Code	**Short Descriptor**	**Status**
77427	Radiation tx management X5	Temporary Addition for the PHE for the COVID-19 Pandemic
90785	Psytx complex interactive	
90791	Psych diagnostic evaluation	
90792	Psych diag eval w/med srvcs	
90832	Psytx pt&/family 30 minutes	
90833	Psytx pt&/fam w/e&m 30 min	
90834	Psytx pt&/family 45 minutes	
90836	Psytx pt&/fam w/e&m 45 min	
90837	Psytx pt&/family 60 minutes	
90838	Psytx pt&/fam w/e&m 60 min	
90839	Psytx crisis initial 60 min	
90840	Psytx crisis ea addl 30 min	
90845	Psychoanalysis	
90846	Family psytx w/o patient	
90847	Family psytx w/patient	
90853	Group psychotherapy	Temporary Addition for the PHE for the COVID-19 Pandemic
90951	Esrd serv 4 visits p mo <2yr	
90952	Esrd serv 2-3 vsts p mo <2yr	
90953	Esrd serv 1 visit p mo <2yr	Temporary Addition for the PHE for the COVID-19 Pandemic
90954	Esrd serv 4 vsts p mo 2-11	
90955	Esrd srv 2-3 vsts p mo 2-11	
90957	Esrd srv 4 vsts p mo 12-19	
90958	Esrd srv 2-3 vsts p mo 12-19	
90959	Esrd serv 1 vst p mo 12-19	Temporary Addition for the PHE for the COVID-19 Pandemic
90960	Esrd srv 4 visits p mo 20+	
90961	Esrd srv 2-3 vsts p mo 20+	
90962	Esrd serv 1 visit p mo 20+	Temporary Addition for the PHE for the COVID-19 Pandemic
90963	Esrd home pt serv p mo <2yrs	
90964	Esrd home pt serv p mo 2-11	
90965	Esrd home pt serv p mo 12-19	
90966	Esrd home pt serv p mo 20+	
90967	Esrd home pt serv p day <2	
90968	Esrd home pt serv p day 2-11	
90969	Esrd home pt serv p day 12-19	
90970	Esrd home pt serv p day 20+	
92507	Speech/hearing therapy	Temporary Addition for the PHE for the COVID-19 Pandemic
92521	Evaluation of speech fluenc	Temporary Addition for the PHE for the COVID-19 Pandemic
92522	Evaluation speech production	Temporary Addition for the PHE for the COVID-19 Pandemic
92523	Speech sound lang comprehen	Temporary Addition for the PHE for the COVID-19 Pandemic
92524	Behavral qualit analys voic	Temporary Addition for the PHE for the COVID-19 Pandemic
96116	Neurobehavioral status exam	
96130	Psycl tst eval phys/qhp 1st	Temporary Addition for the PHE for the COVID-19 Pandemic
96131	Psycl tst eval phys/qhp ea	Temporary Addition for the PHE for the COVID-19 Pandemic
96132	Nrpsyc tst eval phys/qhp 1st	Temporary Addition for the PHE for the COVID-19 Pandemic
96133	Nrpsyc tst eval phys/qhp ea	Temporary Addition for the PHE for the COVID-19 Pandemic
96136	Psycl/nrpsyc tst phy/qhp 1s	Temporary Addition for the PHE for the COVID-19 Pandemic
96137	Psycl/nrpsyc tst phy/qhp ea	Temporary Addition for the PHE for the COVID-19 Pandemic
96138	Psycl/nrpsyc tech 1st	Temporary Addition for the PHE for the COVID-19 Pandemic
96139	Psycl/nrpsyc tst tech ea	Temporary Addition for the PHE for the COVID-19 Pandemic
96156	Hlth bhv assmt/reassessment	
96168	Hlth bhv ivntj indiv 1st 30	
96159	Hlth bhv ivntj indiv ea addl	
96164	Hlth bhv ivntj grp 1st 30	
96165	Hlth bhv ivntj grp ea addl	
96167	Hlth bhv ivntj fam 1st 30	
96168	Hlth bhv ivntj fam ea addl	

Billing for Professional Telehealth Distant Site Services During the Public Health Emergency — Revised

This corrects a prior message that appeared in our March 31, 2020 Special Edition. Even Medicare is having a hard time keeping up.

Building on prior action to expand reimbursement for telehealth services to Medicare beneficiaries, CMS will now allow for more than 90 additional services to be furnished via telehealth. When billing professional claims for all telehealth services with dates of services on or after March 1, 2020, and for the duration of the Public Health Emergency (PHE), bill with:

•Place of Service (POS) equal to what it would have been had the service been furnished in-person
•Modifier 95, indicating that the service rendered was actually performed via telehealth

https://www.cms.gov/outreach-and-educationoutreachffsprovpartprogprovider-partnership-email-archive/2020-04-03-mlnc-se

How does a qualified provider bill for telehealth services during the PHE?

- Place of Service (POS) equal to what it would have been in the absence of a PHE
- Include modifier 95

Interim Final Rules Released March 30 Change the POS for Telehealth

Important

"We are instructing physicians and practitioners who bill for Medicare telehealth services to report the POS code that would have been reported had the service been furnished in person. This will allow our systems to make appropriate payment for services furnished via Medicare telehealth which, if not for the PHE for the COVID-19 pandemic, would have been furnished in person, at the same rate they would have been paid if the services were furnished in person. Given the potential importance of using telehealth services as means of minimizing exposure risks for patients, practitioners, and the community at large, we believe this interim change will maintain overall relativity under the PFS for similar services and eliminate potential financial deterrents to the clinically appropriate use of telehealth. **Because we currently use the POS code on the claim to identify Medicare telehealth services, we are finalizing on an interim basis the use of the CPT telehealth modifier, modifier 95, which should be applied to claim lines that describe services furnished via telehealth.** We note that we are maintaining the facility payment rate for services billed using the general telehealth POS code 02, should practitioners choose, for whatever reason, to maintain their current billing practices for Medicare telehealth during the PHE for the COVID-19 pandemic."

Page 15 of Interim Final Regulation released March 30, 2020

https://www.cms.gov/files/document/covid-final-ifc.pdf?fbclid=IwAR0TYjcu5xyUfdNF03mb9AFBgKZmw82s7iE9cCpZ67jzjAKUdnR8utuLy_4

HBS
Healthcare Business Specialists

Telehealth Part B Billing Changes due to the Public Health Emergency

Per Interim Final Rule published March 30, 2020 applicable beginning March 1, 2020

PRE-COVID

Time Frame

February 28, 2020 & before

Place of Service

02

Payment

Payment was limited to the facility fee payment schedule.

PHE

Time Frame

March 1, 2020 to the end of PHE*

Place of Service

Telehealth Services done in the office
Use **POS 11 and Modifier 95.**

Payment

Payment will be the Non-Facility Fee

* CMS removed the restriction on originating sites on March 6, 2020

How much does Medicare pay for telehealth services?

Medicare pays the same amount for telehealth services as it would if the service were furnished in person.

Place of Service Matters

CPT with Description	POS 11 Non-Facility Modifier 95	POS 2 Facility Modifier 95	Variance	% Difference
99201 OFFICE/OUTPATIENT VISIT NEW	$46.56	$27.07	-$19.49	-41.9%
99202 OFFICE/OUTPATIENT VISIT NEW	$77.23	$51.61	-$25.62	-33.2%
99203 OFFICE/OUTPATIENT VISIT NEW	$109.35	$77.23	-$32.12	-29.4%
99204 OFFICE/OUTPATIENT VISIT NEW	$167.10	$132.09	-$35.01	-21.0%
99205 OFFICE/OUTPATIENT VISIT NEW	$211.13	$172.51	-$38.62	-18.3%
99211 OFFICE/OUTPATIENT VISIT EST	$23.46	$9.38	-$14.08	-60.0%
99212 OFFICE/OUTPATIENT VISIT EST	$46.20	$26.35	-$19.85	-43.0%
99213 OFFICE/OUTPATIENT VISIT EST	$76.15	$52.33	-$23.82	-31.3%
99214 OFFICE/OUTPATIENT VISIT EST	$110.44	$80.48	-$29.96	-27.1%
99215 OFFICE/OUTPATIENT VISIT EST	$148.33	$113.68	-$34.65	-23.4%
	$1,015.95	**$742.73**	**-$273.22**	**-26.9%**

There is no difference in amounts paid to providers for services performed via Telehealth in other settings

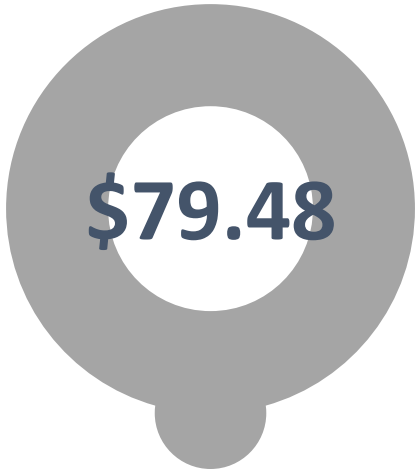
CPT with Description	Non-Facility Fee	Facility Fee	Variance	% Difference
99231 SUBSEQUENT HOSPITAL CARE	$40.06	$40.06	$0.00	0.0%
99232 SUBSEQUENT HOSPITAL CARE	$73.62	$73.62	$0.00	0.0%
99233 SUBSEQUENT HOSPITAL CARE	$106.10	$106.10	$0.00	0.0%
G0406 INPT/TELE FOLLOW UP 15	$73.26	$73.26	$0.00	0.0%
G0407 INPT/TELE FOLLOW UP 25	$73.26	$73.26	$0.00	0.0%
G0408 INPT/TELE FOLLOW UP 35	$105.38	$105.38	$0.00	0.0%
G0425 INPT/ED TELECONSULT 30	$101.77	$101.77	$0.00	0.0%
G0426 INPT/ED TELECONSULT 50	$138.22	$138.22	$0.00	0.0%
G0427 INPT/ED TELECONSULT 70	$204.99	$204.99	$0.00	0.0%

RHC Originating Site Telehealth Billing – Pre-Covid

Example: RHC is originating site and Physician is Distant site

Distant Site Provider (Specialist)
Place of Service 02
CPT Code 99213

Originating Site (RHC)
Restricted to Certain Rural Areas
Revenue Code 0780
CPT Code Q3014



Total Medicare Payment
Co-pays and Deductibles apply
So payment amount will vary

Medicare Part B – (Not RHC) Telehealth Billing – Public Health Emergency

Example: Physician provides Telehealth service while located in office

Medicare Part B Provider
In a clinic
Place of Service 11, Modifier 95
CPT Code 99213

No Originating Site
Patient can be home
Or in urban area

Total Medicare Payment
Co-pays and Deductibles apply
So payment amount will vary

Place of Service Code 02 is no longer used during the PHE unless you want to be paid less.

Modifiers used in Telehealth Billing

95
Medicare uses this now

Synchronous telemedicine rendered via real-time interactive audio & video

GT
CAH Method II

Used for interactive audio & telemedicine systems. Tells payor that service delivered via telemedicine

GQ
Hawaii & Alaska

Providers participating in the telemedicine demonstration via asynchronous telecommunications system

G0
Acute Stroke

Telehealth service for diagnosis, evaluation or treatment of systems of an acute stroke

GY
ABN

Notice of Liability not issued, not required under payer policy because service is excluded from Medicare benefit.

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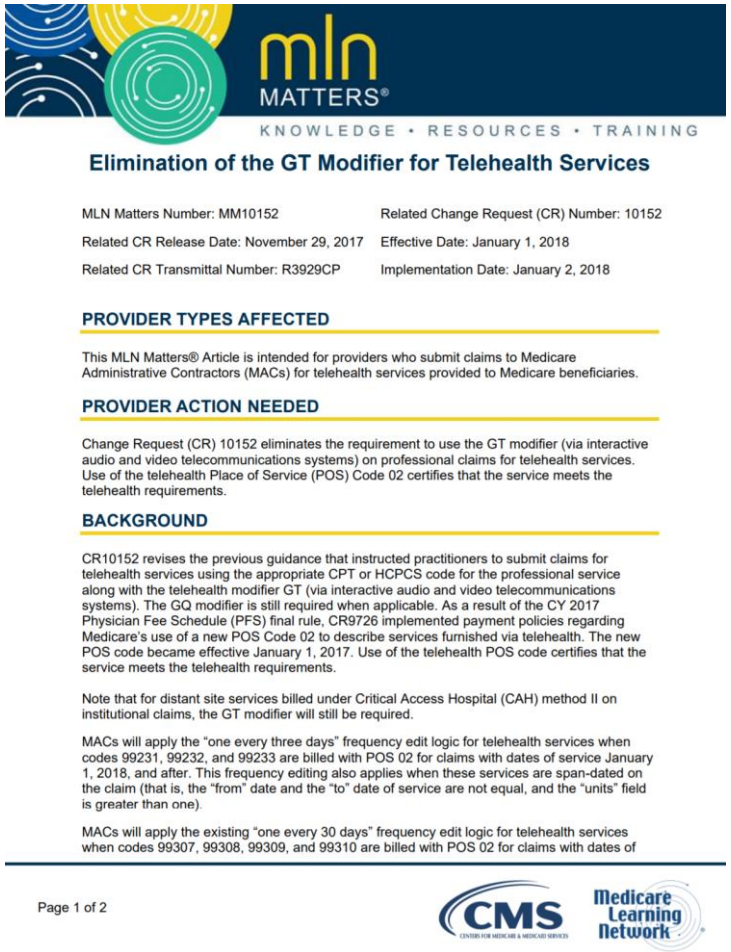
Elimination of the GT Modifier for Telehealth Services



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Elimination of the GT Modifier for Telehealth Services

MLN Matters Number: MM10152 | Related Change Request (CR) Number: 10152

Related CR Release Date: November 29, 2017 | Effective Date: January 1, 2018

Related CR Transmittal Number: R3929CP | Implementation Date: January 2, 2018

PROVIDER TYPES AFFECTED

This MLN Matters® Article is intended for providers who submit claims to Medicare Administrative Contractors (MACs) for telehealth services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

Change Request (CR) 10152 eliminates the requirement to use the GT modifier (via interactive audio and video telecommunications systems) on professional claims for telehealth services. Use of the telehealth Place of Service (POS) Code 02 certifies that the service meets the telehealth requirements.

BACKGROUND

CR10152 revises the previous guidance that instructed practitioners to submit claims for telehealth services using the appropriate CPT or HCPCS code for the professional service along with the telehealth modifier GT (via interactive audio and video telecommunications systems). The GQ modifier is still required when applicable. As a result of the CY 2017 Physician Fee Schedule (PFS) final rule, CR9726 implemented payment policies regarding Medicare's use of a new POS Code 02 to describe services furnished via telehealth. The new POS code became effective January 1, 2017. Use of the telehealth POS code certifies that the service meets the telehealth requirements.

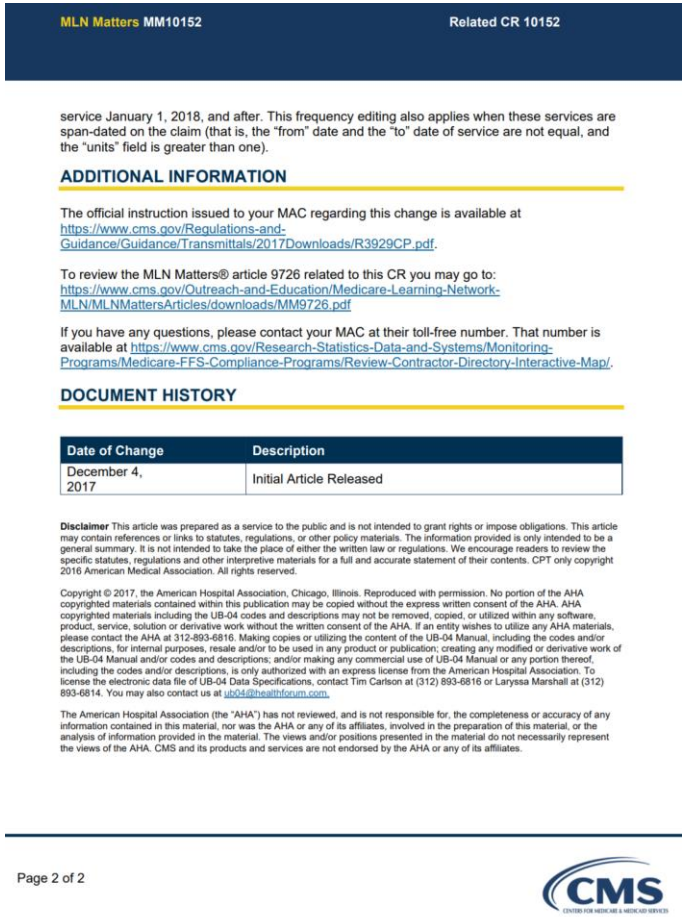
Note that for distant site services billed under Critical Access Hospital (CAH) method II on institutional claims, the GT modifier will still be required.

MACs will apply the "one every three days" frequency edit logic for telehealth services when codes 99231, 99232, and 99233 are billed with POS 02 for claims with dates of service January 1, 2018, and after. This frequency editing also applies when these services are span-dated on the claim (that is, the "from" date and the "to" date of service are not equal, and the "units" field is greater than one).

MACs will apply the existing "one every 30 days" frequency edit logic for telehealth services when codes 99307, 99308, 99309, and 99310 are billed with POS 02 for claims with dates of

Page 1 of 2

CMS | Medicare Learning Network



MLN Matters MM10152 Related CR 10152

service January 1, 2018, and after. This frequency editing also applies when these services are span-dated on the claim (that is, the "from" date and the "to" date of service are not equal, and the "units" field is greater than one).

ADDITIONAL INFORMATION

The official instruction issued to your MAC regarding this change is available at https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017Downloads/R3929CP.pdf.

To review the MLN Matters® article 9726 related to this CR you may go to: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM9726.pdf

If you have any questions, please contact your MAC at their toll-free number. That number is available at https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/.

DOCUMENT HISTORY

Date of Change	Description
December 4, 2017	Initial Article Released

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Page 2 of 2

CMS

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10152.pdf

YOU KNOW WHAT WE NEED TODAY?
LIGHTYEAR
ANOTHER MODIFIER

Families First Coronavirus Response Act Waives Coinsurance and Deductibles for Additional COVID-19 Related Services

Cost-sharing does not apply for COVID-19 testing-related services, which are medical visits that: **are furnished between March 18, 2020 and the end of the Public Health Emergency (PHE);** that result in an order for or administration of a COVID-19 test; are related to furnishing or administering such a test or to the evaluation of an individual for purposes of determining the need for such a test; **and are in any of the following** categories of HCPCS evaluation and management codes:

- Office and other outpatient services
- Hospital observation services
- Emergency department services
- Nursing facility services
- Domiciliary, rest home, or custodial care services
- Home services
- Online digital evaluation and management services

Cost-sharing does not apply to the above medical visit services for which payment is made to:

Hospital Outpatient Departments paid under the Outpatient Prospective Payment System
Physicians and other professionals under the Physician Fee Schedule
Critical Access Hospitals (CAHs)
Rural Health Clinics (RHCs)
Federally Qualified Health Centers (FQHCs)

Not just for Telehealth services

CS Modifier Effective March 18, 2020

When

COVID-19 testing-related services, which are medical visits that: are furnished between March 18, 2020 and the end of the Public Health Emergency (PHE)

Where

Office and other outpatient services, Hospital observation services, Emergency department services, Nursing facility services, Domiciliary, rest home, or custodial care services, Home services, Online digital evaluation and management services, RHCs

What

CS Modifier waives cost-sharing under Medicare Part B (coinsurance and deductible amounts) for Medicare patients for COVID-19 testing-related services – Provider paid 100% of rate instead of 80%

How

Add the CS modifier along with the CG Modifier to the Claim & refile or append claims already filed dated with starting with DOS of 3/18/20 till the end of the PHE

Reference

https://www.cms.gov/outreach-and-educationoutreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se

CS

Coinsurance and Deductible Waived – CS Modifier Announced 4/7/2020 backdated to March 18, 2020

- **Families First Coronavirus Response Act Waives Coinsurance and Deductibles for Additional COVID-19 Related Services**

The Families First Coronavirus Response Act waives cost-sharing under Medicare Part B (coinsurance and deductible amounts) for Medicare patients for COVID-19 testing-related services. These services are medical visits for the HCPCS evaluation and management categories described below when an outpatient provider, physician, or other providers and suppliers that bill Medicare for Part B services orders or administers COVID-19 lab test U0001, U0002, or 87635.

https://www.cms.gov/outreach-and-educationoutreachffsprovpartprogprovider-partnership-email-archive/2020-04-07-mlnc-se

Virtual Check-Ins

Virtual Visits billable for RHCs since January 1, 2019

New Virtual Communication Services

Effective January 1, 2019, RHCs can receive payment for Virtual Communication services when at least 5 minutes of communication technology-based or remote evaluation services are furnished by an RHC practitioner to a patient who has had an RHC billable visit within the previous year, and both of the following requirements are met:

- The medical discussion or remote evaluation is for a condition not related to an RHC service provided within the previous 7 days, and
- The medical discussion or remote evaluation does not lead to an RHC visit within the next 24 hours or at the soonest available appointment.

To receive payment for Virtual Communication services, RHCs must submit an RHC claim with HCPCS code G0071 (Virtual Communication Services) either alone or with other payable services. Payment for G0071 is set at the average of the national non-facility PFS payment rates for HCPCS code G2012 (communication technology-based services) and HCPCS code G2010 (remote evaluation services) and is updated annually based on the PFS national non-facility payment rate for these codes. See Virtual Communication Services Frequently Asked Questions (PDF)

RHC face-to-face requirements are waived when these services are furnished to an RHC patient, and coinsurance and deductibles apply.

Can be a new patient during the National emergency

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/VCS-FAQs.pdf

Virtual Check-in – Part B

G2010

- Store and Forward evaluation of video or images
- Minutes: 5-10 - $12.24

G2012

- *Brief communication technology-based service*
- Minutes: 5-10 - $14.80

Each code is up to 7 days cumulative time

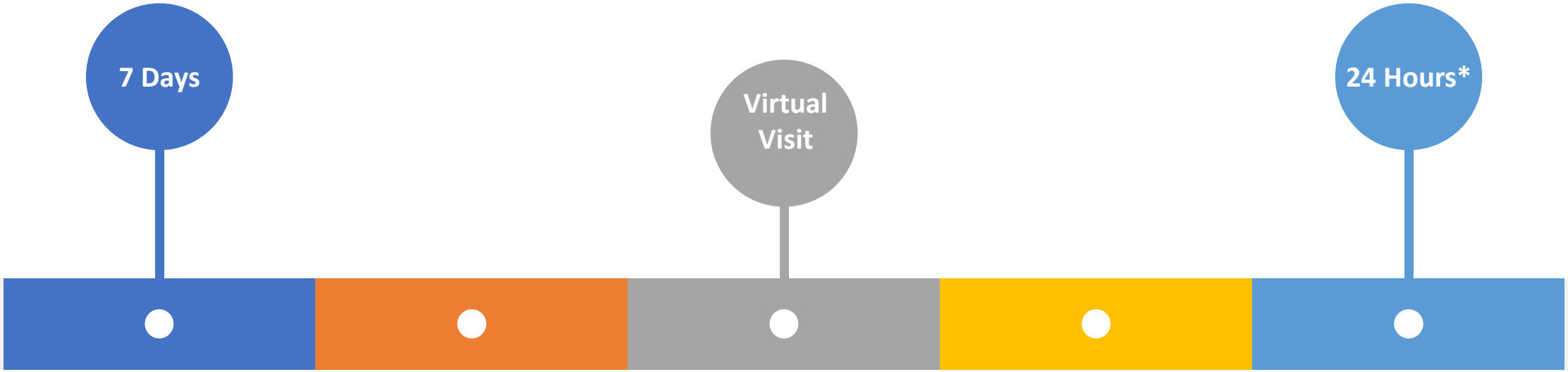
Virtual Check-Ins Key Takeaways

- Not limited to rural settings
- Patient must agree to the service
- HCPCS codes G2012 or G2010
- Broader range of communication methods

Licensed clinical social workers, clinical psychologists, physical therapists, occupational therapists, and speech-language pathologists can do Virtual Check-Ins

On an interim basis, during the PHE for the COVID-19 pandemic, we are also broadening the availability of HCPCS codes G2010 and G2012 that describe remote evaluation of patient images/video and virtual check-ins. **We recognize that in the context of the PHE for the COVID-19 pandemic, practitioners such as licensed clinical social workers, clinical psychologists, physical therapists, occupational therapists, and speech-language pathologists might also utilize virtual check-ins and remote evaluations** instead of other, in-person services within the relevant Medicare benefit to facilitate the best available appropriate care while mitigating exposure risks. We note that this is not an exhaustive list and we are seeking input on other kinds of practitioners who might be furnishing these kinds of services as part of the Medicare services they furnish in the context of the PHE for the COVID-19 pandemic. Further, to facilitate billing of the CTBS services by therapists for the reasons described above, we are designating HCPCS codes G2010, G2012, G2061, G2062, or G2063 as CTBS CMS-1744-IFC 55 “sometimes therapy” services that would require the private practice occupational therapist, physical therapist, and speech-language pathologist to include the corresponding GO, GP, or GN therapy modifier on claims for these services. CTBS therapy services include those furnished to a new or established patients that the occupational therapist, physical therapist, and speech language pathologist practitioner is currently treating under a plan of care.

TIMELINE of a Medicare Virtual Visit



Look Back Period

The medical discussion or remote evaluation is for a condition not related to an RHC service provided within the previous 7 days

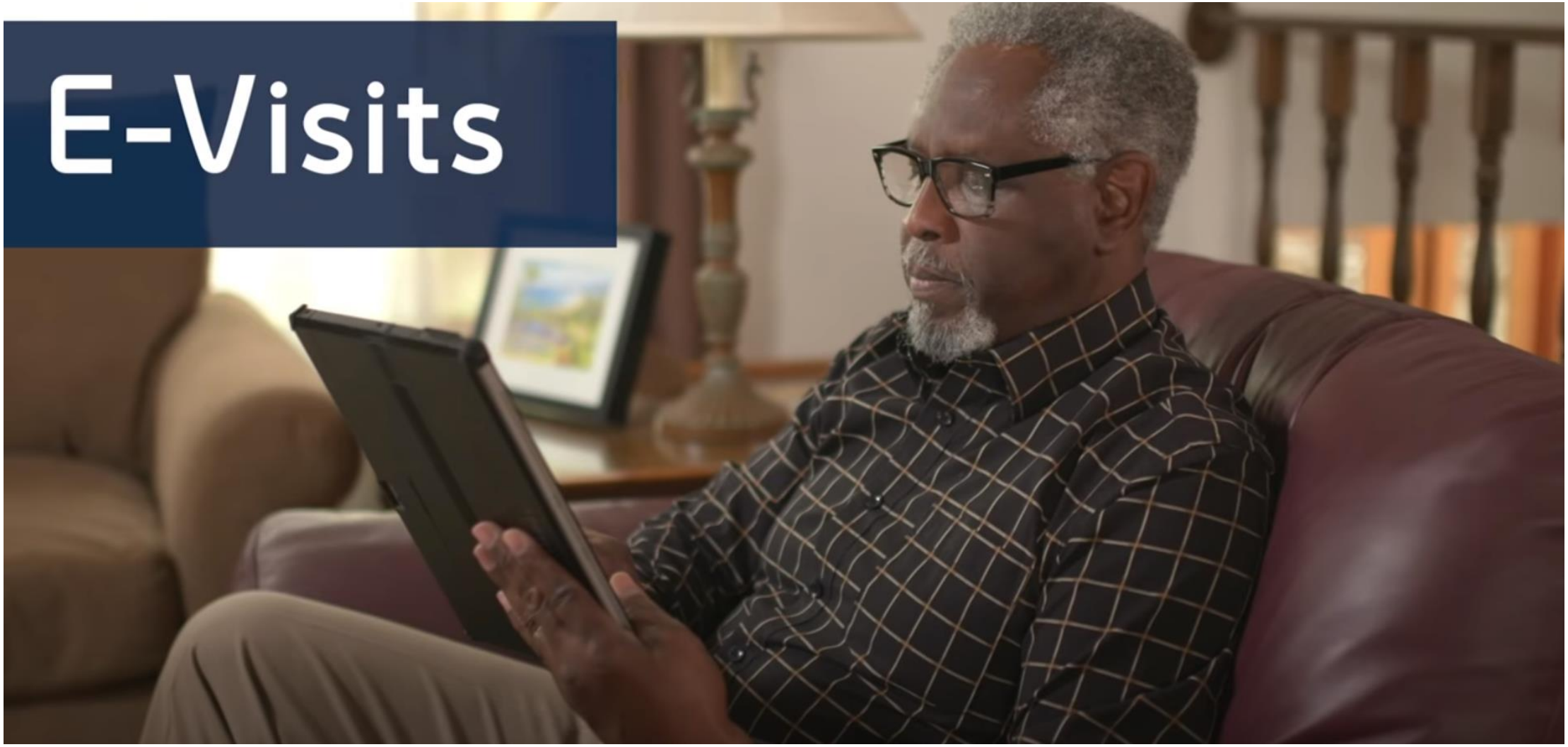
The Virtual Visit

Represents at least 5 minutes of communication technology-based or remote evaluation services are furnished by an RHC practitioner to a patient.

Going Forward

*The medical discussion or remote evaluation does not lead to an RHC visit within the next 24 hours or at the soonest available appointment.

E-Visits



E-visits

Codes for practitioners who may bill independently:

- 99421
- 99422
- 99423

E-Visits for Medicare Part B

99421	• Online digital E & M • Minutes: 5-10 - $15.52
99422	• Online digital E & M • Minutes: 11-20 - $31.04
99423	• Online digital E & M • Minutes: 21 + - $50.16

Each code is up to 7 days cumulative time

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

Online digital evaluation and management service

Other requirements:

•Verbal consent is required by CMS.
•The patient initiates the service with an inquiry through the portal
•The service is documented in the medical record.
•If the patient had an E/M service within the last seven days, these codes may not be used for that problem.
•If the inquiry is about a new problem (from the problem addressed at the E/M service in the past 7 days), these codes may be billed.
•If within seven days of the initiation of the online service a face-to-face E/M service occurs, then the time of the online service or decision-making complexity may be used to select the E/M service, but this service may not be billed.
•This is for established patients, per CPT®. – Waived during PHE.
•This may not be billed by surgeons during the global period.
•The digital service must be provided via a HIPAA compliant platform, such as an electronic health record portal, secure email or other digital applications. Waived during PHE.

Additionally:

•These services may only be reported once in a 7-day period.
•Clinical staff time may not be included.
•Don’t double count time with any other separately reported services, such as care management, INR monitoring, remote monitoring. (CPT® book has a list of codes)

Online digital evaluation and management service

- Report these services once during a 7-day period, for the cumulative time. According to CPT®,

- “The seven-day period begins with the physician’s or other qualified health care professional’s (QHP) initial, personal review of the patient-generated inquiry. Physician’s or other QHP’s cumulative service time includes review of the initial inquiry, review of patient records or data pertinent to assessment of the patient’s problem, personal physician or other QHP interaction with clinical staff focused on the patient’s problem, development of management plans, including physician or other QHP generation of prescriptions or ordering of tests, and subsequent communication with the patient through online, telephone, email, or other digitally supported communication, which does not otherwise represent separately reported E/M service.”

E-Visit Key Takeaways

- Not limited to rural settings
- No geographic or location restrictions
- Initiated by the patient
- Practitioners may educate beneficiaries
- Bill using CPT codes 99421-99423 and HCPCS codes G2061-G2063
- Medicare coinsurance and deductible generally apply

Online digital evaluation and management service

- **99421** Online digital evaluation and management service, for an established patient (**waived during PHE**), for up to 7 days cumulative time during the 7 days; 5-10 minutes
- **99422** 11—20 minutes
- **99423** 21 or more minutes

- These codes are for use when E/M services are performed, of a type that would be done face-to-face, through a HIPAA compliant secure platform. These are for patient-initiated communications, and may be billed by clinicians who may independently bill an E/M service. **They may not be used for work done by clinical staff or for clinicians who do not have E/M services in their scope of practice.**

elephone
Services

Codes for Telephone Services:

- 99441 - 99443
- 98966 - 98968

Telephone CPT Codes for Physician or other Health Care Professionals

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), and

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).

Telephone CPT Codes for Qualified Nonphysician Health Care Professionals

CPT codes 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 CMS-1744-IFC 123 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),

Telephone CPT Codes for Qualified Nonphysician Health Care Professionals

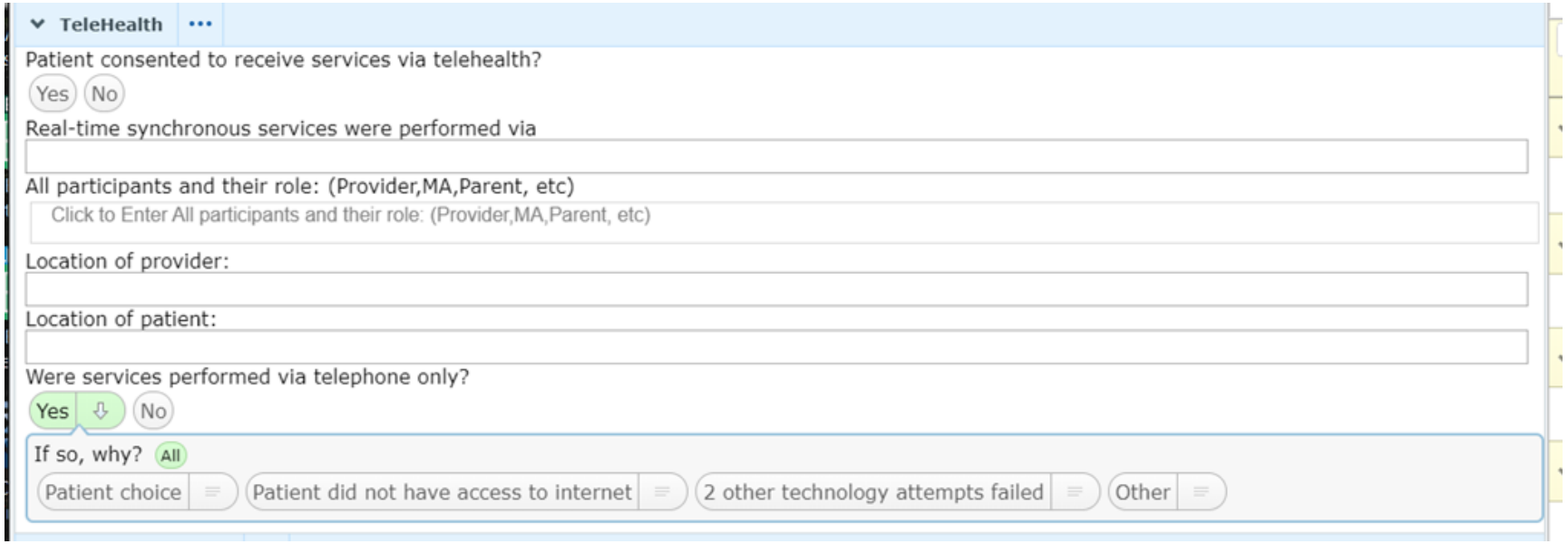
To facilitate billing of these services by therapists, we are designating CPT codes 98966- 98968 as CTBS "sometimes therapy" services that would require the private practice occupational therapist, physical therapist, and speech-language pathologist to include the corresponding GO, GP, or GN therapy modifier on claims for these services.

Should on-site visits conducted via video or through a window in the clinic suite be reported as telehealth services?

Services should only be reported as telehealth services when the individual physician or professional providing the telehealth service is not at the same location as the beneficiary. That doesn't mean that service conducted via a video or through a window cannot be reported.

Documenting a Telehealth Visit

Documentation Needed for a Telemedicine Visit



1. Do record the time started and time ended.
2. Do not record the session.
3. Ask for Consent to Treat verbally and document in Medical Record.
4. Do ask for vital signs.
5. Note the provider location and patient location.

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Thank you. Look for more Pop-up Webinars

96