

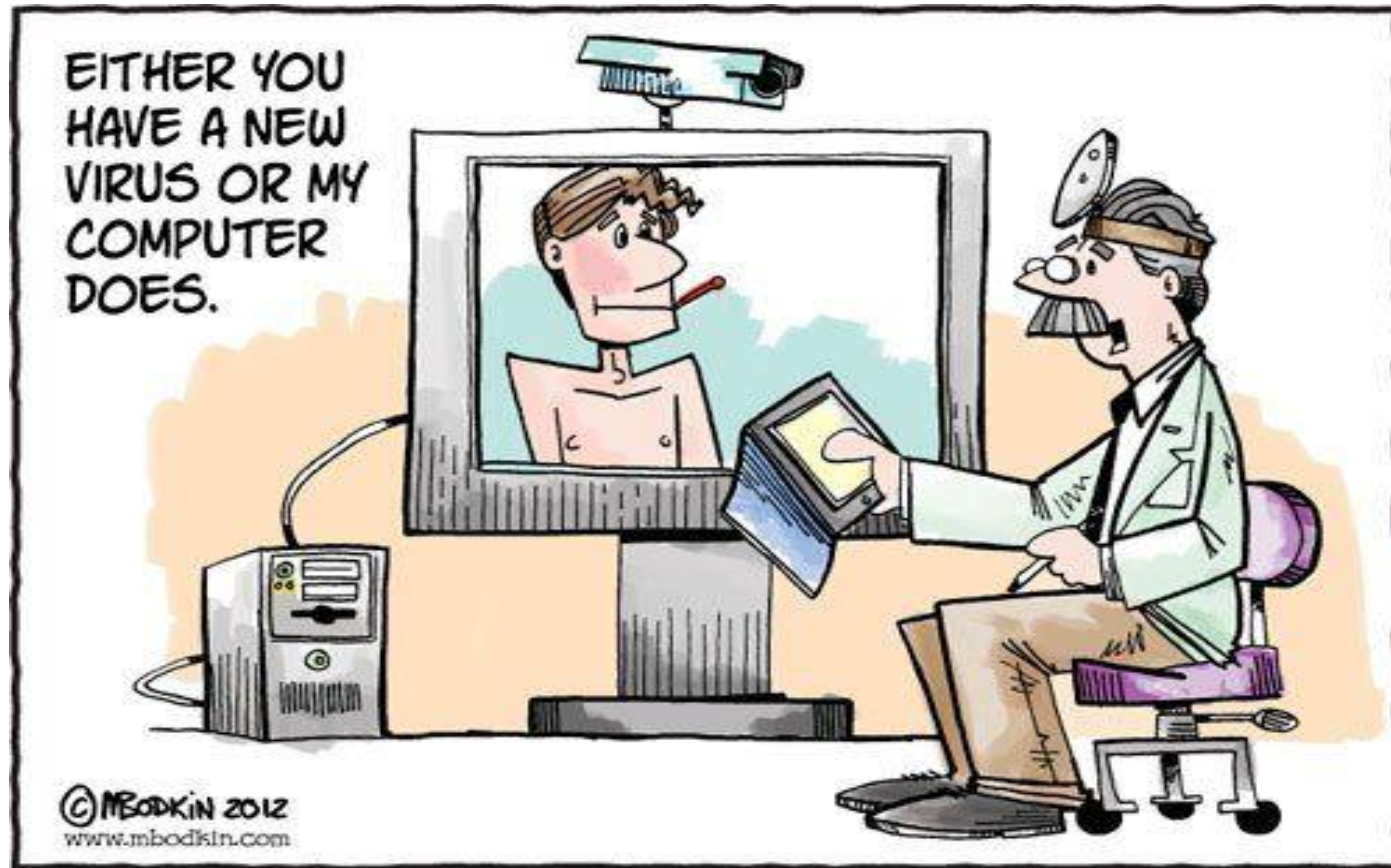
Billing For Telehealth Services During COVID-19

Public Health Emergency

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Telemedicine



Providers

May provide evaluation and management (E/M) services

Physicians

Advance Registered Nurse Practitioners (NPs)

Physician assistants (PAs)

Certified Nurse Midwives (CNM)

May not provide E/M services

Certified nurse anesthetists

Clinical psychologists (CP)

Clinical social workers (CSW)

Registered dietitians (RD)

Nutrition professionals

Pharmacists

Physical therapist (PT)

Occupational therapist (OT)

Speech language pathologist (SP)

E-Visits – Patient Portal

99421 – 99423

Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days

98970–98972

G2061 – G2063

Qualified nonphysician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days

G2061–G2063 now payable by Medicare on facility claim

Virtual Check-in

G2010

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

G2012

Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

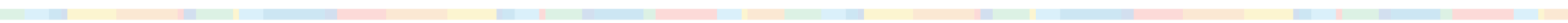
Telephone Services

99441 – 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

98966 – 98968

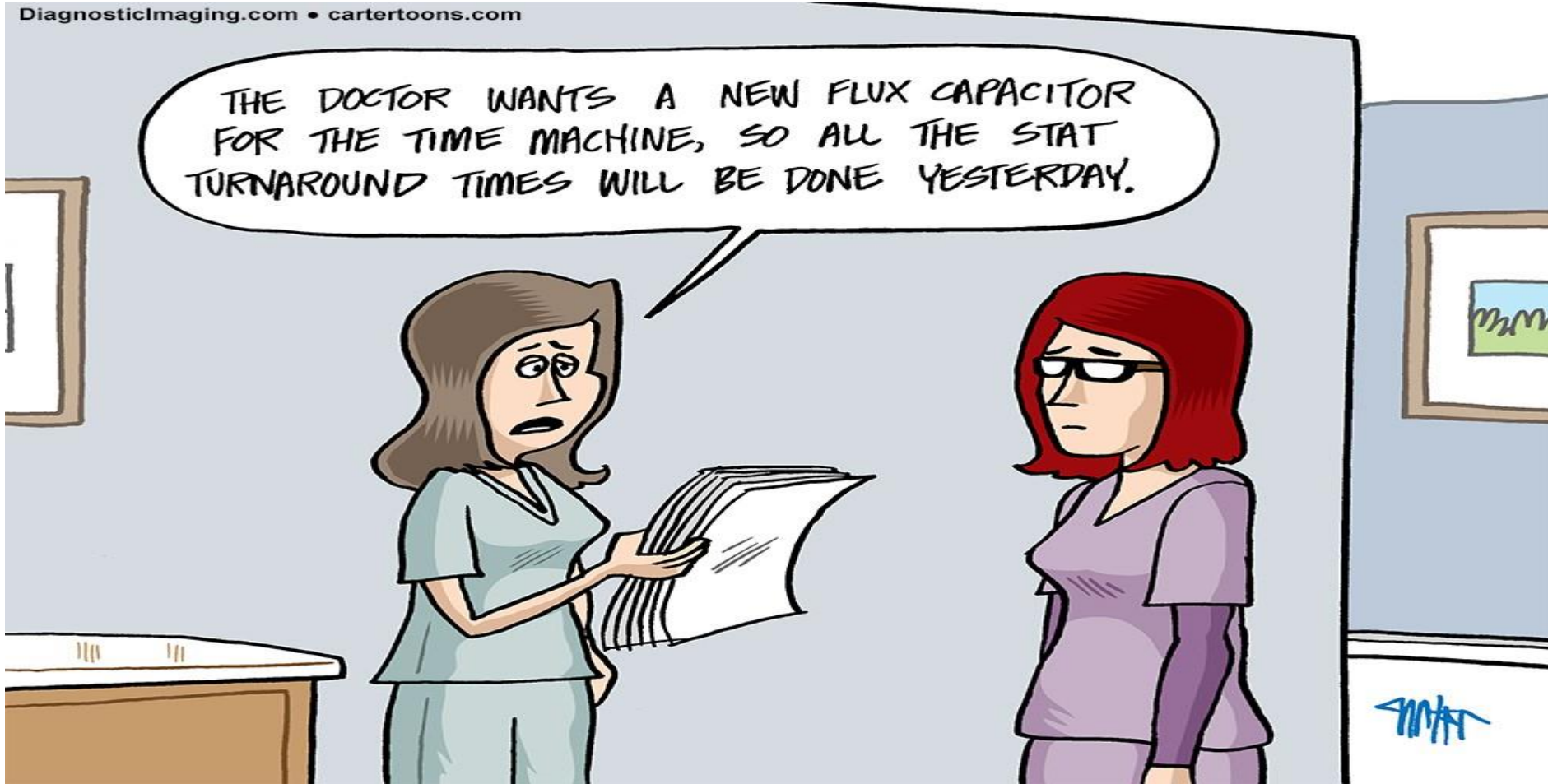
Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment



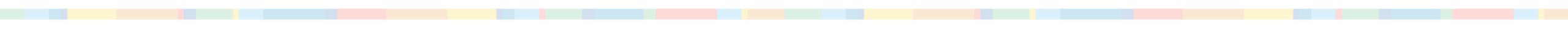
Pharmacist

- **Auxiliary staff and may bill incident to physician or NPP services**
 - Like other clinical staff or other clinicians
- **Under appropriate supervision level**
 - Consistent with state scope of practice and applicable state law
 - Payment not made under Medicare Part D benefit or other payment system
 - In accordance with state pandemic/emergency preparedness plans
- **Pharmacist cannot submit claim, but can be submitted by physician/NPP or hospital**

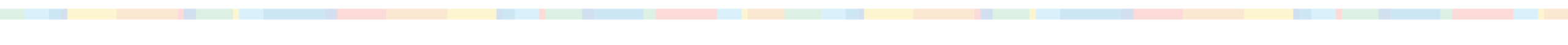
Professional Telehealth



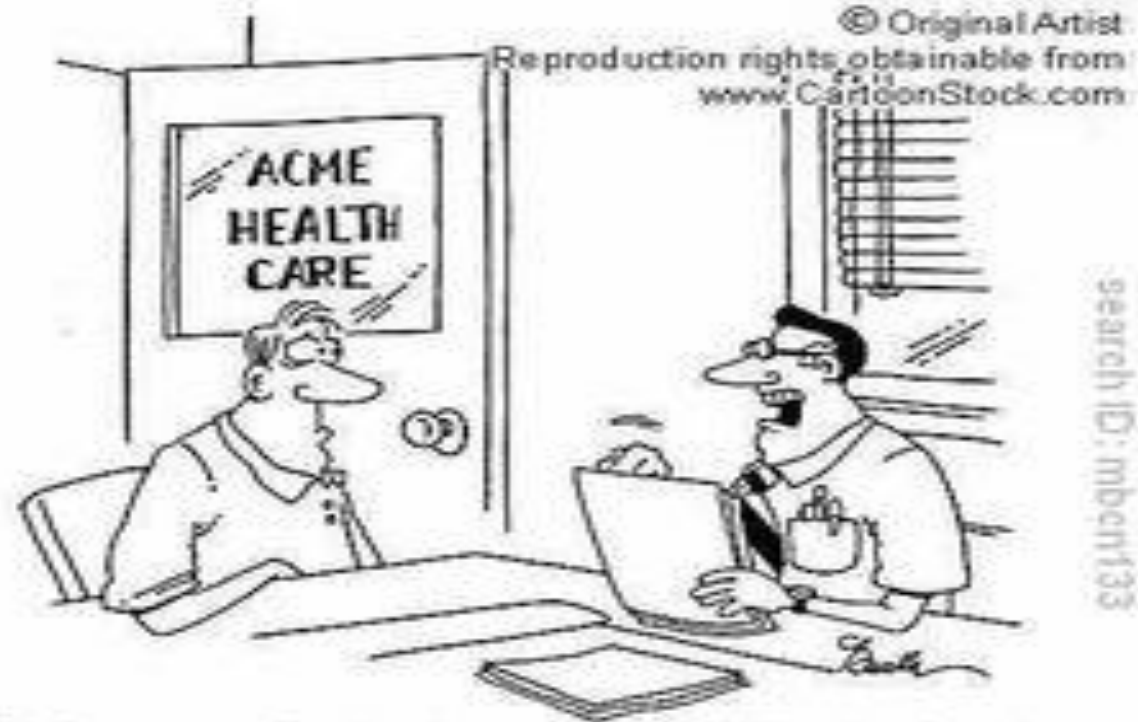
Evaluation and Management

- 99201–99215 E/M code selection may be based on medical decision making (MDM) or time
 - Use time in the code's description
 - Time is all time on the date of the encounter
 - Do not need to use history or exam
 - No change to definition of MDM
- 

Claims Submission

- Use place of service that would occur without the PHE
 - Place of Service
 - 02 *Telehealth (traditional telehealth)*
 - 11 Office
 - 31 *Skilled Nursing Facility*
 - *Use modifier CS Cost-sharing for specified COVID-19 testing-related services that result in an order for or administration of a COVID-19 test*
 - *Other modifiers as appropriate*
- 

Facility Telehealth



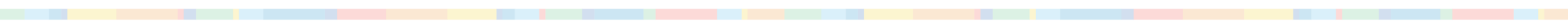
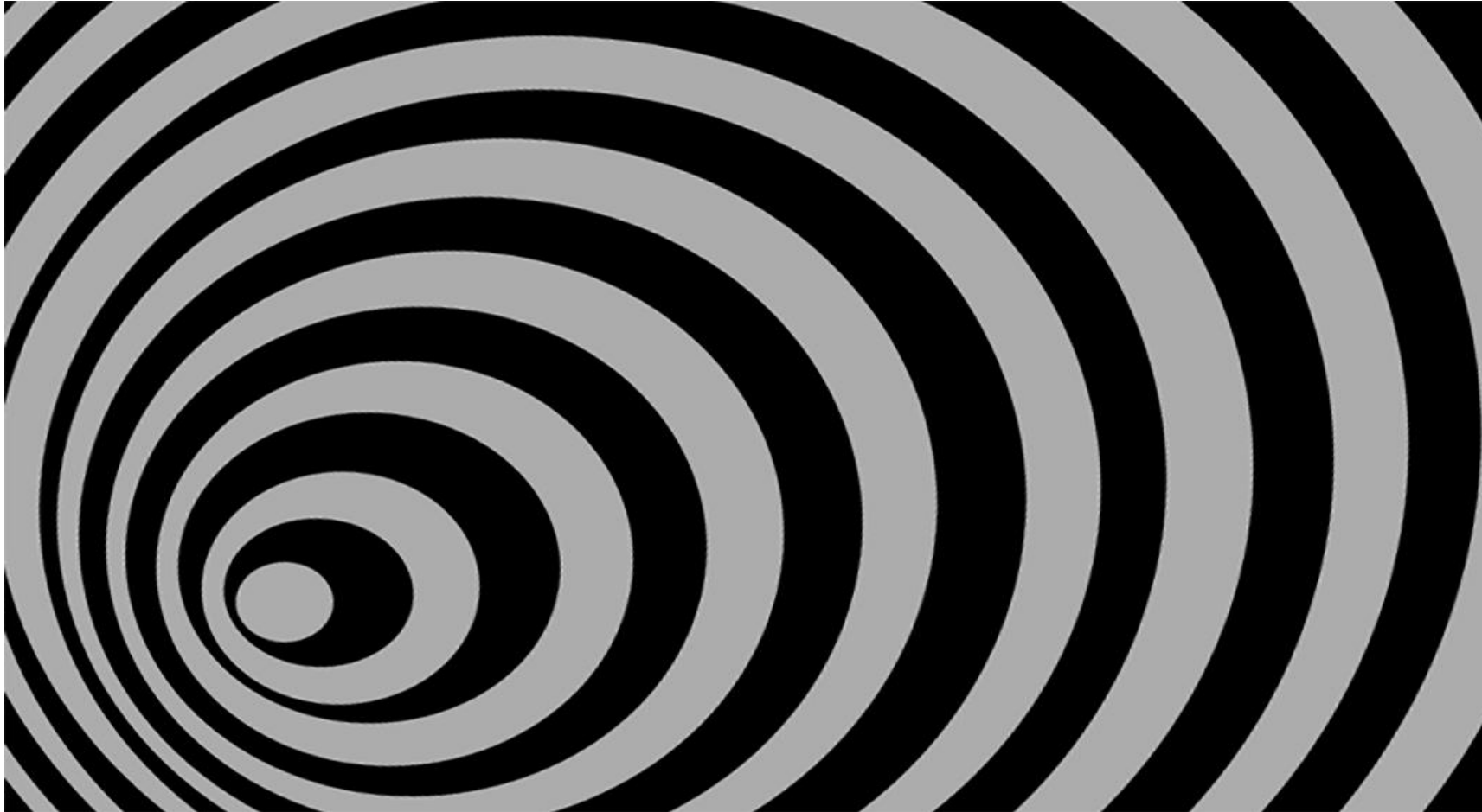
"I'm sorry, but stress caused by trying to figure out your health insurance is not covered by it."

Billing for Telehealth Services

- There is no facility fee for telehealth services
 - Facility fee is intended to compensate for supplies, equipment, and use of physical space
 - Originating site is where the patient is located
- There is a workaround....



Legislative Gymnastics and Wordplay



Relocation of PBDs

- **Temporary extraordinary circumstances relocation policy in effect from 3/1/20 through end of PHE**
 - Both **on-campus and excepted off-campus** PDBs may seek an exception when relocating for purposes of addressing the COVID-19 pandemic, which will allow them to be paid at OPPS rate using “PO” modifier
 - Relocation must be consistent with state’s emergency preparedness or pandemic plan
 - One PBD may relocate to multiple locations, **including patients’ homes**

Relocation of PBDs

- **Services may be provided at the new location(s) prior to receiving approval**
- **If approval is not given, claims will need to be rebilled using “PN” modifier and will be paid under PFS rate (40% of OPPS rate)**
- **Following end of PHE, it is expected the PBDs will relocate back to original location**
 - If not relocated to original location, they will be considered non-expected off-campus locations

Relocation of PBDs

- **Email should be sent to the provider's CMS Regional Office within 120 days of start of services with the following information:**
 - Hospital's CCN
 - Address of the current PBD
 - Address(es) of the relocated PBD
 - Date when services started being furnished at the new location
 - Brief justification for the relocation and the role of the relocation in the COVID-19 response
 - Attestation that the relocation is consistent with state's emergency preparedness or pandemic plan

Hospital Services Accompanying a Telehealth Visit

- **Hospitals may bill and receive payment for telehealth originating site fee when the physician provides telehealth services in the hospital OP Department to a patient at home or other temporary expansion location that has been made provider based to the hospital**
- **Use when the facility is *supporting* the telehealth visit**
 - Scenario #1 – Hospital seeks exemption under the relocation exception policy
 - HCPCS code Q3014 reported with modifier PO (\$25.65)
 - Scenario #2 – Hospital does not seek exemption under the relocation exception policy
 - HCPCS code Q3014 reported with modifier PN (\$10.66)

Twist of Direction

- **Audio/video Services provided between PBDs, including the patient's home, are considered face-to-face clinic visits**
- **CMS does not view these as telehealth services**
 - Telehealth is not really telehealth any longer
 - Yes, you may append modifier PN (receive PFS rate) without submitting information to CMS Regional Office
 - Services would be those appropriate for a clinic setting



Furnishing OP Services in Temporary Expansion Locations

- **Hospital Outpatient Therapy, Education, and Training Services may be provided by **clinical staff of the hospital** using telecommunications technology in temporary expansion locations that function as a PBD of the hospital (including patient's home)**
 - Supervision levels still apply – most are general supervision
 - Services still require an order from a physician or other NPP in accordance with their hospital privileges, state licensing requirements and scope of practice.
 - Hospital may bill for services as though they were provided in the hospital.

Examples of OP Therapy, Counseling & Education Services

Category	HCPCS Code(s)
Therapeutic Procedures	97110, 97112, 97129, 97130, 97139, 97150, 97530, 97533, 97535
Adaptive Behavior Treatment	97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158
Therapy Evaluation	97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168
Medical Nutrition Therapy	97802, 97803, 97804
Remote Physiologic Monitoring	99453, 99454, 99458
Prosthetic/Orthotic Training	97542, 97750, 97755, 97760-97761
Diabetes Management Training	G0108, G0109, G0270
Other Services	G0175, G0248, G0249, G0444

Furnishing OP Services in Temporary Expansion Locations

- **Partial Hospitalization Program services can be provided by facility staff of hospital or CMHC using telecommunications technology in temporary expansion locations that function as a PBD of the hospital (including patient's home)**
 - Individual psychotherapy
 - Patient Education
 - Group psychotherapy
- Must include audio and video unless video is not possible
- All other PHP requirements are unchanged

Furnishing OP Services in Temporary Expansion Locations

- **Hospital In-Person Clinical Staff Services can be **provided by facility staff of hospital** in temporary expansion locations that function as a PBD of the hospital (including patient's home)**
- **Home health and hospital outpatient services should not overlap**
- **If patient is under a home health plan of care and services can be provided by home health, hospital staff should not provide those services**
 - Wound care
 - Drug administration

Examples of Physician-Based Services

Category	HCPCS Code(s)
Evaluation/Management	99201-99215, 99217-99219, 99220-99226, 99224-99226, 99231-99239, 99304-99310, 99315-99316, 99324-99328, 99334-99337, 99341-99350, 99354-99357, 99441-99443, 99478-99480, G9685, G0442-G0444, G0447, G0506, G0513-G0514
Emergency Department/Critical Care	99281-99285, 99291-99292, 99468-99469, 99471-99472, 99475-99477, G0406-G0408, G0425-G0427, G0508-G0509
Other Primary Care Services	99406-99407, 99473, 99483, 99495-99498, G0296, G0396-G0397, G0436-G0439,
Vent Management/Inhaler	94002-94005, 94664
Opioid Use	G2086-G2088

Examples of Services

Category	HCPCS Code(s)
Radiation Therapy Management	77427
Psychiatric Treatment	90785, 90791-90792, 90832-90840, 90845-90847, 90853, 90875, 0362T, 0373T, G0410, G0445, G0446
Psych/Behavioral Health Testing	96110, 96112-96113, 96116, 96121, 96127, 96130-96133, 96136-96139, 96156, 96161, 96164, 96165, 96167, 96168, 96170, 96171
Ophthalmology	92002, 92004, 92012, 92014
Speech/Cochlear	92521-92524, 92601-92604
End Stage Renal Disease	90951-90970, G0420-G0421
Ophthalmology	92002, 92004, 92012, 92014
Speech/Cochlear	92521-92524, 92601-92604, S9152

Examples of Services

Category	HCPCS Code(s)
Radiation Therapy Management	77427
Psychiatric Treatment	90785, 90791-90792, 90832-90840, 90845-90847, 90853, 90875
Psych/Behavioral Health Testing	96110, 96112-96113, 96116, 96121, 96127, 96130-96133, 96136-96139,
Ophthalmology	92002, 92004, 92012, 92014
Speech/Cochlear	92521-92524, 92601-92604
End Stage Renal Disease	90951-90970
Ophthalmology	92002, 92004, 92012, 92014
Speech/Cochlear	92521-92524, 92601-92604

Claims Submission

- Condition Code DR – Disaster Related (facility)
- Modifier CR *Catastrophe/Disaster Related not needed on telehealth claims (professional and facility)*
- Modifier CS – Cost-sharing for specified COVID-19 testing-related services that result in an order for or administration of a COVID-19 test
- All other modifiers necessary, such as therapy modifiers, etc.
- PO/PN for PBD status

Telehealth Services (Not Clinic Services)

- Modifiers
 - *95 Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System*
 - *GT Via interactive audio and video telecommunication systems – CAH Method II only*
 - *G0 Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke*
- *These are used on professional claims, except GT*

References

- **Frequently Asked Questions to Assist Medicare Providers**
<https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>
- **List of Hospital Outpatient Services and List of Partial Hospitalization Program Services Accompanying the 4/30/2020 IFC**
<https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers>
- **Coverage and Payment Related to COVID-19 Medicare**
<https://www.cms.gov/files/document/03052020-medicare-covid-19-fact-sheet.pdf>

References

- **Medicare and Medicaid IFC: Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency (CMS-5531 IFC)**
<https://www.federalregister.gov/documents/2020/05/08/2020-09608/medicare-and-medicaid-programs-basic-health-program-and-exchanges-additional-policy-and-regulatory>
- **2019–Novel Coronavirus (COVID-19) Provider Burden Relief Frequently Asked Questions (FAQs)**
<https://www.cms.gov/files/document/provider-burden-relief-faqs.pdf>
- **Hospitals: CMS Flexibilities to Fight COVID-19**
<https://www.cms.gov/files/document/covid-hospitals.pdf>

References

- **List of Telehealth Services**

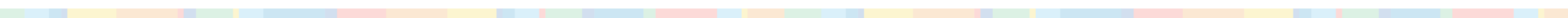
<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

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

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

- **Teaching Hospitals, Teaching Physicians and Medical Residents: CMS Flexibilities to Fight COVID-19**

<https://www.cms.gov/files/document/covid-teaching-hospitals.pdf>



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