COVID-19: More Questions & Answers

Special Coding Suggestions About Telehealth During The COVID-19 Emergency and Other Answers

UPDATED

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- Billing for Professional Telehealth Distant Site Services During the Public Health Emergency — Revised
- Trump Administration Issues Key Recommendations to Nursing Homes, State and Local Governments
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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. Building on prior action to expand reimbursement for telehealth services to Medicare beneficiaries, CMS will now allow for more than 80 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.
As a reminder, CMS is not requiring the CR modifier on telehealth services. However, consistent with current rules for telehealth services, there are two scenarios where modifiers are required on Medicare telehealth professional claims:

- Furnished as part of a federal telemedicine demonstration project in Alaska and Hawaii using asynchronous (store and forward) technology, use GQ modifier
- Furnished for diagnosis and treatment of an acute stroke, use G0 modifier

There are no billing changes for institutional claims; critical access hospital method II claims should continue to bill with modifier GT.

**Trump Administration Issues Key Recommendations to Nursing Homes, State and Local Governments**

On April 3, at the direction of President Trump, the Centers for Medicare & Medicaid Services (CMS), in consultation with the Centers for Disease Control and Prevention (CDC), issued critical recommendations to state and local governments, as well as nursing homes, to help mitigate the spread of the 2019 Novel Coronavirus (COVID-19) in nursing homes. The recommendations build on and strengthen recent guidance from CMS and CDC related to effective implementation of longstanding infection control procedures.
1. Most of us need to get up and running immediately. Need to know bottom line:

Best platforms
Any HIPAA-compliant audiovisual interactive platform is best. But CMS is also allowing smartphone programs/capabilities, e.g., FaceTime, etc. right now.

Payment for established patient: Medicare
Payments for Medicare services are not different than they would be pre-emergency. Medicare telehealth services are reimbursed the same as if they were provided in-person.

Payment for established patient: commercial
Commercial payors have discretion in what they pay for telehealth services unless you are in one of the few states that requires payment parity. Most are paying the same rates as in-person services right now, but you will have to check your provider agreement, and/or contact the payor.

Payment for new patient: Medicare and commercial
MS has now expanded the list of telehealth services that provides may provide and for which they may be reimbursed. I believe they also are now allowing virtual check-ins for new patients as well. Helpful guidance document for providers - https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf.
2. **Does the interaction have to be audio/video recorded to be reimbursed?**

We are unaware of any requirements under Medicare or Medicaid that telehealth interactions have to be recorded in order to be reimbursed. Keep in mind there are also privacy and security considerations in recording interactions. Just make sure to keep documentation of the video interaction occurring (e.g., a video call log), as well as documentation of the length of the interaction and the services performed.

3. **Is it true that Nurse practitioners cannot work from home, they can only do telemedicine at the office?**

CMS is allowing practitioners to render telehealth services from their home without reporting their home address on their Medicare enrollment while continuing to bill from your currently enrolled location. However, private payers and state Medicaid agencies may have differing requirements.
4. If the patient (MC or commercial) still has a deductible, and has a telehealth visit, is the patient still responsible during the COVID-19 epidemic?

CMS and OIG are letting providers waive cost-sharing for patients for telehealth visits. So for Medicare and Medicaid patients, you should be fine to waive co-pays. Note that some states have mandated that patients may not be charged cost-sharing (or anything, depending on the state) for COVID-related care. So you may not be able to charge cost-sharing for those services, no matter the patient’s payor. Check state insurance and governor websites for state-specific information.

5. An obvious big question, some patients decline having an audio/video interaction but are willing to proceed with an audio only interaction (not facetime for eg). The AMA published guidelines for physicians during the COVID-19 crisis and states that audio or audio/video is permissible. Your comments?

Audio-only is only allowed for virtual check-ins or telephone E&M services. You need both audio and video to provide Medicare telehealth services, which includes these - https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes - and the 80 codes recently added, available at - https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf under "Medicare Telehealth."
6. I know you don't want to cover by state. However, in CA we are under the impression that Medicare will reimburse for a phone call just like an audio/video call. True?

See above, #5. Audio and video are required to provide "Medicare telehealth services." You can provide telephone services and virtual check-ins with just a phone call.

7. How will Medicare know that the patient interaction was a Facetime with video, or an audio only call. Should I capture a picture of my patient interaction?

Apple products keep logs of FaceTime calls. Screenshot those for your records - keep documentation of the video interaction occurring (e.g., a video call log), as well as documentation of the length of the interaction and the services performed. Other video platforms should have comparable logs.
8. Since older patients are the most vulnerable and most likely to not be "tech savvy," I can see a need to have the participation of a tech capable family member. Is this OK?

Yes. It is acceptable under HIPAA for a senior or other patient who is not tech-savvy to have a family member/friend/caregiver take part in his or her telehealth visit.


See above, #5 and #6.

9. **discuss codes 99441-3.**

Telephone services. Medicare is paying for these, and they can be provided via telephone only - https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf.
10. Can states restrict new patient visits done through telemedicine despite Medicare relaxing the in-person requirements?

States have jurisdiction over licensure and scope of practice. Medicare has jurisdiction over reimbursement for care provided to Medicare patients. These two jurisdictions are not mutually exclusive. Therefore, if a state has a law in place that restricts use of telemedicine to establish a relationship with a new patient, then Medicare’s willingness to pay for such a visit does not render the State requirement ineffective. It should be noted that many states allow health care providers to establish a new patient relationship via telehealth and, to the extent that a state traditionally did not allow for this, the state is likely to change this in light of the COVID-19 pandemic.

11. It is my understanding that TX did not choose to allow reciprocal licenses/privileges for telehealth and a sponsoring MD practicing in TX can sponsor the out of state doctor. Does the reverse apply as well? Could you comment on this?

Please check the Texas Board of Medicine website at http://www.tmb.state.tx.us/page/coronavirus, which suggests that TX is fast-tracking licenses for certain out of state professionals.
12. Clarify - the virtual check-in must be related to a visit within 7 days, if not then it is not a billable is that correct?

No. Virtual check-ins are for established, and new patients where the communication is not related to a medical visit within the previous 7 days and does not lead to a medical visit within the next 24 hours (or soonest appointment available).

13. What if an elderly patient does not have video capabilities?

Then bill for telephone E&M or a virtual check-in.
14. Do you think there is a chance that CMS will convert Telemedicine visits during the Covid-19 epidemic into New Patient and Established visit codes for reimbursement? Physicians will not be able to survive on the current level of payment.

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

It’s unclear at this point when to use 99441 and when to use G2012. Both can be used for 5-10 minute medical discussion over the phone for new or established patients. 99442 is for 11-20 minutes, 99443 is for 21-30 minutes. G2010 is for captured video or images sent to a physician.

15. Are modifiers needed for telemedicine visits when billing Medicare?

April 3 CMS sent clarification that Medicare claims for telehealth using video chat should be billed under a place of service 11 with modifier 95 appended to the level of service that was documented.
16. It is my understanding that CMS broadly waived the technology requirements to allow office visits 9921x codes over the phone. You indicated that is not the case. Can you clarify?

See above, #5 and #6.

17. Comment specifically on reimbursement 99442 vs. g2012.

See above, #15. Medicare didn't reimburse for 99441-43 before now, so I don't know the reimbursement rates yet. If Medicaid reimbursed, it would depend on the state, and commercial reimbursement will depend on your payor agreement.
18. I also have a question on synchronous vs. asynchronous audiovisual telemedicine visit—what are the key elements for documentation of asynchronous elements?

Given the difference in the modalities for an asynchronous visit, the survey/questionnaire document should be maintained and made part of the patient's medical record. Otherwise, the same documentation requirements (e.g., consent) exist as between synchronous and asynchronous telehealth visits.

19. Just so I understand, if you make a good faith effort to use video, and cannot, you can still potentially bill for telehealth?

Potentially, yes, but we don't advise this approach. If you tried to provide with audio and video, but cannot make video work, you could make the argument that you provided the services in good faith. However, we strongly advise that you 1. make sure first that there isn't a code that it would then be more appropriate to bill (e.g., the telephone E&M codes or the virtual check-in), and 2. very thoroughly document all of your efforts to comply. If you do bill for a Medicare telehealth service provided via audio only, there's no guarantee that you will be paid, or that you will not be subject to enforcement later.
20. Are you sure one needs the 02 modifier for Medicare since others have said no?

It’s the 02 POS code.

21. Medicare is not officially permitting payment for new virtual visit; on the other hand it sounds as if we can go ahead and do this. From a billing perspective should we bill as new patient? Will these codes get kicked out? Should these patients be billed as established?

You can bill for Medicare telehealth services and for virtual check-ins for new or established patients now. I'd advise to bill accurately for the type of patient they are - new or established - to reduce regulatory risk.

22. what about GT or 95 modifiers?

CMS eliminated need for GT modifier by introducing the POS 02 code.
23. As far as the 992xx series visits, do you mean use the 02 modifier or the 02 place of service?

02 POS.

24. 02 is NOT a modifier - it's a place of service code! Office visit is facility code 11. Can I bill 99213 or 99214 without a modifier?

Yes, you just need the POS 02 to bill the professional service for a 99213 or 99214 visit.

25. Can I bill out a 30-minute 99213 visit as audio only?

No. You need audio and visual for the office/outpatient visit E&M codes.
26. If patient does not have a smart phone can a phone call qualify for a telehealth visit?

It can qualify for a virtual check-in or a telephone service, not for a telehealth visit.

27. And the modifiers?

See above, #23.
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