Telemedicine: How to Bill for Services, Get Paid, and Do So Compliantly

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April 3, 2020

About HCN

With over 25 years of experience in healthcare regulation and compliance, Healthcare Compliance Network (HCN) is a leading provider of education, training, auditing and compliance products and services. HCN facilitates a streamlined approach to achieving regulatory compliance for healthcare organizations of all sizes. With an emphasis on physician practices, HCN's Hi-Tech Hi-Touch approach can be tailored to provide both on site services as well as web-based applications.

Presenter

JIM TUDOR, CPC, PCA
DIRECTOR, CODING AND BILLING COMPLIANCE

Jim has over 30 years of experience in the industry and has designed and administered billing compliance audit programs for physician provider organizations, hospitals, and medical offices. He has extensive experience within virtually all specialties, and has served as a coder, auditor, educator, manager, and director. Jim also plays a key role in our payer validation audit initiatives, assisting clients with appeals and providing expert feedback to legal counsel.

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Disclaimer

- Information presented herein represents current guidelines at the time of this presentation
- State or payer specific nuances may apply to telehealth services.

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Live Video/Audio Conferencing

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1135 Waiver Authority / Coronavirus Preparedness and Response Supplemental Appropriations Act

- Historically, Medicare coverage for telemedicine has been restricted to those patients who live in medically underserved areas
- Effective for services starting 3/6/20 and for the duration of the COVID-19 Public Health Emergency, Medicare will provide coverage for telehealth services furnished to patients in broader circumstances by allowing payment for professional services furnished to beneficiaries in all areas of the country in all settings.
- This includes services provided in any healthcare facility or in their home.
- These visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits.

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Coding and Documentation

- Provider must utilize interactive audio/video, real time communication (this should be mentioned in the progress note)
- Place of service should be equal to what it would have been in the absence of a public health emergency (e.g. POS 11 for office, POS 22 hosp outpt on campus)
- Use modifier 95 on Medicare claims. Some payers may want GT.
- Bill the most appropriate CPT Code.
- Documentation should support the code billed
  - E/M services: throughout the duration of the PHE, the provider may use either medical decision making or time. No need to meet other requirements (HPI, ROS, exam, etc)

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9. Q: How does a qualified provider bill for telehealth services?

A: Medicare telehealth services are generally billed as if the service had been furnished in-person. For Medicare telehealth services, the claim should reflect the designated Place of Service (POS) code 02-Telehealth, to indicate the billed service was furnished as a professional telehealth service from a distant site.

18. Q: Will CMS require specific modifiers to be applied to the existing codes?

A: CMS is not requiring additional or different modifiers associated with telehealth services furnished under these waivers. However, consistent with current rules, there are three scenarios where modifiers are required on Medicare telehealth claims. In cases when a telehealth service is furnished via asynchronous (store and forward) technology as part of a federal telemedicine demonstration project in Alaska and Hawaii, the GQ modifier is required. When a telehealth service is billed under CAH Method II, the GT modifier is required. Finally, when telehealth service is furnished for purposes of diagnosis and treatment of an acute stroke, the G0 modifier is required.

Medicare FAQ Telehealth Services 3/17/2020: https://www.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf

Billing for Professional Telehealth Services During the Public Health Emergency

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 non-traditional telehealth services with dates of services on or after March 1, 2020, and for the duration of the Public Health Emergency (PHE), bill with the Place of Service (POS) equal to what it would have been in the absence of a PHE, along with a 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 traditional telehealth services, there are two scenarios where modifiers are required on Medicare telehealth professional claims:

MLN Connects: https://www.cms.gov/files/document/mln-connects-special-edition-3-31-2020.pdf

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CPT Codes – Telehealth Services

LIST OF MEDICARE TELEHEALTH SERVICES

Code	Short Descriptor	Code	Short Descriptor	Code	Short Descriptor	Code	Short Descriptor	Code	Short Descriptor
90785	Psytx complex interactive	96130	Psycl tst eval phys/qhp 1st	99202	Office/outpatient visit new	99310	Nursing fac care subseq	G0296	Visit to determ ldct elig
90791	Psych diagnostic evaluation	96131	Psycl tst eval phys/qhp ea	99203	Office/outpatient visit new	99315	Nursing fac discharge day	G0396	Alcohol/subs interv 15-30mn
90792	Psych diag eval w/med srvcs	96132	Nrpsyc tst eval phys/qhp 1st	99204	Office/outpatient visit new	99316	Nursing fac discharge day	G0397	Alcohol/subs interv >30 min
90832	Psytx pt&family 30 minutes	96133	Nrpsyc tst eval phys/qhp ea	99205	Office/outpatient visit new	99327	Domicil/r-home visit new pa	G0406	Inpt/tele follow up 15
90833	Psytx pt&fam w/e&m 30 min	96136	Psycl/nrpsyc tst phy/qhp 1s	99211	Office/outpatient visit est	99328	Domicil/r-home visit new pa	G0407	Inpt/tele follow up 25
90834	Psytx pt&family 45 minutes	96137	Psycl/nrpsyc tst phy/qhp ea	99212	Office/outpatient visit est	99334	Domicil/r-home visit est pa	G0408	Inpt/tele follow up 35
90836	Psytx pt&fam w/e&m 45 min	96138	Psycl/nrpsyc tech 1st	99213	Office/outpatient visit est	99335	Domicil/r-home visit est pa	G0420	Ed svc ckd ind per session
90837	Psytx pt&family 60 minutes	96139	Psycl/nrpsyc tst tech ea	99214	Office/outpatient visit est	99336	Domicil/r-home visit est pa	G0421	Ed svc ckd grp per session
90838	Psytx pt&fam w/e&m 60 min	96156	Hlth bhv assmt/reassessment	99215	Office/outpatient visit est	99337	Domicil/r-home visit est pa	G0425	Inpt/ed teleconsult30
90839	Psytx crisis initial 60 min	96168	Hlth bhv ivntj indiv 1st 30	99217	Observation care discharge	99341	Home visit new patient	G0426	Inpt/ed teleconsult50
90840	Psytx crisis ea addl 30 min	96159	Hlth bhv ivntj indiv ea addl	99218	Initial observation care	99342	Home visit new patient	G0427	Inpt/ed teleconsult70
90845	Psychoanalysis	96164	Hlth bhv ivntj grp 1st 30	99219	Initial observation care	99343	Home visit new patient	G0436	Tobacco-use counsel 3-10 min
90846	Family psytx w/o patient	96165	Hlth bhv ivntj grp ea addl	99220	Initial observation care	99344	Home visit new patient	G0437	Tobacco-use counsel>10min
90847	Family psytx w/patient	96167	Hlth bhv ivntj fam 1st 30	99221	Initial hospital care	99345	Home visit new patient	G0438	Ppps, initial visit
90853	Group psychotherapy	96168	Hlth bhv ivntj fam ea addl	99222	Initial hospital care	99347	Home visit est patient	G0439	Ppps, subseq visit
90951	Esrd serv 4 visits p mo <2yr	96160	Pt-focused hlth risk assmt	99223	Initial hospital care	99348	Home visit est patient	G0442	Annual alcohol screen 15 min
90952	Esrd serv 2-3 vsts p mo <2yr	96161	Caregiver health risk assmt	99224	Subsequent observation care	99349	Home visit est patient	G0443	Brief alcohol misuse counsel
90953	Esrd serv 1 visit p mo <2yr	97110	Therapeutic exercises	99225	Subsequent observation care	99350	Home visit est patient	G0444	Depression screen annual
90954	Esrd serv 4 vsts p mo 2-11	97112	Neuromusulcar reeducation	99226	Subsequent observation care	99354	Prolonged service office	G0445	High inten beh couns std 30m
90955	Esrd srv 2-3 vsts p mo 2-11	97116	Gait training therapy	99231	Subsequent hospital care	99355	Prolonged service office	G0446	Intens behave ther cardio dx
90957	Esrd srv 4 vsts p mo 12-19	97161	PT Eval low complex 20 min	99232	Subsequent hospital care	99356	Prolonged service inpatient	G0447	Behavior counsel obesity 15m
90958	Esrd srv 2-3 vsts p mo 12-19	97162	PT Eval mod complex 30 min	99233	Subsequent hospital care	99357	Prolonged service inpatient	G0459	Telehealth inpt pharm mgmt
90959	Esrd serv 1 vst p mo 12-19	97163	PT Eval high complex 45 min	99234	Obser/hosp same date	99406	Behav chng smoking 3-10 min	G0506	Comp asses care plan ccm svc
90960	Esrd srv 4 visits p mo 20+	97164	PT re-eval est plan care	99235	Obser/hosp same date	99407	Behav chng smoking > 10 min	G0508	Crit care telehea consult 60
90961	Esrd srv 2-3 vsts p mo 20+	97165	OT eval low complex 30 min	99236	Obser/hosp same date	99468	Neonate crit care initail	G0509	Crit care telehea consult 50
90962	Esrd serv 1 visit p mo 20+	97166	OT eval mod complen 45 min	99238	Hospital discharge day	99469	Neonate crit care subsq	G0513	Prolong prev svcs, first 30m
90963	Esrd home pt serv p mo <2yrs	97167	OT eval high complex 60 min	99239	Hospital discharge day	99471	Ped critical care initial	G0514	Prolong prev svcs, addl 30m
90964	Esrd home pt serv p mo 2-11	97168	OT re-eval est plan care	99281	Emergency dept visit	99472	Ped critical care subsq	G2086	Off base opioid tx first m
90965	Esrd home pt serv p mo 12-19	97535	Self care mngment training	99282	Emergency dept visit	99473	Self-meas bp pt educaj/trai	G2087	Off base opioid tx, sub m
90966	Esrd home pt serv p mo 20+	97750	Physical Performance Test	99283	Emergency dept visit	99475	Ped crit care age 2-5 init	G2088	Off opioid tx month add 30
90967	Esrd home pt serv p day <2	97755	Assistive Technology Assess	99284	Emergency dept visit	99476	Ped crit care age 2-5 subsq		
90968	Esrd home pt serv p day 2-11	97760	Orthotic mgmt&traing 1st en	99285	Emergency dept visit	99477	Init day hosp neonate care		
90969	Esrd home pt serv p day 12-19	97761	Prosthetic traing 1st enc	99291	Critical care first hour	99478	Ic lbw inf < 1500 gm subsq		
90970	Esrd home pt serv p day 20+	97802	Medical nutrition indiv in	99292	Critical care addl 30 min	99479	Ic lbw inf 1500-2500 g subs		
92507	Speech/hearing therapy	97803	Med nutrition indiv subseq	99304	Nursing facility care init	99480	Ic inf pbw 2501-5000 g subs		
92521	Evaluation of speech fluenc	97804	Medical nutrition group	99305	Nursing facility care init	99483	Assmt & care pln cog imp		
92522	Evaluation speech production	G0108	Diab manage trn per indiv	99306	Nursing facility care init	99495	Trans care mgmt 14 day disch		
92523	Speech sound lang comprehen	G0109	Diab manage trn ind/group	99307	Nursing fac care subseq	99496	Trans care mgmt 7 day disch		
92524	Behavral qualit analys voic	G0270	Mnt subs tx for change dx	99308	Nursing fac care subseq	99497	Advncd care plan 30 min		

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

E-Visits and Store & Forward

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E-Visits

- E-visits refer to communications with providers via online patient portals.

- These are for established patients, and are non-face to face interactions, which differentiates it from telehealth.

- Physicians and other providers who bill E/M codes can bill e-visits, using these codes:

  - 99421: Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5–10 minutes
  - 99422: Online digital evaluation and management service, for an established patient, for up to 7 days cumulative time during the 7 days; 11– 20 minutes
  - 99423: Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes.

- The patient must generate the initial inquiry; however, the practice can reach out to patients to make them aware of service availability.

7 Day Global Codes

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E-Visits

Clinicians who may <u>not</u> independently bill for evaluation and management visits (for example – physical therapists, occupational therapists, speech language pathologists, clinical psychologists) can also provide these e-visits and bill the following codes:

- G2061: Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5–10 minutes
- G2062: Qualified non-physician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11–20 minutes
- G2063: Qualified non-physician qualified healthcare professional assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes.

7 Day Global Codes

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"Store & Forward"

- This service involves provider review, analysis, and interpretation of video and/or other images submitted by a remote patient and followed up with the patient in 24 business hours.

- This service cannot be related to an E/M service performed within the previous week or an E/M service or procedure performed within 24 hours or soonest available appointment.

- 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

7/24 Before & After

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Phone Calls & Virtual Check In

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Phone Calls – MD or NPP

- Medicare announced 3/31/2020 that it will pay these codes on a temporary basis throughout the duration of the PHE.

  - 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   11–20 minutes of medical discussion
- 99443   21–30 minutes of medical discussion

7/24 Before & After

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Virtual Check In

- Medicare pays for "virtual check-ins" (or Brief communication technology-based service) for patients to communicate with their doctors and avoid unnecessary trips to the doctor's office.

- These virtual check-ins are for patients with an established (or existing) relationship with a physician or certain practitioners 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).

- The patient must verbally consent to receive virtual check-in services. The Medicare coinsurance and deductible would generally apply to these services.

> 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

7/24 Before & After

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Phone Calls – Other Non Physician Providers

For those providers other than MDs and NPPs (e.g., PT, OT, clinical psychologists), the following codes are applicable for a telephone call:

- 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 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

7/24 Before & After

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Other

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Virtual Consultations

- 99446 – Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5–10 minutes of medical consultative discussion and review

- 99447 –   11–20 minutes of medical consultative discussion and review

- 99448 –   21–30 minutes of medical consultative discussion and review

- 99449 –   31 or more minutes of medical consultative discussion and review

- 99451 – Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time

- 99452 – Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes

14 Day Before & After (99446–99451)

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Remote Physiologic Monitoring

- 99453: Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment

- 99454: Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days

- 99091: Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days

- 99473: Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration

- 99474: Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient

- 99457: Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes

- 99458: Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure)

References

- CMS Fact Sheet: https://www.cms.gov/newsroom/fact-sheets/additional-backgroundsweeping-regulatory-changes-help-us-healthcare-system-address-covid-19-patient

- MLN Connects Special Edition: https://www.cms.gov/files/document/mln-connects-special-edition-3-31-2020.pdf

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

- Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency https://www.cms.gov/files/document/covid-final-ifc.pdf

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THANK YOU!