COVID-19 Billing and Coding Guidance

There is differing and ever-changing information circulating regarding coding and payments. This program will provide physicians tools and resources to navigate the use of allowed technology and the proper coding and billing guidelines for reimbursement.

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TARGET AUDIENCE

The intended audience for this program is healthcare professionals who manage patients in an office, clinic, or urgent-care setting, including physicians, nurses, and administrators.

EDUCATIONAL OBJECTIVES

- Define Telehealth, Virtual Visits, and E-Visits per CMS guidelines
- Understand what technology is allowed to perform Telehealth services
- Determine which procedure and diagnosis codes are allowed for reimbursement
- Appropriate documentation to support a Telehealth visit

This activity was published on May 15, 2020 and will expire on May 15, 2023

COVID-19 Billing and Coding Guidance

Disclosure to Learners

Commercial Support: There was no commercial support obtained for CME activity offered for this program.

Credit Information:
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The following planners or speakers have **no** financial relationship to disclose:

Karen Baird, CPC, CPMA, CEMA
Kathi Carney, CPC, CPMA, CPC-I
Beth Lentchner

SPEAKERS

Karen Baird, CPC, CPMA, CEMA, is the Director of Insurance Affairs with the Tennessee Medical Association. Karen is responsible for commercial and government health insurance plan relations, providing informational and policy assistance to advocacy and education staff and helping TMA member physicians resolve payer-related administrative and reimbursement hassles.

Karen brings more than 30 years of healthcare administrative experience to TMA. She is a certified professional coder and medical auditor, and is a member of several professional organizations including the American Academy of Professional Coders and the National Alliance of Medical Auditing Specialists.

Kathi Carney, CPC, CPMA, CPC-I, CHC , engages with clients to provide revenue cycle management for physician practices and other healthcare organizations.

Carney previously served in physician practice management roles as a full-time administrator, consultant, and revenue cycle manager. She possesses over 20 years of healthcare experience working with multiple medical specialties. She is a Certified Professional Coder and is a member of the local, state and national Medical Group Management Associations. Carney has provided educational training on local, state and national levels. She recently was tapped to present at the AAPC National HealthCon convention sharing her expertise.

COVID-19 BILLING AND CODING GUIDANCE

Presented by TMA & LBMC

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DISCLAIMER AND DISCLOSURE TO LEARNERS

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OBJECTIVES

- Define Telehealth, Virtual Visits, and E-Visits per CMS guidelines
- Understand what technology is allowed to perform Telehealth services
- Determine which procedure and diagnosis codes are allowed for reimbursement
- Appropriate documentation to support a Telehealth visit

CMS Guidelines for Virtual Visits

Per CMS – Three Types of Virtual Visits:

1. **Telehealth** – MUST include audio and video communication

2. **Virtual Check-ins**
   - Brief (5-10 minutes) check-in with patient's practitioner via telephone or other telecommunication 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

3. **E-visits** – A communication between a patient and his/her provider through an on-line patient portal

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

CMS Guidelines for Virtual Visits

Effective March 6, 2020, provision under 1135 waiver applies to Medicare covered services.

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/1135-Waivers-At-A-Glance.pdf

Telehealth Coverage and Changes

For a list of "traditional" CMS covered Telehealth Services, visit:

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

LIST OF MEDICARE TELEHEALTH SERVICES CY 2020	
Code	**Short Descriptor**
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
90951	Esrd serv 4 visits p mo <2yr
90952	Esrd serv 2-3 vsts p mo <2yr
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
90960	Esrd srv 4 visits p mo 20+

LIST OF MEDICARE TELEHEALTH SERVICES	CY 2019
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90785	Psytx complex interactive
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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
90951	Esrd serv 4 visits p mo <2yr
90952	Esrd serv 2-3 vsts p mo <2yr
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
90960	Esrd srv 4 visits p mo 20+

Telehealth Coverage and Changes

- Consent is REQUIRED
  - Must have a Telehealth consent on file or verbal consent in documentation
- Patient Location
  - Includes a patient's home during public health emergency
  - Distant site provider may also bill for telehealth services in locations that were previously covered
- Provider/Patient relationship
  - Relaxed the requirement for provider/patient relationship during the public health emergency

Telehealth Coverage and Changes

Required Technology – Telecommunications technology that has **audio and video** capabilities that are used for two-way, real-time interactive communication (Synchronous)

The 1135 waiver allows the Secretary to authorize use of telephones that have audio and video capabilities for furnishing Medicare telehealth services during the COVID-19 public health emergency.

HHS Office of Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against healthcare providers that serve patients in good faith through technologies such as FaceTime or Skype during the COVID-19 public health emergency.

Virtual Visits – Billing and Coding

- Use the CPT or HCPCS code to describe the service provided (must be a service listed on the CMS list of covered telehealth services) This is for "traditional" telehealth services.

- Distant site providers use Place of Service (POS) 02 – Telehealth

- Submit Medicare claims to the Medicare Administrative Contractor (MAC) that processes claims for the performing physician/practitioner's service area (Palmetto for Tennessee)

- Medicare pays the facility rate on all services billed with POS 02

Billing and Coding

The Department of Health and Humans Services has issued an Interim Final Rule with Comment Period, that instructs 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. Because they currently use the POS code on the claim to identify Medicare telehealth services, they are finalizing **on an interim basis** the use of the CPT telehealth modifier 95. Modifier 95 should be applied to claim lines that describe services furnished via telehealth. HHS maintains the facility payment rate, which is significantly less, for services billed using the general telehealth POS code 02 should physicians choose to maintain their current telehealth billing practices.

Virtual Visits – Billing and Coding

Per CMS notification received March 31, 2020, 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. Medicare reimburses the same amount for **non-traditional** telehealth services as it would if the service were furnished in person.

Virtual Visits – Billing and Coding

CMS LIST OF ADDED NON-TRADITIONAL TELEHEALTH CODES

- 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)

Continued on next slide…..

Virtual Visits – Billing and Coding

- 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.

Virtual Check-Ins

VIRTUAL CHECK-INS CAN ONLY BE REPORTED BY PHYSICIANS AND OTHER QUALIFIED HEALTH PROFESSIONALS THAT HAVE BILLING PRIVILEGES. COMMUNICATION WITH CLINICAL STAFF, SUCH AS NURSE OR MEDICAL ASSISTANT TRIAGE, IS NOT A BILLABLE SERVICE.

G2012 – Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified healthcare 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

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 procedure within the next 24 hours or soonest available appointment

Virtual Check-Ins

- Clinicians can provide virtual check-in services to both **new and established** patients.

- A broad range of clinicians, including physicians, can now provide certain services by telephone to their patients:

- CPT codes 98966-98968 – Non-Face-to-Face Telephone Non-physician Services provided by a qualified healthcare professional to a patient and must not end with a decision to see the patient within 24 hours or the next available urgent visit appointment.

- 99441-99443 – Non-Face-to-Face Telephone Services provided by a physician or other qualified healthcare professional and must not end with a decision to see the patient within 24 hours or the next available urgent visit appointment.

Virtual Check-Ins

- Virtual check-ins can be conducted with broader range of communication methods.
- Practitioner may respond to the patient's concern by telephone, audio/video, secure text messaging, email, or use of a patient portal.
- Co-insurance and deductible would generally apply to these services.
- Consent required
- See individual payer resources for commercial payer coverage.

E-Visits

May only be reported when the billing practitioner has an established relationship with the patient; however, under the 1135 waiver, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during the public health emergency.

- **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

E-Visits

Licensed clinical social workers, clinical psychologists, physical therapists, occupational therapists, and speech language pathologists can provide e-visits utilizing the following HCPCS codes:

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

E-Visits

- Not limited to certain locations
- Medicare Part B reimburses for E-visits, patient initiated online evaluation and management visits, **conducted via a patient portal**
- Co-insurance and deductibles would generally apply to these services
- Consent required (most EMR systems already have consent requirements for portal use)

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

LABORATORY TESTING CPT CODES

New CPT® Code

Most recently, the CPT Editorial Panel approved a new Category I Pathology and Laboratory code for novel coronavirus testing. This code is effective March 13, 2020.

87635 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19], amplified probe technique

This is an early release code, so you will need to manually upload this code descriptor into your electronic health record system.

LABORATORY TESTING CPT CODES

- CMS developed the first HCPCS code (U0001) to bill for tests and track new cases of the virus. This code is used specifically for CDC testing laboratories to test patients for SARS-CoV-2.

- The second HCPCS billing code (U0002) allows laboratories to bill for non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19).

SOURCE: https://www.cms.gov/newsroom/press-releases/cms-develops-additional-code-coronavirus-lab-tests

Diagnosis Codes

- For cases where there is a concern about a possible exposure to COVID-19, but this is ruled out after evaluation, it would be appropriate to assign the code **Z03.818**, Encounter for observation for suspected exposure to other biological agents ruled out.

- For cases where there is an actual exposure to someone who is confirmed to have COVID-19, it would be appropriate to assign the code **Z20.828**, Contact with and (suspected) exposure to other viral communicable diseases.

- For confirmed cases of COVID, assign **U07.1,** 2019-nCoV acute respiratory disease - Effective April 1, 2020

For further information, see the CDC Coronavirus coding supplement
https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Gudance-Interim-Advice-coronavirus-feb-20-2020.pdf

Modifiers

- **95** – Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System
- **GT** – Via an interactive audio and video telecommunications system
- **GQ** – Via an asynchronous communications system
- **G0** – Telehealth services for diagnosis, evaluation or treatment of symptoms of an acute stroke

➢ Modifier use varies with commercial payers

Documentation Guidelines

Documentation guidelines have not changed. You still have to document your encounters in order to bill for your services. Remember, medical necessity of a service is the overarching criterion for payment in addition to the individual requirements of a CPT code.

It is imperative to document the mode of the visit such as audio/visual encounter, telephone encounter, etc. Payers are not auditing during the PHE; however, they will be auditing once the PHE is over and those audits will include services performed during the PHE.

Documentation Relaxation

Interim final rule with comment period

"On an interim basis, we are revising our policy to specify that the office/outpatient E/M level selection for these services when furnished via telehealth can be based on MDM or time, with time defined as all of the time associated with the E/M on the day of the encounter; and to remove any requirements regarding documentation of history and/or physical exam in the medical record. This policy is similar to the policy that will apply to all office/outpatient E/Ms beginning in 2021 under policies finalized in the CY 2020 PFS final rule."

RECOMMEND INCLUDING HPI TO SUPPORT MEDICAL NECESSITY

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

Questions To Ask Payers

- What services are covered?

- What are the effective dates?
  (Most insurers are limiting this exemption to a specific period of time)

- May these services be provided by Nurse Practitioners, Physician Assistants, and other Qualified Healthcare Providers (QHP)?

- How are services to be billed?
  - Do we use telehealth codes or office visit codes?
  - What place of service?
  - What modifiers are necessary?

Carrier Tidbits

- Aetna – No modifiers except on behavioral health – POS 02
- Amerigroup – GT or 95 modifier - POS same as in-person with **OR** POS 02
- Blue Cross Blue Shield – 95 modifier - POS same as in-person visit **OR** POS 02 with no modifier
- Cigna – GQ, GT, or 95 as applicable - POS code same as in-person
- Humana – Follows CMS guidelines
- Palmetto - Modifier 95 – (G0 for acute stroke) - POS same as in-person visit
- United Healthcare – GQ, GT, or 95 as applicable - POS 02

See additional resources for individual payers

FILING DATES for TELEHEALTH VISITS

- CIGNA and Palmetto – April 6, 2020
- United Healthcare – April 1, 2020

Claims filed prior to these dates may be denied due to payer edits

Individual Payer Billing Guidelines

Aetna

https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html#acc_link_content_section_responsivegrid_copy__responsivegrid_accordion_10

Amerigroup

https://providers.amerigroup.com/Public%20Documents/TNTN_PU_TalkingPointsCOVID19.pdf

Blue Cross

https://bcbstupdates.com/

Individual Payer Billing Guidelines

Cigna

https://www.cigna.com/newsroom/news-releases/2020/cigna-takes-additional-actions-to-protect-customers-and-communities-against-covid-19

Humana

https://www.humana.com/provider/coronavirus/telemedicine

Palmetto

https://www.palmettogba.com/palmetto/providers.nsf/docsr/Providers~JJ%20Part%20B~Browse%20by%20Topic~Emergency%20and%20Disaster%20Instructions

United Healthcare

https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services.html#2-mar20

QUESTIONS

A copy of these materials and other resources including a link to obtain CME credit for this course can be found on the Telemedicine Education Series launch page on theTMA website at:

https://tnmed.org/assets/files/education/telemedCME.pdf

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Informed Consent Process

Send the Telehealth Informed Consent to the patient via e-mail, fax, or U.S. mail before the appointment if at all possible. Consider posting the consent form on your website or patient portal and direct the patient to access it there. Ask the patient to sign the consent and return it to you. The patient could take a photo of the signed form and send it to you, scan the signed form and send it to you, or mail it back to you.

If you have not received a signed consent form from the patient, at the beginning of the telehealth visit you will need to:

1. Ask the patient if he/she has read the consent form;
2. Ask the patient to return the signed consent form;
3. Ask the patient if he/she agrees to have today's services provided through telemedicine.

You will need to include a statement in the visit notes of the patient's medical record that the patient has received or has been sent the practice's telehealth consent form and verbally agreed to receive treatment via telemedicine today.

If it is an urgent visit and you are unable to send the form in advance, you will still need to get the verbal consent from the patient and send the form to the patient after the visit.

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TMA Telehealth Patient Consent Form Template

I (patient name/guardian) _____ hereby provide (name of practice or provider) _____ permission to provide medical treatment and or medical consultation to (patient name) _____ by means of telemedicine.

Patient's Full Name: _____
Patient's Date of Birth: _____

Date of Telemedicine Visit: _____
Provider Performing Service: _____
Provider's Type of Degree (MD/DO, APRN, PA): _____
Provider's Medical Specialty (if applicable): _____
Facilitator with Patient (if applicable): _____
Title of Facilitator (LPN, RN, MA): _____

Patient understands and consents:

1. That receiving medical services through telemedicine technology, especially in emergency times such as pandemics, help protect patients and medical providers from exposure to contagious diseases. However, not all medical conditions can be treated as effectively as through an in-person visit. Telemedicine cannot treat most emergency conditions.
2. (If applicable) That all releases, assignments, history, privacy, and other forms that I have previously signed for practice apply to this visit by telemedicine technology.
3. To receive medical services and/or consultation through a telemedicine visit with my provider today instead of receiving the requested service(s) during an in-person visit.
4. That details of my current and relevant past medical history, exams, x-rays and other imaging, lab tests, and other diagnostic and treatment information will be discussed with other health care professionals through the use of interactive video, audio, and telecommunication technology.
5. That my provider might perform a physical examination through the use of such technology or (if applicable) through the use of a practice facilitator who is in the room with me.
6. [If applicable] That non-medical person facilitators may be present with me and they will help operate the telecommunication technology.
7. That video, audio, or digital recordings may be made of the visit.
8. That the rights described in the HIPAA authorization that I signed from (name of practice) applies to this telemedicine visit. Additionally, none of my patient-identifying information or images from this visit will be shared with researchers or others without my consent, unless authorized by law.
9. That reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the telehealth services. (If applicable) I understand that the practice cannot control the location where I am in terms of confidentiality and privacy. All existing

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confidentiality protections under federal and Tennessee state law apply to information disclosed during this telemedicine visit.

10. That the telemedicine service will be similar to a regular in-person office visit with provider, except that interactive video technology will allow me to communicate with my provider by remote means. I understand that a medical record of the visit will be created by the provider and that my rights regarding such record are the same as my rights regarding any of my other records created by a practice provider. I also understand that not all medical conditions are capable of being treated by telemedicine means. Further, a follow-up in-person visit to this or another provider might be recommended during this telemedicine visit for further care, testing, or evaluation.
11. That I may withhold or withdraw my consent to the telemedicine visit at any time without affecting my right to future care or treatment from provider. Withdrawing my consent does not create a risk, loss of, or withdrawal of any benefits for which I would otherwise be entitled. Any time during my telemedicine visit I understand that I can stop and request an in-person visit, I have the option to consult with a provider of medical services in person.
12. That my provider can withdraw from providing services during the telemedicine visit for any reason, including if a determination is made in the provider's best medical judgment that treatment can no longer be safe, private, or effective through telemedicine. In that event, the provider can instruct me to seek in-person care from this or another provider and I agree to follow such recommendation or directive, especially if I require emergency care.
13. That this telemedicine visit will be paid for by my health insurance plan. However, in the event that it refuses to pay provider, I may be held financially responsible for any and/or all telemedicine services rendered to me by provider.

I have been given an opportunity to ask questions about my telemedicine visit today and I agree to receive my care today through a telemedicine visit.

Patient or Authorized Signatory: _____ Date: _____
Print name of Signatory: _____ If Signatory is a person other than the patient, describe the relationship to patient: _____

Witness (if required): _____

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