UPDATE ON TELEMEDICINE FOR CODERS AND BILLERS –
MEDICARE’S APRIL 30TH RELEASE OF INTERIM RULE CMS-5531 CONTINUES TO AFFECT YOUR PRACTICE AND SERVICES YOU PERFORM IN THE COVID-19 CRISIS

Jill Young CEMC, CPC, CEDC, CIMC
Housekeeping

- All participating are muted
- To ask a question to be answered by speaker:
  - Use the “Q&A” box found on your screen
  - We will address questions after the presentation
- For help with technical difficulties and non-speaker questions:
  - Use the “chat” box and we will respond as soon as possible
- Slides and a recording of the presentation will be available on the AOA website
- To obtain CME credit you take the post evaluation following the webinar visit [https://aoaonlinelearning.osteopathic.org/course/index.php?categoryid=40](https://aoaonlinelearning.osteopathic.org/course/index.php?categoryid=40)
Updates on Telemedicine Services from 5531 IFC - Released April 30, 2020
For Coders & Billers

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East Lansing, Michigan
Disclaimer

- This material is designed to offer basic information for coding and billing. The information presented here is based on the experience, training, and interpretation of the author. Although the information has been carefully researched and checked for accuracy and completeness, the instructor does not accept any responsibility or liability with regard to errors, omissions, misuse, or misinterpretation. This handout is intended as an educational guide and should not be considered a legal/consulting opinion.

- This information is current as of the date the lecture was written -

- May 27, 2020
Payment Increase for 99441-99443

- Crosswalk payment
  - 99441 - 99212 - 2.06
  - 99442 - 99213 - 3.06
  - 99443 - 99214 - 4.10

- Goes retroactive to March 1, 2020

- No payment change for 98966-98968

- CMS will be reprocessing claims paid prior to increase

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Not Payable By Medicare (3-20-20)
Corona Virus - COVID-19 vs Healthcare

- Presidential declaration of a disaster or emergency under the Stafford Act or National Emergencies Act and Declaration of a public health emergency by the HHS Secretary under Section 319 of the Public Health Service Act
  - Waiver 1135 of Social Security Act (the ACT)
- Coronavirus Aid, Relief and Economic Security (CARES) Act
  - March 27, 2020
- Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency
  - CMS-1744-IFC (Interim final rule with comment period)
  - March 30, 2020
- Medicare and Medicaid Programs, Basic Health Program, and Exchanges; Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency and Delay of Certain Reporting Requirements for the Skilled Nursing Facility Quality Reporting Program
  - CMS-5531-IFC (Interim final rule with comment period)
  - April 30, 2020
- CMS continues to release clarifying Q&A in several areas
  - FAQ Medicare Fee-for-Service (FFS) Billing (dated 5-1-20)
Originating Site

- The location where a Medicare beneficiary gets physician or practitioner medical services through a telecommunications system.
- Eligible geographic areas include
  - Rural health professional shortage areas (HPSA)
  - Counties not classified as a metropolitan statistical area (MSA)
  - Federal telemedicine demonstration projects as of December 31, 2000
    - May serve as the originating site regardless of geographic location.
Telemedicine - Originating Site Post CoVID-19

- May be any location patient is experiencing the encounter from
  - Home
  - Nursing Home
  - Daughter’s Home
Telemedicine - Distance Site Practitioners

Distant site practitioners who can furnish and get payment for covered telehealth services (subject to State law) are:

- Physicians
- Nurse practitioners (NPs)
- Physician assistants (PAs)
- Nurse-midwives
- Clinical nurse specialists (CNSs)
- Certified registered nurse anesthetists
- Clinical psychologists (CPs) and clinical social workers (CSWs) 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 Current Procedural Terminology (CPT) codes 90792, 90833, 90836, and 90838.
Place of Service

- The “usual place” of service billed from your office would bill this code from
  - Office - 11
- Telehealth - 02
  - Location services are provided or received through a telecommunication system
  - CMS/Medicare
    - Payment is reduced to allow for originating site fee paid to facility
Modifiers

**Modifier - GT**
- Via interactive audio and video telecommunications systems.

**Modifier - 95**
- Synchronous Telemedicine Service rendered via a realtime interactive Audio and Video Telecommunications system.
Interactive Telecommunications System
Definition Final Rule

- Multimedia communications equipment that includes, at a minimum
  - Audio and video (A/V) equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner
  - Audio/visual real time telecommunication technology
Telemedicine Services Added During PHE

- Emergency Department Visits
- Observation code series (admit and discharge)
- Initial Hospital Care Visits
- Nursing Facility Visits
- Domiciliary, Rest Home, or Custodial Care Services
- Home Visits
- Inpatient Neonatal and Pediatric Critical Care Visits
- End Stage Renal Disease Visits
- Psychology and Neuropsychology Testing
List of Telehealth Services Payable by CMS


- 80 codes added during Public Health Emergency (PHE)
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<td></td>
<td></td>
</tr>
<tr>
<td>G0444</td>
<td>Depression screen annual</td>
<td></td>
<td></td>
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<tr>
<td>G0445</td>
<td>High inten beh couns std 30m</td>
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</tr>
<tr>
<td>G0446</td>
<td>Intens beh ther cardio dx</td>
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<td>Code</td>
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<td>Can Audio-only Interaction Meet the Requirements?</td>
</tr>
<tr>
<td>--------</td>
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<td>--------</td>
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<tr>
<td>G0108</td>
<td>Diab manage trn per indiv</td>
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<td>Yes</td>
</tr>
<tr>
<td>G0109</td>
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<td>Yes</td>
</tr>
<tr>
<td>G0270</td>
<td>Mnt subs tx for change dx</td>
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<td>Yes</td>
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<tr>
<td>G0296</td>
<td>Visit to determ ldct elig</td>
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<td>Yes</td>
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<tr>
<td>G0396</td>
<td>Alcohol/subs interv 15-30mn</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>G0397</td>
<td>Alcohol/subs interv &gt;30 min</td>
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<td>Yes</td>
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<td>G0406</td>
<td>Inpt/tele follow up 15</td>
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<td>G0407</td>
<td>Inpt/tele follow up 25</td>
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<td>Inpt/tele follow up 35</td>
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<td>G0410</td>
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<td>Temp Addition — eff 4/30/20</td>
<td>Statutory exclusion</td>
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<tr>
<td>G0420</td>
<td>Ed svc ckd ind per session</td>
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</tr>
<tr>
<td>G0421</td>
<td>Ed svc ckd grp per session</td>
<td></td>
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</tr>
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<td>G0425</td>
<td>Inpt/ed teleconsult30</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>G0426</td>
<td>Inpt/ed teleconsult50</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>G0427</td>
<td>Inpt/ed teleconsult70</td>
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</tr>
<tr>
<td>G0436</td>
<td>Tobacco-use counsel 3-10 min</td>
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<td>G0437</td>
<td>Tobacco-use counsel&gt;10 min</td>
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<tr>
<td>G0438</td>
<td>Pppps, initial visit</td>
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<tr>
<td>G0439</td>
<td>Pppps, subseq visit</td>
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<td>G0442</td>
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<td>G0443</td>
<td>Brief alcohol misuse counsel</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>G0444</td>
<td>Depression screen annual</td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>
Evaluation & Management Services

- Office & Other Outpatient Services
- Hospital Observation Services
- Hospital Inpatient Services
- Consultations
- Emergency Department Services
- Critical Care Services
- Nursing Facility Services
- Domiciliary, Rest Home or Home Care Plan Oversight
- Home Services
- Prolonged Services
- Case Management Services
- Care Plan Oversight Services
- Preventive Medicine Services
Non-Face-To-Face Services - Telephone Services (Physician or Other QHCP)

- Telephone evaluation and management service provided 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;
  - 99441 - 5-10 minutes of medical discussion
  - 99442 - 11-20 minutes of medical discussion
  - 99443 - 21-30 minutes of medical discussion
Service Options
Communication with Patients

Electronic
(Online Digital)
{Telehealth}

► 99421-99423
► 98970-98972*
► G2061-G2063*
► G2010 ~

Telephone
E&M
{Telehealth}

► 99441-99443
► 98966-98968*
► G2012

A/V Real Time
Telecommunication
{Telemedicine}

► 99201-99215
► Other CPT codes on “The List”

* QHP no clinical
~ ~ follow up to patient has multiple options
This document shows the codes associated with telehealth procedures covered with no cost sharing for members during the COVID-19 pandemic for Blue Cross (commercial) PPO, Medicare Plus Blue PPO, BCN HMO (commercial) and BCN Advantage members for dates of service on and after March 16, 2020, through June 30, 2020.

Telehealth services that are covered under the Blue Cross and BCN Telemedicine Services Medical Policy that are not listed in the codes below, are still covered but will require standard member cost sharing.

### Key for codes:

- **Telehealth Place of Service 02 and modifier of GT or 95 required to waive cost share for participating or nonparticipating providers, per CMS Waiver 1135. Must be participating for commercial products. All lines of business covered**

- **Telehealth POS or modifier not required – All lines of business covered**

- **Telehealth POS or modifier not required – Medicare Plus Blue PPO and BCN Advantage only**

- **Telehealth POS or modifier not required – Blue Cross (commercial) PPO and BCN HMO (commercial) only (excludes Medicare Advantage)**

- **Telehealth POS 02 and modifier of GT or 95 required to waive cost share for par or nonpar, per CMS Waiver 1135 – Medicare Plus Blue PPO and BCN Advantage only (excludes commercial)**

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>*90785</td>
<td>*90791 *90792</td>
</tr>
<tr>
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<td>*90845 *90846</td>
</tr>
<tr>
<td>*90960</td>
<td>*90961 *90963</td>
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<tr>
<td>*98116</td>
<td>*98160 *98161</td>
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<td>*99211</td>
<td>*99212 *99213</td>
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<tr>
<td>*99309</td>
<td>*99310 *99354</td>
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<tr>
<td>*99497</td>
<td>*99498 G0108 G0109 G0206 G0420 G0421 G0506 G0513 G0514</td>
</tr>
<tr>
<td>G0406 G0407 G0408 G0425 G0426 G0427 G0459 G0508 G0509 G2061 G2062 G2063</td>
<td>*98966 *98967 *98968</td>
</tr>
<tr>
<td>*99970</td>
<td>*99971 *99972</td>
</tr>
<tr>
<td>*97034</td>
<td>G0270 G0396 G0397 G0438 G0439 G0442 G0443 G0444 G0445</td>
</tr>
<tr>
<td>G0446 G0447 G0286 G0287 G0288</td>
<td></td>
</tr>
</tbody>
</table>

*All covered by Blue Cross Online Visits™.

*CPT codes, descriptions and two-digit numeric modifiers only are copyright 2019 American Medical Association. All rights reserved.*
Telemedicine and Telehealth Services

Refer to the COVID-19 Preparedness page for temporary information related to servicing members in response to COVID-19.

Physicians and health professionals who practice in Texas have the option to provide telemedicine and telehealth services and procedures to their patients to strengthen patient relationships and encourage continuity of care. Telemedicine and Telehealth services are covered for certain fully insured PPO and HMO plans. These services are covered in accordance with Chapter 1455 of the Texas Insurance Code. In addition, medical policies, benefits and eligibility are determining factors in reimbursement.

BCBSTX provides general reimbursement information policies, fee schedule request forms and fee schedule information on the General Reimbursement Information section of the provider website. Texas physicians and health professionals can provide telehealth services to their BCBSTX patients through their contract with BCBSTX. Also, healthcare providers can join approved telemedicine vendors such as MDLive. The MDLIVE physician network provides telephonic telehealth services to Blue Advantage HMOSM, Blue Advantage PlusSM HMO and Blue Choice PPOSM fully insured members by calling 888-450-1572 or going to MDLIVE.com. Some plans may use other vendors for telemedial/telehealth services. Benefits should always be verified before providing services.

For the latest updates regarding Telemedicine and Telehealth coverage in response to COVID-19 please refer to News and Updates as well as our COVID-19 Preparedness page.

Refer to Telemedicine and Telehealth Services on Clinical Payment and Coding Policies.
Telemedicine and Telehealth Coverage Expansion in Response to COVID-19 | Updated 04/03/2020

In response to the coronavirus (COVID-19), Blue Cross and Blue Shield of Texas (BCBSTX) is temporarily expanding coverage for medical and behavioral health telemedicine and telehealth visits. For insured plans regulated by the State of Texas — identified by a “TDI” or “DOI” printed on the member identification card — BCBSTX will cover telemedicine medical services and telehealth services in accordance with the temporary emergency rules adopted by the Texas Department of Insurance March 17, 2020.

We are continuing to evaluate the evolving state and federal legislative and regulatory landscape relating to COVID-19 and will continue to update our practices accordingly.

Expansion of telemedicine/telehealth coverage:

With the temporary enhancements to existing in-network telemedicine/telehealth benefits, the coverages below will apply for state-regulated, fully-insured members who receive covered telemedicine/telehealth services. This applies to claims with dates of service beginning March 10, 2020.

- Telemedicine/telehealth visits covered as a regular office visit for providers who offer the service through 2-way live interactive telephone or digital video consultations. Please note that on a temporary basis in response to COVID-19, audio-only consultations will be covered when provided in accordance with applicable regulations and rules.
- Continued access to MDLIVE® or a similar telemedicine/telehealth vendor, with a network of physicians who provide telemedicine/telehealth services.
- No member cost-sharing for covered, medically necessary medical and behavioral health services delivered via telemedicine or telehealth by a qualified in-network provider.
- BCBSTX will reimburse in-network professionals at least the same rate for a telemedicine/telehealth service as it reimburses for the same service when provided in-person, including covered mental health services.
Delivery Methods
Available telemedicine/telehealth visits with BCBSTX providers currently include:

- 2-way, live interactive telephone communication and digital video consultations
- Other methods allowed by state and federal laws, which can allow members to connect with physicians while reducing the risk of exposure to contagious viruses or further illness.

Providers can find the latest guidance on acceptable Health Insurance Portability and Accountability Act (HIPAA) compliant remote technologies issued by the U.S. Department of Health and Human Services’ Office for Civil Rights in Action.

Submitting claims
BCBSTX will reimburse providers for medically necessary services delivered via telemedicine and billed on claims with appropriate modifiers (95, GT, GQ) and Place of Service 02 in accordance with the member’s benefits for covered services.

Note: If a claim is submitted using a telemedicine code, the modifier 95 is not necessary. Only codes that are not traditional telemedicine codes require the modifier.
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- 2-way, live interactive telephone communication and digital video consultations
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Note: If a claim is submitted using a telemedicine code, the modifier 95 is not necessary. Only codes that are not traditional telemedicine codes require the modifier.
<table>
<thead>
<tr>
<th>Code</th>
<th>Short Description</th>
<th>Mod</th>
<th>Mod</th>
<th>POS</th>
<th>Maximum Fee</th>
<th>Comments</th>
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<tbody>
<tr>
<td>90785</td>
<td>Psytx Complex Interactive</td>
<td>GT</td>
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<td>02</td>
<td>$0.00</td>
<td>SBS only, refer to the SBS fee schedule for additional information</td>
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<td>02</td>
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<td>90832</td>
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<td>GT</td>
<td>02</td>
<td>02</td>
<td>$0.00</td>
<td>SBS only, refer to the SBS fee schedule for additional information</td>
</tr>
<tr>
<td>90834</td>
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<td>GT</td>
<td>02</td>
<td>02</td>
<td>$0.00</td>
<td>SBS only, refer to the SBS fee schedule for additional information</td>
</tr>
<tr>
<td>90837</td>
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<td>GT</td>
<td>02</td>
<td>02</td>
<td>$0.00</td>
<td>SBS only, refer to the SBS fee schedule for additional information</td>
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<tr>
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<td>02</td>
<td>02</td>
<td>$0.00</td>
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<tr>
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<tr>
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<tr>
<td>96127</td>
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<td>96138</td>
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<td>SBS only, refer to the SBS fee schedule for additional information</td>
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<tr>
<td>96139</td>
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<td>$0.00</td>
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<td>02</td>
<td>02</td>
<td>$0.00</td>
<td>SBS only, refer to the SBS fee schedule for additional information</td>
</tr>
<tr>
<td>97152</td>
<td>Bhv Id Suprt Assmt By 1 Tech</td>
<td>GT</td>
<td>02</td>
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<td>$0.00</td>
<td>SBS only, refer to the SBS fee schedule for additional information</td>
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<tr>
<td>97153</td>
<td>Adaptive Behavior Tx By Tech</td>
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<td>02</td>
<td>$0.00</td>
<td>SBS only, refer to the SBS fee schedule for additional information</td>
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<tr>
<td>97154</td>
<td>Grp Adapt Bhv Tx By Tech</td>
<td>GT</td>
<td>02</td>
<td>02</td>
<td>$0.00</td>
<td>SBS only, refer to the SBS fee schedule for additional information</td>
</tr>
<tr>
<td>97155</td>
<td>Adapt Behavior Tx Phys/Qhp</td>
<td>GT</td>
<td>02</td>
<td>02</td>
<td>$0.00</td>
<td>SBS only, refer to the SBS fee schedule for additional information</td>
</tr>
<tr>
<td>97156</td>
<td>Fam Adapt Bhv Tx Gdn Phy/Qhp</td>
<td>GT</td>
<td>02</td>
<td>02</td>
<td>$0.00</td>
<td>SBS only, refer to the SBS fee schedule for additional information</td>
</tr>
<tr>
<td>97158</td>
<td>Grp Adapt Bhv Tx By Phy/Qhp</td>
<td>GT</td>
<td>02</td>
<td>02</td>
<td>$0.00</td>
<td>SBS only, refer to the SBS fee schedule for additional information</td>
</tr>
<tr>
<td>99381</td>
<td>Init pm e/m new pat infant</td>
<td>GT</td>
<td>02</td>
<td>02</td>
<td>Non-Fac Fee: $86.72 Fac Fee: $53.49</td>
<td>See individual provider-specific fee schedule for additional information</td>
</tr>
</tbody>
</table>
General Telemedicine Policy Expansion

Current telemedicine policy requires both audio and visual service delivery, and when all possibilities to provide services using both audio and visual have been deemed not possible, due to the COVID-19 pandemic the Michigan Department of Health and Human Services (MDHHS) is expanding telemedicine policy.

During the period with dates of service referenced above, all codes on the telemedicine database (which encompass primary care, behavioral health, etc.) will be allowed for the service delivery method telephonic (audio) only. (See telemedicine database attached.)

All other requirements of telemedicine policy, including scope of practice requirements, as represented in Bulletin MSA 20-09 and the Medicaid Provider Manual must be followed unless otherwise indicated by the Center for Medicare & Medicaid Services (CMS).
COVID-19 May 5, 2020
Get the latest details on our prior authorization/precertification and admissions protocols, and the CARES Act to support healthcare providers.
May 7, 2020
We will waive all cost sharing for Medicare Advantage primary care and specialist visits beginning May 11, 2020 until at least Sept. 30, 2020. This is part of more than $1.5 billion of assistance being provided to our customers. Learn more about this effort and check out our comprehensive COVID-19 Updates and Resources.

COVID-19 Telehealth

Last update: May 4, 2020, 6:10 p.m. CDT

UnitedHealthcare will reimburse appropriate claims for telehealth services for dates of service from March 18, 2020 until June 18, 2020.

Billing Guidance +

Telehealth Reimbursement Expansion +

Member Coverage and Cost Share +

Individual and Group Market Health Plans +
Telemedicine - Medicare Advantage

- Organizations/Plans have flexibility to expand their coverage of telehealth
- Each plan decides individually what they will do
- MA are required to provide what is covered by Fee-for-service (normal)
- Plans do NOT have to provide these more expansive telehealth services
**Information in grid is incomplete*****

### Example of Grid Unique to your practice

<table>
<thead>
<tr>
<th>INSURANCE</th>
<th>TELEHEALTH E&amp;M</th>
<th>MODIFIER</th>
<th>PLACE OF SERVICE</th>
<th>ONLINE E&amp;M</th>
<th>TELEPHONE E&amp;M</th>
<th>VIRTUAL CHECK IN</th>
<th>TELEPHONE (OTHER QHC)</th>
<th>ONLINE DIGITAL ASSESSMENT (OTHER QHC)</th>
<th>ONLINE ASSESSMENT (OTHER QHC)</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>99201-99205/99211-99215</td>
<td><strong>usual location</strong></td>
<td>99421-99423</td>
<td>99441-99443</td>
<td>G2012</td>
<td>98966-98968</td>
<td>98970-98972</td>
<td>G2061-G2063</td>
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<td></td>
</tr>
<tr>
<td>2</td>
<td>Medicare</td>
<td>YES</td>
<td>95</td>
<td>11**</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Following CMS Rules/ exp 4-30-20</td>
</tr>
<tr>
<td>3</td>
<td>BCBSM</td>
<td>95 or GT</td>
<td>02</td>
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<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

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**LIST OF TELEHEALTH SERVICES CY 2020**

<table>
<thead>
<tr>
<th>Code</th>
<th>Short Descrip</th>
<th>Medicare</th>
<th>BCBS</th>
<th>Medicaid</th>
<th>United Healthcare</th>
<th>HAP</th>
<th>Wellcare</th>
<th>Priority</th>
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<tbody>
<tr>
<td>99201</td>
<td>Office/outpatient visit new</td>
<td>95</td>
<td>GT</td>
<td>95</td>
<td>GT</td>
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<td></td>
<td></td>
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<tr>
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<td>Office/outpatient visit new</td>
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<td>99203</td>
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<td>95</td>
<td>GT</td>
<td>95</td>
<td>GT</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Variables - 1\textsuperscript{st} Group Before the "call"

- Contact started via:
  - Electronic (Portal/email)
  - Patients would contact office regarding need for care (with a problem)
  - Patient has an appointment for continuing management of their chronic illness (office contacted them with options)

- Method of contact
  - Electronic
  - Telephone

- Qualifiers
  - Within 7 days of related E/M performed prior
Variables - 2nd Group

- Providers method of reply
  - Electronic
  - Telephone
  - Telephone and video

- Recommendation for follow up E&M or Procedure within 24 hrs

- Level of service (and what concept based on)
  - Time (counseling & coordination of care)
  - MDM
  - New Time

- What Insurance?
Documentation Recommendations

- Consent
- How was contact initiated
- Method of reply
- Who is on the call
- Time of visit (counseling & coordination of care)
- Total time of encounter (New Time)
- If patient was previously seen within 7 days and this is unrelated - state that formally in record
  - “today’s care was completely unrelated to the visit/care provided on 4/3/20 which was for xxx”
Telemedicine 99201-99215 ONLY

- 4 documentation options
  - 1995 E&M Guidelines
    - Bullet points
    - Counseling & Coordination of Care
  - 1997 E&M Guidelines
    - Bullet points
    - Counseling & Coordination of Care
  - 2021 Guidelines MDM
  - 2021 Guidelines “new time”
1995 E&M Guidelines

You may use time for your E&M services

- 99213 - 15 minutes
- 99214 – 25 minutes

Traditional E&M documentation (use History and MDM)

- 99213 – HPI – 1
  ROS – 1 (pertinent to problem)
  PFSH (none required)
  MDM – Low
- 99214 – HPI – 4
  ROS – 2+
  PFSH – 2
  MDM - Moderate
Telemedicine 99201-99215 ONLY

- Office/outpatient E/M level selection for services when furnished via telehealth can be based on MDM
  - Use current definition of MDM
- This removed any requirements regarding documentation of history and/or physical exam in the medical record
  - Clinically appropriate history and exam should still be performed
- This is a policy revision on an interim basis, only
  - Policy similar to policy beginning in 2021
Telemedicine 99201-99215 ONLY

- Office/outpatient E/M level selection for services when furnished via telehealth can be based on time*
  - Use currently published times listed for these codes
- This removed any requirements regarding documentation of history and/or physical exam in the medical record
  - Clinically appropriate history and exam should still be performed
- This is a policy revision on an interim basis, only
  - Policy similar to policy beginning in 2021

<table>
<thead>
<tr>
<th>CPT CODE</th>
<th>TYPICAL TIME</th>
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<tr>
<td>New Patient</td>
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<tr>
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<td>99202</td>
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<tr>
<td>Established Patient</td>
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<td>99212</td>
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<td>99214</td>
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<tr>
<td>99215</td>
<td>40</td>
</tr>
</tbody>
</table>

* new time”
Telemedicine 99201-99215 ONLY

“NEW” Time*

- Time* defined as all of the time associated with the E/M on the day of the encounter
  - Time personally spent by the reporting provider
  - Including face-to-face and non face-to-face time

- Also true for primary care exception
Telemedicine - Office ONLY (99201-99215)

- Typical Times referenced in prior waiver were not the correct

- Finalized, typical times for office outpatient E&M are times listed in CPT code descriptor

<table>
<thead>
<tr>
<th>CPT CODE</th>
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<tbody>
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<td>New Patient</td>
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</table>
CPT® Evaluation and Management (E/M) Office or Other Outpatient (99202-99215) and Prolonged Services (99354, 99355, 99356, 99XXX) Code and Guideline Changes

This document includes the following CPT E/M changes, effective January 1, 2021:

- E/M Introductory Guidelines related to Office or Other Outpatient Codes 99202-99215
- Revised Office or Other Outpatient E/M codes 99202-99215

For the complete version of E/M Introductory guideline changes, Office or Other Outpatient (99202-99215) code changes, Prolonged Services code (99354, 99355, 99356, 99XXX) and guideline changes, see Complete E-M Guideline and Code Changes.doc.

Note: this content will not be included in the CPT 2020 code set release
Total time on the date of the encounter (office or other outpatient services [99202-99205, 99212-99215]): For coding purposes, time for these services is the total time on the date of the encounter. It includes both the face-to-face and non-face-to-face time personally spent by the physician and/or other qualified health care professional(s) on the day of the encounter (includes time in activities that require the physician or other qualified health care professional and does not include time in activities normally performed by clinical staff).

Physician/other qualified health care professional time includes the following activities, when performed:

- preparing to see the patient (eg, review of tests)
- obtaining and/or reviewing separately obtained history
- performing a medically appropriate examination and/or evaluation
- counseling and educating the patient/family/caregiver
- ordering medications, tests, or procedures
- referring and communicating with other health care professionals (when not separately reported)
- documenting clinical information in the electronic or other health record
- independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
- care coordination (not separately reported)
Teaching Physician

For the duration of the PHE for the COVID-19 pandemic

Teaching physician may:

- Not only direct the care furnished by residents
- But also review the services provided with the resident, during or immediately after the visit, remotely through virtual means via audio/video real time communications technology
Validated that the following additional services when furnished by a resident under primary care exception:

- 99441-99443 - Telephone E&M
- 99495-99496 - Transitional Care Management
- 99421-99423 - Online Digital E&M
- 99452 - Telehealth referral services

Also validated that when selecting the level of E&M, residents may use 2021 model with MDM or Time* (new time).
Finalized a general principle to allow those who furnish and bill professional services
- Physician
- Physician Assistant
- Advanced practice registered nurses (APRNs)
- Nurse Practitioner
- Certified Nurse Specialists
- Certified Nurse Midwife
- Certified registered nurse anesthetist (CRNAs)
To review and verify, rather than re-document, information included in the medical record by
- Physicians
- Residents
- Nurses
- Students
- Other members of the medical team.

This principle would apply across the spectrum of all Medicare-covered services paid under the PFS.
During PHE
Review and Verify Documentation

- On an interim basis during the PHE
  - Any individual who has a separately enumerated benefit under Medicare law that authorizes them to furnish and bill for their professional services
    - Whether or not they are acting in a teaching role
  - May review and verify (sign and date)
    - Rather than re-document notes in the medical record made by physicians, residents, nurses, and students (including students in therapy or other clinical disciplines), or other members of the medical team

- The information entered into the medical record should document that the furnished services are reasonable and necessary
Telemedicine - Diagnoses Allowed

- Telehealth provision allows care without regard to the diagnosis of the patient
- Prevent vulnerable beneficiaries from unnecessarily entering health care facility when needs can be met remotely
- Example cited, patient needing a visit with physician for refill of medication
- Services must still be reasonable and necessary
International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)

ICD-10-CM Official Coding Guidelines for COVID-19 April 1, 2020 - September 30, 2020

COVID-19 guidelines-final.pdf [PDF - 25 KB]

ICD-10-CM April 1, 2020 Addenda

ICD-10-CM April 1, 2020 Addenda.pdf [PDF - 72 KB]


2019 Novel Coronavirus (COVID-19) announcement.pdf [PDF - 66 KB]


2019 Novel Coronavirus (COVID-19) interim coding advice.pdf [PDF - 141 KB]
New Code effective April 1, 2020

- **U07.1 - COVID-19**
- Use additional code to identify pneumonia or other manifestations.
- Excludes1: Coronavirus infection, unspecified (B34.2)
  - Coronavirus as the cause of diseases classified elsewhere (B97.2-)
  - Pneumonia due to SARS associated coronavirus (J12.81)
ICD-10-CM Coding
Pneumonia

February 20, 2020 to
March 31, 2020

- Patients with pneumonia, case confirmed as due to the 2019 novel coronavirus (COVID-19), assign
  - J12.89 - Other viral pneumonia
  - AND
  - B97.29 - Other coronavirus as the cause of diseases classified elsewhere

April 1, 2020 to
September 30, 2020

- Patients with pneumonia confirmed as due to the 2019 novel coronavirus (COVID-19) assign
  - U07.1 - COVID-19
  - AND
  - J12.89 - Other viral pneumonia.
Testing No Signs or Symptoms No Exposure

- Patients who are asymptomatic who are being screened for COVID-19 and have no known exposure to the virus, and the test results are either unknown or negative, assign
  - Z11.59 - Encounter for screening for other viral diseases

- Eff April 1st
Supervision

- Use of real-time, audio and video telecommunications technology allows for a billing practitioner to observe the patient interacting with or responding to the in-person clinical staff through virtual means, and thus, their availability to furnish assistance and direction could be met without requiring the physician’s physical presence in that location
  - Mostly NP/PA

- The presence of the physician includes virtual presence through audio/video real-time communications technology when use of such technology is indicated to reduce exposure risks for the beneficiary or health care provider
  - Mostly Auxiliary staff
General Supervision

- Procedure is furnished under the physician’s overall direction and control but the physician’s presence is not required during the performance of the procedure.
- May also include a virtual presence through the use of telecommunications technology.
  - Noted that even in the absence of the PHE, general supervision could be conducted virtually.
  - Such as audio only telephone or text messaging.
Teaching Physician Direct Supervision

- The requirement for the presence of a teaching physician can be met
  - At a minimum, through direct supervision by audio/video real-time communications technology
- For duration of the PHE for the COVID-19 pandemic
  - Teaching physician may not only direct the care furnished by residents, but also review the services provided with the resident, during or immediately after the visit
    - Remotely through virtual means via audio/video real time communications technology
Pharmacists

- During PHE pharmacists fall within definition of auxiliary personnel
- May provide incident to billable (by Physician or NPP) services
  - With appropriate level of supervision
  - If payment for services not included in Medicare Part D Benefit
- Must still be within state scope of practice and state law
Supervision of Diagnostic Test

- Level of supervision required to be done by a physician
  - NOT ALLOWED SUPERVISION BY
    - Nurse Practitioner
    - Physician Assistant
    - Clinical Nurse Specialist
    - Certified Nurse Midwife

- During PHE
  - All above may provide the appropriate level of supervision assigned to diagnostic tests
Remote Physiological Monitoring

- Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate)
  - 99453 - Initial; set-up and patient education on use of equipment
  - 99454 - Device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days

- 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
  - 99457 - First 20 minutes
  - 99458 - Each additional 20 minutes
Remote Physiological Monitoring

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

- 99474 - 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
Remote Physiological Monitoring

- Combination of permanent and interim policies allow RPM services
  - New and Established patients
  - Consent obtained at time of service
    - Furnished by auxiliary personnel
  - Direct supervision
    - May be met virtually through audio/video real-time communications technology
- Patient can be checked-in
  - Nurses or other auxiliary personnel, working with physicians
- Medical devices are defined on the FDA website
Remote Physiological Monitoring

- Policy established on interim final basis for the duration of the COVID-19 PHE to allow RPM monitoring services to be reported to Medicare
  - For periods of time that are fewer than 16 days of 30 days
    - BUT
  - No less than 2 days
  - As long as the other requirements for billing the code are
- No alteration in codes 99454, 99453, 99091, 99457, and 99458
  - Overall resource costs for long-term monitoring for chronic conditions
Remote Physiological Monitoring

- Codes 99454, 99453, 99091, 99457, and 99458
- If Monitoring lasting fewer than 16 days, but no less than 2 days
  - Limited to patients who have a suspected or confirmed diagnosis of COVID-19
- Ordinarily an initiating visit is required
  - May be satisfied via telehealth visit
  - Patients may be new or established
No code identified to describe the services that would be furnished in the context of large-scale dedicated testing operations

- Specifically, assessment of COVID-19 symptoms and exposure
  
- Specimen collection for new patients
CoVID- 19 Specimen Collection

- 99211 - Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional
  - Typically does not involve interaction with physician or other qualified health care professional
  - Presenting problem(s) are minimal
  - Typically is reported by a physician or practitioner when the patient only sees clinical office staff for services like acquiring a routine specimen sample
CoVID-19 Specimen Collection

- For duration of the PHE
  - 99211 will be recognized for both New and Established patients
    - For both physicians and NPPs

- On an interim basis - 99211
  - When clinical staff assess symptoms and collect specimens for purposes of COVID-19 testing
    - New and Established Patients
    - Physicians and NPPs’ (incident to services)

- Cost-sharing for this service will be waived when all other requirements under section 6002(a) of the Families First Coronavirus Response Act are met
CoVID-19 - Specimen Collection

- **G2023** - Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source
  - Used for collection by an independent lab

- **C9803** - Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 [SARS-COV-2] [coronavirus disease (COVID-19)], any specimen source
  - Under the OPPS for hospital outpatient departments (HOPDs) to bill for a clinic visit dedicated to specimen collection
Store & Forward - G2010
Virtual Check in - G2012

- New patients and established patients allowed
- Both codes may be billed on the same date of service
  - Same practitioner
  - Same patient
Expansion of Providers

- During the PHE the availability of codes G2010 and G2012 is broadened to allow certain practitioners who do not report E&M codes to bill for these services:
  - Physical Therapists
  - Occupational therapists
  - Speech language pathologist
  - Licensed clinical social workers
  - Clinical psychologists
Initiated by Patient

- **CMS NEWS RELEASE**
- "We expect that these virtual services will be initiated by the patient; however, practitioners may need to educate beneficiaries on the availability of the service prior to patient initiation".
- Patients would contact office regarding need for care (with a problem).
- I see this education of beneficiaries to mean the patient would need to be told of the option of the various types of Telehealth services.
Initiated by Patient

- “we expect that these services would be initiated by the patient, especially since many beneficiaries would be financially liable for sharing in the cost of these services.”

- This means that the patient must consent to the service before or at the same time it take place and does not prohibit practitioners from educating on their own initiative beneficiaries on the availability of the service prior

- FAQ 4-9-20
Homebound Definition

- Practitioner has determined it is medically contraindicated for them to leave home
  - Suspected or confirmed diagnosis of CoVID-19
  - The patient has a condition making the patient more susceptible to contracting
    - Medically contraindicated
In addition to physicians, an allowed practitioner may:
- Certify
- Establish
- Periodically revise the plan of care as well as supervise the provision of its items and services under the home health benefit.

Amending regulations “Allowed Practitioners” to include:
- Nurse practitioners
- Certified Nurse Specialists
- Physician Assistants
Provider Based Department

- Temporarily adoption relocation policy during PHE
  - Includes on campus PBD that relocate off campus
  - May seek exception to bill at OPPS rate
Therefore, during the COVID-19 PHE, when telehealth services are furnished by a physician or practitioner who ordinarily practices in the HOPD to a patient who is located at home or other applicable temporary expansion location that has been made provider based to the hospital, we believe it would be appropriate to permit the hospital to bill and be paid the originating site facility fee amount for those telehealth services, just as they would have ordinarily done outside of the COVID-19 PHE in this circumstance.
Maintenance Therapy

- CO and CQ Modifiers for OTA and PTA
  - Indicates a supervised therapy assistant performed the rehabilitative or maintenance therapy services
- Permit PT or OT who established the maintenance program to delegate the performance of maintenance therapy services to a PTA or OTA when clinically appropriate.
  - Frees up PT and OT to furnish other services
  - Permits patients greater access to care
Hospice

- Hospice
  - May use telecommunications technology during PHE when patient is receiving routine home care
  - Includes:
    - Telephone calls (audio only or TTY)
    - Two-way audio-video telecommunications technology that allow for real-time interaction between the patient and clinician (e.g., FaceTime, Skype)
    - Remote patient monitoring.
  - As determined by clinical judgement of hospice
    - If it meets needs of patient and family
    - Should be included in the plan of care
Blanket Waivers

- FQHC and RHC Staffing requirements waived
  - 50% of the time the RHC operates
- In person visits for nursing home residents
  - May be conducted via telehealth option
- Occupational Therapists may perform the Initial and Comprehensive assessment for all patients receiving therapy services as part of a plan of care
Current emergencies

Here’s information and updates about natural disasters, man-made incidents, and public health emergencies that are happening now. Find more information on ongoing or past emergencies.

2020

Coronavirus Disease 2019

When President Trump declared a national emergency on March 13, 2020, CMS took action nationwide to aggressively respond to COVID-19.

- You can read the blanket waivers for COVID19 in the List of Blanket Waivers (PDF) UPDATED (5/8/20).

Secretary Azar used his authority in the Public Health Service Act to declare a public health emergency (PHE) in the entire United States on January 31, 2020 giving us the flexibility to support our beneficiaries, effective January 27, 2020.

Get waiver & flexibility information

General information & updates:

- Coronavirus.gov is the source for the latest information about COVID-19 prevention, symptoms, and answers to common questions.
- USA.gov has the latest information about what the U.S. Government is doing in response to COVID-19.
- CDC.gov/coronavirus has the latest public health and safety information from CDC and for the overarching medical and health provider community on COVID-19.

Read our Coronavirus disease 2019 press releases

Telehealth guidance:

- HHS telehealth guidance & information
- VIDEO-MLN Medicare Coverage and Payment of Virtual Services UPDATED (5/8/20)
Billing & coding guidance:

- Frequently Asked Questions to Assist Medicare Providers (PDF) UPDATED (5/1/20)
- Fact sheet: Expansion of the Accelerated and Advance Payments Program for Providers and Suppliers During COVID-19 Emergency (PDF) UPDATED (4/26/20)
- CMS Dear Clinician Letter (PDF) (4/26/20)
- Fact sheet: Medicare Coverage and Payment Related to COVID-19 (PDF) UPDATED (3/23/20)
- Fact sheet: Medicare Telemedicine Healthcare Provider Fact Sheet (3/17/20)
- Medicare Telehealth Frequently Asked Questions (3/17/20)
- MLN Matters article: Medicare Fee-for-Service (FFS) Response to the Public Health Emergency on the Coronavirus (PDF) (3/17/20)
- Frequently Asked Questions about Medicare Fee-for-Service Emergency-Related Policies and Procedures Without an 1135 Waiver (3/15/20)
- Frequently Asked Questions about Medicare Fee-for-Service Emergency-Related Policies and Procedures With an 1135 Waiver (3/16/20)
- Fact sheet: Medicare Administrative Contractor (MAC) COVID-19 Test Pricing (PDF) (3/13/20)
- Fact sheet: Medicaid and CHIP Coverage and Payment Related to COVID-19 (PDF) (3/5/20)

Survey & certification guidance:

- CARES Act Financial Guidance to State Survey Agencies (PDF) (4/30/20)
- Coronavirus Commission for Safety and Quality in Nursing Homes (PDF) (4/30/20)
- Nursing Home Five-Star Quality Rating Updates, Nursing Home Staff Counts, and Frequently Asked Questions (4/24/20)
- Clinical Laboratory Improvement Amendments (CLIA) Laboratory Guidance During COVID-19 Public Health Emergency (3/27/20)
- Prioritization of Survey Activities (3/23/20)
- Frequently Asked Questions and Answers on EMTALA (PDF) (3/9/20)
- Suspension of Survey Activities (3/4/20)

Coverage guidance:

- Frequently Asked Questions to Assist Medicare Providers (PDF) UPDATED (5/1/20)
- VIDEO-MLN Medicare Coverage and Payment of Virtual Services UPDATED (5/8/20)
- CMS Dear Clinician Letter (PDF) (4/20/20)
- Long-Term Care Nursing Homes Telehealth and Telemedicine Toolkit (PDF) (3/27/20)
- Fact sheet: Medicare Coverage and Payment Related to COVID-19 (PDF) UPDATED (3/23/20)
- General Telemedicine Toolkit (PDF) (3/20/20)
- End-Stage Renal Disease (ESRD) Provider Telehealth and Telemedicine Toolkit (PDF) (3/20/20)
- FAQs on Catastrophic Plan Coverage and the Coronavirus Disease 2019 (COVID-19) (PDF) (3/19/20)
- Fact sheet: Medicare Telemedicine Healthcare Provider Fact Sheet (3/17/20)
Read our provider-specific fact sheets on new **waivers and flexibilities**:

- Home Health Agencies (PDF) UPDATED (5/15/20)
- Physicians and Other Practitioners (PDF) UPDATED (4/30/20)
- Ambulances (PDF) UPDATED (5/15/20)
- Hospitals (PDF) UPDATED (5/15/20)
- Teaching Hospitals, Teaching Physicians and Medical Residents (PDF) UPDATED (5/15/20)
- Long Term Care Facilities (Skilled Nursing Facilities and/or Nursing Facilities) (PDF) UPDATED (5/15/20)
- Hospices (PDF) UPDATED (5/15/20)
- Inpatient Rehabilitation Facilities (PDF) UPDATED (4/30/20)
- Long Term Care Hospitals & Extended Neoplastic Disease Care Hospitals (PDF) UPDATED (4/30/20)
- Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) (PDF) UPDATED (4/30/20)
- Laboratories (PDF) UPDATED (4/30/20)
- End Stage Renal Disease (ESRD) Facilities (PDF) UPDATED (5/15/20)
- Durable Medical Equipment (PDF) UPDATED (4/30/20)
- Participants in the Medicare Diabetes Prevention Program (PDF) UPDATED (5/14/20)
- Medicare Advantage and Part D Plans (PDF) UPDATED (4/30/20)
- State Medicaid & Basic Health Programs (4/30/20)
- Medicare Shared Savings Program Participants (PDF) (4/30/20)
COVID-19

Telehealth policy changes occurring within the COVID-19 environment have been rapidly developing on almost a daily basis. CCHP is committed to keeping you updated on these important changes both federally and on the state level. Watch our latest COVID-19 policy update videos.
# Medicare Fee for Service Telehealth Coverage

## Medicare - General Telehealth Policies During COVID-19

<table>
<thead>
<tr>
<th>Subject Area</th>
<th>Policy During COVID-19</th>
<th>Policy for FQHC/RHC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geographic/Site Location for Patient</td>
<td>No geographic restrictions, patient allowed to be in home during telehealth interaction</td>
<td>No geographic restrictions, patient allowed to be in home during telehealth interaction</td>
</tr>
<tr>
<td>Location of Provider</td>
<td>Provider able to provide services when at home, need not put home address on claim</td>
<td>Provider able to provide services when at home</td>
</tr>
<tr>
<td>Modality</td>
<td>Live Video. Phone will be allowed for codes audio-only telephone E/M services and behavioral health counseling and educational services. Other modalities allowed for <strong>Communications Based Services</strong></td>
<td>Live Video. Phone will be allowed for codes that are audio-only telephone E/M services and behavioral health counseling and educational services. Other modalities allowed for <strong>Communications Based Services</strong></td>
</tr>
<tr>
<td>Type of</td>
<td>All health care professionals to bill Medicare for their services.</td>
<td>Temporarily added to list of eligible</td>
</tr>
</tbody>
</table>
THANK YOU!!!

And now it is time for your questions
ICD-10 Codes
Code Only Confirmed Cases   Eff  
4/1/2020

- Code only a confirmed diagnosis of the 2019 novel coronavirus disease (COVID-19) as documented by the provider
  - Documentation of a positive COVID-19 test result
  - Presumptive positive COVID-19 test result

  This is an exception to the hospital inpatient guideline Section II

- For a confirmed diagnosis, assign code U07.1, COVID-19
  - In this context, “confirmation” does not require documentation of the type of test performed
  - The provider’s documentation that the individual has COVID-19 is sufficient.
Presumptive Positive  Eff 4/1/2020

- These should be coded as confirmed
- A presumptive positive test result means an individual has tested positive for the virus at a local or state level
  - Not yet been confirmed by the Centers for Disease Control and Prevention (CDC)
- CDC confirmation of local and state tests for COVID-19 is no longer required
When COVID-19 meets the definition of principal diagnosis use code U07.1, COVID-19

- Sequenced first
- Followed by the appropriate codes for associated manifestations
  - Except in the case of obstetrics patients
ICD-10-CM Coding

Pneumonia

February 20, 2020 to March 31, 2020

- Patients with pneumonia, case confirmed as due to the 2019 novel coronavirus (COVID-19), assign
  - J12.89 - Other viral pneumonia
  - AND
  - B97.29 - Other coronavirus as the cause of diseases classified elsewhere

April 1, 2020 to September 30, 2020

- Patients with pneumonia confirmed as due to the 2019 novel coronavirus (COVID-19) assign
  - U07.1 - COVID-19
  - AND
  - J12.89 - Other viral pneumonia.
ICD-10-CM Coding
Acute Bronchitis

February 20, 2020 to March 31, 2020

» Patients with acute bronchitis confirmed as due to COVID-19, assign
  » J20.8 - Acute bronchitis due to other specified organisms
  AND
» B97.29 - Other coronavirus as the cause of diseases classified elsewhere

April 1, 2020 to September 30, 2020

» Patients with acute bronchitis confirmed as due to COVID-19, assign
  » U07.1 - COVID-19
  AND
» J20.8 - Acute bronchitis due to other specified organisms.
ICD-10-CM Coding
Bronchitis not otherwise specified (NOS)

February 20, 2020 to March 31, 2020
Patients with bronchitis (NOS) due to the COVID-19, assign

- J40 - Bronchitis, not specified as acute or chronic

AND

- B97.29 - Other coronavirus as the cause of diseases classified elsewhere

April 1, 2020 to September 30, 2020

- Patients with Bronchitis not otherwise specified (NOS) due to COVID-19 assign

  - U07.1 - COVID-19

  AND

- J40, Bronchitis, not specified as acute or chronic.
ICD-10-CM Coding
Lower Respiratory Infection

February 20, 2020 to
March 31, 2020

Respiratory Infection

- Patients with COVID-19 documented as being associated with a lower respiratory infection, not otherwise specified (NOS), or an acute respiratory infection, NOS, assign
  - J22 - Unspecified acute lower respiratory infection
    - AND
  - B97.29 - Other coronavirus as the cause of diseases classified elsewhere

April 1, 2020 to
September 30, 2020

- Patients with COVID-19 documented as being associated with a lower respiratory infection, not otherwise specified (NOS), or an acute respiratory infection, NOS assign
  - U07.1 - COVID-19 AND
  - J22, Unspecified acute lower respiratory infection
ICD-10-CM Coding
Respiratory Infection

February 20, 2020 to March 31, 2020

- Patients with COVID-19 documented as being associated with a respiratory infection, NOS, assign
  - J98.8 - Other specified respiratory disorders
  - B97.29 - Other coronavirus as the cause of diseases classified elsewhere

April 1, 2020 to September 30, 2020

- Patients with COVID-19 documented as being associated with a respiratory infection, NOS assign
  - U07.1 - COVID-19
  - J98.8, Other specified respiratory disorders
ICD-10-CM Coding
Acute respiratory distress syndrome (ARDS)

February 20, 2020 to March 31, 2020

► ARDS may develop in with the COVID-19

► Patients with ARDS due to COVID-19, assign
  ► J80 - Acute respiratory distress syndrome
  
  AND

  ► B97.29 - Other coronavirus as the cause of diseases classified elsewhere

April 1, 2020 to September 30, 2020

► Patients with acute respiratory distress syndrome (ARDS) due to COVID-19, assign
  ► U07.1 - COVID-19
  
  AND

  ► J80 - Acute respiratory distress syndrome
ICD-10-CM Coding
Exposure to COVID-19

February 20, 2020 to March 31, 2020

- Patients where there is a concern about a possible exposure to COVID-19, but this is ruled out after evaluation, assign
  - Z03.818 - Encounter for observation for suspected exposure to other biological agents ruled out

April 1, 2020 to September 30, 2020

- Patients where there is a concern about a possible exposure to COVID-19, but this is ruled out after evaluation, assign
  - Z03.818 - Encounter for observation for suspected exposure to other biological agents ruled out
ICD-10-CM Coding
Exposure to COVID-19

February 20, 2020 to
March 31, 2020

- Patients where there is an actual exposure to someone who is confirmed to have COVID-19, assign
  - Z20.828 - Contact with and (suspected) exposure to other viral communicable diseases

April 1, 2020 to
September 30, 2020

- Patients where there is an actual exposure to someone who is confirmed or suspected (not ruled out) to have COVID-19, and the exposed individual either tests negative or the test results are unknown, assign
  - Z20.828, Contact with and (suspected) exposure to other viral communicable diseases.
- If the exposed individual tests positive for the COVID-19 virus, see guideline (starting slide 7)
ICD-10-CM Coding
Screening

February 20, 2020 to March 31, 2020

April 1, 2020 to September 30, 2020

- Patients who are asymptomatic who are being screened for COVID-19 and have no known exposure to the virus, and the test results are either unknown or negative, assign
  - Z11.59 - Encounter for screening for other viral diseases.
ICD-10-CM Coding
Asymptomatic Patients

February 20, 2020 to March 31, 2020

April 1, 2020 to September 30, 2020

- Patients who are being screened due to a possible or actual exposure to COVID-19
  - See guideline (Exposure)

- Patients who are asymptomatic individual is screened for COVID-19 and tests positive
  - See guideline (Asymptomatic patient who tests positive)
AOA Resources

www.osteopathic.org/covid-19
On-demand Covid-19 Webinars

- The CARES Act and the Paycheck Protection Program (PPP): Key Considerations for Physicians and Their Practices
- Federal Financial Relief for Physicians During the COVID-19 Emergency
- Telemedicine – Successfully practicing medicine from a distance Navigating HIPAA and Telemedicine during COVID19
- Get Paid for Telehealth; New Rules for Documentation and Technology
- Billing and Coding Under New Telehealth Rules

https://aoaonlinelearning.osteopathic.org
Upcoming Webinars

Updating Your Partnership/Shareholder/Buy-Sell Agreements

June 10  7:00 PM CT

June 23  7:00 PM CT
Reopening your Medical Practice
TBD

https://aoaonlinelearning.osteopathic.org
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Questions & Answers

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