



**Maryland Department of Health  
Local Health Department  
Billing Manual V32**

December 2021 Training Session

Presented by:

Denise M. Walsh, CPC, CHSP, Senior Coding and Reimbursement Specialists

Heather Gibson, Senior Consultant

# AGENDA

- Welcome and Introductions
- Access to the Manual and Training/Webinars
- Chapter Overviews
- What's New
- Looking Ahead
- Resources



## RS&F OVERVIEW

- Healthcare operations, business consulting, and CPA services firm that caters to hospital and physician organizations
- Providing high-quality services for over 40 years
- Services provided throughout the United States, with an emphasis on the Mid-Atlantic region and Southeast Florida
- Firm profile
  - Offices:
    - Towson, Maryland
    - Columbia, Maryland
  - Human capital: 70+ employees, including over 60 professionals



# MDH WEBSITE

<https://health.maryland.gov/pophealth/Pages/Local-Health-Department-Billing-Manual.aspx>

## Local Health Department Billing Manual

### Overview

The Local Health Department (LHD) Billing Manual (Manual) provides a framework for LHDs to implement and/or expand their billing infrastructure. Maryland's 24 LHDs continue to assess their capabilities, readiness and challenges to bill insurance providers and collect for healthcare services. This manual will serve as a technical resource for the LHDs for implementing and/or expanding their billing infrastructure.

The LHD Billing Manual provides information in the following categories:

1. Maryland General Information
2. Creating the Billing Foundation
3. Revenue Cycle Management
4. LHD Programs and Services
5. Billing-related Software
6. Maryland Payers
7. Contracting and Credentialing
8. Compliance
9. Resources
10. Archive

The current version of the LHD Billing Manual is available at the link below:

[Local Health Department Billing Manual - PDF Version](#)

October 2021, Version 31 Updates, including COVID-19 information

Log of Monthly updates to the LHD Billing Manual:

- October 2021 - V31 Updates
- September 2021 - V30 Updates
- August 2021 - V29 Updates
- June 2021 - V28 Updates
- April 2021 - V27 Updates
- February 2021 - V26 Updates
- December 2020 - V25 Updates
- October 2020 - V24 Updates
- August 2020 - V23 Updates
- June 2020 - V22 Updates
- May 2020 - V21 Updates
- April 2020 - V20 Updates
- March 2020 - V19 Updates
- January 2020 - V17 Updates
- 2019 Updates



# MDH BILLING MANUAL VERSION 32 UPDATE LOG

## MARYLAND LOCAL HEALTH DEPARTMENT – BILLING MANUAL LOG

Chapter Number	Chapter Title – Sub –Title Version: V31 Date: October 2021	Document Title	Notes
Pre-Chapter	Log Updates		
COVID	COVID	CMS COVID 19 Vaccines -Act Now	
COVID	COVID	CMS Will Pay for COVID-19 Booster Shots	
COVID	COVID	AMA New codes for COVID immunizations	Updated October 6, 2021
COVID	COVID	Medicaid Provider Guidance_COVID-19 Secretary's Orders Changes	Updated July, 2021
COVID	COVID	COVID-19 Reimbursable Laboratory Codes Fee Schedule update	Updated September, 2021
COVID	COVID	COVID-19 Reimbursable Vaccine and Infusion Codes Fee Schedule	Updated September, 2021
I	Maryland General Information	<b>No Updates</b>	
II	Creating the Billing Foundation	MD Health Connection Who to Include as Income	
II	Creating the Billing Foundation	MDH COMAR 10.02.01 Reimbursement, Proof of income	
II	Creating the Billing Foundation	Building the Internal Billing Infrastructure	
II	Creating the Billing Foundation	MDH FY22 Ability to Pay Outpatient	Updated July 2021
II	Creating the Billing Foundation	NUCC 1500 Claim Form Instruction Manual	Updated July 2021
II	Creating the Billing Foundation	NPI What You Need to Know	Updated March 2021
II	Creating the Billing Foundation	How to Apply for an NPI	
II	Creating the Billing Foundation	NPI Subparts FAQs	
II	Creating the Billing Foundation	NPI FAQs	
II	Creating the Billing Foundation	NDC Crosswalk Sample 2021	Updated July 2021
II	Creating the Billing Foundation	National Drug Code (NDC) Info and Guide	
II	Creating the Billing Foundation	How to Obtain a CLIA Certificate Brochure	Updated March 2019
II	Creating the Billing Foundation	Taxonomy Codes	

### Log of Monthly updates to the LHD Billing Manual:

- October 2021 - V31 Updates
- September 2021 - V30 Updates
- August 2021 - V29 Updates
- June 2021 - V28 Updates
- April 2021 - V27 Updates
- February 2021 - V26 Updates
- December 2020 - V25 Updates
- October 2020 - V24 Updates
- August 2020 - V23 Updates
- June 2020 - V22 Updates
- May 2020 - V21 Updates
- April 2020 - V20 Updates
- March 2020 - V19 Updates
- January 2020 - V17 Updates
- 2019 Updates

[https://health.maryland.gov/pophealth/Documents/Local%20Health%20Department%20Billing%20Manual/LHD%20Billing%20Manual%20V31/Manual%20Log%20V31 %20OCT%20%202021 %20Revised.pdf](https://health.maryland.gov/pophealth/Documents/Local%20Health%20Department%20Billing%20Manual/LHD%20Billing%20Manual%20V31/Manual%20Log%20V31%20OCT%20%202021%20Revised.pdf)



## TRAININGS AVAILABLE ON WEBSITE

### LHD Billing Manual Trainings

- **MDH Local Health Department Billing Manual Updates & Training**

February 17, 2021

[Click here for a recording of the training.](#)

- **MDH Local Health Department Billing Manual Updates & Training**

October 28, 2020 PPT

[Click here for a recording of the training.](#)



*Click on the links for previously recorded training sessions and PowerPoint slides for LHD Billing Manual in Adobe Portfolio format.*

<https://health.maryland.gov/pophealth/Pages/Local-Health-Department-Billing-Manual.aspx>



# TABLE OF CONTENTS

[https://health.maryland.gov/pophealth/Documents/Local%20Health%20Department%20Billing%20Manual/LHD%20Billing%20Manual%20V31/Manual%20Table%20of%20Contents%20V31%20Oct%202021\\_%20Revised.pdf](https://health.maryland.gov/pophealth/Documents/Local%20Health%20Department%20Billing%20Manual/LHD%20Billing%20Manual%20V31/Manual%20Table%20of%20Contents%20V31%20Oct%202021_%20Revised.pdf)

## Local Health Department Billing Manual

### Introduction

Cover Page October 2021  
Introduction and background  
Statement of Disclaimer  
Table of Contents V31 October 2021

### Hot Topics

October 2021 Updates  
AMA Technical Correction 2021  
AMA CPT News Alert  
HHS PHE Extension 04 2021  
HHS Extends Compliance Dates for Information- Century  
Cures Act Final Rule  
HHS Launches New Reimbursement Program for COVID-19  
Vaccine Administration Fees Not Covered by Insurance  
AMA CPT E/M Office Revisions  
CMS Scoring E/M Office Outpt Services  
New COVID-19 CPT Codes 2020

### Sections

Covid-19 Billing Information

**Section I** Maryland General Information  
**Section II** Creating the Billing Foundation  
**Section III** Revenue Cycle Management  
**Section IV** LHD Programs and Services  
**Section V** Billing Related Software  
**Section VI** Maryland Payors  
**Section VII** Contracting and Credentialing  
**Section VIII** Compliance  
**Section IX** Resources  
**Section X** Archive



## HOT TOPICS

[https://health.maryland.gov/pophealth/Pages/Local-Health-Department-Billing-Manual-\(PDF\).aspx](https://health.maryland.gov/pophealth/Pages/Local-Health-Department-Billing-Manual-(PDF).aspx)

### HOT TOPICS

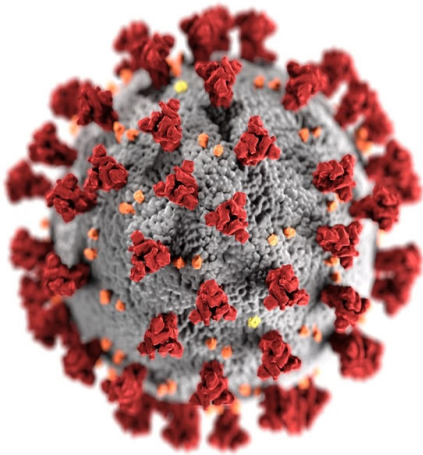
- ❖ Monthly Update Log
- ❖ New COVID – 19 CPT Codes
- ❖ 2021 Evaluation and Management Updates
- ❖ 2021 Telehealth Billing Updates





## COVID-19 UPDATES

<https://health.maryland.gov/pophealth/Pages/LHD-COVID-19-Information.aspx>



The U.S. Department of Health and Human Services Secretary Xavier Becerra extended the ongoing COVID-19 public health emergency (PHE) for an additional 90 days. **The new expiration date for the COVID-19 PHE is now set for mid-January 2022.** Any decision to allow the PHE to lapse would come with 60 days of notice.

Telehealth flexibilities, enhanced FMAP, SNF-specific waivers (3-Day Stay, Spell of Illness) and other COVID-19 related Medicare, Medicaid, and regulatory waivers remain in place.



# MARYLAND GENERAL INFORMATION

<https://health.maryland.gov/pophealth/Pages/LHD-Billing-Manual-Section-I.aspx>

## Section I – Maryland General Information

- ❖ County & Baltimore City Governance
- ❖ Map of Maryland Jurisdictions
- ❖ COMAR
- ❖ MACHO
- ❖ Maryland Corporate Compliance (OIG)



# CREATING THE BILLING FOUNDATION

<https://pophealth.health.maryland.gov/Pages/LHD-Billing-Manual-Section-II.aspx>

## Section II – Creating the Billing Foundation

- ❖ Non-Chargeable List.
- ❖ Maryland Ability to Pay Schedule.
- ❖ Federal Poverty Levels.
- ❖ Taxonomy Numbers.
- ❖ NPI Numbers – Individual; Organizational; Sub-part.
- ❖ CLIA & State Lab Certificates.
- ❖ NDC (*National Drug Codes*).
- ❖ Tax ID Forms.
- ❖ Proof of Income.
- ❖ NUCC (*National Uniform Claim Committee*).
- ❖ POS (*Place of Service Codes*).



# REVENUE CYCLE MANAGEMENT

<https://pophealth.health.maryland.gov/Pages/LHD-Billing-Manual-Section-III.aspx>

## Section III – Revenue Cycle Management

- ❖ Front-end Processes
- ❖ Coding & Documentation Guides
- ❖ Billing:
  - ❖ Claim Processing & Denial Management
  - ❖ Patient & Insurance Account Receivables
  - ❖ CCU (Central Collection Unit)
- ❖ Reports & KPI



# LHD PROGRAMS AND SERVICES

<https://pophealth.health.maryland.gov/Pages/LHD-Billing-Manual-Section-IV.aspx>



## Section IV – LDH Programs and Services

- ❖ HIV
- ❖ PrEP
- ❖ Reproduction Health
- ❖ STI Services
- ❖ IZ
- ❖ SBHC
- ❖ Hep C
- ❖ Hep B
- ❖ Rabies
- ❖ SBIRT
- ❖ BH/MD/SUD
- ❖ Dental
- ❖ Telehealth
- ❖ TB
- ❖ EPSDT
- ❖ Diabetes Program (DPP)
- ❖ Nutrition Program



# BILLING RELATED SOFTWARE

<https://pophealth.health.maryland.gov/Pages/LHD-Billing-Manual-Section-V.aspx>



## Section V – Billing Related Software

- ❖ PMS - Practice Management Software for Billing
- ❖ EHR - Electronic Health Records
- ❖ Clearinghouse
- ❖ Provider Portals
- ❖ Patient Portals



# MARYLAND PAYORS

<https://pophealth.health.maryland.gov/Pages/LHD-Billing-Manual-Section-VI.aspx>

## Section VI – Maryland Payors

- ❖ Maryland Medicaid
- ❖ Health Choice – Medicaid Managed Care (MCOs)
- ❖ Commercial
- ❖ Medicare
- ❖ Payor Portals
- ❖ AAPC Payor Link Tool



# CONTRACTING AND CREDENTIALING

<https://pophealth.health.maryland.gov/Pages/LHD-Billing-Manual-Section-VII.aspx>

## Section VII – Contracting and Credentialing

- ❖ Difference Between Contracting & Credentialing
- ❖ Medicare – PECOS
- ❖ Medicaid – ePrep
- ❖ CAQH
- ❖ Billing & Credentialing Physician Extenders
- ❖ Credentialing Flow Chart





# COMPLIANCE

<https://pophealth.health.maryland.gov/Pages/LHD-Billing-Manual-Section-VIII.aspx>

## Section VIII – Compliance

- ❖ MDH Corporate Compliance Plan & Addendum
- ❖ Medicare Documentation FAQs
- ❖ Medicare Compliance Resources
- ❖ Medicare Fraud-Abuse
- ❖ HIPAA Employee Access Tracking Guide
- ❖ OIG Provider Compliance Program Guidance
- ❖ PDMP Prescribers Mandate
- ❖ Minor Consent Laws – Maryland
- ❖ Confidentiality



# RESOURCES

<https://pophealth.health.maryland.gov/Pages/LHD-Billing-Manual-Section-IX.aspx>



## Section IX – Resources

- ❖ MDH Record Retention
- ❖ Non-Chargeable List
- ❖ MCO Comparison Chart
- ❖ Hyperlinks to Payors
- ❖ Pediatric Coding Resource Guide
- ❖ On-line ICD-10 Tool
- ❖ Glossary of Health Coverage & Billing
- ❖ Common Claim Denials
- ❖ HPI & ROS Coding Guidelines
- ❖ Medical Billing Acronyms
- ❖ ACA FAQs
- ❖ Adjustment Reason Codes



# ARCHIVE

<https://pophealth.health.maryland.gov/Pages/LHD-Billing-Manual-Section-X.aspx>



## Section X – Archives

- ❖ Retired Billing Manual Documents





# COVID-19 VACCINES

<https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-monoclonal-antibodies>

Manufacturer	Description	CPT Code	Effective Date
Pfizer	SARS-CoV2 Vaccine: 30MC G/0.3 ML	91300	12/11/2020
Pfizer	Administration – 1 <sup>st</sup> Dose	0001A	12/11/2020
Pfizer	Administration – 2 <sup>nd</sup> Dose	0002A	12/11/2020
Pfizer	Administration – 3 <sup>rd</sup> Dose	0003A	8/12/2021
Pfizer	Administration – Booster	0004A	9/22/2021
Moderna	SARS-CoV2 Vaccine: 100MC G/0.5ML	91301	12/18/2020
Moderna	Administration – 1 <sup>st</sup> Dose	0011A	12/18/2020
Moderna	Administration – 2 <sup>nd</sup> Dose	0012A	12/18/2020
Moderna	Administration – 3 <sup>rd</sup> Dose	0013A	08/12/2021
Janssen	SARS-CoV2 Vaccine: AD26 .5ML	91303	02/27/2021
Janssen	Administration – 1 <sup>st</sup> Dose	0031A	2/27/2021
Janssen	Administration – Booster	0034A	10/20/2021



## FLU VACCINE – 2021

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/VaccinesPricing>

Manufacturer	Description	CPT Code	Effective Dates
Sanofi Pasteur	Fluzone High-Dose Quadrivalent	90662	8/1/21 – 7/31/22
MedImmune	FluMist Quadrivalent	90672	8/26/21 – 7/31/22
Seqirus	Flucelvax Quadrivalent	90674	8/11/21 – 7/31/22
Sanofi Pasteur	Flublok Quadrivalent	90682	8/1/21 – 7/31/22
Sanofi Pasteur Seqirus	Fluzone Quadrivalent 0.25ml Afluria Quadrivalent 0.25m	90685	8/1/21 – 7/31/22
GlaxoSmithKline Sanofi Pasteur Seqirus	Fluarix Quadrivalent Flulaval Quadrivalent Fluzone Quadrivalent Afluria Quadrivalent	90686	8/1/21 – 7/31/22
Sanofi Pasteur Seqirus	Fluzone Quadrivalent 0.25ml Afluria Quadrivalent 0.25ml	90687	8/1/21 – 7/31/22
Sanofi Pasteur Seqirus	Fluzone Quadrivalent Afluria Quadrivalent	90688	8/1/21 – 7/31/22
Seqirus	Fluad Quadrivalent	90694	8/11/21 – 7/31/22
Seqirus	Flucelvax Quadrivalent	90756	8/11/21 – 7/31/22

# FLU VACCINE ADMINISTRATION

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/VaccinesPricing>

Insurance	CPT Code	Description
Medicare	G0008	Administration of Influenza Virus Vaccine
Medicare	Q203x	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use
Commercial	90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)
Commercial	90658	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use



***\*Make sure to include the vaccine National Drug Code (NDC) number on the claims.***



## AMA 2021 EVALUATION AND MANAGEMENT UPDATES



- Established patient E/M services retains 5 levels of coding: 99211 – 99215
- New Patient E/M services are reduced to 4 levels of coding: 99202 – 99205. CPT code 99201 has been deleted
- Code definitions and guidelines have been revised.
- Time criteria and the Medical Decision Making (MDM) process for all levels of E/M service have been revised.
- Requires performance of history and exam only as medically appropriate
- Allows clinicians to choose the E/M visit level based on either MDM or Time



# AMA 2021 E/M UPDATES

**Table 2 – CPT E/M Office Revisions  
Level of Medical Decision Making (MDM)**

**Revisions effective January 1, 2021:**

*Note: this content will not be included in the CPT 2020 code set release*



Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
		Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed  <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	Minimal • 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	Low • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury	Limited (Must meet the requirements of at least 1 of the 2 categories) Category 1: Tests and documents • Any combination of 2 from the following: • Review of prior external note(s) from each unique source*; • review of the result(s) of each unique test*; • ordering of each unique test* or Category 2: Assessment requiring an independent historian(s) (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)	Low risk of morbidity from additional diagnostic testing or treatment

<https://www.ama-assn.org/system/files/2019-06/cpt-revised-mdm-grid.pdf>



CPT is a registered trademark of the American Medical Association. Copyright 2019 American Medical Association. All rights reserved.

# AMA 2021 E/M UPDATES

<p>99204 99214</p>	<p>Moderate</p>	<p><b>Moderate</b></p> <ul style="list-style-type: none"> <li>• 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment;</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• 2 or more stable chronic illnesses;</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• 1 undiagnosed new problem with uncertain prognosis;</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• 1 acute illness with systemic symptoms;</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• 1 acute complicated injury</li> </ul>	<p><b>Moderate</b> (Must meet the requirements of at least 1 out of 3 categories)</p> <p><b>Category 1: Tests, documents, or independent historian(s)</b></p> <ul style="list-style-type: none"> <li>• Any combination of 3 from the following:             <ul style="list-style-type: none"> <li>• Review of prior external note(s) from each unique source*;</li> <li>• Review of the result(s) of each unique test*;</li> <li>• Ordering of each unique test*;</li> <li>• Assessment requiring an independent historian(s)</li> </ul> </li> </ul> <p>or</p> <p><b>Category 2: Independent interpretation of tests</b></p> <ul style="list-style-type: none"> <li>• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);</li> </ul> <p>or</p> <p><b>Category 3: Discussion of management or test interpretation</b></p> <ul style="list-style-type: none"> <li>• Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)</li> </ul>	<p><b>Moderate risk of morbidity from additional diagnostic testing or treatment</b></p> <p><i>Examples only:</i></p> <ul style="list-style-type: none"> <li>• Prescription drug management</li> <li>• Decision regarding minor surgery with identified patient or procedure risk factors</li> <li>• Decision regarding elective major surgery without identified patient or procedure risk factors</li> <li>• Diagnosis or treatment significantly limited by social determinants of health</li> </ul>
<p>99205 99215</p>	<p>High</p>	<p><b>High</b></p> <ul style="list-style-type: none"> <li>• 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment;</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• 1 acute or chronic illness or injury that poses a threat to life or bodily function</li> </ul>	<p><b>Extensive</b> (Must meet the requirements of at least 2 out of 3 categories)</p> <p><b>Category 1: Tests, documents, or independent historian(s)</b></p> <ul style="list-style-type: none"> <li>• Any combination of 3 from the following:             <ul style="list-style-type: none"> <li>• Review of prior external note(s) from each unique source*;</li> <li>• Review of the result(s) of each unique test*;</li> <li>• Ordering of each unique test*;</li> <li>• Assessment requiring an independent historian(s)</li> </ul> </li> </ul> <p>or</p> <p><b>Category 2: Independent interpretation of tests</b></p> <ul style="list-style-type: none"> <li>• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);</li> </ul> <p>or</p> <p><b>Category 3: Discussion of management or test interpretation</b></p> <ul style="list-style-type: none"> <li>• Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)</li> </ul>	<p><b>High risk of morbidity from additional diagnostic testing or treatment</b></p> <p><i>Examples only:</i></p> <ul style="list-style-type: none"> <li>• Drug therapy requiring intensive monitoring for toxicity</li> <li>• Decision regarding elective major surgery with identified patient or procedure risk factors</li> <li>• Decision regarding emergency major surgery</li> <li>• Decision regarding hospitalization</li> <li>• Decision not to resuscitate or to de-escalate care because of poor prognosis</li> </ul>

<https://www.ama-assn.org/system/files/2019-06/cpt-revised-mdm-grid.pdf>



CPT is a registered trademark of the American Medical Association. Copyright 2019 American Medical Association. All rights reserved.

## AMA 2021 E/M Technical Revisions

On **March 9, 2021**, the AMA posted technical corrections to the 2021 E/M guideline updates. These corrections are **effective January 1, 2021**.

These Technical Corrections revised Medical Decision Making (MDM) in the following ways:

- ✓ Clarifying when reporting a test that is considered, but not selected after shared decision making.
- ✓ Providing a definition of “Analyzed” for reporting tests in the data column.
- ✓ Clarifying the definition of a “unique” test.
- ✓ Clarifying what is meant by “discussion” between physicians, other qualified health care professionals and patients.
- ✓ Providing a definition of major vs minor surgery.
- ✓ Clarification around which activities are not counted when reporting time as a key criterion for code level selection.

<https://www.ama-assn.org/practice-management/cpt/cpt-errata-technical-corrections>



# TECHNICAL REVISIONS - EXAMPLE OF REVIEWED / ANALYZED TEST

1. In house testing NOT requiring professional Interpretation:
  - Example: Strep Test or Urinalysis
  - MDM scoring: You **MAY** count Order or Review, but **NOT** both
2. In house testing REQUIRING professional interpretation:
  - Example: X-ray
  - MDM scoring: You may **NOT** count Order or Review
3. Ordering testing by outside service
  - Example: Outside labs, X-ray, or Advanced Imaging
  - MDM scoring: You **MAY** count Order or Review, but NOT both, unless the provider has purchased the service to bill, then they could **NOT** the order.



# UPDATED TELEHEALTH GUIDELINES

Telehealth Billing Guide						
Updated - 12/1/2021						
Service Descriptions and Codes	Aetna	CareFirst	Cigna	United Health Care	Medicare*	Maryland Medicaid and Medicaid MCOs
Telehealth Visits E/M Office visits CPT codes: 99202-99215	Commercial Plans: POS = 02; Modifier GT or 95; Medicare Advantage Plans: POS = 11, Modifier 95	POS = 02; Modifier GT or 95	POS = 11; Modifier GT or 95	POS = 02; No Modifier necessary (information only); UHC Medicare Adv - POS = 11; Modifier 95;	POS = 11; 95 Modifier	POS = 11; GT Modifier - Audio-Visual; UB Modifier - Audio Only*
Virtual Check-in - Brief audio and/or visual communication CPT Codes: G2012 , G2010	POS = 11; No Modifier; CPT G2012 Covered by Medicare Advantage plans only	Not covered under current CareFirst Telehealth policy	POS = 11; No Modifier	POS = 11; No Modifier	POS = 11; No Modifier	POS = 11; GT Modifier
E-Visits - Communication through Patient Portal CPT Codes: 99421 – 99423 G2061 – G2062	POS = 11; No Modifier; CPT Codes G2061- G2063 - covered	Not covered under current CareFirst Telehealth policy	POS = 11; No Modifier Cigna Medicare Advantage Only	POS = 11; No Modifier	POS = 11; No Modifier	POS = 11; GT Modifier
Physician Telephone Services - Telephone Communication without video, Audio Only CPT Codes: 99441 - 99443	POS = 11; No Modifier	Carefirst will allow 99441-99443 = flat fee of \$20.00 <i>*Not a covered service for Specialist</i>	POS = 11; No Modifier	POS = 11; No Modifier UHC Medicare Advantage Only	POS = 11; No Modifier	Not Covered
Non- Physician Telephone Services - Telephone Communication without video, Audio Only CPT Codes: 98966- 98968	POS = 11; No Modifier	Carefirst will allow 98966-98968 = flat fee of \$20.00 <i>Limited specialties</i>	POS = 11; No Modifier	POS = 11; No Modifier UHC Medicare Advantage Only	POS = 11; No Modifier	Not Covered

\* Refer to the CMS website for a complete list of covered telehealth services

## NO SURPRISE ACT

- The No Surprises Act, part of the Consolidated Appropriations Act of 2021 will go into effect January 1, 2022.
- The purpose is to protect patients for excessive out-of-pocket costs.
- Forbids patients from receiving surprise medical bills when seeking services from out-of-network providers at in-network facilities.
- Holds patients liable for their regular in-network cost-sharing amount only.
- Requires good-faith estimates of medical items or services for uninsured (or self-paying) individuals.
- Establishing a patient-provider dispute resolution process for uninsured (or self-paying) individuals to determine payment amounts due to a provider or facility under certain circumstances.



<https://www.cms.gov/nosurprises/Ending-Surprise-Medical-Bills>

## LOOKING AHEAD



- ✓ Billing Manual – V33; December 2021
- ✓ New Frequently Asked Questions Section
- ✓ Monthly Notifications of Billing Manual Uploads
- ✓ Next Training Session – Spring 2022

## NEW SECTION – FREQUENTLY ASKED QUESTIONS



Email questions regarding the MDH Billing Manual or questions related to the Billing Manual Topics to:

[MarylandLHDBM@rsandf.com](mailto:MarylandLHDBM@rsandf.com)





## INFORMATION AND RESOURCES

- American Telemedicine Association: <https://www.americantelemed.org/>
- American Academy of Pediatrics: [https://www.aap.org/en-us/Documents/coding\\_factsheet\\_telemedicine.pdf](https://www.aap.org/en-us/Documents/coding_factsheet_telemedicine.pdf)
- Centers for Medicare and Medicaid Services: <https://www.cms.gov/covidvax-provider>
- CMS General Provider Telehealth & Telemedicine Tool Kit: <https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf>
- Novitas Solutions – Corona Virus COVID 19 Information: <https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00224506>
- AMA Telemedicine Quick Set-up Guide: <https://www.ama-assn.org/practice-management/digital/ama-quick-guide-telemedicine-practice>
- Expansion of Telehealth & Licensing Waivers During Pandemic: <http://connectwithcare.org/state-telehealth-and-licensure-expansion-covid-19-chart/>
- CMS No Surprise Act - <https://www.cms.gov/nosurprises/Ending-Surprise-Medical-Bills>



## RESOURCES

- <https://www.ama-assn.org/system/files/covid-19-coding-advice.pdf>
- <https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>
- <https://www.novitas-solutions.com/webcenter/portal/MedicareJL>
- <https://www.ama-assn.org/practice-management/cpt>
- <https://mmcp.health.maryland.gov/Pages/telehealth.aspx>
- <https://coronavirus.maryland.gov/>
- <https://www.ama-assn.org/practice-management/cpt/covid-19-cpt-vaccine-and-immunization-codes>
- <https://individual.carefirst.com/individuals-families/about-us/coronavirus-telemedicine.page>
- <https://www.aetna.com/health-care-professionals/covid-faq/telemedicine.html>
- <https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwcCOVID-19.html>
- <https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services.html>



---

# Questions



## CONTACT INFORMATION

### Rosen, Sapperstein & Friedlander, LLC

405 York Road  
Towson, Maryland 21204  
410-581-0800 (Baltimore)

10440 Little Patuxent Parkway, Suite 530  
Columbia, Maryland 21044

Website: <http://www.rsandf.com/>

Social: LinkedIn - <http://bit.ly/rsandfllcn> Twitter: @RSandFLLC

Contact: Denise Walsh, CPC, CHSP [dwalsh@rsandf.com](mailto:dwalsh@rsandf.com)  
Heather Gibson [hgibson@rsandf.com](mailto:hgibson@rsandf.com)

Manual/Billing Questions: [MarylandLHDBM@rsandf.com](mailto:MarylandLHDBM@rsandf.com)





Thank You

