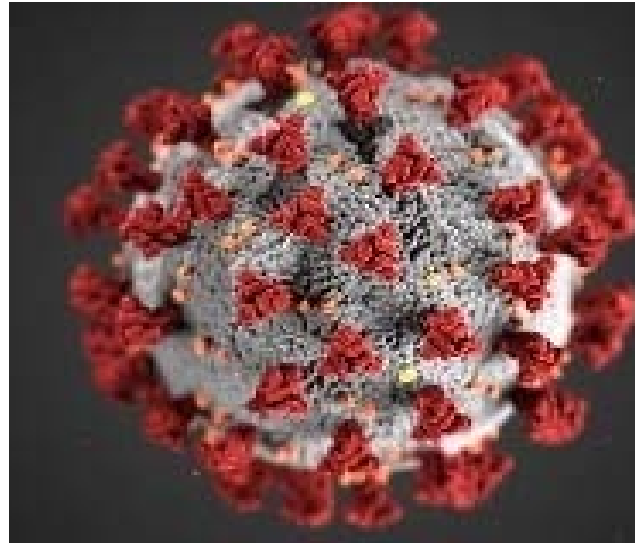


COVID-19



Expanded Telehealth Coverage

Effective March 1, 2020 and throughout the duration of the COVID-19 Public Health Emergency (PHE):

- ❖ CMS will make payment for professional services furnished to beneficiaries in **all areas** of the country in **all settings**.
- ❖ CMS will consider telehealth services same as in-person services & paid at the same rate.
- ❖ No costly technology required:
 - HHS authorizes the use of telephones that have audio & video capabilities for the furnishing of Medicare telehealth services.
- ❖ Patient Cost-Share Waiver:
 - Co-insurance & deductibles will be applied to telehealth services. The OIG is providing flexibility for providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.

Three (3) Types of Virtual Visits

Type of Service	Method of Communications	Service Description
Telemedicine Evaluation & Management Services	Real-time telephone & video communication devices through HIPAA compliant vendor or acceptable smartphone/tablet technology.	Medically necessary E/M services to diagnose and/or treat general health conditions that would normally be covered if rendered during a face-to-face visit.
Virtual Check-in is Telephone Only	Telephone Calls Audio Only	G2012 or 99441 5-10 min. 99442 11-20 min. 99443 21-30 min.
E-Visits/Online Digital Evaluations	Asynchronous Communication through a Patient Portal	Time is cumulative during a 7 day period. 99421 5-10 min. 99422 11-20 min. 99423 21-30 min. G2010 – Brief digital check-in

Telemedicine Visits

HIPAA Compliant Vendors

The Office of Civil Rights (OCR) recommends that providers prepare to use HIPAA-compliant vendors following the COVID-19 PHE, such as:

- ❖ Skype for Business/Microsoft Teams.
- ❖ Updox.
- ❖ Vsee.
- ❖ Zoom for Healthcare.
- ❖ Doxy.me.
- ❖ Google G Suite Hangout Meet.
- ❖ Cisco WebEx Meetings/WebEx Teams.
- ❖ Amazon Chime.
- ❖ GoToMeeting.

Telemedicine Visits Require Audio-Visual

HIPAA enforcement is temporarily waived during PHE

Acceptable Platforms (State of Emergency Only)

- Apple Facetime
- Google G-suite Hangouts
- Skype for Business
- Zoom

Unacceptable Platforms

- Facebook Live
- TikTok
- Twitch
- Public facing applications

Health Clinic Visits

CPT CODES 99201-99215

E/M documentation **MUST** meet CPT levels of criteria to support the level of service coded:

- ❖ History.
- ❖ Exam.
- ❖ Medical decision making.

Additionally Documentation must include:

- ❖ Telecommunication platform.
- ❖ Patient consent to care.

CMS Rule Changes During PHE

Clinicians may base the E/M service level on:

❖ **Medical Decision Making (MDM) Only.**

OR

❖ **Time:**

- Time is defined as **“all of the time”** associated with the E/M on the day of the encounter.
- Concept of time is aligned with E/M criteria changes effective January 1, 2021
- **Durations for levels are the "typical time"** associated with the E/M code.

Telehealth Clinic Visits

Time-Based Levels

99201	- 10 min.
99202	- 20 min.
99203	- 30 min.
99204	- 45 min.
99205	- 60 min.
99211	- 5 min. – Can be a Nurse visit
99212	- 10 min.
99213	- 15 min.
99214	- 25 min.
99215	- 40 min.

Documentation:

- ❖ Document the total time spent on the encounter on the day of the encounter.
- ❖ Count time spend in record review & documentation of the encounter.
- ❖ “Total duration of this encounter was 25 minutes”.

Medicaid Telephone/Audio Only Services

During the PHE MEDICAID will allow the following codes to be used for telephone E/M services :

- **99211** Office or other outpatient visit minimal
- **99212** Office or other outpatient visit problem focused straightforward MDM
- **99213** Office or other outpatient visit expanded problem focused low complexity MDM

Report these with the place of service where it normally would have taken place.

- **Medicaid Telephone only requires modifier UB.**

Billing Medicare for Telemedicine Services Interim Coding Rules

When submitting claims for **telemedicine services with dates-of- service on or after March 1, 2020, and for the duration of the PHE, report:**

- ❖ **Place of Service (POS) equal to what it would have been in the absence of a PHE.**
- ❖ **Append modifier 95 to CPT codes, indicating that the service rendered was actually performed via interactive audio video.**

This is a change announced on 03/31/2020 that is applicable 03/01/20 & applies to E/M services provided via audio/visual during pandemic period.

Billing Medicaid for Telemedicine Services Interim Coding Rules

When submitting claims for telemedicine services with dates-of- service on or after March 12, 2020, and for the duration of the PHE, report:

- ❖ **Place of Service (POS) equal to what it would have been in the absence of a PHE.**
- ❖ **Append modifier GT to CPT codes, indicating that the service rendered was actually performed via interactive audio video.**

Billing Medicaid for Behavioral Health Telemedicine

Provider Types

- Psychiatrists.
- Psychiatric Nurse Practitioners (CRNP-PMH).
- Advance Practice Nurses (ARPN-PMH).
- LCPC, LCMGT, LCADC, LCPAT.
- LCSW-C.
- In Outpatient Mental Health Clinics – only under supervision – LMSW or LCSW, LGPC, LGADC, LGMFT, LGPAT.
- In ASAM Level 1 outpatient SUD program, State licensed providers only –CAC-AD, CSC-AD
- Providers listed above must be enrolled in the Department’s Specialty Behavioral Health Program

Billing Medicaid for Behavioral Health Telemedicine

Services may be delivered by telephone

E/M codes: 99211, 99212, 99213, 99214, 99215

Psychotherapy codes:

- **90832** (16-37 min.) Individual psychotherapy
- **90834** (38-52 min.) Individual psychotherapy
- **90846** Family therapy without patient present
- **90847** Family therapy with patient present
- **90833** 30 min. Individual therapy (add on)
- **90836** 45 min. Individual therapy (add on)
- **90837** Psychotherapy 53 min. and up
- **90839** Psychotherapy for crisis, first 60 min
- **90840** Psychotherapy for crisis, additional 30 min.

Billing Medicaid

SUD Treatment Telemedicine

Services may be delivered by telephone

Treatment codes:

- **H0016** MAT Initial induction alcohol drug services; medical somatic (Buprenorphine / Methadone is covered by telehealth services only ***NOT for voice telephone only***)
- **H0001** Alcohol and/or drug assessment (***NOT covered for voice telephone***)
- **H0004** Individual outpatient therapy (*15 min. increments 6 max. per day*)

Billing Medicaid for Group SUD Treatment Telemedicine

A telehealth group is defined as each member dialing into a central meeting using HIPAA compliant video technology. Voice only groups are not covered

Treatment codes:

- **90835** Group psychotherapy.
- **H0005** Alcohol or drug group outpatient therapy.
- **H0015** Alcohol or drug Intensive Outpatient (IOP)
- **H2036** Partial hospitalization (*SUD tx per diem*)
- **S9480** Intensive OP Psych. Services per diem
- **H0032** Interdisciplinary team treatment planning with
patient present (*not covered for voice only*)

Billing Medicaid for Group SUD Treatment Telemedicine

SERVICE REIMBURSEMENT

- Professional services only will be reimbursed. Facility fees will not be paid.
- Services should be billed using any applicable service modifiers.
- Services delivered by telephone must also be billed using the UB modifier
- Regular video telehealth service must be billed using the GT modifier

Additional Telehealth Provisions

Providers can now:

- Bill for additional types of televideo visits at the same rate as in-person visits.

Medicare now allows telemedicine to fulfill many face-to-face visit requirements for clinicians to see their patients in inpatient rehabilitation facilities, hospice & home health.

For a complete list of Telehealth services that can be reported as in person using a synchronous acceptable telecommunication platform.

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

Billing Medicaid for Telemedicine Services

When submitting claims for **telemedicine services with dates-of- service on or after March 5, 2020, and for the duration of the PHE, report:**

- ❖ **Medicaid does not recognize POS 02. Report the Place of Service (POS) where the Provider is located e.g., 72 if provider is normally located in a public health clinic.**
- ❖ **Append modifier GT to CPT codes, indicating that the service rendered was actually performed via interactive audio video.**

CMS Interim Rules Effective 03/01/2020

Telephone Evaluation & Management (E/M) Services

Prior CMS Non-Coverage for Non-Face-to-Face Services

- In CY 2008, the CPT Editorial Panel created CPT **99441-99443** codes to describe E/M services furnished by a physician or qualified healthcare professional via telephone.
- CMS assigned a status indicator of “**N**” (**Non-covered**) to these services **because**:
 - ❖ (1) These services are non-face-to-face; and
 - ❖ (2) the code descriptors include language that recognizes t the provision of services to parties other than the beneficiary for whom Medicare does not provide coverage (for example, a guardian).
- **CMS now believes they should be covered in light of the COVID-19 emergency.**

Billable Telephone/Audio Only

Services

Virtual Check in **G2012**- 5-10 min. *established in 2017 as a covered service”.*

Added codes to the MPFS due to the PHE:

- ❖ **99441** Telephone E/M new or established 5-10 min. MCR allowance \$15.34

- ❖ **99442** Telephone E/M new or established 11-20 min. MCR allowance \$29.96

- ❖ **99443** Telephone E/M new or established 21-30 min. MCR allowance \$43.64

Medicare does not consider these services to fully replace a telemedicine E/M visit. These codes should be reported when the E/M is sufficient to warrant a separate service unrelated to coordination of care following an E/M in the previous 7 days.

- **Do not use POS 02 or modifier 95 with these.**

Billable Online/Digital Only Services

Virtual Check-in G2010 –Store and Forward technology utilizing recorded video or image forwarded to provider

Digital evaluation & management service, for an established patient, for up to 7 days, cumulative time during the 7 days

❖ **99421 Online digital E/M** new or established 5-10 min. MCR allowance \$16.52

❖ **99422 Online digital E/M** new or established 11-20 min. MCR allowance \$33.12

❖ **99423 Online digital E/M** new or established 21-30 min MCR allowance \$53.54

Document cumulated time during a **7 day period** where asynchronous secure messaging or recordings was the means to evaluate & manage a health condition or problem.

• **Do not use POS 02 or modifier 95 with these.**

Documentation Guidelines

- ❖ Providers **must** maintain documentation in the same manner as for an in-person visit or consultation, using either electronic or paper medical records.
- ❖ The provider should **document the participant's consent** to receive telehealth services in their medical record.
- ❖ Consent may be given verbally by the participant.
- ❖ Consent need only be given once per year.

Medicare Coverage of COVID-19 Testing & Related Encounters

- ❖ Medicare provides coverage of laboratory testing without costs-sharing (**87635**)
- ❖ Medicare provides coverage of E/M services that result in an order for or administration of a COVID-19 test (**87635**)
- ❖ Append modifier **CS** to the CPT codes reporting EM services resulting in the order or administration of a COVID-19 test.
- ❖ Treatment of COVID-19 and associated respiratory disease will be subject to deductibles & co-insurance.

COVID-19 Related ICD-10 Codes

- ❖ **Z03.818** Encounter for observation for suspected exposure to other biological agents ruled out.
- ❖ **Z20.828** Contact with & (suspected) exposure to other viral communicable diseases.
- ❖ **Z71.84** Encounter for health counseling related to travel (Health risk & safety counseling).
- ❖ **Z71.1** Person with feared health complaint in whom no diagnosis is made.
- ❖ **U07.1** COVID-19 (confirmed test) effective 4/1/20


COVID-19 Related Presenting Problems ICD-10

For patients presenting with any signs/symptoms (*such as fever, etc.*) & where a definitive diagnosis has not been established, assign the appropriate code(s) for each of the presenting signs and symptoms first:

- ❖ R05 Cough.
- ❖ R06.02 Shortness of breath.
- ❖ R50.9 Fever, unspecified.
- ❖ J12.89 Other viral pneumonia.
- ❖ J20.8 Acute bronchitis due to other specified organisms.
- ❖ J22 Unspecified acute lower respiratory infection.

Payor Specific Resources

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Health Plan Search: Provider Manuals and Policies

AAPC has compiled data from over 500 local and national health plan's websites, provider manuals, provider policies, physician credentialing and medicare/medicaid eligibility. This new search tool will be available to all for a limited time, after which it will only be available to AAPC members.

Payer Search

Step 1: Input State

Step 2 (optional): Input Payer Name (can't find your health plan provider?)

Step 3: Find your payer and select row for search capabilities for that payer or plan (if not already visible)

Name	State(s)					
Bravo Health Mid-Atlantic, Inc.	MD, PA, TX, DC, DA					
CareFirst Blue Cross Blue Shield	MD, DC, VA					
CoreSource	MD, NC, IL, OH, PA, AR, AZ					
Coventry Health Care of Delaware (Maryland)	DE, MD					
Hopkins ElderPlus	MD					
JAI Medical Systems, Inc.	MD					
Kaiser Permanente Foundation Health Plan of the Mid-Atlantic States, Inc.	MD, VA, DC					
Maryland Physicians Care (MPC)	MD					
MedStar Family Choice	MD					
Priority Partners	MD					
United HealthCare of the Mid-Atlantic	MD					

<https://www.aapc.com/resources/free-tools/provider-manual/>

Information/Resources

American Telemedicine.org

American Academy of Pediatrics

https://www.aap.org/en-us/Documents/coding_factsheet_telemedicine.pdf

Centers for Medicare and Medicaid Services

<https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf>

AAFP

<https://www.aafp.org/patient-care/emergency/2019-coronavirus/telehealth.html>

CMS General Provider Telehealth & Telemedicine Tool Kit:

<https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf>

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/>