Billing for Physician Services
During a Public Health Emergency
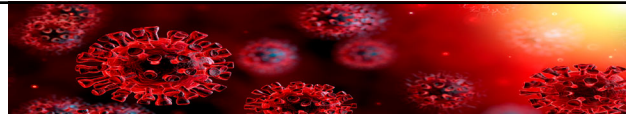**March 25, 2020**

Kim Huey, MJ, CHC, CPC, CCS-P, PCS, CPCO, COC
for
State Affiliate Chapters of MGMA

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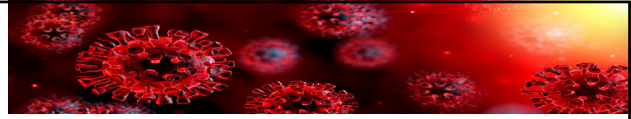
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Agenda

- Define Telehealth
- Public Health Emergency – Waiver 1135
- Medicare
  - Telehealth
  - Virtual Check-In
  - E-visits
- Documentation Examples
- Controlled Substances
- Diagnosis Coding
- Resources

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What is Telehealth?

Telehealth and Telemedicine:

Telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve patients' health status.

Closely associated with telemedicine is the term *telehealth*, which is often used to encompass a broader definition of remote healthcare that does not always involve clinical services. Videoconferencing, transmission of still images, e-health including patient portals, remote monitoring of vital signs, continuing medical education and nursing call centers are all considered part of telemedicine and telehealth.
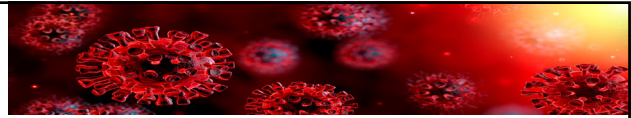
The two terms have become synonymous.

Source: American Telemedicine Association

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Telehealth –
Payer Definitions

Medicare has the most specific, detailed explanation of what is considered telehealth

Synchronous audio-video link with patient

Prior to this PHE – patient required to be in an originating site (hospital, clinic, SNF) in a Health Professional Shortage Area (HPSA)
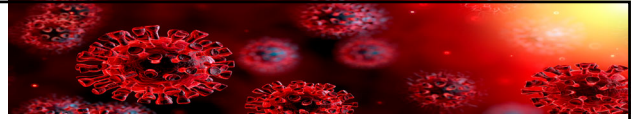
List of specific codes/services to be covered

Phone calls are not considered telehealth for Medicare

Other payer definitions vary – must review with each payer

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Medicare Advantage is not Medicare!

Medicare Advantage plans must offer beneficiaries at least the same benefits they would receive from traditional fee-for-service Medicare, but they function as commercial insurance.

Some will follow FFS Medicare in this, others will be more liberal in their coverage.

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Questions to Ask Payers
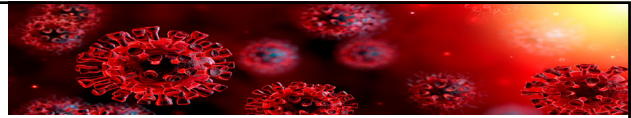
- What are the effective dates? Most insurers are limiting this exemption to a specific period of time.
- What services are covered?
- May these services be provided by Nurse Practitioners, Physician Assistants, and other Qualified Healthcare Providers (QHP)?
- How are those to be billed?
- Do we use telehealth codes or office visit codes?
- What place of service?
- What modifiers are necessary?

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But first….
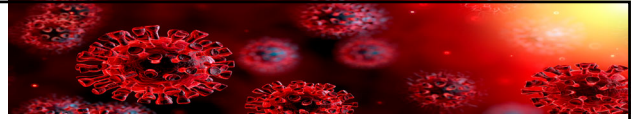
Does the practice's professional liability policy cover telehealth – visits by telephone or audiovisual link?

➤ Some only cover for established patients

➤ Some only cover for MDs and not other types of providers

➤ Some only cover audio-visual links and not telephone calls

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Public Health Emergency (PHE) - Waiver 1135

Under Section 1135 of the Social Security Act, the Secretary of Health and Human Services (HHS) may temporarily waive or modify certain Medicare, Medicaid, and Children's Health Insurance Program (CHIP) requirements to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in Social Security Act programs in the emergency area and time periods and that providers who provide such services in good faith can be reimbursed and exempted from sanctions (absent any determination of fraud or abuse).

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/1135-Waivers
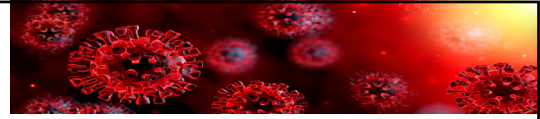
Two Requirements:

➤ President must have declared an emergency or disaster under either the Stafford Act or the National Emergencies Act.

➤ The Secretary must have declared a Public Health Emergency under Section 319 of the Public Health Service Act.

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Waiver 1135
COVID-19 - Telehealth

From March 6, 2020 through the duration of the PHE –

➢ the patient can be in their home or other location - they do not have to be in a healthcare facility in a HPSA.

➢ the audio-video link does not have to be HIPAA-compliant – it can be something as simple as Skype or FaceTime or Facebook Messenger video calls - but it has to be a real-time audio AND video one-to-one connection, not something public-facing (but the patient should be notified that it is not necessarily private).

➢ cost-share can be waived - it is not automatically, but it can be waived at the providers' discretion.

➢ HHS will not audit for the "established relationship" criteria normally required for telehealth

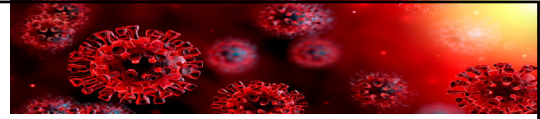The nature of the visit itself does not have to be related to COVID-19

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TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: • 99201-99215 (Office or other outpatient visits) • G0425–G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406–G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	For new* or established patients. *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency
VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	• HCPCS code G2012 • HCPCS code G2010	For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	• 99421 • 99422 • 99423 • G2061 • G2062 • G2063	For established patients.

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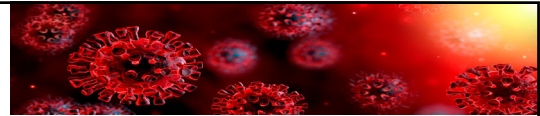
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Medicare Telehealth

- Even during PHE, requires real-time audio AND video link
- Only applicable for services on the list at: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes
  - Includes New and Established Patient Office Visits, Annual Wellness Visits, Transitional Care Management, Hospital Subsequent Visits and Consultations (but not Initial Hospital Care), Nursing Facility Subsequent Visits (but not Initial Nursing Facility Care)
- The criteria for the code must still be met.
- Payment will be made as if the visit were in-person but at the Facility rate.

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Modifiers

- 95 - Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System (CMS discontinued requirement for this modifier when POS 02 was created.)
- GQ - Via asynchronous telecommunications system (Alaska and Hawaii only)
- GT - Via interactive audio and video telecommunication systems
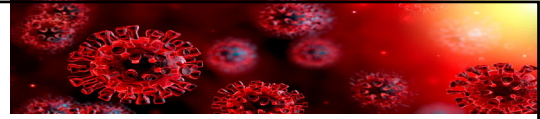- G0 - Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke

CMS has stated that a modifier is not necessary, but many contractors and payers are requesting the use of:

- CR - Catastrophe/disaster related

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Office Visit Coding

Question raised about doing examinations where the physician cannot "lay hands" on the patient.
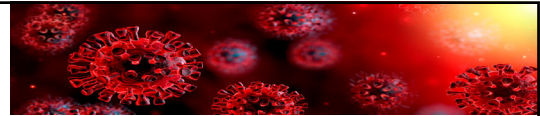
Consider:

➢ Established patient office visit codes require 2 out of 3 key components: History, Examination, Medical Decision-Making

➢ Some examination can be performed through observation or conversation; for example: general appearance, sclera anicteric injected, hearing intact, skin tone, respiratory effort, gait and station, mental status

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Medicare Telehealth Example

Patient is concerned that her blood sugar is running higher than usual. She contacts her physician who responds by Skype, questions her about any changes in diet, exercise, etc. and advises her on changes to her medication.
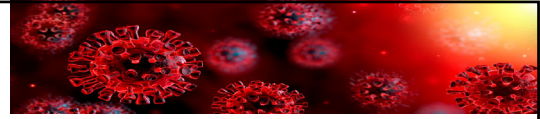
➢ Expanded Problem-Focused History (Severity, Modifying Factors plus a limited Review of Systems)

➢ Problem-Focused Examination (General Appearance)

➢ Low Complexity Medical Decision-Making (1 Established Problem – Worsening, Medication Management)
99213

Be sure to document the diagnosis treated and any coexisting conditions that affect care.

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Virtual Check-In

- ➤ G2012 - Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

- ➤ G2010 - Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment

- ➤ Rural Health Clinics and Federally Qualified Health Centers may be paid for these outside the encounter rate using new code G0071

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Virtual Check-In Details
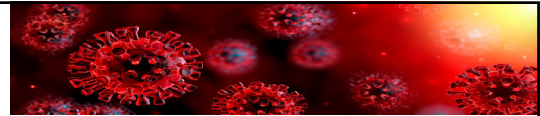
- Established patients only – same definition as for other E&M services
- Verbal consent required – documented in the patient's medical record (originally separate consent required for each instance, now just once per year)
- No service-specific documentation requirements but medical necessity and diagnosis must be documented
- May only be billed by those providers who can perform/bill E&M services

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Virtual Check-In Documentation
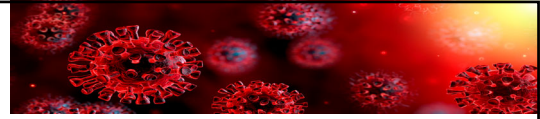
"3/25/2020 - I spoke with Patty Patient for approximately 10 minutes. She is concerned that she is not able to come into the office for her six-month checkup because of the current public health concerns. She tells me that she has been checking her blood pressure, and that it is usually around 110/70. She has been following her low-carb diet and taking all her medications as prescribed. I have renewed her prescriptions for Norvasc and Atorvastatin, and we will see her in the office in three months." Diagnoses documented as hypertension and hyperlipidemia.

G2012 – Dx Hypertension - I10, Hyperlipidemia - E78.5

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Online Digital Evaluation and Management Services

➢ #99421 - Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes

➢ #99422 - 11-20 minutes

➢ #99423 - 21 or more minutes

Patient-initiated digital communications requiring a clinical decision that would otherwise be made during an office visit.

➢ Physician/Qualified Healthcare Professional (QHP) time only

➢ Not billable if patient seen in person or through telehealth within 7-day period

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Online Digital-----
Services
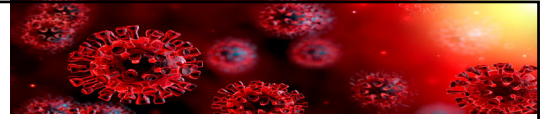
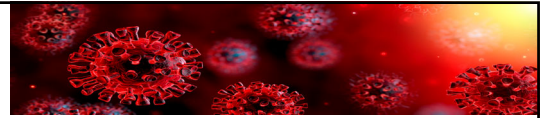**Similar codes for nonphysician professionals, but CMS prefers the term "assessment"**

➢ 98970 – Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes

➢ 98971 – 11-20 minutes

➢ 98972 – 21 or more minutes

➢ G2061 – Qualified nonphysician health care professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes

➢ G2062 – Qualified nonphysician health care professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 11-20 minutes

➢ G2063 – Qualified nonphysician health care professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes

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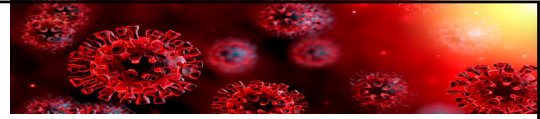
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Online Digital
Documentation

- The interchange between the provider and patient should be stored electronically.

- The provider MUST indicate a narrative diagnosis to support billing.

- Time spent be documented in order to support the code billed.

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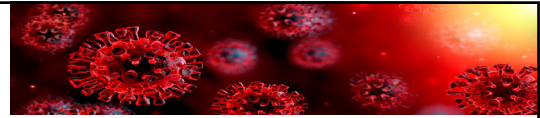MARKETING · MEETING PLANNING · ASSOCIATION MANAGEMENT

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EMR Questions

How to document phone calls and online encounters?

- Check with EMR vendor – some "encounter types" may not cross over into Practice Management system for billing
- Place of Service may require manual changes
- Will encounters be stored where they are easily accessible for clinical purposes or payer review?

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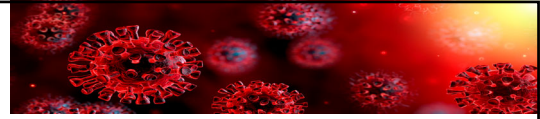
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Controlled Substances

As part of the 1135 waiver, controlled substances may be prescribed through telehealth if:

- The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice
- The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system.
- The practitioner is acting in accordance with applicable Federal and State law.

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Other Payers - Telehealth

> Some payers are allowing telephone calls to be billed as telehealth, that is, with office visit codes.

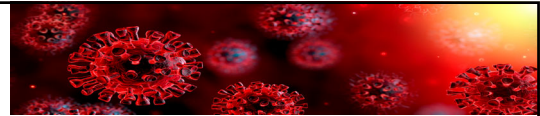> Usually limited to lower level codes – 99211-99213

Example 99213 by telephone:

The patient calls in with complaint of dysuria. The physician documents the complaint (Duration, Timing) and further asks questions about fever, nausea and vomiting (Constitutional and Gastrointestinal Review of Systems). He also reviews the patient's Past Medical History and Allergies. Based on her previous history, he suspects that the patient has a urinary tract infection and orders an antibiotic. (Low-complexity Medical Decision-Making)

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"Windshield Visits"

> Question has been posed to CMS whether office visit codes and office visit place of service can be used for visits that take place in the parking lot or other location adjacent to physician's office.

> If answered, would be published in Frequently Asked Questions

> Kim's opinion – yes, based on the fact that it is not a facility place of service.

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Home Visits – POS

New Patient (must meet all 3)	99341	99342	99343	99344	99345
History	chief complaint 1-3 HPI	chief complaint 1-3 HPI 1 ROS	chief complaint 4 or more HPI 2 - 9 ROS pertinent PFSH	chief complaint 4 or more HPI 10 or more ROS complete PFSH	chief complaint 4 or more HPI 10 or more ROS complete PFSH
Examination	1 system	2 - 7 systems	2 - 7 systems	8 or more systems	8 or more systems
Medical Decision-Making	(must meet 2 of 3) minimal diagnoses minimal/no data minimal risk	(must meet 2 of 3) limited diagnoses limited data low risk	(must meet 2 of 3) multiple diagnoses moderate data moderate risk	(must meet 2 of 3) multiple diagnoses moderate data moderate risk	(must meet 2 of 3) extensive diagnoses extensive data high risk
Time (only relevant if counseling >= 50%)	20 minutes	30 minutes	45 minutes	60 minutes	75 minutes

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Home Visits – POS 12

| Established Patient (must meet 2 of 3)	99347	99348	99349	99350
History	chief complaint 1-3 HPI	chief complaint 1-3 HPI 1 ROS	chief complaint 4 or more HPI 2 - 9 ROS pertinent PFSH	chief complaint 4 or more HPI 10 or more ROS complete PFSH
Examination	1 system	2 - 7 systems	2 - 7 systems	8 or more systems
Medical Decision-Making	(must meet 2 of 3) minimal diagnoses minimal/no data minimal risk	(must meet 2 of 3) limited diagnoses limited data low risk	(must meet 2 of 3) multiple diagnoses moderate data moderate risk	(must meet 2 of 3) extensive diagnoses extensive data high risk
Time (only relevant if counseling >= 50%)	15 minutes	25 minutes	40 minutes	60 minutes

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Diagnosis Documentation and Coding

➤ For all visits not related to COVID-19, document and code as normal. Remember the Diagnosis Coding Guidelines, including:
  o Code all documented conditions that coexist at the time of the encounter, and require or affect patient care, treatment, or management.

➤ For COVID-19 related visits – guidance is available at http://www.ahima.org/topics/covid-19

➤ Effective 4/1/2020 – U07.1 – for confirmed COVID-19.

➤ For suspected cases, code the symptoms or reason to suspect, such as:
  • Z20.828 – Contact with and (suspected) exposure to other viral communicable diseases
  • R05 – Cough
  • R50.9 – Fever

➤ Lab results are not required to code as confirmed. Code based on the physician's judgment/documentation.

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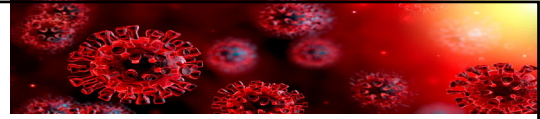
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FQHC / RHC
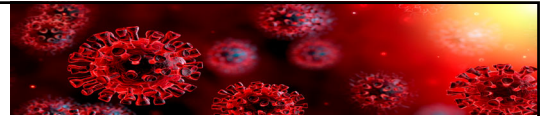
➤ FQHCs and RHCs are not authorized to serve as distant sites for Medicare telehealth

➤ FQHCs and RHCs may perform Virtual Check-In and bill G0071

  G0071 - Payment for communication technology-based services for 5 minutes or more of a virtual (nonface-to-face) communication between a rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only

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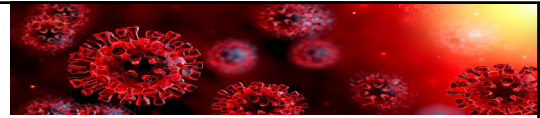
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To Ensure Success!

- ➢ Follow the guidelines from each payer – don't assume that they are the same as CMS.
- ➢ Documentation should fulfill the requirements of the code billed.
- ➢ Diagnosis should be documented at each encounter.
- ➢ Store the encounter information where it is accessible for provider and for payer review.

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Resources

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

http://www.ahima.org/topics/covid-19

https://www.deadiversion.usdoj.gov/coronavirus.html

http://statemgma.m3solutionsllc.com/

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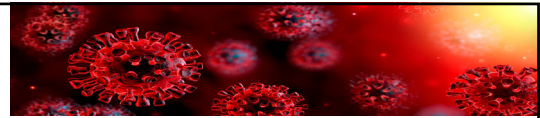STATE AFFILIATE WEBINAR

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Questions?

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