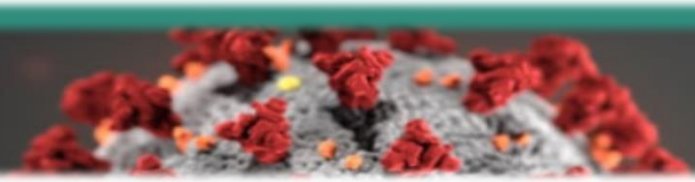
Telemedicine/Telehealth Billing and Coding Guide)



Public Health Emergency (PHE)

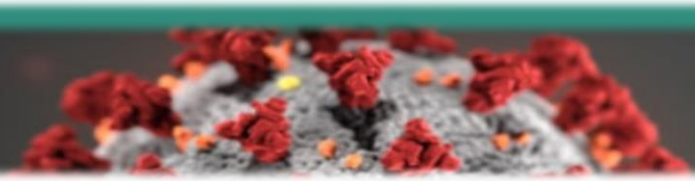
Updated 5/4/2020

CONVENTUS

Telehealth	
Service	A visit using **interactive real-time audio-visual communication** between a provider and a patient.
Technology	– Interactive audio-video telecommunication system. e.g., FaceTime, Zoom, Skype, Messenger Video Chat, Commercial Telemedicine product with interactive two-way audio/video. – HIPAA privacy rules waived. – Cannot use front facing public applications like Facebook Live, TikTok etc.
Coding	– Medicare telehealth visits are for office, hospital visits and other services allowed via Medicare's existing policy for telehealth services. – Office visit codes 99201-99205; 99211-99215. ○ If the patient **does not have** access to a smart phone or computer, do not bill office visit codes. – Code list see: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes
Patient Consent	– Patient must consent to services; can be verbal. – Must let patient know about the privacy risks in using third party platforms.
Patient Relationship	– New and established patients.

Documentation	– Same as if performed in person
	– Include:
	  ○ A statement in medical record that the service is being provided using telehealth and the product/equipment used.
	  ○ Location of the patient
	  ○ Your location.
	  ○ Name and role of any other person participating or assisting with the telehealth visit.
	– Document the total face-to-face and non-face-to-face for all activities by the billing practitioner related to the visit.
	  ○ This does not include support staff (nurse) doing pre-visit planning.
	NOTE: It is recommended that every visit you document in the medical record a statement that says: "The patient was seen remotely using [name of product/service] in response of the COVID-19 pandemic/public health emergency. The patient was informed of the risks/benefits and potential privacy issues and verbally consented to continuing with the visits."

Place of Service (POS) and/or Modifier	**POS: Use the place of service that would have been used if the patient had been seen face-to-face (e.g., 11)** **Modifier: 95 (Synchronous telemedicine service rendered via real-time interactive audio/visual telecommunication system** **DO NOT USE: POS 02 for CMS telehealth claims.** CMS changed this on 4/3/20
Fee Schedule	– Visits are paid at the same rate as in person visits. ○ Must bill correct POS. – Providers may waive the co-pay/deductible but is not required.
Notes	– **Office visits with audio only must be billed with phone call, not E/M codes.** – **None of these services were originally a part of Medicare's Telemedicine Policy.** – Practitioners who may bill for telehealth include physicians, advanced practice registered nurses, physician assistants, CRNAs, clinical psychologists, clinical social workers, registered dietitians and nutrition professionals based on specific codes.
Effective Date(s)	3/1/20, 3/30/20; 4/30/20



Public Health Emergency (PHE)
Updated 5/4/2020

CONVENTUS

Telehealth (cont'd)

Selecting Level of Service

On an interim basis through the PHE, for new patients and/or established patients CMS is revising their policy to specify that the office/outpatient E/M level selection for services, 99201-99215, when furnished via telehealth, can be based on:

- Medical decision making, as currently defined; OR
- Total time that the practitioner (not staff) spent, including face-to-face and non-face-to-face time. The visit does not need to be dominated by counseling.

In addition:

- No specific level of history or exam is required.
- CMS has removed any requirements regarding documentation of history and/or physical exam in the medical record.
- Is using different time thresholds for selecting 99201–99215.
- **Is allowing documenting the total face-to-face and non-face-to-face for all activities by the billing practitioner related to the visit. Time staff spends is not included**.

On April 30, 2020 CMS modified their rule, stating that the CPT typical time should be used and not the CMS typical time.

New Patient		
Code	**CPT typical time**	**CMS typical time**
99201	10	17
99202	20	22
99203	30	29
99204	45	45
99205	60	67

Established Patient		
Code	**CPT typical time**	**CMS typical time**
99212	10	16
99213	15	23
99214	25	40
99215	40	55

The typical times associated with the office/outpatient E/M codes are available as a public use file at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1715-F

Reference: Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency , Interim final rule with comment period, CMS-1744-F-IFC (85 FR 19232-19253), 3/30/20. "*W. Level Selection for Office/Outpatient E/M Visits when Furnished Via Medicare Telehealth*." Available: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1715-F

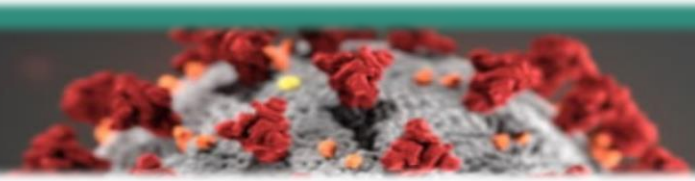
How should an on-site visit conducted via video or through a window in the clinic suite be reported?

If the patient and the physician or practitioner furnishing the service are in the same facility but are utilizing telecommunications technology (audio/visual or audio only) to furnish the service due to exposure risks, the practitioner would not report this service as telehealth. The visit should be reported using the appropriate code that describes the in-person service provided.

Types of visits include:

- On-site visits done via audio/video.
- Visits done through a window or at the same site as the patient is located, but not in the same room.

Reference: CMS. *COVID-19 Frequently Asked Questions (FAQs) on Medicare Fee-for-Service (FFS) Billing. Up*dated 4/17/20, page 22. https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf



Public Health Emergency (PHE)

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Expansion of Services – 4/30/20

Through the Second Round of Sweeping Changes to Support U.S. Healthcare System During COVID-19 Pandemic CMS has made additional changes to the following:

Audio-Only Telephone Use

CMS has expanded the use of audio-only telephone use to include many behavioral health and patient education services. CMS is also increasing payments for these telephone visits to match payments for similar office and outpatient visits. This would increase payments for these services from a range of about $14-$41 to about $46-$110. The payments are retroactive to March 1, 2020.

- **Note: These expanded audio-only codes do not include office visit codes 99201-99205; 99211-99215.**
- For a list of the code see: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

Waiving Limitations on the Type of Clinical Practitioner

For the duration of the COVID-19 emergency, CMS is waiving limitations on the types of clinical practitioners that can furnish Medicare telehealth services. Prior to this change, only doctors, nurse practitioners, physician assistants, and certain others could deliver telehealth services. **Now, other practitioners can provide telehealth services, including physical therapists, occupational therapists, and speech language pathologists**.

Reference: *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*. Interim Final Rule with comment period,45 CFR Part 156; CMS-5531-IFC, 4/30/20. Available from: https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf

Modifier CS: Cost Sharing for COVID-19 Testing and Visits Related to Testing

The *Families First Coronavirus Response Act* (FFCRA) waives cost sharing under Medicare Part B, both coinsurance and deductible amounts, for Medicare patients COVID-19 testing-related services. In addition, the *Coronavirus Aid, Relief, and Economic Security Act* (CARES) amended the FFCRA to provide a broader range of diagnostic items and services that insurance plans must cover without any cost sharing, prior authorization or other medical management requirements.

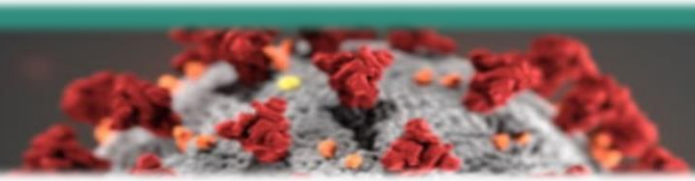
Cost-sharing does not apply for COVID-19 testing-related services, which are medical visits that: are furnished between March 18, 2020 and the end of the Public Health Emergency (PHE); that result in an order for or administration of a COVID-19 test; are related to furnishing or administering such a test or to the evaluation of an individual for purposes of determining the need for such a test; and are in any of the following categories of HCPCS E/M codes:

- Office and other outpatient services
- Hospital observation services
- ED services
- Nursing facility services
- Domiciliary, rest home, or custodial care services
- Home services
- Online digital E/M services

Reference: *FAQS About Families First Coronavirus Response Act and Coronavirus Aid, Relief, and Economic Security Act Implementation Part 42*. April 11, 2020. Available: https://www.cms.gov/files/document/FFCRA-Part-42-FAQs.pdf

All Coronavirus Waivers and Flexibilities

A complete listing of all CMS' waivers and flexibilities for healthcare providers, as well as provider specific fact sheets and frequently asked questions can be found at:
https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers



Public Health Emergency (PHE)

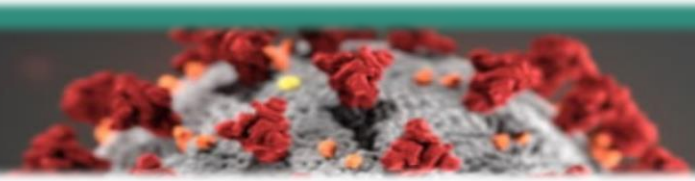
Updated 5/4/2020

CONVENTUS

Telephone Calls ONLY: NO Video
Revised 4/30/20 Now Considered Telehealth

Service	A **telephone** visit by a physician or other qualified health care professional.	
Technology	A telephone without any interactive video telecommunication.	
Coding	**Providers (incl. NPs and PAs):** 99441: 5-10 minutes 99442: 11-20 minutes 99443: 21-30 minutes	**Revised: 4/30/20 - For Providers ONLY these codes are being cross walked to 99212-99214 and being paid at the same rates. Effective Date 3/1/20.** Telephone E/M service 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.
	Non-Provider Practitioners (NPP)s*: 98966: 5-10 minutes 98967: 11-20 minutes 97968: 21-30 minutes	Telephone E/M service by a qualified non-physician health care professional to an established patient, parent or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment.
Patient Consent	– Patient must consent to services.	
Patient Relationship	– New and established patients.	
Documentation	– Document/summarize the discussion and time spent; relates to the billing.	
Place of Service (POS) and/or Modifier	– Since these codes have been added to CMS' telemedicine list: ○ Report the POS equal to where the service would have been furnished (e.g., 11) and use Modifier 95 (new-4/30/2020).	
Fee Schedule	– See Medicare Administrative Contractor for fee schedule. – Providers may waive the co-pay/deductible but is not required.	
Notes	– Cannot bill these codes if any of the following conditions apply: ○ Subject matter is related to a previous E/M encounter within past 7 days. ○ Subject matter is related to a preplanned E/M encounter to occur within next 24 hours. ○ If the call results in the scheduling of an E/M encounter within next 24 hours. – Service **must be** initiated by the patient. – Billing is based on time spent. – *Previously Non-Covered Service Codes*	
Effective Date	– 3/31/2020; – 4/30/20 (IFC2-4/30/20; pages 135-141; https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf)	

* Other qualified health care professionals who may bill Medicare for their services, such as registered dieticians, social workers, speech language pathologists and physical and occupational therapists should use codes



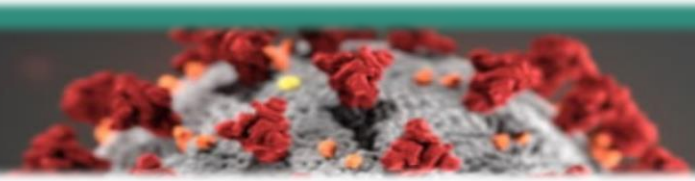
Public Health Emergency (PHE)

Updated 5/4/2020

CONVENTUS

E-Visits Not Considered Telehealth

Service	E-visits, which are non-face-to-face patient-initiated communications **through an online patient portal**.	
Technology	Electronic health record technology or other technology patient portal	
Coding	**Providers (incl. NPs and PAs) and office-based payment rate:** 99421 ($15.04): 5 - 10 minutes 99422 ($31.04): 11 - 20 minutes 99423 ($50.16): 21 or more minutes	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days.;
	NPPs and office-based payment rate: G2061 ($12.27): 5 - 10 minutes G2062 ($21.65): 11 - 20 minutes G2063 ($33.92): 21 or more minutes	Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days.
Patient Consent	– Patient must consent to services, use portal communication platform.	
Patient Relationship	– New and established patients.	
Documentation	– Document/summarize the discussion and time spent; relates to the billing.	
Place of Service (POS) and/or Modifier	– These services are NOT TELEHEALTH. Do not use POS 02 or modifier 95. – POS: Report the POS equal to what it would have been had the service been furnished in-person. – Modifier: None needed.	
Fee Schedule	– See Coding above. – Providers may waive the co-pay/deductible but is not required.	
Notes	– Service **must be** initiated by the patient through the patient portal or other technology. – Service is based on cumulative time spent over 7 days. – Clinical staff time may not be included in the time spent. – These services may only be reported once in a 7-day period – You cannot double count time with any other separately reported services (e.g. care management, remote patient monitoring). – If the patient had an E/M service within the last seven days, these codes cannot be used for that problem	
Effective Date	– 3/30/20; 4/9/20	



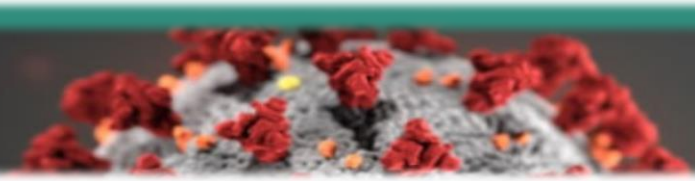
Public Health Emergency (PHE)

Updated 5/4/2020

CONVENTUS

Virtual Check-Ins Not Considered Telehealth

Service	A brief, 5-10-minute non-face-to-face check in with a practitioner via telephone or other telecommunication device to decide if an office visit or other service is needed and to avoid un-necessary trips by a patient to a physician's office.
Technology	Can be via telephone or other telecommunication device, including patient portal. Not limited to audio/visual only.
Coding	**HCPCS and Office-based payment rate:** – G2012 ($14.80): Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report E/M 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 ($12.27): 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
Patient Consent	– Patient must consent to services; can be verbal or via electronic communication.
Patient Relationship	– New and established patients.
Documentation	– No specific documentation required. – Documentation should record service/discussion.
Place of Service (POS) and/or Modifier	– Use the POS for where service is being performed (e.g., 11). – No modifier is needed.
Fee Schedule	– See Coding above. – Providers may waive the co-pay/deductible but is not required.
Notes	– Not considered Telehealth services. – Do not use POS 02 or modifier 95. – Does not result from a service within the past 7 days or result in a service in the next 24 hours, or next available appointment. – Can only be provided by a physician or non-physician practitioner, not a staff member. – Social workers and other types of therapists may not bill these codes.
Effective Date	– 3/30/2020

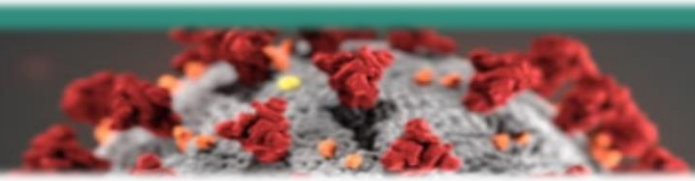


Public Health Emergency (PHE)
Updated 5/4/2020

CONVENTUS

Interprofessional Internet Consults Not Considered Telehealth

Service	The assessment and management consultative service provided by phone, internet or electronic health record when the treating physician/ non-physician practitioner (NPP) requests an opinion and/or treatment advice of a consulting physician/NPP. The consulting physician/NPP has specialty expertise to assist in the diagnosis and/or management of a patient, without a face-to-face visit.	
Technology	Consultative service provided by phone, internet or electronic health record or other technology.	
Coding	– 99446 ($18.41): 5 – 10 minutes – 99447 ($37.17): 11 – 20 minutes – 99448 ($55.58): 21 – 30 minutes – 99449 ($73.98): 31 minutes or more	Interprofessional telephone/Internet/electronic health assessment and management service provided by a consultative physician, including a **verbal and written report** to the patient's treating/requesting physician or other qualified health care professional; time of medical consultative discussions and review.
	99451 ($37.53): Interprofessional telephone/Internet/electronic health assessment and management service provided by a consultative physician, including **a written report** to the patient's treating/requesting physician or other qualified health care professional; 5 minutes of medical consultative discussions and review. **For the use by the treating/referring physician, NP or PA** 99452 ($37.53): Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/ requesting physician or other qualified health care professional, 30 minutes.	
Patient Consent	– Patient must consent to services; can be verbal.	
Patient Relationship	– New and established patients, for a new or existing problem.	
Documentation	– Written or verbal request should be documented in the patient's medical record, including the reason for the consult.	
Place of Service (POS) and/or Modifier	– Not considered Telehealth services –does not use communication with the patient. – Do not use POS 02 or modifier 95. – Use the POS for where service is being performed (e.g., 11). – No modifier is needed.	
Fee Schedule	– See Coding above.	
Notes	**For codes 99446-99449, 99451 (Consulting):** – Treating physician/NP/PA requests the opinion and/or treatment advice of a physician with specific specialty expertise to assist in diagnosis or management of the patient's problem without seeing the patient. – Consultant may not have had a face-to-face service with the patient in the last 14 days. – May not bill if review leads to a face-to-face service with the patient in the next 14 days. – Do not report these codes more than once in a 7-day period. **For code 99452 (Treating/Referring):** – NP/PA can report using this code. – May not be reported more than once in a 14-day period.	
Effective Date	– 3/30/2020	

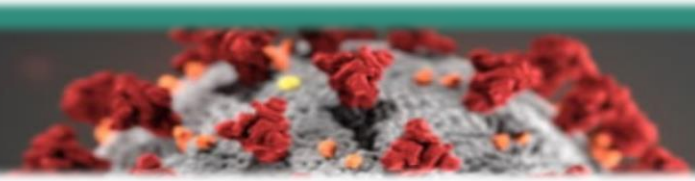


Public Health Emergency (PHE)
Updated 5/4/2020

CONVENTUS

Remote Patient Monitoring Not Considered Telehealth

Service	The remote or self-monitoring of patient care that can be reported back to a provider through use of monitoring technology.
Technology	– Remote monitoring technology – e.g., blood pressure machine, weight scale, pulse oximeter etc.,
Coding	*Patient receives initial set-up of monitoring device and education on it is use. 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: Initial; 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:* – 99457: Interactive communication with the patient/caregiver during the month; first 20 minutes. Report once per calendar month. – 99458: Interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure). Use 99458 in conjunction with *Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional:* – 99091: Qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days. Report once per 30 days. Do not report in conjunction with 99457 or 99458. *Self-measured blood pressure using a device validated for clinical accuracy* – 99473: Patient education/training and device calibration on how to monitor their BP at home. This code can only be submitted once per device. – 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. Can only be reported once per calendar month.
Patient Consent	– Patients opt-in for remote monitoring services.
Patient Relationship	– New and established patients. – For both acute and chronic conditions. – Can now be provided for patients with only one disease. For example, remote patient monitoring can be used to monitor a patient's oxygen saturation levels using pulse oximetry.
Documentation	– Documentation should record monitored service/discussion.
Place of Service (POS) and/or Modifier	– Use the POS for where service is being performed (e.g., 11). – Not considered Telehealth services. – Do not use POS 02 or modifier 95.
Fee Schedule	– See Medicare Administrative Contractor for fee schedule.
Notes	– Codes 99473 and 99474 cannot be reported in the same calendar month as 99453-99454, 99457 or 99091.Also cannot be provided in the same calendar month as Chronic Care Management services (99487, 99489-99491).
Effective Date	– 3/12/20



Public Health Emergency (PHE)

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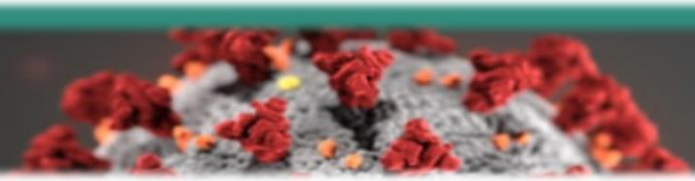
Commercial Payer Policies

Telemedicine services vary by payor. Please consult each payor's provider education/relations manuals to determine a patient's coverage.

America's Health Insurance Plans (AHIP)	https://www.ahip.org/health-insurance-providers-respond-to-coronavirus-covid-19/
Aetna	**Provider:** https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html **Patient:** https://www.aetna.com/individuals-families/member-rights-resources/need-to-know-coronavirus.html
AmeriHealth	**FAQs for Providers & Patients:** https://www.amerihealthnj.com/html/custom/announcements/covid19-faq.html
Blue Cross Blue Shield	**COVID-19 Resources:** https://www.bcbs.com/coronavirus-updates **For Federal Employees:**https://www.fepblue.org/coronavirus-updates?utm_source=(redirect)&utm_medium=vanity&utm_campaign=coronavirus#latest
Cigna	**Provider:** https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwcCOVID-19.html **Patient:** https://www.cigna.com/coronavirus/individuals-and-families **Medicare & Medicaid Patients:** https://www.cigna.com/coronavirus/medicare-and-medicaid
Healthfirst	**For Providers:** https://assets.healthfirst.org/api/item?id=pdf_1db520bb945a74454231a4d30b66e7b6&site=healthfirst.org&referrer=https%3A%2F%2Fhealthfirst.org%2Fclaims-and-billing%3Fpage%26pagename%3Dclaims-and-billing&v=0429210641
Humana	**Provider:** https://www.humana.com/provider/coronavirus/telemedicine **Patient:** https://docushare-web.apps.cf.humana.com/Marketing/docushare-app?file=3895073
UnitedHealthcare	**COVID-19 Information:** https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19.html?cid-none **COVID-19 Telehealth Services:** https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services.html **Billing Scenarios:** https://www.uhcprovider.com/content/dam/provider/docs/public/resources/news/2020/Telehealth-Patient-Scenarios.pdf



Public Health Emergency (PHE)

Updated 5/4/2020

CONVENTUS

Key References

Topic	Reference
All Coronavirus Related Waivers	https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers
CMS Interim Final Rules with Comments	*IFC 1:* Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency , Interim final rule with comment period, CMS-1744-F-IFC (85 FR 19232-19253), 3/30/20. "*W. Level Selection for Office/Outpatient E/M Visits when Furnished Via Medicare Telehealth*." https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1715-F *IFC 2: 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*. Interim Final Rule with comment period,45 CFR Part 156; CMS-5531-IFC, 4/30/20. https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf
List of CMS Telehealth Codes	https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes
Further Promote use of Telehealth	https://www.cms.gov/newsroom/press-releases/trump-administration-makes-sweeping-regulatory-changes-help-us-healthcare-system-address-covid-19
COVID-19 Frequently Asked Questions (FAQs) on Medicare Fee-for-Service (FFS) Billing	*Medicare Billing*: https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf *Provider Enrollment Relief:* https://www.cms.gov/files/document/provider-enrollment-relief-faqs-covid-19.pdf *Blanket Waivers for Health Care Providers*: https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf
Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency	https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html\
HIPAA Privacy Waived or Modification Under Section 1135	https://www.phe.gov/emergency/news/healthactions/section1135/Pages/covid19-13March20.aspx

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