CODING & COMPLIANCE INITIATIVES, INC.

Telehealth/Telemedicine Virtual Visits

My Background

- My connection to coding and documentation
- My connection to clinical processes
- My connection to ICD-10
- My connection to YOU

Disclaimer

The information provided within this presentation is for educational purposes only and is not intended to be considered legal advice. Opinions and commentary are solely the opinion of the speaker. Many variables affect coding decisions and any response to the limited information provided in a question is intended to provide general information only. All coding must be considered on a case-by-case basis and must be supported by appropriate documentation, medical necessity, hospital bylaws, state regulations, etc. The CPT codes that are utilized in coding are produced and copyrighted by the American Medical Association (AMA).

CMS

- MLN Matters – Special Edition – March 17, 2020
- President Trump Expands Telehealth Benefits for Medicare Beneficiaries During COVID-19 Outbreak
- *CMS Outlines New Flexibilities Available to People with Medicare*
- The Trump Administration today announced expanded Medicare telehealth coverage that will enable beneficiaries to receive a wider range of healthcare services from their doctors without having to travel to a healthcare facility. Beginning on March 6, 2020, Medicare—administered by the Centers for Medicare & Medicaid Services (CMS)—will temporarily pay clinicians to provide telehealth services for beneficiaries residing across the entire country.

Key Things for COVID-19

- HHS given authority to waive certain telehealth requirements
- HR 6074 gave power to waive geographic restrictions for telehealth. Medicare beneficiaries are entitled to receive telehealth services in nearly all settings
  - "originating site" 1135 waiver states patient home qualifies
- Section 1135(b) allows for use of telephones with audio/video capabilities such as Skype, FaceTime, etc.
- OCR has relaxed HIPAA requirements during national COVID-19 pandemic
- This will all remain in effect until the Public Health Emergency has ended

Key Things for COVID-19

- Must know the payor guidelines
- Do they allow telephone visits, email, portal, etc.?

Telehealth versus Other

- Virtual visit
- Remote patient monitoring
- Interprofessional internet consultation

Definitions

- **Telemedicine** - The use of an interactive telecommunication system to provide two-way, realtime, interactive communication between a provider and a Medicaid recipient across a distance.
- **Distant site** - Physical location of the practitioner providing the service via telemedicine.;
- **Originating site** - Physical location of the Medicaid recipient at the time the service is provided.; and
- **Interactive telecommunications system** - Multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the Medicaid recipient and distant site practitioner. Telephones, facsimile machines, and electronic mail systems do not meet the definition of an interactive telecommunications system.

Applications of Telehealth

- **Live (synchronous) videoconferencing**: a two-way audiovisual link between a patient and a care provider.
- **Store-and-forward (asynchronous) videoconferencing:** transmission of a recorded health history to a health practitioner, usually a specialist.
- **Remote patient monitoring (RPM):** the use of connected electronic tools to record personal health and medical data in one location for review by a provider in another location, usually at a different time.
- **Mobile health (mHealth):** health care and public health information provided through mobile devices. It may include general educational information, targeted texts, and notifications about disease outbreaks.

South Dakota

Telemedicine

- Patient’s can be in their home – no reimbursement for the facility fee

- FaceTime and Skype
  - South Dakota Medicaid recommends providers provide telemedicine services via a HIPAA compliant platform, but on a temporary basis is affording providers the same flexibility offered by OCR during the COVID-19 pandemic.

Telemedicine - SUD

- FQHCs can temporarily provide IMHP (Independent Mental Health Professional) and SUD services via audio only and be reimbursed at the encounter rate.
- The FQHC still has to meet the requirements to provide these services such as being an accredited and enrolled SUD provider to provide SUD services or meeting the licensure requirements for IMHPs.
- No changes were made regarding originating site fees.
- FQHCs are allowed to bill for encounter services provided via telemedicine such as EM office visits. They are limited like all other providers to the CPT codes that are allowed via telemedicine.

Distant Site Services

- SD Medicaid has been updating the code list rather frequently and anticipate additional updates. They recommend providers to refer to the Telehealth Manual for the most up-to-date information.

- Some general services will include:
  - Evaluation and management services including nursing facility consultations and other services;
  - Psychotherapy services;
  - Substance use disorder agency services.
  - Teledentistry services (during COVID-19 Public Health Emergency);

Billing

- 1500 Claim form
- Distant site must be billed with GT modifier
- Originating site eligible for reimbursement must be billed with Q3014 – if patient is home – this is not reimbursable.

Audio (Telephonic)

- Telephone assessment and management service provided by a qualified nonphysician 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 assessment and management service or procedure within the next 24 hours or soonest available appointment;
  - 98966 – 5 - 10 minutes of medical discussion
  - 98967 – 11 - 20 minutes of medical discussion
  - 98968 – 21 - 30 minutes of medical discussion

Audio (Telephonic)

- Physician, NP and PA
- Established patient
- Bill on 1500 under provider NPI like you do for ancillary services
- Document audio component, the work, the consent, the time.

- If the patient is seen within 24 hours or soonest available appointment AFTER this call – the call is not billable

Audio (Telephonic)

- Monday 4/6 – patient calls in with complaints of headache
- Audio visit – patient does not have video capabilities, patient consents to the audio visit. The phone visit was 8 minutes.
- Patient c/o of headache for the last 2 days. She states it throbs in the morning and late afternoon. She has tried Tylenol, however, only a few times. She has not taken her blood pressure but does not have any known HTN. She is not having any vision issues or any other symptoms. Patient will start taking Tylenol 500 mg x 2 pills every 8 hours for 3 days and will contact us with how she is doing in 3-4 days.

Audio (Telephonic)

- Monday 4/6 – patient calls in with complaints of low blood sugars and dizziness.
- Audio visit – patient does not have video capabilities, patient consents to the audio visit. The phone visit was 10 minutes.
- Patient c/o of low blood sugars with dizziness for the last week. She has been out of most of her medications and is unsure what medications she should even be taking. She has been using her insulin, however, not as directed. She said he has over 10 different medication bottles. She also said she is having some nausea in the evening. She said her blood sugars have been down to 40. Patient will come in tomorrow for an evaluation.

Behavioral Health Services

- Audio only is allowed if the patient does not have access to video or internet (**must be documented that patient does not have access to video or internet**)
- Bill with CPT codes that describe the service (i.e. 90832 psychotherapy)
- No Modifier GT for audio only

Summary

- So in a nutshell, anything that counts as a medically necessary encounter currently reimbursed in an FQHC face-to-face can be billed as telehealth (if the code is on the list in the telehealth manual, covered typically face-to-face in the FQHC and medically necessary).

Other Key Information

- Effective 03/16/2020 South Dakota Medicaid will implement the following changes to the outpatient retail prescription benefit for all medications as allowed by federal or state law:
  - The early refill threshold will be reduced to 50%. This will allow a prescription to be refilled after 50% usage. For example, a 30-day supply can be refilled 15 days (50% of 30) after the previous fill date.
  - Prescriptions may be filled for up to a 60-day supply.
- These changes are temporary and are subject to change or termination at any time. All applicable federal and state laws for prescribing and dispensing still apply
- Also there is a recent update made to extend approved prescription prior authorizations set to expire on or before 5/31/20 by an additional 90 days to reduce administrative burden for providers.
- SD Medicaid is also allowing patients to receive diabetic supplies and oxygen in 60-day quantities in addition to prescriptions.

Resources – South Dakota

- https://dss.sd.gov/docs/medicaid/providers/billingmanuals/FQHCan%20RHC.pdf
- https://dss.sd.gov/docs/medicaid/providers/ProviderBulletins/2020/COVID-19%20FAQ%203.20.2020.pdf
- https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Telemedicine.pdf

BCBS SD

March 17, 2020

- Wellmark Blue Cross and Blue Shield announced that all Wellmark members would have **access to virtual health visits with no cost-share**.
  - The cost-share for such visits, including those for mental health reasons, will be waived effective March 16, and reassessed after 90 days (June 16, 2020). This update applies to all fully insured and self-funded plans.

Resources – South Dakota

- https://www.wellmark.com/about/newsroom/2020/03/19/wellmarks-response-to-covid-19

North Dakota

Telehealth

- If an FQHC provider is providing telehealth to a patient that is located at home, they can bill per North Dakotas temporary guideline.
- FQHC must use condition code DR per the guideline if the service was rendered on via a non-HIPAA compliant platform.
- Modifier GT or 95 – Telehealth via interactive audio and video telecommunication systems. Billed by performing provider for real time interaction between the provider and member who is located at a distant site from the reporting provider. Needed for any service rendered via telehealth

Telehealth

- There is no origination site fee billable if the patient is at home.
- The only billable service is for the provider rendering the distant site service.
- Billed on UB04 , exactly like you bill for encounters now.

Telephonic Visits

- Telephonic visits are billable for established patients as long as it is a medically necessary visit
  - 99212-99215
  - Exam is exempt since it is telephonic
  - Must have history and medical decision-making.

Summary

- So in a nutshell, anything that counts as a medically necessary encounter currently reimbursed in an FQHC face-to-face can be billed as telehealth (if the code is on the list in the telehealth manual, covered typically face-to-face in the FQHC and medically necessary).
  - So prior to COVID-19 telephone calls (99441-99443) were not allowed and these codes are still not allowed

Resources

- http://www.nd.gov/dhs/info/covid-19/docs/policy-medicaid-temporary-telehealth.pdf

BCBS ND

Effective March 16, 2020

- The following services are allowed during the COVID-19 emergency period:
  - Telehealth visits for new or established patients;
  - Virtual check-ins for established patients; and,
  - Digital telehealth (E-visits) for established patients.

Type of Service	Service	HCPCS/CPT Code	Patient Relationship
Telehealth	Visit with a provider that uses telecommunication system connecting the patient with the provider.	• 99201-99215 • G0425-G0427 • G0406-G0408	New or Established
Virtual	Brief communication via telephone or other telecommunication 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.	• 99441-99443 • G2012 • G2010	New or Established
Digital	Digital communication initiated by the member to a provider through the provider's online patient portal.	• 99421-99423 • 98970-98972 • G2061-G2063 *During the COVID-19 emergency period only, providers must use modifier 95 when reporting face-to-face or non-face-to-face digital visits to ensure correct claims processing.	Established Pt

BCBS Questions and Answers

- Does this include all services, even therapy and office visits?
- Yes, in an effort to minimize exposure, many providers are offering telehealth options. Telehealth visits are subject to the member's regular benefits.
- We expect a variety of services to be offered through telehealth visits. These services may include, but are not limited to the following:
  - Office visits for patients
  - Physical therapy (PT) plan evaluation
  - Occupational therapy (OT) plan evaluation
  - Speech therapy (ST) plan evaluation
  - Behavioral health and substance use disorder treatment
  - Diabetes education
  - Nutrition counseling
- For services outside of E&M visits and telemedicine/digital visits, providers should **use the appropriate CPT or HCPCS code** and **applicable modifier** for the services rendered, if the services meet all criteria of the services rendered. Provider should submit **Place of Service 02 if the provider is rendering services through a telehealth communication system**

BCBS Questions and Answers

- Will reimbursement for telehealth visits where the patient is at home be the same as an in-person visit?

- Many telehealth services (indicated by place of service 02) have a site of service differential, so reimbursement may be less when provided via telehealth.
- Rates associated with codes and corresponding site of service differentials are only available through the fee schedule portal.

- If you have not registered for access to the portal, you can register at www.bcbsnd.com/FeeSchedules
- For questions regarding fee schedules, please email feeschedules@bcbsnd.com

BCBS Questions and Answers

- Can providers utilize FaceTime/Facebook/Skype to perform services?

- Yes, per CMS guidance, the HHS Office for Civil Rights (OCR) announced on March 17, 2020, that it will waive potential HIPAA penalties for good faith use of telehealth during the nationwide public health emergency due to COVID-19. Further information is available: https://www.hhs.gov/sites/default/files/hipaa-and-covid-19-limited-hipaawaiver-bulletin-508.pdf

BCBS Questions and Answers

- Does this include phone conversations with patients?
- Yes, provided that all the components of the applicable CPT or HCPCS codes are met (ex. 99441).

- When should I use an e-visit or digital code versus an E&M code?
- Digital or e-visit codes should be used for patient-initiated contact and the appointment was not scheduled prior to the visit (example: an urgent care visit initiated through the provider's portal). E&M codes should be used when the patient had an appointment and is electing to have the visit at home to prevent exposure

Resources

- https://chad.memberclicks.net/assets/COVID19/Telehealth%20-%20COVID19%20News%20Blast%20Final%203-20-20%281%29.pdf

Wyoming

Telehealth

- If an FQHC provider is providing telehealth to a patient that is located at home, they can bill per Wyoming temporary guideline.

- Modifier GT – goes on all Telehealth/telemedicine and telephone encounters

Telehealth

- Telephone services – billable or not?
  - Patient calls in with sore throat
  - Patient calls in for refill
  - Patient calls in to ask a question about one of the medications they are taking
  - Patient calls in to discuss high blood sugars over the last few weeks

Telehealth

- There is no origination site fee billable if the patient is at home.
- The only billable service is for the provider rendering the distant site service.
- Billed on UB , exactly like you bill for encounters now.

Summary

- So in a nutshell, anything that counts as a medically necessary encounter currently reimbursed in an FQHC face-to-face can be billed as telehealth (if the code is on the list in the telehealth manual, covered typically face-to-face in the FQHC and medically necessary).

Resources

- https://wymedicaid.portal.conduent.com/COVID-19.html

Medicare

CARES ACT

- There are some telehealth items in the CARES Act, one of the most significant is allowing Federally Qualified Heath Centers (FQHCs) and Rural Health Clinics (RHCs) in this emergency period to be a distant site provider for a telehealth service covered by Medicare.

- These services will be paid an amount calculated from the fee-for-service schedule, not the prospective payment system.

Work Force

- Home Nursing Visits: RHCs and FQHCs can provide visiting nursing services to a beneficiary’s home with fewer requirements, making it easier for beneficiaries to get care from their home.
- Any area typically served by the RHC, and any area that is included in the FQHCs service area plan, is determined to have a shortage of home health agencies, and no request for this determination is required;
- Any RHC/FQHC visiting nurse service solely to obtain a nasal or throat culture would not be considered a nursing service because it would not require the skills of a nurse to obtain the culture as the specimen could be obtained by an appropriately-trained medical assistant or laboratory technician; and
- The revised definition of “homebound” will apply to RHCs and FQHCs.

Telehealth

- Proper billing of FQHC Telehealth Services for CMS - starting on page 82
  - https://www.cms.gov/files/document/covid-final-ifc.pdf
- It also states this Act is to be applied retroactively to items and services furnished before the effective date of the change if the failure to apply the change retroactively would be contrary to the public interest

Additional CPT codes

- 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 (*Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes*)
- 99423 (*Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes*)

Additional HCPCS code

- If I am reading the regulation correctly and there are not changes:
- G2012 - 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

Virtual Communication

- Effective January 1, 2019, FQHCs and RHCs can receive payment for Virtual Communication services when at least 5 minutes of communication technology based or remote evaluation services are furnished by an approved practitioner to a patient who has had a billable visit within the previous year, and both of the following requirements are met:
  - Must use G0071
  - The medical discussion or remote evaluation is for a condition not related to a service provided within the previous 7 days, and
  - The medical discussion or remote evaluation does not lead to a visit within the next 24 hours or at the soonest available appointment.

Virtual Communication

- PRIOR TO COVID-19 HCPCS code G0071 requires that the beneficiary has been seen by an RHC or FQHC practitioner during the previous 12 months.
- Under the current COVID-19 pandemic, we believe that it is necessary to make these services available to **beneficiaries who would otherwise not have access to clinically appropriate in-person treatment**. (new or established pts)
- Also, in situations where obtaining prior beneficiary consent would interfere with the timely provision of these services, or the timely provision of the monthly care management services, during the PHE for the COVID-19 pandemic consent can obtained when the services are furnished instead of prior to the service being furnished, but must be obtained before the services are billed.
- We will also allow patient consent to be acquired by staff under the general supervision of the RHC or FQHC practitioner for the virtual communication and monthly care management codes during the PHE for the COVID-19 pandemic.

Resources

- https://www.cms.gov/files/document/covid-rural-health-clinics.pdf
- https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page
- https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Provider-Partnership-Email-Archive
- https://www.cms.gov/files/document/covid-final-ifc.pdf

ICD-10 Coding

ICD-10 Coding

- For encounters occurring March 24, 2020 until April 1, 2020, follow the General Guidance given by the CDC in February

ICD-10 Coding

- **Pneumonia**
  - Patients with pneumonia, case confirmed as due to the 2019 novel coronavirus (COVID-19), assign
    - J12.89 - Other viral pneumonia
      AND
    - B97.29 - Other coronavirus as the cause of diseases classified elsewhere
- **Acute Bronchitis**
  - Patients with acute bronchitis confirmed as due to COVID-19, assign
    - J20.8 - Acute bronchitis due to other specified organisms
      AND
    - B97.29 - Other coronavirus as the cause of diseases classified elsewhere
- **Bronchitis not otherwise specified (NOS)**
  - Patients with bronchitis (NOS) due to the COVID-19, assign
    - J40 - Bronchitis, not specified as acute or chronic
      AND
    - B97.29 -Other coronavirus as the cause of diseases classified elsewhere

ICD-10 Coding

- **Respiratory Infection**
  - Patients with COVID-19 documented as being associated with a lower respiratory infection, not otherwise specified (NOS), or an acute respiratory infection, NOS, assign
    - J22 – Unspecified acute lower respiratory infection (this has an excludes 1 note for J06.9 – upper respiratory infection)

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

      AND
    - B97.29 - Other coronavirus as the cause of diseases classified elsewhere
- **Acute respiratory distress syndrome**
  - Patients with ARDS due to COVID-19, assign
    - J80 - Acute respiratory distress syndrome

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

ICD-10 Coding

- **Exposure to COVID-19**
  - Patients where there is a concern about a possible exposure to COVID-19, but this is ruled out after evaluation, assign
    - Z30.818 – Encounter for observation for suspected exposure to other biological agents ruled out
  - Patients where there is an actual exposure to someone who is confirmed to have COVID-19, assign
    - Z20.828 – Contact with and (suspected) exposure to other viral communicable diseases
- **Signs/Symptoms**
  - Patients presenting with any signs/symptoms without a definitive diagnosis
    - R05 – cough
    - R50.9 – fever
    - R06.02 – shortness of breath

ICD-10 Coding

- For dates of service on and after April 1, 2020, the policy to follow is below:
- ICD-10 code - U07.1 - COVID-19
  - Use additional code to identify pneumonia or other manifestations
  - Excludes1:
    - Coronavirus infection, unspecified site (B34.2)
    - Coronavirus as the cause of diseases classified to other chapters (B97.2-)
    - Severe acute respiratory syndrome [SARS], unspecified (J12.81)

ICD-10 AHA Coding Clinic FAQ's

- https://www.codingclinicadvisor.com/faqs-icd-10-cm-coding-covid-19?utm_source=email&utm_medium=eblast&utm_campaign=CovidWebsite03242020&utm_term=maintext&mkt_tok=eyJpIjoiTVdOalpUQXpZbVV6TkRSayIsInQiOiJ6MmZ5Tlg3MzdlaDFBb21MRE9zT3cxNnRlVExmQnE2d1ViQ0FqbitOaVJGdHVmVThHbW9pKzdRNmg0MFpvV0VPdXpoVUZOWHdjRU8zb0NoeTFHc0xiREVGeFFjcGFLQWZwSzdSYm4xbDNLcG8wNWNLXC83UU9DZ2wza3VSZG1jcmIifQ%3D%3D

TIME FOR QUESTIONS

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About CCI

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Ms. Sulzberger spent approximately six years as a coding/billing consultant with National accounting and consulting firms (BKD, Grant Thornton) before becoming the President of Coding & Compliance Initiatives, Inc. (CCI) in April 2003. Ms. Sulzberger assists her clients with improving their operational performance in a variety of critical outcome areas, including coding/billing, corporate compliance, charge capture processes, etc. Ms. Sulzberger works with a variety of health care providers including hospitals, physician practices, and rural health clinics in their daily compliance and operational activities.

Ms. Sulzberger presents locally and nationally on coding topics as well as developing specialized training programs to meet the needs of her clients. Shellie recently was credentialed through American Institute of Healthcare Compliance as a Certified ICD-10 Trainer.