

### What is Telehealth?

There are differences between Telecare, Telehealth and Telemedicine. All three indicate that remote services are being provided from a health care professional to a patient, however the intent and technology differences of the services are defined below.

**Telecare** relates to technology that enables patients to maintain their independence as well as safety in their own homes. (*allowing patients to track their lifestyle changes over time*)

- **Examples:** medical alert systems, monitoring device

**Telehealth** is defined as remote-**non-clinical** services and audio only.

- **Examples:** remote monitoring (*vital signs etc.*), support staff health and patient education

**Telemedicine** refers to remote **clinical services** completed by a provider/QHP and includes the use of **both** video and audio communication.

- **Examples:** Patient consultations-evaluation and management (E&M), remote/e-prescribe medications.

### Who can provide telemedicine visits?

1. **Physicians**

2. **Qualified healthcare professionals (QHP)**, which is defined as:

- i. Nurse Practitioner (NP)
- ii. Physician Assistant (PA)
- iii. Clinical Psychologists
- iv. Certified Nurse Mid-Wife (CNM)
- v. Certified Registered Nurse Anesthetist (CRNA)
- vi. Clinical Nurse Specialist (CNS)
- vii. Clinical Social Worker (CSW)
- viii. Dietitian

3. **Therapists:** physical therapist, occupational therapists, speech language pathologists, and psychologists can bill for e-visits using codes:

**G2061:** Qualified non-physician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes

**G2062:** Qualified non-physician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11-20 minutes

**G2063:** Qualified non-physician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes

For further details, please review the Medicare provider fact sheet below:

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

**Tips for excellent Tele-documentation**

- Use the same clinical guidelines you would with an in-person visit
- Set up a dedicated space for virtual visits

And Document:

- What is the intent of the visit?
- What are the circumstances of the visit?
- Explanation of visit to patients-(*non-face to face compared to in office visit*)
  - **receive the patients verbal consent**
- Time spent on call

**Bill accordingly, based on thorough documentation**

**Most Common Tele-Billing Codes:**

Service	Time	HCPCS/CPT Code
Telehealth consultations, emergency department or initial inpatient	Varies	G0425-G0427
Office or other outpatient visits	Varies	G0406-G0408
Telehealth Pharmacologic Management	Varies	G0459
Individual psychotherapy	Varies	90832-90838
Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) <i>first visit</i>	Varies	G0438
Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) <i>subsequent visit</i>	Varies	G0439
Advance Care Planning	30 min	99497
Annual Depression Screening	15 min	G0444
Psychotherapy for crisis	Varies	90839, 90840
Telehealth Consultation, Critical Care(patients/providers) <i>initial visit</i>	60 min	G0508
Telehealth Consultation, Critical Care <i>subsequent visit</i>	50 min	G0509

For further review of CMS Telehealth services, please visit:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsh.pdf>

(pages 7-10 coding guidance)

Additional CMS Telehealth Services:

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

**How do I bill for Telemedicine visits *and* COVID-19?**

**CMS:**

**For Claims:**

- As of March 1, 2020, always bill with a Place of Service (POS) 02 **and** modifier 95 (signifies telehealth)
  - *If the telehealth visit includes COVID-19 testing-related services, you would also need to **add** the CS modifier (special circumstance modifier), in addition to the 95 modifier, to avoid any patient co-insurance and/or deductible being assessed.*

**For claims March 18, 2020 and through the end of the Public Health Emergency (PHE)**

CMS modifier guidelines:

<https://www.cms.gov/files/document/2020-04-07-mlnc-se.pdf>

**For Labs:** *related to COVID-19 testing, on or after March 1, 2020:*

- **G2023** - Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source
- **G2024** - Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), from an individual in a skilled nursing facility or by a laboratory on behalf of a home health agency, any specimen source

***New and Revised codes published April 10<sup>th</sup> and effective immediately:***

- **CPT 86318 (revision):** Immunoassay for infectious agent antibody(ies), qualitative or semi-quantitative, single step method (eg, reagent strip)
- **CPT 86328:** severe acute respiratory syndrome coronavirus2 (SARS-CoV-2) (Coronavirus disease-COVID-19)
- **CPT 86769:** Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease-COVID-19)

AMA new code guidelines:

<https://www.ama-assn.org/system/files/2020-04/cpt-assistant-guide-coronavirus-april-2020.pdf>

**Tele-case scenarios:** *provided by the American Medical Association (AMA)*

1. Telehealth E/M-telephone assessment (*audio only- scenario 7*)
2. Telehealth for non-COVID patient (*scenario 10*)
3. Telehealth for COVID concern *not related* to E&M and patient is directed to come to office or go to specified location for testing. (*scenarios 3 and 4*)

AMA case scenarios:

<http://nebraskahealthnetwork.com/wp-content/uploads/2020/03/AMA-covid-19-coding-advice.pdf>

Additional AMA tele guidance:

<https://www.ama-assn.org/practice-management/digital/ama-quick-guide-telemedicine-practice>

**Additional Components** of the current Telehealth waiver: *(may change when public health emergency (PHE) has been lifted)*

**Prescriptions/HIPAA**

- The Drug Enforcement Administration (DEA) has waived the need for face-to-face visits for controlled substances. DEA-registered practitioners may issue an electronic prescription for schedules II-V or they can call an emergency prescription for these into the pharmacy. The provider/prescription must meet the following conditions:
  - The prescription is issued for a legitimate medical purpose by the provider acting within the scope of their practice.
  - The communication is conducted using a platform that has audio and video capability, is in real-time, and is two-way interactive.
  - The provider acts in accordance with the federal and state laws.

<https://www.dea.gov/press-releases/2020/03/20/deas-response-covid-19>

- HIPAA
  - Penalties for HIPAA violations with telecommunication platforms have been waived. Providers are expected to serve patients in good faith. Platforms such as FaceTime, Skype, WhatsApp, etc., are permitted during the public health emergency.

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

**Payor Links for Telehealth *and* COVID-19 guidance**

**MSSP:** <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>

**UHC/UHC Medicaid:** <https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19.html>

**BCBS/BCBS MA:** <http://www.nebraskablue.com/coronavirus>

**Medica:** <https://www.medica.com/corp/covid-19>

**Bright Health IFP/MA:** <https://brighthouseplan.com/covid-19>

**Aetna MA:** <https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html>

**Humana MA:** <https://www.humana.com/provider/coronavirus>

**NTC:** <https://www.nebraskatotalcare.com/newsroom.html>

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