

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, a 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. Nurse-midwives
- iv. Clinical Psychologists (CP) and Clinical Social Worker (CSW)
CPs and CSWs cannot bill Medicare for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services. They cannot bill or get paid for Current Procedural Terminology (CPT) codes 90792, 90833, 90836, and 90838.
- v. Certified Nurse Mid-Wife (CNM)
- vi. Certified Registered Nurse Anesthetist (CRNA)
- vii. Clinical Nurse Specialist (CNS)
- viii. Registered Dietitian (RD), or nutrition professionals

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, a 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, a 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, a 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:**

- If the visit was only **audio or audio/visual**
- 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 patient's verbal consent**
- Time spent on call

Bill accordingly, based on thorough documentation

**NHN updated 05/18/2020*

Most Common Tele-Billing Codes:

Service	Time	HPCS/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/TelehealthSrvcsfctsht.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:****MLN (05/15/2020) re: add-on code reprocessing**

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-05-15-mlnc-se>

Per CMS: April 30, 2020

CMS is broadening the list 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**.

CPT codes referenced: (add 95 modifier and bill the same*Place of Service code you would have used if the service had been rendered in person)

99441 (5-10 minutes) \$46.00

99442 (11-20 minutes) \$75.00

99443 (21-30 minutes) \$110.00

<https://www.cms.gov/newsroom/press-releases/trump-administration-issues-second-round-sweeping-changes-support-us-healthcare-system-during-covid>

NHN updated on 05/07/2020

Per CMS: April 09, 2020

The IFC directs physicians and practitioners who bill for Medicare telehealth services to **report the place of service (POS) code that would have been reported had the service been furnished in person**. This will allow our systems to make appropriate payment for services furnished via Medicare telehealth which, if not for the PHE for the COVID-19 pandemic, would have been furnished in person, at the same rate they would have been paid if the services were furnished in person. We believe this interim change will maintain overall relativity under the PFS for similar services and eliminate potential financial deterrents to the clinically appropriate use of telehealth. During the PHE, the CPT telehealth modifier, modifier 95, should be applied to claim lines that describe services furnished via telehealth. Practitioners should continue to bill these services using the CMS1500/837P.

Example 1:

Patient John Doe has been receiving telehealth services since August 2019. The provider will continue to see John Doe via telehealth services through the Public Health Emergency (PHE).

For the above service, bill POS 2; as telehealth service would have been used regardless of PHE.

Example 2:

Patient Jane Doe is always seen in the clinic. As a result of the Public Health Emergency (PHE), the provider will now need to see her via telehealth.

For the above service, bill POS 11; as telehealth services are new to Jane Doe as a result of the PHE as she would have otherwise been seen in the clinic.

For further guidance please see below link:

<https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>

NHN added 04/20/20

Per CMS as of March 1st: always bill with 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>

***As of May 19, 2020: CMS updates Lab payments for Iowa and Nebraska**



CMS Lab Test
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MAC Jurisdiction	MAC States/Territories	U0001 Test Price	U0002 Test Price	87635 Test Price	86769 Test Price	86328 Test Price
J5 – WPS	Iowa, Kansas, Missouri, Nebraska	\$35.92	\$51.31	\$51.31	\$42.13	\$45.23

*NHN updated 05/27/2020

Additional information can be found here:

<https://www.cms.gov/newsroom/press-releases/trump-administration-issues-second-round-sweeping-changes-support-us-healthcare-system-during-covid>

NHN added 05/11/20

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 10th 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-Co-V-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>

The CARES Act gave CMS broad authority to waive federal law and, in the March 30, interim final rule. CMS:

- Activated six E/M CPT codes that are “telephone-only”
 - CPT codes 98966-98968 and 99441-99443
 - Added 80 additional CPT codes on the list for telehealth
 - Relaxed restrictions on seeing new patients via telehealth
 - Will pay for services at “non-facility” rate
 - *Report the POS code as if the service been in-person. CMS finalized CPT telehealth modifier, modifier 95. Claims should not include the POS code “02-Telehealth”*
 - Will allow face-to-face requirements to be filled via telehealth for hospice and inpatient rehab

March 30, 2020 MLN link:

<https://www.cms.gov/files/document/2020-03-30-mlnc-se.pdf>

NHN added 04/20/2020

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

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

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 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>

Continue for additional payor links on Telehealth and COVID-19 guidance below:

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://brihealthplan.com/covid-19>

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

*** For Aetna Commercial and Medicare Advantage updates as of 05/12/20:**



Aetna MA
Telemedicine_Extern

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

*** For Telehealth and Risk FAQ**



Humana MA FAQs
telehealth 05.13.20.1

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

HHS Link on Telehealth coverage policies:
<https://www.cchpca.org/resources/covid-19-telehealth-coverage-policies>