

New updates as of 11.16.20:

CMS Non-Physician Billing updates: (audio-only telephone)

During the COVID-19 Public Health Emergency (PHE), non-physician practitioners who are eligible to bill Medicare directly, including registered dietitians and nutrition professionals, may bill for audio-only telephone assessment and management services:

- CPT codes 98966-98968
- Dates of service on or after March 1 *until the end of the PHE*

https://www.cms.gov/outreach-and-education/outreach/ffsprovpartprogprovider-partnership-email-archive/2020-11-12-mlnc#_Toc55891815

CMS announces COVID-19 Antibody Treatment Access:

<https://www.cms.gov/files/document/covid-medicare-monoclonal-antibody-infusion-program-instruction.pdf>

and

<https://www.cms.gov/newsroom/press-releases/cms-takes-steps-ensure-medicare-beneficiaries-have-wide-access-covid-19-antibody-treatment>

CMS COVID-19 updates: (Webpages, Hotlines & Software)

<https://www.cms.gov/files/document/covid-19-mac-hotlines.pdf>

New vaccine-specific code update: (AMA-11.10.20)

<https://www.ama-assn.org/press-center/press-releases/ama-announces-vaccine-specific-cpt-codes-coronavirus-immunizations>

***NHN added as of 11.16.2020**

Recent updates:

CMS MLN: Ensuring Coverage of Life-Saving COVID-19 Vaccines & Therapeutics

<https://www.cms.gov/newsroom/press-releases/trump-administration-acts-ensure-coverage-life-saving-covid-19-vaccines-therapeutics>

COVID-19 Vaccine rate: (Full overview) <https://www.cms.gov/files/document/covid-vax-ifc-4.pdf>

https://revcycleintelligence.com/news/cms-sets-medicare-reimbursement-rate-for-covid-19-vaccine?eid=CXTEL000000498394&elqCampaignId=16597&utm_source=nl&utm_medium=email&utm_campaign=newsletter&elqTrackId=94c7c3dd7a9d4c9ca93d5b5093f1b4f6&elq=209290197c3746bca399e812c1987738&elqaid=17387&elqat=1&elqCampaignId=16597

NAACOS: *overview of numerous updates 10/26/2020*

<https://naacos.memberclicks.net/assets/docs/pdf/2020/NAACOS-TelehealthandCOVID19052620.pdf>

*NHN Updated 11/02/2020

CMS Expansion of Telehealth Services: as of 10/14/2020

11 new services telehealth <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

***American Medical Association (AMA)** adds two new multi-virus test codes: (87636 & 87637)

<https://www.ama-assn.org/press-center/press-releases/new-cpt-codes-multi-virus-tests-detect-covid-19-and-flu>

*NHN updated as of 10/19/20

***CMS PHE extension link:** (thru January 21, 2021)

<https://www.phe.gov/emergency/news/healthactions/phe/Pages/covid19-2Oct2020.aspx>

*NHN updated 10/07/2020

***AMA releases new CPT codes:**

86413 –This code was created to allow reporting of quantitative antibody detection of SARS-CoV-2.

99072 – Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a public health emergency

<https://www.ama-assn.org/press-center/press-releases/ama-announces-new-cpt-codes-covid-19-advancements-expand>

*NHN *updated 09/21/20

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?

Physicians

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

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

***G2010:** Remote evaluation of recorded video and/or images submitted by an established patient.

***G2012:** Brief communication technology-based service (*virtual check in* by a physician or other QHP who can report evaluation & management services provided to an established patient.)

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>
<https://www.cms.gov/files/document/mm11791.pdf>

*NHN updated 06/08/2020

Tips for excellent Tele-documentation

- Use the same clinical guidelines you would with an in-person visit and bill, accordingly, based on *thorough* documentation.
- 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*
- Most recent patient vitals with a note that states: **vital signs will be taken at the next in-person/face to face visit.***
- Time spent on call

*NHN updated 06/08/2020

Most Common Tele-Billing Codes: (per CMS)

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)

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

Billing guidance

Place of Service (POS) coding guidelines:

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.

Modifier Usage:

Modifier 95: (signifies a telehealth visit)

<https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-04-03-mlnc-se>

Modifier CR:

***As of June 1, 2020:** Clarification for using the “CR” modifier and “DR” disaster and catastrophe related codes can be found here:

<https://www.cms.gov/files/document/se20011.pdf>

*NHN updated 06/29/2020

Increased Tele-visit payments:

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

LAB BILLING:

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



CMS Lab Test
Pricing_For Web_Cle

MAC Jurisdiction	MAC States/Territories	U0001 Test Price	U0002 Test Price	87635 Test Price	86769 Test Price	86328 Test Price
I5 – WPS	Iowa, Kansas, Missouri, Nebraska	\$35.92	\$51.31	\$51.31	\$42.13	\$45.23

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 updated 05/27/2020 and NHN originally added 05/11/20

Lab continued: 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 corona virus2 (SARS-CoV-2), (Coronavirus disease-COVID-19)
- **CPT 87635*:** infectious agent detection by nucleic acid (DNA or RNA), severe acute respiratory syndrome-amplified probe technique. Corona virus2 (SARS-CoV-2), (Coronavirus disease-COVID-19)
- **CPT 86769:** Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-Co-V-2) (Coronavirus disease-COVID-19)

*Antigen test code:

CPT 87426: “Infectious agent antigen detection by immunoassay technique” used for testing of patients suspected of being infected with the novel coronavirus (SARS-CoV-2)

<https://www.ama-assn.org/press-center/press-releases/ama-announces-cpt-code-antigen-tests-fight-against-covid-19>

*NHN added 07/27/2020

COVID-19 Diagnostic Laboratory Tests: *Billing for Clinician services*

Physicians and Non-Physician Practitioners (NPPs): Please see below CMS MLN link for related information regarding billing for COVID-19 symptom and exposure assessment and specimen collection performed *on and after March 1, 2020*:

https://www.cms.gov/outreach-and-education/outreachffsprovpartprogprovider-partnership-email-archive/2020-06-18-mlnc#_Toc43299132

*NHN updated 06.29.2020

COVID Testing in Nursing homes: *as of June 13, 2020*

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>

*NHN updated 06.29.20

Reprocessing of add-on codes: (per May 15, 2020 MLN)

There are several add-on services (CPT codes: 90785, 90833, 90836, 90838, 96160, 96161, 99354, 99355, and G0506 which Medicare may have denied during this PHE. MACs will reprocess those claims for dates of service on or after March 1, 2020.

<https://www.cms.gov/files/document/2020-05-15-mlnc-se.pdf>

NHN updated 06/08/2020

COVID LOINC update page:

https://loinc.org/sars-cov-2-and-covid-19/?utm_source=LOINC+Interest+List&utm_campaign=b04e87b131-EMAIL_CAMPAIGN_2018_06_14_03_28_COPY_01&utm_medium=email&utm_term=0_ace2caf04e-b04e87b131-455717997

and LONIC mapping for COVID

https://loinc.org/sars-coronavirus-2/?utm_source=LOINC+Interest+List&utm_campaign=b04e87b131-EMAIL_CAMPAIGN_2018_06_14_03_28_COPY_01&utm_medium=email&utm_term=0_ace2caf04e-b04e87b131-455717997

*NHN updated 06.29.20

***CMS MLN updates on FQHC and RHC flexibilities:**

Additional guidance on telehealth services that have cost-sharing waived

<https://www.cms.gov/files/document/se20016.pdf>

***TELEHEALTH'S IMPACT ON ACO ATTRIBUTION-per CMS**

CMS clarified to NAACOS that all services listed in [§425.400\(c\)\(1\)\(iv\)](#) and, therefore, used in ACO assignment will be counted in attribution when delivered via telehealth.

*NHN updated on 07.13.20

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

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

NHN added 04/20/2020

AMA 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 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:

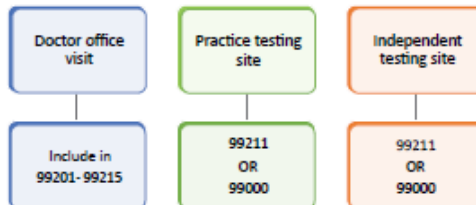
<https://www.ama-assn.org/practice-management/digital/ama-quick-guide-telemedicine-practice>

Example scenario of COVID-19 coding for collections, testing and diagnosis (*provided by Training Leader Healthcare*)

COVID-19 Testing Flowchart Pin Down Qualifying CPT and ICD-10 Codes

When a patient has a visit that results in testing for coronavirus, murky guidance makes it really hard to compliantly bill these services. Ask yourself three questions to identify the right mix of EM, Lab, and diagnoses that you should consider so you can accurately code your claim and capture every dollar you're legally owed.

QUESTION 1: Where is the swab collected?



QUESTION 2: Is the Kit CDC approved?



QUESTION 3: Is COVID-19 confirmed?



*NHN added 07/27/2020

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>

CMS-HHS.gov: COVID-19 Lessons Learned Resource

<https://files.asprtracie.hhs.gov/documents/aspr-tracie-the-exchange-issue11-final-508.pdf>

and

<https://asprtracie.hhs.gov/COVID-19>

*CMS COVID-19 Data Reporting *during* PHE (Conditions of Participation)

<https://www.cms.gov/files/document/covid-ifc-3-8-25-20.pdf>

Per CMS:

COVID-19 laboratory test must be performed either during the hospital admission or prior to the hospital admission and must be demonstrated using only the results of viral testing (i.e., molecular or antigen), consistent with guidelines from the Centers for Disease Control and Prevention (CDC).

And

CMS 20% add-on payment:

Effective Sept. 1, the Centers for Medicare & Medicaid Services (CMS) has enlisted a mandate requiring hospitals to have positive COVID-19 laboratory tests in patients' records to qualify for Medicare's 20-percent add-on payment. The 20-percent bonus applies to the DRG and does not affect patient liability, which continues to encompass the Part A inpatient deductible.

MLN20015

<https://www.cms.gov/regulations-and-guidance/guidance/transmittals/2020-transmittals/se20015>

CMS COVID-19 Data Release: *(External FAQ regarding the different data Medicare is sharing regarding COVID-19)*

<https://www.cms.gov/files/document/medicare-covid-19-data-snapshot-faqs.pdf>

CMS updated COVID-19 FAQ as of 08/26/20:

<https://www.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>

*NHN updated 09.08.2020

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>

MSSP FAQ (05/27/2020): <https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>
<https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf> *NHN added 04/20/20*

Additional CMS Telehealth service information:

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

<https://www.cms.gov/files/document/mln-connects-special-edition-3-31-2020.pdf>

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

CMS Current Emergency page:

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

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

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

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

And

<https://www.aetna.com/individuals-families/member-rights-resources/need-to-know-coronavirus/telemedicine.html>

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

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

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

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

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

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

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