

# COVID-19

## TELEHEALTH/TELEMEDICINE RESOURCE GUIDE

### UPDATE

FEBRUARY 1, 2021

- ✓ AMA announcement of new COVID-19 vaccine CPT codes:
  - [bit.ly/3pEuAQz](https://bit.ly/3pEuAQz)
- ✓ AMA - Find your COVID-19 Vaccine CPT Codes:
  - [bit.ly/3aqvERC](https://bit.ly/3aqvERC)
- ✓ PHE extended (Through April 21, 2021):
  - [bit.ly/3tjUsn1](https://bit.ly/3tjUsn1)

### RECENT UPDATES

- ✓ CMS PHE Extension Link (Telehealth):
  - [go.cms.gov/3i3S1iW](https://go.cms.gov/3i3S1iW)
- ✓ AMA 2021 E/M Revisions:
  - [bit.ly/38wn83D](https://bit.ly/38wn83D)
  - [bit.ly/2MX0vgv](https://bit.ly/2MX0vgv)

*Example: CPT code 99201 will be deleted as of January 1, 2021*
- ✓ AAPC guidance:
  - [bit.ly/3sbv3vf](https://bit.ly/3sbv3vf)
- ✓ Remote Patient Monitoring for COVID-19 (A telehealth delivery system - Mayo clinic):
  - [mayocl.in/3sgPTta](https://mayocl.in/3sgPTta)
  - [mayocl.in/38A3luT](https://mayocl.in/38A3luT)
- ✓ CMS MLN (new 2021 codes):
  - [go.cms.gov/3siFeOK](https://go.cms.gov/3siFeOK)
- ✓ CARES ACT-2% Payment Adjustment:
  - [go.cms.gov/3nyiWVu](https://go.cms.gov/3nyiWVu)

- **AMA-New code update for immunization** (November 10,2020): [bit.ly/39ol6AI](https://bit.ly/39ol6AI)
- **CMS COVID-19 Data Snapshot** (November 30,2020): [go.cms.gov/2Lkr1A6](https://go.cms.gov/2Lkr1A6)
- **CMS Non-Physician Billing Updates** (Audio-only telephone): 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). [go.cms.gov/3qfogi9](https://go.cms.gov/3qfogi9)
- **CMS Announces COVID-19 Antibody Treatment Access:**
  - o [go.cms.gov/2XxNGLs](https://go.cms.gov/2XxNGLs)
  - o [go.cms.gov/39uMK00](https://go.cms.gov/39uMK00)
- **CMS COVID-19 Updates** (Webpage, Hotlines and Software): [bit.ly/35zSmF6](https://bit.ly/35zSmF6)
- **Vaccine-specific code update** (AMA - November 10,2020): [bit.ly/2Xwb6ku](https://bit.ly/2Xwb6ku)
- **CMS MLN: Ensuring coverage of life-saving COVID-19 vaccines & therapeutics:** [go.cms.gov/2Xz8GBH](https://go.cms.gov/2Xz8GBH)
- **COVID-19 Vaccine rate** (full overview): [go.cms.gov/2XB27ys](https://go.cms.gov/2XB27ys)
- **NAACOS** (Overview of numerous updates • October 26, 2020): [bit.ly/39q7Gp4](https://bit.ly/39q7Gp4)
- **CMS Expansion of telehealth services** (October 14, 2020): 11 new telehealth services [go.cms.gov/3byhv79](https://go.cms.gov/3byhv79)
- **American Medical Association** adds two new multi-virus test codes (87636 & 87637): [bit.ly/2XwvAd3](https://bit.ly/2XwvAd3)
- **CMS PHE extension link** (through January 21, 2021): [bit.ly/35BWL4d](https://bit.ly/35BWL4d)
- **American Medical Association releases new CPT codes:** [bit.ly/2N23dl3](https://bit.ly/2N23dl3)
  - o **86413** –This code was created to allow reporting of quantitative antibody detection of SARS-CoV-2.
  - o **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

## 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 includes:

- Nurse Practitioner (NP)
- Physician Assistant (PA)
- Nurse-midwives
- 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.
- Certified Nurse Mid-Wife (CNM)
- Certified Registered Nurse Anesthetist (CRNA)
- Clinical Nurse Specialist (CNS)
- 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 health-care 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 health-care 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 health-care 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: [go.cms.gov/2LNJK1](https://go.cms.gov/2LNJK1)

## 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

## MOST COMMON TELE-BILLING CODES (per CMS):

SERVICE	TIME	HCPCS/CPT CODES
Telehealth consultations, emergency department or initial inpatient	Varies	G0425-G0427
Office or other outpatient visits	Varies	G0406-G0408
Telehealth Pharmacological Management	Varies	G0459
Individual psychotherapy	Varies	90832-90838
Medicare Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) first visit	Varies	G0438
Medicare Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) subsequent visit	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) initial visit	60 min.	G0508
Telehealth Consultation, Critical Care subsequent visit	50 min.	G0509

For further review of CMS Telehealth services, please visit: [go.cms.gov/2XBaHgB](https://go.cms.gov/2XBaHgB) (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:

As of June 1, 2020: Clarification for using the "CR" modifier and "DR" disaster and catastrophe related codes can be found here: [go.cms.gov/2LrGazt](https://go.cms.gov/2LrGazt)

#### INCREASED TELE-VISIT PAYMENTS:

Per CMS: April 30, 2020 • [go.cms.gov/2MZmROX](https://go.cms.gov/2MZmROX)

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**

**LAB BILLING:**

Per CMS: May 19, 2020 • [go.cms.gov/2XAiyeA](https://go.cms.gov/2XAiyeA)  
 CMS updates lab payments for Iowa and Nebraska

MAC JURISDICTION	MAC STATES/TERRITORIES	U001 TEST PRICE	U001 TEST PRICE	U001 TEST PRICE	U001 TEST PRICE	U001 TEST PRICE
J5-WPS	Iowa, Kansas, Missouri, Nebraska	\$35.92	\$51.31	\$51.31	\$42.13	\$45.23

Additional information can be found here: [go.cms.gov/3bBXjB9](https://go.cms.gov/3bBXjB9)

**LAB CONTINUED:**

Related to COVID-19 testing on or after March 1, 2020:

- **G2023** - Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (Coronavirus disease [COVID-19]), any specimen source
- **G2024** - Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARSCoV-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 semiquantitative, 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-CoV-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) [bit.ly/3i37vUA](https://bit.ly/3i37vUA)

**COVID-19 DIAGNOSTIC LABORATORY TEST:**

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: [go.cms.gov/3sidkSl](https://go.cms.gov/3sidkSl)

**COVID-19 TESTING IN NURSING HOMES:**

As if June 13, 2020: [bit.ly/3oCULq1](https://bit.ly/3oCULq1)

**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. [go.cms.gov/3skrWRp](https://go.cms.gov/3skrWRp)

**COVID-19 LOINC UPDATE PAGE:**

[bit.ly/3oylXq1](https://bit.ly/3oylXq1) and LOINC mapping for COVID [bit.ly/3byiNin](https://bit.ly/3byiNin)

**CMS MLN UPDATES ON FQHC AND RHC FLEXIBILITIES:**

Additional guidance on telehealth services that have cost-sharing waived. [go.cms.gov/2LGXr7J](https://go.cms.gov/2LGXr7J)

**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.

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"
  - o CPT codes 98966-98968 and 99441-99443
  - o Added 80 additional CPT codes on the list for telehealth
  - o Relaxed restrictions on seeing new patients via telehealth
  - o Will allow face-to-face requirements to be filled via telehealth for hospice and inpatient rehab
- 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"

[go.cms.gov/2Lu8wZM](https://go.cms.gov/2Lu8wZM)

# AMERICAN MEDICAL ASSOCIATION GUIDELINES:

[bit.ly/3bzmcO6](http://bit.ly/3bzmcO6)

## 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: [bit.ly/3oyqqj](http://bit.ly/3oyqqj) | Additional AMA tele-guidance: [bit.ly/2LF4Ggi](http://bit.ly/2LF4Ggi)

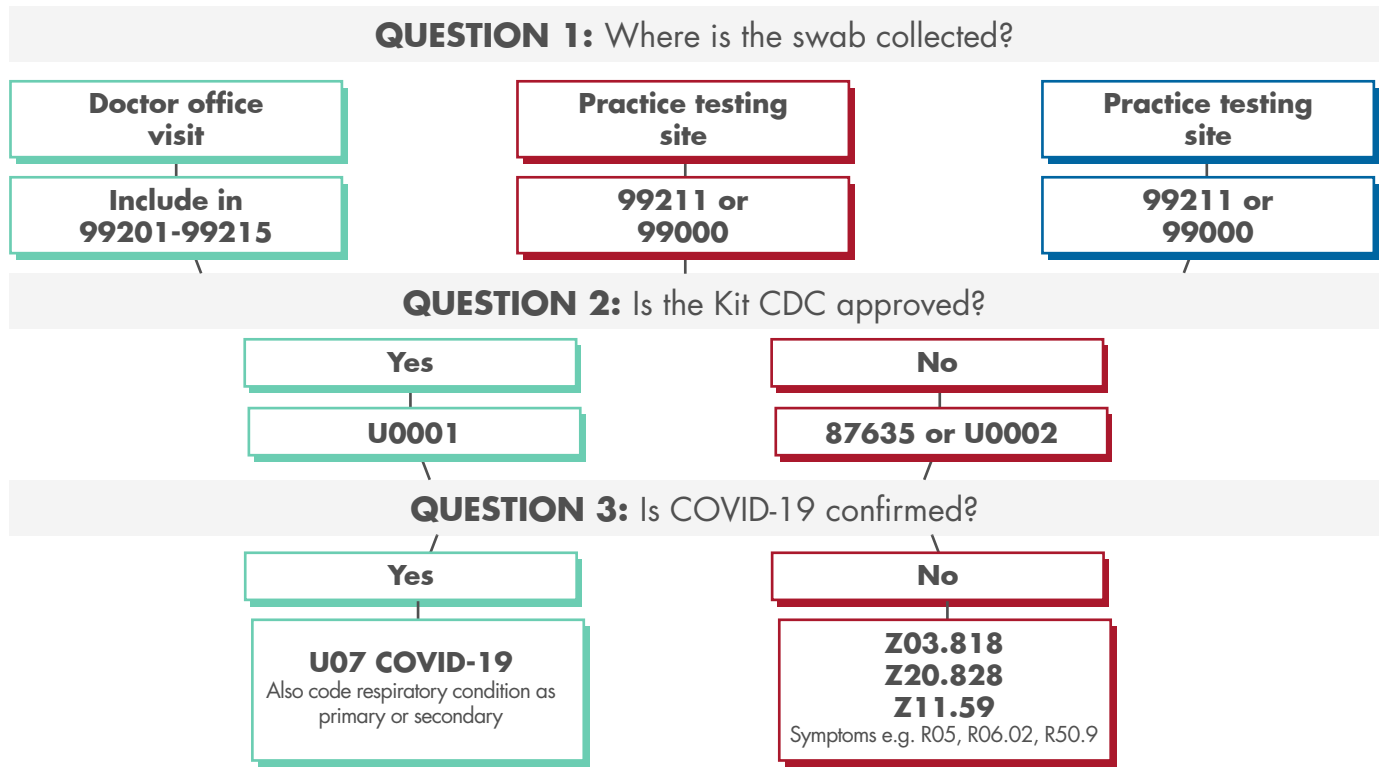
## EXAMPLE SCENARIO OF COVID-19 CODING COLLECTIONS, TESTING AND DIAGNOSIS

(Provided by Training Leader Health Care)

### 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.



- **Additional Comments** 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 ([bit.ly/38D53RD](http://bit.ly/38D53RD)):

- o The prescription is issued for a legitimate medical purpose by the provider acting within the scope of their practice.
- o The communication is conducted using a platform that has audio and video capability, is in real-time, and is two-way interactive.
- o The provider acts in accordance with federal and state laws.

## 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.

## CMS-HHS.GOV: COVID-19 LESSONS LEARNED RESOURCE

[bit.ly/39ucklZ](https://bit.ly/39ucklZ) and [bit.ly/3ieOy1m](https://bit.ly/3ieOy1m)

## CMS COVID-19 DATA REPORTING DURING PHE (CONDITIONS OF PARTICIPATION)

[go.cms.gov/2LtYgkr](https://go.cms.gov/2LtYgkr)

- **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, 2020, 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**

[go.cms.gov/2K9cVkp](https://go.cms.gov/2K9cVkp)

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

[go.cms.gov/3oHQ5za](https://go.cms.gov/3oHQ5za)

- **CMS updated COVID-19 FAQ** as of August 26, 2020:

[go.cms.gov/2N0m3ZF](https://go.cms.gov/2N0m3ZF)

## PAYER LINKS FOR TELEHEALTH AND COVID-19 GUIDANCE

- **MSSP:** [go.cms.gov/2K8Y7IH](https://go.cms.gov/2K8Y7IH)

- **MSSP FAQ** (March 27, 2020): [go.cms.gov/2K8Y7IH](https://go.cms.gov/2K8Y7IH)

- **Additional CMS telehealth service information:**

- [go.cms.gov/3iiXRgR](https://go.cms.gov/3iiXRgR)

- [go.cms.gov/3oEWRpz](https://go.cms.gov/3oEWRpz)

- [go.cms.gov/3i6ZJsC](https://go.cms.gov/3i6ZJsC)

- **CMS current emergency page:** [go.cms.gov/38AFO2a](https://go.cms.gov/38AFO2a)

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

[go.cms.gov/3smutdV](https://go.cms.gov/3smutdV)

- **Aetna:** [aet.na/3bunxWh](https://aet.na/3bunxWh) and [aet.na/3bzb6IA](https://aet.na/3bzb6IA)

- **BCBS MA link:** [bit.ly/3cy0SZQ](https://bit.ly/3cy0SZQ)

- **BCBS/BCBS MA:** [bit.ly/3slekp6](https://bit.ly/3slekp6)

- **Bright Health IFP/MA:** [bit.ly/3qfw2J2](https://bit.ly/3qfw2J2)

- **Humana MA:** [huma.na/39pkHz7](https://huma.na/39pkHz7)

- **Medica:** [bit.ly/2LHg8lq](https://bit.ly/2LHg8lq)

- **HHS Telehealth:** [bit.ly/3sk9QiM](https://bit.ly/3sk9QiM)

- **NTC:** [bit.ly/3qcb2Tk](https://bit.ly/3qcb2Tk)

- **UHC/UHC Medicaid:** [bit.ly/3shUuLB](https://bit.ly/3shUuLB)