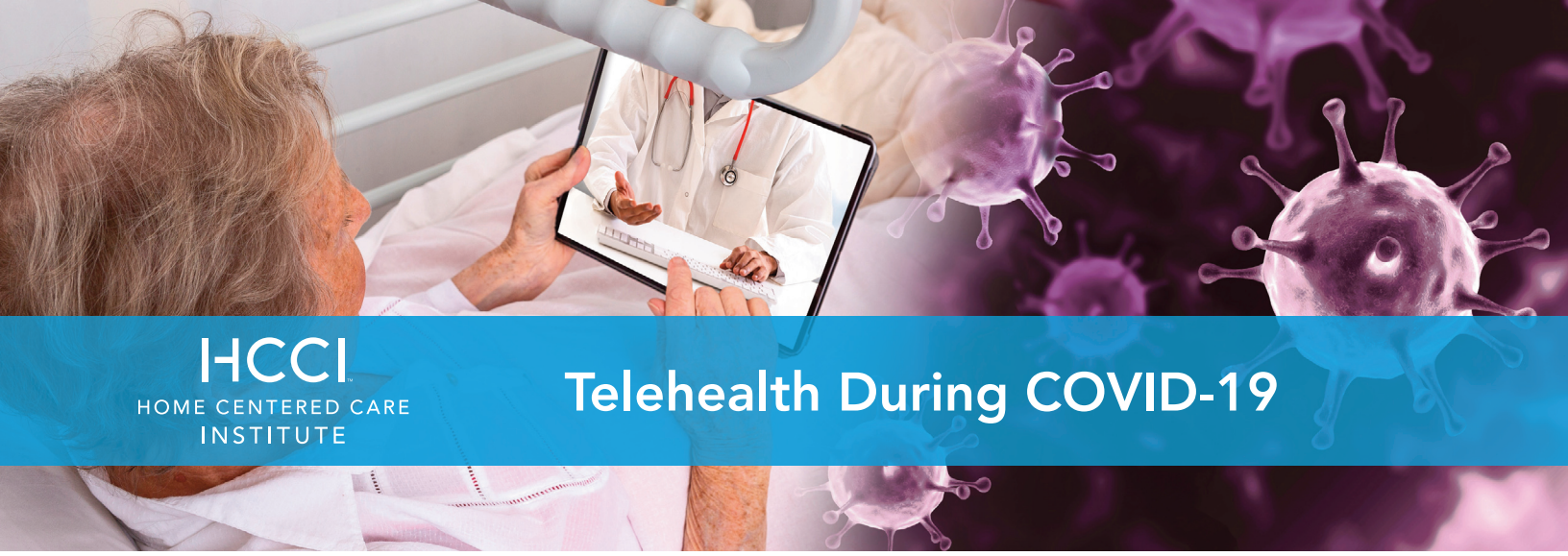

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Telehealth During COVID-19

Purpose

This resource is designed to provide guidance to house call programs in the use of telehealth services to care for their patients following the expansion of reimbursement opportunities during the COVID-19 pandemic.

Introduction

"Telehealth," "telemedicine," and related terms generally refer to the exchange of medical information from one site to another through electronic communication to improve a patient's health. The Centers for Medicare and Medicaid Services (CMS) has very specific coverage requirements for what they consider Medicare Telehealth Services.[1] CMS also continues to provide regulatory relief and increased opportunities for providers to use technology to care for patients, including video visits, telephone Evaluation & Management (E/M) services, virtual check-ins, remote evaluation of photos or videos, online digital E/M services or E-visits, and remote patient monitoring services.

Prior to the COVID-19 Public Health Emergency (PHE), Medicare would cover telehealth services only for patients located in a county outside of a metropolitan statistical area (MSA) or a rural healthcare professional shortage area (HPSA). In addition to this mandate that a patient must be located in an underserved area, Medicare required the patient to travel to an approved healthcare facility, referred to as an "originating site" to receive the telehealth service from a distant site provider. Medicare refers to the location of the provider as a "distant site."

In response to the PHE and to help healthcare providers fight COVID-19 and protect the public, the Coronavirus Preparedness and Response Supplemental Appropriations Act[2] and other legislative actions were signed into law. Under this emergency declaration there are a variety of 1135 telehealth waivers which temporarily permit patients to receive telehealth services regardless of their location (from their home or any care setting). CMS also eliminated the originating and distant site requirements on a temporary basis and began to pay for telehealth services at the same rate as in-person care. (Read the CMS press release about the Act here[3].)

Eligible practitioners who can provide and bill for telehealth services during the PHE, subject to scope of practice laws, include the following:

- Physicians
- Nurse Practitioners
- Physician Assistants
- Nurse Midwives
- Certified Nurse Anesthetists
- Clinical Psychologists
- Licensed Clinical Social Workers
- Registered Dieticians
- Nutrition Professionals
- Physical Therapists
- Occupational Therapists
- Speech-language Pathologists

[1] https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

[2] https://www.congress.gov/bill/116th-congress/house-bill/6074

[3] https://www.cms.gov/newsroom/press-releases/cms-news-alert-april-6-2020

Virtual Care Options and Reimbursement Opportunities

Video Visits

If a telehealth visit is conducted using a two-way audio and video telecommunication method, permitting real-time communication between the provider and the patient, you can report the service using the home E/M (CPT 99341-99345 and CPT 99347-99350) and domiciliary E/M codes (CPT 99327-99328 and CPT 99334-99337).

- Report the Place of Service (POS) where you would have seen the patient face-to-face (e.g., POS 12 home).
- Use modifier 95 to identify the service as telehealth for traditional Medicare billing.

Telephone (audio-only) Services

During the PHE, Medicare will pay for certain services when provided using audio-only (phone calls) to accommodate patients who may not have a means of participating in a video visit. Audio-only services include the following:

- CPT 99441 Telephone E/M 5-10 minutes; National CMS Non-Facility Payment $46.19; wRVU 0.48
- CPT 99442 Telephone E/M 11-20 minutes; National CMS Non-Facility Payment $76.15; wRVU 0.97
- CPT 99443 Telephone E/M 21-30 minutes; National CMS Non-Facility Payment $110.43; wRVU 1.50

The above telephone E/M codes represent a medical discussion and can be billed only by physicians, nurse practitioners, physician assistants, clinical nurse specialists, and certified nurse midwives who have E/M within their scope of practice.

Telephone Services Requirements

Telephone E/M services are subject to the following requirements:

- They must be patient-initiated, although CMS has aknowledged providers may need to first educate their patients on the availability of this service.
- They cannot be reported if the phone call is related to a telehealth or an in-person visit within the past 7 days and cannot result in a telehealth or an in-person visit within the following 24 hours or the next available appointment.
- CMS temporarily considers telephone CPT codes 99441-99443 to be a "Medicare telehealth service" requiring modifier 95.
- Providers must report the POS where the service was rendered; since this is not an in-person service, providers will typically report POS 11 (office).

Telephone E/M vs. CCM

Be advised that if your practice has implemented Chronic Care Management (CCM), which offers both a higher reimbursement than Telephone E/M and reimburses for phone calls and medical care coordination time, it may be more favorable to report the CCM time. CCM interactions are not required to be patient-initiated. Please note that Telephone E/M and CCM services cannot be billed within the same calendar month.

Non-Physician Practitioners

Other qualified health care professionals, including licensed clinical social workers, clinical psychologists, physical therapists, occupational therapists, and speech-language pathologists, eligible to bill for telehealth services can report Telephone E/M services using the following codes:

- CPT 98966 Telephone E/M 5-10 minutes; Non-Physician Practitioner; CMS National Non-Facility Payment $14.44
- CPT 98967 Telephone E/M 11-20 minutes; Non-Physician Practitioner; National Facility Payment $28.16
- CPT 98968 Telephone E/M 21-30 minutes; Non-Physician Practitioner; National Facility Payment $41.14

CPT 98966-98968 are not included on Medicare's list of telehealth services: providers should report the POS where the service was rendered without any modifier.

Other Audio Only Services

CMS will also pay for a variety of counseling, education, psychotherapy, and nutrition and therapy services using audio-only technology. Below is a list of services pertinent to home-based care but please refer to Medicare's List of Telehealth Services[4] for a complete list of Medicare audio-only services.

- Advance Care Planning (ACP) CPT 99497 (minimum of 16 minutes) and CPT 99498 (minimum of 46 minutes, billed in conjunction with 99497). ACP requires a medical discussion by a qualified provider discussing end-of-life preferences or advance directives with the patient and/or caregiver
- Annual Wellness Visits (HCPCS G0438, G0439)
- Smoking Cessation Services (CPT 99406, 99407)
- Alcohol and/or substance abuse (other than tobacco) structured assessment (e.g., AUDIT*, DAST**), and brief intervention services (HCPCS G0396, G0397)
- Annual Alcohol Misuse Screening and Counseling (HCPCS G0442, G0443)
- Chronic Care Management (CCM) Care Planning Services (HCPCS G0506); please note this service is only to be used one time for new patients or patients who are not seen within a year when first enrolled in CCM

**Alcohol Use Identification Test*
***Drug Abuse Screening Test*

Additional Implementation Considerations

Patient Consent

CMS requires that providers obtain and document verbal consent prior to billing for telehealth services. Consent may be obtained by auxiliary staff under general supervision when setting up the telehealth service, and then consent should be verified by the provider. Below is an example MACRO/Smart Phrase to document that service-specific consent was obtained:

> *"Visit conducted using two-way audio & video telecommunication method, verbal consent obtained for a visit to be conducted via telehealth due to COVID-19 pandemic, while the patient was located at home and I was located at the office."*

Physical Exams

Physical Examination via telehealth is limited, but it is permissible/possible for a provider to document pertinent observations such as skin color, skin lesions/rashes, quality of respiration and evidence of wheezing or dyspnea, and vital signs as reported by the patient. When this is done, these factors may also contribute to the level of coding.

Documentation Requirements

Providers should document telehealth services in the same way they would document a face-to-face service. E/M coding requires documentation of a Chief Complaint, HPI, ROS, PFSH, Physical Exam, Medical Decision Making, and Assessment and Plan, including the provider's clinical assessment, the patient's complexity, and treatment plan. Providers should consider when it's appropriate to bill based on time, if the visit was dominated by counseling and/or coordination of care. Remember that for established patients, only two out of the three E/M elements (i.e., history, exam, MDM) are required to support the level of service.

Privacy

During the PHE, the U.S. Department of Health and Human Services (HHS) and the Office of Civil Rights (OCR) Notification of Enforcement Discretion relaxed HIPAA requirements so that providers may use platforms such as Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, or Skype, etc., as acceptable forms of two-way audio and video telecommunications. Doxy.me is also an available free HIPAA-Compliant telemedicine platform. No public-facing applications may be used, such as Facebook Live, Twitch or TikTok.

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[4] https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

Technology

Most Medicare telehealth services require interactive audio and video telecommunications permitting real-time communication between the provider and the patient at home. The sole exception is for audio-only services (e.g., Telephone E/M & Advance Care Planning).

Other Modifiers

- **CS Modifier:** Physician/practitioner services that lead to either an order for, or administration of, a COVID-19 lab test are not subject to a co-pay or to deductible charges. The CS Modifier is added to the physician/practitioner service to define this circumstance and allows the claim to process without a co-pay or deductible application.
- **CR Modifier:** Catastrophe/disaster-related; required when an item or service is impacted by an emergency or disaster and Medicare payment for that item or service is conditioned on the presence of a "formal waiver." Please note that telehealth services are excluded from CR modifier use, so do not report for telehealth services. Be sure to follow the guidance provided by your local Medicare Administrator Contractors (MAC).[5]

Communication Technology-Based Services (CTBS)

During the PHE the following CTBS services may be provided to new and established patients. Note that these services are not considered by CMS to be "telehealth."

Virtual Check-in (HCPCS G2012)

- Includes a minimum 5-10-minute medical discussion by a physician or other qualified healthcare professional with the patient/caregiver; this cannot include clinical staff time
- Communication may be audio-only (e.g., telephone) or two-way video
- During the PHE only, can be provided to new and established patients
- Intended to assess the patient's condition to determine if a face-to-face (F2F) visit is needed
- Cannot be related to an E/M F2F (or telehealth visit) visit within the previous 7 days and cannot result in an E/M or telehealth visit within the following 24 hours or the next available appointment
- Requires a patient-initiated question or call
- Verbal patient consent is required; however, as a result of the Medicare 2020 Physician Fee Schedule Final Rule, only a once-per-year annual consent is required for CTBS services as long as the patient is made aware of possible cost-sharing
- CMS National Non-Facility Rate $14.80; wRVU 0.25

Remote Evaluation of recorded video and/or image (photo) (HCPCS G2010)

- Pre-recorded image and/or video of sufficient quality provided by the patient or caregiver
- Requires documentation of consent at least once per year (may be verbal, written, or electronic)
- Requires interpretation and follow-up to the patient and/or caregiver within 24 business hours (follow-up may be via a patient portal communication, telephone, secure text/email or two-way video)
- During the PHE only, can be provided to new and established patients
- CMS National Payment Amount $12.27; wRVU 0.18

[5] https://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/MAC-Website-List

Online Digital E/M Services or E-Visits

Digital communications that occur over a secure platform or patient portal over a 7-day period addressing an acute issue or symptom that does not require an in-person or telehealth visit. These services include the following:

- CPT 99421: Online digital E/M, qualified provider, cumulative 7 days, 5-10 minutes; CMS National Non-facility rate $15.52; wRVU 0.25
- CPT 99422: Online digital E/M, qualified provider, cumulative 7 days, 11-20 minutes; CMS National Non-facility rate $31.04; wRVU 0.50
- CPT 99423: Online digital E/M, qualified provider, cumulative 7 days, 21 minutes or more; CMS National Non-facility rate $50.16, wRVU 0.80
- HCPCS G2061: Online digital E/M non-physician healthcare professional, cumulative 7 days, 5-10 minutes; CMS National Non-facility rate $12.27
- HCPCS G2062: Online digital E/M, non-physician healthcare professional, cumulative 7 days, 11-20 minutes, CMS National Non-Facility Rate $21.65
- HCPCS G2063: Online digital E/M, non-physician healthcare professional, cumulative 7 days, 21 minutes or more, CMS National Non-facility Rate $33.92
- **Remote Patient Monitoring Services** CPT 99453, 99454, 99091, 99457, and 99458 (Refer to separate HCCI Remote Patient Monitoring resource.)

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HCCIntelligence™ Resource Center

HCCI has developed a number of free and premium resources to help home-based primary care (HBPC) providers and practice staff through our HCCIntelligence™ Resource Center at https://www.hccinstitute.org.

Hotline

Call 630-283-9222 or email Help@HCCInstitute.org
9:00 am–5:00 pm (CST)
Monday through Friday

Webinars

HCCI hosts webinars on topics relevant to HBPC. Visit the HCCIntelligence™ Resource Center for upcoming dates and topics.

Virtual Office Hours

Immediately following each webinar, HCCI hosts Virtual Office Hours where experts address questions on any HBPC topic.

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Downloadable tools, tip sheets, sample forms and how-to guides on a variety of HBPC topics.

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