

Explore Telehealth Service Expansion During the Coronavirus Public Health Emergency

Virtual Symposium

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2:00 p.m. CT

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Today's Presentation



- Agenda:
 - Medicare Telehealth Expansion for COVID-19
 - Telemedicine Services:
 - ✓ Telehealth Visits
 - ✓ Virtual Check-In
 - ✓ E-Visits
 - ✓ Telephone Services
 - Remote Monitoring and Services
- Objectives:
 - Explore the expansion of Medicare telehealth services-under the CMS 1135 waiver
 - Discuss the new waived information relating to the CARES Act
 - Review important resources relating to telemedicine services

Acronym List

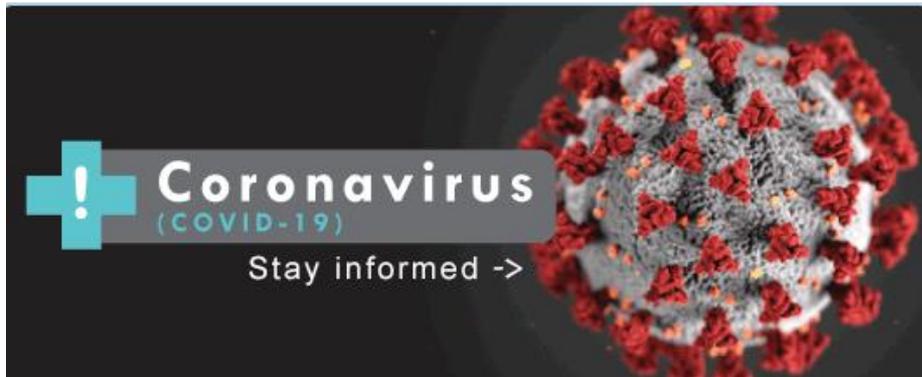


Acronym	Definition
CAH	Critical Access Hospital
CARES Act	Coronavirus Aid, Relief, and Economic Security Act
CMS	Centers for Medicare and Medicaid Services
CNS	Certified Nurse Specialist
COVID-19	Coronavirus Disease 2019
CP	Clinical Psychologist
CPT	Current Procedural Terminology
CRNA	Certified Registered Nurse Anesthetists
CSW	Clinical Social Worker
CTBS	Communication Technology Based Services
E&M	Evaluation and Management
ESRD	End Stage Renal Disease
FAQ	Frequently Asked Questions
FQHC	Federally Qualified Health Center
HCPCS	Healthcare Common Procedure Coding System

Acronym List Two



Acronym	Definition
HHS	U.S. Department of Health & Human Services
I/OCE	Integrated Outpatient Code Editor
MLN	Medicare Learning Network
NP	Nurse Practitioner
OIG	Office of Inspector General
OT	Occupational Therapist
PA	Physician Assistant
PFS	Physician Fee Schedule
PHE	Public Health Emergency
PT	Physical Therapist
POS	Place of Service
RHC	Rural Health Clinic
RTP	Return to Provider
SLP	Speech Language Pathologist
SNF	Skilled Nursing Facility



Medicare Telehealth Expansion for COVID-19

COVID-19 Waiver



- CMS expanded this benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act:
 - Making benefits accessible to help keep patients healthy while containing the community spread of this virus
- Interim final rule dated March 30, 2020, further expands the telehealth benefit on a temporary and emergency basis, retroactive to March 1, 2020:
 - Beneficiaries can receive care where they are:
 - ✓ At home, a nursing home or assisted living facility
- References:
 - [COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers](#)
 - [CMS Medicare Telemedicine Health Care Provider Fact Sheet](#)
 - [President Trump expands telehealth benefits for Medicare beneficiaries during COVID-19 outbreak](#)
 - [Coronavirus Waivers & Flexibilities](#)

Coronavirus Aid, Relief, and Economic Security (CARES) Act



- Under the CARES Act, CMS is waiving the requirements of section 1834(m)(1) of the ACT and 42 CFR § 410.78(a)(3) for use of interactive telecommunications systems to furnish telehealth services, to the extent they require use of video technology, for certain services:
 - This waiver allows the use of audio-only equipment to furnish services described by the codes for audio-only telephone evaluation and management services, and behavioral health counseling and educational services
 - Other services included on the Medicare telehealth services list must be furnished using, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site:
 - Expands the types of health care professionals that can furnish distant site telehealth services:
 - ✓ Includes physical therapists, occupational therapists, and speech language pathologists are able to provide telehealth services
 - Wider range of care to Medicare beneficiaries in their homes. Beneficiaries thus don't have to travel to a healthcare facility and risk exposure to COVID-19
 - CMS will add new telehealth services on a sub-regulatory basis
- Reference:
 - [Trump Administration Issues Second Round of Sweeping Changes to Support U.S. Healthcare System During COVID-19 Pandemic](#)
 - [Coronavirus Waivers & Flexibilities:](#)
 - ✓ [Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19](#)
 - [Covered Telehealth Services for PHE for the COVID-19 pandemic, effective March 1, 2020](#)

CARES Act - CMS Flexibilities for Hospitals, RHCs, and FQHCs



- Hospitals may bill for services furnished remotely by hospital-based practitioners to Medicare patients registered as hospital outpatients for counseling and educational service as well as therapy services
- Hospitals may bill as the originating site for telehealth services furnished by hospital-based practitioners to Medicare patients registered as hospital outpatients, including when the patient is located at home
- CMS is paying for Medicare telehealth services provided by RHCs and FQHCs:
 - Previously, these clinics could not be paid to provide telehealth expertise as “distant sites”
 - Now, Medicare beneficiaries located in rural and other medically underserved areas will have more options to access care from their home without having to travel
- Reference:
 - [Trump Administration Issues Second Round of Sweeping Changes to Support U.S. Healthcare System During COVID-19 Pandemic](#)
 - [Coronavirus Waivers & Flexibilities:](#)
 - ✓ [Hospitals: CMS Flexibilities to Fight COVID-19](#)
 - ✓ [Rural Health Clinics \(RHCs\) and Federally Qualified Health Centers \(FQHCs\): CMS Flexibilities to Fight COVID-19](#)

Resources Relating to COVID-19



- Novitas Coronavirus COVID-19 information ([JH](#)) ([JL](#)):
 - Dedicated page to encourage providers to stay current with all the updates related to COVID-19
- [CMS Coronavirus \(COVID-19\) website](#):
 - Learn about CMS responses to Coronavirus and find the latest program guidance
- [MLN Connects Special Edition April 30, 2020](#):
 - [Trump Administration Makes Sweeping Regulatory Changes to Help U.S. Health Care System Address COVID-19 Patient Surge](#)
- [Medicare Coverage and Payment of Virtual Services](#) video:
 - Video released providing answers to common questions about the Medicare telehealth services benefit
- [COVID-19 Frequently Asked Questions \(FAQs\) on Medicare Fee-for-Service \(FFS\) Billing](#)
 - CMS has posted updated frequently asked questions
- [SE20011 - Medicare Fee-for-Service \(FFS\) Response to the Public Health Emergency on the Coronavirus \(COVID-19\)](#)
 - Summary of the blanket waivers including telehealth
- [CMS Dear Clinician Letter](#):
 - CMS posted a letter to clinicians that outlines a summary of actions including information about telehealth and virtual visits, accelerated and advanced payments, and recent waiver information
- COVID-19@cms.hhs.gov
 - Questions related to COVID-19 can be directed to CMS

Notice of Enforcement Discretion



- Effective immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for Health Insurance Portability and Accountability Act (HIPAA) violations against health care providers
- Allowing use of communications during the COVID-19 nationwide PHE for video chats such as:
 - FaceTime
 - Skype
 - Google Hangouts
 - Facebook Messenger
- For additional information:
 - [Notice of Enforcement Discretion for Telehealth](#)
- CMS encourages all providers to share with patients these new abilities to provide healthcare through telemedicine

Telemedicine Services

Telemedicine Services Explained



- Urgency to expand the use of technology to help people who need routine care, and keep vulnerable beneficiaries and beneficiaries with mild symptoms in their homes while maintaining access to the care they need
- Limiting community spread of the virus, as well as limiting the exposure to other patients and staff members will slow viral spread
- Virtual services physicians and other health care professionals can provide:
 - Telehealth visits
 - Telephone services
 - Virtual check-in
 - E-visits
- References:
 - [CMS Medicare Telemedicine Health Care Provider Fact Sheet](#)
 - [Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19](#)
 - [COVID-19 FAQs on Medicare Fee-for- Service \(FFS\) Billing](#) (pages 20-26)
 - Coronavirus disease 2019 (COVID-19): Telehealth and telephone-only services during the emergency ([JH](#)) ([JL](#))

Telemedicine Services Defined



- **Telehealth Visits:**
 - A visit with a provider that uses telecommunication systems that has audio and video capabilities between a provider and a patient
 - The use of audio-only equipment to furnish services described by the codes for audio-only telephone evaluation and management services, and behavioral health counseling and educational services
- **Telephone Services:**
 - Non-face-to-face E&M services provided using telephone audio
- **Virtual Check-Ins:**
 - A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an new or established patient
- **E-Visits:**
 - A communication between a patient and their provider through an online patient portal

RHC and FQHC Telemedicine Services Update



- Telehealth Visits:
 - A visit with a provider that uses telecommunication systems that has audio and video capabilities between a provider and a patient:
 - ✓ During the COVID-19 PHE CMS now allows audio only effective March 1, 2020
- Virtual Check-Ins:
 - A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an new or established patient
- Telephone Services:
 - Non-face-to-face E&M services provided using telephone audio
- [New and Expanded Flexibilities for Rural Health Clinics \(RHCs\) and Federally Qualified Health Centers \(FQHCs\) During the COVID-19 Public Health Emergency \(PHE\)](#)

Resources



- Novitas will be hosting an upcoming FQHC and RHC webinars:
 - RHC – May 18, 2020 at 9:00 a.m. ET 10:00 a.m. CT
 - FQHC – May 21, 2020 at 9:00 a.m. ET 10:00 a.m. CT
 - To register visit our Novitas Medicare Part A Educational Event Calendar ([JH](#)) ([JL](#))
- CMS MLN SE20016 for all Telemedicine updates for all FQHCs and RHCs:
 - [New and Expanded Flexibilities for Rural Health Clinics \(RHCs\) and Federally Qualified Health Centers \(FQHCs\) During the COVID-19 Public Health Emergency \(PHE\)](#)
- Novitas contacts for FQHCs and RHCs:
 - Kim.Robinson@novitas-solutions.com
 - Gail.Atnip@novitas-solutions.com

Cost Sharing

Cost Sharing



- In general, with telemedicine services the out of pocket costs for beneficiaries has not changed
- Deductible and coinsurance still apply with some exceptions
- HHS OIG is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs
- Reference:
 - [Medicare Telehealth Frequently Asked Questions \(FAQs\)](#)

Modifier CS



- Definition:
 - Cost-sharing for specified COVID-19 testing-related services that result in an order for or administration of a COVID-19 test
- Purpose:
 - For services furnished on March 18, 2020, and through the end of the PHE, use the CS modifier on applicable claim lines to identify the service as subject to the cost-sharing waiver for COVID-19 testing-related services and to get 100% of the Medicare-approved amount:
 - ✓ Results in the deductible and coinsurance being waived
 - ✓ Services are medical visits for the E&M categories when an outpatient provider, physician, or other providers and suppliers billing Medicare for Part B services orders or administers COVID-19 lab test U0001, U0002, or 87635
 - **Note: the CS modifier does not apply to services unrelated to COVID-19**
 - **For telemedicine only report the CS modifier when the service provided is for an evaluation that results with the ordering or administration of COVID 19 testing:**
 - ✓ Adjust previously processed claims if submitted without the CS modifier
- References:
 - [COVID-19: Infection Control, Maximizing Workforce, Updated Q&A, CS Modifier for Cost-Sharing, Payment Adjustment Suspended \(4/10/2020\)](#)
 - [COVID-19: Telehealth Video, Coinsurance and Deductible Waived, ASC Attestations, Ambulance Modifiers, Lessons From Front Lines, MLN Call Today 4/7/2020](#)

Applying the CS Modifier



- Apply CS modifier to the following service categories for E&M and the order or administration of COVID-19 testing:
 - Office and other outpatient services
 - Hospital observation services
 - Emergency department services
 - Nursing facility services
 - Domiciliary, rest home, or custodial care services
 - Home services
 - Online digital evaluation and management services
- Cost-sharing (deductible and coinsurance) does not apply to the above medical visit services for which payment is made to:
 - Hospital Outpatient Departments paid under the Outpatient Prospective Payment System
 - Physicians and other professionals under the Physician Fee Schedule
 - Critical Access Hospitals (CAHs)
 - Rural Health Clinics (RHCs)
 - Federally Qualified Health Centers (FQHCs)
- CS modifier does not apply to MD waiver hospitals and Indian Health Services (IHS)

Cost Sharing Examples



- Patient has a telehealth visit unrelated to COVID-19:
 - Do not report the CS modifier
 - Patient is responsible for applicable coinsurance and deductible
- Patient has telehealth visit related to COVID-19 and the provider orders COVID-19 testing:
 - Report the CS modifier
 - Patient is not responsible for any coinsurance or deductible

Telemedicine Services: Telehealth

Highlights of Telehealth Services



- Medicare telehealth services must be furnished using, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner:
 - Under the CARES Act, CMS is waiving the video requirement for certain telephone E&M services, and added them to the list of Medicare telehealth services:
 - ✓ Allows for the use of audio-only equipment to furnish services described by the codes for audio only telephone E&M services, behavioral health counseling and educational services:
 - Includes 99441-99443 (Non-face-to-face physician telephone services)
 - Broader range of telehealth services:
 - ✓ [Covered Telehealth Services for PHE for the COVID-19 pandemic, effective March 1, 2020](#)
- Visits are considered the same as in-person visits and are reimbursed according to the PFS
- Examples of Telehealth visits include emergency department visits, initial nursing facility and discharge visits, home visits, and therapy services, which must be provided by a clinician that is allowed to provide telehealth
- References:
 - [MLN Connects Special Edition April 30, 2020:](#)
 - ✓ [Trump Administration Makes Sweeping Regulatory Changes to Help U.S. Health Care System Address COVID-19 Patient Surge](#)
 - [Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19](#)

Additional Highlights of Telehealth Services



- Services can be provided to new or established patients
- Fulfills face-to-face visit requirements for clinicians to see patients, in IRFs, hospice, and home health
- Clinicians can provide remote patient monitoring services to patients with acute and chronic conditions and for patients with only one disease
- Physicians can supervise their clinical staff using virtual technologies when appropriate, instead of requiring in-person presence
- References:
 - [MLN Connects Special Edition April 30, 2020:](#)
 - ✓ [Trump Administration Makes Sweeping Regulatory Changes to Help U.S. Health Care System Address COVID-19 Patient Surge](#)
 - [Coronavirus Waivers & Flexibilities:](#)
 - ✓ [Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19](#)
 - ✓ [Hospitals: CMS Flexibilities to Fight COVID-19](#)

Billing for Professional Telehealth Services During PHE



- CMS allows additional services to be furnished via telehealth
- When billing professional claims for **all telehealth services** with **dates of services on or after March 1, 2020**, and for the duration of the PHE, bill with:
 - POS equal to what it would have been had the service been furnished in-person
 - **Modifier 95** indicating that the service rendered was actually performed via telehealth:
 - ✓ Modifier 95 is defined as synchronous telemedicine service rendered via real-time interactive audio and video telecommunications system
- Reference:
 - [MLN Connects Special Edition, Friday, April 3, 2020](#):
 - ✓ Billing for Professional Telehealth Services During the Public Health Emergency
 - [MLN Connects Special Edition, Thursday, April 30, 2020](#):
 - ✓ [Trump Administration Makes Sweeping Regulatory Changes to Help U.S. Health Care System Address COVID-19 Patient Surge](#)
 - [Covered Telehealth Services for PHE for the COVID-19 pandemic, effective March 1, 2020](#)
 - [SE20011 - Medicare Fee-for-Service \(FFS\) Response to the Public Health Emergency on the Coronavirus \(COVID-19\)](#)

Additional Billing for Professional Telehealth Services During PHE



- CR modifier and the DR condition code are not required on telehealth services
- Two scenarios where modifiers are required on telehealth professional claims:
 - Modifier GQ – Used when telehealth services are furnished via asynchronous (store and forward) technology as part of a federal telemedicine demonstration project in Alaska and Hawaii
 - Modifier G0 – Used for the diagnosis and treatment of an acute stroke
- No billing changes for institutional claims
- CAH method II claims bill with the GT modifier
- Reference:
 - [MLN Connects Special Edition, Friday, April 3, 2020:](#)
 - ✓ Billing for Professional Telehealth Services During the Public Health Emergency
 - [SE20011 - Medicare Fee-for-Service \(FFS\) Response to the Public Health Emergency on the Coronavirus \(COVID-19\)](#)

Telehealth Services Listing



- Updates have been made to the list of telehealth services:
 - Temporary codes are listed indicating addition for PHE for COVID pandemic:
 - ✓ New codes were recently added on 4/30/2020
 - Codes were added for audio-only interaction which now meets the telehealth requirement
 - Some examples of Medicare payment limitations include:
 - ✓ 90875 , 96112 , 96170, 96171 – Non covered
 - ✓ S9152 – Not valid for Medicare purposes
 - ✓ G0140 – Statutory excluded
 - ✓ 94005 – Bundled code
- References:
 - [Covered Telehealth Services for PHE for the COVID-19 pandemic](#)
 - [Trump Administration Makes Sweeping Regulatory Changes to Help U.S. Health Care System Address COVID-19 Patient Surge](#)

Screen Shot of the Excel Table



- Covered Telehealth Services for PHE for the COVID-19 pandemic

LIST OF MEDICARE TELEHEALTH SERVICES				
Code	Short Descriptor	Status	Can Audio-only Interaction Meet the Requirements?	Medicare Payment Limitations
77427	Radiation tx management x5	Temporary Addition for the PHE for the COVID-19 Pandemic		
90785	Psytch complex interactive		Yes	
90791	Psych diagnostic evaluation		Yes	
90792	Psych diag eval w/med srvc		Yes	
90853	Group psychotherapy	Temporary Addition for the PHE for the COVID-19 Pandemic	Yes	
90875	Psychophysiological therapy	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20		Non-covered service
90951	Esrd serv 4 visits p mo <2yr			
92507	Speech/hearing therapy	Temporary Addition for the PHE for the COVID-19 Pandemic	Yes	
92508	Speech/hearing therapy	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20	Yes	
92521	Evaluation of speech fluency	Temporary Addition for the PHE for the COVID-19 Pandemic	Yes	
92522	Evaluate speech production	Temporary Addition for the PHE for the COVID-19 Pandemic	Yes	
92523	Speech sound lang comprehen	Temporary Addition for the PHE for the COVID-19 Pandemic	Yes	
92524	Behavral qualit analys voice	Temporary Addition for the PHE for the COVID-19 Pandemic	Yes	
92601	Cochlear implt f/up exam <7	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20		
92602	Reprogram cochlear implt <7	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20		
92603	Cochlear implt f/up exam 7/>	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20		
92604	Reprogram cochlear implt 7/>	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20		
94002	Vent mgmt inpat init day	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20		
94003	Vent mgmt inpat subq day	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20		
94004	Vent mgmt nf per day	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20		
94005	Home vent mgmt supervision	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20		Bundled code.
94664	Evaluate pt use of inhaler	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20		

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Physician Fee Schedule



- Physician Fee Schedule Look Up ([JH](#)) ([JL](#))
- Place of Service Codes ([JH](#)) ([JL](#))

The screenshot shows a web application interface for searching and downloading fee schedules. The main content area is titled "Physician's Fee Schedule Code Search & Downloads".

Search using a single code:

- Procedure Code: 9944 (No modifier)
- Date Of Service: 5/7/2020
- State: Oklahoma
- Locality: Entire State (00)

Download the complete Fee Schedule:

- Year: 2020
- State: Choose a state
- Locality: Choose a locality
- File type: PDF

Results:

Procedure Code	9944	State	Oklahoma	Modifier	No modifier
Effective Date	01-01-2020	Locality	Entire State (00)	Description	Phone atm physying 21-30 min

Fee Schedule Amount:

Participating Provider	103.84	When performed in a facility setting	77.40
Non-Participating Provider	98.74	Participating Provider	73.53
Limiting Charge Amount	113.55	Non-Participating Provider	64.56
		Limiting Charge Amount	

Status Indicators:

Surgery & Procedures		General Info	
Professional/Technical Component	0	Status	A
Global Days	3000	Facility Service Indicator	1

Amount for which providers are reimbursed in a facility setting. Facility settings are identified and defined by Place of Service (POS) codes. The following codes represent facility settings: 10, 21, 22, 23, 24, 25, 31, 34, 41, 42, 51, 52, 53, 55, and 61

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Eligible Providers



- The following health professionals can bill for telehealth services:
 - Physicians
 - Nurse practitioners (NPs)
 - Physician assistants (PAs)
 - Clinical nurse-midwives (CNM)
 - Clinical nurse specialists (CNS)
 - Certified registered nurse anesthetists (CRNAs)
 - Clinical psychologists (CPs) and Clinical social workers (CSWs)
 - Registered dietitians or nutrition professionals
- Based on the CARES Act and for the duration of the PHE the following providers can perform telehealth:
 - Occupational therapist (OT)
 - Physical therapist (PT)
 - Speech language pathologist (SLP)
- Reference:
 - [Trump Administration Issues Second Round of Sweeping Changes to Support U.S. Healthcare System During COVID-19 Pandemic](#)
 - [Coronavirus Waivers & Flexibilities:](#)
 - ✓ [Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19](#)



Telehealth Eligible Provider Clarification



- Question:
 - Can a PT, OT, and SLP perform telehealth services?
- Answer:
 - PTs, OTs, and SLPs are eligible providers can perform the following services:
 - ✓ Telehealth
 - ✓ Telephone assessment codes 98966 – 98968
 - ✓ Virtual Check in Codes: G2010 and G2012
 - ✓ E- Visits: G2061-G2063
- Reference:
 - [Physicians and Other Clinicians: CMS Flexibilities to Fight COVID 19](#)
 - [COVID-19 Public Health Emergency Interim Final Rule](#)

Distant Site Practitioner Clarification #1



- Question:
 - Can the distant site practitioner furnish Medicare telehealth services from their home? Or do they have to be in a medical facility?
- Answer:
 - No payment restrictions on distant site practitioners furnishing Medicare telehealth services from their home during the PHE
 - Practitioner should report the POS code that would have been reported had the service been furnished in person:
 - ✓ Allow 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
- Reference:
 - [COVID-19 FAQs on Medicare Fee-for- Service \(FFS\) Billing](#)

Distant Site Practitioner Clarification #2



- Question:
 - Should on-site visits conducted via video or through a window in the clinic suite be reported as telehealth services? How could a physician or practitioner bill if this were telehealth?
- Answer:
 - Services should only be reported as telehealth services when the individual physician or practitioner furnishing the service is not at the same location as the beneficiary:
 - ✓ If the physician or practitioner furnished the service from a place other than where the beneficiary is located (a “distant site”), they should report those services as telehealth services
 - If the beneficiary and the physician or practitioner furnishing the service are in the same institutional setting but are utilizing telecommunications technology to furnish the service due to exposure risks:
 - ✓ The practitioner would not need to report this service as telehealth and should instead report whatever code described the in-person service furnished.

Hospital Outpatient Services Accompanying Professional Services Via Telehealth



- During the COVID-19 PHE, the hospital may bill under the PFS for the originating site facility fee associated with the telehealth service if:
 - The beneficiary's home or temporary expansion site is considered to be a **provider-based department of the hospital**; and
 - The beneficiary is registered as an outpatient of the hospital for purposes of receiving telehealth services billed by the physician or practitioner
- References:
 - [MLN Connects Special Edition April 30, 2020:](#)
 - ✓ [Trump Administration Makes Sweeping Regulatory Changes to Help U.S. Health Care System Address COVID-19 Patient Surge](#)
 - [Coronavirus Waivers & Flexibilities:](#)
 - ✓ [Hospitals: CMS Flexibilities to Fight COVID-19](#)

Originating Site Facility Fee



- Originating Site Facility Fee:
 - Report under HCPCS code Q3014
 - Revenue code 078x
- Billable when the beneficiary receives services via telehealth if:
 - Beneficiary's home or temporary expansion site is considered to be a **provider-based department of the hospital** for the physician/practitioner telehealth service
 - Beneficiary is in a healthcare facility and receives services via telehealth

Originating Site Facility Fee Payment Methodology



Originating Site	Payment Methodology	TOB	Revenue Code
Outpatient hospital	<ul style="list-style-type: none"> Payment not based on Outpatient Prospective Payment System (OPPS) 	12X	078X
Inpatient hospital	<ul style="list-style-type: none"> Payment outside the Diagnosis Related Group (DRG) 	12X	078X
CAH	<ul style="list-style-type: none"> Separate from the cost-based reimbursement methodology 80 percent of the originating site facility fee 	12X	078X
FQHC/RHC	<ul style="list-style-type: none"> Separate from the center or clinic All-inclusive rate (AIR) 	77X, 71X	078X
Hospital Based CAH or ESRD Center	<ul style="list-style-type: none"> Payment is covered in addition to any composite rate or Monthly Capitation Payment (MCP) amount 	72X	078X
SNF	<ul style="list-style-type: none"> Payment is outside the SNF Prospective Payment System (PPS) Not subject to SNF consolidated billing 	22X, 23X	078X
CMHC	<ul style="list-style-type: none"> Not a partial hospitalization service (or used to determine payment for partial hospitalization) Not bundled in per diem 	76X	078X

FAQ: Claim Correction



- Question:
 - How do I correct a previously submitted claim when submitted:
 - ✓ With POS 02;
 - ✓ Without the 95 modifier; or
 - ✓ Omitted the CS modifier
 - ✓ Services for PT, OT and SLP
- Answer:
 - Part A :
 - ✓ Submit correction through FISS/DDE
 - [FISS Manual – Chapter 4 Claims Correction/Adjustment/Cancel](#)
 - ✓ Clerical Error Reopening (CER) ([JH](#)) ([JL](#))
 - Part B - Submit a correction ([JH](#)) ([JL](#)) through one of the following:
 - ✓ Novitasphere ([JH](#)) ([JL](#))
 - ✓ Gateway Reopening ([JH](#)) ([JL](#))
 - ✓ Fax: 1-888-541-3829
 - ✓ Mail ([JH](#)) ([JL](#))

Telehealth Key Takeaways



- Use of audio and video capabilities
- CMS is waived the video requirement for certain services
 - Link to the telehealth listing
- Furnished in broader circumstances (office, hospital, and other visits)
- Considered the same as in-person visits and are paid at the same rate as in-person visits
- In all areas of the country in all settings
- Furnished to beneficiaries in any healthcare facility and in their home
- Hospital may bill under the PFS for the originating site facility fee associated with the telehealth service as when the physician or practitioner bills the POS as outpatient hospital

Telemedicine Services: Telephone Services

Telephone Services



- Virtual patient communication codes will be used to report telephone E&M for beneficiaries who need routine, uncomplicated follow-up for chronic disease or routine primary care:
 - Telephone E&Ms cannot be billed if they originate from a related E&Ms service provided within the previous 7 days or lead to an E&Ms service or procedure within the next 24 hours or soonest available appointment
- Reported for new and established patient for non-face-to-face patient-initiated communications with their doctor using a telephone
- Telephone service codes include:
 - 98966-98968 (Non-face-to-face non-physician telephone services)
 - 99441-99443 (Non-face-to-face physician telephone services):
 - ✓ Medicare payment will be equivalent to the payment for established office/outpatient setting
 - ✓ Clinicians who are furnishing an evaluation and management (E/M) service using audio-only technology can report these codes if required elements of the descriptions are met
 - ✓ Follows the telehealth billing with the modifier 95 and POS equal to what it would have been had the service been furnished in-person
 - Follows telehealth billing which requires the 95 modifier and POS equal to what it would have been had the service been furnished in-person
- References:
 - [Coronavirus Waivers & Flexibilities:](#)
 - ✓ [Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19](#)
 - [Quarterly Update to the Medicare Physician Fee Schedule Database \(MPFSDB\) - April 2020 Update](#)

Physician Telephone Services



- Physicians can perform certain services by telephone to their patients:

HCPCS Codes	Description
99441	Telephone E&M service by a physician or other qualified health care professional who may report E&M services provided to an established patient, parent, or guardian not originating from a related E&M service provided within the previous 7 days or leading to an E&M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.
99442	Telephone E&M service by a physician or other qualified health care professional who may report E&M services provided to an established patient, parent, or guardian not originating from a related E&M service provided within the previous 7 days or leading to an E&M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.
99443	Telephone E&M service by a physician or other qualified health care professional who may report E&M services provided to an established patient, parent, or guardian not originating from a related E&M service provided within the previous 7 days or leading to an E&M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.

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Non-Physician Telephone Services



- Clinicians (physical therapists, occupational therapists, speech language pathologists, and licensed CPs and CSWs) can perform certain service by telephone to their patients:

HCPCS Codes	Description
98966	Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure with the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.
98967	Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure with the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.
98968	Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure with the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.

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Claim Denials for Telephone Services (Part B)



- Expansion of telehealth services caused invalid denials for telephone services
- System edits have been updated:
 - Retroactive to January 1, 2020
 - Updated April 1, 2020
- Two denials received:
 - Prior to April 1, 2020, claims were denying as non-covered:
 - ✓ These claims can be resubmitted
 - After April 1, 2020, claims were denying for Medically Unlikely Edits (MUE):
 - ✓ Novitas will automatically adjust these claims

Telephone Service Updated Fees



- According to [MM11661- Quarterly Update to the Medicare Physician Fee Schedule Database \(MPFSDB\) - April 2020 Update](#), relative value units for codes 99441, 99442, and 99443 will be revised to be equated to the established office and outpatient EM codes (99212 – 99214):
 - Fees are updated on the fee schedule
- Options for history claims corrections:
 - Novitasphere History Correction
 - IVR History Correction
 - Call the Customer Contact Center:
 - ✓ Can only do 3 at a time
 - Clerical Error Reopening form:
 - ✓ Large volume
 - ✓ Spreadsheet can be attached for all claims
 - Note: Portal and IVR have to be done claim by claim
- Reference:
 - Submit Claim Corrections & Reopenings ([JH](#)) ([JL](#))

RTP Claims for Telemedicine Claims (Part A)



- Status indicators for the following services will be updated in the July 2020 I/OCE software update for claims processing systems to accept these codes on April 1, 2020, for DOS on or after March 1, 2020:
 - Virtual Check-Ins (G2010 and G0212)
 - Telephone Services (98966, 98967, and 98968)
- RTP'd claims will be corrected after the July update
- Current claims submitted will be suspended and processed after the July update

Telemedicine Services: Virtual Check-Ins

Virtual Check-Ins



- Definition:
 - A brief CTBS (5 – 10 minutes) check-in with the patient’s practitioner via telephone or other telecommunications device to decide whether an office or other service is needed
 - A remote evaluation of recorded video and/or images are submitted by patient
- Typically initiated by the patient:
 - Practitioner may need to educate beneficiaries on the availability of the service prior to patient initiation
- Clinicians can provide virtual check in services for new and established patients
- Patient must verbally consent to receive virtual check-in services
- Medicare coinsurance and deductible generally apply to these services

Virtual Check-In Codes



HCPCS Code	Description
G2012	Brief CTBS, e.g. virtual check-in, by a physician or other qualified health care professional who can report E&M services, provided to an established patient, not originating from a related E&M service provided within the previous 7 days nor leading to an E&M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.
G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E&M service provided within the previous 7 days nor leading to an E&M service or procedure within the next 24 hours or soonest available appointment.

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Virtual Check-Ins Key Takeaways



- Service is not limited to only rural settings
- Patient must agree to the virtual service
- Use HCPCS code G2012 or HCPCS code G2010
- Can be conducted with a broader range of communication methods
- Virtual check in services can be provided for new and established patients

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Telemedicine Services: E-Visits

E-Visits



- Definition:
 - E-visits are defined as a communication between a patient and their provider through an online portal
- Not limited to only rural settings:
 - Location includes patient's home
 - No geographic or location restrictions
- Reported for new and established patient for non-face-to-face patient-initiated communications with their doctor using online patient portal
- Medicare coinsurance and deductible generally apply to these service
- E-visits codes include:
 - 99421 – 99423 (online digital E&M services)
 - G2061 – G2063 (qualified non-physician qualified health care)

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Physician/NPs E-Visit Codes



- Practitioners (physicians/NPs) who may independently bill Medicare for E&M visits can bill the following codes:

CPT Code	Description
99421	Online digital E&M service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5–10 minutes
99422	Online digital E&M service, for an established patient, for up to 7 days cumulative time during the 7 days; 11– 20 minutes
99423	Online digital E&M service, for an established patient, for up to 7 days cumulative time during the 7 days; 21 or more minutes

Non-Physician E-Visit Codes



- Clinicians (physical therapists, occupational therapists, speech language pathologists, and licensed CPs and CSWs) who may not independently bill for E&M can perform these e-visits and bill:

HCPCS Codes	Description
G2061	Qualified non-physician healthcare professional online assessment and management, 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 qualified healthcare professional assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes

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E-Visit Key Takeaways



- Not limited to only rural settings
- No geographic or location restrictions for these visits
- Initiated by the patient
- Practitioners may educate
- Applies to new or established patient
- Bill using CPT codes 99421-99423 and HCPCS codes G2061-G2063
- Coinsurance and deductible generally apply to these services

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Remote Monitoring and Services

Remote Patient Monitoring



- Clinicians can provide remote patient monitoring services to both new and established patients
- Services can be provided for both acute and chronic conditions and can now be provided for patients with only one disease:
 - For example, remote patient monitoring can be used to monitor a patient's oxygen saturation levels using pulse oximetry
 - CPT codes:
 - ✓ 99091 (Remote patient monitoring)
 - ✓ 99457-99458 (Chronic care remote patient monitoring)
 - ✓ 99473- 99474 (Blood pressure self-measurement)
 - ✓ 99493-99494 (Psychiatric collaborative care management)
- Remote physiologic monitoring service (99454):
 - Medicare will allow the service to be reported for shorter periods of time than 16 days as long as the other code requirements are met
- Reference:
 - [Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19](#)
 - [MLN Connects Special Edition, Tuesday, March 31, 2020:](#)
 - ✓ Trump Administration Makes Sweeping Regulatory Changes to Help U.S. Health Care System Address COVID-19 Patient Surge
 - [Coronavirus Waivers & Flexibilities:](#)
 - ✓ [Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19](#)

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Removal of Frequency Limitations on Medicare Telehealth



- The following services no longer have limitations on the number of times they can be provided by Medicare telehealth:
 - CPT codes 99231-99233:
 - ✓ A subsequent inpatient visit can be furnished via Medicare telehealth, without the limitation that the telehealth visit is once every three days
 - CPT codes 99307-99310:
 - ✓ A subsequent skilled nursing facility visit can be furnished via Medicare telehealth, without the limitation that the telehealth visit is once every 30 days
 - CPT codes G0508-G0509:
 - ✓ Critical care consult codes may be furnished to a Medicare beneficiary by telehealth beyond the once per day limitation
- Reference:
 - [Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19](#)

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Other Medicare Telehealth and Remote Patient Care



- ESRD patients:
 - Clinicians no longer must have one “hands on” visit per month for the current required clinical examination of the vascular access site
 - Exercising enforcement discretion on the following requirement so that clinicians can provide this service via telehealth:
 - ✓ Individuals must receive a face-to-face visit, without the use of telehealth, at least monthly in the case of the initial 3 months of home dialysis and at least once every 3 consecutive months after the initial 3 months
- To the extent that a NCD or LCD would otherwise require a face-to-face visit for evaluations and assessments:
 - Clinicians would not have to meet those requirements during the public health emergency
- Beneficiary consent should not interfere with the provision of telehealth services:
 - Annual consent may be obtained at the same time, and not necessarily before, the time that services are furnished
- Physician visits:
 - CMS is waiving the requirement in 42 CFR 483.30 for physicians and non-physician practitioners to perform in-person visits for nursing home residents and allow visits to be conducted, as appropriate, via telehealth options
- Reference:
 - [Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19](#)

Hospital- Only Remote Outpatient Therapy and Education Services



- Hospitals (counselors and other employed staff) may provide the following services either through telecommunications technology or in person, in a temporary expansion location, which may include the beneficiary's home when the **beneficiary is registered as an outpatient of the hospital** and the hospital considers the **beneficiary's home to be a provider-based department of the hospital**:
 - A subset of therapy and educational services are eligible to be provided remotely by the hospital clinical staff
 - Behavioral health and education services furnished by hospital-employed counselors
 - Partial hospitalization program services:
 - Individual psychotherapy, patient education, and group psychotherapy
- Hospital may bill for these services as hospital outpatient services, as long as they are:
 - Medically necessary
 - Meet all requirements described by the HCPCS code
 - Service are furnished in a hospital outpatient department of the hospital
- References:
 - [MLN Connects Special Edition April 30, 2020:](#)
 - ✓ [Trump Administration Makes Sweeping Regulatory Changes to Help U.S. Health Care System Address COVID-19 Patient Surge](#)
 - [Coronavirus Waivers & Flexibilities:](#)
 - ✓ [Hospitals: CMS Flexibilities to Fight COVID-19](#)
 - [Interim Final Rule](#)

Beneficiary's Home as Provider-Based Department



- For purposes of the COVID-19 PHE, on-campus or excepted off-campus PBDs can be considered to have relocated (or partially relocated) to a beneficiary's home, or other temporary expansion location of the hospital, when the beneficiary is registered as an outpatient of the hospital during service delivery:
 - PBD is considered either an on-campus or excepted off-campus PBD
 - Bill with the "PO" modifier for services furnished to beneficiaries in their homes as a relocated (or partially relocated) PBD
 - Receive the full OPSS rate
- If the hospital does not relocate (or partially relocate) an existing on-campus or excepted off-campus PBD to the patient's home and does not seek an exception under the temporary extraordinary circumstances relocation exception policy:
 - Patient's home would be considered a new nonexcepted off-campus PBD
 - Bill with the "PN" modifier for non excepted services
 - Receive the PFS-equivalent rate
- Reference:
 - [COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers](#)
 - [Interim Final Rule](#)

Hospital Billing Recap



- Hospital can furnish services to a beneficiary via telecommunication or in person for a temporary expansion location (including the beneficiary's home) if that beneficiary is registered as an outpatient:
 - Examples of these services include psychoanalysis, psychotherapy, diabetes self-management training, and medical nutrition therapy
- Hospitals can furnish clinical staff services in the patient's home, which is considered provider-based to the hospital during the COVID-19 PHE, and to bill and be paid for these services when the patient is registered as a hospital outpatient:
 - Example: Wound care, chemotherapy administration, and other drug administration
- Clarified that when a patient is receiving a professional service via telehealth in a location that is considered a hospital PBD, and the patient is a registered outpatient of the hospital, the hospital in which the patient is registered may bill the originating site facility fee for the service:
 - Bill HCPCS Q3014
- Reference:
 - [Interim Final Rule](#)

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Telemedicine Summary of Billable Codes



Telemedicine Service	Description	HCPs/CPT Codes	Place of Service
Telehealth	<p>A visit with a provider that uses telecommunication systems that has audio and video capabilities between a provider and a patient.</p> <ul style="list-style-type: none"> CMS waiver to allow the use of audio-only equipment to furnish E&M services, behavioral health counseling and educational services (99441 -99443) (*) 	<p>Review the complete listing of Medicare Telehealth Services</p> <p>Report modifier 95 indicating that the service rendered was actually performed via telehealth</p>	Place of service (POS) equal to what it would have been had the service been furnished in-person.
Telephones	Non-face-to-face E&M services provided using telephone audio	99441 – 99443 (*) follow the telehealth guidance 98966 – 98968	Place of service (POS) equal to what it would have been had the service been furnished in-person.
Virtual Check-In	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images.	G2010 and/or G2012	Place of service (POS) equal to what it would have been had the service been furnished in-person
E-Visits	A communication between a patient and their provider through an online patient portal	99421 - 99423 G2061 - G2063	Place of service (POS) equal to what it would have been had the service been furnished in-person

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Telemedicine Billing Example

Recap – Professional Services



Type of Service Provided	POS	Modifier(s)
Telehealth visit unrelated to COVID-19	11	95
Telehealth visit related to COVID-19 (test ordered)	11	95 CS
Virtual check-in	11	Not applicable
E-visit unrelated to COVID-19	11	Not applicable
E-visit related to COVID-19 (test ordered)	11	CS
Telephone (audio-only) - 99441	11	95
Telephone (audio-only) - 98966	11	Not Applicable

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Summary



- Explored the expansion of Medicare telehealth for COVID-19 under the CMS 1135 waiver
- Discussed the new waived information relating to the CARES Act
- Reviewed important resources relating to telemedicine services

Customer Contact Information



- Providers are required to use the IVR unit to obtain:
 - Claim Status
 - Patient Eligibility
 - Check/Earning
 - Remittance inquiries
- Jurisdiction H:
 - Customer Contact Center- 1-855-252-8782
 - Provider Teletypewriter- 1-855-498-2447
- Jurisdiction L:
 - Customer Contact Center- 1-877-235-8073
 - Provider Teletypewriter- 1-877-235-8051
- Patient / Medicare Beneficiary:
 - 1-800-MEDICARE (1-800-633-4227)
 - <http://www.medicare.gov>

Thank You for Attending



- Complete the event satisfaction survey:
 - Pops up immediately after the event ends
- Continuing Education Unit (CEU):
 - Once your attendance for an event is confirmed, you will receive an email notification that you have completed the course:
 - ✓ This process could take up to seven days
 - After you receive your event completed notification email, you can print your CEU Certificate via the Novitas Learning Center:
 - ✓ Click Completed Training icon from Home Page
 - ✓ Certificate icon will be on the left of the Class activity name
 - ✓ Click icon to print your certificate

Activity	Code	Estimated Credit Hours	Completion Date ▼	Expiration Date
 VILT Course: 01/16/2019 TCD TEST	01162019_TCD_TEST		1/16/2019	