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CMS GUIDANCE Telehealth - COVID-19 Public Health Emergency



Presented by:

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MSOLE, CPC, CPMA, CHC
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AGENDA

Specifically discussing updates from
April 30th that apply during the current
COVID-19 public health emergency
(PHE)

Recorded on 5/5/2020



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EFFECTIVE DATE FOR CMS CHANGES

- All claims on or after March 1, 2020
- This is TEMPORARY - for the current COVID-19 public health emergency
- No end date set ...yet



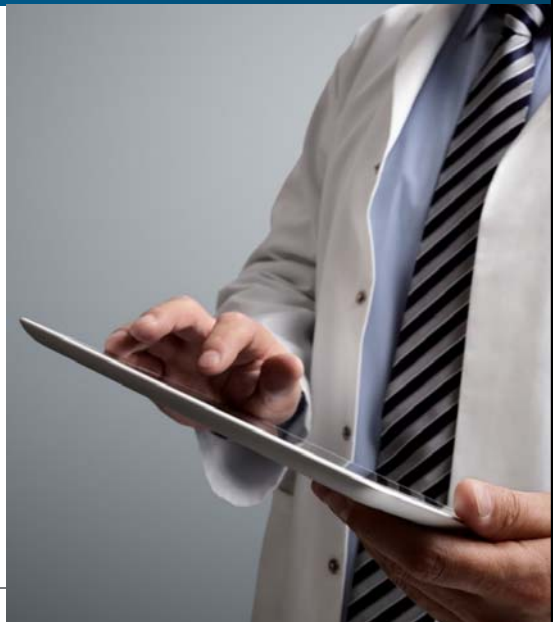
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CHANGE ALERT!! DISTANT SITE PROVIDERS

- **Physical Therapists, Occupational Therapists, and Speech Language Pathologists – can designate maintenance therapy to PTAs or OTAs**
- Rural Health Clinics (RHC)
- Federally Qualified Health Centers (FQHC)
- Physicians
- Nurse practitioners
- Physician assistants
- Nurse midwives
- Clinical nurse specialists
- Certified registered nurse anesthetists
- Clinical psychologists and clinical social workers
- Registered dietitians or nutrition professionals

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WHO CAN BE AN ORIGINATING SITE ?

- No site restrictions during COVID-19 crisis
- Originating site is where the patient is located (must be at a different site than provider)

Usual approved originating sites:

- Offices of physicians or practitioners
- Hospitals
- Critical Access Hospitals
- Rural Health Clinics
- Federally Qualified Health Centers
- Hospital-based or CAH-based Renal Dialysis Centers
- Skilled Nursing Facilities
- Community Mental Health Centers
- Mobile Stroke Units*
- Home of ESRD patient getting home dialysis*
- Home of patient receiving SUD/Opioid Abuse treatment and co-occurring mental health disorders*



**Originating sites report
HCPCS code Q3014**

* Geographic limit may not apply to these facilities in specific circumstances

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CHANGE ALERT!!!! NEW CODES APPROVED FOR TELEHEALTH

- **On April 30th CMS added 46 additional codes to approved telehealth listing for use during the COVID-19 crisis**
- Added **Telephone calls, Behavioral Health codes**, and more...
- **CMS will be adding codes on a “sub-regulatory basis”, as needed with feedback from providers**
- Any code with a gold star (★) in CPT

Common Telehealth Codes	Description
99441-99443	Telephone E/M by physician, NP, or PA (providers who bill E/M) services
98966-98968	Telephone assessment and management service by a qualified nonphysician health care professional
92601-92604	Diagnostic analysis of cochlear implant
99324-99326	Domiciliary or rest home visit for the evaluation and management of a new patient

The complete list is available at: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

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CHANGE ALERT!!!! NEW AUDIO ONLY PROVISION

- CMS now allowing 89 codes on approved telehealth list for billing by telephone only (video is no longer required)
- Column D “Can Audio-only Interaction Meet the Requirements?” in the CMS approved telehealth list indicates this change
- Most codes are from the following categories:
 - ✓ Telephone Calls
 - ✓ Prolonged Services
 - ✓ Various G codes for Telehealth consults and counseling
 - ✓ Behavioral Health
- As always good documentation is a must for all telehealth services whether performed via audio only or audio with video



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TELEPHONE CALLS ADDED TO TELEHEALTH SERVICES PHYSICIANS AND NPP

CPT Code	Description	2020 wRVU	2020 F/NF FS
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 nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	.48	F \$26.35 NF \$46.19
99442	11-20 minutes of medical discussion	.97	F \$52.33 NF \$76.15
99443	21-30 minutes of medical discussion	1.50	F \$80.48 NF \$110.43

- Telephone only visits can now be used for **new** and established patients
- Physicians and NPPs that bill under their own NPI should use **99441-99443**

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TELEPHONE CALLS ADDED TO TELEHEALTH SERVICES OTHER QUALIFIED NONPHYSICIAN PROVIDERS

CPT Code	Description	2020 wRV U	2020 F/NF FS
98966	Telephone assessment and management service provided by a qualified nonphysician 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 nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	0.25	F \$13.35 NF \$14.44
98967	11-20 minutes of medical discussion	0.5	F \$26.71 NF \$28.15
98968	21-30 minutes of medical discussion	0.75	F \$39.70 NF \$41.14

- Qualified non-physician health care professionals (e.g. registered dietitians, LCSW, SLP, PT, and OT) should use codes **98966-98968**
- CMS also requires that therapists use the appropriate therapy modifier (GO, GP, GN) for telephone calls

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CHANGE ALERT!! TIME LENGTH NOW SAME FOR ALL PAYORS

- Medicare allows medical decision making or time to determine level of E/M for telehealth visits (using real time audio with video)
- Medicare is now using the CPT time for billing the following codes:

New Patient Visit		Established Patient Visits	
CPT Code	CPT & CMS Time	CPT Code	CPT & CMS Time
99201	10 minutes	99211	5 minutes
99202	20 minutes	99212	10 minutes
99203	30 minutes	99213	15 minutes
99204	45 minutes	99214	25 minutes
99205	60 minutes	99215	40 minutes

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CHANGE ALERT!!!! TELEHEALTH MODIFIERS

- **95: Add** modifier 95 to Medicare claims to indicate telehealth
 - Allows CMS to pay at the higher rate - Non-Facility fee schedule for POS 11 (physician office)
- **QW: Add modifier QW to COVID-19 testing codes (U0002 and 87635), if performed in the office**
 - These codes are now CLIA waived tests

TIPS:

- *File corrected claims with correct place of service*
- *Hold your non-Medicare claims for a few days*



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PLACE OF SERVICE FOR ALL TELEHEALTH

Providers who work in a clinic setting:

- Use the place of service where you would normally perform the visit if the patient had been seen face-to-face (11, 19, 22, etc.) **NOT POS 02**
- Add modifier 95 to Medicare claims to indicate telehealth
- Allows CMS to pay at the higher rate - Non-Facility fee schedule for POS 11 (physician office)

Providers who perform telehealth only services:

- Use POS 02 as you would normally
- Provider address in Box 32 must be where the provider typically practices
- If providers work out of their home 100% of the time, they must use their home address (**even if temporary due to quarantine**)

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TEMPORARY DIRECT SUPERVISION GUIDELINES

- CMS has temporarily changed direct physician supervision **to include virtual supervision.**
- Physician must use real-time audio & video technology while supervising if not in the same suite

Q: Can we bill “incident to” for telehealth real-time audio/video visit if all “incident to” rules are met?

A: If the physician and nurse are in the same suite, yes.

OR

If the nurse and patient are in the same location (office or patient home) and the physician is on a real-time audio with video call then, yes.

- For NPP billing - we advise billing direct under the PA or NP’s provider number as billing “incident to” a physician by an NPP has not been formally addressed to date.

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CHANGE ALERT!! NPP UTILIZATION UPDATE

- **Nurse practitioners (NP), clinical nurse specialists (CNS), and physician assistants (PA) can now supervise diagnostic tests performed as incident to their clinical services**
- **They also now have the authority to provide the following home health services:**
 - ✓ Ordering of Home Health Services
 - ✓ Establishing and periodically reviewing the Plan of Care for Medicare beneficiaries
 - ✓ Certifying and Re-certifying patient eligibility for Home Health Services

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VIRTUAL CHECK IN AND ONLINE DIGITAL EVALUATIONS

- Not considered telehealth by CMS
- No site restrictions on these codes
- No telehealth modifiers are needed and POS 02 is not used for these services



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VIRTUAL CHECK-IN FOR MEDICARE PATIENTS

CPT Code	Description	2020 wRVU	2020 F/NF FS
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	0.19	F \$10.03 NF \$13.43
G2012	Brief communication technology-based service , 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 appt; 5-10 minutes of medical discussion	0.26	F \$14.21 NF \$15.91

- **Temporary during current PHE** - Service can be for **new** or **established patient** and must be **initiated by the patient**
- Can now be billed by LCSWs, clinical psychologist, PTs, OTs, and SLPs, if needed. CMS requires therapists use the appropriate therapy modifier (GO, GP, GN)
- Both codes relate to physicians and NPPs only – not RNs or other ancillary personnel
- There are no frequency limitations on number of times code may be billed to CMS

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ONLINE DIGITAL E/M SERVICES (EVISITS) PHYSICIAN AND NPP

CPT Code	Description	2020 w RVU	2020 F/NF Fee
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	0.25	F \$13.35 NF \$15.52
99422	11-20 minutes	0.5	F \$27.07 NF \$30.68
99423	21 or more minutes	0.8	F \$43.31 NF \$49.80

- Temporary during current PHE - Can be used for new and established patients for patient-initiated communications
- Do not include clinical staff time or any other billed service
- Only for clinicians who may independently bill an E/M service (physicians, NPs, PAs, etc.)
- Don't bill if related E/M service **within previous 7 days OR** lead to an E/M/procedure **within the next 7 days**
- If new problem **within 7 days** of an E/M, the online service may be reported

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ONLINE DIGITAL E/M FOR QHPS (EVISITS)

CPT Code	Description	2020 wRVU	2020 F/NF Fee
98970 or G2061	Online digital evaluation and management service performed by a qualified non-physician healthcare professional for an established patient for up to 7 days, with cumulative time in those 7 days; 5-10 minutes	0.25	F/NF \$12.27
98971 or G2062	11-20 minutes	0.44	F/NF \$21.65
98972 or G2063	21 or more minutes	0.69	F/NF \$33.92

- Can now be billed by LCSWs, clinical psychologist, PTs, OTs, and SLPs, if needed. CMS requires therapists use the appropriate therapy modifier (GO, GP, GN)
- Used for other professionals that do not bill for E/M services
- Use G codes for Medicare patients

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KZA Telehealth Solution x

https://www.karenpupko.com/kza-telehealth-solution-center

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KZA Telehealth Solutions Center

An up-to-date, comprehensive resource regarding the ever-changing telemedicine guidelines.

**We strongly encourage that you bookmark or save this page for easy access in the future and check back regularly for updates as we learn more.*

Please note that due to the changes announced by CMS on March 31, 2020, we updated our materials that were previously published.

Webinar CMS Changes to Telehealth Reference Guide

Telehealth Chart FAQs Payor Telehealth Policies

Licensure Requirements KZA Alert Flow Chart

Covid-19 Modifiers Preoperative Visit Scenarios Journal of Otolaryngology

Meet the Consultants

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COVID-19 Practice Man x

www.karenpupko.com/covid-19-resources

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COVID-19 Practice Management Resources Page

To provide physicians and practice teams with support during this unprecedented time, KZA has compiled this list of practice management resources, education, and tools. This page will be updated regularly.

Got a question about COVID-19 and your practice? [CONTACT US](#)

Management & Leadership Communication Cash Flow/Expense Reduction

Revenue Cycle Telehealth Risk Management

Real Estate Marketing Advocacy

Specialty Societies

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State Resource Centers for Telehealth

TexLa Telehealth Resource Center	Texas and Louisiana	(877) 391-0487
Mid-Atlantic Telehealth Resource Center	Virginia, West Virginia, Kentucky, Maryland, Delaware, North Carolina, Pennsylvania, Washington DC, and New Jersey [w/ Northeast Telehealth Resource Center]	(434) 906-4960
Upper Midwest Telehealth Resource Center	Indiana, Illinois, Michigan and Ohio	(855) 283-3734
Southeast Telehealth Resource Center	Georgia, South Carolina, Alabama, and Florida	(888) 738-7210
Pacific Basin Telehealth Resource Center	Hawaii and Pacific Basin	(808) 956-2897
Heartland Telehealth Resource Center	Kansas, Missouri and Oklahoma	(877) 643-HTRC (4872)
South Central Telehealth Resource Center	Arkansas, Mississippi and Tennessee	(855) 664-3450
Southwest Telehealth Resource Center	Arizona, Colorado, New Mexico, Nevada and Utah	(877) 535-6166
Northwest Regional Telehealth Resource Center	Washington, Oregon, Idaho, Montana, Utah, Wyoming and Alaska	(833) 747-0643
Great Plains Telehealth Resource Center	North Dakota, South Dakota, Minnesota, Iowa, Wisconsin and Nebraska	(888) 239-7092
California Telehealth Resource Center	California	(877) 590-8144
Northeast Telehealth Resource Center	New England (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont), New York, and New Jersey [w/ Mid-Atlantic Telehealth Resource Center]	(800) 379-2021

23 <https://www.telehealthresourcecenter.org/who-your-trc/>

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RESOURCES

AHA <https://www.aha.org/system/files/2019-02/fact-sheet-telehealth-2-4-19.pdf>

ATA <https://www.americantelemed.org/>

Center for Connected Health Policy <https://www.cchpca.org>

https://www.cchpca.org/sites/default/files/2020-01/Billing%20Guide%20for%20Telehealth%20Encounters_FINAL.pdf

CMS.gov

<https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf>

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

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

<https://www.cms.gov/files/document/covid-final-ifc.pdf>

<https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf>

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf>

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RESOURCES

HRSA Tool to check HPSA designation <https://data.hrsa.gov/tools/medicare/telehealth>

KarenZupko.com <http://www.karenzupko.com/covid-19-resources>
<http://www.karenzupko.com/KZA-telehealth-solution-center>

Medicare Claims Processing Manual Chapter 12, Section 190.6.1 (Rev.3929; Issued: 11-29-17; Effective: 01-01-18; Implementation: 01-18-18)

Medicare Learning Network <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctshst.pdf>

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10883.pdf>

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9726.pdf>

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM11560.pdf>

National Consortium of Telehealth Resources Center <https://www.telehealthresourcecenter.org/>

QUESTIONS



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Thank You

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