

Telligen QI Connect™

Telehealth During COVID-19: Ensuring Reimbursement April 2nd webinar Q&A responses from chat

Question

Response

1	In the nursing home, my patients often are nonverbal or cannot provide a history. Most of my data is gathered by talking to the nurses. Can a call with the nurse, at the patient's bedside, fulfill criteria for a telehealth visit?	CMS waiving requirement that physicians and non-physician practitioners perform in-person visit for nursing home residents and if appropriate, allow them to be done via telehealth.
2	Can you share w/us the link for the Informed Consent from HHS?	The HHS policy can be found here
3	Is a Registered Nurse included as a Non-Clinician Eligible Provider? Are there any services and RN can bill for?	NO
4	Do provider of a provider-based clinic provide telehealth services out of their home?	YES, there is no specific requirement for the provider's physical location at the time of a remote telemedicine visit.
5	Can a provider of a provider based RHC provide telehealth services out of their home?	YES , there is no specific requirement for the provider's physical location at the time of a remote telemedicine visit.
6	Can the non-clinician bill those codes if they are providing hospital outpatient services at a Critical Access Hospital?	Billing for Medicare telehealth services is limited to professionals. (Like other professional services, Critical Access Hospitals can report their telehealth services under CAH Method II). If a beneficiary is in a health care facility (even if the facility is not in a rural area or not in a health professional shortage area) and receives a service via telehealth, the health care facility would only be eligible to bill for the originating site facility fee, which is reported under HCPCS code Q3014. But the professional services cannot be paid for if a non-clinician provides the service.
7	Can a provider who is Medicare "non-participating" still be considered a "qualified provider" under new rules?	YES they are still qualified to bill even if not participating in Medicare
8	Please comment on commercial providers and codes-will they also pay for new patient?	Ever one is different see this link OR Best is to go to the payer link all payers are posting bulletins on telehealth and COVID 19 https://www.cchpca.org/
9	I thought the updated guidance from 3/31 stated that physicians should put POS as it would normally have been so that physicians can receive standard payment rather than using POS 02 and receiving facility rate. Please clarify.	On 3/31 the updated guidance did state the POS that would have normally been reported, such as 11 for office with 99211-99215, should be on the claim. This is a significant update from the 3/17/2020 guidelines.

Telligen QI Connect™

10	What About Long-term Care and assisted living codes	CMS waiving requirement that physicians and non-physician practitioners perform in-person visit for nursing home residents and if appropriate, allow them to be done via telehealth.
11	In your opinion, from the information you've seen with acceptance of telephone as telemedicine, are providers mostly able to bill E&M codes for telephone only (not video) calls? Or are E&M reserved for video and the telephone only codes (9944X etc.)?	E&M codes can ONLY be reported when both the provider and patient are communicating via real time, audio AND video. Telephone only should be reported with the telephone codes 99441, and Virtual check in codes G2012
12	Should the AWV still be billed with POS 11 or 02?	Bill AWV performed remotely with POS 11
13	GT or 95-why are you suggesting GT?	Medicare update 3/31 requires modifier 95
14	I had read that modifier 95 should be used for MCRR for codes not normally payable at Telehealth. Is that not the case? Our claim editing software will not allow for Initial visits to be billed to POS 02	Medicare update 3/31 requires modifier 95 for services normally provided face to face in the office
15	Our ACO has LVN's outreaching to patients for safety checks, to make sure they are doing okay and have enough medications available. Can billing code G2061 be used for reimbursement?	No, an LVN is not a licensed, credentialed healthcare provider listed for G2061
16	Do the virtual check-in and the telephone service codes still have to be patient initiated?	<p><i>Qualified providers should inform their patients that services are available via telehealth. It is required that the services are "patient initiated".</i></p> <p>A virtual check-in pays professionals for brief (5-10 min) communications that mitigate the need for an in-person visit, whereas a visit furnished via Medicare telehealth is treated the same as an in-person visit, and can be billed using the code for that service, using place of service 02 to indicate the service was performed via telehealth.</p> <p>An e-visit is when a beneficiary communicates with their doctors through online patient portals.</p>
17	Could the non-physician telephone service be completed by a certified Medical Assistant?	No a Medical Assistant is not a recognized healthcare provider and cannot bill for services rendered.
18	Can residents bill e/m for total time for audio/video?	As long as the service meets the "Physicians at Teaching Hospital" Guidelines and is documented correctly, yes.
19	We spoke with MCR yesterday and were advised not to bill G2012 with POS 02 as the code isn't a telehealth code and should be billed with POS 11.. our claims rejected originally with POS 02	Yes Medicare made this change and clarified their instructions on March 31, 2020.

Telligen QI Connect™

20	AWV can be billed for telehealth - vitals will be missing - is this a barrier to billing?	AWV is on the list of Telehealth CPT codes. A statement of the patients general appearance, and self-reported height and weight, would be sufficient.
21	How would you use G2012 v/s 99441-99443? Please clarify.	G2012 A virtual check-in pays professionals for brief (5-10 min) communications that mitigate the need for an in-person visit, whereas a visit furnished via Medicare telehealth is treated the same as an in-person visit, and can be billed using the code for that service, using place of service 02 to indicate the service was performed via telehealth. 99441-99443 are used to report Telephone assessment and management service provided by a qualified nonphysician health care professional 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
22	Could you create a table or tables with what can be coded for telemedicine, telehealth, virtual visits, etc. with the modifiers needed based on payer and reimbursement rate?	We do have a table with the codes, descriptions and modifiers, It would not be possible to add modifiers and reimbursement rates without knowing your contracted payers
23	Can we code an AWV G0339 and add on an E/M code on the same virtual audio/visual visit?	The documentation for the E/M service reported with modifier -25 would have to support medical necessity for a separate problem that required attention. Two separate notes are suggested to support the criteria for each service.
24	Did the place of service change on 3/31?	Yes, use the POS that matches the CPT code.
25	Are the ICD-10 codes presented for status/encounter acceptable to be used as primary dx for Medicare/Medicaid? what about for commercial payers?	ICD-10 Status codes are generally only reported alone for preventive or screening services. It is recommended to report ICD-10 codes that report signs and symptoms and add the Status codes following the symptom codes.
26	Where can we go to get a list of payers?	Try this site https://www.cchpca.org/

Telligen QI Connect

27	FQHCs may bill telehealth office visit codes, 99212-99215 for example correct?	<p>With the passage of the CARES Act, FQHCs and RHCs can act as both the originating or distant site for telehealth delivered services. FQHCs/RHCs will NOT be paid the PPS/AIR rate, but instead a methodology to calculate a fee based upon fee-for-service will be created. FQHCs and RHCs can utilize some of the technology-enabled services to treat patients such as the virtual check-in and some of the chronic care management codes but not others like eConsult. An interim final rule, that allows FQHCs/RHCs to use online digital E/M codes for an established patient (99421-99423) was released. Click HERE for rule. However, final guidance from CMS on how these changes will be implemented has not been issued. For these technology-enabled codes, FQHCs and RHCs will receive a fee-for-service rate, not the PPS rate.</p> <p>FQHCs/RHCs are allowed to provide home nursing visits. Guidance HERE.</p> <p>https://www.cchpca.org/resources/covid-19-telehealth-coverage-policies</p> <p>Medicaid This will vary from state-to-state, with some states allowing FQHCs and RHCs to act as distant site providers, and some allowing them to receive their PPS rate, and others not. Some states prohibit FQHCs and RHCs from acting as the distant site provider but may allow them to be originating sites. Other states are silent. Check CCHP's 50 State Report or your state Medicaid program.</p>
28	Are we able to use e/m with a 95 modifier on telephone (voice only) calls or do we need to use the phone codes 99441-443?	No, telephone only is reported with 99441-99443.
29	What about behavioral health provided by non-Medicare eligible providers (LPC, CAC, LAC etc.) does incident to still apply?	The March 31 updates allow incident to billing with direct supervision using interactive communication technology.
30	Does 95 modifier work for face time?	Yes report modifier 95 on E/M by FaceTime, POS is 11
31	AWV can be billed for telehealth - vitals will be missing - is this a barrier to billing?	See Question 20

Telligen QI Connect

32	If a patient is seen via telehealth services and the provider would like to enroll them in CCM services can they do so?	<p>Remote monitoring services: * Chronic Care Management</p> <p>Complex Chronic Care Management Transitional Care Management Remote Physiologic Monitoring Principle Care Management</p> <p>These services are not considered “telehealth” services and were never subject to telehealth limitations. They do have other factors that limit how they can be used so make sure you check the definition for the codes.</p>
33	Are these telehealth codes also available for use by home health care providers?	<p>https://homehealthcarenews.com/2020/04/more-telehealth-less-red-tape-what-agencies-should-know-about-cmss-home-health-changes/</p>
34	When is the code 11 used? and do we use modifier 95 with it	<p>Billing for Professional Telehealth Services During the Public Health Emergency When billing professional claims for non-traditional telehealth services with dates of services on or after March 1, 2020, and for the duration of the PHE, bill with the Place of Service (POS) equal to what it would have been in the absence of a PHE, along with a modifier 95, indicating that the service rendered was actually performed via telehealth. On March 31, 2020 the Update instructions are to report the POS that would normally be associated with the service type (ex POS 11 for office)</p>
35	What if patient call the pharmacy and asks for rx, then pharmacy send in escribe. Is that considered pt initiated??	<p>No, this is not a billable service without patient initiated, direct contact from the patient to the provider.</p>
36	AWV and e/m code at same virtual visit?	<p>See Question 23. This should be the exception, not the rule. The E/M must be problem oriented, and separately billable.</p> <p>https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AWV_Chart_ICN905706.pdf</p>
37	There was some mention of differences in which billing codes should be used by FQHC's and RHC's but I didn't catch it all.	<p>See question 27</p>

Telligen QI Connect™

38	Does "chronic Care management" apply to Opioid management?	No two different services however opioid Management could be part of chronic care Management. Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: <ul style="list-style-type: none"> • Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient • Chronic conditions place the patient at significant risk of death, acute exacerbation/ decompensation, or functional decline • Comprehensive care plan established, implemented, revised, or monitored read more here
39	Regarding Waiver info: CMS recognizes Telehealth as 2-way interactive communication using both audio & video. Doctor's orders must include details for telehealth use, type, etc. documented on POC & by clinician in patient record (like usual). Telehealth cannot replace specified doctor ordered in-home visits. CMS will be auditing billing/claims with random record reviews selected to identify fraud issues. What waivers don't indicate is if OASIS Data will be required to be submitted to CMS before payment will be received?	Oasis Data is not mentioned in the March 17, 2020 or March 31, 2020 guidance.

Telligen QI Connect™ was proud to partner on this webinar with the University of Colorado Practice Innovation Program



Disclaimer

The views expressed by the speaker, moderator, presenter, panelist or other entity do not necessarily reflect the views of Telligen or the Centers for Medicare & Medicaid Services. Materials shared and opinions expressed are the author's own and are for informational purposes only and does not constitute medical advice and is not intended to be a substitute for professional medical advice, diagnosis or treatment.