

IKIWI-TEIK™

*The Coding Authority*



# Telemedicine Update

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# About The Presenter



Catrena is KIWI-TEK's Audit & Education Manager. She is a certified compliance officer and certified medical coder who also holds a variety of additional certifications.

In addition to her audit and education activities, she helps organizations identify areas of risk and maximize third-party payer reimbursement. She has approximately 20 years' experience in the healthcare coding, compliance, and reimbursement industry; providing cutting-edge healthcare reimbursement strategies and bringing clarity to intricate payer policies.

# Disclaimer

This material is provided for educational purposes. Every attempt has been made to ensure that accurate information is presented. There is no assurance that guidance will not/has not changed. Payer guidance, federal and state laws should also be referenced prior to implementing changes.

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# Agenda

- > Define telehealth and telemedicine
- > Explain the Medicare telemedicine coding and billing guidelines
- > Outline several services commonly provided via telemedicine
- > Review telemedicine documentation guidelines



# Important terms

- > **Telehealth:** applying technologies to help patients manage their illnesses through improved self-care and access to education and support systems



# Important terms

- > **Telemedicine:** using technologies to diagnose, monitor, and/or treat patients remotely
  - Telecommunication Technology + Medicine = **Telemedicine**



# Why telehealth and telemedicine?





Tiers	Action	Definition	Locations	Examples
Tier 1a	Postpone surgery/procedure	<b>Low acuity surgery/healthy patient-</b> outpatient surgery Not life threatening illness	HOPD* ASC** Hospital with low/no COVID-19 census	-Carpal tunnel release -EGD -Colonoscopy -Cataracts
Tier 1b	Postpone surgery/procedure	<b>Low acuity surgery/unhealthy patient</b>	HOPD ASC Hospital with low/no COVID-19 census	-Endoscopies
Tier 2a	Consider postponing surgery/procedure	<b>Intermediate acuity surgery/healthy patient-</b> Not life threatening but potential for future morbidity and mortality. Requires in-hospital stay	HOPD ASC Hospital with low/no COVID-19 census	-Low risk cancer -Non urgent spine & Ortho: Including hip, knee replacement and elective spine surgery -Stable ureteral colic  -Elective angioplasty
Tier 2b	Postpone surgery/procedure if possible	<b>Intermediate acuity surgery/unhealthy patient-</b>	HOPD ASC Hospital with low/no COVID-19 census	
Tier 3a	Do not postpone	<b>High acuity surgery/healthy patient</b>	Hospital	-Most cancers -Neurosurgery  -Highly symptomatic patients
Tier 3b	Do not postpone	<b>High acuity surgery/unhealthy patient</b>	Hospital	-Transplants -Trauma -Cardiac w/ symptoms -limb threatening vascular surgery

## CMS Adult Elective Surgery and Procedures Recommendations




# Payer requirements

- > Coverage often varies by payer
- > Verify payer policies and requirements
  - Potential approval process for some Commercial payers
  - List of services that may be offered via telemedicine
  - Billing requirements
  - Telehealth waiver 1135 due to COVID-19



# Important telemedicine terms

- > **Distant site:** where the physician or other licensed practitioner is physically located when providing telemedicine services
- > **Originating site:** where the patient is physically located when receiving telemedicine services



# Telehealth 1135 waiver due to COVID-19 pandemic

- > Allows home as an allowable distant site
- > Waives potential HIPAA penalties for good faith use of telehealth during the emergency
- > Allows providers to waive or reduce patient cost-sharing for telehealth visits
  - Only applies to federal healthcare programs
  - Commercial payers likely to follow suit

# Traditional Medicare and telemedicine

## Originating Site Requirements

- > Physician or practitioner offices
- > Hospitals
- > Critical Access Hospitals
- > Rural Health Clinics
- > Federally Qualified Health Centers
- > Hospital-based or CAH-based Renal Dialysis Centers (including satellites)
- > Skilled Nursing Facilities
- > Community Mental Health Centers (CMHCs)
- > Renal Dialysis Facilities
- > Homes of beneficiaries with ESRD getting home dialysis
- > Mobile stroke units
- > \*Home is allowed during the COVID-19 pandemic starting 3/06/2020

## Distant Site Practitioners

### \*Subject to State Law

- > Physicians
- > Nurse Practitioners
- > Physician Assistants
- > Nurse-midwives
- > Clinical Nurse Specialists
- > Certified Registered Nurse Anesthetists
- > \*Clinical Psychologists
- > \*Clinical Social Workers
- > Registered Dietitians and Nutrition Professionals

# Medicare billing

## > Originating Site

- Place of Service should match the location that the patient is at
- HCPCS code Q3014

## > Distant Site

- Place of Service code 02 for Medicare
- CPT/HCPCS code(s) that describe the covered telehealth service

# Blanket waivers by CMS

- > There were additional waivers issued by CMS. We will not cover these because they are not directly related to telehealth or telemedicine. Home Health Agencies, Skilled Nursing Facilities, and Critical Access Hospitals may want to research these waivers and how they might impact your operations.





# Selecting the right equipment

- > Interactive **audio and video telecommunications system** that permits **real-time communication** between the provider at the distant site and the patient at the originating site



# Know your state telemedicine laws for non-Medicare patients

- > One state's example:
  - Telemedicine shall not include the provision of health care services only through an audio only telephone, email messages, text messages, facsimile transmission, U.S. Mail or other parcel service, or any combination thereof.



# COVID-19 diagnosis coding

- > New code effective April 1, 2020
  - U07.1, COVID-19

# COVID-19 diagnosis coding

- > Do not code B97.29 for suspected, possible, or probable COVID-19
  - Applies to inpatient and outpatient coding



# COVID-19 diagnosis coding

- > Diagnosis code B34.2, Coronavirus infection, unspecified, would generally not be appropriate for the COVID-19

# COVID-19 diagnosis coding

## > Pneumonia

- For a pneumonia case confirmed as due to the 2019 novel coronavirus (COVID-19)
  - > J12.89, Other viral pneumonia, and
  - > B97.29, Other coronavirus as the cause of diseases classified elsewhere.

# COVID-19 diagnosis coding

## > Acute Bronchitis

- For a patient with acute bronchitis confirmed as due to COVID-19
  - > J20.8, Acute bronchitis due to other specified organisms, and
  - > B97.29, Other coronavirus as the cause of diseases classified elsewhere.



# COVID-19 diagnosis coding

- > Bronchitis, Nos
  - Bronchitis not otherwise specified (NOS) due to the COVID-19
    - > J40, Bronchitis, not specified as acute or chronic; and
    - > B97.29, Other coronavirus as the cause of diseases classified elsewhere.

# COVID-19 diagnosis coding

- > Lower Respiratory Infection
  - COVID-19 documented as being associated with an acute lower respiratory infection, NOS,
    - > J22, Unspecified acute lower respiratory infection, and
    - > B97.29, Other coronavirus as the cause of diseases classified elsewhere.

# COVID-19 diagnosis coding

- > Lower Respiratory Infection
  - COVID-19 is documented as being associated with a respiratory infection, NOS,
    - > J98.8, Other specified respiratory disorders, and
    - > B97.29, Other coronavirus as the cause of diseases classified elsewhere.

# COVID-19 diagnosis coding

- > Acute respiratory distress syndrome (ARDS) due to COVID-19
  - J80, Acute respiratory distress syndrome, and
  - B97.29, Other coronavirus as the cause of diseases classified elsewhere

# COVID-19 diagnosis coding

- > Exposure to COVID-19
  - Possible exposure to COVID-19, but this is ruled out after evaluation
    - > Z03.818, Encounter for observation for suspected exposure to other biological agents ruled out.
    - > Signs and/or symptoms

# COVID-19 diagnosis coding

- > Actual exposure to someone who is confirmed to have COVID-19
  - Z20.828, Contact with and (suspected) exposure to other viral communicable diseases.
  - Signs and/or symptoms



# COVID-19 lab testing

- > HCPCS Codes released Feb 2020
  - Tests done in a CDC laboratory
    - > U0001
  - Tests done in a non-CDC laboratory
    - > U0002
  
- > CPT Code released March 2020
  - 87635



# COVID-19 procedure coding guidance

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
<b>MEDICARE TELEHEALTH VISITS</b>	A visit with a provider that uses telecommunication systems between a provider and a patient.	<p>Common telehealth services include:</p> <ul style="list-style-type: none"> <li>• 99201-99215 (Office or other outpatient visits)</li> <li>• G0425-G0427 (Telehealth consultations, emergency department or initial inpatient)</li> <li>• G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs)</li> </ul> <p>For a complete list:  <a href="https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes">https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes</a></p>	<p>For new* or established patients.</p> <p>*To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency</p>
<b>VIRTUAL CHECK-IN</b>	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 established patient.	<ul style="list-style-type: none"> <li>• HCPCS code G2012</li> <li>• HCPCS code G2010</li> </ul>	For established patients.
<b>E-VISITS</b>	A communication between a patient and their provider through an online patient portal.	<ul style="list-style-type: none"> <li>• 99421</li> <li>• 99422</li> <li>• 99423</li> <li>• G2061</li> <li>• G2062</li> <li>• G2063</li> </ul>	For established patients.

## Summary of Medicare Telemedicine Services



# Medicare telehealth visits

- > Common services are:
  - Office or other outpatient visits (99201-99215)
  - Telehealth consultations
    - > Emergency Dept. and initial inpatient (G0425-G0427)
    - > Follow-up inpatient consultations to patients in hospitals or SNFs (G0406-G0408)
    - > Commercial payers may prefer CPT E&M codes instead



# Virtual check-ins

- > Brief (5-10 minutes) check in with practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed.
- > Remote evaluation of recorded video and/or images submitted by an established patient
  - G2012 – via telephone
  - G2010- remote evaluation of patient submitted video or images



# E-visits

- > Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days
  - > 99421: 5-10 minutes
  - > 99422: 11-20 minutes
  - > 99423: 21 or more minutes



# E-visits

- > Qualified nonphysician healthcare professional online assessment service, for an established patient, for up to seven days, cumulative time during the 7 days
  - G2061: 5-10 minutes
  - G2062: 11-20 minutes
  - G2063: 21 or more minutes

# Additional services often offered via telemedicine

<b>Code</b>	<b>Short Descriptor</b>
90785	Psytx complex interactive
90791	Psych diagnostic evaluation
90792	Psych diag eval w/med srvcs
90832	Psytx pt&/family 30 minutes
90833	Psytx pt&/fam w/e&m 30 min
90834	Psytx pt&/family 45 minutes
90836	Psytx pt&/fam w/e&m 45 min
90837	Psytx pt&/family 60 minutes
90838	Psytx pt&/fam w/e&m 60 min
90839	Psytx crisis initial 60 min
90840	Psytx crisis ea addl 30 min
90845	Psychoanalysis
90846	Family psytx w/o patient
90847	Family psytx w/patient



# Additional services often offered via telemedicine

<b>Code</b>	<b>Short Descriptor</b>
90951	Esrd serv 4 visits p mo <2yr
90952	Esrd serv 2-3 vsts p mo <2yr
90954	Esrd serv 4 vsts p mo 2-11
90955	Esrd srv 2-3 vsts p mo 2-11
90957	Esrd srv 4 vsts p mo 12-19
90958	Esrd srv 2-3 vsts p mo 12-19
90960	Esrd srv 4 visits p mo 20+
90961	Esrd srv 2-3 vsts p mo 20+
90963	Esrd home pt serv p mo <2yrs
90964	Esrd home pt serv p mo 2-11
90965	Esrd home pt serv p mo 12-19
90966	Esrd home pt serv p mo 20+
90967	Esrd home pt serv p day <2
90968	Esrd home pt serv p day 2-11
90969	Esrd home pt serv p day 12-19
90970	Esrd home pt serv p day 20+

# Additional services often offered via telemedicine

<b>Code</b>	<b>Short Descriptor</b>
G0420	Ed svc ckd ind per session
G0421	Ed svc ckd grp per session



# Additional services often offered via telemedicine

Code	Short Descriptor
96116	Neurobehavioral status exam
96150	Assess hlth/behav init
96151	Assess hlth/behav subseq
96152	Intervene hlth/behav indiv
96153	Intervene hlth/behav group
96154	Interv hlth/behav fam w/pt
96160	Pt-focused hlth risk assmt
96161	Caregiver health risk assmt

# Additional services often offered via telemedicine

<b>Code</b>	<b>Short Descriptor</b>
97802	Medical nutrition indiv in
97803	Med nutrition indiv subseq
97804	Medical nutrition group

# Additional services often offered via telemedicine

<b>Code</b>	<b>Short Descriptor</b>
99231	Subsequent hospital care
99232	Subsequent hospital care
99233	Subsequent hospital care
99307	Nursing fac care subseq
99308	Nursing fac care subseq
99309	Nursing fac care subseq
99310	Nursing fac care subseq

# Additional services often offered via telemedicine

Code	Short Descriptor
99354	Prolonged service office
99355	Prolonged service office
99356	Prolonged service inpatient
99357	Prolonged service inpatient
99406	Behav chng smoking 3-10 min
99407	Behav chng smoking > 10 min
99495	Trans care mgmt 14 day disch
99496	Trans care mgmt 7 day disch
99497	Advncd care plan 30 min
99498	Advncd are plan addl 30 min
G0108	Diab manage trn per indiv
G0109	Diab manage trn ind/group
G0270	Mnt subs tx for change dx
G0296	Visit to determ ldct elig
G0396	Alcohol/subs interv 15-30mn
G0397	Alcohol/subs interv >30 min

# Additional services often offered via telemedicine

Code	Short Descriptor
G0436	Tobacco-use counsel 3-10 min
G0437	Tobacco-use counsel>10min
G0438	Ppps, initial visit
G0439	Ppps, subseq visit
G0442	Annual alcohol screen 15 min
G0443	Brief alcohol misuse counsel
G0444	Depression screen annual
G0445	High inten beh couns std 30m
G0446	Intens behave ther cardio dx
G0447	Behavior counsel obesity 15m
G0459	Telehealth inpt pharm mgmt
G0506	Comp asses care plan ccm svc

# Additional services often offered via telemedicine

<b>Code</b>	<b>Short Descriptor</b>
G0508	Crit care telehea consult 60
G0509	Crit care telehea consult 50
G0513	Prolong prev svcs, first 30m
G0514	Prolong prev svcs, addl 30m
G2086	Off base opioid tx first m
G2087	Off base opioid tx, sub m
G2088	Off opioid tx month add 30



# Remote physiologic monitoring

- > Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate)
  - 99453, 99454



# Collection and interpretation of physiologic data

- > 99091: Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days



# Modifier use

The payer guidance may vary

- Modifier -95
- Modifier -GT

# Documentation requirements

- > Documentation must support the service provided/billed even in a national emergency
- > Typical information that would be included in your progress note
- > Recommended
  - Statement regarding use of real-time audio and video telecommunications system
  - Distant site location
  - Originating site location
  - Time for any time-based services

# How do you know what's covered?

- > It's all in the details
  - Federal law
  - State law
  - Payer guidance



# Use caution

- > Fluidity of the situation
- > Contending with various payer guidelines
- > Billing requires corresponding documentation to support charges
- > HIPAA Privacy rule is not suspended
  - Certain provisions have been waived

# Final Thoughts

- > HIPAA Privacy requirements
  - Current waiver does not alleviate our good faith duty to protect health information
- > Payer guidance
- > Reimbursement rates
- > Connectivity issues

# American Telemedicine Association

> State Policy Resource Center

<http://www.americantelemed.org/policy-page/state-policy-resource-center>



# Americas Health Insurance Plans

- > Ahip.org is a great resource for Commercial payer policies
  - <https://www.ahip.org/covid-19-coverage-frequently-asked-questions/>

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