



# E/M Options During A Pandemic

Presented by Lori M. Shore, CPC, RCC, RCCIR, FRBMA

# Virtual and Telehealth

- ▶ The Covid-19 pandemic has left patients and providers with many questions about their healthcare options.
- ▶ The Federal government has relaxed requirements for telehealth services in order to maintain social distancing on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act.
  - ▶ Effective for dates of service March 6, 2020 and forward.
- ▶ <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

# 1135 Waiver Coverage

- ▶ The OIG is allowing reduced or waived co-pays and/or deductibles for telehealth visits.
- ▶ In addition to Physicians, Nurse Practitioners and Physician Assistants will be allowed to offer telehealth services.
- ▶ The 3 types of services covered under the waiver include E/M services, mental health counseling and preventative health screenings.
- ▶ The rules for telehealth have been relaxed to include new as well as established patients.
- ▶ Requirements that out-of-state providers be licensed in the state where they are providing services, when they are licensed in another state, are being temporarily waived. This applies to Medicare and Medicaid.

# Other Flexibilities

- ▶ CMS has established a toll-free hotline for both Medicare and Medicaid to allow temporary enrollment privileging.
  - ▶ Waived application fees.
  - ▶ Waived background checks.
  - ▶ Waived site visits.
- ▶ Re-validation of provider credentials have been postponed.
- ▶ New provider enrollments are being expedited.
- ▶ Dates have been extended for claims appeals.
  - ▶ Timelines waived for additional documentation needed for appeals.
  - ▶ CMS will be processing appeals while awaiting additional information.

# Merit-based Incentive System

- ▶ QPP has extended the deadline for submitting 2019 data until April 30, 2020.
  - ▶ Providers who do not submit their data by April 30<sup>th</sup> will automatically be given a neutral payment adjustment under the extreme and uncontrollable circumstances policy.
- ▶ They are looking at relief measures for reports to the MIPS program participation year 2020.

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: <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> 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>	For new* or established patients.  *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.
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 submitted by an established patient.	HCPCS code G2012 HCPCS code G2010	For established patients
E-VISITS	A communication between a patient and their provider through an online patient portal	<ul style="list-style-type: none"> <li>• 99431</li> <li>• 99422</li> <li>• 99423</li> <li>• G2061</li> <li>• G2062</li> <li>• G2063</li> </ul>	For established patients

# Telehealth Services

- ▶ Currently, Medicare patients may use telecommunication technology for office, hospital visits and other services that generally occur in-person.
- ▶ Codes 99201-99215 may be billed for Telehealth services under the waiver.
- ▶ These codes can be used in all localities, not just rural settings.
- ▶ These codes will be paid at the **facility** rate.
- ▶ These should be billed with the Place of Service code 02 for telehealth.



# Facility Rate

## New Patient Visit

- ▶ 99201 - \$ 27.07
- ▶ 99202 - \$ 51.61
- ▶ 99203 - \$ 77.23
- ▶ 99204 - \$132.09
- ▶ 99205 - \$172.51

## Established Patient Visit

- ▶ 99211 - \$ 9.38
- ▶ 99212 - \$ 26.35
- ▶ 99213 - \$ 52.33
- ▶ 99214 - \$ 80.48
- ▶ 99215 - \$113.68



# Modifiers

- ▶ Part B claims in both ASC X12 837 or paper format will require the use of the modifier CR for Catastrophe/Disaster Related.
- ▶ Modifier CR is NOT required on waived Telehealth claims.
  - ▶ Institutional billing will require the modifier DR for Disaster Related.
- ▶ Medicare does NOT require the use of modifier 95 for Telemedicine.
- ▶ Other carriers may require the use of one of the Telemedicine modifiers, GT or 95.

# Virtual Check-ins

- ▶ Virtual check-ins are *brief* synchronous communications between a healthcare provider and an established patient.
- ▶ The patient cannot have been seen within the previous 7 days or be seen face-to-face within the next 24 hours, or next available appointment.
- ▶ The patient must consent to the virtual visit.
- ▶ Deductibles and co-pays apply.
- ▶ These virtual check-ins can be achieved using a phone, secure text messaging, audio/video, email or a patient portal.
- ▶ Non-HIPAA compliant communication methods may be employed during the crisis.
- ▶ Billed with HCPCS code G2012.
- ▶ If video or images are sent to the physician you can bill G2010, in addition.

# Payment Rates For Virtual Check-Ins

- ▶ Facility fee
- ▶ G2010 - \$ 9.38
- ▶ G2012 - \$13.35

- ▶ Non-facility fee
- ▶ G2010 - \$13.35
- ▶ G2012 - \$14.80

# E-visits

- ▶ E-visits are patient-initiated by established patients only.
  - ▶ The physician may educate the patient on the availability of this option.
- ▶ Cannot be billed if the E-visit results in a face-to-face E/M service within 24 hours or the next available appointment.
  - ▶ The time can be added to that visit.
- ▶ The patient must consent to the E-visit.
- ▶ Deductibles and co-pays apply.

# E-Visit Codes

## Physician

- ▶ **99421** - On-line digital E/M service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
- ▶ **99422** - 11-20 minutes
- ▶ **99423** - 21 or more minutes

## Other qualified Health care Professional

- ▶ **98970** - Qualified non-physician health care professional on-line digital E/M service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
- ▶ **98971** - 11-20 minutes
- ▶ **98972** - 21 or more minutes

# Telephone Services

- ▶ Telephone services are patient-initiated by established patients (or guardians of an established patient) only.
  - ▶ The physician may educate the patient on the availability of this option.
- ▶ Cannot be billed or if the patient had been seen within the previous 7 days.
- ▶ Cannot be billed if the phone visit results in a face-to-face E/M service within 24 hours or the next available appointment.
  - ▶ The time can be added to that visit.
- ▶ The patient must consent to the phone visit.
- ▶ Deductibles and co-pays apply.

# Telephone Service Codes

- ▶ 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.

99442 - 11-20 minutes of medical discussion.

99443 - 21-30 minutes of medical discussion.



# ICD-10-CM

- ▶ An ICD-10-CM code has been issued by the World Health Organization.
- ▶ Effective April 1, 2020.
- ▶ U07.1- 2019 nCoV with acute respiratory disease.



# Resources

- ▶ <https://www.acponline.org/practice-resources/business-resources/covid-19-telehealth-coding-and-billing-practice-management-tips>
- ▶ <https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf>
- ▶ [https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/Consolidated\\_Medicare\\_FFS\\_Emergency\\_QsAs.pdf](https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/Consolidated_Medicare_FFS_Emergency_QsAs.pdf)
- ▶ <https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/MedicareFFS-EmergencyQsAs1135Waiver.pdf>
- ▶ <https://www.acr.org/Clinical-Resources/COVID-19-Radiology-Resources>



# Thank you and Stay Safe!

- ▶ Lori M. Shore, CPC, RCC, RCCIR, FRBMA  
Vice President, Coding Education and Compliance  
[Lshore@mbms.net](mailto:Lshore@mbms.net)