Telemedicine & Apheresis: Use of 2-way Remote Video Communication and New Coding/Reimbursement Considerations:

An Evolving Field in the COVID-19 Era & Beyond

Created by COVID Taskforce Telemedicine & Apheresis Subcommittee (4/29/21): this is a third draft which will be updated and expanded by 5/30/21.

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Therapeutic Apheresis (TA) Coverage and Reimbursement (2021): Brief Overview

- Inpatient (inpt) TA procedures: covered and paid under MS-DRG or per diem policies
- Hospital outpatient (outpt) TA procedures (ie, OIC): are reimbursed per treatment
- Private insurance MD apheresis supervision reimbursement is similar or higher than Medicare (CMS) reimbursement (may be 10-30% or up to 2-3X higher).
- Guidelines exist to advise when to bill for MD evaluation & management (E&M) consultation and/or MD apheresis supervision.
- MD apheresis supervision:
  - CPT procedure codes for TA treatments
  - 2021 Medicare MD average payment rates
Reimbursement Terminology/Definitions

- **MS-DRG** (Medicare Severity-Adjusted Diagnostic-Related Group): inpt TA procedures covered and paid under MS-DRG coding and policies.

- **CPT codes**: used to identify (and bill for) specific outpt procedures, MD services, lab services

- **HCPCS codes**: identifies drugs, biologicals, blood products, medical equip, selected procedures

- **ICD-10-CM diagnostic codes**: identifies diseases and injuries (comprise 3-7 digits)

- **ICD-10-PCS procedure codes**: identifies procedures in the hospital inpt setting

- **RVU**: Relative Value Units (MD work RVUs; non-hospital practice exp. RVUs; malpractice RVUs)

- **APC**: Ambulatory Payment Classification (for CMS payment of hospital outpt procedures)

- **UB-04**: hospital claim form (to facilitate payment for technical service, incl. non-MD procedure staff, supplies, equipment and space costs, etc.).

- **CMS-1500**: physician (office/clinic) claim form (to facilitate payment for MD professional services)

- **Revenue codes**: similar to hospital services (and items by the same service)

- **Place of service codes**: informs insurer where apheresis procedure was performed

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ICD-10 codes: Int’l Classification of Diseases, 10th Revision; diagnosis & procedure codes.
Billing codes: CPT (Current Procedural Terminology) codes; and HCPCS-II (Healthcare Common Procedure Coding System) codes.
Introduction: The Insurance Billing Process

- The mechanics of insurance billing process for apheresis services can be subdivided on the basis of:
  - The treatment setting in which the service is performed (hospital vs. physician office/physician-directed clinic).
  - The provider that is submitting a service claim (physician or hospital).

- When therapeutic apheresis services are provided in the hospital inpatient or outpatient setting generally involves separate submission of two claim forms:
  - The CMS-1500 by the physician, to facilitate payment for the physician’s professional services associated with the procedure; and
  - The UB-04 by the hospital, to facilitate payment for the technical service itself (including non-physician procedure staff, disposable supplies, equipment costs, space costs, etc.).

- When the procedure is performed in a physician office or clinic, only a single CMS-1500 claim form is required.

![Claim Forms Diagram](Image)
Physician Billing on the CMS-1500 Claim Form

• The physician can separately bill an **Evaluation & Management (E/M) code** for a history and physical exam to determine the appropriateness of the therapeutic apheresis procedure, as long as the E/M service is performed on a different day than the physician supervision of the apheresis procedure.

• However, a physician may bill an E/M code **on the same date** as supervision of an apheresis procedure only when:
  1) the E/M code is for a separately identified service that involves more than the E/M portion of the apheresis procedure, and
  2) the E/M service involves a different diagnosis than the diagnosis for which the apheresis procedure is being performed (add a “-25” modifier to the E/M code).

• Physician supervision during TA procedures (per CMS):
  1) **CMS definition of “direct” versus “personal” MD supervision**
  2) **H/o CMS evolution in MD supervision parameters (CMS currently requires “direct” MD supervision defined as MD being available [not present] during the TA procedure).**

## Current CPT Procedure Codes (TA procedures)

<table>
<thead>
<tr>
<th><strong>CPT</strong></th>
<th><strong>Description</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>36511</td>
<td><strong>Therapeutic apheresis; for white blood cells</strong> (leukocytapheresis)</td>
</tr>
<tr>
<td>36512</td>
<td>for red blood cells <em>(RBC exchange)</em> (erythrocytapheresis)</td>
</tr>
<tr>
<td>36513</td>
<td>for platelets <em>(thrombocytapheresis)</em></td>
</tr>
<tr>
<td>36514</td>
<td>for plasmapheresis <em>(therapeutic plasma exchange; TPE)</em></td>
</tr>
<tr>
<td>36515</td>
<td>with extracorporeal immunoadsorption/plasma reinfusion</td>
</tr>
<tr>
<td>36516</td>
<td>with extracorporeal immunoadsorption, selective adsorption, or selective filtration and plasma reinfusion <em>(LDL apheresis)</em></td>
</tr>
<tr>
<td>36522</td>
<td><strong>Photopheresis, extracorporeal</strong></td>
</tr>
<tr>
<td>38205</td>
<td>Blood-derived hematopoietic progenitor cell <em>(HPC)</em> harvesting for transplantation, per collection; allogeneic</td>
</tr>
<tr>
<td>38206</td>
<td>Blood-derived HPC harvesting for transplantation; autologous</td>
</tr>
</tbody>
</table>

Medicare (CMS) Telehealth Services:
1135 Waiver Authority and Coronavirus Preparedness and Response Supplemental Appropriations Act

• Since 3/6/20, and for the duration of the COVID-19 Public Health Emergency (PHE), CMS has been making payment for professional telehealth services furnished to beneficiaries in all areas of the country and all settings (inc. any healthcare facility, and in patients’ homes).

• These visits are considered the same as in-person visits, and are paid at the same rate.

• CMS coinsurance and deductibles generally apply, but may be reduced or waived.

• Use of “non-public facing” remote, two-way, encrypted video communication products (allowing only intended parties to participate), including platforms such as: Skype for Business, Zoom for Healthcare, Doxy.me, Google G Suite Hangouts Meet, Updox, GoToMeeting, Amazon Chime, and Cisco Webex Meetings, which employ HIPAA-compliant end-to-end encryption; and similar encrypted texting applications.
Medicare (CMS) Telehealth Services (2):
1135 Waiver Authority and Coronavirus Preparedness and Response Supplemental Appropriations Act

- **Medicare telehealth services**: visit using telecommunication systems (usually real-time, 2-way video telephony) between new (or established) patient (pt) and provider (>225 codes).

- **Virtual check-in**: a brief (5-10 min) check-in with patient’s provider via telephone (or other device) to decide if office visit or other service is needed (established pts only).

- **E-visit**: communication between pt and provider via online pt portal (established pts only)

- **E & M (apheresis) telehealth consultation** (replacing in-person: office, other outpatient, ED, inpatient, & inpt follow-up visit in hospital or SNF) is covered by CMS telehealth services.

- **Apheresis procedure telehealth supervision** is not currently covered by CMS telehealth services (not on the list of Medicare telehealth services [updated 3/30/21]).
**CMS Telehealth Services** *(effective 3/1/20; updated 3/30/21)*

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Description of Service</th>
<th>HCPCS/CPT Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS Telehealth Visit:</td>
<td>Provider using tele-communication with pt:</td>
<td>• 99201-99205 (new patient, office or outpatient visit)</td>
</tr>
<tr>
<td>• office or outpatient (outpt) visit</td>
<td>- need audio &amp; visual</td>
<td>• 99211-99215 (established patient, office or outpatient visit)</td>
</tr>
<tr>
<td>with new* or established [estab]</td>
<td>- not temporary addition for COVID-19.</td>
<td>- add <strong>GT</strong> modifier (via interactive audio/video telecommunications system; for CMS).</td>
</tr>
<tr>
<td>patient, during *PHE).</td>
<td></td>
<td>- add <strong>95</strong> modifier (most commercial insurance)</td>
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<tr>
<td></td>
<td></td>
<td>- Add Place of Service code (POS 02 – Telehealth)</td>
</tr>
<tr>
<td>CMS Telehealth Visit:</td>
<td>Telehealth consultation <em>(ED or inpatient consult)</em>:</td>
<td>• G0425 (Inpt/ed teleconsult 30)</td>
</tr>
<tr>
<td>• inpatient (inpt) tele-consultation.</td>
<td>- not need visual (audio only sufficient).</td>
<td>• G0426 (Inpt/ed teleconsult 50)</td>
</tr>
<tr>
<td></td>
<td>- not temporary addition for COVID-19.</td>
<td>• G0427 (Inpt/ed teleconsult 70)</td>
</tr>
<tr>
<td>CMS Telehealth Visit:</td>
<td>Follow-up inpt consult <em>(hospital or SNF)</em>:</td>
<td>• G0406 (Inpt/tele follow up 15)</td>
</tr>
<tr>
<td>• follow-up inpatient</td>
<td>- not need visual (audio only sufficient).</td>
<td>• G0407 (Inpt/tele follow up 25)</td>
</tr>
<tr>
<td>teleconsultation.</td>
<td>- not temporary addition for COVID-19.</td>
<td>• G0408 (Inpt/tele follow up 35)</td>
</tr>
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</table>
| **CMS Virtual Check-In**      | 5-10 minute check-in with provider by telephone or video telephony to decide whether office visit/other service needed. - not temporary addition for COVID-19 | • G2012 (brief communication by MD, or qualified non-MD, who can report/follow-up on E&M services, provided to established patient).  
  - G2010 (remote evaluation of recorded video and/or images submitted by established pt (eg, store-and-forward), including follow-up with pt within 24 business hours). |
| **CMS E-Visit**               | Communication between pt and provider through secure online pt portal: - email; smartphone - not temporary addition for COVID-19 | • 99421 (5-10 min., cumulative time over 7 days)  
  • 99422 (11-20 min., cumulative time over 7 days)  
  • 99423 (≥21 min., cumulative time over 7 days)  
  • G2061 (5-10 min., qualified non-MD online assessment)  
  • G2062 (11-20 min., qualified non-MD online assessment)  
  • G2063 (≥21 min., qualified non-MD online assessment) |
| **CMS Telehealth Visit**      | Telephone E&M (MD → to estab pt, not originating from E&M in prior 7 days): - audio only sufficient | • 99441 (phone e/m phys/qhp 5-10 min. medical discussion)  
  • 99442 (phone e/m phys/qhp 11-20 min. medical disc.)  
  • 99443 (phone e/m phys/qhp 21-30 min. medical disc.)  
  - temporary addition for COVID-19 |
Physician peer-to-peer virtual consultation

Physician coding & reimbursement for professional services

- **Interprofessional telephone/internet consultation**: defined as E&M service in which a pt’s treating physician requests the opinion and/or treatment advice of a consultant with specific specialty expertise to assist the treating physician in diagnosis and/or management of pt’s problem without the need for the patient’s face-to-face contact with consultant.

- **Consultant CPT codes**: 99446-99449 (5-10; 11-20; 21-30; ≥31 minute consultation):
  - reported only by the consultant (when requested); for new or estab pt/new or exacerbated problem
  - cannot be reported >1X per 7 days, or if request for face-to-face consult occurs w/i next 14 days

- **Potential “non-CMS” models for payment of MD peer-to-peer virtual consultative services**:
  - Monthly subscription fee paid by hospital based on TA volume/complexity
  - Per patient fee paid by hospital based on diagnostic & treatment complexity
  - Per hour fee paid by hospital for video telephony patient “virtual visit”
  - Consulting salary paid by institution or company providing TA service
Summary

• Inpatient TA procedures are covered under DRG policies, whereas hospital outpatient (OIC) procedures are reimbursed per treatment.

• Guidelines exist to advise when to bill for physician E&M consultation and/or MD apheresis supervision.

• Current CMS guidelines indicate “direct”, not “personal”, MD supervision of TA treatments.

• Since 3/6/20, CMS has authorized telehealth services (>225 codes) for visits using primarily video telephony between new (or established) patients and providers.

• E & M (apheresis) telehealth consultations replacing in-person office, other outpatient, ED, inpatient, & inpt follow-up visits are currently covered by CMS telehealth services.

• Apheresis procedure telehealth supervision is *not currently covered* by CMS telehealth services (not on the list of Medicare telehealth services).
References


References (2)


• MATRC telehealth resources for COVID-19 toolkit: https://www.matrc.org/matrc-telehealth-resources-for-covid-19/.


• HHS telehealth resources: https://www.telehealth.hhs.gov.


• Arizona telemedicine program, American College of Physicians webinar series: https://www.acponline.org/practice-resources/business-resources/health-information-technology/telehealth.
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• Virtual care management services: https://www.caravanhealth.com/CaravanHealth/media/Resources-Page/VirtualCare-CareManagementServices_ForPrint.pdf.

References (4)


• MLN Matters. Fiscal Year (FY) 2021 Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital (LTCH) PPS Changes. CR Release Date: January 15, 2021. Available at: https://www.cms.gov/files/documentation/mm11879.pdf.
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