



Guidance on Billing and Coding for Remote Nephrology Services CMS Removes Originating Site/Geographic Restrictions on Telehealth

Introduction

The coronavirus crisis in the U.S. has raised an enormous number of questions relating to billing and coding of remote nephrologist services provided to non-ESRD and dialysis patients. RPA's guidance below on nephrology billing and coding reflect positive revisions made by the Centers for Medicare and Medicaid Services (CMS) for physician services provided by telehealth to Medicare beneficiaries. This guidance focuses on Medicare policies; private payers may move more expeditiously in revising their policies to facilitate remote services provided to kidney patients.

Medicare Guidance as of March 17, 2020

Today CMS announced the **waiving of originating site and geographic restrictions on the use of telehealth as of March 6, 2020. The announcement states that the policy will be in effect until the public health emergency (PHE) is lifted.** Previous guidance on telehealth issued by Medicare dated January 2019 and most of which is still relevant with the exception of the originating site and geographic restrictions, is provided [here](#).

Highlights of what is included in the January 2019 Medicare guidance on telehealth include:

- The list of approved originating sites (which is where the patient is located); physician and practitioner offices and dialysis facilities are listed; **significantly, CMS is now allowing the patient's home to be an approved originating site for telehealth services;**
- The list of approved distant site practitioners (physicians, NPs, Pas, and CNSs are included);
- The list of approved telehealth services; these include:
 - Outpatient office visits—CPT codes 99201-99215;
 - Subsequent hospital care services, with the limitation of 1 telehealth visit every 3 days, CPT code 99231-99233;
 - Individual and group kidney disease education services codes G0420-G0421;
 - All outpatient dialysis services, in-center and home, adult and pediatric, monthly and daily with the exception of the single visit monthly dialysis codes

for all ages, CPT codes 90956, 90959, and 90962 (this is a result of CMS allowing telehealth for visits 2-4 for monthly services several years ago; RPA has advocated for this to be changed previously and will continue to do so);

- Transitional care management services—CPT codes 99495-99496;
- Advance care planning—CPT codes 99497-99498;
- Prolonged service codes—CPT codes 99354-99357;
- Telehealth consultations, critical care—CPT codes G0508-G0509
- Telehealth services claims should be submitted using Place of Service (POS) 02-Telehealth, to indicate the practitioner furnished the billed service as a professional telehealth service from a distant site
- Modifiers are not required as of January 1, 2018. Use of the telehealth POS code 02 certifies that the service meets the telehealth requirements.

Other Relevant Issues

- Limitations on Telehealth to Established Patients—CMS' announcement today states that **it will not enforce previous requirements that telehealth services only be provided to established patients.**
- Billing for Patients in Isolation—For those patients in isolation where a typical physical exam could not be performed, in brief, what can be observed should be reported and what cannot be done should be so stated, and why. Specifically, the physician should:
 - Document that a full-contact physical exam was not possible due to the clinical condition of the patient (not unlike what happens with fresh burn patients, for example);
 - Document any key findings that they can see themselves;
 - Document key physical findings from the physician who has most recently examined the patient and explain why those findings are key for their renal care;
 - Bill at the appropriate level for what the physician "would have done" and document the amount of time spent on the history and physical, recognizing that time may be meaningful if there is an eventual audit.
- CPT codes 99441-443 for Telephone Evaluations—Medicare currently includes these codes in the fee schedule, but they are assigned an 'N' status, denoting a non-covered service. However, with the lifting of the geographic restrictions for normal E&M services, those physician activities that would be captured by the telephonic codes can likely be provided using E&M codes provided a two-way audio and video capabilities are utilized.
- Service code G2010 for Evaluation of Recorded Videos or Images—CMS provides reimbursement for review of recorded videos or images. The services:
 - Can be done via asynchronous or synchronous technology;
 - Utilizes a patient transmitted photo or video;

- Requires follow-up with the patient within 24 hours;
- Can only be used with established patients, not within 7 days after/1 day prior to an E/M service.
- Service code G2012 for 'Virtual' Check-Ins—CMS does provide reimbursement for a brief check-in with a patient using service code G2012. The services:
 - Only apply to established patients;
 - Must not be related to an office visit that occurred in the previous seven days;
 - Must not result in the patient being seen for a next available office appointment or within 24 hours; and
 - Requires 5 to 10 minutes of medical discussion.
- Nephrologists and Other Physicians in Quarantine—The Medicare telehealth guidance only discuss distant site practitioners, not the site where the practitioners are located, so there are to our knowledge no limitations on quarantined nephrologists providing telehealth or other remote nephrology services from for example their home.
- Allowable Technology—CMS' announcement restates current policy that allows for use of telecommunications technology that have audio and video capabilities that are used for two-way, real-time interactive communication. Additionally, the March 17 policy revisions **allow the Secretary to authorize use of telephones that have audio and video capabilities for the furnishing of Medicare telehealth services during the COVID-19 PHE. In addition, effective immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide PHE. This does not allow for the use of audio only telephones.**

This guidance will be updated as events warrant. Additionally, this information will be posted at www.renalmd.org. Contact rblaser@renalmd.org with any questions about the information in this document.