Advisory Services Coding Updates and Information

Topic: COVID-19 and Telehealth/Virtual Services

Background:

The Centers for Medicare & Medicaid Services (CMS) issued a fact sheet with additional guidance for health care providers and patients about the telehealth benefits in the agency's Medicare program. According to CMS "the fact sheet is part of a broader effort by CMS and the White House Task Force to ensure that all Americans – particularly those at high risk of complications from the COVID-19 virus – are aware of easy-to-use, accessible benefits that can help keep them healthy while helping to contain the community spread of this disease.

CMS' historic effort made virtual check-ins and other services that use telecommunications possible with new policies implemented in 2019 and 2020. These services are available right now to patients and their physicians, providing a great deal of flexibility and an easy way for patients who are concerned about illness to remain in their homes avoiding exposure to others. With the COVID-19 virus, there is an urgency to expand the use of virtual care to keep the beneficiaries with mild symptoms in their homes while increasing access to their provider's office."[1]

The fact sheet goes on to explain:

> "For the beneficiary, these benefits can be very helpful. For example, a Medicare beneficiary who is looking for advice about symptoms they are experiencing, can call their doctor and receive medical advice about whether he or she needs to see their doctor in person for a physical exam. If they start to feel more ill, a virtual check-in allows a healthcare provider to offer recommendations about next steps and even take precautions for someone they are concerned may have the COVID-19 virus or flu before they step in the office or hospital putting others at risk. These check-ins are billable services and the Medicare coinsurance and deductible would apply to these services.
>
> Medicare Advantage plans may also provide enrollees access to Medicare Part B services via telehealth in any geographic area and from a variety of places, including beneficiaries' homes, as part of their benefit packages for a plan year. Therefore, enrollees in Medicare Advantage plans that include coverage of such services may be available to receive clinically appropriate services for treatment of COVID-19 via telehealth from many sites, including their home."

In another bulletin, CMS explains:

> "Since 2018, Medicare pays for "virtual check-ins" for patients to connect with their doctors without going to the doctor's office. These brief, virtual check-in services are for patients with an established relationship with a physician or certain practitioners where the communication is not related to a medical visit within the previous 7 days and does not lead to a medical visit within the next 24 hours (or soonest appointment available). The patient must verbally consent to using virtual check-ins and the consent must be documented in the medical record prior to the patient using the service. The Medicare coinsurance and deductible would apply to these services.

[1] https://www.cms.gov/newsroom/press-releases/telehealth-benefits-medicare-are-lifeline-patients-during-coronavirus-outbreak.

Doctors and certain practitioners may bill professionally for these virtual check-in services furnished through several communication technology modalities, such as telephone (HCPCS code G2012) or captured video or image (HCPCS code G2010). These services are not covered under OPPS.

Medicare also pays for patients to communicate with their doctors without going to the doctor's office using online patient portals. The individual communications, like the virtual check in, must be initiated by the patient; however, practitioners may educate beneficiaries on the availability of this kind of service prior to patient initiation. The communications can occur over a 7-day period. The services may be billed using CPT codes 99421-99423 and HCPCS codes G2061-G2063, as applicable. The Medicare coinsurance and deductible would apply to these services."[2]

CMS has said that "these services will not be subject to the limitations on Medicare telehealth services in section 1834(m) of the Act because, as we have explained, we do not consider them to be Medicare telehealth services; instead, they will be paid under the PFS like other physicians' services."[3]

CPT© codes 99441-99443 are not reported under OPPS but may be recognized and paid by other insurers.

This bulletin also makes the following statement regarding rural telehealth services:

"In addition, Medicare beneficiaries living in rural areas may use communication technology to have full visits with their physicians. The law requires that these visits take place at specified sites of service, known as telehealth originating sites, and receive services using a real-time audio and video communication system at the site to communicate with a remotely located doctor or certain other types of practitioners. Medicare pays for many medical visits through this telehealth benefit."

The traditional guidance from CMS regarding telehealth services requires that these services are available in rural areas, under certain conditions, but only if you're located at one of these places:

A doctor's office

A hospital

A critical access hospital (CAH)

A rural health clinic

A federally qualified health center

A hospital-based dialysis facility

A skilled nursing facility

A community mental health center[4]

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[2] https://www.cms.gov/files/document/03052020-medicare-covid-19-fact-sheet.pdf.

[3] Federal Register /Vol. 83, No. 226 / Friday, November 23, 2018 /Rules and Regulations.

[4] https://www.medicare.gov/coverage/telehealth.

A new MLN article released in the evening of Tuesday March 17, 2020 includes additional information regarding the waiver of these requirements.[5]

This new MLN states:

> "A range of health care providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, will be able to offer telehealth to Medicare beneficiaries.
>
> Beneficiaries will be able to receive telehealth services in any health care facility including a physician's office, hospital, nursing home or rural health clinic, as well as from their homes."

A FAQ provided with this article also answers questions regarding the waiving of both the "prior relationship with the provider" and the "HIPPA" requirements associated with telehealth services.[6]

CMS responded to a question regarding the requirement that the patient have a previously established relationship with the provider:

> "To the extent the waiver (section 1135(g)(3)) requires that the patient have a prior established relationship with a particular practitioner, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency."

A similar response was issued regarding maintaining HIPAA requirements was also given:

> "The new waiver in Section 1135(b) of the Social Security Act explicitly allows 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 public health emergency."

Providers can find more information at: https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html

Guidance:

Report the appropriate telehealth or virtual service code for the service provided and the insurer paying the claims.

Medicare Virtual Services:

1. G2012, *Brief Communication Technology-Based Service, e.g. Virtual Check-In,* is defined and payable as described in the FR with the following guidance:
    a. When performed by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M

[5] MLN, Special Edition, President Trump Expands Telehealth Benefits for Medicare Beneficiaries During COVID-19 Outbreak, March 17, 2020.

[6] https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf.

service or procedure within the next 24 hours or soonest available appointment; 5–10 minutes of medical discussion).
   b. Verbal consent is required that is noted in the medical record for each billed service.
   c. This service can only be furnished for established patients because Medicare believes that the practitioner needs to have an existing relationship with the patient, and therefore, basic knowledge of the patient's medical condition and needs, in order to perform this service.
   d. Use of this code is appropriate for circumstances when a patient needs a brief non-face-to-face check-in to assess whether an office visit is necessary.

2. G2010, *Remote Evaluation of Pre-Recorded Patient Information*, is defined and payable as described in the FR with the following guidance:
   a. This service describes the remote professional evaluation of patient transmitted information conducted via pre-recorded ''store and forward'' video or image technology and includes;
   b. Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, 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
   c. Like the virtual check-in service, this service would be used to determine whether an office visit or other service is warranted.
   d. Verbal consent is required that is noted in the medical record for each billed service.

Medicare Telehealth Services G0406-G0408 and G0425-G0427:

1. Qualifying professional services provided at a distant site are billed on a 1500 claim form.
   a. Submit the claim to the contractor for physician/practitioner's service area (where the practitioner providing the service is located).[7]
   b. Report the appropriate CPT/HCPCS for Telehealth services.[8]
   c. Report the Place of Service (POS) 02, *Telehealth*.

2. Method II Critical Access Hospitals (CAH), where the practitioner has reassigned their benefits to the CAH, submit the appropriate HCPCS code for the covered telehealth service with Modifier GT, *Via interactive audio and video telecommunication systems*.[9]

Third-party Payers

1. Review all insurance plans to determine whether services are covered, and which codes are recognized.

[7] CMS Fact Sheet FAQ for Telehealth, page 2, Distant Site Providers.

[8] CMS Fact Sheet FAQ for Telehealth, pages 3-5, Table of Medicare Telehealth Services.

[9] Medicare Claims Manual, Pub 100-04, Chapter 12, 190.6.1.