

The Challenges of Telehealth in the COVID-19 Crisis

Lynn M. Anderanin, CPC,
CPC-I, CPMA, CPPM, COSC

Disclaimer

Lynn M. Anderanin, CPC. CPMA, CPPM, CPC-I, COSC has produced this material as an informational reference for providers furnishing these services and make no representation, warranty, or guarantee that this compilation of information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material. Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, there is not guarantee against changes. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice.

Telemedicine vs. Telehealth

- Telemedicine refers to a group of services that may be provided to a patient without any physical patient contact. Services may be provided via a telephone (audio) connection, or via some type of online communication such as a patient/provider portal or via email interactions between the patient and practitioner. Typically, most telemedicine services are noncovered by Medicare.
- Telehealth refers to a distinct level of established services that have traditionally been performed via a face-to-face interaction between the patient and practitioner. This group of services has been grouped together in a distinct policy that allows this limited amount of traditional face-to-face services to be performed via an audio and video connection as a replacement to the in person, face-to-face interaction. Telehealth allows the interaction to still occur face-to-face; however, it can be achieved via the audio and video connection.

CMS List of Telehealth Services

- Updated April 30, 2020
 - <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>
 - 238 codes on the list
 - 134 added for PHE
 - 92 can be audio only

Physicians and Qualified Healthcare Professionals

- MD- Medical Doctor
- DO- Doctor of Osteopathic
- DPM- Doctor of Podiatric Medicine
- CNS- Clinical Nurse Specialist
- APN- Advanced Practice Nurse
- NP- Nurse Practitioner
- PA- Physician Assistant

Non-Physician Practitioners

- Not all inclusive
 - Therapists
 - Chiropractor
 - Psychologist
 - Social Worker

Office Outpatient Visits

- 99201-99215- New Patients
- 99211-99215- Established Patients
- 99241-99245- Consultations (commercial ins)
 - Documentation can be supported for:
 - 1995 Guidelines
 - 1997 Guidelines
 - 2021 Time Guidelines
 - 2021 Medical Decision Making Guidelines

2021 Time

- Changed from typical to minimum
- Time will include
 - Face to face
 - Examination and/or evaluation
 - Counseling and education
 - Non face to face
 - Preparation to see patient-reviewing test results and obtained history
 - Orders
 - Documentation
 - Interpreting of test results with communication
 - Care Coordination

2021 Time Assignments

Code	Minutes
99202	15-29
99203	30-44
99204	45-59
99205	60-74
99211	
99212	10-19
99213	20-29
99214	30-39
99215	40-54

Medical Decision Making

- Edited elements for coding choice
 - Removed ambiguous elements
- Guidelines for MDM interpreted further
 - Reformatted
 - New definitions for data
 - Diagnostic tests are counted per test
- Change to Risk
 - Social Determinants of Health influencing Dx or treatment
 - Decision to hospitalize the patient added-high

AMA Resources

- CPT® Evaluation and Management Code and Guideline Changes- <https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf>
- E/M Office visit revisions- <https://www.ama-assn.org/practice-management/cpt/cpt-evaluation-and-management>
- Practice Checklist for 2021 transition- <https://www.ama-assn.org/practice-management/cpt/em-prep-your-house-practice-checklist-2021-transition>
- Revised table of risk- <https://www.ama-assn.org/system/files/2019-06/cpt-revised-mdm-grid.pdf>

Other Hospital Visits

- Observation- 99217-99220, 99224-99226
- Observation or inpatient services- 99234-99236
- Discharge Services- 99238-99239

E/M Outside of Hospital or Office

- 99304-99318- Nursing Facility Visits
 - Initial
 - Subsequent
 - Discharge
 - Annual Assessment
- 99324-99337- Domiciliary, Rest Home, or Custodial Care
 - New Patient
 - Established Patient

E/M Outside of Hospital or Office

- 99339-99340- Domiciliary, Assisted Living, or Home Care Plan Oversight Services
 - 15-29 minutes in a calendar month
 - 30 minutes or more in a calendar month
- 99341-99350- Home Care Services
 - New Patient
 - Established Patient

Prolonged Services with Direct Contact

- Face to face services beyond usual service
 - Office or outpatient setting
 - 99354 30-74 minutes
 - 99355 each additional 30 minutes
 - Inpatient or observation
 - 99356 30-74 minutes
 - 99357 each additional 30 minutes

- Example: 75-104 minutes= 99354 and 99355
99356 and 99357

Prolonged Services

- 99358- Without direct patient contact before and/or after direct patient care; first hour
- 99359- each additional 30 minutes
- 99360- Standby service, requiring prolonged attendance, each 30 minutes
- 99415- Clinical staff time, direct supervision of provider, first hour
- 99416- each additional 30 minutes

Prolonged Services

- Without direct patient contact and before or after patient care
 - 99358 30- 74 minutes
 - 99359 each additional 30 minutes
- Clinical Staff time
 - 99415 45-74 minutes
 - 99416 each additional 30 minutes

Communication Technology

- G2012- Brief Communication Technology-Virtual Check-in (non face-to-face)
 - Documentation of verbal beneficiary consent
- Requesting comments on means of communication
 - Not within 7 days of office visit
 - Does not result in an office visit in the next 24 hours or next available appointment
 - Follow up needs to be performed by HIPAA compliant communication. Telephone, email, text, portal.

Store and Forward

- G2010- Remote evaluation of recorded images and/or submitted by the patient including interpretation and verbal follow up
 - Requesting comments if this could be performed on a new patient
 - Patient generated still or video image
 - Not within 7 days of office visit
 - Does not result in an office visit in the next 24 hours or next available appointment
 - Can only be reported if image is clear enough for review
- Cannot report G2010 and G2012 on the same day

Telephone Calls

99441-99443- Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management 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

- 99441- 5-10 minutes of medical discussion
- 99442- 11-20 minutes of medical discussion
- 99443- 21-30 minutes of medical discussion

Telephone Calls Non-Physician

- 98966-98968- Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment
- 98966- 5-10 minutes of medical discussion
- 98967- 11-20 minutes of medical discussion
- 98968- 21-30 minutes of medical discussion

Online Digital Evaluation

99421-99423- 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 in 7 days
- 99422- 11-20 minutes in 7 days
- 99423- 21 or more minutes in 7 days
- Many insurance carriers have lifted limit of services to established patients only

Non-Physician Assessment

98970-98972/G2061-G2063- Online digital assessment and management of qualified nonphysician health care professional, for up to 7 days, cumulative time during the 7 days

- G2061-G2063 Medicare replacement codes
 - 98970(G2061)- 5-10 minutes in 7 days
 - 98971(G2062)- 11-20 minutes in 7 days
 - 98972(G2063)- 21 or more minutes in 7 days

Denial CO-4

The procedure code is inconsistent with the modifier used.

Modifiers

- 95- Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System
- CR-Catastrophe/disaster related
- CS- Cost-sharing for specified covid-19 testing-related services that result in an order for or administration of a covid-19 test
- GT- Via interactive audio and video telecommunication systems

Asynchronous v Synchronous

- Asynchronous- out of sync, not at the same time
 - Store and forward
 - Online assessments
- Synchronous- in sync
 - Telephone call
 - Skype

Denial CO-58

Treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service.

Place of Service

- 02- Telehealth- The location where health services and health related services are provided or received, through a telecommunication system.
- 11- Location- Other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.

Other Place of Service

- 13
- 21
- 22
- 23
- 31
- 32
- 33

Medicare Place of Service Change

- April 1, 2020 Medicare announced that place of service should be reported by the place of service where the service would normally occur.
 - 02- pay at the facility rate
 - 11- pay at the office rate
- Claims reconsiderations will have to be sent to receive the additional reimbursement (3/6/20)
 - 99212= \$19.84
 - 99213= \$23.82
 - 99214= \$29.95
 - 99215= \$34.65

Medicare Telephone Call Reimbursement Change

- April 30, 2020 Medicare announced the change in reimbursement of 99441-99443 to the office visit approved amounts
 - 99441=99212 \$31.75
 - 99442=99213 \$49.44
 - 99443=99214 \$69.29
- Carriers should reprocess claims and send the difference in reimbursement

Telehealth Termination Dates

Insurance	Date of Service
Aetna	August 4, 2020
Cigna	July 31, 2020
CMS	TBD
Humana	December 31, 2020
UnitedHealthcare	September 30, 2020

Resources

- CMS- <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>
- <https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-press-releases>
- Aetna- <https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html>

Resources

- Cigna-
<https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwcCOVID-19.html>
- Humana-
<https://www.humana.com/provider/coronavirus>
- UnitedHealthcare-
<https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19.html>