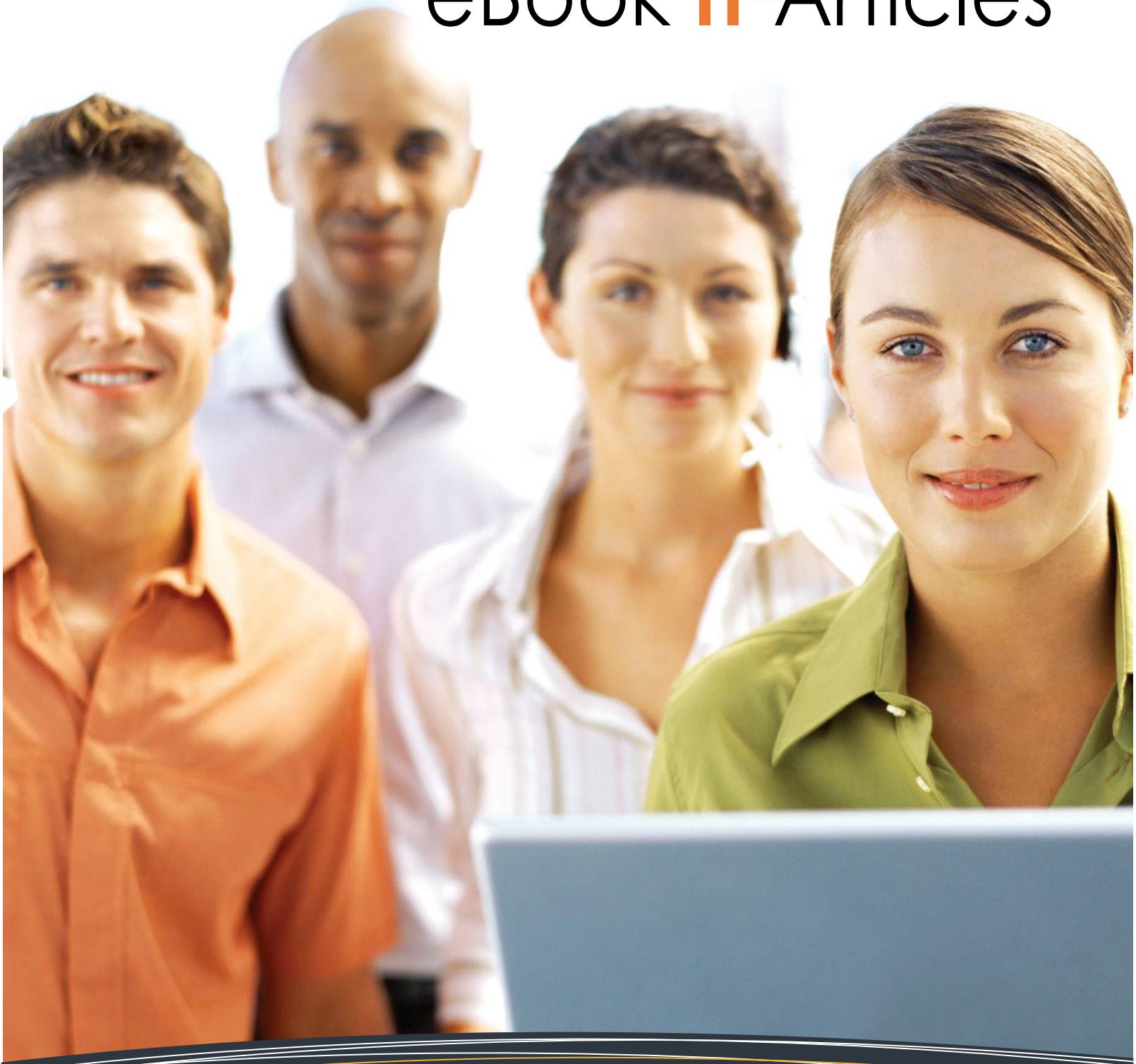
eBook IT Articles



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Pembroke Pines, FL 33028
Phone 786.877.0796
www.itmedicalconsultants.com

TELEMEDICINE BILLING ERRORS:

DON'T LET THEM CAUSE YOU MONEY

Contents

RNConsulting
SOLUTIONS FOR CHANGE

COVID-19 Telehealth Visit
Billing Resources and Tip Sheet

As the COVID-19 pandemic and federally declared state of public health emergency evolves, healthcare providers are quickly and desperately looking to telemedicine as a viable alternative to traditional office visits for limiting not only their patients' exposure to each other, but their providers' exposure to patients to ensure compliance with safety and distancing requirements.

Increased interest in telemedicine combined with recent changes to circumstances, coverage, documentation and billing guidelines and laws have led to a significant increase in requests for information and education about telehealth reimbursement compliance.

In an effort to provide support with accessible information on demand, we've created a tip sheet for quick reference, supplemented by direct links to the CMS and AMA where these changes continue to develop. The tip sheet will be updated as new information is released and analyzed.

Have questions? Need assistance? Feel free to contact us directly to schedule a call with one of our consultants or compliance experts. We are offering complementary assessments as a way of thanking the healthcare community for their hard work and sacrifices.

Message to readers:

Telehealth services require certain conditions be met by the provider for coverage to be allowed. The information contained in this document should be supplemented with the official source documents at the links located at the bottom left corner of the page.

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COVID-19

Telehealth – Visit Billing

As of April 21, 2020, 4pm EDT

PURPOSE

As physicians and other qualified healthcare providers plan response to patient inquiries regarding coronavirus, information is emerging from the Centers of Medicare and Medicaid Services ("CMS") as coverage and access to care changes through telehealth during the COVID-19 outbreak under the 1135 waiver.

Please note all providers must be responsible for verifying the information contained herein and keep up to date as guidance is released by the official sources, such as the Centers for Disease Control, ("CDC"), American Medical Association ("AMA"), CMS, State Medicaid, other payer & public health websites.

Visits and virtual services are important tools to maintain reasonable patient access with an attempt to keep patients healthy and helping to contain the community spread of the COVID-19 virus.

CPT CODES

WEBSITE LINKS

CMS Newsroom
AMA – Stay Informed
CMS – Telehealth
CMS.gov COVID-19 Resources

VIDEO VISITS (CONSIDERED TELEHEALTH)

New & Established Patients CPT ® 99201-99205, 99212-99215, 99241-99245

- Also added these E/M's &/or eliminated frequency limits 3/30/2020- (ED) 9928X, (OBS) 99217-20, 99224-36, (IP) 9922X, 9923X, 99238-39, (CC) 9929X, G0508-G0509, (neo/peds-CC) 99468-80, (SNF) 99304-16, (RH) 99237-28, 99334-37, (Home) 99341-50, (Psych) 90853, 96130-39, (ESRD) 90952-53, 90959, 90962, (Caregiver) 99483
- POS and E/M reported selected for physical location where E/M would have been provided if in person and status of the patient and nature of care rendered.
- Use –95 modifier for telehealth
- Office/ Outpatient visits via telehealth: Will now allow MDM/ total time spent on DOS using current MDM requirements
- All other E/M category and types use required documentation requirements.
- **Originating site** Q3014 – can be billed for locations that would normally incur a cost and get paid separately for the service if the patient was in person. (See also T1014 Telehealth transmission, per minute, professional services bill separately/**non-Medicare**)

Coverage Requirements

- New or Established patients
- Visits are the same as in person
- Requires real-time direct audio & video communication between patient and provider
- Provided in any setting or location

DOCUMENTATION REQUIREMENTS

- Documented Patient Consent (*by ancillary* or provider at least 1x/year*)

*under GENERAL supervision

- Patient Location
- Chief Complaint or Reason for Encounter
- Justification for Telehealth Service
- Example: *"Pt presents during the COVID-19 pandemic / federally declared state of public health emergency. This service conducted via (specify telephone or video). Patient is (specify immunocompromised; has co-morbidities that pose substantial risk if exposed; exhibiting signs/symptoms suspicious for COVID-19; diagnosed positive with COVID-19, etc.)"*
- Pertinent History, Exam, Medical Decision Making
- Diagnosis
- Duration of Encounter

ICD-10-CM

- CDC-WHO ICD-10-CM Guidance & WHO - COVID-19 Notice

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CMS.gov COVID-19 Resources

TELEHEALTH – EVALUATION & MANAGEMENT ("E/M") VISITS (CONSIDERED TELEHEALTH)

Online Digital E/M (MD) Assessment Management (QNHP) service, for an established patient, for up to 7 days, cumulative time during the 7 days…

CPT® 99421 – 99423 (MD) (G2061 – G2063) (QNHP)

- 99421/G2061 if cumulative time during seven-day period is 5-10 min
- 99422/G2062 for 11 to 20 min; and
- 99423/G2063 for 21 or more min.
- Place of Service = provider's place of service code

Coverage Requirements

- Non-face-to-face patient services initiated by new/est. patient
- Via an on-line patient portal inquiry.
- Providers must provide a timely response to the inquiry
- Providers must provide a timely response to the inquiry
- Encounter must be stored permanently to report this service.
- Reported once in a 7-day period and reported for the cumulative time devoted to the service over the 7 days. (cumulative time < than 5 min are not be reported)
- New/ unrelated problem initiated within 7 days of a previous E/M visit that address a different problem may be reported separately.
- Not limited to by setting or location
- QNHP = LCSW, CP or LCP, PT, OT and SLT listed & allowed to perform

DOCUMENTATION REQUIREMENTS

- Documented Patient Consent (*by ancillary* or provider at least 1x/year*)

*under GENERAL supervision

- Patient Location
- Chief Complaint or Reason for Encounter
- Justification for Telehealth Service
- Example: *"Pt presents during the COVID-19 pandemic / federally declared state of public health emergency. This service conducted via (specify telephone or video). Patient is (specify immunocompromised; has co-morbidities that pose substantial risk if exposed; exhibiting signs/symptoms suspicious for COVID-19; diagnosed positive with COVID-19, etc.)"*
- Pertinent History, Exam, Medical Decision Making
- Diagnosis
- Duration of Encounter

ICD-10-CM

- Z20.828, Contact with and (suspected) exposure to other viral communicable diseases
- Z03.818 Encounter for observation for suspected exposure to other biological agents ruled out
- U07.1 disease diagnosis of COVID-19 confirmed by lab testing
- U07.2 clinical or epidemiological diagnosis of COVID-19 where lab confirmation is inconclusive or not available
- CDC-WHO ICD-10-CM Guidance & WHO - COVID-19 Notice

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RURAL HEALTH CLINIC (RHC) TELEHEALTH VISIT (CONSIDERED TELEHEALTH)

HCPCS G0071
Communication technology-based services for ≤5 minutes of a virtual (nonface-to-face) communication between a RHC or federally qualified health center (FQHC) practitioner and RHC/FQHC patient, or ≤5 minutes of remote evaluation of recorded video and/or images by an RHC/FQHC practitioner, occurring in lieu of office visit; RHC or FQHC only
Place of Service = 02

Coverage Requirements

- Non-face-to-face patient-initiated service for RHC/FQHC patients with billable visits within the previous year
- Via phone, video/picture (store and forward), patient portal inquiry
- Providers must provide a timely response to the inquiry
- Encounter must be stored permanently to report this service
- Reported once in a 7-day period and are reported for the cumulative time devoted to the service over the 7 days. (Cumulative time of less than 5 min are not be reported)
- For a condition not related to an RHC/FQHC service provided w/in previous 7 days, & does not lead to an RHC/FQHC service w/in the next 24 hours or soonest available appointment, since Medicare already pays for the services as part of RHC/FQHC per-visit payment.
- Limited to rural settings or certain locations

DOCUMENTATION REQUIREMENTS

- Documented Patient Consent (*by ancillary* or provider at least 1x/year*)
*under GENERAL supervision
- Patient Location
- Chief Complaint or Reason for Encounter
- Justification for Telehealth Service
- Example: *"Pt presents during the COVID-19 pandemic / federally declared state of public health emergency. This service conducted via (specify telephone or video). Patient is (specify immunocompromised; has co-morbidities that pose substantial risk if exposed; exhibiting signs/symptoms suspicious for COVID-19; diagnosed positive with COVID-19, etc.)"*
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CMS.gov COVID-19 Resources

VIRTUAL CHECK IN (HCPCS G2012)

(NOT CLASSIFIED TELEHEALTH)

Brief communication Technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report E&M 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 service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.

• Place of Service = provider's place of service code

Coverage Requirements (as of 3/1/2020)

- Interim final rule allows new or established patient during PHE
- Expected to be patient initiated, but provider may need to provide beneficiaries information on this specific visit availability
- Requires direct phone OR video communication between patient and provider unlike other telehealth visits
- Brief, approx. 5-10 minutes
- QNHP can provide with modifiers (GO,GP, GN) with est. patient POC
- Do not bill if Virtual Check-In resulting in any visit within 24 hours, next available, nor any visit by the same provider/specialty within previous 7 days
- No setting or location limitation; [RVU = (f) 0.37 and (nf) 0.41]

DOCUMENTATION REQUIREMENTS

- Documented Patient Consent (by ancillary* or provider at least 1x/year) *under GENERAL supervision
- Patient Location
- Chief Complaint or Reason for Encounter
- Justification for Telehealth Service
- Example: "Pt presents during the COVID-19 pandemic / federally declared state of public health emergency. This service conducted via (specify telephone or video). Patient is (specify immunocompromised; has co-morbidities that pose substantial risk if exposed; exhibiting signs/symptoms suspicious for COVID-19; diagnosed positive with COVID-19, etc.)"
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TELEPHONE E/M - ASSESSMENT/MANAGEMENT (NOT TELEHEALTH)

CPT® 99441-99443 (MD) (98966-98968) (QNHP).

Online Digital E/M (MD) Assessment/Management (QNHP) Service, for an established patient, telephone or online for up to 7 days, cumulative time during the 7 days.

- 99441/98966 if cumulative time during seven-day period is 5-10 min
- 99442/98967 for 11 to 20 min; and
- 99443/98968 for 21 or more min.
- Place of Service = provider's place of service code

Coverage Requirements (as of 3/1/2020)

- Interim final rule allows new or established patient during PHE.
- Expected to be patient initiated, but provider may need to provide beneficiaries information on this specific visit availability
- Requires direct phone **OR** online communication between patient and provider unlike other telehealth visits
- QNHP can provide with modifiers (GO,GP, GN) with est. patient POC
- **Do not bill if Telephone E/M** Next available, nor any visit by the same provider/specialty within previous 7 days
- No setting or location limitation; [RVU = 0.25, 0.50, 0.75]

DOCUMENTATION REQUIREMENTS

- Documented Patient Consent (*by ancillary* or provider at least 1x/year*) *under GENERAL supervision
- Patient Location
- Chief Complaint or Reason for Encounter
- Justification for Telehealth Service
- Example: *"Pt presents during the COVID-19 pandemic / federally declared state of public health emergency. This service conducted via (specify telephone or video). Patient is (specify immunocompromised; has co-morbidities that pose substantial risk if exposed; exhibiting signs/symptoms suspicious for COVID-19; diagnosed positive with COVID-19, etc.)"*
- Pertinent History, Exam, Medical Decision Making
- Diagnosis
- Duration of Encounter

ICD-10-CM

- Z20.828, Contact with and (suspected) exposure to other viral communicable diseases
- Z03.818 Encounter for observation for suspected exposure to other
- Biological agents ruled out
- U07.1 disease diagnosis of COVID-19 confirmed by lab testing
- U07.2 clinical or epidemiological diagnosis of COVID-19 where lab confirmation is inconclusive or not available
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Service Features and Benefits

RN Consulting's experienced professionals provide administrative and managerial leadership to physician practices. We assist clients with developing and maintaining an efficient medical practice with high-level performance.

Our Information Technology services allow medical practices to leverage our industry knowledge and experience while promoting an environment focused on the delivery of high value clinical care through superior operation performance.

With over 30 years of Information Technology knowledge and 15 years of healthcare IT experience, we can help businesses align and achieve their technology goals.

Complementary Assessments

Allow us to provide your practice with a complementary assessment on any Information Technology difficulties you might be experiencing during these difficult times.

It's easy to get tunnel vision when dealing with major technical issues. We'll provide a new set of eyes to your problems... it's a great way to reinvigorate a project!

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