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Breakthroughs for Better Health Care

California Quality Collaborative

COVID-19 Sharing Webinar: **Billing for Telehealth & Virtual Care**

Friday, May 15, 12:00pm PST

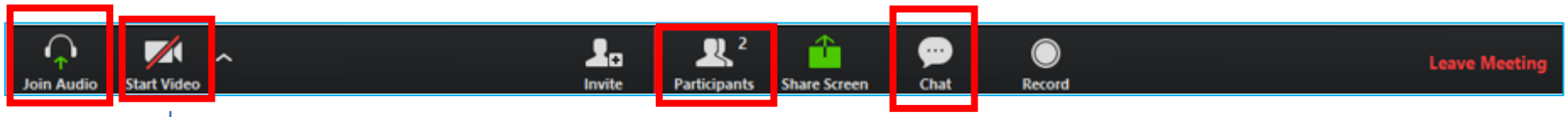
Tech Tips – Zoom Meetings

Attendees are automatically MUTED upon entry

Refrain from using the hold button

Please use the chat box if you have questions or would like to participate

Direct messages to Jose if you have any technical issues



Click to join or mute audio

All attendees have video off upon entry

Click to see who else has joined

Ask questions and insert comments

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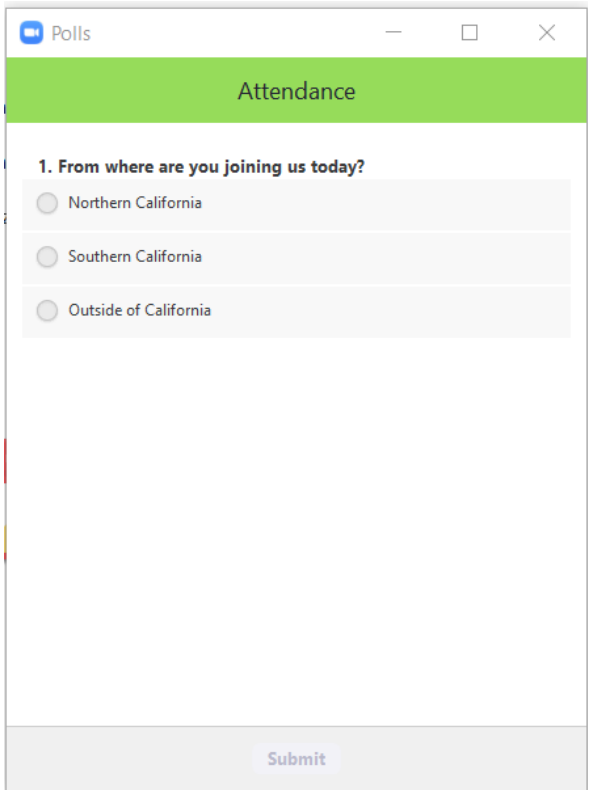
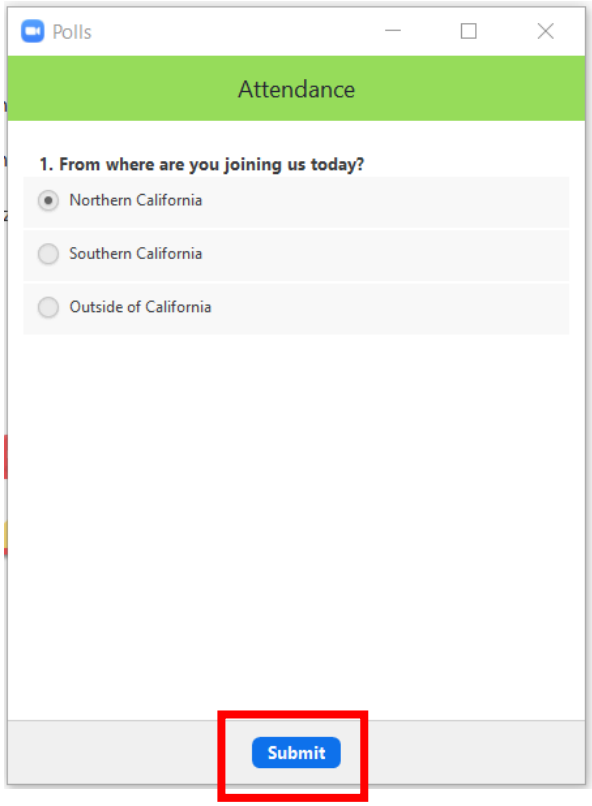
Tech Tips – Zoom Polls



Select your answer



Click the blue Submit button to complete the poll

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Poll
Who's in the (virtual) room?

- **From where are you dialing?**
  - Northern Rural California
  - Bay Area
  - Central Valley
  - Central Coast
  - Greater Los Angeles
  - Inland Empire
  - San Diego / Imperial County
  - Outside of California [Chat in]
- **What type of organization are you part of?**
  - Provider
  - Health Plan
  - IPA
  - Non-profit
  - Government Agency
  - Other [Chat in]

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CQC COVID-19 Support

Upcoming webinars

- Register for our next peer sharing webinar on patient engagement and virtual care (Fri. 05/29, 12:00pm – 1:00pm PST)

Resource page

- Includes provide resources on telehealth implementation, billing and documentation
- Updated weekly

Access CQC's COVID-19 Resource page
calquality.org/resources/covid-19-resources

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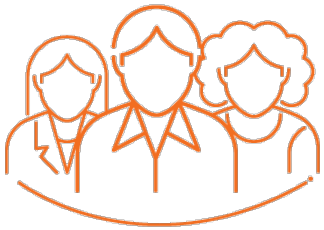
About CQC



California Quality Collaborative (CQC) is a healthcare improvement organization dedicated to advancing the quality and efficiency of the health care delivery system in California.

- Generates scalable and measurable improvement in the care delivery system important to patients, purchasers, providers, and health plans.

- Governed by a multi-stakeholder committee and is administered by the Pacific Business Group on Health.

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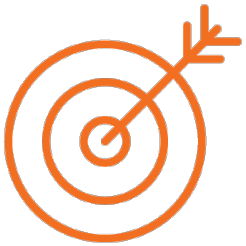
Today's Objectives



In this webinar, participants will have:

- Heard current federal and state updates regarding billing for telehealth and virtual care
- Listened to guidance on outpatient documentation and billing requirements
- Examined additional resources supporting compliant billing practices
- Asked questions about specific billing and documentation problems at your practice

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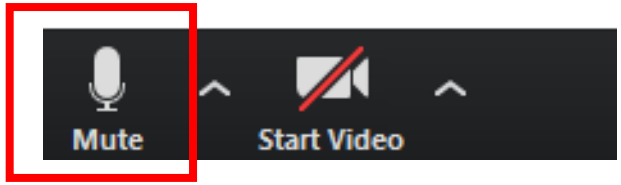
Sharing and Learning: Anchor Question

Chat-in:

- How are billing concerns impacting your organization's provision of telehealth?

Click



Press *6 or click

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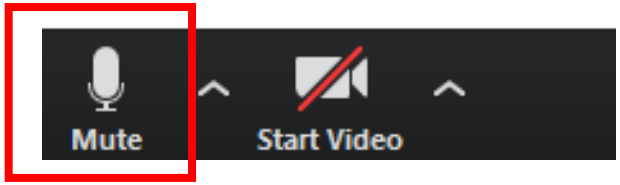
Poll

To what degree are you starting to increase face-to-face visits?

- Not yet
- 25%
- 50%
- 75%
- 100%

Feel free to chat in what types of visits you are starting to do in person.

Click



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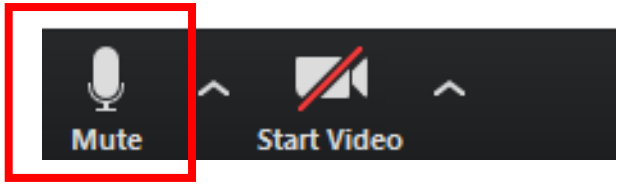
Poll

Regarding Small Business Administration loans, Paycheck Protection Program loans or other financial support opportunities, (e.g., Medicare prospective payments) my organization:

- Applied and received Funds
- Applied and is waiting for a decision
- Applied and has been declined
- Has not applied, but considering
- Does not intend to apply

Feel free to add any detail in chat.

Click



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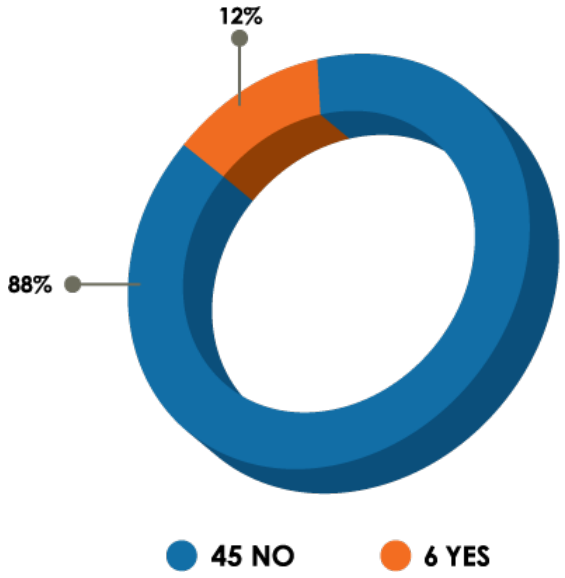
Registration Report
Health Plan Claims

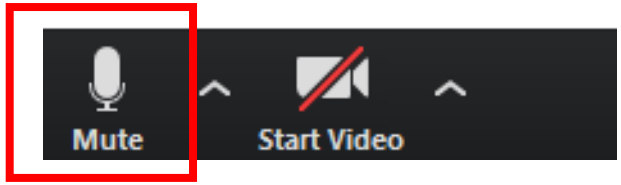
Have you received feedback from health plans regarding telehealth claims?



Comments:

- Some paid, some denied
- Seems to be going fine
- Issues with Third Party Administrators
- We have seen encounters rejected for using telehealth modifiers with telephone calls
- Have not had many issues billing telehealth, luckily
- Have been getting paid

Click



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IHA Resource: Telehealth: Commercial Plan Reimbursement

As of 3/30/20 | Subject to Change

Plan	Audio Only	Audio-Visual	Plan-Specific Billing Code Guidance
Aetna	Yes	Yes	• **G2010** - 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. • **G2012** - Virtual screening telephone consult (5-10 minutes) • **98966, 98967, 98968** - Telephone consult (qualified nonphysician) 5-10; 11-20; or 21-30 minutes of medical discussion. • **99441, 99442, 99443** - Telephone consult (physician) 5-10; 11-20; or 20-30 minutes of medical discussion.
Anthem	Yes	Yes	• For telehealth or telephonic services, providers should bill the same CPT codes that they would normally bill for in-person visits with modifiers 95 or GT and Place of Service (POS) code "02".
Blue Shield of CA	Yes	Yes	• For services provided to Blue Shield members, providers should bill CPT / HCPCS code for the service(s) they provided. This may include the use of evaluation and management (E&M) codes, telehealth or telephone services. We ask that you continue documenting the services provided and indicating "02" for place of service (POS). You do not need to include modifiers when billing for services provided via telehealth, as long as the services provided are documented clearly and the POS is indicated as "02."
Cigna	Yes	Yes	**COVID-19**: • **G2012**; Virtual screening telephone consult (5-10 minutes) • **Usual face-to-face E/M code; ICD10 code Z03.818 or Z20.828; Condition code DR on UB04 Claims**: Virtual or face-to-face visit for screening for suspected exposure • **Usual face-to-face E/M code; ICD10 code B97.29 or U07.1**: confirmed case • **U0001, U0002, and 87635**: COVID lab testing
			Non COVID-19: • **G2012;** Virtual screening telephone consult (5-10 minutes) • **Usual face-to-face E/M code; Append with GQ modifier; POS normally billed:** telehealth • **Usual lab codes:** non-COVID labs • **Usual face-to-face E/M codes**: in person office visit
			BILLING A POS 02 FOR VIRTUAL SERVICES MAY RESULT IN REDUCED PAYMENT OR DENIED CLAIMS DUE TO CURRENT SYSTEM LIMITATIONS. PROVIDERS SHOULD BILL A TYPICAL PLACE OF SERVICE TO ENSURE THE SAME REIMBURSEMENT AS AN IN PERSON VISIT.
Health Net	Yes	Yes	TBD
UHC	Yes	Yes	• Codes recognized by CMS and appended with modifiers GT or GQ • Codes recognized by the American Medical Association (AMA) included in Appendix P of CPT and appended with modifier 95. • UnitedHealthcare recognizes but **does not require POS code 02** for reporting Telehealth services rendered by a physician or practitioner from a Distant Site

Today's Guests Speakers

Carol Yarbrough
Business Operations Manager,
UCSF Teleheath Resource Center

Meera G. Subash, MD,
Fellow, Division of Rheumatology and
Clinical Informatics, UCSF

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What IS Telehealth? Definitions include

- **Telemedicine: Live (synchronous) videoconferencing:** a two-way audiovisual link between a patient and a care provider
- **Store-and-forward (asynchronous) encounters:** transmission of a recorded health history to a health practitioner, usually a specialist.
- **Remote patient monitoring (RPM):** the use of connected electronic tools to record personal health and medical data in one location for review by a provider in another location, usually at a different time.
- **Mobile health (mHealth):** health care and public health information provided through mobile devices. The information may include general educational information, targeted texts, and notifications about disease outbreaks.

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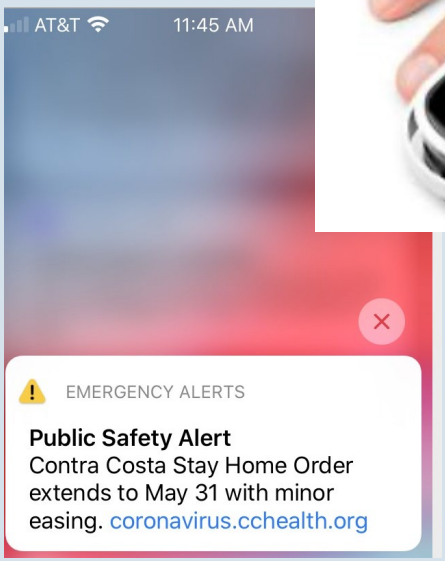
What are those? Have I seen them?



Documentation

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1995 and 1997 E/M Guidelines vs 2021 E/M Guidelines

- For physician documentation and auditing, CMS needed auditable specifications in order to reach a particular level of service for an evaluation and management service
  - 1995 General Medicine
  - 1997 Specialty Services
- 2021 AMA
  - MDM or Time
  - Slight modifications to Table of Risk to assess MDM

cpt_code	Minutes	Current Assoc Minutes (no HPI/PE)
99202	15-29	20
99203	30-44	30
99204	45-59	45
99205	60-74	60
99211	0	5
99212	10-19	10
99213	20-29	15
99214	30-39	25
99215	40-54	40

Total Duration of Prolonged Services	Code(s)
less than 30 minutes	Not reported separately
30-74 minutes (30 minutes - 1 hr. 14 min.)	99356 X 1
75-104 minutes (1 hr. 15 min. - 1 hr. 44 min.)	99356 X 1 AND 99357 X 1
105 or more (1 hr. 45 min. or more)	99356 X 1 AND 99357 X 2 or more for each additional 30 minutes.

99204
99214
	Moderate	**Moderate**
		• **1** or more chronic illnesses with exacerbation, progression, or side effects of treatment;
		or
		• **2** or more stable chronic illnesses;
		or
		• **1** undiagnosed new problem with uncertain prognosis;
		or
		• **1** acute illness with systemic symptoms;
		or
		• **1** acute complicated injury
			Moderate
			(Must meet the requirements of at least 1 out of 3 categories)
			Category 1: Tests, documents, or independent historian(s)
			• **Any combination of 3 from the following**:
			  • Review of prior external note(s) from each unique source*;
			  • Review of the result(s) of each unique test*;
			  • Ordering of each unique test*;
			  • Assessment requiring an independent historian(s)
			or
			Category 2: Independent interpretation of tests
			• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);
			or
			Category 3: Discussion of management or test interpretation
			• Discussion of management or test interpretation with external physician/other qualified health care professional\appropriate source (not separately reported)
				Moderate risk of morbidity from additional diagnostic testing or treatment
				
				Examples only:
				• Prescription drug management
				• Decision regarding minor surgery with identified patient or procedure risk factors
				• Decision regarding elective major surgery without identified patient or procedure risk factors
				• Diagnosis or treatment significantly limited by social determinants of health

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2021 E/M Guideline Resources

- MDM or Time
- Slight modifications to Table of Risk to assess MDM

cpt_code	Minutes	Current Assoc Minutes (no HPI/PE)
99202	15-29	20
99203	30-44	30
99204	45-59	45
99205	60-74	60
99211	0	5
99212	10-19	10
99213	20-29	15
99214	30-39	25
99215	40-54	40

AMA

99204
99214
	Moderate	**Moderate**
		• **1** or more chronic illnesses with exacerbation, progression, or side effects of treatment;
		or
		• **2** or more stable chronic illnesses;
		or
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			  • Ordering of each unique test*;
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			• Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);
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of Prolonged Services	Code(s)
tes	Not reported separately
r. 14 min.)	99356 X 1
hr. 44 min.)	99356 X 1 AND 99357 X 1
more)	99356 X 1 AND 99357 X 2 or more for each additional 30 minutes.

ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf

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Coding and Billing

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Questions

- Any special rules for billing nutrition visits? Incident-to; per normal
- How to bill AWV? G0438, G0439
- Follow up visits? 99211-99215
- Using the CR modifier?
  - Not necessary on any telehealth visit
- Requirements to bill one or over another?

1	LIST OF MEDICARE TELEHEALTH SERVICES				
2	**Code**	**Short Descriptor**	**Status**	**Can Audio-only Interaction Meet the Requirements?**	**Medicare Payment Limitation**
3	77427	Radiation tx management x5	Temporary Addition for the PHE for the COVID-19 Pandemic		
4	90785	Psytx complex interactive		Yes	
5	90791	Psych diagnostic evaluation		Yes	
6	90792	Psych diag eval w/med srvcs		Yes	
7	90832	Psytx w pt 30 minutes		Yes	
8	90833	Psytx w pt w e/m 30 min		Yes	
9	90834	Psytx w pt 45 minutes		Yes	
10	90836	Psytx w pt w e/m 45 min		Yes	
11	90837	Psytx w pt 60 minutes		Yes	
12	90838	Psytx w pt w e/m 60 min		Yes	
13	90839	Psytx crisis initial 60 min		Yes	

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Know Your Payer Mix and Rules for Each

CMS FFS	Medi-Cal FFS	Managed Medi-Cal	Commercial
List of TH Codes Use modifier CS, 95 Use POS 11	Usual Codes Modifier 95 POS 02 If Audio only – 95, POS 11	Usual Codes Modifier 95 POS 02 If Audio only – 95, POS 02	Usual Codes Modifier 95 or GT POS 02 or 11

- Billing Pre-COVID-19 PHE: facility based wRVU awarded w use of POS 02 (lower wRVUs); originating site would 'earn' Q3014 plus T1014
- Billing During COVID-19 PHE: non-facility based wRVU awarded (regular wRVUs), also bill T1014

cchpca.org/resources/covid-19-telehealth-coverage-policies

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Telephone, Virtual E/M: Bridging Gaps

- Telephone Codes
  - Active for duration of PHE, only; wRVUs established since 2008 – updated April 30 to crosswalk to 99212, 99213, 99214
    - 99441 - 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; 5-10 minutes of medical discussion
    - 99442 - …; 11-20 minutes of medical discussion
    - 99443 - …; 21-30 minutes of medical discussion
- Virtual E/M
  - Went into effect January 2020
    - 99421 - Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
    - 99422 - … 11-20 minutes
    - 99423 - … 21-or more minutes

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Modifiers (Both Commercial and Gov't)

- 95 - should be applied to services furnished via telehealth
- G0 – Acute stroke diagnose and treat When telehealth service if furnished
- CS - Cost-sharing for specified COVID-19 testing-related services that result in an order for or administration of a COVID-19 test
  - Applies to professional and institutional claims
  - Driven by or associated with Diagnoses
- CR - Catastrophe/disaster related
  - Mandatory for applicable HCPCS codes on any claim for which Medicare Part B payment is conditioned directly or indirectly on presence of a "formal waiver"
  - For Part B items and services related to both institutional and non institutional billing
  - Non-institutional billing, i.e., claims submitted by "physicians and other suppliers", are submitted either on a professional paper claim form CMS-1500 or in electronic format ANSI ASC X12 837P or - for pharmacies - in the NCPDP format

Diagnosis Codes

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Diagnosis Questions

- Adding the exposure to COVID dx on all potential exposures due to pandemic. Can exposure be assumed?
  - Exposure cannot be assumed; only if related it is suspected by patient
- Codes to apply for services received during and after diagnosis of COVID-19
  - Information follows

Screening for COVID-19

- Z11.59 Encounter for screening for other viral diseases is used for cases where the patient presents in their car for screening or an office screening for COVID-19 who have no signs, symptoms or exposure or the test results are unknown or negative.
- The new guideline further goes on to say that if an asymptomatic individual is screened for COVID-19 and tests positive, see guideline I.1.g.1.g which states:
  - For asymptomatic individuals who test positive for COVID-19, assign code U07.1, COVID-19. Although the individual is asymptomatic, the individual has tested positive and is considered to have the COVID-19 infection.

ICD-10-CM Exposure Guidelines

- Z20.828, Contact with and (suspected) exposure to other viral communicable diseases
- If a patient with signs/symptoms associated with COVID-19 also has an actual or suspected contact with or exposure to someone who has COVID-19, assign Z20.828, Contact with and (suspected) exposure to other viral communicable diseases, as an additional code. This is an exception to guideline I.C.21.c.1, Contact/Exposure.(Effective April 1, 2020 through September 30, 2020)
- Example:
  - If a patient has an exposure to COVID-19 and presents with signs and symptoms, assign the signs and symptoms codes followed by Z20.828.

cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf

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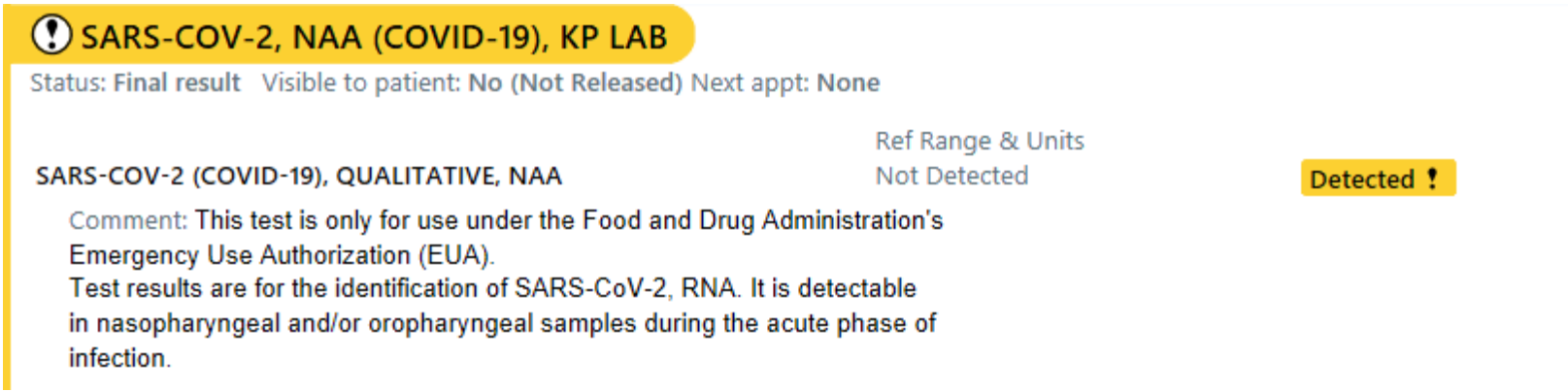
COVID-19 Ruled Out

- Z03.818, Encounter for observation for suspected exposure to other biological agents ruled out
- Utilized for cases where there is a concern about a possible exposure to COVID-19, but this is ruled out after evaluation
- This category is to be used when a person without a diagnosis is suspected of having an abnormal condition, without signs or symptoms, which requires study, but after examination and observation, is ruled out

COVID-19 Positive Test Results


SARS-COV-2, NAA (COVID-19), KP LAB

Status: Final result Visible to patient: No (Not Released) Next appt: None

	Ref Range & Units	
SARS-COV-2 (COVID-19), QUALITATIVE, NAA	Not Detected	Detected !

Comment: This test is only for use under the Food and Drug Administration's Emergency Use Authorization (EUA).
Test results are for the identification of SARS-CoV-2, RNA. It is detectable in nasopharyngeal and/or oropharyngeal samples during the acute phase of infection.

Question: If the provider documents presumptive positive COVID-19 test results, is this coded as a confirmed diagnosis of COVID-19?

Answer: Yes, provider documentation of a presumptive positive COVID-19 test result should be coded as confirmed to U07.1 COVID-19.

NOTE: A **presumptive positive test** result means an individual has tested positive for the virus at a local or state level, but it has not yet been confirmed by the Centers for Disease Control and Prevention (CDC). CDC confirmation of local and state tests for the COVID-19 virus is no longer required.

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Resources

- ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf
- med.noridianmedicare.com/web/jeb/fees-news/fee-schedules/mpfs#2020
- cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf
- cms.gov/Medicare/Medicare-general-information/telehealth/telehealth-codes

Case Study:
Emergency Department Telehealth

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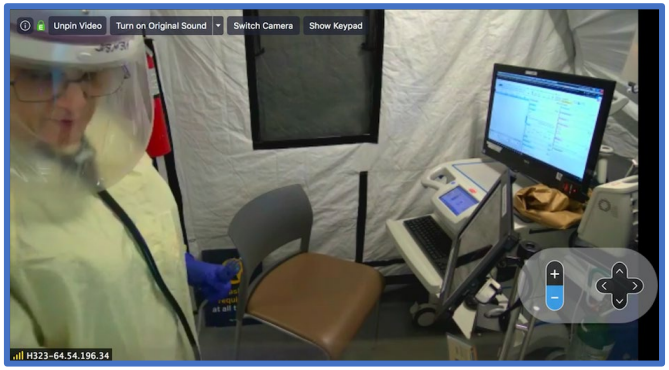
Launch a Program



- Emergency Department
  - Issues
    - COVID-19 Screening
    - Minimize staff exposure
    - Conserve PPE
    - ED Virtual Follow-ups
  - Tools
    - iPads
    - Telehealth Carts
    - Workstations on Wheels (WOWs)
- Team
  - ED Attending
  - One Clinical Informatics Fellow
  - IT Services
  - Telehealth Resource Center
- Tech Tried and Set Aside
  - Wireless stethoscope
    - Pros/Cons
- Tip sheets, tip sheets, tip sheets

Provider Perspective - Workflow

- Quick pivot for providers
- Documentation Checklist
  - Scripting & note templates
  - Minutes on telephone
  - Telehealth Consent Statement
  - Telehealth/Video Visit Fail Workflow
  - On the ground team
- Billing Cycle Feedback
- Pro Tip: doximity.com/clinicians/download/dialer

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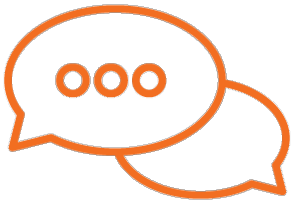
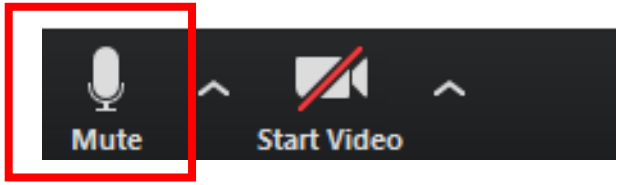
Q&A



- **Please add your name and organization in the chat when describing your specific question.**

Click



Press *6 or click

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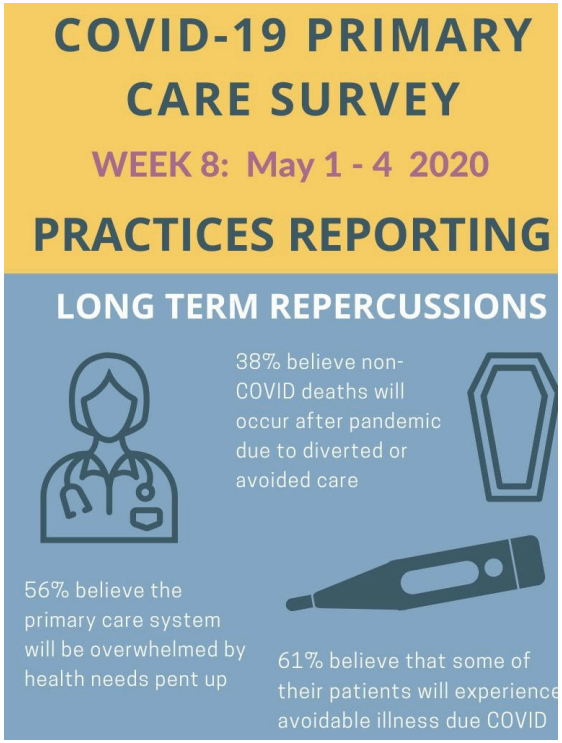
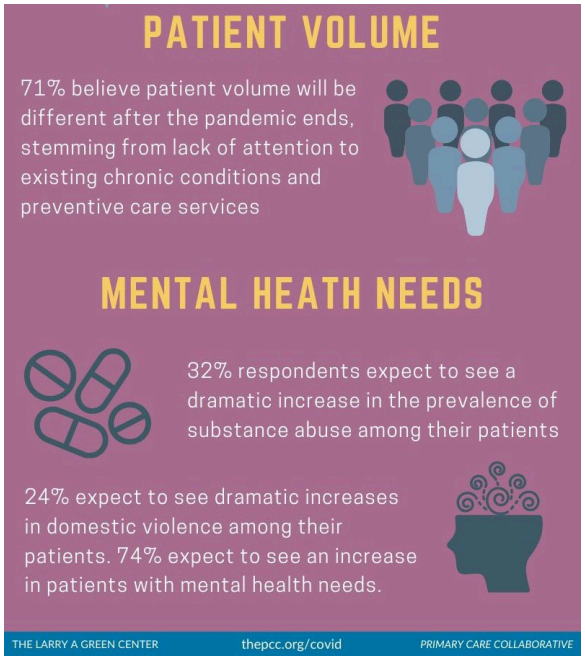
PCPCC Survey

- Primary Care Collaborative is tracking national impact on how practices are responding to COVID-19 by surveying primary care clinicians
- **PCPCC survey link**
- Please participate to help PCC better understand response and capacity of primary care practices on a national scale
- Surveys open every Friday and close on the following Monday.





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Poll

The content of this webinar was helpful

- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree

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Thank you!
Stay Connected to CQC

- **Register** for our next peer sharing webinar on patient engagement and virtual care (Fri. 05/29, 12:00pm – 1:00 pm PST)
- Visit our **COVID-19 Resources** at calquality.org/resources/covid-19-resources
- If you have questions, want to register for our newsletter, or would like more information, email us at cqcinfo@calquality.org