



Telehealth Coding & Billing Amid COVID-19

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What is an Interim Final Rule?

- Released March 30, 2020
- Guidelines retroactive to March 1, 2020
- End date: when Public Health Emergency (PHE) is declared over by government
 - When PHE ends, return to previous guidelines and rules
- Commercial payers' deadlines vary, some end after 90 days or early June



Telehealth Technology Criteria

- Telehealth services provided by “interactive telecommunication system”
 - During this PHE to mean *“multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner”*.
 - Systems include FaceTime, Skype, Zoom, Go to Meeting etc.
- If no video capabilities or cannot be performed, the service is not billable under telehealth
- Not every service can be performed by telehealth or approved as part of waiver
- Remote does not = telehealth
- No enforcement of HIPAA for good faith practices used these systems



List of Some Interim Telehealth Services

- Codes already on list
 - 99201-99205 (new outpatient visit)
 - 99211-99215 (established outpatient visit)
 - 99231-99233 (subsequent inpatient visit)
 - 99354-99356 (prolonged services)
 - G0436-G0437 (tobacco-use counseling)
- Temporary Addition for the PHE for the COVID-19 Pandemic
 - 77427 (radiation oncology physician management)
 - 99221-99223 (initial inpatient visit)
 - 99281-99285 (ED visits)



Billing for Telehealth Only Services

- Paid per the MPFS rates for location where the physician is credentialed to provide services
 - Either facility or non-facility
- Bill for services with POS of the location where service was rendered
 - Telehealth code in office/freestanding center POS 11
 - Report code with POS 11 and modifier 95 on line item of telehealth code
 - EX. 99214-95 or 77427-95 and POS 11
 - Telehealth code in hospital on-campus POS 22
 - Report codes with POS 22 and modifier 95 on line item of telehealth code
 - Ex. 99214-95 or 77427-95 and POS 22
 - Telehealth code in hospital off-campus POS 19
 - Report codes with POS 22 and modifier 95 on line item of telehealth code
 - Ex. 99214-95 or 77427-95 and POS 19
- Per direct confirmation with CMS – when billing services on CMS1500 – list TIN’s legal entity name and the home address where the physician was located for the telehealth service



Changes in Supervision

- Supervision is not physician work – two very different things
 - Supervision applies to the work and technical billed charges
 - Physician personal work is still required for physician services and codes with professional components, if service is not telehealth approved code, physician physical presence is still required to bill services
- Supervision is the location of the physician relative to the ancillary staff working under the direction of the physician
- CMS adjusted physician supervision of ancillary staff in office/freestanding center
 - Direct supervision definition – *“...for the duration of the PHE for the COVID-19 pandemic, direct supervision to be provided using real-time interactive audio and video technology.”*
 - This is minimum requirement, determination of physician if some services require in-person presence



Non-Surgical Extended Duration Therapeutic Services

- Extended duration services typically begin with direct supervision and then progress to general when patient is stable, and rest of service can be performed under general supervision
- CMS changing initiation of NSEDTS to general supervision during PHE
- At the discretion of physician, if greater supervision is needed, then direct supervision can continue
 - Flexibility on case-by-case basis



Coverage of Telephone Visits

- CMS extending coverage to telephone visits previously with status of non-coverage
- 98966 - 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; 5-10 minutes of medical discussion (**Assigned Work RVU = 0.25**)
 - 98967. . . 11-20 minutes of medical discussion (**Assigned Work RVU = 0.50**)
 - 98968. . . 21-30 minutes of medical discussion (**Assigned Work RVU = 0.75**)
- 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 (**Assigned Work RVU = 0.25**)
 - 99442. . . 11-20 minutes of medical discussion (**Assigned Work RVU = 0.50**)
 - 99443. . . 21-30 minutes of medical discussion (**Assigned Work RVU = 0.75**)





ACCC COVID-19 Resource Center & Listserv

- Weekly Webcast Series
- CANCER BUZZ Mini-Podcasts [COVID-19 Self-Care]
- Evidence-Based Guidelines & Information; Blog Posts
- Member Discussions & Resources on ACCCExchange

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