Telehealth Coding & Billing Amid COVID-19

Thursday, April 9, 2020

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Revenue Cycle Coding Strategies
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

accc-cancer.org/COVID-19