# COVID-19 Telehealth Coding & Billing

**Recent Updates 8/5/2020**
- The telehealth smartphrases (.covid19video, .covid19phone) are no longer required for outpatient telehealth visits. We encourage physicians and care providers to indicate in notes when visits are conducted via telehealth.

A Public Health Emergency (PHE) was declared due to COVID-19 on January 31, 2020 and with it, CMS temporarily expanded Medicare's telehealth benefits. Many commercial payers have followed suit with expansions to their policies. The expansions and waivers include -

- Expanded locations where patients can receive and providers can conduct care including from home
- Expanded eligible providers for telehealth
- Expanded services and codes eligible for telehealth
- Expansions were significant as previously Medicare and commercial payers had very little telehealth support

Once the Public Health Emergency (PHE) is lifted – Date TBD - payers will likely revert back to previous telehealth policies with limited eligible codes and video requirements.

Telehealth policies are evolving rapidly and we continue to get updates from government and commercial payers related to coding and billing implications of using video versus telephone. We continue to recommend the use of video visits when it is appropriate and accessible to the patient; however, telephone visits remain an option when we are unable to successfully use video visit applications.

## Eligible Provider Types

The following provider types are eligible for telehealth given services are within their scope of practice.

| | |
|---|---|
| Physicians | Physical therapists |
| APPs (PA, NP, certified nurse midwives, nurse midwives) | Occupational therapist |
| | Speech language pathologist |
| Certified nurse anesthetist | Dentist |
| Registered dieticians | Audiologist |
| Nutrition professionals | Optometrist |
| Licensed clinical social workers | Other mental health professionals |
| Clinical psychologists | |

## Eligible Services

Telehealth can be used for both New and Established outpatient visits and inpatient encounters. Telehealth is not limited to COVID-19 related services.

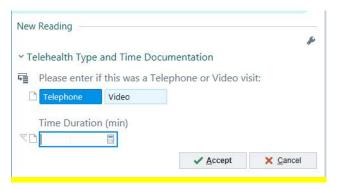| | |
|---|---|
| Common office visits | Emergency department visits |
| Mental health counseling | Observation |
| Diabetes management | Psychological and Neuropsych testing |
| Prescription refills | Therapy visits, PT and OT |
| Inpatient encounters | |

## Telehealth Billing

**Scheduled Outpatient (Clinic or Hospital-Based) Video or Telephone-only Visits**

Bill the visit (New and/or Established) on the originally scheduled in-person encounter based on the level of care you provide.
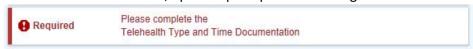
- Use the in-office E&M codes
    - Select code based on:
        - Medical Decision-Making **OR**
        - Time – Total time to complete the service
    - Add the **GT Modifier** to all telehealth visits whether telephone-only or video for accurately billing.
- Must indicate the type of telehealth visit (video or telephone) and **for telephone-only time spent must be documented.**
    - For **telephone-only visits**, total time spent in medical discussion with the patient as well as the pre- & post-service time dedicated to completing the visit must be documented.
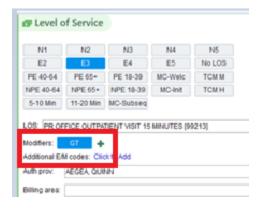
If time is not documented, Epic will prompt when closing the encounter



- **Incident-to Billing:** We received clarification and guidance from CMS that in order to bill incident-to, the APP must conduct a video visit with the patient and both APP and MD must be in the clinic. If the APP and/or physician are at home or a telephone-only visit is conducted, then the service must be billed direct.



## Unscheduled Telephone Encounter or Online Digital Services (MyChart)

Bill the visit like a traditional telephone or online digital encounter based on time spent with patient.

- Telephone encounter: CPT 99441 (5-10mins); CPT 99442 (11-20 mins); CPT 99443 (21-30mins)
- Online Digital services: 99421 (5-10 minutes), 99422 (11-20 minutes), and 99423 (21 or more minutes)
  - Document cumulative time during a 7 day period.
- Add the **GT Modifier** to all telehealth visits whether telephone-only or video. This allows us to bill properly
- Include time statement and counseling provided in encounter note for both telephone and MyChart services

**Inpatient Video or Telephone-only Encounters**

In the inpatient setting, Telehealth is <u>defined as the provider and patient being in two different locations (not in the same NM facility).</u> If a provider communicates with a hospital patient using video/audio but they are physically present in the same building as the patient, these visits should <u>not</u> be reported as telehealth - should not add modifier C19 or GT when billing in this scenario. The visit will be reported as if it was face-to-face.

***Physicians and APPs:*** Level of Service requirements remain the same in the hospital setting. Telehealth is allowed however if the history and/or exam is limited due to telehealth capabilities, the overall LOS reported cannot be higher than what the history and/or exam will support.

- E/M level of service can be based on:

  - 3 key components: History, Exam, Medical decision-making **OR**

  - Time: when >50% is spent in counseling and/or coordination of care

  <u>Note</u>: If billing on time, you will need to include standard time statement indicating all of the following:

  a. Total time of the visit

  b. Time or Percentage spent in counseling and/or coordination of care

  c. Nature of the counseling and/or coordination of care summary.


- Must include relevant telemedicine **COVID-19 smartphrase** in the encounter**.**

  - **.covid19phone**: "*This was a phone conversation in lieu of in-person visit due to the coronavirus emergency.*"
  - **.covid19video**: "*This was a video encounter in lieu of in-person due to the coronavirus emergency.*"

***RMG Only:*** When selecting charges for inpatient encounters, use your typical in-person codes.

- If Physician/APP is not physically present in the same facility as the patient, **add C19 Modifier** to indicate this was a telehealth service.

- If Physician/APP is physically present in the same facility as the patient, do **not** add C19 modifier. This will be billed as if it was a face-to-face visit.

# Frequently Asked Questions

*See Telehealth FAQs for answers to frequently asked questions.*