COVID-19 Telehealth Reimbursement and Billing

CMS has expanded Medicare’s telehealth benefits under the 1135 waiver authority and the Coronavirus Preparedness and Response Supplemental Appropriations Act. Patients will be able to receive telehealth professional services in any healthcare facility including a physician’s office, hospital, nursing home or rural health clinic, as well as from their homes.

See CMS website for more information on the waiver.

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

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

Eligible Services
Telehealth can be used for both New and Established outpatient visits and inpatient consults (at this time IP encounters are limited to physicians and APPs at NM). Telehealth is not limited to COVID-19 related services.

- Common office visits
- Mental health counseling
- Preventive health screenings
- Diabetes management
- Prescription refills
- Inpatient encounters

“Physical exams” may be documented if a clinically meaningful examination was performed using the video function.
Telehealth Billing

**Scheduled Outpatient Visits (Clinic or Hospital-Based) Converted to Telemedicine**

Bill the visit (New and/or Established) on the originally scheduled in-person encounter based on the level of care you provide.

- If patient is appropriate for an e-visit use the standard office codes typically used for in-person visits
  - Select code based on key components (MDM, History, Exam) or based on Time. MDM must be one of the 2 key components, the other can be history or exam.
    - MDM and History **OR**
    - MDM and Exam (physical observation) **OR**
    - Time (if greater than 50% of visit was spent counseling)
  - Add the **GT Modifier** to all telehealth visits whether telephonic or video. This allows us to hold these visits and not send claims until we get more direction on proper billing processes.
- If appointment is not suitable for an e-visit, for example preventive visits, reschedule.
- Please 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 visit. Patient acknowledged risk of unsecure transmission of his or her information.”

**Note:** New patients need to provide verbal consent to be treated since they did not sign the NM Universal Consent in person. Please add smartphrase when verbal consent is obtained.
- **.covid19consent**: “Verbal consent obtained from patient in lieu of in-person signature due to the coronavirus emergency.”
**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 telephonic or video. This allows us to hold these visits and not send claims until we get more direction on proper billing processes.
- Include time statement and counseling provided in encounter note for both telephone and MyChart services

**Inpatient Encounters**

*At this time inpatient encounters are limited to physicians and APPs*

For inpatient telehealth encounters, use the following dot phrases to indicate to the Coding Team that this encounter was performed telephonically or via video.

- **.covid19ipphone:** “This was a phone conversation in lieu of in-person encounter due to the coronavirus emergency.”
- **.covid19ipvideo:** “This was a video encounter. Patient acknowledged risk of unsecure transmission of his or her information.”

**RMG Only:** When selecting charges for inpatient encounters, **add C19 modifier** to indicate encounters that were conducted via telephone or video.
If you are unable to examine the patient, your level of service will be determined by one of the following:

1. Abstraction of the history and medical decision-making alone.
   - Be sure to document a thorough history on subsequent encounters.

2. Billing based on time.
   - Same rules as always apply for billing on time, you must indicate overall length of the service and that >50% was spent counseling the patient.
   - For example, “I spent __ minutes on the phone with this patient and > 50% was spent counseling as documented under my assessment & plan.”
Frequently Asked Questions

Can I use e-visits for both New and Established patients?
Yes. This e-visit workflow and process can be used for both New and Established Patient visits. We anticipate you will determine patients fall into one of four categories:

1. **Patient appropriate for an e-visit:** Convert the patient to a telephonic visit.
2. **Patient appropriate to be seen as scheduled:** See the patient as scheduled.
3. **Patient reports influenza-like illness:** Conduct telephone triage or e-visit, as appropriate.
4. **Patient who is appropriate to be rescheduled:** Reschedule patient to a later date.

Can I perform Annual Exams via telehealth?
Not at this time. The required elements of weight, blood pressure, and vitals cannot be completed via telehealth.

Are there any other restrictions on which services can be provided via telemedicine visits?
No, currently providers are not being restricted, please report the appropriate office code.

What code should be reported for a telemedicine visit?
Three choices. For scheduled visits converted to a virtual telemedicine visit report with the regular office visit codes, with a GT modifier. For unscheduled telephone encounters, report with the telephone services with a GT modifier, for unscheduled MyChart messages report the online digital codes with a GT modifier.

Do I need to include a chief complaint?
Yes, please include a medical chief complaint and not just “telemedicine conversion”.

Do I need to change the place of service?
No, adding a GT will indicate for the system to automatically update the place of service.

Do we still need to get consent for phone calls?
Yes, for new patient visits conducted via telephone or video, you must obtain consent from the patient.

Is a time statement required when reporting 99201-99245?
No, but it is an option if billing based on time instead of MDM/history.

Is a time statement needed for telephone encounters and online digital services?
Yes
What should I tell patients about insurance coverage and billing for e-visits?
CMS has expanded Medicare’s telehealth benefits due to COVID-19. At this time, we are holding all bills on these COVID-19 telemedicine visits as we learn more about covered services changes and reimbursement. As we get more clarity from payors, we will address these visits appropriately. See COVID-19 Telehealth Coding and Billing tip sheet on NMI for more details.

How will wRVUs work for e-visits?
wRVUs for e-visits will be the same as in-office visits.