

PYA Webinar April 03, 2020 “Additional Expansion of Medicare Telehealth Coverage During COVID-19 Pandemic”

Question Asked	Answer Given
If it is not in the presentation, where can we get the interim final rule released on Monday	The interim final rule appears in the April 6, 2020, edition of the Federal Register (www.federalregister.gov)
Are physical therapist eligible providers to provide telehealth?	No. However, physical therapists may bill for eVisits and telephone E/M services.
Can 99212-99215 be used for telehealth visits	Yes.
Are Certified Diabetes Educators considered non-physician practitioners?	No. Non-physician practitioners include physician assistants, nurse practitioner, clinical nurse specialists, certified registered nurse anesthetists, and certified nurse-midwives.
To qualify as falling under the telehealth regulations, is there an assumption that the provider and the patient are not at the same location? For example, in the inpatient hospital setting, if the physician uses technology to conduct follow-up visits without entering the patient's room and exposing themselves to potential contamination and the physician is at the hospital, as is the patient, does that fall under the telehealth rules?	Although CMS has not specifically addressed this scenario, there is no specific requirement that the eligible provider and the patient must be at separate locations for the service to be billed as telehealth.
Can you restate if incident to should be billed if appropriate supervision provider?	Use the incident to direct supervision expansion via audio/visual technology for ancillary services only. For example, an RN would go to a patient's home and provide an injection. The injection must be rendered under direct supervision. So, the physician would provide that supervision via FaceTime, for instance, to meet the requirement. We do not recommend using this definition for professional services provided by an NPP, such as an E/M service. Bill NPP services directly to Medicare.
Incident to - did she say if an PA and an MD are in the office and the MD is supervising that you DO NOT recommend the PA bill under the MD's NPI but we should bill under the PA's NPI?	Yes, for telehealth visits, bill under the PA's NPI for Medicare and other government payers. Follow commercial payer guidance for those that do not credential PA's.
What about Therapists who are providing services Incident-To a provider?	The interim final rule explicitly states that they are not adding the therapy codes to allow for therapists to bill for these services, but to allow for eligible providers to bill these services when they provide them.
Did you say if providing a nurse service for telehealth and the nurse has access to the provider, you can bill under the providers NPI?	Yes. Use the incident to direct supervision expansion via audio/visual technology for ancillary services only. For example, an RN would go to a patient's home and provide an injection. The injection must be rendered under direct supervision. So, the physician would provide that supervision via FaceTime, for instance, to meet the requirement. We do not recommend using this definition for professional services provided by an NPP, such as an E/M service. Bill NPP services directly to Medicare.
For therapy - this is just Medicare that won't allow, correct?	Other payers may reimburse therapists for telehealth services. Telehealth coverage by state Medicaid programs and commercial plans varies significantly from payer to payer.
Can Teletherapy services be billed on a UB04 claim form	Bill for professional services on the CMS 1500.

Assuming you cannot include a facility fee that would normally be billed for a hospital OP visit if conducting the visit via telehealth?	Correct. The professional fee is the only portion of the visit that can be billed on behalf of the distant site provider.
You may get to it, but my understanding is that telephone only visits will be covered.	Yes, for the duration of the PHE, Medicare will reimburse for telephone visits under CPT 99441-99443 and 98966-98968
By telephone only visits I am referring to 99441 series. Will this be covered	Yes, for the duration of the PHE.
Does that POS 50 work for FQHCs?	As the definition of “eligible provider” in Section 1834(m) of the Social Security Act does not include RHCs or FQHCs, these providers cannot bill for telehealth services. In the CARES Act, signed into law March 27, Congress directed CMS to develop a method to reimburse RHCs and FQHCs for telehealth services. CMS, however, has not yet acted on this directive. This methodology, once published, likely will be retroactive to March 27.
If we billed with pos 02 prior to the final rule... will we be receiving a reduction to a facility fee? Or is this just based on services billed with 02 after the final rule?	Services billed with POS 02 are paid at the facility rate.
In Georgia, Licensed Professional Counselors (LPC) and Licensed Marriage and Family Therapists (LMFT) are LIPs and are in private practice offering Behavioral Health services (therapy). Would these updates apply to LPCs and LMFTs or just LCSWs?	By statute, only licensed clinical social workers may bill for Medicare telehealth services. Non-physician healthcare professionals who can bill under the Medicare Physician Fee Scheduled under their own NPI may bill for eVisits and telephone E/M services.
For services provided in a hospital, is it correct that there is no split/shared visit that can be billed for?	Billing Split/Shared visits is less of a matter of supervision, but rather a rendering of services by two providers and a determination if the physician provided a substantive E/M on the same date. In the event that a physician provided a substantive portion of an E/M service on the same date as an NPP, you would still bill only one E/M visit under the physician.
Could you go back over the place of service for telehealth? I'm confused with 11 versus 02. I thought we were supposed to use 02.	In announcing the telehealth waiver on March 17, CMS stated telehealth services would be reimbursed at the lower facility rate, even for eligible providers regularly practicing in office settings (as opposed to hospital outpatient departments). CMS directed eligible providers to use POS 02 without any modifier in billing for telehealth services. In the March 31 IFR, however, CMS changed course, announcing that telehealth services would be reimbursed at the higher non-facility rate if furnished in a physician practice. To accomplish this, CMS directed eligible providers to discontinue use of POS 02, instead listing the location “that would have been reported had the service been furnished in person...if not for the [public health emergency] COVID-19 pandemic.” In addition, eligible providers now should include the 95 modifier on claims for telehealth services. CMS noted, however, claims would not be denied if submitted with POS 02 and no modifier but would be paid at the lower facility rate.

<p>ICN MLN901705 March 2020 states, "HCPCS Code Q3014 describes the Medicare telehealth originating sites facility fee. Bill your MAC for the separately billable Part B originating site facility fee." Would this mean then we can bill hte facility fee?</p>	<p>The originating site payment is only payable to a healthcare facility at which the patient is present at the time he or she receives telehealth services from an eligible provider at a distant site. Only healthcare facilities in rural areas are eligible for this payment.</p>
<p>With the addition of the telephone codes, why would we use the virtual checkin codes?</p>	<p>Virtual check-ins include text messaging; telephone E/M services is limited to telephone</p>
<p>To clarify, CPT 99421 - 99423 can not be done telephonic?</p>	<p>CPT 99421 - 99423 are used for telephone E/M services.</p>
<p>Could therapist in a hospital-based outpatient deparment bill the Evisits?</p>	<p>Yes, bill the E-visit with POS 22</p>
<p>Has there been a change yet for institution based physical therapists to be able to bill for the e-visits?</p>	<p>No</p>
<p>Are there any telehealth codes applicable for audiologists?</p>	<p>No. Audiologists can bill for eVisits and Telephone E/M services</p>
<p>Physical therapists cannot bill for services correct - only physician or NP, PA?</p>	<p>No, physical therapists cannot bill for telehealth services, but may bill for eVisits and Telephone E/M services.</p>
<p>98966-98968 - Physical Therapy (therapy "G" codes) - would they bill these codes on an UB or 1500 form?</p>	<p>Bill on the CMS 1500.</p>
<p>Has there been information released on any billing restrictions for practices that are participating in an APM such as CPC+?</p>	<p>No, there are no restrictions on these providers furnishing telehealth services.</p>
<p>For the Teleheath codes, do you have to have audio AND video capability in order to bill. DO you have to use zoom, facetime, etc..</p>	<p>To be clear, there are no special telehealth codes. Instead, one may bill for those services included on the approved list if furnished using an interactive audio and visual communication platform rather than providing the service face-to-face. Audio-only communications may be billed as a virtual check-in or as telephone evaluation and management services</p>
<p>These guidelines are for Medicare patient's, but is it safe to assume that we can use these methods of Video and or just telephone visits for ALL insurance types, Commercial such as Cigna, BCBS and Medicaid patient's also? What do we do for NON -Medicare patient's with regards to e-visits or telephone visit? Thx</p>	<p>State Medicaid programs and commercial payers do not consistently follow Medicare's telehealth rules. PYA is now in the process of developing state-specific guides, which address Medicaid coverage and the telehealth rules published by major commercial payers.</p>

Follow-up to the Incidnet to q - if my understanding fo the incident comment is correct, how does this align with the Interim Final rule surrounding Direct Supervision modifications notifications? (pg 55-58 from the Interim final rule)	Use the incident to direct supervision expansion via audio/visual technology for ancillary services only. For example, an RN would go to a patient's home and provide an injection. The injection must be rendered under direct supervision. So, the physician would provide that supervision via FaceTime, for instance, to meet the requirement. We do not recommend using this definition for professional services provided by an NPP, such as an E/M service. Bill NPP services directly to Medicare.
Just to clarify. We cannot provide audio only for codes 99201 thru 99215.	Correct. These services would be billed under the separate telephone E/M codes.
Can the billing of a 99441-3 code count as the initial visit as it relates to the billing of CCM?	CMS' pre-COVID-19 guidance regarding chronic care management services states the initiating visit must be a face-to-face visit. Unless and until CMS announces otherwise, one should assume CPT 99441-99444 would not qualify
Can we bill OP Hospital Provider POS22?	Yes, with the -95 modifier.
For those hospitals that can bill physician profee services on the UB-04, it seems like they could bill these under revenue code 981?	CMS does not specify, however, revenue code 981 on the UB-04 makes sense. Note that several commercial payers (Highmark & UHC) are recommending using revenue code 780 for hospital outpatient facility professional services
For telephone visits, sometimes the nurse gathers the data and then the physician calls, same for e visit. do we roll up minutes for nurse time and MD time?	Clinical staff time is not calculated as part of cumulative time. The documented time would include physician time conducting tasks such as reviewing the patient's inquiry, the patient's record and data relevant to the assessment, interacting with clinical staff about the patient's problem, developing management plans, and ordering tests and prescriptions
If E/M service is provided via audio only what is the appropriate cpt? If it is not a brief 5 to 10 minute service.	Use the telephone E/M codes for these services, CPT 99441-99443 (for physicians and non-physician practitioners) or CPT 98966-98968 (other non-physician healthcare professionals who can bill for services under the Medicare Physician Fee Schedule under their own NPI).
Can the eVisit codes be billed for PT, OT and ST providers on a UB04, or only on a 1500? All guidance references Place of Service codes, which imply they can only be billed on a 1500.	Bill on the CMS 1500.
Billing on UB04 would we use revenue code 0780 to reflect Telehealth services?	Yes, the orginating site hospital would bill revenue code 0780. However, if the patient is not at your facility location and the physician is at your site as the distant provider, there are no billing instructions for the facility.
So we can remove CR from our charges if modifier 95 is present?	CMS has directed provider NOT to use the CR modifier on any claim for telehealth services.
Have you heard of using modifier GF for Telehealth services provided by non-physician practitioners out of Critical Access Hospital?	We would not recommend billing this modifier for Medicare billing as it does not accept it. However, Modifier GF is for Services rendered in a CAH by a nurse practitioner (NP), clinical nurse specialist (CNS), certified registered nurse (CRN), or physician assistant (PA).
In terms of technology, do these rules allow for the use of devices that have been identified by the FDA as a class II medical device exempt from 510(k) premarket notification requirements?	As long as the device meets the definition under the waiver, we would assume that it could be used. Definition: Must utilize telecommunications technology with audio and video capabilities that permits real-time interactive communication.

ED physician is in the ED. Patient is outside the hospital in a tent and ED staff is using an iPad to communicate with the doctor who is doing a Medical Screening Exam. The physician can bill an E/M. Patient is sent home after the MSE. What can the facility bill, if anything?	There is no reimbursement under the waiver provisions on the facility side when a distant site provider renders service.
What about RD that are working at a HOPD, are they able to bill for these services on a UB04	As Registered dietitians or nutrition professional are on the list of authorized distant site practitioners (subject to state law), we recommend billing for their services on a 1500.
What about resident supervision requirements in primary care telemedicine visit? Can residents conduct visit without supervision of MD? Just in low level Telemedicine calls?	I addressed this question with Donna directly on Friday afternoon.
What about Incident to involving Residents. how would that be rolled out.	Teaching physicians can provide supervision for the required key components via audio/visual technology.
If CRNP provides 99441 E/M in office, and MD is in office and provides direct supervision - should it be billed incident to under MD NPI - or would it be better to bill under CRNP NPI	Bill under the CRNP.
If a patient is not able to be evaluated by audio and visual and only by audio (phone)only, the service would be coded under the Telephonic codes 99441-99443, correct? You wouldn't be able to bill the "telehealth" approved codes just because the patient didn't have visual, correct?	Correct. These services would be billed under the separate telephone E/M codes. There is permission of this when the service is for Opioid Treatment Program billing.
Can you go back to the therapist billing charges in the hospital on UB..if therapist is performing there is no answer now regarding how to bill on UB?	Therapists can bill for E-visits and telephone assessments, but they are not permitted to bill for telehealth visits. Bill for there services on the CMS 1500.
For drive-thru screening set-up at an ER, with a resident performing a telemedicine evaluation, can the hospital associated with the ER bill a Q3014 code since the patient was present at the facility?	Services should only be reported as telehealth services when the individual physician or professional providing the telehealth service is not at the same location as the beneficiary.
Can a facility bill telehealth for diabetes education?	G0108 and G0109 are included on the list of telehealth services that may be billed under the Medicare Physician Fee Schedule

Disclaimer: To the best of our knowledge, these answers were correct at the time of publication. Given the fluid situation, and with rapidly changing new guidance issued daily, be aware that these answers may no longer apply. Please visit our COVID-19 hub frequently for the latest information, as we are working diligently to put forth the most relevant helpful guidance as it becomes available.