FQHC/RHC COVID-19 TELEMEDICINE BILLING DECISION TREE

MEDICARE / UHC MEDICARE effective 5/11/2020

(based on the Interim Final Rule published on 4/6/2020)

NOTE: For dates of service on or after **July 1, 2020** thru the end of the COVID-19 PHE, use **G2025**

Audio + Video

E/M codes 99201-99215

POS 50/72 w/ **modifier 95**

GT (some Medicare Adv plans)

Begin using the 2021 E/M guidelines published by the AMA which allows the level of service for office/ outpatient E/M telehealth visits to be based on **1) medical decision making (MDM) or 2) time***

- Time now includes all time associated with the visit on the same day including non-face-to-face time.
- Counseling does not have to dominate the visit.
- There are no history and/or exam requirements
- MDM should continue to be based on current 1995/1997 E/M guidelines for now.

Audio only

POS 50/72; no modifiers

No related E/M in previous 7 days nor any service planned in next 24 hours for Physicians and Advanced Practitioners

99441	5-10 min medical discussion
99442	11-20 minutes
99443	21 or more minutes
G0071	FQHC Virtual Check-in (5-10 min)

Online only (email, text, or portal messages)

Up to 7 days, cumulative time for Physicians and Advanced Practitioners

99421	5-10 minutes
99422	11-20 minutes
99423	21 or more minutes
G2010	Captured video or image
G0071	FQHC Virtual Check-in (5-10 min)

DOCUMENTATION REQUIREMENTS for ALL TELEHEALTH SERVICES

- ☐ Patient's verbal consent to treat
- ☐ Patient was notified that telehealth visits are billable services; copays, coinsurance and deductibles may apply
- ☐ Location of the patient and the location of the provider
- ☐ E/M service may be lower than normal w/ limited exam; focus on documenting Hx & MDM; will need some exam for new patients
- ☐ # of minutes face-to-face w/ patient and/or family on video or phone

E/M Based on Total Time

99201	= 10 min total
99202	= 20 min total
99203	= 30 min total
99204	= 45 min total
99205	= 60 min total
99212	= 10 min total
99213	= 15 min total
99214	= 25 min total
99215	= 40 min total

For Indiana Medicaid: FQHCs use encounter code **T1015** billed with POS code 11, 12, 31, 32, 50, or 72

COMMERCIAL PAYERS AND INDIANA MEDICAID

Audio + Video

E/M codes 99201-99215

POS 50/72 w/ **modifier 95**

GT (some Medicare Adv plans)

Cigna

POS 50/72 w/ **modifier GQ**

for dates of service on or after 3/2/2020 until at least 5/31/2020

IU Health (95 or GT)

Anthem*, IN Medicaid°

POS 50/72 w/ **modifier 95**

°Codes that are **not** on the IN Medicaid telemedicine code set must be billed with **modifier GT** and POS where the patient was located (ie. 12 for home).

***Anthem HIP** and **AARP Medicare Complete** – use **POS 11 (50 or 72) w/ mod 95**

Audio only

E/M codes 99201-99215

Cigna

POS 50/72 w/ modifier GQ

UHC (until 6/18/2020)

POS 50/72 w/ **modifier 95**

IU Health (95 or GT)

IN Medicaid°

POS 50/72 w/ **modifier 95**

99441 – 99443

98966 – 98968

Aetna (until 6/4/2020)

Anthem (until 6/17/2020)

Humana

POS 50/72; no modifiers

Online only (email, text, or portal messages)

Up to 7 days, cumulative time

99421	5-10 minutes
99422	11-20 minutes
99423	21 or more minutes

Place of Service (POS) 02 = Telehealth services

Modifier 95 = Synchronous telemedicine service via audio and video tele-communication system

Modifier GT = Face-to-face encounter w/ audio and video telecommunication system

Modifier GQ = Services delivered via asynchronous system

NOTE: This tool is provided for informational purposes only and is not intended to tell providers how to code for actual services rendered. This information is only valid during the COVID-19 emergency and was current at the time of publication; however, information changes daily. Refer to payer websites and policies for telemedicine billing options.

5/11/2020

MedLucid Solutions, LLC
Providing Clear Solutions for Medical Practices

COVID-19 TELEMEDICINE REFERENCES

AETNA

For the next 90 days Aetna will cover **minor acute evaluation and management services care services rendered via telephone. A visual connection is not required. For general medicine and behavioral health visits – a synchronous audiovisual connection is still required**. Aetna's telemedicine policy is available to providers on the NaviNet and Availity portals. **(99441-99443 for telephone only)**

ANTHEM

Anthem does not cover telephone-only services today (with limited state exceptions) **but we are providing this coverage for 90 days effective March 19, 2020,** to reflect the concerns we have heard from providers about the need to support continuity of care for Plan members during extended periods of social distancing. Anthem will cover telephone-only medical and behavioral health services from in-network providers and out-of-network providers when required by state law. Anthem will waive associated cost shares for in-network providers only except where a broader waiver is required by law. Exceptions include chiropractic services, physical, occupational, and speech therapies. These services require face-to-face interaction and therefore are not appropriate for telephone-only consultations. Self-insured plan sponsors may opt out of this program.

CIGNA

Services can be performed by phone, video, or both. **Usual face-to-face E/M code, append with GQ modifier and POS service normally billed.**

CMS MEDICARE

For **Medicare**, the level of service for office/outpatientt E/M telehealth visits can be based on MDM or time. Time now includes all time associated on the same day including non-face-to-face time. Counseling does not have to dominates the visit. MDM should be based on current 95/97 Guidelines.

A broad range of clinicians can now provide certain services by **telephone** to their patie.nts with CPT codes **98966-98968 or 99441-99443** or as **eVisits** with codes **99421-99423 or G2061-G2063.**

HUMANA

Humana understands that not all telehealth visits will involve the use of both video and audio interactions. For providers or members who don't have access to secure video systems, we will **temporarily accept telephone (audio-only) visits. These visits can be submitted and reimbursed as telehealth visits.** Please follow CMS or state-specific guidelines and bill as you would a standard telehealth visit.

IN MEDICAID

Any IHCP-covered service – aside from the exclusions listed in BT202022 and speech, occupational, and physical therapies – can be provided through audio-only, given that the service can reasonably be provided through audio-only communication. Some services may be better provided through video; however, the IHCP acknowledges some patients may not have access to video communication. Executive Order 2020-13 excludes speech, occupational and physical therapies from audio-only telemedicine. See also Telemedicine Services for FQHCs and RHCs.

UHC

Starting May 11, 2020, telehealth visits for UHC Medicare Advantage members, including DSNP members, must be an interactive audio-video visit (such as Zoom, FaceTime, Skype, Google Duo or dedicated telehealth solutions) to qualify for reimbursement, except for certain audio-only visits classified by CMS on May 1, 2020. Medicare fee schedule rates for audio-only evaluation and management codes (99441-99443) have been adjusted retroactively for dates of service March 1, 2020 or later, such that reimbursement aligns with in-office fee schedule rates for comparable codes.

NOTE: This tool is provided for informational purposes only and is not intended to tell providers how to code for actual services rendered. This information is only valid during the COVID-19 emergency and was current at the time of publication; however, information changes daily. Refer to payer websites and policies for telemedicine billing options.

COVID-19 TELEMEDICINE COST SHARING

Under the Families First legislation all health plans are required to provide coverage of COVID-19 testing without cost sharing to patients. Do not charge copays or co-insurance for these services. Do not collect any money for self-pay patients related to COVID-19 testing or services. Federal funding will be available to cover these expenses.

PAYER	COST SHARING for COVID-19 Treatment	COST SHARING for Telehealth Services
Medicare	May apply based on services / **USE MODIFIER CS**	Copays and coinsurance may apply May be waived by providers without penalty or sanctions
Aetna	Waived for inpatient admissions or health complications associated with COVID-19	Waived until June 4, 2020
Anthem	Waived (through May 31, 2020)	Waived (March 17 – June 15, 2020)
Cigna	Waived (through May 31, 2020) / **USE MODIFIER CS**	Waived (through May 31, 2020)
Humana	Waived for in-network and out-of-network providers / **USE MODIFIER CS**	Waived for participating/in-network providers
UHC	Waived (through May 31, 2020)	Waived (March 31, 2020 – June 18, 2020) for in-network telehealth visits for medical, outpatient behavioral and PT/OT/ST

NOTE: Waiver of cost-sharing and telehealth coverage is optional, although encouraged, for all self-funded plans.

CIGNA COST-SHARING through at least May 31, 2020

Service	Code(s) to bill	Comments
Virtual screening telephone consult (5-10 minutes)	G2012	• Must be performed by a licensed provider • Cost-share will be waived
Virtual or face-to-face visit for screening for **suspected** or **likely** COVID-19 exposure	Usual face-to-face E/M code • ICD10 code Z03.818 or Z20.828 • Modifier CS • Append with GQ, GT or 95 modifier for virtual care	• Cost-share will be waived only when providers bill the appropriate ICD10 code along with modifier CS • Modifier CR and condition code DR can also be billed
Virtual or face-to-face visit for treatment of a **confirmed** COVID-19 case	Usual face-to-face E/M code • ICD10 code B97.29 or U07.1 • Append with GQ, GT or 95 modifier for virtual care	• Cost-share will be waived only when providers bill the appropriate ICD10 code • Cigna will reimburse usual face-to-face rates • Effective for dates of service on and after February 4, 2020
COVID-19 laboratory testing	U0001, U0002, and 87635	• Laboratory test must be FDA-approved/authorized • Reimbursement at 100% of Medicare • Cost-share will be waived only when providers bill one of these codes
Other COVID-19 related diagnostic tests (other than COVID-19 test)	Usual codes • ICD10 code Z03.818 or Z20.828 • Modifier CS	• For other laboratory tests when COVID-19 may be suspected • Cost-share will be waived only when providers bill the appropriate ICD10 code along with modifier CS • Modifier CR and condition code DR can also be billed • Paid per contract

Waiving Cost Share for UHC Medicare Advantage Members

UnitedHealthcare is waiving cost share (copays, coinsurance and deductibles) for UnitedHealthcare Medicare Advantage plan members **for all covered office-based professional services performed by both primary care physicians and specialists with dates of service starting May 11, 2020 until at least Sept. 30, 2020.** Waiving cost share for primary care and specialty care can make it easier for members to get the care they need, however they choose to access it.

HIGHLIGHTS COVERED IN THE INTERIM FINAL RULE

RHCs AND FQHCs VIRTUAL COMMUNICATION SERVICES

- Effective January 1, 2019, RHCs and FQHCs are paid for Virtual Communication Services HCPCS code **G0071** (Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an RHC or FQHC practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, **occurring in lieu of an office visit**; RHC or FQHC only). HCPCS code G0071 is on an RHC or FQHC claim, either alone or with other payable services, and at least 5 minutes of communication technology-based or remote evaluation services are furnished by an RHC or FQHC practitioner to a patient who has had an RHC or FQHC billable visit within the previous year, and the medical discussion or remote evaluation is for a condition not related to an RHC or FQHC service provided within the previous 7 days, and does not lead to an RHC or FQHC visit within the next 24 hours or at the soonest available appointment.
- HCPCS code G0071 is set at the average of the national non-facility PFS payment rates for HCPCS code G2012 (communication technology-based services) and HCPCS code G2010 (remote evaluation services) and is updated annually based on the PFS national non-facility payment rate for these codes. RHC and FQHC face-to-face requirements are waived when these services are furnished to an RHC or FQHC patient. **Coinsurance and deductibles apply to RHC claims for HCPCS code G0071 and coinsurance applies to FQHC claims for HCPCS code G0071.**
- To facilitate the ability of RHCs and FQHCs to take such measures when appropriate, on an interim basis, we are expanding the services that can be included in the payment for HCPCS code G0071, and update the payment rate to reflect the addition of these services. Specifically, we are adding the following three CPT codes:
    - **99421** (Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes)
    - **99422** (Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes)
    - **99423** (Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes)
    - Effective for services furnished on or after March 1, 2020 and throughout the PHE for the COVID pandemic, the payment rate for HCPCS code G0071 will be the average of the PFS national non-facility payment rate for HCPCS code G2012 (communication technology-based services), HCPCS code G2010 (remote evaluation services), CPT code 99421, CPT code 99422, and CPT code 99423.
    - The RHC and FQHC **face-to-face requirements are be waived for these services**.
    - Under the current PHE for the COVID-19 pandemic, **all virtual communication services that are billable using HCPCS code G0071 will also be available to new patients that have not been seen in the RHC or FQHC within the previous 12 months.**
    - Also, in situations where obtaining prior beneficiary consent would interfere with the timely provision of these services, or the timely provision of the monthly care management services, during the PHE for the COVID-19 pandemic **consent can obtained when the services are furnished instead of prior to the service being furnished, but must be obtained before the services are billed.** We will also allow patient consent to be acquired by staff under the general supervision of the RHC or FQHC practitioner for the virtual communication and monthly care management codes during the PHE for the COVID-19 pandemic.

For additional information, please refer to the Interim Final Rule

https://www.federalregister.gov/documents/2020/04/06/2020-06990/medicare-and-medicaid-programs-policy-and-regulatory-revisions-in-response-to-the-covid-19-public

HIGHLIGHTS COVERED IN THE INTERIM FINAL RULE

COVERED TELEHEALTH SERVICES

- Starting on March 6, 2020, Medicare can pay for telehealth services, including **office, hospital, and other visits** furnished by physicians and other practitioners to patients located anywhere in the country, including in a patient's place of residence.
- For Medicare telehealth services, **report the POS code that would have been reported had the service been furnished in person with modifier 95**. This will allow for services to be paid at the same rate they would have been paid if the services were furnished in person.
- Professional consultations, office visits, and office psychiatry services that are currently on the list of telehealth services **require the use of interactive audio and video equipment.**
- The following codes have been added to the list of services that can be provided via telehealth
  - **Emergency Department Visits:** CPT codes 99281-99285
  - **Initial and Subsequent Observation, and Observation Discharge Day Management:** CPT codes 99217-99220, 99224-99226, 99234-99236
  - **Initial hospital care and hospital discharge day management:** CPT codes 99221-99223, 99238-99239
  - **Initial nursing facility visits and nursing facility discharge day management:** CPT codes 99304-99306, 99315-99316
  - **Critical Care Services:** CPT codes 99291-99292
  - **Domiciliary, Rest Home, or Custodial Care services:** CPT codes 99327-99238, 99334-99338
  - **Home Visits:** CPT codes 99341-99345, 99347-99350
  - **Inpatient Neonatal and Pediatric Critical Care:** CPT codes 99468-99649, 99471-99476
  - **Initial and Continuing Intensive Care Services:** CPT codes 99477-99480
  - **Care Planning for Patients with Cognitive Impairment:** CPT code 99483
  - **Group Psychotherapy:** CPT code 90853
  - **End-Stage Renal Disease (ESRD) Services:** CPT codes 90952-90953, 90959, 90962
  - **Psychological and Neuropsychological Testing:** CPT codes 96130-96133, 96136-96139
  - **Therapy Services:** CPT codes 97161-97168, 97110, 97112, 97116, 97535, 97750, 97755, 97760-97761, 92521-92524, 92507
  - **Radiation Treatment Management Services:** CPT code 77427
- Frequency restrictions are lifted for each of the following listed codes for subsequent inpatient visits and subsequent NF visits furnished via Medicare telehealth for the duration of the PHE for the COVID-19 pandemic:
  - **Subsequent Inpatient Visits:** CPT codes 99231-99233
  - **Subsequent Nursing Facility Visits:** CPT codes 99307-99310
  - **Critical Care Consultation Services:** HCPCS codes G0508-G0509
  - **Required "Hands-on" Visits for ESRD Monthly Capitation Payments:** CPT codes 90951-90955, 90957-90970

LEVEL OF OFFICE/OUTPATIENT E/M SERVICES BASED ON MDM OR TIME

On an interim basis, we are revising our policy to specify that the office/outpatient E/M level selection for these services when furnished via telehealth can be based on MDM or time, with time defined as **all of the time associated with the E/M on the day of the encounter**; and to remove any requirements regarding documentation of history and/or physical exam in the medical record.

HIGHLIGHTS COVERED IN THE INTERIM FINAL RULE

SUPERVISION REQUIREMENTS FOR INCIDENT-TO SERVICES

Use of real-time, audio and video telecommunications technology allows for a billing practitioner to observe the patient interacting with or responding to the in-person clinical staff through virtual means, and thus, their availability to furnish assistance and direction could be met without requiring the physician's physical presence in that location.

- For the duration of the PHE for the COVID-19 pandemic, direct supervision to be provided using real-time interactive **audio and video technology**. Other services, including both face-to-face and non-face-to-face services, could be provided incident to a physicians' service by a nurse or other auxiliary personnel, as long as the billing practitioner is providing appropriate supervision through audio/video real-time communications technology (or in person), when needed.
- On an interim basis for the duration of the PHE for the COVID-19 pandemic, direct supervision includes virtual presence **through audio/video real-time communications** technology when use of such technology is indicated to reduce exposure risks for the beneficiary or health care provider. The presence of the physician includes virtual presence through audio/video real-time communications technology when use of such technology is indicated to reduce exposure risks for the beneficiary or health care provider.
- Virtual visits are considered provided incident to a physician's service, as long as the billing practitioner is providing appropriate supervision through audio/video real-time communications technology, when needed. Payment for such services would be made to the billing practitioner who would then make the appropriate payment to the contracted entity (for example, the HHA).

Special coding advice during COVID-19 public health emergency from the AMA

https://www.ama-assn.org/system/files/2020-04/covid-19-coding-advice.pdf