

Telehealth Billing and Coding Webinar Q&A Sheet

Sandy Giangreco Brown, Director of Coding and Revenue Integrity at CliftonLarsenAllen, LLP, presented a webinar on April 2, 2020 covering telehealth billing and coding including information on new regulations and how they impact rural providers. Below Sandy has addressed the questions that were asked on and after the webinar.

Access the webinar recording: <https://attendee.gotowebinar.com/recording/1499771649659525900>

Access the webinar slides: <http://coruralhealth.org/wp-content/uploads/2020/04/MOST-UPDATED-2020-COVID-Telehealth-version-9-for-CO-Rural-Health-updated-04032020....pdf>

Questions:

1. Question: For the qualifying distant provider list given - do the new regulations include Rehab - PT/OT/SLP?
Answer: PT/OT/SLP can bill for the codes of 98970-98972 or G2061–G2063 for e-visits, not telehealth.
2. Question: Is the Place of Service code only for the HCFA-1500 form, or is there a place for it on the UB-04?
Answer: Only for CMS-1500 form.
3. Question: In the setting of the a HB department (POS 22) is there ever a time that you would bill the G0463 code with a 95 modifier on the UB claim,? Is there a technical component to telehealth?
Answer: No, G0463 is not on the list of payable codes for Medicare for Telehealth.
4. Question: If we submitted claims under the "old" way prior to 3/30/2020 update will Medicare back date those changes to March 6th?
Answer: Medicare is accepting them either with the POS 02 and no modifier paid at the facility rate or the POS 11 or 22 and modifier 95 paid at the non-facility rate.
5. Question: Are Medicare annual wellness visits are allowed via telehealth as well?
Answer: Yes, G0438 and G0439 are listed on the list of Telehealth approved visits. Be certain that your documentation meets all of the requirements in order to bill for these services.
6. Question: Can we bill for only a telephone call, landline only- not smart phone, and what codes as an RHC?
– Answer: Yes, Medicare will pay for Phone Calls during the PHE only with CPT codes of Telephone calls 99441-99443 for Physicians and QHP (NP and PA) (Nonphysician professionals – 98966-98968)
7. Question: If a physician is provider telehealth visits from out of Colorado do we need to wait for CMS guidance on the interstate licensure before billing?
Answer: HHS waiver and comments from the Administration indicate that CMS is waiving the requirement for providers to be licensed in the states where they may provide telehealth services. There are questions on what this means, how this could actually occur. We await additional guidance from CMS.

8. Question: We bill Medicare under method II and are also a provider based RHC. So we will on an UB not 1500. please confirm that we use the GT modifier in lieu of the POS 02
Answer: Yes, per Medicare transmittal on 4/2/2020.
9. Question: Is the Place of Service code only for the HCFA-1500 form, or is there a place for it on the UB-04?
Answer: Only for the CMS 1500 form.
10. Question: Where we are calling patient's to cancel existing appointments can we offer the Telehealth and that still be considered patient initiated?
Answer: As long as the patient is comfortable with this situation, I would think that this could be termed as patient initiated as this is an option given to the patient.
11. Question: Clarification COVID-19 is like influenza as in slide 51 you stated code based on physicians judgement/documentation? Would you help send a clinical example documentation?
Answer: Provider has to state that they feel that the patient has COVID-19 such as they are being advised to quarantine for X amount of days for example or that they were tested and they are awaiting results or that they don't have testing available but "Presumed Positive", code as such.
12. Question: Should we hold our coding till we receive test back from COVID-19 so we have test results for claims data or have you heard any parties doing this?
Answer: Please refer to AHIMA guidance but if the provider is treating the patient as positive, no need to have a positive test on file, per AHIMA, code as positive.
13. Question: Total time for the visit should it be in start/stop times or should it be total time, we have resources we are asking but asking you as well helps?
Answer: For the E/M temporary change, refer to the AMA website with time - <https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf>
14. Question: We are Method2 CAH RHC our claims go on a UB-04 should we then be attaching for Medicare GT and CR due to POS not pulling on UB-04?
Answer: Attach the GT modifier per the CMS Transmittal on 4/2/2020.
15. Question: We are RHC does G0071 replace the G2012?
Answer: Yes, bill the G0071 as appropriate.
16. Question: If RHCs cannot do telehealth, what codes should we be using (instead of office E/M) if there is a visit that is real-time audio & visual (zoom teleconference)?
Answer: We are still waiting to have guidance from CMS re: the guidance to be able to bill Telehealth. In the meantime, you could bill G0071 or telephone calls. See slides below.
17. Question: I am still confused about what RHCs are allowed to bill to Medicare re: Telehealth.
Answer: We are still waiting to have guidance from CMS re: the guidance to be able to bill Telehealth. In the meantime, you could bill G0071 or telephone calls. See slides below.
18. Question: We do have providers in the RHC that are seeing patients via zoom conference (audio & video.) If RHCs are not eligible to bill for telehealth, and we can't bill those as office E/M codes, then which code(s) would we bill those as?

Answer: We are still waiting to have guidance from CMS re: the guidance to be able to bill Telehealth. In the meantime, you could bill G0071 or telephone calls. See slides below.

19. Question: Can a provider perform Medicare wellness exams via telehealth?
Answer: Yes, G0438 and G0439 are listed on the list of Telehealth approved visits. Be certain that your documentation meets all of the requirements in order to bill for these services.
20. Question: What happens if the provider and patient attempt a tele-video visit, but end up talking on the phone due to the tele-video visit failing for whatever reason? Is this counted as a tele-video visit or a telephone visit?
Answer: If the audio and video cannot be maintained for the entire visit, I would recommend from a compliance perspective to either G0071 or a telephone call and document same.
21. Question: During the presentation the speaker mentioned that she had a payer grid that she had made and was available through CLA. Could we obtain this for use and help in our coding and billing departments?
Answer: Will be sent to CO Rural Health to share after 4/8/2020.
22. Question: She confused me on the RHC. We can't bill telehealth at SPFC? Sounds like we can only bill virtual check-in G0071 which includes phone calls.
Answer: We are still waiting to have guidance from CMS re: the guidance to be able to bill Telehealth. In the meantime, you could bill G0071 or telephone calls. See slides below.
23. Question: I am hoping that you can clarify some billing details for the telephone codes approved by CMS for billing Medicare when we are contacting our patients on a phone without video conferencing. Should we add these codes to roll up into a 521 line?
Answer: Optum recommends 0780 Revenue Code for Telemedicine.
24. Question: Patient is incapacitated like on a vent (intubated and sedated). Patient has a medical representative designated to make healthcare decisions during this time. Can this representative participate in a telehealth visits/telephone visit/or brief virtual visit?
Answer: Only if this is for Critical Care and the visit spans for 31 mins and this takes place in the patients room.
25. Question: Do we know if there is a code for billing the covid test kit supplies?
Answer: Supplies would need to be bundled in to procedure and lab procedure being billed.
26. Question: Is modifier 95 used for telehealth claims with POS 11/22 ONLY for the E&M codes 99201 – 99205 AND 99211 – 99215?
Or would we also use modifier 95 with
99411 – 99443
G2010 & G2012
99421- 99423
Answer: It depends if you are an RHC, at this time, you can only bill G0071 and the telephone calls. If you are not an RHC, yes, you can bill for these Telehealth encounters as long as the documentation meets the criteria of what you are billing.

RHC and FQHC slides below:

FQHC/RHC Telehealth

- The CARES Act was signed on 3/27/2020 which allowed the FQHCs and RHCs to be distant sites – waiting to have guidance as to how these services for Telehealth can be billed for these facilities
 - In the meantime, CMS HAS approved payment for the following services for these facilities:
 - Telephone calls 99441-99443 (Nonphysician professionals – 98966-98968)
 - G0071 – Payment has been increased to
- As of 4/3/2020 – there are no payment guidelines as to how these claims are to be submitted nor paid by CMS**



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FQHC/RHC

FQHCs and RHCs were approved as distant sites for Medicare telehealth per the CARES Act

- May perform Virtual Check-In and bill G0071

G0071 - Payment for communication technology-based services for 5 minutes or more of a virtual (nonface-to-face) communication between a rural health clinic (RHC) or federally qualified health center (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

Reimbursement amount increased under CARES Act



Create Opportunities

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