Frequently Asked Questions for Medicare Advantage Telehealth

What is the 1135 waiver?
During the COVID-19 public health emergency, the Centers for Medicare & Medicaid Services (CMS) has expanded telehealth services with the 1135 waiver, allowing Medicare patients to communicate with their providers without having to travel to a health care facility to limit the risk of exposure and spread of the virus. Here are answers to frequently asked questions regarding telehealth services as well as what's included in the 1135 waiver. Florida Blue has temporarily expanded these services to our Commercial members as well.

What are telehealth services?
According to CMS, telehealth services are those that are generally conducted face to face, but that can also be provided via an interactive audio and video telecommunications system that permits real-time communication between the distant site and the patient.

Who can receive telehealth services?
Usually, only established patients may receive these services. However, the Medicare 1135 waiver allows telehealth services for new patients for claims submitted during this public health emergency.

What expanded options were temporarily added to telehealth services for the duration of the Public Health Emergency?
CMS recently added 127 new telehealth codes including:

- Emergency department visits, Levels 1-5
- Domiciliary, rest home, or custodial care services, new and established patients, all levels
- Home visits, new and established patient, all levels
- Care planning for patients with cognitive impairment
- Psychological and neuropsychological testing
- Hospital inpatient and outpatient therapy services (physical and occupational), all levels

What types of virtual services can be provided to Medicare beneficiaries?
There are three main types of virtual services providers can provide to Medicare beneficiaries during this time: Medicare telehealth visits, virtual check-ins and e-visits. Below is a definition of each type of service.

- **Telehealth Visits:** Currently, Medicare beneficiaries may use telecommunication technology for office and hospital visits as well as other services that generally occur in-person. The provider must use an interactive audio and video telecommunications system that permits real-time communication between the distant site and the patient at home. During the public health emergency, there are now audio-only evaluation and management (E/M) codes that have been added by CMS to the Medicare telehealth list which are permissible to provide during this time.

- **Virtual Check-Ins:** In all areas (not just rural), during the public health emergency, both new and established Medicare patients in their home may have a brief communication service with their providers via a number of communication technology modalities including synchronous discussion

over a telephone or exchange of information through video or image. We expect that these virtual services will be initiated by the patient; however, providers may need to educate their patients on the availability of the service prior to patient initiation.

- **E-Visits:** In all types of locations including the patient's home, and in all areas (not just rural), established Medicare patients may have non-face-to-face patient-initiated communications with their doctors without going to the doctor's office by using online patient portals. These services can only be reported when the billing practice has an established relationship with the patient.

Virtual Check-In

What is a virtual check-in?
A virtual check-in pays professionals for brief communications (five to10 minutes) that mitigate the need for an in-person visit. This differs from a visit furnished via Medicare telehealth which is treated the same as an in-person visit.

Who can receive the service?
Usually, only established patients may receive these services. However, the Medicare 1135 waiver allows them to be used for new patients for claims submitted during this public health emergency.

Who can provide the service?
Usually, only providers who can perform and bill evaluation and management (E/M) services may provide and bill for virtual check-ins. However, Interim Final Rule CMS-1744-IFC allows for other providers including, but are not limited to, clinical social workers, clinical psychologists, physical therapists, occupational therapists and speech-language pathologists, to provide virtual check-in visits.

How do I code the Virtual Check-In service?
Use **G2012** *Brief communication technology-based service*, e.g. virtual check-in, by a physician or other qualified health care professional who can report E/M services:

- provided to a new or established patient,
- not originating from a related E/M service provided within the previous seven days,
- nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment;
- five to10 minutes of medical discussion for real-time,synchronous (audio and visual) telephone interactions.

If the patient has sent video, images or other kinds of data transmissions (such as information from a monitor) for the provider to evaluate, use **G2010** *Remote evaluation of recorded video and/or images submitted by an established patient* (e.g., store and forward), including:

- interpretation with follow-up with the patient within 24 business hours,
- not originating from a related E/M service provided within the previous seven days
- nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.
- No modifier is required when billing for these two codes.

What else should I know about this service?
Make sure your documentation includes medical necessity and verbal patient consent. Advance consent from the patient must be obtained verbally or electronically and must be documented in the medical record.

E-Visit

What is an e-visit?

This service describes patient-initiated communications with their provider through an electronic health record (EHR) portal, secure email or other digital application.

Who can receive the service?

Only established patients may receive these services.

Who can provide the service?

According to Interim Final Rule CMS-1744-IFC, providers who may deliver these services include, but are not limited to:

- Physicians
- Nurse practitioners
- Physician assistants
- Licensed clinical social workers, in specific circumstances
- Clinical psychologists, in specific circumstances
- PTs
- OTs
- SLPs

How do I code the service?

Providers who can perform and bill for E/M services, use:

99421 *Online digital evaluation and management service, for a new or established patient, for up to seven days, cumulative time during the seven days; five–10 minutes*
99422 *… 11– 20 minutes*
99423 *… 21 or more minutes* according to time

Non-Physician providers who cannot bill for E/M services use:

G2061 *Qualified non-physician health care professional online assessment and management, for an established patient, for up to seven days, cumulative time during the seven days; five –10 minutes*
G2062 *… 11–20 minutes*
G2063 *… 21 or more minutes*

Use POS 11, and add applicable therapy modifier (GP, GO or GN, as needed).

What else should I know about this service?

- Make sure physician documentation includes a note that the patient gave verbal consent.
- These services may only be reported once in a seven-day period.

How do I code these services?

We encourage you to check the COVID-19 Provider Billing Guidelines on our *COVID-19 web page at floridablue.com*. **Click** *here* **for the COVID-19 Provider Billing Guidelines**. These guidelines are updated on a regular basis and remain in effect until further notice. Below are specific CMS codes for telehealth services.

The service must be listed in the CMS list of telehealth services. Examples of common services that can be furnished via telehealth include:

- **99201-99215:** *Office or other outpatient visit for the evaluation and management of a new/established patient*
- **G0425-G0427:** *Telehealth consultation, emergency department or initial inpatient*

- **G0406-G0408:** *Follow-up inpatient consultation ….communicating with the patient via telehealth*

Is a modifier needed for these services?

Per CMS guidelines, telehealth visits (audio and visual) for Medicare patients, require that you append place of service code 11 *Office* to indicate the location where health services and health-related services are provided or received through telecommunication technology.

In most cases, depending on the telecommunication method used, you'll append a modifier to the CPT/HCPCS code. The telehealth modifiers are:
- GT – via interactive (synchronous) audio and video telecommunication systems
- GQ – via telephone only (asynchronous) or store and forward telecommunications system
- 95 – via synchronous telemedicine service rendered real-time interactive audio and video telecommunication
- G0 – via telehealth services for diagnosis, evaluation or treatment of symptoms of an acute stroke
- Add applicable therapy modifier (GP, GO or GN), as needed

Note: Florida Blue Medicare will consider reimbursement for a procedure code/modifier combination using modifier 95 when the modifier has been used appropriately with the telehealth codes. Make sure you read the individual CPT/HCPCS code descriptor closely for appropriateness.

Due to the CMS Interim Final Rule for Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency, Florida Blue Medicare is temporarily allowing audio-only (telephone) visits if video capability is not available. These services should be billed using existing telephone evaluation and management (E/M) codes **99441-99443** using POS 11 *Office* for physicians who can bill for E/M services. No modifier is required.

Until CMS provides further clarification, rehab therapists may bill for audio-only services using the telephone visit codes made available to PTs, OTs, and SLPs (i.e.,**98966-98968**). Use POS 12 and the appropriate modifier GO (occupational therapy), GP (physical therapy), or GN (speech language therapy).

While evaluating via the telehealth visit, how can one give the levels of 99201 to 99215 without checking the vitals and physical exam?

It is possible to record 99201-99215 without an exam. An exam (including vitals) is not necessary if the other two elements – history and medical decision making (MDM) – are met. The waiver allows the provider to choose a level of service based on MDM or time.

During the public health emergency, Florida Blue Medicare prefers providers use the **99201-99215** codes with POS 11 and modifier 95 (audio/visual). If telephone only services are used, you must code **99441-99443**, with POS 11 *Office.* No modifier is needed.

Are nutritionist codes 97802 and 97803 included under the 1135 waiver?

CPT codes **97802** and **97803** are on the list of Medicare telehealth services and should be eligible for payment with POS 11; and modifier 95.

How should clinical staff document the telehealth visit/virtual check-in/or e-visit?

Telehealth services should be documented in the same manner you would document face-to-face services. You should also add a statement to the effect that the service was provided using telemedicine, and document the patient's location, the provider's location, and the names and roles of anyone participating in the encounter.

We are not set up to bill telehealth. If we call patients via telephone, do we bill using E/M codes (99213, etc.) with POS 02?

Providers who can bill for E/M services should code E/M **99441-99443** using POS 11 *Office* and no modifier code.

Can I bill CPT 99442 (timed visit) and 99213 with modifier 95 on one claim form?

These CPT codes cannot be billed on one claim form. Please use CPT code **99213** for telehealth (audio and visual) visits using POS 11 and modifier 95; or **99442** for telephone only service using POS 11 with no modifier code.

What codes do I use for incident-to-billing when the patient is home but the non-physician practitioner (NPP) is in the office providing telehealth services under the direct supervision of a physician?

CMS' Public Health Emergency Interim Final Rule expands the types of providers eligible to furnish telehealth under Medicare, including telehealth services to be furnished by PTs, OTs, and SLPs under 1834(m). CPT codes **98966-98968** described assessment and management service performed by practitioners who cannot separately bill for E/Ms. To facilitate billing these "sometime" services, use POS 11 and the appropriate modifier GO (occupational therapy), GP (physical therapy), or GN (speech language therapy).

How do we bill assisted-living visits via telehealth?

CPTs **99304-99306** (initial care nursing facility visits) have recently been added as temporary telehealth codes during the public health emergency period. They should be billed with a POS 32 and with modifier 95. CPTs **99307-99310** (subsequent care nursing facility visits) should be billed with a POS 11 or 32 and with modifier 95.

Can you code telehealth visits if the provider is at their home and has remote access to the patient's chart?

Yes, use the appropriate E/M code along with POS 11 and modifier 95.

How do registered dietitians (RDs) in private practice code and bill for real-time tele-consults?

CPT coding hasn't changed; however, we prefer RDs use POS 11 *Office* and modifier 95. The waiver simply allows qualified professionals to provide telehealth to patients in their home.

Should on-site visits conducted via video or through a window in the clinic suite be reported as telehealth services?

No. 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 patient.

Additional CMS and AMA Telehealth and Coding/Billing Information

Additional information that may be helpful to you is the **CMS General Provider Telehealth and Telemedicine Tool Kit**. It can be accessed at the following link:

https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf

The AMA has provided special **coding advice during COVID-19 public health emergency** at the following link: https://www.ama-assn.org/system/files/2020-04/covid-19-coding-advice.pdf