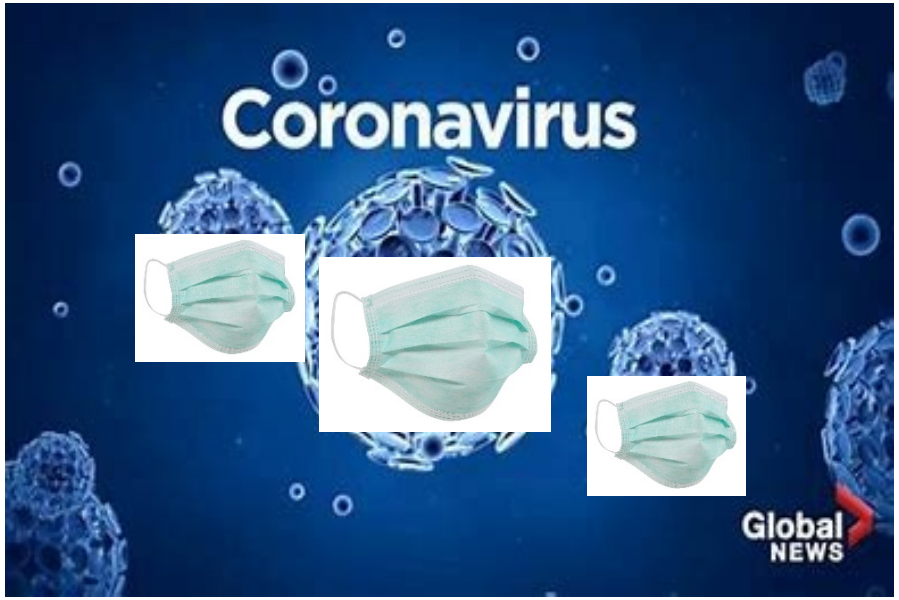
Ohio: *UPDATED INFORMATION*
How to Conduct a Patient Visit Electronically

Using Telehealth to Speed Diagnosis and Control Exposure



Information Current as of April 1, 2020

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Today's Agenda

- ✓ HHS and Ohio **Public Health Emergency Declarations** Affecting Telehealth
- ✓ **Ohio Medicaid**
  - Medicaid Telehealth Coverage
  - Ohio Telehealth Guidance for Community Mental Health Centers (CMHC)
- ✓ Eligibility to Provide **Medicare Telehealth Visits**
- ✓ **Types of Medicare Telehealth Visits**
  - ➢ Telehealth Visits
  - ➢ Virtual Check-Ins
  - ➢ E-Visits
  - ➢ Review of new telephone calls added to the process (3/30/2020)
- ✓ **Technology and Process** for Telehealth Visits
- ✓ **Billing for Medicare and Commercial Payer** Telehealth Services
- ✓ Additional **Resources**

In response to the Coronavirus Public Health Emergency, the Secretary of Health and Human Services (HHS) has relaxed certain Medicare telehealth requirements. The changes made will allow more patients to receive care by remote access while affording both providers and patients greater protection from this deadly disease.

Likewise, Ohio's Governor declared a State of Emergency and issued Executive Order 2020-05D modifying the telehealth rules for Ohio Medicaid and Ohio's Department of Mental Health and Addiction Services. The Ohio emergency rules cover both medical and behavioral health services in Ohio during the duration of the Emergency Declaration.

Medicare, Medicaid, private insurers and the State Medical Board are all moving quickly to modify procedures and payments. The goal is to increase the speed and the safety of provider-to-patient interactions and thus better protect our communities.

The information provided in this webinar is accurate as of April 1, 2020. These rules are in effect only for the duration of this emergency. However, the situation is fluid and updates are occurring daily. Please check the links listed to get the most up-to-date information.

Telehealth Services

During the Public Health Emergency, Medicare and Medicaid (as of 3/19/2020) and some commercial insurance plans are including Telehealth care as a method to provide care. This program will review the federal and state guidance on how these services can be provided as well as the identified documentation, coding and billing of these services.

The rules and process for Medicare and Medicaid, and the specific managed care plans are directed by CMS and the State of Ohio Medicaid rules. Commercial insurance plans may vary this process, within the allowed state and federal rules.

Important things to consider in moving through this process:

- *Method of communication (face to face, telephone, secure portal, etc.)*
- *Not all additional services are considered telehealth (phone calls, virtual visits and on-line services)*
- *Informed consent to provide and bill for services provided in these alternative methods*
- *Documentation of care provided*
- *Client verification with their name, date of birth or address or other patient identifier*
- *The care and services provided do not have to be related to the Coronavirus/COVID-19*
- *One should review this process with your specific malpractice carrier to identify if they have any additional requirements*


Ohio Medicaid
Telehealth
Services

Special Thanks Goes To Ohio Medicaid for In-Depth Technical Assistance:

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Note: All follow-up questions about Ohio Medicaid's coverage for telehealth services can be directed to: Medicaid@medicaid.ohio.gov

Ohio Medicaid Program Gives Specific Telehealth Guidance for CMHCs Providing BH/SUD Services

The link for the Ohio Medicaid April 1 and April 2, 2020 telehealth presentation is on the Ohio BH web site: https://bh.Medicaid.ohio.gov/

- This program covered the technical as well as practical aspects of telehealth (with focus on mental health) and identified that services provided by a Community Mental Health Center (CMHC) follow the same documentation and coding rules as set forth in the current BH SUD Manual. Services are documented, coded and billed based on the specific provider of care with modifier within the agency. Claims can have up to 4 modifiers per CMHC claim, the rank order of the modifiers is not important for claims processing.
- This benefit process also extends to Ohio Based Process (OPH process) BH/SUD clinic.
- Place of service can be determined by the provider of care (POS 11) or where the client is located.
- For a CMHC, Modifier GT is used for all approved services (Slides 9 and 10).
- For CMHC new services, no modifier is used until notified by BH/SUD. Medicaid services affected by telehealth changes covered on Slides 11 - 14.

CMHC Current Services – Modifier GT from the April 1 and 2nd 2020 On-line Programs

Ohio

List 1: Services Already Allowed by Videoconference – GT Modifier

Service	Code
E/M New Patient	99201 99202 99203 99204 99205
E/M Established Patient	99211 99212 99213 99214 99215

Service	Code
Prolonged Visit	99354
Prolonged Visit – Each Additional 30 Minutes	99355

Service	Code
Psychiatric Diagnostic Evaluation	90791
Psychiatric Diagnostic Evaluation with Medical	90792
SUD Assessment	H0001

Service	Code
Individual Psychotherapy	90832 90834 90837
Individual Psychotherapy w/ E/M Service	90833 90836 90838
SUD Individual Counseling	H0004

Service	Code
Family Psychotherapy w/o Patient	90846
Family Psychotherapy (Conjoint, w/ Patient Present)	90847
Multiple-Family Group Psychotherapy	90849
Group Psychotherapy	90853
SUD Group Counseling	H0005

Service	Code
Psychological Testing Administration	96136 96137
Psychological Testing Evaluation	96130 96131
Developmental Testing	96112 96113

Service	Code
Neurobehavioral Status Exam	96116 96121
Neuropsychological Testing Administration	96136 96137
Neuropsychological Testing Evaluation	96132 96133

Service	Code
Smoking and Tobacco Use Cessation	99406 99407

Service	Code
Community Psychiatric Supportive Treatment	H0036

Service	Code
SUD Case Management	H0006

Billing Guidance on Existing Telehealth for CMHC

Ohio

Services Already Allowed by Videoconference – GT Modifier

Refer to List 1 in previous slide

These services can still be delivered by videoconference

- But now they also can be delivered by telephone, text, email
- To bill for these services **continue using the GT modifier**
- Bill the services in accordance with the description of the Medicaid service
- Document in the medical record, to the greatest extent possible, the service delivered and form of telehealth used
- Use an existing place of service code listed in the BH provider manual that is allowed for the service being provided

CMHC New Services Added During This Crisis…

Ohio

List 2: Services NEWLY Available via Telehealth

Service	Code
Psychotherapy for Crisis	90839 90840 90832 KX

Service	Code
Individual Therapeutic Behavioral Services	H2019
Psychosocial Rehabilitation	H2017

Service	Code
MH LPN Nursing	H2017
MH RN Nursing	H2019
SUD LPN Nursing	T1003
SUD RN Nursing	T1002

Service	Code
Screening, Brief Intervention and Referral to Treatment	G0396 G0397

Service	Code
Assertive Community Treatment	H0040
Intensive Home-Based Treatment	H2015

Service	Code
SUD Peer Recovery Support	H0038

Service	Code
SUD Intensive Outpatient & Partial Hospitalization	H0015

Service	Code
SUD Residential Treatment	H2034 H2036

Service	Code
Specialized Recovery Services	H2023 H2025 T1016

Service*	Code
Therapeutic Behavioral Services Group – Hourly	H2012
Therapeutic Behavioral Services Group – Per Diem	H2020

*Added per Mar. 31st MITS Bits

Billing Guidance on New Telehealth for CMHC

Ohio

Services NEWLY Available via Telehealth

Refer to List 2 in previous slide

For now (until further guidance is given)

- DO NOT use the GT modifier for services new to telehealth
- Bill the services **as if they were rendered face-to-face** and in accordance with description of the Medicaid service
- Document in the medical record, to the greatest extent possible, the service delivered and form of telehealth used
- Use a place of service code allowed in the provider manual

Medicaid Providers Eligible to Offer Telehealth Services

During the State of Emergency, the following providers may offer telehealth services in Ohio:

- Physicians
- Podiatrists
- Psychologists
- Clinical Nurse Specialists and Certified Nurse Practitioners
- Physician Assistants
- Certified Nurse Midwives
- Registered Dietitians/Nutrition Professionals
- Independently Licensed Behavioral Health Practitioners and Trainees (OAC 5160-8-05)
- Audiologists, Audiologist Assistants, Audiology Aides
- Occupational Therapists, Occupational Therapy Assistants
- Physical Therapists, Physical Therapy Assistants
- Speech-Language Pathologists, Speech-Language Pathology Aides, Individuals Holding a Conditional License (ORC 4753.071)
- Medicaid School Program Practitioners (OAC 5160-35)
- Practitioners Affiliated with Community Behavioral Health Centers

Check licensing boards' websites for any licensure restrictions on scope of practice.

Specific Ohio Medicaid Telehealth Billing Process for Overall Medicaid services (non CMHC providers)

- The telehealth payments by Medicaid would be based on the specific fee schedule for the type of provider, as Medicaid has a separate fee schedule for Behavioral Health and Substance Use Disorders.
- Medicaid is working quickly with the Medicaid Managed Care payers to reconfigure the Medicaid IT system to ease the administrative burden on providers.
- Until the system is retooled for the new telehealth billing, providers may either:
  - Submit telehealth claims using existing telehealth billing process (CMHC/FQHC)
  - Hold claims until the retooled system is ready to accept claims
- For Medical providers no modifiers would be used at this time. The place of service is where the provider/office (POS 11) is located. Providers practicing from home are considered to be in an office location (POS 11) for the duration of the emergency declaration. Additional information will be posted on the ODM web site when available.

Specific Ohio Medicaid Telehealth Billing Process (Cont'd)

If providers opt to submit telehealth claims under the existing billing system prior to implementation of the new IT system:

- Providers can deliver all the modified telehealth services prior to the retooling of the Medicaid billing system, *but should NOT add the "GT" telehealth modifier* to claims (claims may be denied if GT modifier is added to the claim).
- If providers perform new telehealth services not previously identified as a Medicaid-covered service, DO NOT submit until the new system is implemented to avoid claims denial.
- The Place of Service (POS) codes identified for telehealth services prior to the expanded telehealth program **should be used** for any claims submitted prior to the retooling of the Medicaid IT billing system. **(*NOT* POS 02)**
- Providers must maintain documentation of services for any service offered via telehealth in the same method as for Medicare within each progress/encounter note.

Ohio Medicaid: Provider Organizations that Can Bill for Telehealth Services

The following providers can bill Medicaid, the MCPs, and MCOPs for services rendered via telehealth:

- Independently practicing clinicians listed in Eligibility Section
- Professional medical groups
- Federally qualified health centers (FQHCs) and rural health clinics (RHCs)
- Ambulatory health care clinics (AHCCS) (OAC Chapter 5160-13), which include end-stage renal disease (ESRD) dialysis clinics, family planning clinics, outpatient rehabilitation clinics, primary care clinics, public health department clinics, and speech-language-audiology clinic
- Outpatient hospitals
- Hospitals delivering outpatient hospital behavioral health (OPHBH) services, including psychiatric hospitals
- Medicaid School Program providers
- Community behavioral health centers that are certified by OhioMHAS
- Providers of applied behavioral analysis (ABA) billing through the MCPs

Ohio Medicaid: Scope of Services that Can Be Billed Using Telehealth

The following services offered via telehealth can be billed to Medicaid, the MCPs, and MCOPs :

- Evaluation and management of new and existing patients, not to exceed moderate complexity (i.e. evaluation and management levels 1-4) for the Medical side not CMHC
- Inpatient or office consultations for new or established patients
- Mental health and substance use disorder evaluations and psychotherapy
- Remote evaluation of recorded video or images
- Virtual check-ins by a physician or other qualified health care professional
- Online digital evaluation and management services
- Remote patient monitoring of physiologic parameters
- Occupational therapy, physical therapy, speech language pathology, and audiology services
- Medical nutrition services
- Lactation counseling provided by dietitians
- Psychological and neuropsychological testing
- Smoking and tobacco use cessation counseling
- Developmental test administration
- Follow-up consultation with a patient
- Services under the specialized recovery services (SRS) program

Ohio Medicaid: Scope of Services that Can Be Billed Using Telehealth

The following services offered via telehealth can be billed to Medicaid, the MCPs, and MCOPs :

- Medicaid School Program services
- Nearly all behavioral health services delivered by Ohio MHAS certified providers
- Outpatient hospital behavioral health (OPHBH) telehealth services will be allowed to the same extent they are allowed for Ohio MHAS-certified providers, except for SRS and peer recovery services, which cannot be billed by OPHBH providers.
- These services are defined in the Behavioral Health Provider Manual dated 11/27/19 , *https://bh.medicaid.ohio.gov/manuals*

Ohio Medicaid: Coding and Scope of Community Behavioral Health Services that Can Be Billed Using Telehealth

The following behavioral health services offered via telehealth can be billed to Medicaid, the MCPs, and MCOPs:

- Evaluation and management of new and existing patients (**99201-99204, 99211-99214**)
- Psychiatric diagnostic evaluation (**90791, 90792**)
- Psychotherapy (individual, group, and family) (**908xx series of codes**)
- Psychological testing (**96xxx series of codes**)
- Smoking cessation
- Community psychiatric supportive treatment (CPST)
- Therapeutic Behavioral Services (TBS) and psychosocial rehabilitation (PSR) (Please note: TBS group service – hourly and per diem, as defined in 5160-27-06, is not included in the list of services that can be billed to Medicaid when delivered via telehealth).
- RN and LPN nursing services
- SUD assessment
- SUD counseling (individual, group, intensive outpatient group, and partial hospitalization group)
- SUD case management

Ohio Medicaid: Scope of Community Behavioral Health Services that Can Be Billed Using Telehealth

The following behavioral health services offered via telehealth can be billed to Medicaid, the MCPs, and MCOPs :

- Assertive community treatment (ACT)
- Intensive home-based therapy (IHBT)
- Peer recovery support
- Behavioral health crisis intervention
- SBIRT (screening, brief intervention and referral to treatment)
- Practitioner services rendered to individuals in SUD residential treatment
- Specialized Recovery Services (SRS)

Ohio Medicaid Sources of Information on Telehealth

Ohio Medicaid Emergency Telehealth Rule

- *https://medicaid.ohio.gov/Portals/0/For%20Ohioans/Telehealth/ODM-Emergency-Telehealth-Rule.pdf*

Ohio Medicaid Telehealth FAQs

- *https://medicaid.ohio.gov/Portals/0/For%20Ohioans/Telehealth/ODM-Telehealth-FAQs.pdf*

Telehealth Executive Order

- *https://content.govdelivery.com/attachments/OHOOD/2020/03/19/file_attachments/1406216/2020031917584564 8.pdf*

Behavioral Health Services and Use of Telehealth

- *https://medicaid.ohio.gov/Portals/0/For%20Ohioans/Telehealth/MITS-BITS-Newsletter.pdf*

State of Ohio Coronavirus Website

- *https://coronavirus.ohio.gov/wps/portal/gov/covid-19/*


Eligibility
To Provide
Telehealth
Services

Medicare Providers Eligible to Offer Telehealth Services

During the Public Health Emergency, the following providers may offer telehealth services:

- *Physicians*
- *Clinical Nurse Specialists and Certified Nurse Practitioners*
- *Physician Assistants*
- *Certified Nurse Midwives*

These practitioners can also furnish services within their scope of practice and consistent with Medicare benefit rules:

- *Certified Nurse Anesthetists*
- *Licensed Clinical Social Workers*
- *Clinical Psychologists*
- *Registered Dietitians/Nutrition Professionals*
- *Physical Therapy, Occupational Therapy, and Speech Therapy*

Ohio State Medical Board Telemedicine Licensing Provisions

The State Medical Board of Ohio met on Wednesday, March 18,2020, to update their position on the use of telehealth and the practice of medicine in Ohio.

- *Practice of medicine is deemed to occur in the state in which the patient is located.*
- *The provider must document their use of telemedicine*
- *The provider must meet minimal standards of care*

To see the full text of the Medical Board's Position Paper on Telemedicine, go to: https://med.ohio.gov/Portals/0/Resources/COVID-19/3_18%20Special%20Meeting%20Motions%20.pdf?ver=2020-03-18-145059-693

Ohio State Medical Board e-Prescribing Provisions

The State Medical Board also modified its position on the use of e-prescribing for controlled substances (EPCS). The Medical Board has suspended the requirement that a prescriber have a face-to-face visit in these prescription circumstances:

- *Prescribing of controlled substances (OARRS review still required)*
- *Prescribing for subacute and chronic pain*
- *Prescribing to patients not seen by the provider*
- *Pain management*
- *Medical marijuana recommendations and renewals*
- *Office-based treatment for opioid addiction (OPT)*

IMPORTANT NOTE: If the prescribing practitioner has *previously conducted an in-person medical evaluation of the patient*, the practitioner may issue a prescription for a controlled substance after having communicated with the patient via telemedicine, *or any other means,* regardless of whether a public health emergency has been declared by the Secretary of Health and Human Services, so long as the prescription is issued for a legitimate medical purpose and the practitioner is acting in the usual course of his/her professional practice. In addition, for the prescription to be valid, the practitioner must comply with applicable Federal and State laws.

DEA Telemedicine Prescribing Provisions

The DEA requirements must be met to legally prescribe controlled substances when the visit is not face-to-face:

- The prescription must be for a legitimate medical purpose
- The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system
- For EPCS, the prescriber is still responsible for having some form of dual authentication within his/her prescribing EHR system

On March 31, 2020, the U.S. Drug Enforcement Administration (DEA) issued guidance to DEA-registered physicians providing new flexibility for physicians managing patients with opioid use disorder. The new guidance permits physicians and other health professionals with a waiver allowing them to prescribe buprenorphine for the treatment of opioid use disorder to issue these prescriptions to new and existing patients based on an evaluation via telephone. The new policy is effective from March 31 for the duration of the COVID-19 emergency.

This guidance removes a considerable barrier for many patients during the national emergency and, importantly, allows them to stay at home. The full guidance is available at: https://www.samhsa.gov/sites/default/files/dea-samhsa-buprenorphine-telemedicine.pdf.

SAMHSA and 42 CFR Part 2 Data

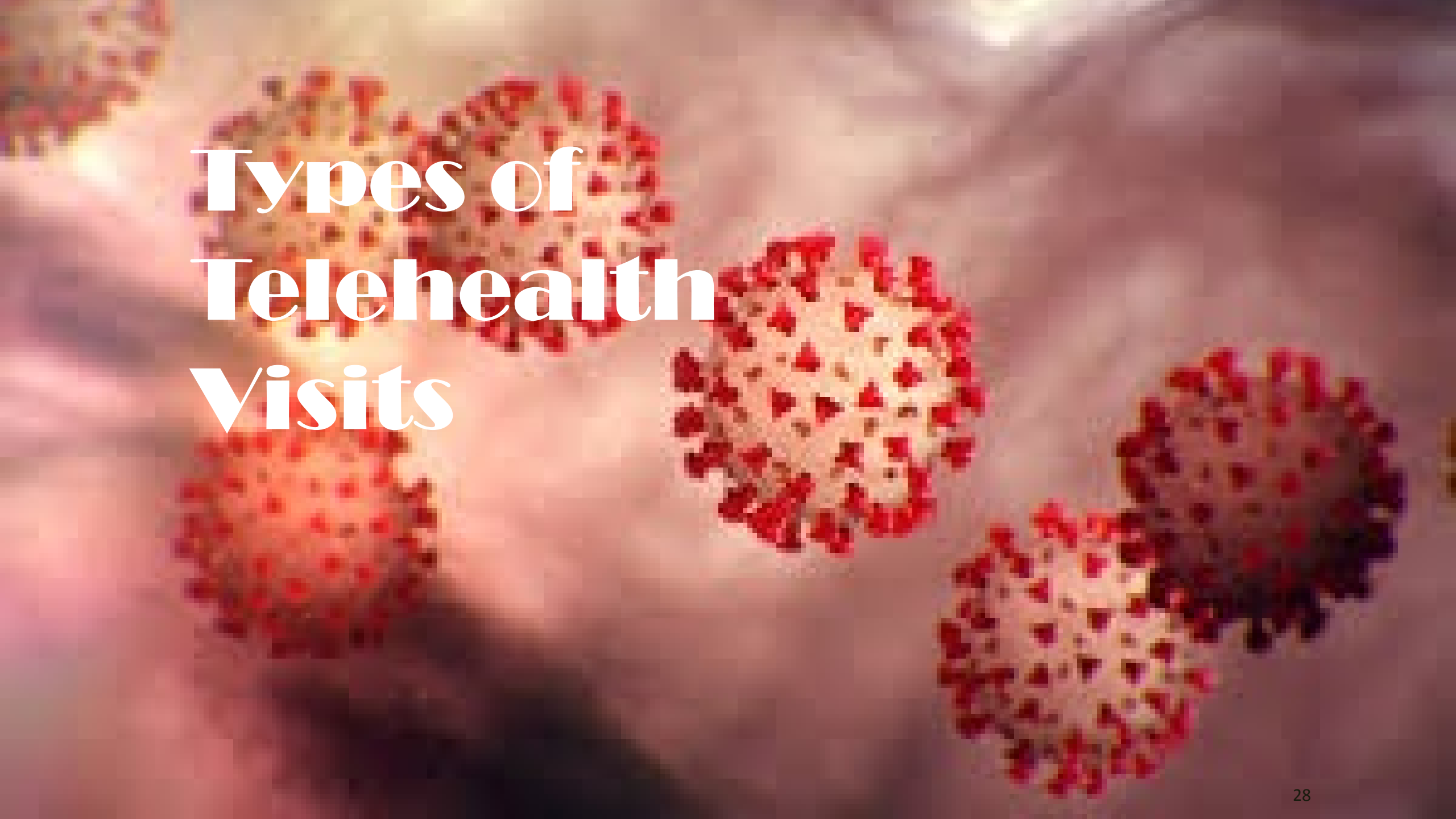
SAMHSA has issued guidance for the collection and transmission of Part 2 data during the Public Health Emergency.

SAMHSA states that in situations where the provider determines there is a medical emergency, the prohibitions on the use and disclosure of patient identified information under Part 2 would not apply. This pertains to:

- *Disclosure of the patient data without written patient consent when there is a bona fide medical emergency and the patient's prior informed consent can't be obtained.*
- *The Part 2 data that is disclosed in this emergency can be redisclosed for treatment purposes.*
- *Part 2 still requires programs to document information in their records after a disclosure is made pursuant to a medical emergency.*

For more information, see SAMHSA's 42 CFR Part 2 Guidance:
https://www.samhsa.gov/sites/default/files/covid-19-42-cfr-part-2-guidance-03192020.pdf

There is new statutory language affecting 42 CFR Part 2 data as of March 27, 2020.


Types of
Telehealth
Visits

Types of Medicare Telehealth Services

There are four levels of provider-to-patient virtual services that have been approved by CMS for general practitioner and use during this designated crisis time:

- *Telehealth Visits provided by audio and video method*
- *Virtual Check-Ins*
- *E-Visits*
- *Telephone visits are now part of the emergency process, but are technically not "telehealth" in nature (3/30/2020)*

NOTE: All three categories of services should be billed as the **place of service where the specific service would have been provided (11 for office with the 9920x or 9921x- CPT codes). Services are not restricted to diagnoses involving potential Coronavirus cases. Any service that could be billed for a face-to-face visit can be billed as a telehealth visit.**

Modifier 95 is used to identify that the services are telehealth (audio and video method).

Medicare Telehealth Visits

Telehealth visits are similar to patient visit in a face-to-face setting and are coded with the office visits codes 99201-99205 for new patients and the 99211-99215 for established patients.

Requirements for telehealth visits:

- Provider must use an interactive audio and video technology that permit real-time communications
- The provider must have documentation of informed consent for this method of care delivery and identify the risk and benefit for this communication method
- New patients can be seen via a telehealth visit; patient does not need to have a pre-existing relationship with the provider.
- The diagnoses for the telehealth visits can be any identified diagnoses which is supported by the documentation, not just diagnoses related to the Coronavirus
- Provider has the option to reduce or waive deductibles for Medicare but must be consistent in this process.
- **Modifier 95** is appended to these services based on CPT code and in all locations

Commercial insurance concerns:

The process that CMS has identified during this emergency time may or may not be followed by commercial insurance programs (see Resource links at the back of presentation). With this in mind, one needs to…

- Validate the patient's coverage.
- Identify if there is a co-pay or services subject to a deductible.
- Remind the patients that they may still be required to pay for services identified as "self pay" by their specific insurance program as waiving commercial insurance co-payments and deductibles is part of a contractual relationship between the patient- the provider – the insurance plan and must be done with care.

Medicare Telehealth Visits Documentation of E&M Services (99201-99215)

Telehealth visit documentation:

- Reason for the visit with identified location of the patient
- The method of the face to face (audio-video contact through….) must be documented (example Skype). The visit is not required to be recorded.
- Pertinent history – including elements required for the level of care with history of present illness, past medical history, social and family history with risk factors
- Pertinent exam available through the face to face process – one could include vitals or information provided by the patient (home BP or weight) as identified "per patient." level of care (as of 4/1/2020) can be based on a combination of time and medical decision making (see next slide)
- Medical decision making with identified diagnoses, plan and status of conditions
- If the face to face time with the patient is the reason for the level of care, then this should be clearly documented (total time with patient on "skype" 45 minutes discussing….)
- CMS can still audit the visit for the level of care documentation

Medicare Telehealth Visits Documentation for E&M services Interim Final Rule

- *"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. This policy is similar to the policy that will apply to all office/outpatient E/Ms beginning in 2021 under policies finalized in the CY 2020 PFS final rule."*
- https://www.cms.gov/files/document/covid-final-ifc.pdf

- **From a practical standpoint this means that a 99214 could be coded with documentation of medical decision making at a moderate level or time of 25 minutes face to face with the patient discussion (identified topic/issue/concern).**

Medicare Telehealth Visits Can Now Be Provided in the Identified Locations, But Still Follow Historic E&M Documentation Guidelines

- Emergency Room care (9928x series of codes)
- Initial inpatient and observation care
- Subsequent inpatient and observation care
- Initial and follow up skilled nursing care (99304 through 99310)
- Critical care services (99291-99292)
- Domiciliary, rest home or custodial care services
- Home visits
- Inpatient neonatal and pediatric critical care
- Psychological testing
- Therapy services Specific codes identified
- Radiation treatment

Medicare Virtual Check-Ins

Virtual Check-Ins are much briefer in duration than a telehealth visit and are not considered telehealth therefore modifier -95 will not be required

Requirements for virtual check-in:

- Patient must be an established patient and be verified (name, date of birth, etc.)
- Patient must agree (informed consent) to this method of care delivery
- Visit would be within 5-10 minutes in duration of discussion
- The patient would not have been seen within the previous 7 days or seen within 24 hours of the contact or the soonest available visit
- Place of service office (11)
- Can include communications via:
  - Telephone
  - Email must be through a secure process (portal)
  - Text messaging must be through a secure process (portal or telephone APP – example Tiger)

Medicare Virtual Check-Ins

- Reason for the visit with identified location of the patient and verified as to who the patient is (name, date of birth, other identifying element)
- The method of this communication must be documented in the record
- Brief review of the rationale for the check in
- Identified diagnoses and plan
- The time of the contact

The specific codes for Medicare are:

- **G2012** Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 **hours** or soonest available appointment; **5-**10 **minutes** of medical discussion

- **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 7 days nor leading to an E/M service or procedure within the next 24 **hours** or soonest available appointment

Medicare E-Visits

E-Visits are conducted using the HIPAA-secure email function of the EHR system through the patient portal and are not considered telehealth.

Requirements for an e- visit would be provided by phone and/or other electronic medium (portal, email, text and/or telephone)

- Patient must initiate the contact, but can have outreach by the practice to encourage patients to use this process
- Patient must agree (informed consent) to this method of care delivery
- Communication can occur over 7 days and the coding is based on timing
- Place of service 11, (not 02)
- There are two types of codes in this process – for physicians with the 99421, 99422, and 99243 and for qualified non physician health care professionals (PT, OT, Speech therapists, clinical psychologists) with the G2061, G2062, G2063.

Medicare E-Visits

- Reason for the visit with identified location of the patient and verified identity
- The method of this communication must be documented in the record
- A review of the contacts involved and process that goes into these visits (and time)
- Identified diagnoses and plan
- The time of the contact over a 7-day time period

The code definition:

- On-line medical evaluation services are non-face-to-face encounters originating from the established patient to the physician or other qualified health care professional for evaluation or management of a problem utilizing internet resources. The service includes all communication, prescription, and laboratory orders with permanent storage in the patient's medical record. The service may include more than one provider responding to the same patient and is only reportable once during seven days for the same encounter. Do not report these codes if the online patient request is related to an E/M service that occurred within the previous seven days or within the global period following a procedure. Report 99421 if the cumulative time during the seven-day period is five to 10 **minutes**; 99422 for 11 to 20 **minutes**; and 99423 **for 21 or more minutes.**

Medicare E-Visits with Other Qualified Professionals

- Reason for the visit with identified location of the patient and verified identity
- Documentation of the method of communication is required within the note
- A review of the contacts involved and process that goes into these visits (and time)
- Identified diagnoses and plan
- The time of the contact over a 7-day time period

The code definition for PT, OT , Speech therapists, LISW and clinical psychologist:

- **G2061** Qualified nonphysician health care professional online assessment, for an established patient, for up to 7 days, cumulative time during the 7 days; **5-10 minutes**
- **G2062** Qualified nonphysician health care professional online assessment service, for an established patient, for up to 7 days, cumulative time during the 7 days; **11-20 minutes**
- **G2063** Qualified nonphysician qualified health care professional assessment service, for an established patient, for up to 7 days, cumulative time during the 7 days; **21 or more minutes**

Telephone Calls by Physicians, Nurse Practitioners, Physician Assistants (added 3/31/20)

Medicare will now pay for the following CPT codes provided by MD, DO, APN or PA:

- **99441:** Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
- **99442:** For 11-20 minutes discussion
- **99443:** For 21-30 minutes discussion
- *These services are not telehealth – therefore no modifier is required, place of service would be where the provider would be located (POS 11 in most cases)*

Telephone Calls by Other Licensed Health Care Providers (LISW, Psychology, PT, OT, Speech

Telephone calls allowed by other qualified health care professionals who may bill Medicare for their services, such as registered dieticians, social workers, speech language pathologists and physical and occupational therapists:

- **98966:** Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
- **98967:** for 11-20 minutes of discussion
- **98978:** for 21-30 minutes of discussion
- These services are not telehealth – therefore no modifier is required, place of service would be where the provider would be located (POS 11 in most cases)

Telephone Call Documentation…

- Reason for the call with identified location of the patient and verification of the patient identity with name, date of birth or other identifier.
- The nature of the call (rationale for the call)
- Identified diagnoses and summary of discussion
- A review of the contacts involved and process that goes into these visits (and time)
- The date of the prior visit (and not allowed within the 7-day window of an E&M visit (either face to face or through telehealth)
- The time of the contact over the specific date of care

- *These services are not telehealth – therefore no modifier is required, place of service would be where the provider would be located (POS 11 in most cases)*


Technology and Process For Telehealth Visits

Privacy, HIPAA and Telehealth Technology

CMS has directed the Office of Civil Rights (HIPAA-enforcing agency) to waive strict HIPAA requirements for technology for telehealth services only during the Public Health Emergency

- **OCR** does not limit use of telehealth technology to cases involving Coronavirus
- **OCR** has issued *Notification of Enforcement Discretion for Telehealth Remote Communications (May 17, 2020)*

For more information on the OCR waiver, please see:

https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html

Note: Both Medicare and Medicaid are encouraging providers to notify patients that some 3rd-party applications can potentially introduce privacy risks:

- Providers should enable all available encryption and privacy modes when using 3rd party applications for telehealth.
- Many electronic health record (EHR) systems have integrated telehealth solutions. Contact your vendor for information to identify their options.

TECHNOLOGY FOR TELEHEALTH SERVICES FOR BOTH MEDICARE AND MEDICAID TELEHEALTH	
ACCEPTABLE TECHNOLOGY	**NOT-PERMITTED TECHNOLOGY**
▪ Technology must be non-public facing ▪ Can be audio or video equipment ▪ Can be technology provided directly by the healthcare provider or through a 3rd party technology vendor	▪ Public facing apps
Examples of acceptable technology for use by provider ▪ Video chat app using patient's phone or desktop computer ○ Apple FaceTime ○ Facebook Messenger ○ Google Hangouts video ○ Skype	Examples of technology apps that are NOT permitted: ○ Facebook Live ○ Twitch ○ TikTok
3rd Party Technology vendors ▪ Must be HIPAA compliant ▪ Must sign a BAA with provider Examples of acceptable vendors with HIPAA-compliant technology: ○ Skype for Business ○ Updox ○ Vsee ○ Zoom for Healthcare ○ Doxy.me ○ Google G Suite Hangouts Meet	

Requirements of Telehealth Visit

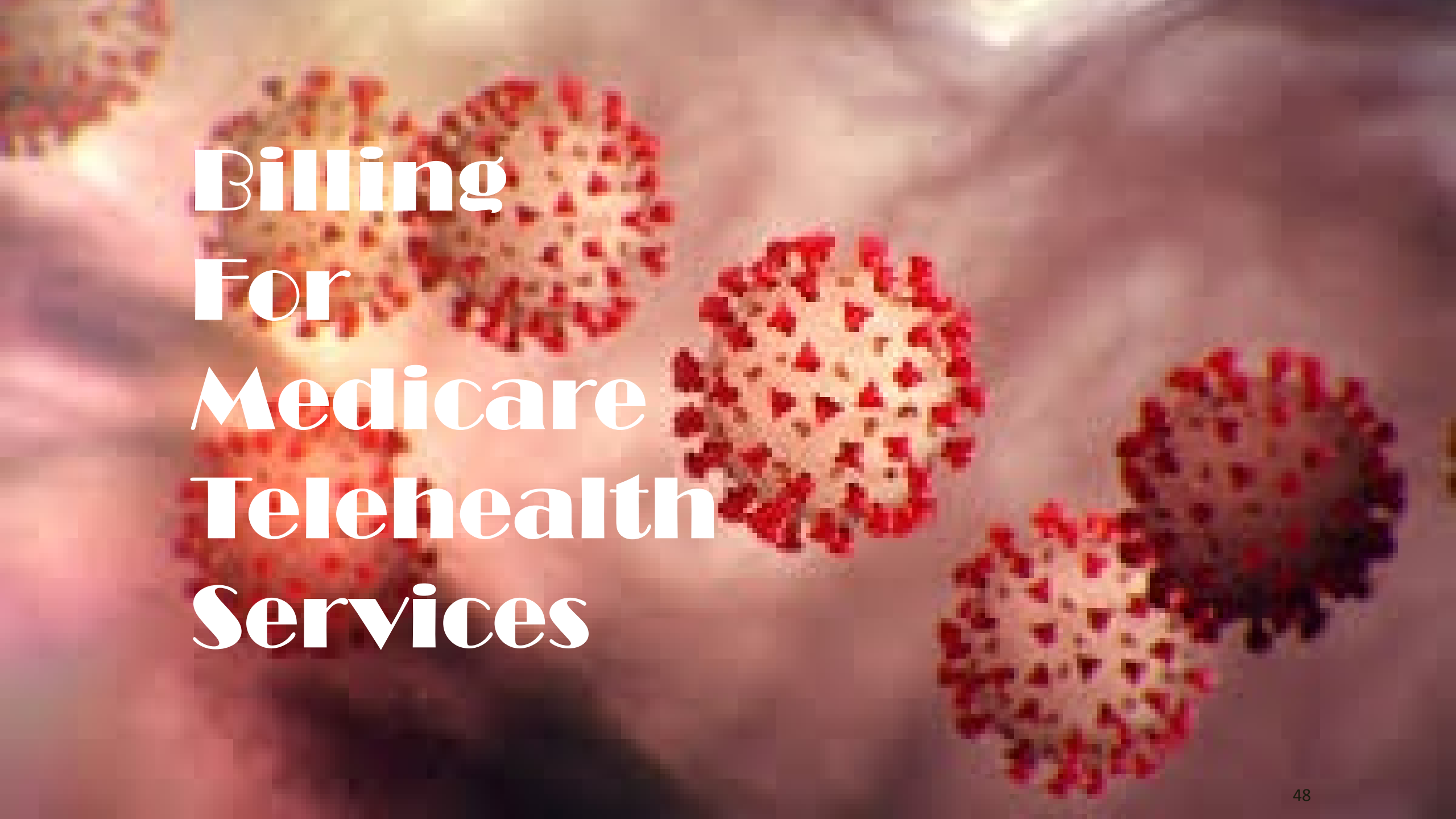
Basic requirements for any telehealth visit are the following:

- Document the identity and location of the patient
- Provide the patient with confirmation of identity and qualifications of the physician
- Document the method of communication (examples Skype, Facetime, etc.)
- Give the patient contact information for the physician
- Maintain a physician-patient relationship that conforms to standard of care
- Determine appropriate technology
- Obtain patient consent for use of technology (verbal is allowed)
- Conduct appropriate evaluations and history of the patient
- eRx is subject to state requirements and an online questionnaire is not an acceptable standard of care
- Records must be made available to the patient and any identified care provider
- The telehealth care provided by the physician or other qualified health care provider should be provided in a secure private location (i.e., not overheard by the general public).

Consent for Telehealth Visit

As part of the process of providing health care through alternative delivery methods, including telemedicine, virtual contacts and telephone with other electronic methods (chat, email and texting) an informed consent process is required. A **sample statement** would include:

- Methods your practice plans to provide (telemedicine, virtual visits, phone calls and/or encrypted messaging through an EMR portal or web platform)
- A review of the basic risks and benefits of this process (easier access to care but some risk of breach of information based on technology limitations)
- An understanding that services will be billed to insurance and their may or may not be co-payments and services applied to a deductible that the patient would be responsible for (unless waived for Medicare/Medicaid by the practice)
- A signature (e-signature) or if verbal consent verified by a witness – a copy of this consent will be mailed to the patient to verify this process.
- For a new patient services the practice can request the patient provide them their photo identification and insurance information to be photographed by the physician/practice in a secure method. For established patients this authentication would be at the discretion of the physician/practice.


Billing
For
Medicare
Telehealth
Services

Services That May Be Billed for a Medicare Telehealth Visit

- Any service that is normally furnished in-person may be furnished via Medicare telehealth as identified at http://www.coms.gov/Medicare/Medicare:General-Information/Telehealth/Telehealth-Codes.
- Services provided as part of a “drive in” patient visit or onsite video conferencing is not considered telehealth; should be billed as face-to-face visit.
- Telehealth services can be used for any patient and are ***not limited*** to patients with COVID-19.
- Does not require that patient be in a rural or HPSA area.
- Patient may be at home when using telehealth services.
- Patient does not have to have a pre-existing relationship with the provider.
- The provider does not have to be in the office at the time of the visit (this can be provided from any secure location)
- **The place of service for telehealth the location of the provider for office- based care (11 for office)**
- **The modifier 95 is used for a Telehealth Service that are not encrypted (coded as E&M care) when services are provided through a non secure method (Facetime, Skype, etc.) (example: 99213-95) .**

Payment Provisions for Medicare Telehealth

Provider should use Place of Service where the service would have been provided (office) or where the patient is (hospital) with modifier 95 to identify telehealth

- Provider will be reimbursed at the same rate as an in-person visit regardless of diagnosis.
- Medicare will pay the facility fee as well as the professional fee for telehealth visits for facility-based practices.
- If provider bills using Method II billing (i.e., some CAH providers), then the **GT modifier** is required.
- If telehealth is used to diagnose and/or treat acute stroke, the **GO modifier** is required.
- Telehealth payment structure will be in effect during the duration of the Coronavirus Public Health Emergency.

Coding for Medicare Telehealth Visits

The coding of the telehealth visit would be based on where the patient should have been seen or was seen:

- For services from the physician to a patient at home these would be coded as office visit (9920x or 9921x) with the 11. Modifier – 95 would be appended to the visit code.

- For services in a hospital, nursing home, etc. the specific CPT codes for that location would be identified with modifier -95.

- Examinations are not waived for these services and would be obtained and documented based on how the care was provided (in a hospital with assistance of hospital staff, for a home visit with a VNA present with the VNA support).

Documentation for Telehealth Visits

- The use of these E&M codes are based on the updated requirements for either time or medical decision making supporting the level of care within the for documentation for office E&M codes. For facility services the standard history, exam and medical decision making are required based on the specific type of care.
- Information provided by the patient based on home technology (blood pressure, weight, blood sugars, etc.) can be documented and used for the visit but should reflect how the information as gather (per patient weight today….; per home BP machine, BP of….; BS per home testing of…)
- All visits require reflection of how the care was provided (telehealth), where the patient was, if there were people with the patient assisting in the evaluation (providing information or support); pertinent history, available exam based on audio visual process with diagnoses and plan
- The exam requirement has been modified (4/1/20) for office care coded as 99201-99215.

Coding for Medicare Telehealth Visits

Online Digital Visits

Digital visits and/or brief check-in services furnished using communication technology that are employed to evaluate whether or not an office visit is warranted (via patient portal, smartphone).

Code	Description
CPT Code 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
CPT Code 99422	11-20 minutes
CPT Code 99423	21 or more minutes
CPT Code 98970*	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
CPT Code 98971*	11-20 minutes
CPT Code 98972*	21 or more minutes
HCPCS Code G2061	Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes
HCPCS Code G2062	11-20 minutes
HCPCS Code G2063	21 or more minutes
HCPCS Code G2012	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
HCPCS Code 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 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment

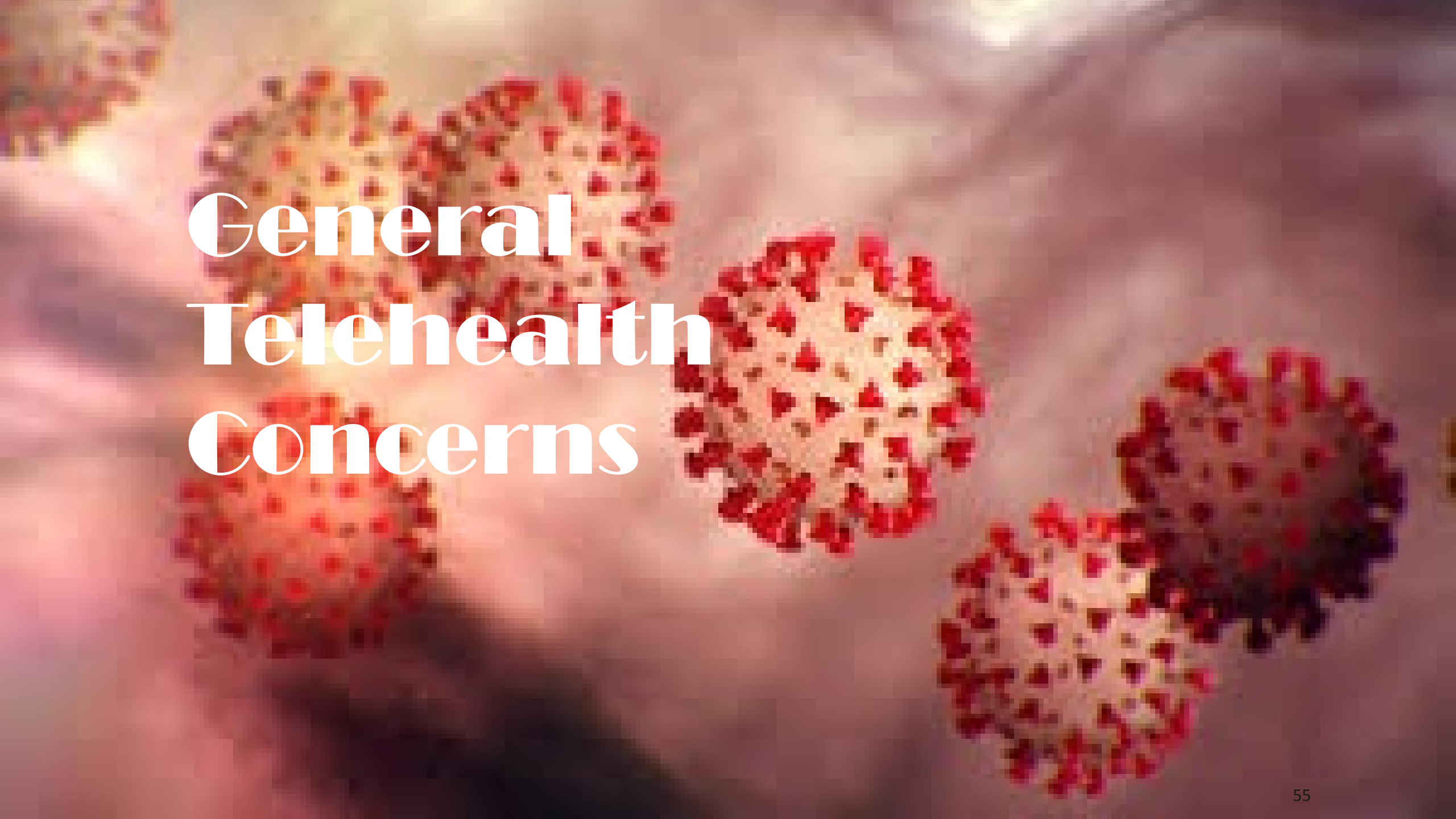
* CPT codes 98970-98971 were modified in 2020 to match the CMS language captured in HCPCS code G2061-G2063.

Documentation for Online Digital Visits

All digital services need to identify the following:

- Reason for the care
- Verification of patient identity by name, date of birth or other identifier.
- How the care was provided (virtual visit, call, email or combination of communication process)
- Diagnoses for care
- Pertinent history, review of pertinent data, information and care provided with plan
- The dates and time involved as some of these codes can span 7 days of work
- Be signed and dated
- These services must be provided by the identified level of staff the code reflects (no incident to billing for digital care)

- The place of service would be the place of the provider (11 or a facility POS based on how care is provided) No modifier is required


General
Telehealth
Concerns

Commercial Insurance Plans….

Commercial Insurance plans are currently evaluating the process for telehealth and virtual visits in light of the Coronavirus. There is no one standard coverage process for these services:

- One should verify coverage with all commercial third parties to assure that the services are covered, and if they are not communicating this with the patient for clear understanding of financial responsibility.
- Obtain informed consent for the services and validate the patients understanding that prior authorization or pre-certification and benefit verification is not a guarantee for payment.
- Code and bill the services as provided (telehealth 992xx, 9942x for digital care and for phone calls these may be payable with the 9944x range of care) with POS 02 and modifier 95 (modifier GT is used in some cases) based on the specific insurance program requirements.

Documentation Concerns…

- When providing telehealth there must be both audio and visual connection with the patient to code these with the office visit CPT codes, with this in mind the method of communication should be clearly identified and a reflection of both the audio and visual portion of the care provided documented.

- When providing virtual visits that require patient initiation of the care and services, this should be documented. The patient initiation can be as a scheduled encounter, but should clearly identify patient direction for the service (CPT codes 99421, 99422 and 99423)

- For the virtual visits and digital services, it is critical to keep in mind prior visits with the patient and the limitation to billing these services if there is an immediate plan to see the patient within 24 hours or the next available appointment

- Verification of patient identify for all care and services should be identified

Communication Options…

This current rule and process enables providers to communicate with patients using a more open method (Facetime, Skype, etc.). In moving forward, a provider should consider a more secure and encrypted process. Things to consider …

1. Cost of access and ability to obtain HIPAA Business Associate process from vendor.
2. Interface with EMR to ease documentation process – so checking with your EMR or billing software to identify if they present a solution that meets your needs.
3. Check with the hospital system to see if they have a cost-effective method that could be used.
4. Check with specialty associations to see if there is a cost effective and specialty specific method available.
5. For phones: Check with your phone service to identify what HIPAA-secure and encrypted Apps may be available (and at what cost) to secure communication.
6. Check with your malpractice insurance plan to verify recommendations and specific coverage needs for telehealth services.

Diagnosis Codes for Upper Respiratory Infections and Potential Coronavirus

Top Two ICD-10 codes for COVID-19

- *B97.29 - Other coronavirus as the cause of diseases classed elsewhere*
- *J12.89 - Other viral pneumonia*

Top Codes to signify possible COVID-19, or ruled out

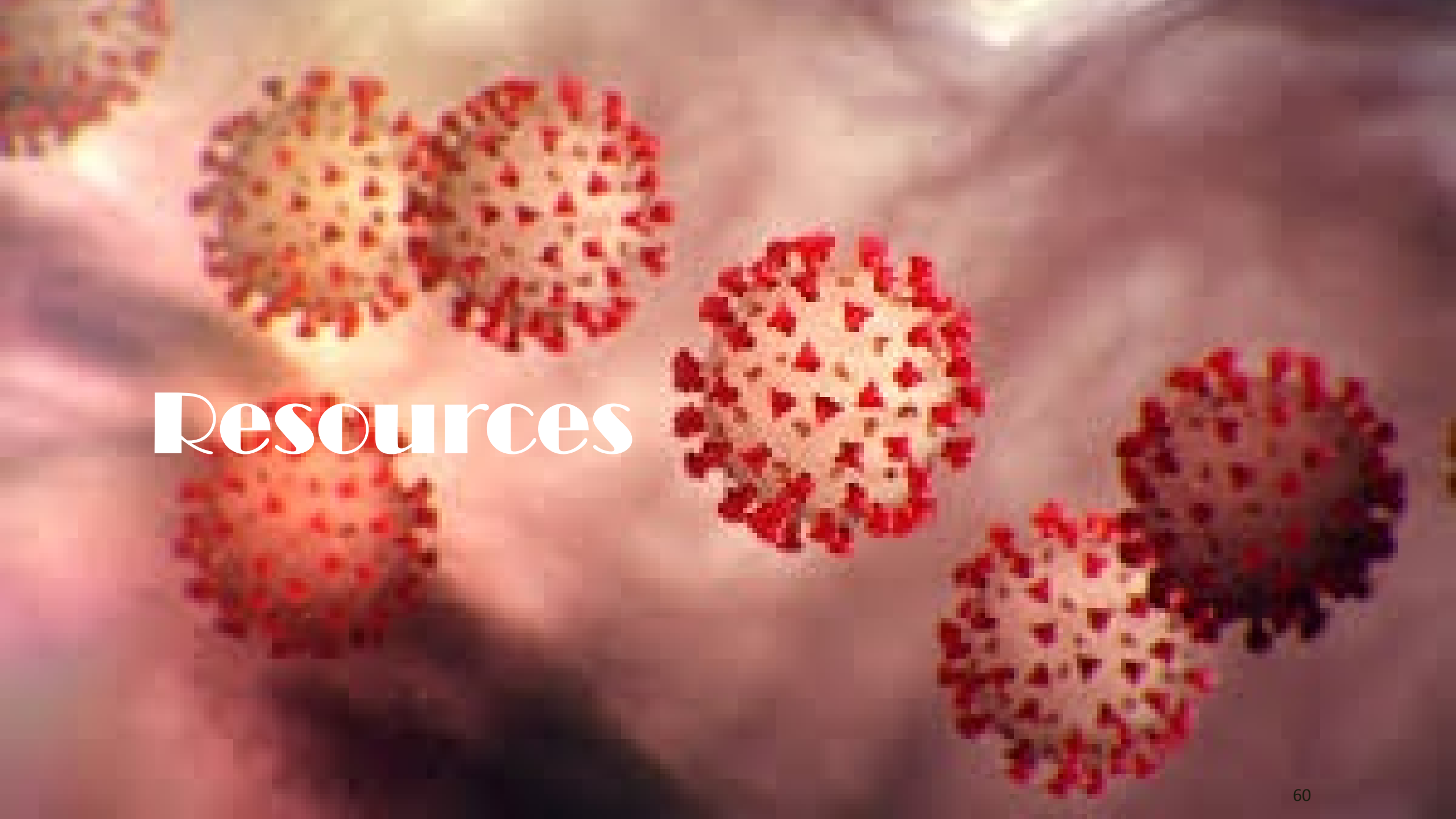
- *Z03.818 - Encounter for observation for suspected exposure to other biological agents ruled out*
- *Z20.828 - Contact with and (suspected) exposure to other viral communicable diseases*

Top Secondary codes to accompany COVID-19 codes J20.8 - acute bronchitis due to other specified organisms

- *J40 - bronchitis unspecified*
- *J22 - unspecified acute lower respiratory infection*
- *J98.8 - other specified respiratory infection*
- *J80 - acute respiratory distress syndrome*

Additional codes for Flu-like symptoms

- *R05 - Cough*
- *R06.02 - Shortness of Breath*
- *R50.9 – Fever*
- *B34.2 - coronavirus infection unspecified - Depricated as covid is specified*
- *J219 - Acute Bronchitis*


Resources

CMS Sources of Information on Telehealth

Fact Sheet

- https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

FAQs

- https://www.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf

Coding for Telehealth

- https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

Privacy and HIPAA While Using Telehealth Technology

- https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html

SAMHSA Part 2 Data and Public Health Emergency

- https://www.samhsa.gov/sites/default/files/covid-19-42-cfr-part-2-guidance-03192020.pdf

Ohio Medicaid Sources of Information on Telehealth

Ohio Medicaid Emergency Telehealth Rule

- https://medicaid.ohio.gov/Portals/0/For%20Ohioans/Telehealth/ODM-Emergency-Telehealth-Rule.pdf

Ohio Medicaid Telehealth FAQs

- https://medicaid.ohio.gov/Portals/0/For%20Ohioans/Telehealth/ODM-Telehealth-FAQs.pdf

Telehealth Executive Order

- https://content.govdelivery.com/attachments/OHOOD/2020/03/19/file_attachments/1406216/2020031917584564 8.pdf

Behavioral Health Services and Use of Telehealth

- https://medicaid.ohio.gov/Portals/0/For%20Ohioans/Telehealth/MITS-BITS-Newsletter.pdf

State of Ohio Coronavirus Website

- https://coronavirus.ohio.gov/wps/portal/gov/covid-19/

Commercial Insurance Plans

Anthem

- For 90 days effective March 17, 2020, Anthem will cover telephonic-only visits with in-network providers (and some out-of-network providers) for fully-insured employer plans, individual plans, Medicare plans and Medicaid plans, (when permissible) for the following:
  - Mental Health
  - Substance Use Disorders
  - Medical Services
- *For more information: https://providernews.anthem.com/ohio/article/information-from-anthem-for-care-providers-about-covid-19-updated-march-19-2020-6*

Aetna

- For the next 90 days, Aetna will cover telephone-only services for:
  - Minor acute evaluation and management (E&M) services care services.
- For general medicine and behavioral health visits – a synchronous audiovisual connection is still required for visits involving:
  - General medicine
  - Behavioral Health Visits
- For Aetna's telemedicine policy, go to: https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html#acc_link_content_section_responsivegrid_copy__responsivegrid_accordion_11

Commercial Insurance Plans

Cigna

- Cigna will reimburse in person visits, phone calls, real-time synchronous virtual visits, and testing for COVID-19 without copay or cost share for all individuals covered under a fully-insured Cigna medical benefit plan.

- Suspected COVID-19 cases can be billed for a telehealth phone virtual visit (5 – 10 minutes) without any video. Even if COVID-19 is ruled out, Cigna will pay for visit. (G2012).

- For all other telehealth visits, an audio-video synchronousreal-time virtual visit is required but will be reimbursed as an office visit.

- For more information, see Cigna's Coronavirus (COVID-19) Interim Billing Guidance for Providers (March 17, 2020): https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwcCOVID-19.html

Commercial Insurance Plans

UnitedHealthcare (UHC)

- Until June 18, 2020, for Medicare Advantage, Medicaid and commercial contracts, UnitedHealthcare is waiving the requirements concerning the originating site and will reimburse for telehealth visits when the patient is at home. Cost sharing and benefit plans apply.
- Expanded Provider Telehealth Access – For Medicare Advantage, Medicaid and commercial membership: "Effective immediately, for the next 90 days (through June 18, 2020), all eligible in-network medical providers who have the ability and want to connect with their patient through synchronous virtual care (live video-conferencing) can do so. Member cost sharing will be waived for COVID-19 related testing through June 18, 2020.
- For general medicine and behavioral health visits UHC will reimburse for telehealth visits:
  - Recognized by CMS and submitting claims with modifiers GT or GQ
  - Recognized by AMA in CPT Appendix P with modifier 95
- UnitedHealthcare will also reimburse providers for telephone calls to existing patients, when the patient is an established patient.
- For more information, go to: https://www.uhcprovider.com/en/resource-library/news/provider-telehealth-policies.html

Commercial Insurance Plans

Medical Mutual (MMU)

- Effective March 1, 2020, Medical Mutual revised its telehealth guidelines to cover telehealth.
- During the current state of emergency in Ohio, Medical Mutual is waiving the requirement that an initial behavioral health visit be done in person before visits can be conducted via telehealth (telemedicine).
- Medical Mutual is waiving the requirement that telehealth (telemedicine) visits have a visual encounter. Therefore, telephone visits, in addition to web or app, will be covered at this time. This includes patient visit through the patient portal.
- MMU is following the Medicare telehealth coding guidelines.
- For more information, go to: https://www.medmutual.com/~/media/MedMutual/Files/Providers/COVID19%20PROVIDER%20FAQ32020%20FINAL.ashx

Diane Zucker, M.Ed., CCS-P

Diane Zucker, M.Ed., CCS-P is a health care management and reimbursement consultant who has spent the last 31 years as a consultant providing physicians, practices and various agencies and facilities educational programs. These programs and services are opened and focused on real world information for the complex maze of documentation, coding and compliance.

She has a Master's in Education and a Bachelor's Degree in social work from Kent State University with additional coursework in health care management and reimbursement. Diane's educational programs have focused on the *practical* aspects of documentation and coding for all levels of providers.

Prior to consulting, she worked as a psychiatric social worker, counselor for the Bureau of Vocational Rehabilitation and as a medical social worker. Diane is a certified CPT coder and ICD10 CM trainer through AHIMA since 1997.

Scott Mash, MSLIT, CPHIMS, FHIMSS

Scott Mash, MSLIT, CPHIMS, FHIMSS joined the Ohio Health Information Partnership in April 2014, coming aboard as the Operations Manager – Physician and Regional Extension Center Services. Today, he is the Director of Consulting Services and HIE Outreach. Scott serves as a senior consultant for MIPS, Promoting Interoperability (formerly Meaningful Use), quality reporting, the adoption and optimization of electronic health records and other related special projects. His expertise includes CMS reporting requirements, value-based payment models, HIPAA, Ohio Board of Pharmacy requirements, EHR and ancillary clinical systems, enterprise system implementations, and business process re-engineering.

Scott has over 25 years of experience in information technology, most notably at the Holzer Clinic in Gallipolis and O'Bleness Health System in Athens. He is active in the Central & Southern Ohio HIMSS (CSOHIMSS) Chapter and has served in several roles including president in 2016. Scott achieved the CPHIMSS certification in 2014 then received the Fellow designation from HIMSS in 2015.

Scott received his B.S. in Computer Science from Ohio University in 1994, and his Master of Science degree in Leadership and Information Technology from Duquesne University in 2012.

Cathy Costello, JD, CPHIMS

Cathy Costello, JD is an attorney specializing in medical-legal work who has been involved with the Ohio Health Information Partnership since its inception in 2009. As Director of CliniSync*PLUS* Services, Cathy works with physician groups, hospital systems, Community Health Centers and Critical Access Hospitals to assist them with CMS (Centers for Medicare and Medicaid Services) payment initiatives (MSSP, MIPS, PI, CPC+, Primary Care 1st) and state quality initiatives such as Ohio Medicaid CPC, CPC for Kids and the Episodes of Care models.

Cathy serves at the national level as a commissioner for EHNAC, the Electronic Healthcare Network Accreditation Commission, which is responsible for operational efficiency and data security review for healthcare organizations. Among other programs, EHNAC provides accreditation for organizations participating in the national Direct Trust network and assessments for organizations seeking HITRUST certification.

Future questions…

- All follow-up questions about Ohio Medicaid's coverage for telehealth services can be directed to: Medicaid@medicaid.ohio.gov

- For future questions on all other telehealth question, please identify in the "Subject line" of the email **"OSMA Telehealth Question"** to any of the presenters you are contacting. This will allow us to respond and gather questions, comments and concerns for the OSMA web site as well as follow-up FAQs to be posted at www.osma.org/telehealth

- Thank you for your participation and interest.

--The Telehealth Team

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For ongoing information on telehealth and the Coronavirus Emergency:

Ohio State Medical Association

www.osma.org/telehealth

www.osma.org/telehealth

CliniSync CONNECTS

www.clinisync.org