# Coding for Telemedicine & COVID-19

**Lori Prestesater**

**Ezequiel Silva III, MD**

**Leslie Prellwitz**

**May 6, 2020**

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# Our speakers

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AMERICAN MEDICAL ASSOCIATION

1

**Represents physicians**
with a unified voice

**Leads the charge**
on confronting today's
public health crises

2


3

**Removes obstacles**
that interfere with
patient care

**Drives the future** of
innovation in health care

4



AMA | Physicians' powerful ally in patient care

# Stay informed on COVID-19 with the AMA

The **AMA COVID-19 Resource Center** provides science- and evidence-based perspectives from AMA's physician leaders and subject matter experts on how physicians can prepare themselves and their practices for a potential pandemic scenario. The page will be updated as the situation develops.

**ama-assn.org/covid19**

The **AMA's JAMA Network** has a comprehensive overview of the coronavirus—including epidemiology, infection control and prevention recommendations—available for free on its JN Learning website.

**edhub.ama-assn.org/jn-learning/pages/coronavirus-alert**

# COVID-19 Telehealth Focus and Content

## Telehealth Visits

Synchronous audio/visual visit between a patient and clinician for evaluation and management (E&M)

| Code | Description |
|---|---|
| **CPT Code 99201-99205** | Office or other outpatient visit for the evaluation and management of a new patient |
| **CPT Code 99211-99215** | Office or other outpatient visit for the evaluation and management of an established patient |

*A list of all available codes for telehealth services can be found here:

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

**Please note**—Check with your payer to determine the appropriate Place of Service (POS) code for your telehealth visits.

- AMA Telehealth Playbook
- AMA Telehealth Quick Guide
- PIN Telehealth Amid COVID Virtual Panel Discussion
- The Telehealth Initiative
    - *AMA, Physicians Foundation, TMA, FMA, and MMS supporting physician practices with implementing telehealth services*
- AMA STEPS Forward Telehealth Module
- Summary of state directives to expand telemedicine services during COVID-19
- COVID-19 State Policy Guidance on Telemedicine

AMA
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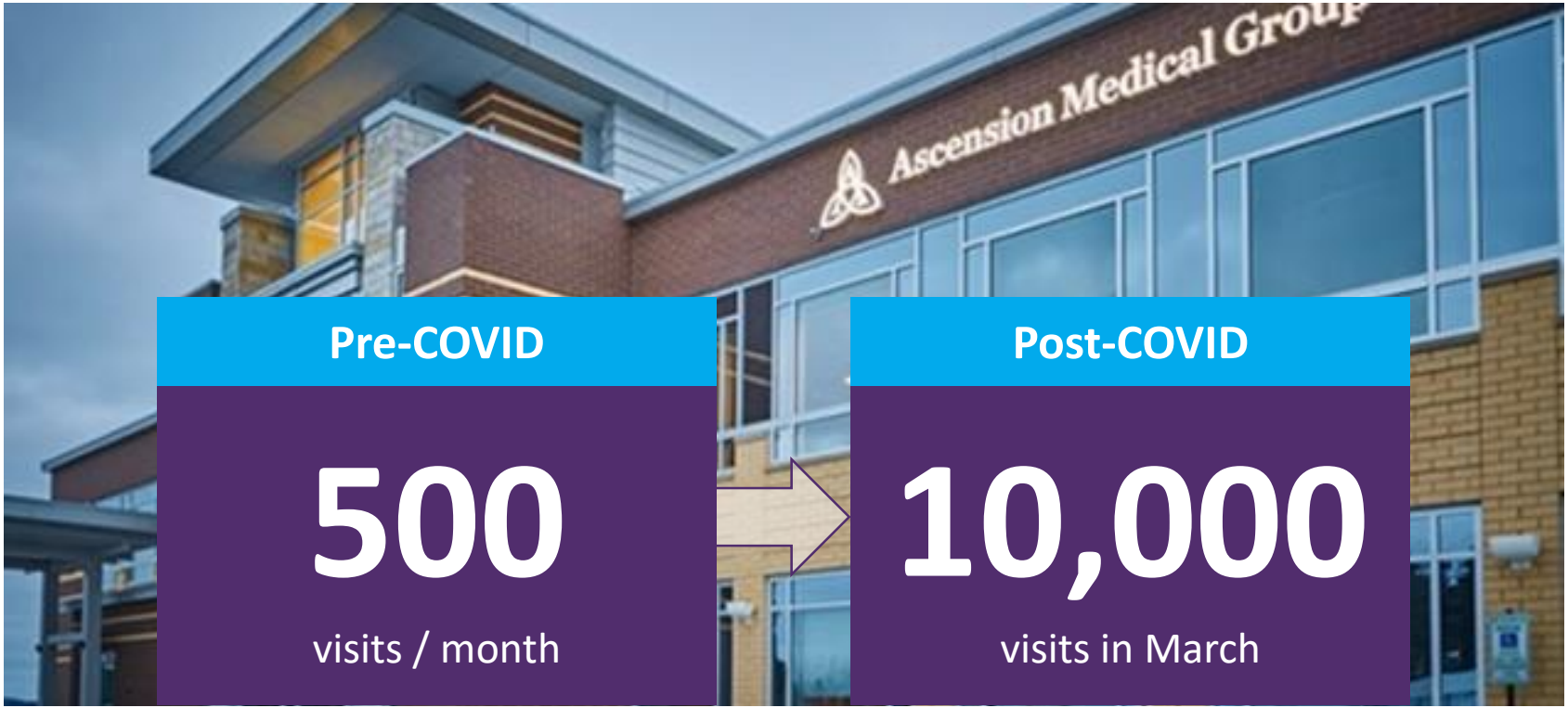
# Telemedicine: The Big Picture

**Zeke Silva III, MD, FACR, FSIR, FRBMA, RCC**
Co-Chairman, AMA Digital Medicine Payment Advisory Group

# Ascension – Telemedicine Visits




WSJ, 4/27/20, "The Doctor Will Zoom You Now"

**Pre-COVID**



**Intra-COVID**

**Post-COVID**

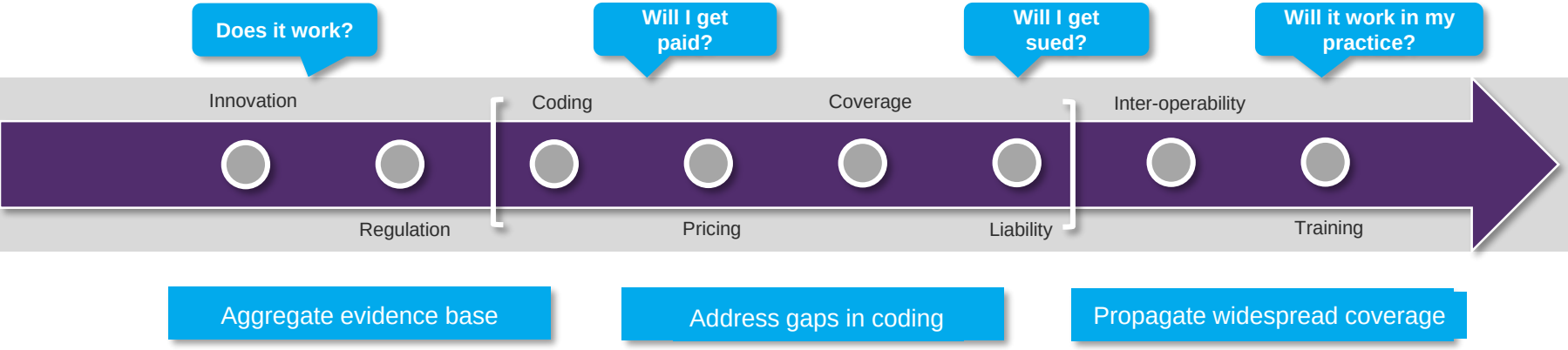
**Pre-COVID**



**Intra-COVID**

**Post-COVID**

# The AMA-Convened Digital Medicine Payment Advisory Group (DMPAG)



# Pre-COVID-19 Telemedicine Challenges

- Originating site restrictions
- Geographic limitations
- Restrictions on Store & Forward
- Limitations on providers
- Limited codes covered

# Pre-COVID-19 Advances

- Allow greater use of Remote Patient Monitoring (acute and chronic)
- Expand originating sites
  - Telestroke
  - Evaluation & management sites
  - Native American health service facilities
  - Dialysis centers
- Clarification of remuneration

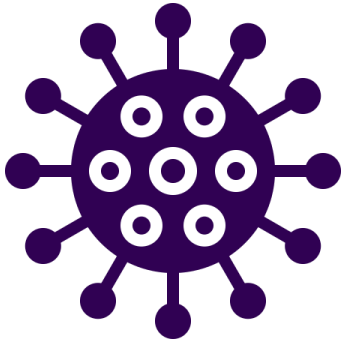
**Pre-COVID**



**Intra-COVID**

**Post-COVID**

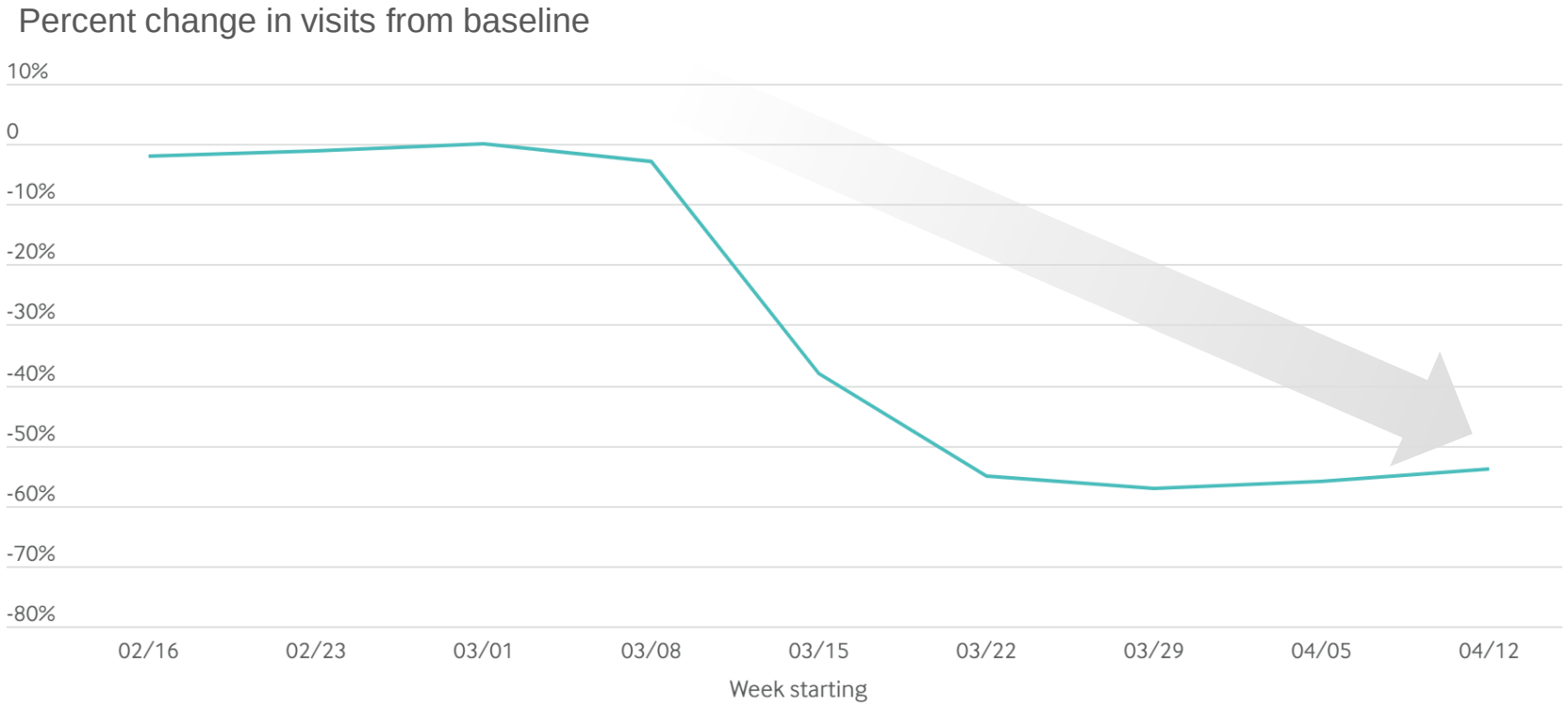
**Pre-COVID**



**Intra-COVID**

**Post-COVID**

# Phreesia Data - 50,000 Providers




Ateev Mehrotra et al., "What Impact Has COVID-19 Had on Outpatient Visits?," To the Point (blog), Commonwealth Fund, Apr. 23, 2020

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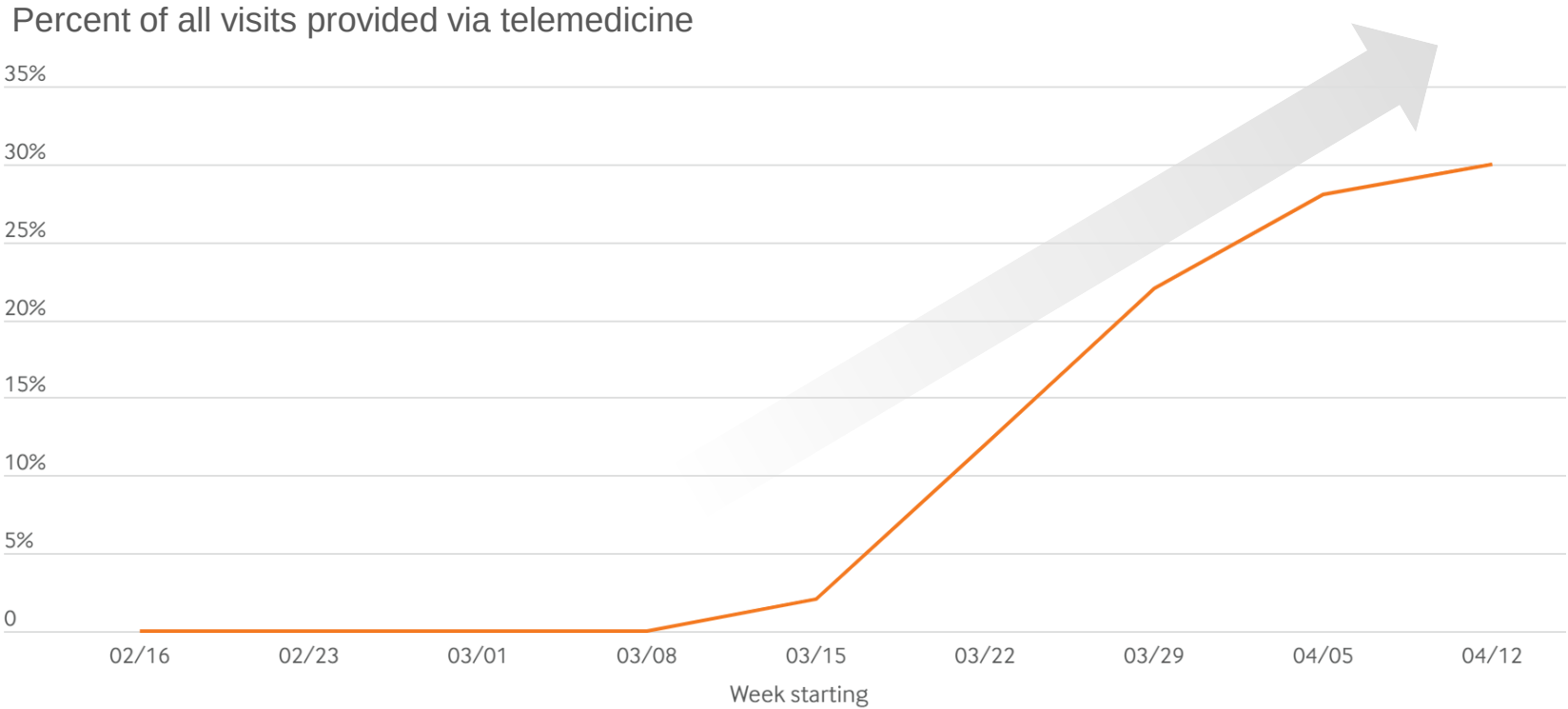



Ateev Mehrotra et al., "What Impact Has COVID-19 Had on Outpatient Visits?," To the Point (blog), Commonwealth Fund, Apr. 23, 2020.

# Seema Verma, CMS Administrator

"I think it's fair to say that the advent of telehealth has been just completely accelerated …"

WSJ, 4/27/20, "The Doctor Will Zoom You Now"

# Seema Verma, CMS Administrator

"… that it's taken this crisis to push us to a new frontier, but there's absolutely no going back."

WSJ, 4/27/20, "The Doctor Will Zoom You Now"

# The National Emergency Timeline

# Jan. 31 HHS Sec'y Azar Declares a Public Health Emergency (PHE)*


Credit: Evan Vucci, AP




* Under section 319 of the Public Services Act

# March 13 President – National Emergency Determination*


Source: ABC News

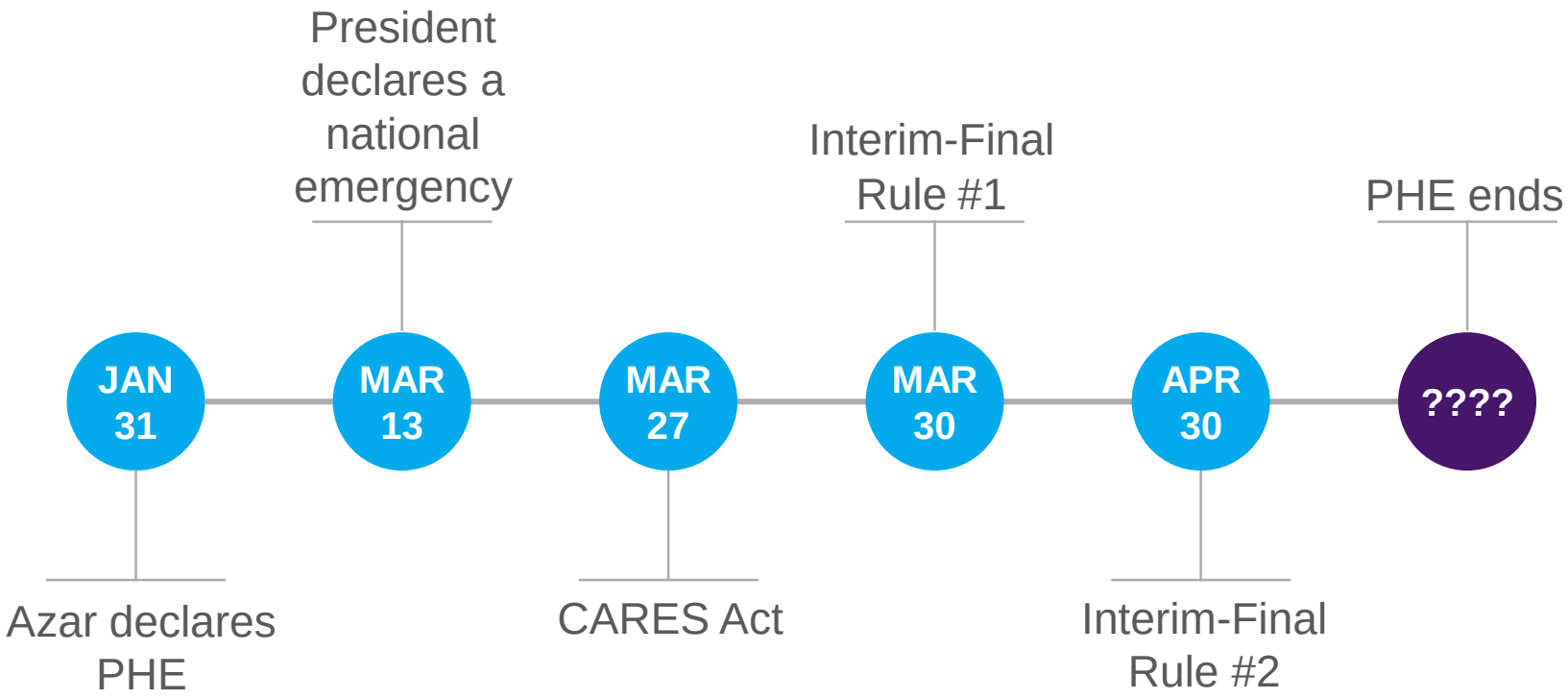
* Under section 501(b) of the Stafford Act

# March 27 Coronavirus Aid, Relief, and Economic Security (CARES) Act




Credit: Jim Watson, AFP via Getty Images

# The 2020 PHE Timeline



# Telemedicine Policy Considerations During COVID-19: General

# 1135 Waivers*

## When waivers may occur:

- The President declares a disaster or emergency under the Stafford Act**

**AND**

- The HHS Secretary declares a public health emergency***

*Section 1135 of the Social Security Act
**Under section 501(b) of the Stafford Act or the National Emergencies Act
***Under section 319 of the Public Health Services Act

# 1135 Waivers

**Authorizes certain actions to the HHS Secretary, for example:**

- Waive or modify certain Medicare, Medicaid or CHIP requirements to ensure that sufficient health care items and services are available to meet beneficiary needs in the emergency area and time periods
- And that providers who provide such services in good faith can be reimbursed and exempted from sanctions
- 1135 waivers do not apply to state or local licensure requirements

# 1135 Waivers

**For instance, modifications to:**

- Conditions of participation or certification
- Program participation and other requirements
- Preapproval requirements
- State licensure requirements
- EMTALA requirements
- Stark Self-Referral sanctions
- Performance deadlines and timetables (MIPS)

# General Telemedicine Allowances During the PHE

All Medicare and Medicaid beneficiaries eligible

Wherever patients or providers are located

Providers may waive Medicare copayments

# COVID-19 Telemedicine Policy Considerations: More Specific

# 1135-Based Licensure Allowances

## Background

- Medical practice is considered to occur at the location of the patient
- Therefore, licensure required at the site where the patient is located
- In general, consultations are allowed across state lines

# 1135-Based Licensure Allowances

**Temporarily waive Medicare and Medicaid requirements that physicians be licensed in the state where they are providing services, under four conditions**

- Enrolled in Medicare program
- Possess a valid license in state of Medicare enrollment
- Providing services in a state in which emergency occurring
- Not excluded to practice in that state

# 1135-Based Licensure Allowances

**Practitioners may render telehealth services from their home without reporting their home address on their Medicare enrollment while continuing to bill from your currently enrolled location**

# Licensure – How to Apply

## To seek an 1135-based licensure waiver

- Contact the provider enrollment hotline for the Medicare Administrative Contractor in the other state
- Does not waive any state or local licensure requirements

# OCR – Enforcement Discretion Guidance

- HHS Office for Civil Rights (OCR) will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency. Key regulatory requirements in play:
  - Security risk analysis on the telehealth technology platform
  - Business associate agreement (BAA) with permitted telehealth technology provider
- Telehealth services provided need not be directly related to the treatment or diagnosis of COVID-19
- Enforcement discretion extends through the COVID-19 pandemic, and OCR will issue a notice to the public when it is no longer exercising its enforcement discretion

# Additional considerations

- OCR's guidance covers interactive communication technology (audio, text, messaging, or video)
  - Such as Facetime, Skype, or Zoom but NOT Facebook Live, Twitch, TikTok or other public facing communication services
- OCR notes that some vendors may be willing to enter into BAAs:
  - Skype for Business, Updox, VSee, Zoom for Healthcare, Doxy.me, and Google G Suite Hangouts
- Physicians are encouraged to notify patients of the potential privacy risks and should enable all available encryption and privacy modes when using such applications.
- The AMA also encourages physicians to use platforms with end-to-end encryption.
- Guidance is available here: https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html

# The Role of the Telephone

- Initial emergency declaration
  - Did not cover telephonic services, only two-way audiovisual
- Interim-final rule #1:
  - Allowed coverage of telephonic codes using existing codes (CPT codes 99441-99443)
  - But these codes had a lower payment rate than E/M codes
- Feedback from physicians prompted the AMA to call for greater flexibility and coverage for telephone calls
- Interim-final rule #2:
  - Allowed coverage of the telephonic codes with payment parity to E/M

# Supervision Allowances During PHE

- **Levels of supervision**
  - Personal
    - In the room
  - Direct
    - In the building
  - General
    - Available by phone

**Direct supervision may be provided virtually using real-time audio/video technology**

# Provider Enrollment Allowances During PHE

- Waive certain screening requirements
- Postpone all revalidation actions
- Expedite any pending or new applications from providers
- Allow opted-out practitioners to terminate their opt-out status early and enroll in Medicare to provide care to more patients

# EMTALA During PHE

- Medical screening exams, a requirement under Emergency Medical Treatment and Labor Act (EMTALA), can be performed via telehealth

# Deductible / Co-Pays During PHE

- The HHS Office of Inspector General (OIG) will exercise enforcement discretion regarding reduced or waived cost-sharing for telehealth or other non-face-to-face services (i.e., virtual visits or e-visits) during the COVID-19 emergency

# Medicare Audits After PHE

- Medicare will review services and claims based on the rules, regulations and waivers in effect at the time the service was performed

# Controlled Substance Prescribing During PHE

- Physicians may prescribe controlled substances based on a telehealth visit (state laws apply)
- Physicians may prescribe medications for treatment of patients with opioid use disorder based on a telehealth or telephone visit

# Medicare Beneficiary Telemedicine Consent

- Should not interfere with the service
- May be obtained at the same time, not necessarily before, the service

**Pre-COVID**



**Intra-COVID**

**Post-COVID**

**Pre-COVID**



**Intra-COVID**

**Post-COVID**

# Post-COVID

- The PHE will come to an end
- At that point, the 1135 waivers no longer apply
- Interim-final rule #2:
  - “We welcome comments on whether some of these flexibilities should be extended to future situations”*

* Interim Final Rule: Medicare and Medicaid Programs, Basic Health Program, and Exchanges; Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency and Delay of Certain Reporting Requirements for the Skilled Nursing Facility Quality Reporting Program. 4/30/20

# Post-COVID

- As we consider the Intra-COVID experience, proper coding will be critical to:
  - Billing
  - Resource use / staffing decisions
  - Disease tracking
  - Outcomes determinations
  - Health Policy Research
  - Epidemiology
  - Role of digital medicine in alternative payment models

# Post-COVID

- Quality, quality, quality
  - Patient experience
  - Provider experience
  - Trainee’s needs
  - General public perception
  - How policymakers view the technology
  - Informing innovation such as augmented intelligence

# Thank You!

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Co-Chairman, AMA Digital Medicine Payment Advisory Group
South Texas Radiology Group
UT Health – San Antonio
San Antonio, TX
@zekesilva3

# Telemedicine: Coding Considerations

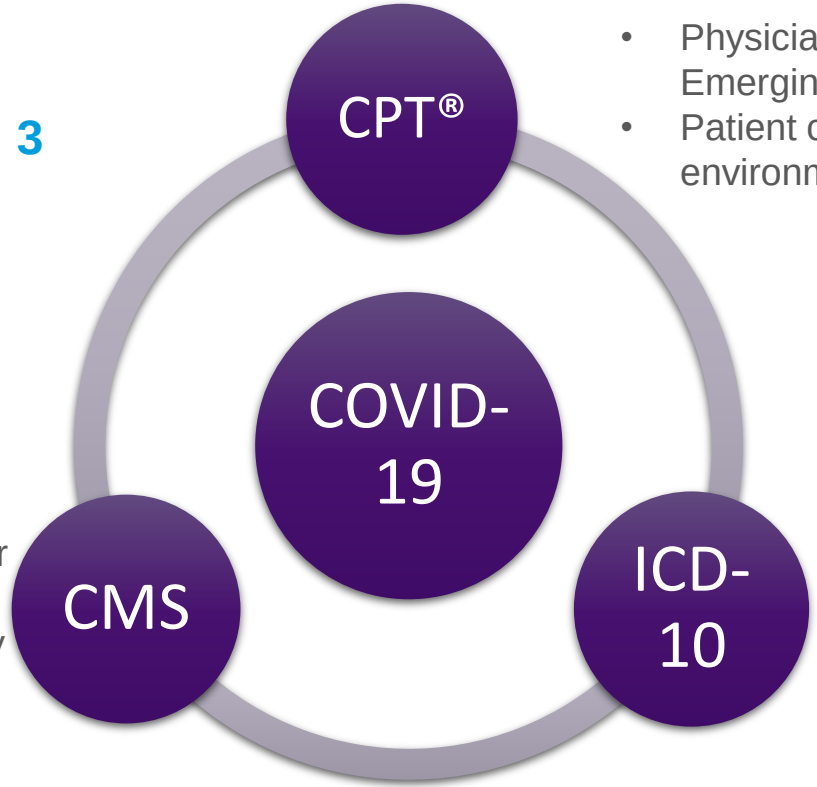
**Leslie Prellwitz, MBA, CCS, CCS-P**

Director, CPT® Content Management & Development

TELEMEDICINE CODING

# COVID-19 as a Catalyst for Change

**SIMULTANEOUS CHANGES ACROSS 3 DIMENSIONS**



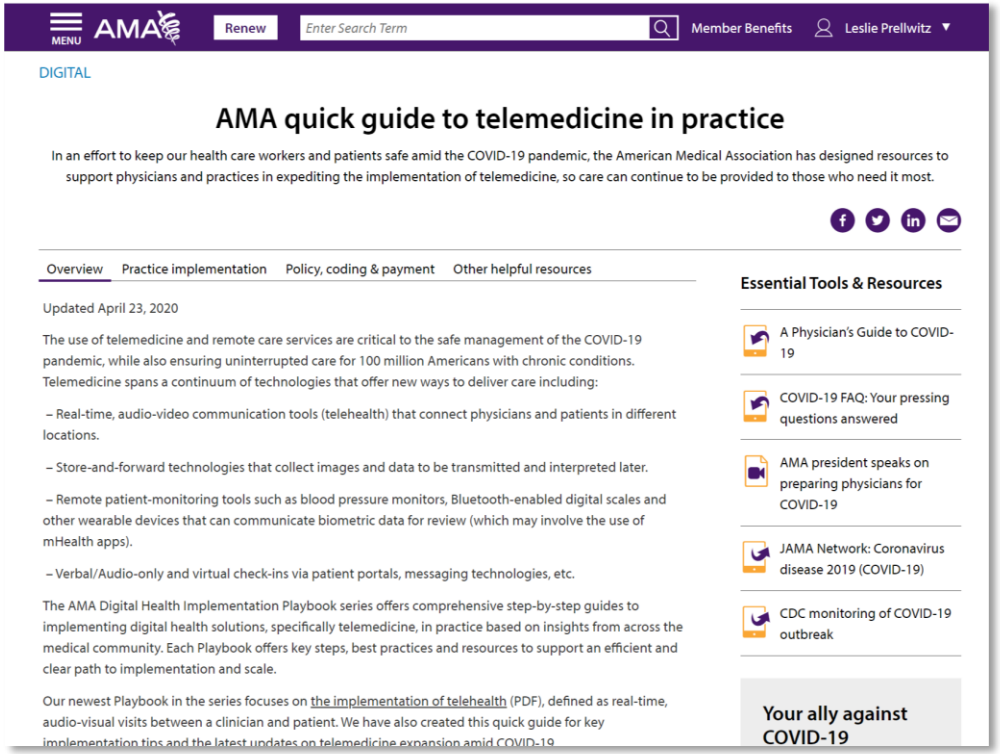

- Physician Procedures, Services, Emerging Technology
- Patient care in a telehealth environment

Dual roles: Regulator *and* Payor

- Resource tracking, cost-sharing, meeting beneficiary needs

Diagnosis coding for Mortality (ICD-10) and Morbidity (ICD-10-CM)

# AMA Resource: Quick Guide to Telemedicine




## OBJECTIVE

Support physicians and practices to expedite telemedicine implementation

## KEY AREAS

- Practice implementation
- Policy, coding and payment

https://www.ama-assn.org/practice-management/digital/ama-quick-guide-telemedicine-practice

# AMA Guide to Telemedicine – Featured Codes

## Telehealth Visits

Synchronous audio/visual visit between a patient and clinician for evaluation and management (E&M)

| Code | Description |
|---|---|
| **CPT Code 99201-99205** | Office or other outpatient visit for the evaluation and management of a new patient |
| **CPT Code 99211-99215** | Office or other outpatient visit for the evaluation and management of an established patient |

*A list of all available codes for telehealth services can be found here:

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

**Please note**—Check with your payer to determine the appropriate Place of Service (POS) code for your telehealth visits. The AMA is aware that some commercial payers are requiring the use of POS 02—Telehealth (The location where health services and health related services are provided or received, through a telecommunication system.) This is important to ensure your telehealth E/M visits are accurately associated with the care of patients for suspected or diagnosed COVID-19.

Focus on Evaluation and Management

Intent/Purpose

Codes & Descriptors

Notes may contain telehealth-specific details

# AMA Guide to Telemedicine – Featured Codes

## 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.

References to analogous Level II HCPCS codes

Awareness of key Medicare coding options

Saby Karuppiah, MD
Member since 2008

## COVERAGE EXPANSION

# CMS COVID-19 Interim Final Rule: Telehealth Impacts

TELEHEALTH EXPANSION

# COVID-19 Interim Final Rules

Interim Final Rules (IFR) released on Monday, March 30 and Thursday, April 30

Rules addressed policies to achieve the following goals:

- Increase hospital capacity
- Expand the healthcare workforce
- Put patients over paperwork
- Further promote telehealth in Medicare

Effective date of changes: March 1, 2020 until the end of the public health emergency. Changes apply to COVID and non-COVID related care.

- *Note: Effective date same for both IFRs*

COVID-19 INTERIM FINAL RULE

# Broad Telehealth Impacts

## Patient Eligibility, LCD/NCD for Face-to-Face, Place of Service (POS), Modifiers

- Telehealth services may be provided to new or established patients
- To the extent that a National Coverage Determination (NCD) or Local Coverage Determination (LCD) would otherwise require a face-to-face visit for evaluations and assessments, clinicians would not have to meet those requirements during the public health emergency
- The place of service code should be reported as if the service was provided in-person (example 11 for Physician Office). Payment will be based on the place of service, as if performed in-person. If a claim is filed with a POS 02, Medicare will pay at the facility rate.
- Use CPT® Modifier 95 on all telehealth services performed by physicians and QHPs
- Telehealth E/M services (or in-person) that result in an order to test for COVID-19 should include the CS modifier, cost-sharing will be waived

COVID-19 INTERIM FINAL RULE

# Broad Telehealth Impacts

## Definition of Interactive Telecommunications System During COVID-19 Crisis:

> "For the duration of the public health emergency (PHE)…**interactive telecommunications system** means multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner."

CMS COVERAGE EXPANSION

# E/M and Medicine Codes

**CMS COVID-19 Interim Final Rules have significantly expanded the list of services which may be performed via telehealth.**

**FROM**

**70**

Number of telemedicine – eligible codes in 2020 CPT® Professional Appendix P (CPT Codes That May Be Used for Synchronous Telemedicine Services)

**TO**

**262**

Number of Codes in 2020 CPT Professional Appendix P

***or***

on CMS list of Approved Telehealth codes

**KEY EXPANSION THEMES**

**Patient eligibility (New vs. Established) | Face-to-Face | Technology Requirements**

CPT® TELEMEDICINE EXPANSION

# Evaluation and Management

**99 Telehealth-eligible CPT codes**

**34 noted in CPT code set | 65 additional on CMS Telehealth List**

| Code Groups with Significant Telehealth Expansion | Noted in CPT 2020 Code Set | Additional on CMS Telehealth List | Total Telehealth |
|---|---|---|---|
| Hospital Inpatient | 3 | 11 | **14** |
| Nursing Facility | 4 | 5 | **9** |
| Prolonged Services | 2 | 2 | **4** |

| New to Telehealth with CMS Expansion | # Telehealth Codes |
|---|---|
| Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services | **10** |
| Domiciliary, Rest Home or Custodial Care Services | **9** |
| Home Services | **9** |
| Emergency Department | **5** |
| Hospital Observation | **4** |
| Non Face To Face – Telephone Services | **3** |
| Advance Care Planning | **2** |
| Critical Care Services | **2** |
| Remote Patient Monitoring | **1** |
| Cognitive Assessment & Care Plan | **1** |

COVID-19 INTERIM FINAL RULES

# Telehealth Impacts

## Remote Patient Monitoring (RPM)

- **Remote patient monitoring (CPT® codes 99091, 99473-99474, 99453-99454, 99457-99458) may be reported for chronic or acute conditions, such as COVID-19**. Patient is only required to have one condition
- RPM may be reported for new or established patients
- Patient consent for remote monitoring can be obtained once annually, including at the time services are furnished, during the duration of the crisis
- CMS will allow RPM monitoring services to be reported to Medicare for periods of time that are fewer than 16 days, but no less than 2 days, during the public health emergency
    - For monitoring of less than 16 but more than 2 days, payment for CPT codes 99453, 99454, 99091, 99457 and 99458 is limited to patients who have a suspected or confirmed diagnosis of COVID-19

COVID-19 INTERIM FINAL RULES

# Telehealth Impacts

## Telephone Evaluation and Management

CMS changed the status of telephone evaluation and management services from non-covered to active. Use for new or established patients. Codes are considered telehealth; exception to permit reporting with audio-only technology

- **99441** Phone E/M Physician/QHP; 5-10 minutes
- **99442** 11-20 minutes
- **99443** 21-30 minutes
- **98966** Healthcare Professional Phone Call; 5-10 min.
- **98967** 11-20 minutes
- **98968** 21-30 minutes

Payments for telephone visits have been adjusted for CPT codes 99441 – 99443 to be similar to CPT codes 99212 – 99214 during the public health emergency

COVID-19 INTERIM FINAL RULES

# Telehealth Impacts

## Other Digital Medicine Services

CMS will pay for the following services for new or established patients

- **HCPCS G2010** Review of patient submitted video and/or images
- **HCPCS G2012** Virtual check-in
- **CPT 99421-99423** Online Digital E/M service for Physicians and QHPs
- **CPT 98970-98972** Online Digital Assessments for Other Healthcare Professionals
- **HCPCS G2061-G2063** Online Digital Assessments for Other Healthcare Professionals*

**recognized by CMS for 2020*

COVID-19 INTERIM FINAL RULES

# Telehealth Impacts

## Office and Other Outpatient Services (CPT codes 99201-99205, 99212-99215) Code Selection and Documentation – Telehealth Only

Physicians may select code and document based on medical decision making (MDM) or physician time on date of encounter:

- MDM – 2020 definitions
- Time – ***CPT® Typical Time***

E/M 2021 selection methodology

COVID-19 INTERIM FINAL RULES

# Telehealth Impacts

## Specimen Collection

- CMS will recognize physician and NPP use of CPT® code 99211 to bill for a COVID-19 symptom and exposure assessment and specimen collection provided by clinical staff incident to their services. Can be used with new and established patients.
- CMS has established new HCPCS codes to report specimen collection:

### For Laboratory personnel:

**G2023** (Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), any specimen source)

**G2024** (Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID19]), from an individual in a SNF or by a laboratory on behalf of a HHA, any specimen source)

### For Hospital outpatient clinics:

**C9803** (Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), any specimen source)

COVID-19 INTERIM FINAL RULES

# Telehealth Impacts

## Other telehealth changes: Effective March 1, for the period of the PHE

- CMS is allowing telehealth to fulfill many face-to-face visit requirements for clinicians to see their patients in **inpatient rehabilitation facilities, hospice and home health**. During the pandemic, individuals can use commonly available interactive apps with audio and video capabilities to visit with their clinician.
- **Home Health Agencies** can provide more services to beneficiaries using telehealth, so long as it is part of the patient's plan of care and does not replace needed in-person visits as ordered on the plan of care.
- **Hospice providers** can also provide services to a Medicare patient receiving routine home care through telehealth, if it is feasible and appropriate to do so.
- If a physician determines that a Medicare beneficiary should not leave home because of a medical contraindication or due to suspected or confirmed COVID-19, and the beneficiary needs skilled services, he or she will be considered homebound and **qualify for the Medicare Home Health Benefit**. As a result, the beneficiary can receive services at home.

COVID-19 INTERIM FINAL RULES

# Telehealth Impacts

## Removal of Frequency of Reporting Limitations

- A subsequent inpatient visit can be furnished via Medicare telehealth, without the limitation that the telehealth visit is once every three days (CPT® codes 99231-99233)
- A subsequent skilled nursing facility visit can be furnished via Medicare telehealth, without the limitation that the telehealth visit is once every 30 days (CPT codes 99307-99310)
- Critical care consult codes may be furnished to a Medicare beneficiary by telehealth beyond the once per day limitation (HCPCS codes G0508-G0509)

# CPT® TELEMEDICINE EXPANSION

# Medicine

**124 CPT Telehealth-eligible codes**

**36 noted in CPT code set | 88 additional on CMS Telehealth List**

| Code Groups with Significant Telehealth Expansion | Noted in CPT 2020 Code Set | Additional On CMS Telehealth List | Total Telehealth |
|---|---|---|---|
| Dialysis | 8 | 12 | **20** |
| Psychiatry | 12 | 5 | **17** |
| CNS Assessments/Tests (e.g., Neuro-Cognitive, Mental Status, Speech Testing) | 1 | 13 | **14** |
| Ophthalmology | 2 | 4 | **6** |

| New to Telehealth with CMS Expansion | # Telehealth Codes |
|---|---|
| Physical Medicine & Rehabilitation | **19** |
| Health Behavior Assessment and Intervention | **12** |
| Special Otorhinolaryngologic Services | **10** |
| Adaptive Behavior Services | **8** |
| Pulmonary (incl. Ventilator Management) | **5** |
| Radiation Treatment Management | **1** |

COVID-19 INTERIM FINAL RULES

# Telehealth Impacts

## Additional health care professionals permitted to provide telehealth services

- Licensed clinical social workers, clinical psychologists, physical therapists, occupational therapists, and speech language pathologists can provide e-visits. E-visits are non-face-to-face communications with their practitioner by using online patient portals
- Using new waiver authority, CMS is also allowing many behavioral health and education services to be furnished via telehealth using audio-only communications

COVID-19 INTERIM FINAL RULES

# Telehealth Impacts

## Other telehealth changes Effective March 1, for the period of the PHE

For Medicare patients with End Stage Renal Disease (ESRD):

- CMS is exercising enforcement discretion on the face-to-face visit requirements so that clinicians can provide this service via telehealth
- Clinicians no longer must have one “hands on” visit per month for the current required clinical examination of the vascular access site

## PUTTING IT TOGETHER

# CPT® Coding Guides During COVID-19 PHE

**Vijaya Appareddy, MD**
Member since 1993

# CPT® Special Coding Guides During COVID-19 PHE

- Provides real-world coding scenarios
- Combine with latest guidance from CMS, ICD-10-CM
- Incorporate special conditions/waiver effects
- Latest update: May 4


https://www.ama-assn.org/system/files/2020-05/covid-19-coding-advice.pdf

EXAMPLE

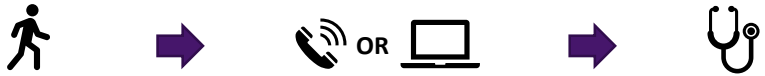
# Scenario 9 – (COVID-19 or Non-COVID-19 case): Telehealth/Telephone visits


**AT-A-GLANCE**

| Action | Patient evaluated via: E/M Telehealth, Telephone Visit | |
|---|---|---|
| Who is performing | Physician / QHP | |
| **CPT® Codes** Applicable CPT Code(s) | **E/M Telehealth** [1 2 3] | **Telephone Visit**<br>**New and Established Patients** |
| | *New Patient (CPT Times)* | 99441 (5-10 min)<br>99442 (11-20 min)<br>99443 (21-30 min) |
| | 99201 (typical time 10 min)<br>99202 (typical time 20 min)<br>99203 (typical time 30 min)<br>99204 (typical time 45 min)<br>99205 (typical time 60 min) | |
| | *Established Patient (CPT Times)* | |
| | 99212 (typical time 10 min)<br>99213 (typical time 15 min)<br>99214 (typical time 25 min)<br>99215 (typical time 40 min) | |
| **ICD-10-CM** Applicable ICD-10 CM codes | Non-COVID-19 patient: Code applicable diagnoses<br>COVID-19 patient: Code applicable diagnoses, *add U07.1, COVID-19* ***(****Effective April 1, 2020* - CDC Announcement) | |
| Place of Service | 11 Physician Office or other applicable site of the practitioner's normal office location | |
| **Conditional Notes** Notes | 1 CMS requires use of modifier 95 for telehealth services; other payors may require its use<br>2 Individual states (through Executive Order) or payors may permit use of E/M codes with audio-only encounters.<br>3 CMS will permit reporting of telehealth E/M office or other outpatient visits based on time or Medical Decision Making (MDM) | |

EXAMPLE

**Scenario 8 – (COVID-19 or Non-COVID-19 case):** Patient receives virtual check-in OR on-line visits via patient portal/e-mail (not related to E/M visit) OR telephone call from qualified nonphysician (those who may not report E/M)




| Action | Communication method | Patient evaluated | |
|---|---|---|---|
| Who is performing | | Physician / QHP | Qualified nonphysician (may not report E/M) |
| Applicable CPT® Code(s) | Virtual Check-Ins<br>Telephone | G2010 Remote Image<br>G2012 Virtual Check-In | 98966 (5-10 min)<br>98967 (11-20 min)<br>98968 (21-30 min) |
| | Online Visits<br>(e.g. EHR portal, secure email; allowed digital communication) | 99421 (5-10 min)<br>99422 (11-20 min)<br>99423 (21 or more min) | 98970/G2061 (5-10 min)<br>98971/G2062 (11-20 min)<br>98972/G2063 (21 or more min) |
| Applicable ICD-10 CM codes | | Non-COVID-19 patient: Code applicable diagnoses<br>COVID-19 patient: Code applicable diagnoses, *add U07.1, COVID-19 (Effective April 1, 2020 -* CDC Announcement) | |
| Place of Service | | 11 Physician Office or other applicable site of the practitioner's normal office location | |
| A virtual check-in pays professionals for brief (5-10 min) communications that mitigate the need for an in-person visit, whereas a visit furnished via Medicare telehealth is treated the same as an in-person visit. | | | |

EXAMPLE

**Scenario 19 – (COVID-19 or Non-COVID-19 case)**: Patient comes to office for E/M visit, is tested for COVID-19 antibodies during the visit

| Action | In-office E/M visit | Blood sample collected | COVID-19 antibody test performed in office[1] |
|---|---|---|---|
| Who is performing | Physician/QHP | Clinical staff (e.g., RN/LPN/MA) | Physician Office |
| Applicable CPT® Codes | 99201-99205 (New Patient)<br>99212-99215 (Established Patient) | Included in E/M | 86328 Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (egg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) |
| Applicable ICD-10 CM codes | Code applicable ICD-10-CM diagnoses, *and any applicable COVID-19 focused diagnosis*<br>Asymptomatic, no known exposure, results unknown or negative Z11.59<br>Contact with COVID-19, Suspected exposure Z20.828<br>U07.1, COVID-19 ***(****Effective April 1, 2020* - CDC Announcement) | | |
| Place of Service (POS) | 11 Physician Office<br>19 Off Campus Outpatient Hospital<br>20 Urgent Care Facility<br>22 On Campus Outpatient Hospital | N/A - Reported on same claim | Reported on same claim |
| Notes | 1 Contact third-party payor for applicable reimbursement policies concerning in-office laboratory testing. | | |

ADDRESSED CODING SCENARIOS

# Testing

Incorporates combinations of:

- Visit types (in-person, telehealth, telephone, virtual check-in)
- Testing sites (office, unaffiliated site)

**Viral Testing**

**CPT code 87635** Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique)

**Antibody Testing – *New 5/4***

**CPT code 86328** Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (e.g., reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])

**CPT code 86769** Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])

ADDRESSED CODING SCENARIOS

# Patient Monitoring, Visits During PHE

## Remote Patient Monitoring

- Remote physiologic (patient) monitoring following patient quarantined at home after receiving COVID-19 diagnosis
- Self Monitored Blood Pressure Services ***– New 5/4***

## Telehealth Visit Scenarios
**(for COVID-19 or Non-COVID-19 patients)**

- Virtual check-in OR on-line visits via patient portal/e-mail (not related to E/M visit) OR telephone call from qualified nonphysician (those who may not report E/M)
- Office or Other Outpatient
- Telephone
- Hospital-Based
    - Emergency Department
    - Observation Care
    - Initial and Subsequent Hospital Care, Discharge Day Management
    - Critical Care
    - Inpatient Neonatal and Pediatric Critical Care
    - Initial and Continuing Intensive Care Services
- Home Care
- Initial and Subsequent Nursing Facility Visits, Discharge Day Management
- Domiciliary, Rest Home or Custodial Care Services

# Questions?

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# Physicians' powerful ally in patient care