

COVID-19 & Telehealth Billing and Coding Updates

1. **G2012 and 99441 can both be done via telephone. Which method is preferred to use? A prolonged call may be billed versus time, like a 99443. I would assume this is financially advantageous to use?**

The codes are dependent upon payer. G-codes are typically used for Medicare and 99441 is for non-Medicare. We recommend referring to the payer resource for the preferred type of Telephone services. The time for CPT code 99443 is 21 to 30 minutes. Both G2012 and 99441 are for physicians and qualified health care professionals; evaluation and management services; established patients, or can not be reported if for the same symptom reported in an evaluation and management services within the previous 7 days nor reported within the next 24 hours or soonest available appointment.

2. **A lot of my patients don't have web access, so only telephone access. Would I treat this as a virtual check-in? Also, is there no option to see new patients without face to face?**

The visit can begin as a Virtual Check-in via telephone. Upon the decision to further provide medical care to the patient as via telephone the visit becomes a Telephone visit using codes 99441-99443. Another non-face to face visit would be an online digital portal visit using codes:

- 99421
- 99422
- 99423
- G2061
- G2062
- G2063

3. **Do we collect copay from BCBS and other commercial insurance?**

Specific to coronavirus testing, BCBS has stated they will waive prior authorizations on testing which applies to all business lines but they haven't yet specified if they will waive copays or if they will allow copays to be waived. For telehealth, the specifics haven't yet been released. However many payers are saying in the meantime to use your best judgment as there are variations even for these services rather they will waive copays or allow practices to waive.

4. Can providers that bill incident-to and do not have an ECW license perform TVs?

Incident To is only permitted to be billed in the Office setting, Place of Service code 11. Place of service 11 is reported with the provider and patient are in the same location. It is not required to have an eCW license to bill Televisits.

5. Has the waiver expanded the eligible providers who can perform telehealth to include providers at a Federally Qualified Health Center (FQHC)?

State-specific laws/bills are being passed. Please [visit CMS Virtual Communication Services in RHC and FQHCs FAQs](#)

6. I am still confused by the 3 types of visits. Telehealth, virtual visit, and the visit can you please give examples of each.

Telehealth - The patient calls the provider using a facetime app complaining of health issues. The provider evaluates the issues then manages the issues with a plan of care (i.e., prescribes a new medication).

Virtual Visit - Patient calls with complaint(s) and it is determined by the provider that the patient does not need further medical care. The patient is asymptomatic but just learned her cousin has diabetes or the coronavirus.

e-Visit - The patient uses an online portal (Doxy, Healow) provided by the patient's provider/facility to seek medical care. The provider evaluates the issues then manages the issues with a plan of care (i.e., prescribes a new medication).

7. How are they supposed to satisfy exam requirements?

To report CPT codes 99201-99215 they must match the level of service provided by using the 1995 and 1997 rules according to the amount of components or bullets. With that, the 2 most common codes will be 99212 and 99213. For new patients, over 50% of the visit for counseling and coordination of care will be the most common use of codes for 99201-99205.



8. On modifier 95, is this required on all commercial payors or is it payor specific? I was under the impression it was not required for Medicaid/Medicare.

Medicare stopped the use of modifier GT in 2017 when POS 02 was introduced. Note that for distant site services billed under Critical Access Hospital (CAH) method II on institutional claims, the GT modifier will still be required. Modifier 95 is to be used when synchronous telemedicine services are rendered via a real-time interactive audio and video telecommunications system. It's appropriate on CPT codes listed in Appendix P of the CPT manual when a patient is located at a distant site from the rendering provider.

Codes in Appendix P of the CPT manual:

- Consults- 99241-45
- E/M For Established Patients- 99211-15
- New Patient Evaluation and E/M- 99201-05
- Most behavioral health codes

9. Are teaching physicians allowed to attest to a resident?

In normal circumstance teaching physicians are not allowed to attest to a resident.

10. How do I find out about the up to date changes made by Medicare

The best resource for Medicare is CMS. Please [click here](#) for all updates regarding clinical and reimbursement information.

11. Does telehealth apply to New Patients?

Effective March 6, 2020 - CMS will allow reimbursement for any telehealth covered code even if unrelated to COVID-19 diagnosis, screening, or treatment, and NOT enforce the established relationship requirement that a patient see a provider within the last three years.

12. Can I use my cell phone facetime for Telehealth?

Yes, however, we recommend using TeleVisits through eCW as the progress note is linked to the visit, consent is built-in, and record of the appointment will be clear.

13. Do you have to use the televisits through eCW?

No, using TeleVisits is optional but recommended as a secure method to provide virtual care to patients.



14. If we activate TeleVisits, can it be discontinued once the pandemic is over and not needed any longer?

Yes, TeleVisits may be discontinued.

15. What POS to use for E visits?

02

16. Can you show us an example of how a HCFA claim would look to submit for telehealth?

Typically the originating site must be reported where the patient received the services at which by CMS standard doesn't include the home; however that restriction has been lifted. At this time we are being told by CMS that box 32 should reflect the location of where the services were rendered meaning the patients location. And box 33 for the distant provider will reflect the providers location when he/she rendered the service.

17. Can respiratory therapists provide counseling advice via telehealth services?

Respiratory therapists are not listed as eligible providers for telehealth services.

18. What if we keep TeleVisits activated, but don't use the 250 minutes; how do they roll over?

Minutes will not rollover.

19. On the telehealth can you give an example of how physicians document the exam portion of the E&M?

The exam consists of viewing and feeling body areas and organs (eyes, neurology, psychology, integumentary, etc). The provider will need to document as much information regarding the examination as he/she can view of the body areas and some of the organ systems.

Example: The patient complains of a rash of the left arm. The rash appears to be red and slightly swollen. It is approximately 2" in diameter of the forearm, proximal to the elbow. 30



20. How do we document and bill for the virtual check-in within eClinicalWorks?

All that is communicated, discussed and treated should reflect in the medical record Documentation.

A general guideline:

1. Notation of the patient's initiation and verbal or written consent to the televisit
 - Providers may contact patients to inform of the new televisits' rules, upon the patient's consent, the provider can provide health care during the same call.
2. Names of all people present during a televisit and their role
3. Chief complaint or reason for the televisit
4. Relevant history, background, and/or results
5. Assessment
6. Plan of care or next steps
7. Total time spent of the televisit service

To bill:

Use one of the following codes:

- HCPCS code G2012, Medicare patients
- HCPCS code G2010 , Medicare patient when submitting a recorded video or image
- HCPCS code G0071, RHC or FQHC patients
- CPT code 99441, non-Medicare patient for a telephone evaluation and management service
- CPT code 98966, non-Medicare telephone assessment and management service

21. If not utilizing the telehealth feature through Healow, how can we document and bill for telehealth or e-Visits within eClinicalWorks?

Create an encounter on the schedule and complete the documentation in a progress note. Consent still needs to be obtained and noted on the progress note. We recommend building a template to indicate the visit was conducted through FaceTime or Skype, that patient consent was obtained, and time spent on appointment.

