

TELEMEDICINE, VIRTUAL VISITS AND DIGITAL E/M SERVICES UPDATE Q&A

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Developed & Hosted by Acevedo Consulting Incorporated

CMS published an interim final rule and other guidance since the March 24th and March 26th Telehealth webinars. Acevedo Consulting's answers to your questions are based on CMS guidance as of 04/01/20

Webinar Question	Webinar Response
is RN a qualified non-physiain provider?	<i>No, Remember, a QHP is someone who has a Medicare number and can bill and E&M services</i>
How is billing if Physician has implemented assignment of benefits to the hospital? can they bill for originating fee as well if patient is in home? Thanks!	<i>The Originating Site fee would only be used if the patient lives in a rural area and the hospital/doctor's office is also in a rural area, and, they both are using the same interactive audio/video platform. The physician's E/M payment is reduced in those instances since Medicare is expecting another claim for the "technical component" of the visit.</i>
Do you have a list of private payers policies with codes for Telehealth? Thanks!	<i>Sorry, no.</i>
Regarding the assignment of benefits question, the physician utilized the hospital's EMR and notes are property of hospital. Thanks, sorry, just thought you might need this info as well to answer question...	<i>Thanks for the additional information; it does not change my answer above.</i>

Webinar Question	Webinar Response
<p>What happens if the physician realizes mid visit that he/she can't continue with the visit remotely and wants the patient to come in? Can the visit be finished later in person and billed as an in office visit?</p>	<p><i>Interesting question. Yes, I would bill one office visit code for the day, aggregating all time spent with this patient to choose the E/M code.</i></p>
<p>to be clear.... the e -vist MUST be initiated THROUGH A PORTAL? What if the patient calls and requests and evisit?</p>	<p><i>Another good question. Regardless of how the patient makes the request for an E-visit, if the E-visit is conducted via portal or secure email, it would be an E-visit</i></p>
<p>Can my provider do an e/m visit and then have a patient "drive by" and give Prolia? How would this be billed?</p>	<p><i>If your provider did the E/M visit via telehealth, and the patient had a Prolia injection the same day, bill as usual only add modifiers -25 and -95 to the visit code. (assuming the E/M visit is indeed separately and significantly identifiable for the Prolia injection)</i></p>
<p>E/M telehealth visit and then drive by prolia injection?</p>	
<p>I'm confused "patient must initiate" so if we have an existing appointment scheduled in office are we allowed to call and offer a switch to telemedicine?</p>	<p><i>Yes, CMS has recognized that you need to advise patients of the availability of remote services. They have stated that you can capture and document the patient's consent at that time.</i></p>
<p>I'm under the impression that Virtual check in can NOT be used in conjunction with a scheduled visit, whether virtual or in person. Thanks</p>	<p><i>that is correct. The virtual check-in cannot be billed within 7 days of a prior, related E/M service, nor one within the next 24 hours or earliest available appointment.</i></p>
<p>If a patient has a virtual check in and it is determined that the pt need a televisit can both code be billed and paid on the same DOS?</p>	<p><i>No. Remember, the virtual check-in is only payable if it does not relate to an E/M visit within the last 7 days nor results in a visit within the next 24 hours (or first available appointment).</i></p>

Webinar Question	Webinar Response
<p>Are you documenting based on time then, when you cannot fulfill the elements of the exam section???</p>	<p><i>Since the 3/26 webinar, CMS posted an "interim final rule" which makes it clear that physicians can use the total time they spent with a patient on the day of an E/M telehealth service for choosing an office visit code. They are waiving, during this emergency, the requirement that time only can be used when more than 50% of the doctor's time is spent in counseling and/or coordination of care.</i></p>
<p>Anthem WI requires them--announced yesterday GT 95</p>	<p><i>Thank you</i></p>
<p>I want to know what do you mean by Patient initiated visit, we have pt who were originally scheduled for in office visit and now we are changing them to televisit after their verbal consent. then is it OK for them to check in via portal and they wait in the virtual waiting room via portal . Does this qualify?</p>	<p><i>Your description should meet the requirements of a "patient initiated" visit as described by CMS. CMS has acknowledged that you must reach out to the patients to let them know you have the availability of some type of virtual service. I do not want to provide a wrong answer to your question but am uncertain whether the visit you're describing has a face-to-face component or is an E-visit. I know some portals have audio/video component.</i></p>
<p>We are having them to allow us to take screenshot for their problems such as any joint swelling/rashes things like that and it gets saved on the encounter</p>	<p><i>Great idea</i></p>
<p>G2061-G2063 for Medicare advantage plans do they apply copay for that?</p>	<p><i>Depends on the plan.</i></p>
<p>Where in the note should the time spent with the patient be documented. Our physicians want to document this time.</p>	<p><i>There is no specific requirement as to where time is documented. Intuitively it would be at the end of the note.</i></p>
<p>what DOS would we use if it takes us more than one day to gather the minutes</p>	<p><i>Assuming you are speaking about the telephone encounters that can span up to 7 days, use the initiation date.</i></p>

Webinar Question	Webinar Response
<p>what if our patients have trouble getting the video part set up but they can continue with the audio? what do you suggest we bill? Telehealth or virtual check in</p>	<p><i>Since the 3/26 webinar, CMS made another change. They are now paying for the telephone codes in CPT - 99441-99443. based on your question, it sounds as if one of these would be the most appropriate code.</i></p>
<p>Do we append GT modifier as well along with CR modifier?</p>	<p><i>no. To designate to Medicare that an E/M code was provided via telehealth, append modifier -95 (new guidance as of 3/31/20)</i></p>
<p>Our physician does not want to show his number when calling the patient, can you repeat what you said about the google phone #? Thanks.</p>	<p><i>Go to voice.google.com to find out how to download a google phone number so that it will show to the patient rather than the physician's cell number.</i></p>
<p>If Commercial patient does not have Telehealth benefits, can we still do Telehealth and have patient pay?</p>	<p><i>Assuming the provider of the telehealth service is allowed by state law and scope of practice, yes.</i></p>
<p>What is the best way to document the time on an Evisit</p>	<p><i>Wish there was one good answer, but it depends on your EMR - phone note, clinical note, etc. Keep in mind that these e-visits can span up to 7 days, so at the end of each the number of minutes should be documented.</i></p>
<p>What Place of Service (POS) is used for Virtual Check-In codes G2010,G2012 and for E-Visit codes 99421-99423?</p>	<p><i>Assuming the patient would have come to the office if it wasn't for the current situation, POS 11 for a doctor's office. (POS 22 for a hospital provider-based clinic)</i></p>
<p>Can a doctor do telehealth from his home or does he need to be in the office?</p>	<p><i>he can do it from his home. When billing office visit E/M codes, the POS would still be 11</i></p>
<p>So IL pt can be seen by telehealth MO doctor?</p>	<p><i>You really would need to check Illinois' laws on reciprocity and telehealth.</i></p>
<p>Should we use type of service 11 for Virtual Check in & E-Visits?</p>	<p><i>POS 11, yes</i></p>

Webinar Question	Webinar Response
What do you know about ChampVA or Tricare coverage	<i>Unfortunately, I have not seen anything specific for ChampVA or TriCare.</i>
Even though we can "see" a new patient without audit via telehealth, will a new pt CPT bill be denied by statute.	<i>Since the NORM webinar, in CMS's Interim Final Rule that came out 3/31/20: they are now allowing new patient visit codes.</i>
I understand that Medicare Advantage programs have to follow Medicare regarding telehealth but do they have to comply with the 1135 waiver?	<i>Not completely. Many are, however, as it behooves them to have their patients seen virtually; most seem to be following general Medicare.</i>
I have a question in regards to the 99201-99215 coding. For those of us that have residents training with us can the trainees participate and these visits with the same type rules as long we are following the same guidelines as prior?	<i>Yes. In fact, in the CMS interim final rule that came out on 3/31/20, they have made it easier to meet teaching physician rules via telehealth.</i>
Cannot bill E&M for a new patient?	<i>Now you can! This was changed 3/31/20 in an interim final rule published by CMS</i>
I thought the modifier for Medicare telemed visit was GT - for office but could not electronically send that modifier to Medicare - was told to use modifier 95 is that correct?	<i>The only modifier Medicare wants on a claim to indicate the service was provided via telehealth is -95.</i>
Should we place the CR modifier on all providers or only Medicaid / Medicare	<i>not on Medicare. Check other payers</i>
The system will not allow CR to be attached to a claim and submit the claim states is an invalid modifier for 99213 /99214	<i>CR is no longer being required; info came out last week</i>

Webinar Question	Webinar Response
<p>What codes do you use if the Medicare patient does not have access to video (i.e., face time or skype)?</p>	<p><i>if the "visit" is by phone (audio only) consider using one of the 99441-99443 telephone encounters that are now payable.</i></p>
<p>I work in CO and feel that I am getting conflicting info on the e-visits (99421-99423) as far as the 7 days rule. We have been seeing info that the visit can be billed if it occurs after 7 days of a face to face and if it does not result in a regular visit (face to face or TH) in the next 24 hours or next available, but it seems that you are saying that if a regular E& M occurs within 7 days of the pt initiated portal e-visit, that you can't bill the e-visit. Ex: e-visit initiated on 3/18, but TH level 4 visit (99214) occurs on 3/24.</p>	<p><i>That is correct. A separate E/M visit cannot be billed if it occurs within 7 days of initiation of an E-visit.</i></p>
<p>Our CO Mac (Novitas) is not asking for a modifier for TH claim, but UHC is asking for modifier 95 which is the telehealth modifier. I was hoping to get clarification on the modifier business, but I guess we are all wondering.</p>	<p><i>CMS realized that asking you to use POS 02 on claims was going to mean a payment reduction, so went with modifier -95 on 3/30. Many other payers, such as UHC, also require 95. Your MAC will pay the E/M claim without the modifier but it will be assuming you had an in-person visit with the patient.</i></p>
<p>there is a typo on that chart it's 99421, not 99431</p>	<p><i>yes, that is CMS's chart. Even the big guys have typos! :)</i></p>
<p>So should the CR modifier be used for other payers along with the pos 02?</p>	<p><i>You really must check with the individual payers, but for Medicare no longer use POS 02 or CR modifier</i></p>
<p>Do you need to use the Medical Assistant for any part of these visits?</p>	<p><i>no</i></p>

Webinar Question	Webinar Response
Do you bill based on medical decision making or face to face time? does the time include the history or ros?	<i>in an interim final rule published on 3/31/20 CMS has made the following change to how you can choose an OV code: Either choose the code based on complexity (Medical Decision Making), or, based on how much time the doctor spent with the patient in the encounter. They really simplified this for now!</i>
Are phone call CPT codes still not paid, we should use Virtual check in for calls?	<i>As you'll see from a question or two above, CMS did decide to pay for phone calls: 99441-99443!</i>
What would you bill for a phone call lasting 30 minutes?	<i>99443</i>
How should we bill commercial insurance?	<i>Depends on the plan.</i>
Can we do telemedicine visit then bill infusion on same day or day later?	<i>Same rules on medical necessity and documentation apply, but there are no restrictions in place.</i>
During PHE, can we call our regular office visits patients and offer them telehealth? which might not be patient initiated	<i>Yes. Document that the patient accepted/agreed to be seen via (telehealth, virtual check-in, telephone visit, E-visit)</i>
can 99421-99423 be telephone calls instead of via pt portal?	<i>No. use the 99441-99443 codes</i>
What is the main difference between G2012 and 99421 since they seem similar?	<i>G2012 is a quick call with the patient to determine if the patient needs to be seen/next steps. 99421 is 5-10 minutes of the provider's time communicating with the patient via porta or secure email.</i>
HOW DOES THE PATIENT INITIATE THE TELE MED VISIT? DOES THE PATIENT CALL IN AT AN ASSIGNED TIME OR CAN THE OFFICE CALL THE PATIENT WHEN THE PHYSICIAN IS READY?	<i>Once the patient has consented/agreed to be seen via telehealth, either is ok</i>
Hello, the place of service of 02 requires a facility. If we are providers and are not associated with a facility, what do we use when your required to have a facility?	<i>As you may have seen in questions above, CMS realized that 02 was going to result in payment reduction and rescinded that instruction.</i>
So the only modifier needed is CR?	<i>no. Medicare requires -95 to denote a telehealth service</i>

Webinar Question	Webinar Response
Is this information for Medicare only or both Medicare and commcerical payers?	<i>Medicare</i>
Can we call and offer telehealth appointments for paient who have test results?	<i>Yes, you can offer/educate patients to let them know that you are now providing these services; document their agreement/consent to be "seen" this way.</i>
for HMO referrals will the referral to the office work for telehealth?	<i>Wish I had an answer to that one! My guess is it will work as you're still billing an E/M code.</i>
Do we need to change POS and use a modifier?	<i>Use your normal POS, use modifier -95 for Medicare</i>
how can I find parity laws by zipcode?	<i>They would be by state, not ZIP code. Consider contacting your state medical association</i>
I'm requesting clarification for billing 99441,99442 and 99443 for commerical insurers for phone visits- not visual. Also what is the difference between modifiers GT and 95	<i>Check the individual insurer to see if they pay for 99441-99443. CMS just came out with a rule making them covered services on March 31st, so it may take a while for other payers to catch up. GT and 95 are almost identical - the difference is GT is no longer honored by Medicare.</i>
FYI, doximity.com allows providers to "mask" their cell phone numbers to show the OFFICE phone number instead!	<i>Good to know...thanks!</i>
How does incident to work?	<i>Not well for "virtual" services. If the PA/ARNP is in the office and the physician is too, the PA/ARNP's virtual/telehealth services could be billed to Medicare under the physician if all other incident to requiremennts are met. If the PA/ARNP is at home, services must be billed undner the PA/ARNP.</i>
Please advise how physician documents the telemedicine vist? Would be the same with face to face E&M visit except no vitals and PE exam. Thank you	<i>Exactly. Also, note above that the code can be selected based on total doctor time, or, the complexity of MDM during this emergency (much as it will be come 2021).</i>

Webinar Question	Webinar Response
if physician see patient in the clinic by facetime due to patient doesnt have iphone or computer , can we bill telemedicine; the reason is my physician is in the group high risk for covid19	<i>Regardless of where the physician and the patient are, if they are not in-person face to face, but using facetime, bill the appropriate OV code with modifier -95</i>
What POS code do you use for G2012 11 or 02	<i>11</i>
Is G2012 paid by Medicare Advantage plans and commercial plan also?	<i>Medicare Advantage, yes. Commercial - some do</i>
Does the physician need to do telehealth visits from their office only or can they be done from the physicians home? For example if the physician just traveled back to the US and is required to self quarantine for 14 days can they conduct telehealth visits from their home.	<i>Telehealth visits - the physcian can really be anywhere.</i>
Can telehealth visits be done for patients that have Medicare Advantage or commercial plans?	<i>Medicare Advantage, yes. Commercial - some do</i>
E-visit, if it is requested through the portal but a phone call is also part of the visit can it be included in the total minutes	<i>Yes</i>
Can you explain the POS for the different codes again? 02 versus 11	<i>Do not use 02 any longer. CMS realized that was resulting in a payment reduction and rescinded that instruction. If you would normally be seeing patient's in your office, POS 11.</i>
What about insurances that require referrals like AARP Medicare complete. Will the pt need to have a valid referral for a Specialist virtual check ins & E-visits?	<i>None of the pre-authorization rules have changed that I am aware of</i>
Is the Medicare 99421 - 99423 e-visit the same as the commercial codes for audio video codes?	<i>Since each commercial plan has its own coverage rules, really cannot say.</i>
can an e-visit be a telephone call for patients that do not have real time communication to conduct a visit.	<i>No. But, CMS is now paying for phone visits with 99441-99443</i>
Please clarify again. Can a virtual check in be a telephone call if an entire visit is documented during this call?	<i>CMS is now paying for phone visits with 99441-99443</i>

Webinar Question	Webinar Response
We are also having our MA get on the phone with our patients prior to the doc picking up the phone and triaging the patient in order to get the patients histories updated and verified in the chart as well	<i>Nice.</i>
Can a provider use our office phone v. their cell phone for the telehealth service?	<i>what phone is used is not important. To bill a telehealth E/M visit, there must be audio and video in real time.</i>
What if a patient doesn't have the technology for a Telehealth visit, and the time exceeds the maximum time allowed for a virtual check-in? What code should we bill for a new patient who doesn't have technology for telemedicine?	<i>CMS is now paying for phone visits with 99441-99443</i>
Can we call patients that are already on the schedule and inform them of TeleHealth and ask them if they want to keep their regular visit via Telehealth?	<i>Yes; document their agreement/consent in their chart</i>
If a TeleHealth visit is initiated, but the audio/visual fails during the visit, and has to be ended with a phone call, can you still bill for the TeleHealth visit? Or do you bill for both?	<i>there is no guidance on this, however, if the doctor started with an audio/visual visit, and ended with only voice due to technical issues, I would be comfortable billing an E/M with -95. Make sure to document what happened.</i>
What would be the POS for E visits?	<i>11</i>
if its a long call, can we charge outside Medicare?	<i>Use the 99441-99443 codes for telephone calls Medicare is now covering</i>
What if doctor spends a significant amount of time with a Medicare patient over the phone because the patient does not have access to video capabilities, how can they get reimbursed for all their time?	<i>Use the 99441-99443 codes for telephone calls Medicare is now covering</i>
Also, how do you recommend we handle incident to for virtual visits? Do we need to only have visits for NP for patients with insurance she can bill directly for?	<i>Yes. For payers recognizing incident to billing, both the NP and doctor would still need to be in the office together to bill as the doctor.</i>

Webinar Question	Webinar Response
Is there anything in the virtual checkin category that covers longer time? for those who need an E/M service but dont have video, it leaves them with very inadequate care by the provider if its supposed to be "brief". Just not sure what options we are to give patients who need a full eval but only have a phone.	<i>Use the 99441-99443 codes for telephone calls Medicare is now covering</i>
Can you confirm if providers can see new patients through telemedicine under the new waiver? Thank you.	<i>Now they can...thank goodness! CMS changed the rule to allow this in an interim final rule published March 31st</i>
If we can see new patients through telemedicine because HHS is not auditing, should be bill new patient codes (99202-99205) or bill establish patient codes (99212-99215) even if the patient is new?	<i>CMS is now covering New Patient Ovs, so use the applicable 99201-99205 when seeing a new patient via telehealth</i>
Aetna and CareFirst are wanting modifier 95 per their telemedicine policies.	<i>thank you</i>
FYI - CareFirst MD and DC is not covering telephone services (99441-99443).	<i>too bad. Perhaps they'll change their policy now that CMS is covering 99441-99443 (in a 3/31/20 rule)</i>
If the patient comes in to the office for a face-to-face visit the next day after the telemedicine visit, can we still bill another E/M on the second day?	<i>Yes</i>
If a patient not have a smart phone can just audio be used?	<i>Bill the applicable telephone encounter code - 99441-99443 - to Medicare</i>
under E Visit first code should be 99421 - 99431 is for newborns	<i>These codes for Evisits are used when the interaction with the patient/parent is via patient portal, secure email.</i>
Does it have to be audio AND video, or can it just be audio?	<i>to bill as an E/M visit it must be audio AND video</i>

Webinar Question	Webinar Response
We are doing telehealth and trying to do audio and visual; however, the Medicare patient does not want to use face time etc. so the visit is really just audio. Can we still bill the telehealth E/M code if we offered visual but the patient declined? Many elderly do not know how to use zoom or face time	<i>No; without a video component it is not telehealth. Consider using 99441-99443, depending on the plan's coverage.</i>
what if a patient has an insurance that requires a prior auth, like freedom health or optum?	<i>Nothing has changed in that regard that I am aware of</i>
are virtual check in and evisits paid the same	<i>no. There were average fees in the slides, but check your locality</i>
Jean, If my PA's are doing telehealth visit from their home will be reimbursed fully? although the supervising doctor will be in the office.	<i>You must bill these visits under the PA as the direct supervision requirement by the physician cannot be met if they are not both in the office.</i>
or will that be billed at non professional	
non qualifying professional	
2. questions how can we bill for High risk medication management via Telehealth	<i>Use the complexity of medical decision making to choose the OV E/M code</i>
what would be the code for HRMM(high risk medication management)	<i>Depends on the number of problems actually addressed, whether the patient is stable or not, etc.</i>
To confirm, the doctor must be licensed in the state that the patient is located at the time of a telemedicine visit.	<i>Depends on the individual state's laws. Several states have enacted emergency reciprocity rules during this emergency.</i>
Can you better explain difference between the 99421/99422/99423 and G2061/G2062/G2063? THX	<i>the 9942x code set can be billed by physicians, ARNPs, PAs. The G206x codes can be billed by other Medicare providers who cannot bill office visit E/M codes (such as PTs, LCSWs, clinical psychologists). Hope that helps!</i>
how often can a provider bill G2012 if patient call every few days, but never does a face to face	<i>as long as each interaction is medically necessary, there are no published limits.</i>
E-visits = can it be used when provider to provider like treating and specialist communicate via txt, email, phone count those the time of e-visit	<i>There is a set of codes for these scenarios - 99446 thru 99452 - based on how much time was spent. Check the full definitions in your CPT book; they can be billed once in a 14 day period. These codes are paid by Medicare</i>

Webinar Question	Webinar Response
We were informed that CMS payes the Televisit at the facility rate and not the non facility rate.	<i>The CMS realized that was going to happen with their initial instructions to use POS 02; that is why they rescinded that instruction.</i>
Is there a way to not display the physician's phone number when calling the patients?	<i>Try voice.google.com and get a google phone #</i>
For e visits, does telephone count as other telecommunication device? For example, you get an email from a patient, and you get back to the patient via phone.	<i>Now that Medicare is paying for telephone visits, I would recommend using 99441-99443</i>