DOCUMENTATION AND CODING TELEHEALTH RELATING TO COVID-19

In a recent NAOHP Town Hall, the topic of documentation and coding telehealth relating to COVID-19 was discussed. The guest speaker was Terri Scales, CPC, CCS-P, National Director of Business Development /Regional Director of Client Services with Bill Dunbar and Associates.

For additional information on this topic, please visit www.acponline.org/practice-resources/covid-19-practice-management-resources/telehealth-coding-and-billing-during-covid-19.

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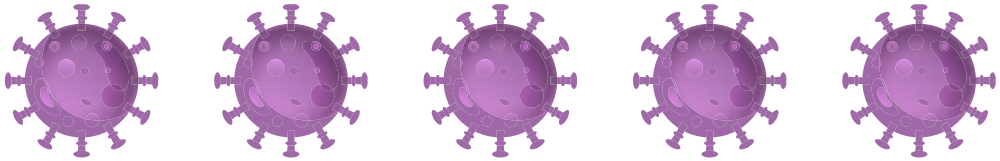


1 IS IT LEGAL TO DO TELEHEALTH FOR WORKERS' COMPENSATION?

California has said yes. California's recent changes "encourages All Parties to Consider Creative Solutions Appropriate to Providing Care to Injured Workers."

In the March 31st COVID-19 IFC, to facilitate the use of CMS-5531-IFC 114, it was said that telecommunications technology as a safe substitute for in-person services, we added, on an interim basis, many services to the list of eligible Medicare telehealth services, eliminated frequency limitations and other requirements associated with particular services furnished via telehealth, and clarified several payment rules that apply to other services that are furnished using telecommunications technologies that can reduce exposure risks (85 FR 19232).

There is no special consideration a medical practice need to consider for licensure. CMS has waived the state requirements.

2 WHAT SPECIAL CONSIDERATION DOES A MEDICAL PRACTICE NEED TO CONSIDER FOR REIMBURSEMENT?

The three things to consider are in-person billing, telephone billing and audio visual billing.

We are finalizing on an interim basis changes to our regulation at § 410.32(b) to add flexibility for NPs, CNSs, PAs and CNMs, which are types of practitioners that have separately enumerated benefit categories under Medicare law that permit them to furnish services that would be physicians' services if furnished by a physician and be paid under Medicare Part B for the professional services they furnish directly and "incident to" their own

professional services, to the extent authorized under their State scope of practice. The interim changes will ensure these practitioners may order, furnish directly and supervise the performance of diagnostic tests, subject to applicable state law, during the PHE.

The provider must use an interactive audio and video telecommunications system that permits real-time communication between the distant site and the patient at home. Distant site practitioners who can furnish and get payment for covered telehealth services (subject to state law) can include physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians and nutrition professionals.

Effective for services starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth services furnished to patients in broader circumstances. These visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits. Starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for professional services furnished to beneficiaries in all areas of the country in all settings.

3 HOW DO YOU NOTIFY THE INSURANCE COMPANY THAT YOU ARE USING TELEHEALTH FOR YOUR PATIENT SERVICE?

Identifiers will notify them that you are using telehealth visits. Use modifier 95.

4 WHAT TYPE OF PATIENT AUTHORIZATION IS NEEDED FOR THE TELEHEALTH VISIT?

A verbal at check in or fax

5 WHAT PATIENT IDENTIFIERS ARE NEEDED?

Two identifiers are needed such as date of birth, Social Security Number, Employer #, Claim #, address and phone number.

6 WHAT DOCUMENTATION IS REQUIRED FOR THE TELEHEALTH VISIT FOR THE EXAM?

Document visual assessment and patient input. Use your documentation EMR usual system and enhance documentation of visual evaluation of the patient and any special injury components noted during the visual eval of the visit. Note the time start to end.

7 HOW DO YOU CODE THE VISIT FOR THE E&M VISITS?

All E/M and other services that are currently eligible under the Medicare telehealth reimbursement policies are included in this waiver. These are list of eligible CPT/HCPCS codes. Use modifier -95 to claim lines that describe the services provided via telehealth. POS code would be whatever would have been reported had the service been provided in person. See the “Modifiers” section below for more information about how to correctly bill for these CPT services.

Page 137-139 for Payment for Audio-Only Telephone Evaluation and Management Services says, “we are establishing new RVUs for the telephone E/M services based on crosswalks to the most analogous office/outpatient E/M codes, based on the time requirements for the telephone codes and the times assumed for valuation for purposes of the office/outpatient E/M codes. Specifically, we are crosswalking CPT codes 99212, 99213, and 99214 to 99441, 99442, and 99443 respectively. We are finalizing, on an interim basis and for the duration of the COVID-19 PHE the following work RVUs: 0.48 for CPT code 99441; 0.97 for CPT code 99442; and 1.50 for CPT code 99443.” Change codes to reflect the WC fee schedule.

The provider doens’t consider the set up knowledge needed. CPT Typical Times Page 182 states, “We believe that, because the times are being used for the purpose of choosing which level of office/outpatient E/M CPT code to bill, the times listed in the codes themselves would be most appropriate for the purpose. Therefore, we are finalizing on an interim basis, for the duration of the PHE for the COVID-19 pandemic, that the typical times for purposes of level selection for an office/outpatient E/M are the times listed in the CPT code descriptor.”

Document the type of visit, time, medical decision and provider decision in regard to the processes used.

8 WHAT CPT CODES ARE USED?

Telephone - Practitioners who may independently bill Medicare for E/M visits (for instance, physicians and NPs) can bill the following codes: CMS-5531-IFC 120 • 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 (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; 11-20

minutes of medical discussion.) • 99443 (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; 21-30 minutes of medical discussion.)

Audio/Visual - Use modifier 95: Telehealth services provided via real-time interactive audio and video should be billed with the place of service (POS) code that would have been used had the service been provided in person, such as POS=11 (private practice) instead of 02 (telehealth).

During the current COVID-19 Public Health Emergency, telehealth E/M levels can be based on Medical Decision Making (MDM) or time (total time associated with the E/M on the day of the encounter). Likewise, CMS has also removed any requirements regarding documentation of history and/or physical exam in the medical record for Telehealth visits.

9 WHAT ICD-10 CODES ARE NEEDED?

Regular used and new U codes

10 WHAT MODIFIERS ARE NECESSARY, LIKE PLACE OF SERVICE?

-95: Telehealth services provided via real-time interactive audio and video should be billed with the place of service (POS) code that would have been used had the service been provided in person, such as POS=11 (private practice) instead of 02 (telehealth).

Append modifier -95 to all telehealth services billed using POS 11. This change will enable providers to be reimbursed at the same rate as services provided in person.

Modifier -95 should not be used with virtual visits (G2012) or the digital evaluations (99421-99423). It is for use with all other telehealth codes that use synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system.

11 WHAT OTHER SPECIAL CODES ARE NEED?

Specifically, we are crosswalking CPT codes 99212, 99213, and 99214 to 99441, 99442, and 99443 respectively. Reminder 95 modifer...special dx code for COVID-19.

12 WHERE AND IN WHAT FORMAT DO YOU DOCUMENT?

Identify the audio or audiovisual visit format at the beginning of the visit. Use your existing format for documentation for initial injury as well as follow up and discharge - EMR, standard templates.

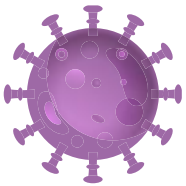
Check with your EHR vendor for options. Many vendors have telehealth capabilities built in; others require an interface with an external/freestanding product. Some vendor solutions may be more complicated to implement.

KEY TAKE-AWAYS

Everyone should understand the connection between coding and reimbursement.

CMS defines the documentation and coding for Medicare and Medicaid. The way Medicare goes, so goes the other insurance companies. The CPT codes and the ICD-10 codes are the national coding guidelines. Workers' Compensation follows the CPT and ICD-10 coding parameters.

CMS will change the guidelines after the Pandemic, but we do not know how they will look.



SOURCES:

cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf

cms.gov/files/document/03092020-covid-19-faqs-508.pdf

acponline.org/practice-resources/covid-19-practice-management-resources/telehealth-coding-and-billing-during-covid-19

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Progressing with the ongoing changes, NAOHP remains the core development of occupational health, providing occupational health professionals and providers the education, training, and tools necessary to have a successful occupational health program.

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