Baptist Health Medical Group
BAPTIST HEALTH SOUTH FLORIDA

The Physician Edition

BHMG Physician Practice Coding Education Team

May, 2020

E&M Coding Questions?
Contact
BHMGEandMcoding@baptisthealth.net

Medicare Telehealth Changes

Since the beginning of the CMS mandates, continuous changes have affected the healthcare industry and the face of healthcare delivery, especially as Telehealth has become our new workflows. As of March 30 and April 30, 2020 CMS released updates that affect both office and inpatient visits for multiple provider types and E&M visits. These current changes are continuously evolving as our nation is addressing the current health care crisis.

New CMS Telehealth Changes

- Telephone codes were added to the list of services that can be billed via telehealth, and the rates for codes 99441–99443 were increased, to match the rates for 99212–99214.
- Office visit codes must still use two-way audio and visual, real time interactive technologies, but the payment rates for audio only codes (Telephone codes 99441–99443) were increased.
- CMS added to the list of services that can be provided via telehealth to include additional hospital services, home visits, and domiciliary services.
- Inpatient neonatal and pediatric critical care and intensive care codes may be performed via telehealth.
- Additional services that are temporary additions that may be performed via telehealth include:
    - Advanced care planning for patients with cognitive impairment,
    - Psychological and neuropsychological testing, physical therapy and occupational therapy.
    - The blanket waivers were updated at the end of April and physical therapists, occupational therapists and speech-language pathologists are now on the list of clinicians who can bill telehealth
- Subsequent inpatient telehealth may be performed daily, without the prior limit of once every three days.
- In order to bill office visits or any of the services mentioned in the bullets above, (except phone calls) or services noted on the full CMS list, a provider must have ***interactive, real-time audio visual*** with the patient.

New Guidelines with Selecting a Level of Service- MDM or Time

When CMS released the rule on 3/30/2020, a brief section addressed the upcoming changes in 2021 for codes 99202–99215, in which a practitioner can select a level of service based on total time of the provider's cognitive labor for the day or MDM. The time spent includes non-face-to-face time that the practitioner spends and does not need to be dominated by counseling. These intricate guidelines would officially begin January, 2021, but CMS is allowing a version of these guidelines on a temporary basis during our current crisis.

CMS Telehealth Changes

BHMG Physician Practice Coding Education Team

May, 2020

Using Time as a Component for Selecting Your Service Level

In their March rule, CMS released guidance that a provider may use the CPT times to select a level of service. CMS is allowing on an interim basis that these rules to office/outpatient visits performed via telehealth during the time of the public health emergency. Specifically, they are removing any requirement for history and/or physical exam.

A clinician can use MDM or time to select the code, with time defined as "all of the time associated with the E/M on the day of the encounter." They are using the existing time guidelines and keeping the current definitions of Medical Decision Making (MDM), not the revised set that will be implemented in 2021.

Additional Telehealth CMS Guidance

On-site visits via video or through a window–report as telehealth?

- CMS's FAQ from 4/9/20 states that if the physician/NPP and the patient are located in the same facility, but not in the same room, and are communicating via telecommunication, these do not need to be reported as telehealth.
- Use the codes that describe the in person communication. (COVID-19 Interim Final Rule FAQs)

Supervision

- The CMS 3/30/20 rule states that direct supervision could be provided via audio/visual, real time communication.

Virtual check-ins (some payers are these, not office visits)

- CMS continues to reimbursement for HCPCS codes G2012 and G2010, but, these don't require real time audio/video, the way office visits do. CMS stated in their 3/30/2020 rule that G2012 may be billed for both new and established patients during the public health emergency period.

InterProfessional consults (may be useful in the hospital setting)

- These are not officially part of telehealth, but some groups/providers are utilizing these codes in the hospital, so that fewer physicians see each patient in the hospital. They allow a consultant to do a time-based chart review and provide a verbal and written report back to the requesting clinician without seeing the patient.

Not defined as telehealth

- On-line digital E/M (99421–99423 and G2061–G2063), virtual check in (G2010, G2012) and remote monitoring are not considered telehealth services. Do not use POS 02 or modifier 95 with these.
- New! Telephone codes (99441–99443, 98966–98968, Q2061–Q2063) are now defined as telehealth services.

HIGHLIGHTS FOR TEMPORARY CMS CODING GUIDELINES- SELECTING YOUR SERVICE LEVEL

- **For 99201–99215 provided via telehealth (real time, interactive audio/visual) a practitioner does not need to use the level of history or exam to select the service.**
- **Use total time that the practitioner (not staff) spends on that day, whether or not counseling dominates the visit, or**
- **Use MDM as currently defined.**