

Questions & Answers from the Webinar: Telehealth Service in the Age of COVID-19 for Part B Providers

Wed, May 27, 2020 10:00 AM

PHE = Public Health Emergency

Audience Questions:

Q: Is there an update on end dates for Virtual care services during the PHE?

A: There is no update at this time.

Q: Can we report 99441-99443 for new patients?

A: Yes

Q: To clarify, 99411 is on the telehealth list, where 95 is required and CR modifier is not, correct?

A: Correct, if that code is on the list, 95 is required, CR is not.

Q: Codes 99441-99443 are on that list that need a 95 modifier, do we need to go back and add 95 to all the claims that were prev submitted?

A: No you do not need to do that.

Q: Are prolonged services codes allowed to be billed with telephone codes 99441-99443 when calls take longer than 30 minutes?

A: Yes, you may bill those codes if the call exceeds the time.

Q: Will Telemedicine services be allowed after the PHE is lifted and if yes will those be processed with POS 02?

A: Normal telehealth services that were always allowed will remain, and as far as we know, the POS 02 will be a requirement again.

Q: Do we need 95 modifier on Q2012 virtual visit also? Many claims rejecting for incorrect modifier

A: I assume you meant G2012, and the 95 modifier is not required on that code.

Q: Are modifiers required for 99441-99443?

A: 95 modifier is needed due to those codes being on the list of telehealth services

Q: DME F2F TeleHealth - can an audio visit work for a F2F to meet policy or is a audio video required

A: You would have to check with your DME MAC.

Q: Telephone codes 99441-99443 are on the CMS Telehealth list. Had heard prior that these do not require 95 even though on that list. Does NGS require modifier 95 with those codes?

A: Yes, if it is on CMS' list of telehealth codes, the 95 modifier is required.

Q: Confirm that codes 99304-99310 are telehealth only and not eligible for audio only.

A: yes, those codes need video and audio to qualify for telehealth

Q: Has CMS ever used the Place of Service 02 for telehealth in the past? If so, is it now not necessary and you use place of service 11 for office?

A: POS 02 was the correct POS to use prior to the PHE. With the PHE, the 95 modifier is required, along with the POS the doctor would have used had they met with the patient in person.

Q: JUST WANT TO CLARIFY THE AUDIO CALLS, 99441-99443 ARE THE CODES USED FOR ONLY PHONE CALLS, THE 99421 CALLS ARE THROUGH A PORTAL CORRECT?

A: Correct, 99421 is patient portal communications. The 99-codes are audio-only calls.

Q: JUST WANT TO CLARIFY THE AUDIO CALLS, 99441-99443 ARE THE CODES USED FOR ONLY PHONE CALLS, THE 99421 CALLS ARE THROUGH A PORTAL CORRECT?

A: 99441-99443 audio only, 99421 is portal.

Q: which comes first CS or 95

A: The order of those two Modifiers would not matter as they are informational.

Q: Is GP required on telehealth billings?

A: When Communication Technology Based Services are provided under a PT/OT/SLP plan of care, the associated modifier must be reported (GP, GO or GN)

Q: For telephone visits 99441-99443 can we use POS: 02?

A: You can use POS 02, but you will be paid at a facility rate not as an office visit rate (non-facility). This is why CMS is allowing pos 11 during the PHE.

Q: Can the originating facility fee Q3014 be charged for Audio only session.

A: No, the patient's home is not a billable originating site.

Q: Is Medicare paying the 100% FFS?

A: For most Part B Services, Most are allowed at 100% paid at 80% and the patients responsibility is 20%. Lab services are allowed at 100% Some preventive services also waive the patients deductible and co-insurance. So the allowance and payment will depend on the services provided.

Q: What is the effective date of the PHE for billing the telehealth services?

A: 3/1/2020

Q: Do the telephone codes 99441-99443 require the 95 Modifier?

A: Yes, those codes are on CMS' telehealth services list and requires the 95 modifier.

Q: what is the current expiration date on the 1135 waiver for tele services?

A: There is no expiration date at this time.

Q: We were instructed to bill 99441-99443 with Mod. 95 and CR per phone call to NGS, is this correct?

A: The 95 modifier is required, however the CR modifier is not.

Q: Do the telephone codes 99441-99443 require the 95 Modifier?

A: yes, CMS added them to the telehealth list of codes on 4/30/2020 sp modifier 95 is needed

Q: You mentioned 98966-68. I didn't think these were allowed for Medicare. Are they allowed now? Also, if they are allowed, since they are not on the Telehealth listing like 99441-443, should we use the CR modifier if this is used if doing via telephone if normally done in person?

A: CMS added them as covered code and yes they would need the CR modifier and they are not considered telehealth services

Q: Early March payments were reduced because of being telehealth. This was then updated to normal payments as if not telehealth. When will the corrected payments be issued for the reduced visits?

A: Claims were adjusted to allow for the additional payments.

Q: We have multiple outpatient therapy sites. You stated we would bill the location that would have been billed pre-Covid. If the practitioner is credentialed to multiple sites, will that make a difference on how we submit claims?

A: It shouldn't, just be sure to bill with the POS the practitioner would have been located had they met with the patient in person.

Q: How will a claim process if a service code is NOT on the list of Telehealth Services but is billed with modifier 95? Will it deny?

A: Normally claims billed with invalid modifiers should reject as having an invalid modifier

Q: even though CR is not required on the services of 99441-99443, will claims deny if both CR and 95 are billed on the claim

A: No, they will not deny.

Q: I thought the telephone audio only 99441-99443 did not require mod 95, now it does?

A: Yes, those codes are on CMS' list of telehealth codes.

Q: We have received a number of denials for 98968 billed under our registered dietitians. Will these claims be reprocessed or do we resubmit? Does this code require mod 95? Also- is there a term date for these telehealth exceptions yet?

A: No termination date for these exceptions. If you are NGS Connex user, you can adjust those claims that denied due to a registered dietician being added to codes 98966-98968 or call our Telephone Reopening Unit. Modifier 95 is not used on these codes as they are not on the CMS list of telehealth codes

Q: Is this NGS presentation going to be published?

A: This slide presentation will not be published as with COVID 19 rapid changes you need to visit the COVID 19 web pages on the NGS website and CMS websites for the most up to date information.

Q: We are a private specialty office. Why are we being paid at the facility rate and not the full rate of the MPFS?

A: Depends what POS you are using. POS 11 will pay at non-facility rate where POS 22 or 23 will pay at facility rate.

Q: How does the POS 11 with modifier -95 affect those situations where a patient has secondary insurance that requires POS 02 for telehealth with or without the -95 modifier?

A: You would have to check with their supplementary insurance to find out how the claim would process after Medicare.

Q: Please- can you clarify- registered dietitians were added to provider type allowed to bill 98968. Does it require mod 95? We have several that were denied prior to the addition.

A: All codes currently on the telehealth code list during the PHE require the 95 modifier to be added when billed.

Q: will the Q&A portion of this webinar be posted to the NGS FAQ's?

A: No but we will be adding Q&A's to our website as FAQs

Q: We were instructed to bill 99441-99443 with Mod. 95 and CR per phone call to NGS, is this correct?

A: The 95 modifier is required, the CR is not.

Q: If a physician sees a patient in person at the office, is the 95 modifier required? Basically, during this period any procedure listed on the telehealth list must have the 95 modifier?

A: The 95 modifier should only be used on the List of telehealth service codes, when they are performed via telehealth. If the patient comes in to your office and you are not performing the service via telehealth, then the 95 modifier would not be needed. Your service would be billed as a normal office visit.

Q: Our some claim getting denied as non covered under patient plan when billing with 99213, 95 modifier and pos 11, is this an incorrect denial? or is there a scenario on which cms will not cover these services?

A: 99213 is a payable telehealth code. Please call our Provider Contact Center to discuss the denials you are receiving.

Q: If a physician sees a patient in person at the office, is the 95 modifier required? Basically, during this period any procedure listed on the telehealth list must have the 95 modifier?

A: No, modifier 95 is not needed if patient is seen in the office. Yes, all codes on the CMS telehealth list need the modifier 95

Q: are Medicare advantage plans following the rules that you are outlining today

A: You will have to check with that Medicare Advantage Plan.

Q: are Medicare advantage plans following the rules that you are outlining today

A: you would have to contact each plan to see what their rules are for COVID 19

Q: Do Telephone visits 99441-99443 need mod 95?

A: Yes.

Q: If code 99441-99443 were originally submitted with the lower fees, will you automatically do a mass adjustment to increase the payments or do we need to appeal each for payment adjustments. We submitted with the approved original amounts

A: A mass adjustment has been performed

Q: Can AWV still be done if missing some of the vitals? Such as height or weight

A: The patient can self report vitals so the AWV can be billed

Q: After the PHE telemedicine services that are listed on the spreadsheet are allowed for all NGS providers? Or do we need to be credentialed for telemedicine?

A: Pre & prior telehealth requirements should revert back to CMS' list of qualified practitioners who can render telehealth services. It is not a credentialing option.

Q: If the patient comes into the office and we bill an EM service does than the CR modifier required?

A: If the service performed is a result of one of the PHE waivers, yes, the CR modifier should be appended.

Q: Will we need to reopen 99441 - 99443 to increase fees if our fees fall below the new payment amounts? Thank you.

A: Yes, you will need to but if you are a NGS Connex user you can adjust those claims via Connex or contact or Telephone Reopening Unit. You can also use our Reopening form and attach an excel file if you have a lot of claims to be adjusted

Q: If a patient has a connection issue or no technology and drives to the office where an IPAD is provided to the patient in the parking lot while the MD is located within the office. The patient never comes into the office space they just use our available technology while in their own car which is parked in the parking lot do we bill as a telehealth visit or as an in office E&M visit?

A: If the patient is not presenting in the office, then it cannot be billed as such.

Q: Please- can you clarify- registered dietitians were added to provider type allowed to bill 98968. Does it require mod 95? We have several that were denied prior to the addition.

A: 98968 is not a telehealth codes and would not require mod 95

Q: If we originally submitted telehealth claims in March with POS 02, do we need to submit corrected claims with POS 11 to receive correct reimbursement?

A: Yes you need to request an adjustment but if you are a NGS Connex user you can adjust those claims via Connex

Q: Has Medicare issued payment adjustments for those services billed prior to the decision to pay the same rate as though they were provided FTF? When can we expect to receive the payment adjustments for those claims paid at a lower rate?

A: The Mass Adjustment was on codes 99441-99443 to pay higher fee amount. If you bill pos 02 and want Pos 11 yes you need to send for an adjustment for those claims.

Q: Will these questions and answers be posted on your website?

A: we will develop FAQs from these Q&A's and add them to our website

Q: Please- can you clarify- registered dietitians were added to provider type allowed to bill 98968. Does it require mod 95? We have several that were denied prior to the addition.

A: Dieticians were added to bill this code. The 95 modifier is only required if that code is on CMS' list of covered telehealth services.

Q: Are there recommended programs, e.g. zoom, that we should be using for HIPPA compliance?

A: no, CMS has not specified recommended platforms. Only suggested.