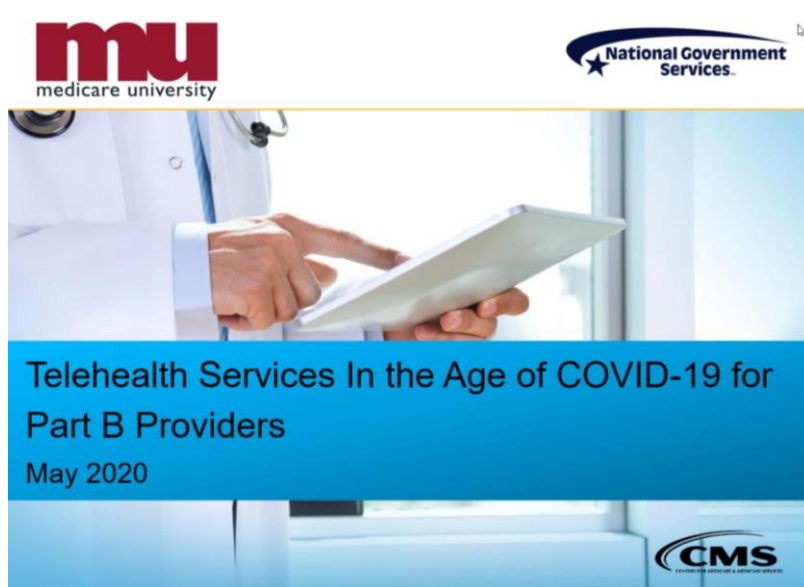


# Telehealth Service in the Age of COVID-19 for Part B Providers

Wed, May 27, 2020

## PHE = Public Health Emergency



### Today's Presenters

- Lori Langevin
- Gail O'Leary
- Nathan Kennedy
- Christine Obergfell
- Cathy Delli Carpini

NGS Provider Outreach and Education



## Disclaimer

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## Special Disclaimer & Suggested Actions

- During the COVID-19 Public Health Emergency (PHE), information and instructions may change and will turn to prior instructions following the PHE
- It is vital to ensure that you receive the latest information as soon as it becomes available
- Therefore, please take the following steps to ensure you have access to the latest updates:
  - Sign up for list serve messaging from both
    - [CMS list serve](#) and
    - [National Government Services Email Updates](#)
- Routinely check
  - CMS [Current Emergencies](#) webpage and
  - NGS [COVID-19 News](#) page

## Important Reminders

- **The PowerPoint presentation is not being distributed**
  - This is due to the ever-changing environment surrounding the PHE.
- **These sessions do not offer MU/CEUs**
- **We are only addressing Part B questions (1500 claims)**
- **Please do not repeat your question in the question box**
  - We answer in the order of receipt; repeating will just add to the overall high question count.
- **Please no “comments” in the question box – only questions**
- **We ask you to understand that with 800+ attendees, we cannot address all of the questions**
  - Please see the COVID-19 web page for related information.
- **We cannot offer specific CPT coding and/or ICD-10 guidance**
  - Your physician staff needs to determine what is appropriate.
- **We cannot comment on nor offer guidance on any other insurance plans beside FFS Medicare.**

## General PHE Medicare Information

- CMS [Special Edition Article SE20011](#) “Medicare Fee-for-Service (FFS) Response to the Public Health Emergency on the Coronavirus (COVID-19)”
- CMS: [Additional Emergency and Disaster-Related Policies and Procedures That May Be Implemented Only With a § 1135 Waiver](#)

## MM11805 - Summary of Policies in the CY 2020 MPFS PHE Interim Final Rules

- CMS Issued Two Interim Final Rules with Comment (IFC)
  - CMS-1744-IFC, titled, “Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency,”
    - Posted on the CMS website on **March 31, 2020**
  - CMS-5531-IFC, titled, “Medicare and Medicaid Programs, Basic Health Program, and Exchanges; Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency and Delay of Certain Reporting Requirements for the Skilled Nursing Facility Quality Reporting Program,”
    - Posted on the CMS website on **April 30, 2020**
- [MLN Matters MM11805](#)

## Medicare FFS Claims: 2% Payment Adjustment Suspended (Sequestration)

- Section 3709 of the Coronavirus Aid, Relief, and Economic Security (CARES) Act temporarily suspends the 2% payment adjustment currently applied to all Medicare Fee-For-Service (FFS) claims due to sequestration
- The suspension is effective for claims with dates of service from May 1 through December 31, 2020

## NGS Hotline: Provider Enrollment

- During PHE: New provider enrollment telephone hotline
  - JK and J6 hotline number: **1-888-802-3898**
    - Hours: 9:00 a.m. – 5:00 p.m. ET / 8:00 a.m.- 4:00 p.m. CT
      - » Monday through Friday; Weekends when specified
- J6 & JK physicians and nonphysician practitioners can initiate provisional temporary Medicare billing privileges via telephone
- <https://www.cms.gov/files/document/provider-enrollment-relief-faqs-covid-19.pdf>



# NGS Customer Service, IVR and NGSConnex

- Please continue to contact NGS Customer Service with your inquiries and use the IVR when applicable
  - [www.NGSMedicare.com](http://www.NGSMedicare.com) > select your contract (Part B) > Look under search bar for “Contact Us” > select link to open and make your choice(s) from the list
- NGSConnex – for additional information and
  - [www.NGSMedicare.com](http://www.NGSMedicare.com) > select your contract (Part B) > Provider Resources > NGSConnex



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A screenshot of the CMS.gov website. The header includes the CMS.gov logo, navigation links (Home, About CMS, Newsroom, Archive, Share, Help, Print), and a search bar. Below the header is a row of yellow buttons for various services: Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations &amp; Guidance, Research, Statistics, Data &amp; Systems, and Outreach &amp; Education. The main content area features a large banner for "Coronavirus Disease 2019" with a blue "Learn More" button. Below the banner is a section titled "We're putting patients first." with text about patient-centered care. To the right of this section is a box titled "Top 5 resources" listing Manuals, Medicare coverage database, CMS forms, Transmittals, and MLN Homepage. At the bottom, there are two blue buttons: "Spotlight" and "CMS news".

www.NGSMedicare.com

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ENROLLMENT CLAIMS & APPEALS MEDICAL POLICY & REVIEW EDUCATION Overpayment Cost Reports Provider Resources

**WELCOME to** *NGSMedicare.com for Part A providers* Medicare Part A facilities offer essential healthcare services to beneficiaries on an inpatient or outpatient basis.

**Coronavirus (COVID-19)**  
Stay up-to-date with latest news on the Coronavirus.

1 2 3 4

Log in to NGSConnex Use the IVR System Check Provider Enrollment Application Status

Find an MU Course Visit New Provider Center

Take a Web Tour *NEW* Learn About MBI

LCD/Policy Search  
LCD or article Search

Go to All News Articles

11 M Coverage Special Edition for Thursday, April 30, 2020

**Before You Call:**

## Recent CMS Updates

- CMS New Telehealth Video: "Medicare Coverage and Payment of Virtual Services"  
<https://www.youtube.com/watch?v=Bsp5tIFnYHk&feature=youtu.be>
- Second Interim Final Rule at  
<https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf>
- CMS: COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers  
<https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>

## Modifier CR

- Modifier CR (catastrophe/disaster related)
  - Used on professional and outpatient institutional claims
- ✓ Mandatory coding for any claim for which Medicare payment is conditioned on the presence of a “formal waiver” including the §1135 waiver
- ✓ Used to identify claims that are/may be impacted by specific payer/health plan policies related to a national or regional disaster

## Telehealth Waivers - Overview

- Temporary – for duration of the Public Health Emergency
- Allows flexibility to address the pandemic
  - Telehealth coverage guidelines changed significantly
  - Helps reduce risk of spreading virus
  - Take advantage of the training programs offered
  - Keep up to date on the changes and clarifications issued by CMS

## Important Telehealth Changes

PRE WAVIER	WITH THE WAIVER
Geographic limitations (rural and HRSA area)	Temporarily waived: All geographic locations now qualify
Specific list of types of eligible originating health sites (excluded home in most cases)	Temporarily waived: Other locations can now act as the originating site such as home
Eligible providers (specific listing)	Expanded the provider types to allow all provider types to provide telehealth services
Services	Addition of numerous codes to the existing list of services that can be provided and delivered via telehealth not restricted to patients with COVID-19
Facility fee	A facility fee may be payable with Q3014 if the patient is in a facility and practitioner is elsewhere providing care



## Telehealth Changes

PRE WAVIER	WITH THE WAIVER
FQHCs and RHCs not eligible to be an originating site	May provide services as either an originating site or distant site
Limitation on frequency of hospital and SNF visits	Frequency limitation of visits has been removed as the in person requirement
Critical care consults limit to once per day	Frequency limit removed
Provider location must be on enrollment application and bill within the jurisdiction servicing that location	Providers may bill their usual location where they would see the patient if it was in person or in a normal telehealth situation
Verbal consent is required and documented before service is performed	Beneficiary consent should not interfere with the provision of telehealth services. Annual consent may be obtained at the same time, and not necessarily before, the time that services are furnished.





cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

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Home > Medicare > Telehealth > List of Telehealth Services

## Telehealth

Submitting a Request  
Request for Addition  
CMS Criteria for Submitted Requests  
Review  
Deletion of Services  
Changes  
Adding Services  
List of Telehealth Services

### List of Telehealth Services

List of services payable under the Medicare Physician Fee Schedule when furnished via telehealth.

[Covered Telehealth Services for PHE for the COVID-19 pandemic, effective March 1, 2020 - Updated 04/30/2020 \(ZIP\)](#)

Page Last Modified: 04/30/2020 04:41 PM  
[Help with File Formats and Plug-ins](#)



A	B	C	D	E
Code	Short Descriptor	Status	Can Audio-only Interaction Meet the Requirements?	Medicare Payment Limitations
77427	Radiation tx management x5	Temporary Addition for the PHE for the COVID-19 Pandemic		
90785	Psytch complex interactive		Yes	
90791	Psytch diagnostic evaluation		Yes	
90792	Psytch diag eval w/med srvc		Yes	
90832	Psytch w pt 30 minutes		Yes	
90833	Psytch w pt w e/m 30 min		Yes	
90834	Psytch w pt 45 minutes		Yes	
90836	Psytch w pt w e/m 45 min		Yes	
90837	Psytch w pt 60 minutes		Yes	
90838	Psytch w pt w e/m 60 min		Yes	
90839	Psytch crisis initial 60 min		Yes	
90840	Psytch crisis ea addl 30 min		Yes	
90845	Psychoanalysis		Yes	
90846	Family psytch w/o pt 50 min		Yes	
90847	Family psytch w/pt 50 min		Yes	
90853	Group psychotherapy	Temporary Addition for the PHE for the COVID-19 Pandemic	Yes	
90875	Psychophysiological therapy	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20		Non-covered service
90951	Esrd serv 4 visits p mo <2yr			
90952	Esrd serv 2-3 vsts p mo <2yr	Temporary Addition for the PHE for the COVID-19 Pandemic		
90953	Esrd serv 1 visit p mo <2yrs	Temporary Addition for the PHE for the COVID-19 Pandemic		
90954	Esrd serv 4 vsts p mo 2-11			



These Codes on this list need the 95 Modifier - See the Excel Sheet

## Three Types of Virtual Services

Type of Service	What is the Service	HCPCS/CPT	Patient/Provider Relationship
Medicare Telehealth Visits	A visit with a provider that uses telecommunication systems between a provider and a patient	99201-99215 G0425-G0427 G0466-G0468 & other visit services from telehealth list	New or established patients to the extent the 1135 waiver which requires established relationship HHS will not audit due to PHE
Virtual Check-in	Brief check in with practitioner via telephone or other communication devices to determine need for a visit or other services	G2012 G2010	Established and new patients per 4/30/20 guidance
E-visits	A communication between a patient and provider through online portal	99421-99423 G2061-G2063	Established and new patients per 4/30/20 guidance

## Billing Distant Site Services

- Distant site practitioners bill Part B Medicare for professional services furnished via telehealth:
  - Submit appropriate CPT/HCPCS code
  - Modifier 95 mandatory on all telehealth (audio or audio/video) claims during PHE
    - Indicates service rendered via telehealth
  - POS options:
    - Use POS as would apply if seeing the patient face to face (e.g., POS 11, 21, 23)
  - No reduction in payment under MPFS



## Expanded Services

- CMS added additional services to telehealth
  - Emergency department visits, Levels 1-5
  - Initial/subsequent observation & observation discharge day mgmt.
  - Initial hospital care & hospital discharge day mgmt.
  - Initial nursing facility visits, all levels & nursing facility discharge day mgmt.
  - Critical care services
  - Domiciliary, rest home, or custodial care services – new/established



## Expanded Services

- Home visits, new/established all levels
- Inpatient neonatal & pediatric critical care, initial/subsequent
- Initial/continuing intensive care services
- Care planning for patients with cognitive impairment
- Psychological/neuropsychological testing
- Therapy services, physical & occupational therapy, all levels
- Radiation treatment management services
- Remote patient monitoring
- Virtual Check-Ins and E-Visits
  - G2010, G2012, G2061-G2063, 99421-99423

## Expanded Services

- CMS has also expanded the telehealth list to include some services that may be provided audio only
  - Psychotherapy services
  - Psychology services
  - Speech therapy
  - DSMT/MNT
  - Telephone E/M
  - Other therapies



## Distant Site Payment

- Payment equal to current fee schedule amount for service provided
  - Same amount as without telecommunication system
- Service must be within practitioner's scope of practice under State law
- \*Beneficiary may be responsible for any applicable deductible and coinsurance unrelated to COVID -19
  - Distant site location must be one that is designated on the providers enrollment form (bill the location you would bill pre COVID)



## Telehealth Documentation

- Same as any face-to-face patient encounter, with the addition of the following:
  - A statement indicating the service was provided via telemedicine:
    - Patient location
    - Provider location
    - Names of all persons participating in the telemedicine service and their role in the encounter
  - For time-based services, document start and stop time or total time
  - Teaching physician may be supervise via audio/video telecommunications technology during key portion(s) of service



## Reminders for Telehealth Services

- On/after 3/1/2020 and for duration of PHE:
  - Bill audio or audio/video telehealth service with modifier 95 (professional telehealth service from a distant site)
  - POS equal to what it would have been (if were performed FTF) in the absence of a PHE
  - CR modifier not required on telehealth services
  - Telehealth services are professional services billed as distant site
  - Health care facility is only eligible to bill for the originating site facility fee when eligible services billed via telehealth
    - Report with Q3014 with revenue code 078X

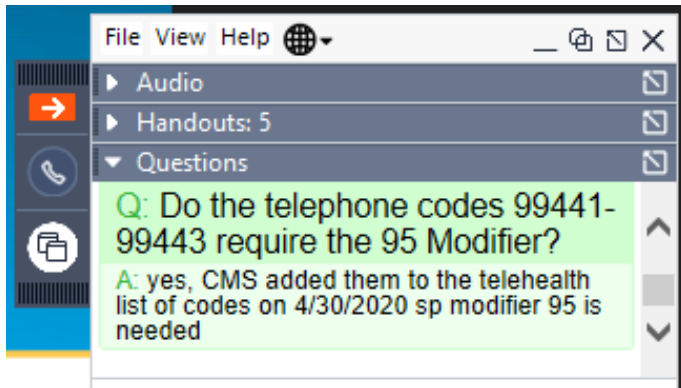


## CR Modifier not required on Telehealth Services

### Telephone Services

- EM service by a practitioner or qualified health care professional
- 99441-99443
  - Physicians (including Osteopaths, Podiatrists, and Optometrists), Dentists, Non-Physician Practitioners, and Maxillofacialists
- 98966-98968
  - Clinical Psychologists, PT/OT/SLP, Registered Dietitians, Optometrists, Non-Physician practitioners, and LCSWs



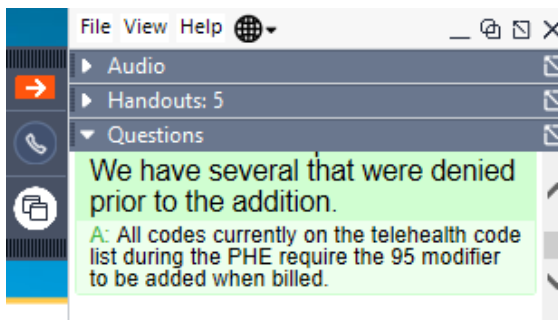


**These Codes on this list need the 95 Modifier**

LIST OF MEDICARE TELEHEALTH SERVICES				
Code	Short Descriptor	Status	Can Audio-only Interaction Meet the Requirements?	Medicare Payment Limitations
99441	Phone e/m phys/qhp 5-10 min	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20	Yes	
99442	Phone e/m phys/qhp 11-20 min	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20	Yes	
99443	Phone e/m phys/qhp 21-30 min	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20	Yes	

**These Codes on this list need the 95 Modifier**

**Code 99441-99443 is for audio only; Code 99421 is portal.**



**99441 to 99443 will be Mass Adjusted by Medicare for claims sent before 5/5/2020**  
**They updated their system on 5/6/2020**

**If billed as POS 02 – customer needs to reopen or adjust claim on NGS Site**

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

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 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