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The American College of Obstetricians and Gynecologists

Navigating Telehealth: Non-Face to Face E/M Coding and Medical Decision-Making

March 31, 2020

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DISCLOSURES

ACOG Health Economics and Coding

"Navigating Telehealth: Non-Face-to-Face Coding and Medical Decision-Making Webinar"

March 31, 2020

CONFLICT OF INTEREST DISCLOSURES: FACULTY/PLANNING COMMITTEE/STAFF

Judith K. Volkar, MD – Advisor: Boston Scientific

speakers, planning committee members, reviewers and staff have no conflicts of interest to disclose relative to the content of the presentations.

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LEARNING OBJECTIVES

- Upon completion of the presentation, the participants should be able to:
  - Interpret the CPT codes that describe non-face-to-face patient care services
  - Identify the services applicable to clinical practice
  - Apply the reporting and documentation and billing guidelines to clinical practice

FOCUS FOR THIS WEBINAR

- Telemedicine and COVID-19
- Virtual Check-Ins
- Online Digital E/M Services
- Telephone Services
- Interprofessional Telephone/Internet/EHR Consultations
- Prolonged Services
- Other non-face-to-face codes

OVERVIEW

- The COVID-19 pandemic has led to increased access to telehealth
- Over the last few years, CPT has introduced a number of new codes to describe non-face-to-face services
- Some codes that require a face-to-face service also include non-face-to-face activities
- The work of clinical staff is ***increasingly recognized*** by the creation of unique codes and inclusion in some code descriptors
- As healthcare delivery systems evolve, the body of codes to describe these services is likely to grow

CHALLENGES TO NON-FACE-TO-FACE SERVICES

- Reimbursement
- Technology needs and requirements
- Workflow concerns
- **Changing guidelines during COVID-19 pandemic**

TELEMEDICINE IN THE TIME OF COVID-19

- Public and private insurers have taken steps to increase telehealth services during this public health emergency
- Medicare guidelines have been relaxed and many commercial payers are adopting those changes
- You should visit your Medicaid and private payers' websites and/or read all payer communications to determine coverage and specific instructions
- For updated Medicare information, go to: https://www.cms.gov/newsroom and https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page

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Medicare: Telehealth Basics During COVID-19

- Covered for all traditional Medicare beneficiaries regardless of geographic location or originating site
  - Patients do not need to be in rural areas
  - Patients do not need to go to a physician's office
- Can be provided to patients who are new to you and your practice
  - Pre-existing relationships with patients are not required
- FaceTime, Skype and other non-public face-to-face technologies can be used
  - Secure systems are not required but synchronous audio/visual requirements remain
- Systems that should not be used include:
  - Facebook Live, Twitch, Tik Tok, similar public facing video applications

Reporting Telehealth Services

- **99201-99215**: Office/Outpatient E/M visits for new or established patients
  - Paid at the same rate as regular, in-person visits
  - Level of service and documentation requirements remain the same as for in-person visits.
  - History and medical decision-making will be key factors in selecting the level of service
  - Medical decision-making is based on:
    - Number of diagnoses and management options
    - Amount and/or complexity of data to be reviewed
    - Risk of complications and/or morbidity or mortality

Reporting Telehealth Services

- **G0425-G0427**: Consultations, emergency department or initial inpatient (Medicare only)
  - Paid at the fee schedule allowable rate
  - Time-based codes
- **G0406-G0408**: Follow-up inpatient telehealth consultations for inpatients or patients in skilled nursing facilities (Medicare only)
  - Paid at the fee schedule allowable rate
  - Time-based codes
- Appendix P in CPT manual lists codes that can be used for synchronous telemedicine services and identifies them in CPT with the ★ symbol

Reporting Telehealth Services

- Place of service code 02 (telehealth)
  - Required for Medicare and some commercial payers
- CPT Modifier 95 (Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System)
  - Required by most commercial payers
  - No longer required or utilized by Medicare
- The Office of Inspector General (OIG) is allowing healthcare providers to reduce or waive cost-sharing
  - If a provider chooses to waive or reduce cost-sharing, Medicare will not increase reimbursement rates to cover this cost to your practice
  - Deductibles generally would apply

Medicare: Virtual Check-Ins

- Two established HCPCS codes to describe brief communication with Medicare beneficiaries
  - **G2012**: Brief communication (5-10 minutes) technology-based service
  - **G2010**: Remote evaluation of recorded video and/or images submitted by a patient with interpretation and f/up within 24 hours
- Allows for a broad range of technology including the telephone
- Not limited to rural locations or certain locations
- See complete HCPCS code descriptions

Medicare: Virtual Check-Ins

- Services *cannot*:
  - Originate from a related E/M service provided within the last 7 days
  - Lead to an E/M service or procedure within the next 24 hours or soonest available appointment
- Applies only to established patients
- Patient must verbally agree to the service, but practices can educate patients about the service
- Coinsurance and deductibles apply and have not been waived at this point

ONLINE DIGITAL E/M SERVICES

- Three CPT codes for services provided by physicians and qualified healthcare professionals (QHP)

●**99421**: Online digital E/M service for up to 7 days; 5-10 minutes

●**99422**: 11-20 minutes

●**99423**: 21 or more minutes

- See CPT book for full code descriptions and introductory language

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ONLINE DIGITAL E/M SERVICES

- Services must be initiated by an established patient
- Requires evaluation, assessment and management of the patient
  - Cannot be used to provide test results or schedule an appointment
- Must be conducted through a HIPAA compliant secure platform (online patient portal)
- Reported once for the ***cumulative time*** during the 7-day period and includes services by all providers within the practice
- 7-day period begins with personal review of the inquiry

ONLINE DIGITAL E/M SERVICES

- Requires permanent documentation of the encounter
- Online digital services *cannot* be reported if:
  - Within 7 days a separately reported E/M visit occurs (includes telemedicine visits)
    - Work of the online digital service can be considered in the level of E/M service reported
  - The patient initiated an online service within 7 days of an E/M service for the same or related problem
  - Service is related to a surgical procedure and occurs during the post-op period

ONLINE DIGITAL E/M SERVICES

- Online digital services *can* be reported:
  - If the patient initiated an online service for a *new* problem within 7 days of an E/M service that addressed a different problem
  - If the patient presents with a new, unrelated problem during the 7-day period of an online digital service, then the evaluation and management of the additional problem is added to the cumulative digital E/M service for that 7-day period

ONLINE DIGITAL E/M SERVICES

- Time includes:
  - Initial review of inquiry
  - Review of patient records and pertinent data
  - Personal interaction with clinical staff focused on the patient's problem
  - Development of management plan including physician/QHP generation of prescriptions and ordering tests
  - Subsequent communication with the patient via online, telephone, email, or other digitally supported communications

ONLINE DIGITAL E/M SERVICES

- Services provided by a qualified non-physician healthcare professional who cannot report E/M services are reported using codes:
- CPT **98970-98972**
  - Same times and requirements apply as for services provided by a physician/QHP
- Medicare requires HCPCS codes **G2061-G2063**
  - Qualified non-physician healthcare professional online *assessment and management...*
  - Same times and requirements apply as for services provided by a physician/QHP

Medicare: ONLINE DIGITAL E/M SERVICES

- Medicare covers codes **99421-99423** and **G2061-G2063**
- Co-pays and deductibles apply
- No geographic location or other location restrictions
- Covered only for established patients but patient may present with new problem
- Services must be initiated by patient, but practices can educate patients about the service

TELEPHONE SERVICES

- Three CPT codes for services provided by physicians and qualified healthcare professionals (QHP)
- **99441**: Telephone E/M service; 5-10 minutes
- **99442**: 11-20 minutes
- **99443**: 21-30 or more minutes

- See CPT book for full code descriptions and introductory language

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TELEPHONE SERVICES

- Service ***cannot*** be reported if it:
  - Leads to an E/M service or procedure within the next 24 hours or next available urgent appointment
    - Telephone call is considered part of the preservice work of the E/M code and cannot be incorporated into the level of E/M service code
  - Originates from a related E/M service provided within the previous 7 days
  - Occurs within the global period of a procedure
  - Occurs within 7days of a digital E/M service for the same or related problem
- Service must be initiated by an established patient

TELEPHONE SERVICES

- Services provided by a qualified non-physician who ***may not*** report E/M Services are reported using CPT codes:
- **98966-98968** Telephone assessment and management...
  - Same times and requirements apply as for services provided by a physician/QHP
- See CPT book for full code descriptions and introductory language

TELEPHONE SERVICES

- Medicare does not cover CPT codes **99441-99443** or CPT codes **98966-98968**
  - Coverage is being considered by Medicare in the wake of COVID-19
  - Some Medicaid plans are already covering phone calls
- Commercial payers' reimbursement policies vary

PROLONGED SERVICE WITHOUT DIRECT PATIENT CONTACT

- Two CPT codes:
  - **99358** Prolonged E/M service before and/or after direct patient care; first hour
  - + **99359** each additional 30 minutes
- Reported in relation to other services including E/M services at any level
- May be used for any place of service

PROLONGED SERVICE WITHOUT DIRECT PATIENT CONTACT

- May be reported on a *different date* than the primary service to which it is related
- It must relate to a service or patient where a *face-to-face service* has or will occur and must relate to ongoing patient management
- Codes are used to report total duration of time on a given date even if the time is not continuous
- Prolonged services of less than 30 minutes on a given date are not reported

PROLONGED SERVICE WITHOUT DIRECT PATIENT CONTACT

- Add-on CPT code **99359** is used to report each additional 30 minutes beyond the first hour
- May also be used to report the final 15 to 30 minutes of service on a given date
- Prolonged services of less than 15 minutes beyond the first hour or less than 15 minutes beyond the final 30 minutes are not reported separately
- Services are covered by Medicare and many other payers

PROLONGED SERVICE WITHOUT DIRECT PATIENT CONTACT

Total Duration of Prolonged Service	Code(s)
Less than 30 minutes	Not reported separately
30-74 minutes	99358 X1
75-104 minutes	99358 X 1 and 99359 X 1
105 or more	99358 X1 and 99359 X 2 or more

Interprofessional Telephone/Internet Consultations/Electronic Health Record

- Codes **99446-99449**: Assessment and management services provided by a consultant
  - **99446**: 5-10 minutes of medical consultative discussion and review
  - **99447**: 11-20 minutes...
  - **99448**: 21-30 minutes...
  - **99449**: 31 minutes or more...
- Codes reported only if >50% of the total time is devoted to verbal or internet discussion
- Requires verbal and written report to the treating/requesting physician or QHP
- See CPT for complete description and introductory language

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Interprofessional Telephone/Internet Consultations/Electronic Health Record

 # 99451 Interprofessional telephone/Internet/ electronic health record assessment and management service provided by a *consultative* physician, including a *written report* to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time

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Interprofessional Telephone/Internet Consultations/Electronic Health Record

99452 Interprofessional telephone/Internet/ electronic health record *referral service(s)* provided by a treating/ requesting physician or other qualified health care professional, 30 minutes

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Interprofessional Telephone/Internet Consultations/Electronic Health Record

99451 Written report only

99452 Time on service day preparing for referral and/or communicating with consultant

- Must spend 16-30 minutes to report
- If greater than 30 minutes spent, add prolonged service code(s)

- All codes (99446-99452) are covered by Medicare
- Commercial payers vary

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Digitally Stored Data Services/ Remote Physiologic Monitoring

 # 99453 Remote monitoring of *physiologic parameter(s)* (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment

 # 99454 device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days

- Covered by Medicare
- Commercial payers vary

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Digitally Stored Data Services/ Remote Physiologic Monitoring

99457 Remote physiologic monitoring *treatment management* services, clinical staff/physician/ other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes

+99458 each additional 20 minutes

- Covered by Medicare
- Commercial payers vary

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Digitally Stored Data Services/ Remote Physiologic Monitoring

 # 99091 Collection and interpretation of physiologic data (eg. ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days

- Covered by Medicare
- Commercial payers vary

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Digitally Stored Data Services/ Remote Physiologic Monitoring

●**99473** Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration

● **99474** Separate self-measurement of 2 reading one minute apart twice daily over 30- day period...(See CPT for complete description)

- Includes collection of data with report of average readings and treatment plan provided to patient

- Covered by Medicare
- Commercial payers vary

Care Management Services

- Care Management Services: CPT **99487-99490**
  - Separate codes for chronic care (clinical staff) and complex chronic care (physician or QHP) management
  - Time based codes
  - Reported once per calendar month by only 1 provider
  - Patient must have 2 or more chronic conditions that places them at significant risk
  - Comprehensive care plan must be established and maintained

Questions

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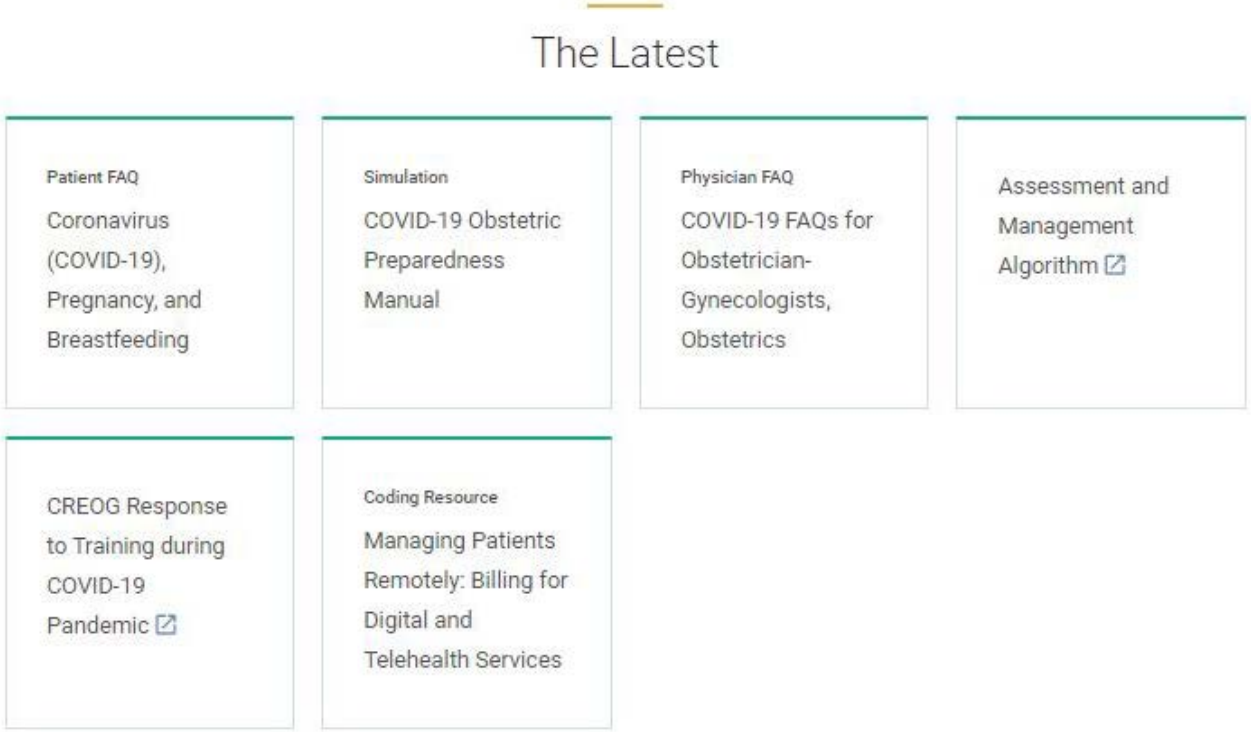
ACOG COVID-19 RESOURCES

www.acog.org/topics/covid-19

Email: covid@acog.org



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ACOG TELEHEALTH RESOURCES

Managing Patients Remotely

www.acog.org/practice-management/coding/coding-library/managing-patients-remotely-billing-for-digital-and-telehealth-services

Implementing Telehealth in Practice (CO 798)

www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2020/02/implementing-telehealth-in-practice

Contact Information

www. acogcoding.freshdesk.com

Thank you to our speaker:
Emily Hill, PA
www.codingandcompliance.com

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