HIGHLIGHTS IN CODING AND BILLING
TELEHEALTH SERVICES

Linda Holtzman, MHA, RHIA, CCS, CCS-P, CPC, COC
Clarity Coding
Marlton, NJ
DISCLOSURE

CMS released updated guidance on telehealth services and billing for telehealth services during the novel COVID-19 pandemic. The Centers for Medicare & Medicaid Services (CMS) has broadened access to Medicare telehealth services so that beneficiaries can receive a wider range of services from their doctors without having to travel to a healthcare facility. These policy changes build on the regulatory flexibilities granted under the President’s emergency declaration.

This presentation is a summary of the CMS updated guidance in an effort to educate physicians and is not intended to be medical directive. It may not constitute the most up to date information. The recording of this presentation and the content within is the thoughts of the presenters and not of Medtronic.
LEARNING OBJECTIVES

- Highlights from CMS’ interim rule for telehealth services
- Question & Answer
WHAT EXACTLY IS TELEHEALTH?

- **Telehealth** is providing services which are normally furnished *face-to-face* but which can also be provided in every important sense via real-time interactive audio-video technology
  - *Example:* E/M visit between a patient in Nebraska and a physician in Chicago

- **CTBS** (Communication Technology-Based Services) is providing services which are normally furnished *remotely* using non-face-to-face technology which does not require the provider to be present in person
  - *Example:* Remote interpretation of continuous glucose monitoring

The distinction between **Telehealth** and **CTBS** matters because there are different rules for coverage, coding, and reimbursement.
STANDARD CMS TELEHEALTH RULES → CURRENT CMS WAIVERS FOR PHE

- Permitted only for about 100 codes on the formal CMS telehealth list
- Codes are added to the formal CMS telehealth list through the annual rule-making process
- Patients must be at a designated originating site and physicians/NPPs at a distant site
- Telehealth services must be performed via specific real-time interactive audio-video technologies
- Telehealth services are paid at the facility rate
- Still true but the code list has more than doubled with temporary additions during the PHE
- New codes may be proposed to CMS and, after review, added to the CMS telehealth list on an on-going basis
- Both patients and physicians/NPPs may be in their homes to receive and render services
- “Everyday” technologies such as FaceTime and Skype may be used, and certain services may be rendered by audio only
- Telehealth services are paid at the non-facility rate effective March 1, 2020

PHE: Public Health Emergency  
NPP: Non-physician practitioner (eg, NP, PA-C)  
https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

Medtronic
OTHER CMS TELEHEALTH RULES DURING THE PHE

- For the duration of the PHE, do not bill with POS=02 Telehealth but instead use where the service would ordinarily take place, eg, POS=11 Office
- Append modifier -95, Synchronous Telemedicine Services Rendered Via a Real-Time Interactive Audio and Telecommunications System, to each CPT code for the service furnished by telehealth
- Physicians/NPPs have the discretion to not collect co-insurance and other cost-sharing amounts

Do commercial payers follow the standard CMS telehealth rules as well as the current CMS waivers?

Some may, but they don’t have to. Practices should check with each payer for their requirements and possible flexibilities.

Will the telehealth waivers and flexibilities continue once the public health emergency is over?

It’s hard to say. CMS has identified certain waivers as only for the duration of the PHE but it may depend on their utility as well as enabling legislation.

USEFUL TELEHEALTH CODES

E/M Office Visits

- All E/M office visit codes are on the formal CMS telehealth list, both for new patients 99201–99205 as well as established patients 99212–99215.
- Prolonged E/M services codes +99354–99355 are also on the list.
- E/M services must be performed by a physician/NPP.
- Documentation requirements for history and physical examination have been removed.
- The E/M level can be based entirely on either the level of medical decision-making or the total time spent personally by the physician/NPP, including face-to-face and non-face-to-face time.
  - Medical decision-making (MDM) uses the current CPT definition
  - Time is as given in the CPT manual
- These codes are used when the visit takes place via audio-video technology.
USEFUL TELEHEALTH CODES

E/M by Audio Only (Telephone E/M)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99441</td>
<td>Telephone evaluation and management service by a physician or other qualified health care professional who many report evaluation and management service provided to an established patient, parent, or guardian not originating from a related E/M services provided with the previous 7 days nor leading to an E/M service or procedure with the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion</td>
</tr>
<tr>
<td>99442</td>
<td>11-20 minutes of medical discussion</td>
</tr>
<tr>
<td>99443</td>
<td>21-30 minutes of medical discussion</td>
</tr>
</tbody>
</table>

- The codes may be used for new or established patients and must be provided by a physician/NPP.
- Assigning these codes requires that "all of the required elements in the applicable telephone E/M code (99441-99443) description are met."
- If resulting from or resulting in an E/M service by the same provider for the same problem, these codes are not used and the telephone work is factored into the other E/M code.
- CMS pays these codes using the same rates as 99212–99214.

USEFUL CTBS CODES

Online Digital E/M (eVisit)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99421</td>
<td>Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes</td>
</tr>
<tr>
<td>99422</td>
<td>11-20 minutes</td>
</tr>
<tr>
<td>99423</td>
<td>21-30 minutes</td>
</tr>
</tbody>
</table>

- This service is typically provided via the portal.
- The service must be **initiated by the patient** and must be provided by a **physician/NPP** to render a clinical decision that otherwise would typically have been provided in the office.
- The codes cannot be reported with other E/M services and can only be used if they do not result from or result in an E/M visit, including a telehealth E/M visit.
- The encounter may take place over the course of several communications or several days, with time counted cumulatively.
- The codes may be used for new or established patients during the PHE.

USEFUL CTBS CODES

Assessment by Audio Only (Telephone) by Non-Physician/NPP

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>98966</td>
<td>Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion</td>
</tr>
<tr>
<td>98967</td>
<td>11-20 minutes of medical discussion</td>
</tr>
<tr>
<td>98968</td>
<td>21-30 minutes of medical discussion</td>
</tr>
</tbody>
</table>

- This service may be provided by certain healthcare professionals who are not permitted to bill E/M services but who may bill Medicare independently.
- The codes may be used for new or established patients.
- If resulting from or resulting in an assessment and management service by the same provider for the same problem, these codes are not used and the telephone work is factored into the other service.


Update June 24, 2020
NGS has posted that these codes may not be reported by RDs.
**USEFUL CTBS CODES**

**Online Digital E/M (eVisit) by Non-Physician/NPP**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G2061</td>
<td>Qualified nonphysician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes</td>
</tr>
<tr>
<td>G2062</td>
<td>11-20 minutes</td>
</tr>
<tr>
<td>G2063</td>
<td>21 or more minutes</td>
</tr>
</tbody>
</table>

- This service is typically provided via the **portal**.
- This service may be provided by certain healthcare professionals who are not permitted to bill E/M services but who may bill Medicare independently.
- The codes cannot be reported with other E/M services and can only be used if they do not result from or result in an E/M visit, including a telehealth E/M visit.
- The encounter may take place over the course of several communications or several days, with time counted cumulatively.
- The codes may be used for new or established patients during the PHE.

---

USEFUL CTBS CODES

Virtual Check-In

| G2012 | Brief communication technology-based service, eg, virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, 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 |

- The purpose of this service is to determine if a visit is needed or can be averted.
- The service must be initiated by the patient and provided by a physician/NPP in real-time with direct interaction between the patient and physician/NPP.
- In addition to synchronous audio-video technology, a real-time phone call is acceptable.
- The codes cannot be reported with other E/M services and can only be used if they do not result from or result in an E/M visit, including a telehealth E/M visit.
- The code may be used for new or established patients during the PHE.

### OTHER ISSUES

#### Diabetes Self-Management Training (DSMT)

<table>
<thead>
<tr>
<th>G0108</th>
<th>Diabetes outpatient self-management training services, individual, per 30 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0109</td>
<td>Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes</td>
</tr>
</tbody>
</table>

- DSMT codes **G0108–G0109** are on the formal CMS telehealth list.
- During the public health emergency, DSMT services may be performed by audio only (telephone).
- Outside the hospital setting, only a **Registered Dietitian** may perform and bill DMST as telehealth without supervision.

#### Pump Training (Pump Initiation)

- DSMT codes **G0108** and **G0109** are commonly used for pump training; these codes are permitted as audio-only telehealth during the PHE.
- Physicians/NPPs who perform pump training personally may use E/M codes.

---

## OTHER ISSUES

### Pump Data Analysis
- No code exists for downloading and analysis of pump data, either stand-alone or with CGM data.
- In the past, AACE has suggested possible use of **99091** but there are practical barriers to this.

| **99091** | Collection and interpretation of physiologic data (e.g., 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 day |

### CGM Data Analysis
- Code **95251** is a Communication Technology-Based Services (CTBS) service by nature in that it may be inherently performed non-face-to-face.
- This service must be performed by a **physician/NPP**.

---

[https://www.govinfo.gov/content/pkg/FR-2020-04-06/pdf/2020-06990.pdf](https://www.govinfo.gov/content/pkg/FR-2020-04-06/pdf/2020-06990.pdf)
OTHER ISSUES

Remote Monitoring of Physiologic Parameters

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99457</td>
<td>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</td>
</tr>
<tr>
<td>+99458</td>
<td>each additional 20 minutes</td>
</tr>
</tbody>
</table>

- These codes represent professional interpretation and use of the data to manage the patient under a treatment plan.
- As defined, there must be live interactive communication between the provider and the patient or caregiver.
- Code 99457 and code +99458 are not billed when other more specific codes are available.
- Codes 99457 and +99458 can be performed by a physician/NPP.
- Codes 99457 and +99458 can also be performed by clinical staff, such as an office nurse, under general supervision.
OTHER ISSUES

Supervision and “Incident To” Requirements for Staff for Telehealth and CTBS Services

- During the PHE, remote patient monitoring can be performed by auxiliary staff under *general* physician supervision.
  - Auxiliary staff may furnish the service under the physician's overall direction and control, but the physician's presence is not required.

- To be billed by the physician/NPP, other telehealth and CTBS services by auxiliary staff, eg, RN, CDE, must be performed under *direct* physician supervision.
  - The physician need not be in the room when the service is rendered but must be physically in the office and immediately available to provide assistance and direction as needed.

- During the PHE, the physician can meet the *direct* supervision requirement virtually via real-time audio-video technology.

- CMS notes that “this change is limited to only the manner in which the supervision requirement can be met, and does not change the underlying payment or coverage policies”