WELCOME TO: COVID 19 PRACTICE SURVIVAL GUIDE WEEKLY

Week 1 of a series

NON-FACE-TO-FACE SERVICES

DURING COVID 19

Ira Kraus, DPM, FASPS, FACFAS

President, Talar Medical
Past President, APMA
AMA CPT Representative, APMA
Diplomate, American Board Foot and
Ankle Surgery
Fellow, American Academy of
Practice Management



Jeffrey Lehrman, DPM, FASPS,
MAPWCA, CPA
Lehrman Consulting, LLC
Certified Professional Coder
Diplomate, American Board of Foot
and Ankle Surgery
Fellow, American Academy of
Podiatric Practice Management

Michael J King, DPM, FACFAS, FASPS

Chief Medical Officer, Upperline
Healthcare, Inc.
Past president, APMA
Board certified in Reconstructive Foot
and Ankle Surgery, American Board of
Foot & Ankle Surgery



DATE	TOPIC	GUEST SPEAKER
21 April 8 PM EST	Non-Face-To-Face Services During COVID 19	Jeffrey Lehrman, DPM, Michael King, DPM (Moderator)
28 April 8 PM EST	CARES ACT, SBA, PPP	Jack Evans, CPA
5 May 8 PM EST	Supply Chain Management	
12 May 8 PM EST	Human Resources Issues/Legal Concerns	Pepper Hamilton
19 May 8 PM EST	DME – Wound Care	Ira Kraus, DPM
26 May 8 PM EST	DME as it Relates to COVID	Paul Kesselman, DPM
2 June 8 PM EST	Investment – Retirement Issues Related to COVID	Deanna Filosa
9 June 8 PM EST	No More Excuses: Reinventing your Practice During a Forced Slow Down	Cindy Pezza, CMA
16 June 8 PM EST	PICA	Ross Taubman, DPM
23 June 8 PM EST	Diabetic Shoes as it relates to COVID	Josh White, DPM
30 June 8 PM EST	Streamline Biological Utilization	
		TALAR

Non-Face-to-Face Services During COVID-19

Jeffrey D. Lehrman, DPM, FASPS, MAPWCA, CPC

Certified Professional Coder

Advisor, APMA Coding Committee

Board of Directors, American Society of Podiatric Surgeons

Expert Panelist, Codingline

Board of Directors, American Professional Wound Care Association

Fellow, American Academy of Podiatric Practice Management

Editorial Advisory Board, WOUNDS

Twitter: @DrLehrman



Disclaimer

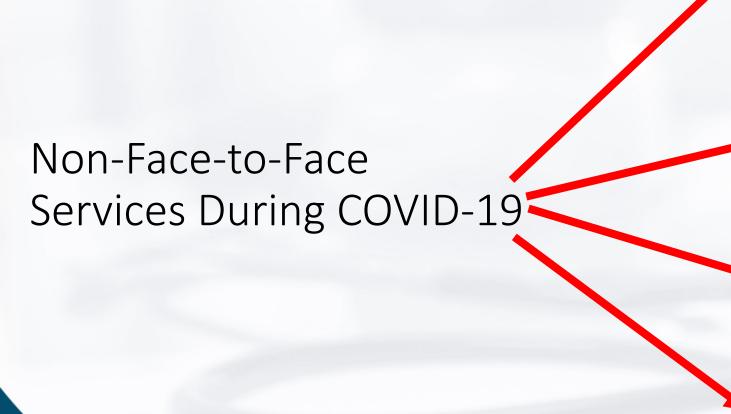
CPT codes and their descriptions and the policies discussed in this webinar do not reflect or guarantee coverage or payment. Just because a CPT code exists, payment for the service it describes is not guaranteed. Coverage and payment policies of governmental and private payers vary from time to time and for different areas of the country. Questions regarding coverage and payment by a payer should be directed to that payer. The coding advice provided in this webinar reflects only the opinions of the speaker. Talar Medical Concepts, Inc. and Jeffrey Lehrman and Lehrman Consulting, LLC disclaim responsibility for any consequences or liability attributable to the use of the information contained in this presentation.

Reference

Current Procedural Terminology (CPT®) is copyright 1966, 1970, 1973, 1977, 1981, 1983-2019 by the American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association (AMA).

Reference 2020 CPT Professional





Medicare Virtual Check-in

Telephone Services



Non-Face-to-Face Services During COVID-19

 For all the services described here, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health-care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 emergency.

https://www.hhs.gov/about/news/2020/03/17/ocr-announces-notification-of-enforcement-discretion-for-telehealth-remote-communications-during-the-covid-19.html

Non-Face-to-Face Services During COVID-19

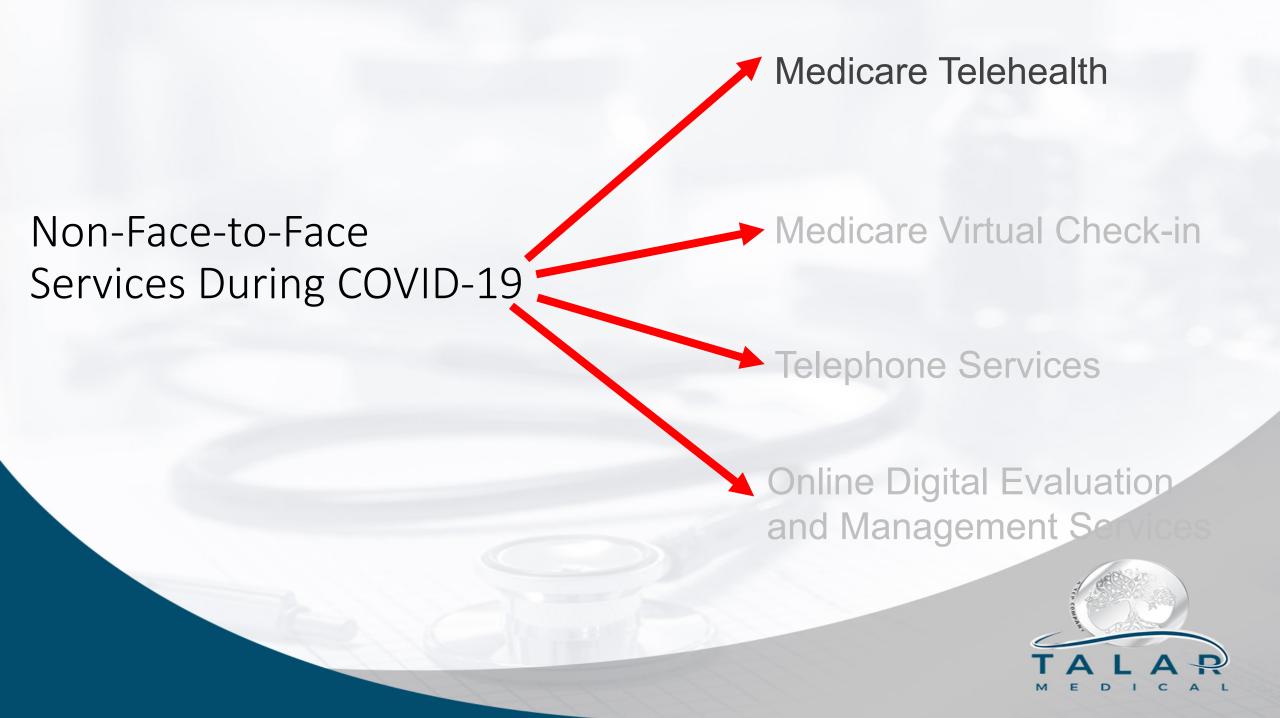
New March 30! All of these can be provided for both new and established Medicare patients

Medicare Telehealth

Medicare Virtual Check-in

Telephone Services





- Medicare Part B
- Medicare Advantage



Medicare Telehealth Services Allowed (some)

- Office outpatient E/M (CPT 99201-99215)
- Initial hospital E/M (CPT 99221-99223)
- Subsequent hospital E/M (CPT 99231-99233)
- Initial nursing facility E/M (CPT 99304 99306)
- Subsequent nursing facility E/M (CPT 99307-99310)
- Emergency Dept E/M (CPT 99281-99285)



Medicare Telehealth Services Allowed (some)

- Observation services (CPT 99217-99220, 99224-99226, 99234-99236)
- Hospital discharge day management (CPT 99238-99239)
- Domiciliary / rest home E/M (CPT 99327 99328, 99334 99337)
- Home visits (CPT 99341-99345, 99347-99350)
- Physical Therapy (not payable to therapists) (CPT 97161 97164)
- Occupational therapy (not payable to therapists) (CPT 97165 97168)



Medicare Telehealth Services Allowed (some)

- Therapeutic procedure (CPT 97110-97112, 97116)
- Orthotic management and training (CPT 97760)
- Prosthetic training (CPT 97761)



Medicare Telehealth Services

- Physicians (MD/DO/DPM/DDS/DDM/OD/CHIR)
- NP
- PA
- Nurse Midwife
- CNA

- Clinical Psychiatrist
- Clinical Social Worker
- Registered dietician
- Nutrition Professional



- Communication tool must have live, interactive audio and video
- Providers may reduce or waive cost-sharing for these services
- Use 95 modifier
- Use Place of Service that would have been used had the service been rendered in person
- Paid at regular rate



- This waiver in place throughout Public Health Emergency
- Postoperative global periods apply
- Document!!



- Medicare Part B
- Medicare Advantage
- Some private payers allowing office / outpatient E/Ms (CPT 99201-99215) when performed remotely





Non-Face-to-Face Services During COVID-19 Medicare Virtual Check-in

Telephone Services



Medicare Virtual Check-in

- Medicare Part B and Medicare Advantage only
- Can be any type of telecommunication tool, including telephone
- Cannot relate to any service in the last seven days
- Cannot result in patient coming in at next available appointment
- No modifiers needed
- POS that would have been used had the service been rendered in person
- Must be patient initiated
- Providers may reduce or waive cost-sharing for these services

Medicare Virtual Check-in

• G2012: Brief communication technology-based service, e.g., 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 seven 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



Medicare Virtual Check-in

 G2010: Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, 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







- E/M service
- Must be initiated by patient/guardian
- No modifiers



- CANNOT use if:
 - If decision is made to see patient "within 24 hours or next available urgent appointment"
 - Call refers to E/M service performed by you within previous 7 days
 - Refers to a problem for which a patient is in a global period
 - You performed a Telephone E/M or Online Digital E/M for same patient for same problem in the last seven days

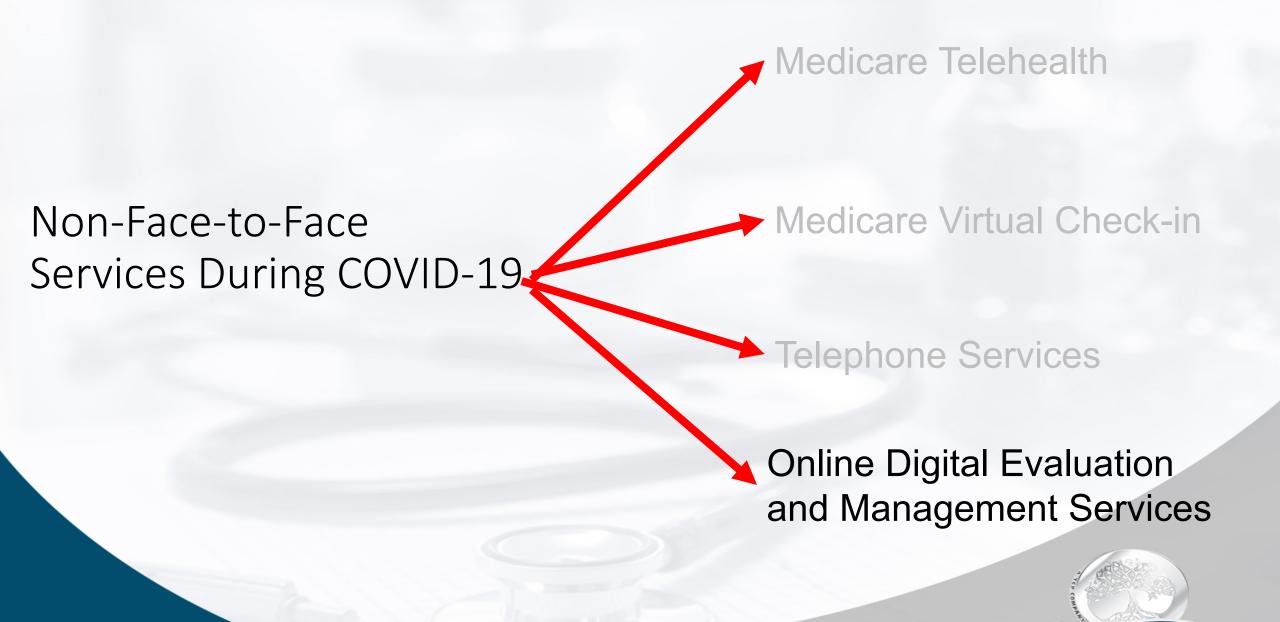


- CANNOT use if call is part of:
 - Home Care Oversight Services (CPT 99339 99340)
 - Care Plan Oversight Services (CPT 99374 99380)
 - Home / Outpatient INR Monitoring (CPT 93792-93793)
 - Complex Care Management Services (CPT 99487-99489)
 - Transitional Care Management Services (CPT 99495 99496)



- CPT 99441 Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian 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
- CPT 99442 ; 11-20 minutes of medical discussion
- CPT 99443 ; 21-30 minutes of medical discussion





- Examples of "Digital" platform:
 - EHR
 - Email
 - Other two-way digital communication



- Service must be initiated by the patient via a digital platform.
- No modifiers

- CANNOT report if:
 - Related to a problem for which the patient is in a global period
 - Service is initiated within 7 days of any E/M for same problem.
 - Performed on same day as in-person E/M service



- CANNOT use if part of:
 - Home Care Oversight Services (CPT 99339 99340)
 - Care Plan Oversight Services (CPT 99374 99380)
 - Home / Outpatient INR Monitoring (CPT 93792-93793)
 - Complex Care Management Services (CPT 99487-99489)
 - Transitional Care Management Services (CPT 99495 99496)



- Time spent is cumulative time over 7 days starting with review of the request.
- Can only report once per 7 day period



• New CPT codes 01/01/20

- CPT 99421 Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
- CPT 99422 ; 11-20 minutes
- CPT 99423; 21 or more minutes



- Time includes:
 - Review of inquiry
 - Review of patient records
 - Interaction with other staff
 - Development of management plan
 - Rx
 - Ordering tests
 - Communication with patient



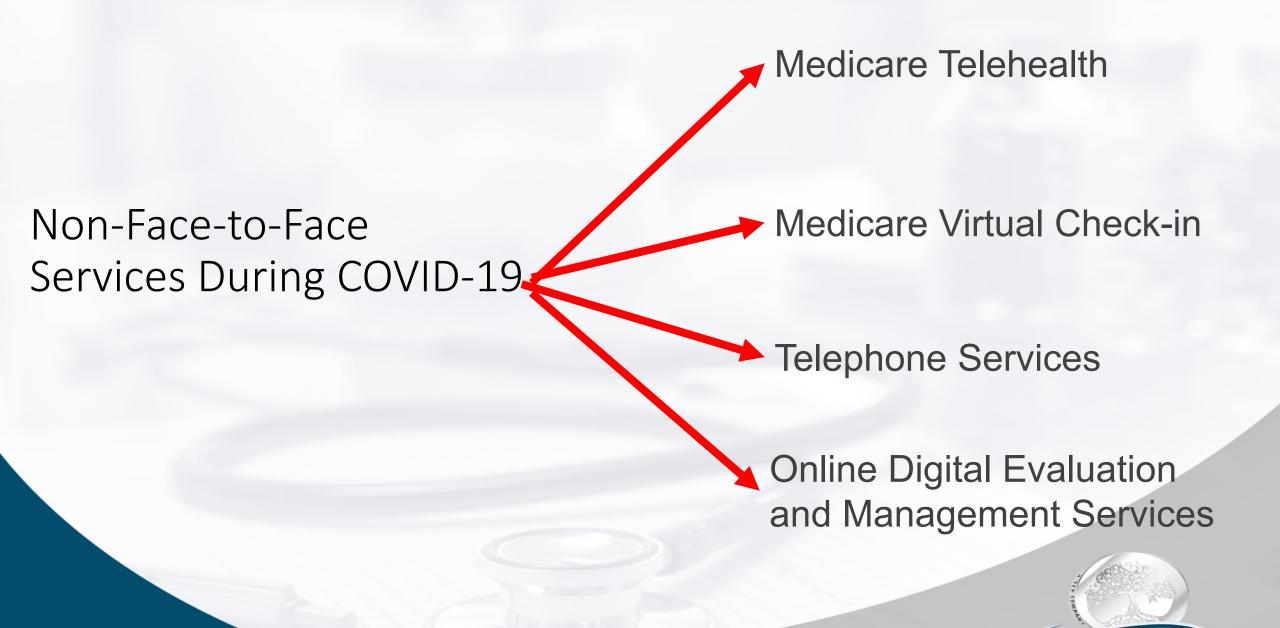
 Add time if multiple providers in same practice perform for same patient over same 7 day period



"If within seven days of the initiation of an online digital E/M service,
 a separately reported E/M visit occurs, then the physician or other
 QHP work devoted to the online digital E/M service is incorporated
 into the separately reported E/M visit"

Providers may reduce or waive cost-sharing for these services





Questions, please!



Non-Face-to-Face Services During COVID-19

Jeffrey D. Lehrman, DPM, FASPS, MAPWCA, CPC

Certified Professional Coder

Advisor, APMA Coding Committee

Board of Directors, American Society of Podiatric Surgeons

Expert Panelist, Codingline

Board of Directors, American Professional Wound Care Association

Fellow, American Academy of Podiatric Practice Management

Editorial Advisory Board, WOUNDS

Twitter: @DrLehrman



Thank You!

Join us next Tuesday, April 28, 2020 at 5 PM PST/8PM EST for "Cares ACT,SBA,PPP" with guest speaker Jack Evans, CPA



DATE	TOPIC	GUEST SPEAKER
21 April 8 PM EST	Non-Face-To-Face Services During COVID 19	Jeffrey Lehrman, DPM, Michael King, DPM (Moderator)
28 April 8 PM EST	CARES ACT, SBA, PPP	Jack Evans, CPA
5 May 8 PM EST	Supply Chain Management	
12 May 8 PM EST	Human Resources Issues/Legal Concerns	Pepper Hamilton
19 May 8 PM EST	DME – Wound Care	Ira Kraus, DPM
26 May 8 PM EST	DME as it Relates to COVID	Paul Kesselman, DPM
2 June 8 PM EST	Investment – Retirement Issues Related to COVID	Deanna Filosa
9 June 8 PM EST	No More Excuses: Reinventing your Practice During a Forced Slow Down	Cindy Pezza, CMA
16 June 8 PM EST	PICA	Ross Taubman, DPM
23 June 8 PM EST	Diabetic Shoes as it relates to COVID	Josh White, DPM
30 June 8 PM EST	Streamline Biological Utilization	The same of the sa
		TALA P