

# WELCOME TO: COVID 19 PRACTICE SURVIVAL GUIDE WEEKLY

*Week 1 of a series*

NON-FACE-TO-FACE SERVICES  
DURING COVID 19

WEBINAR



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DATE	TOPIC	GUEST SPEAKER
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# Non-Face-to-Face Services During COVID-19

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# 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

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

Medicare Telehealth

Medicare Virtual Check-in

Telephone Services

Online Digital Evaluation  
and Management 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**

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

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# Medicare Telehealth

- 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



# Medicare Telehealth

- 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



# Medicare Telehealth

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



# Medicare Telehealth

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





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# 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



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# Telephone Services

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



# Telephone Services

- 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



# Telephone Services

- 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)





# Telephone Services

- 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



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# Online Digital Evaluation and Management Services

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



# Online Digital Evaluation and Management Services

- 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



# Online Digital Evaluation and Management Services

- 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)



# Online Digital Evaluation and Management Services

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



# Online Digital Evaluation and Management Services

- 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



# Online Digital Evaluation and Management Services

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





# Online Digital Evaluation and Management Services

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



# Online Digital Evaluation and Management Services

- “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



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Questions, please!



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# 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**



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