Xtend Healthcare
A Navient Company

COVID-19 PHE: Meeting Patient Needs Through New Reimbursement Opportunities

Linda J. Corley, MBA, ACPAR, CRCR, CPC
VP Compliance and Quality Assurance
Xtend Healthcare
(706) 577-2256
lcorley@xtendhealthcare.net

Welcome

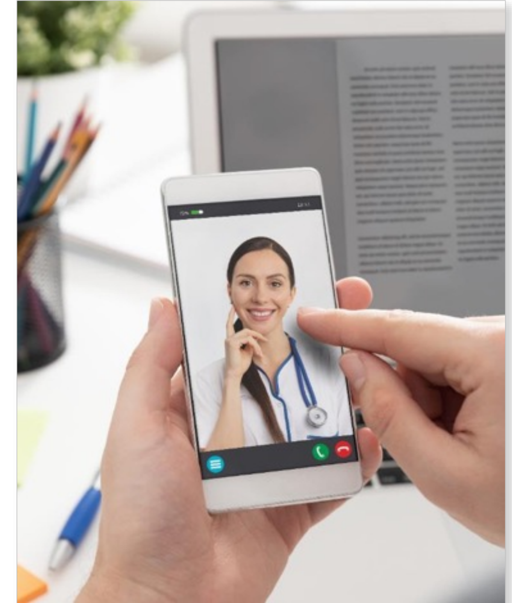
The COVID-19 public health emergency has created varying patient clinical needs that present different coverage, charge capture, coding, and billing requirements. This discussion session will focus on three areas of revised regulations as well as “how-tos” for ensuring optimum and compliant reimbursement. We will cover expanded telecommunication services, CMS waivers for eased or simplified healthcare operations, and cost sharing.

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

Agenda

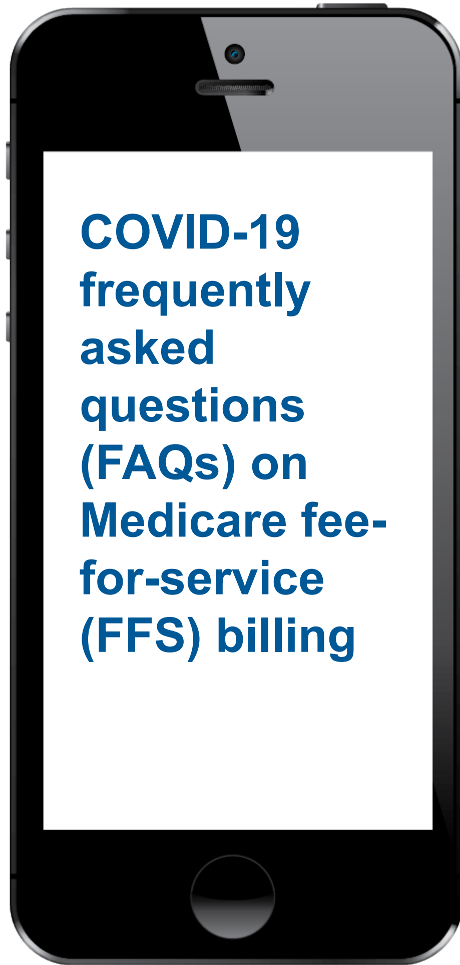
Expanded coverage, removed provider limitations, and newly recognized codes and rules for how/when remote service can be provided

- All about telehealth!
- Allowed technology limitations removed
- Allowed services added, now numbering 85
- Originating site limitations removed
- Virtual check-in
- Online digital E&M
- Online assessment remote patient monitoring
- Telephone patient interaction
- Laboratory testing
- ICD-10 coding additions / revisions
- Modifiers required



©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

Telehealth: CMS latest developments



Resources used for these questions and answers:

The FAQs in this document supplement the following previously released FAQs:

- 1135 Waiver FAQs: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/1135-Waivers
- Without 1135 Waiver FAQs: https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/Consolidated_Medicare_FFS_Emergency_QsAs.pdf

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

Telehealth: restrictions lifted

- Effective March 6, 2020, and for the duration of the COVID-19 public health emergency (PHE), **Medicare will make payment for professional services furnished to beneficiaries in all areas of the country in all settings.**
  - Remember facility (technical) component for provider-based clinics
- Under the PHE, **Medicare will make payment** for Medicare telehealth services furnished to beneficiaries in any healthcare facility and in their **homes.**
- These visits are considered the same as in-person visits and are **paid at the same rate as regular, in-person visits.**

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

Telehealth: why expand services?

- With the emergence of the virus causing the disease COVID-19, there is an **urgency to expand the use of technology to help people who need routine care, and to keep vulnerable beneficiaries and beneficiaries with mild symptoms in their homes while maintaining access to the care they need.**
- Telehealth services **will limit the community spread of the virus** and limit the exposure to other patients and staff members.

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

Telehealth services allowed

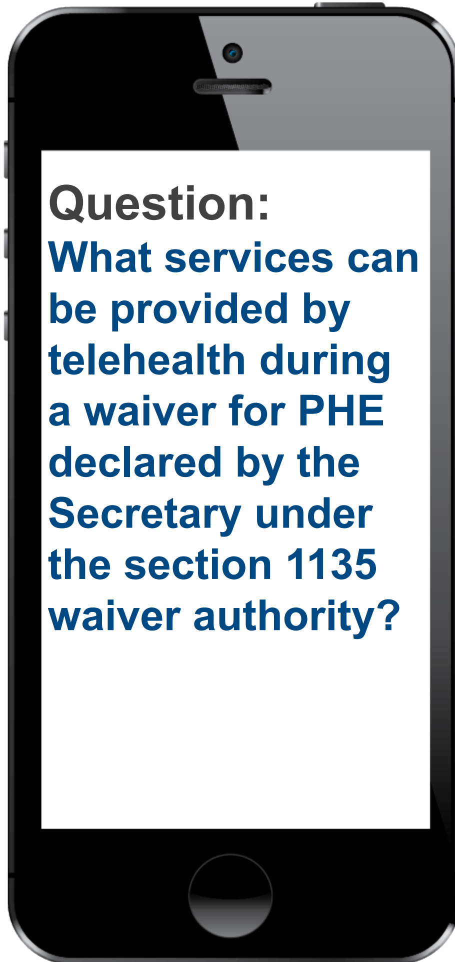
During the COVID-19 PHE, rural and site limitations are removed.

- **Medicare is allowing providers to waive cost sharing (copays and deductibles) for all telehealth services.**

- **Most prior authorization activities have been paused.**

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

CMS – Medicare telehealth Q&A



Answer:

- Medicare telehealth services include many services that are normally furnished in person.
- **CMS maintains a list of services that may be furnished via Medicare telehealth:** https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes
- These services are described by HCPCS codes and paid under the Physician Fee Schedule.
- Under the emergency declaration and waivers, these services may be provided to patients by physicians and certain non-physician practitioners regardless of the patient's location.

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

CMS – telehealth: defined patient visit

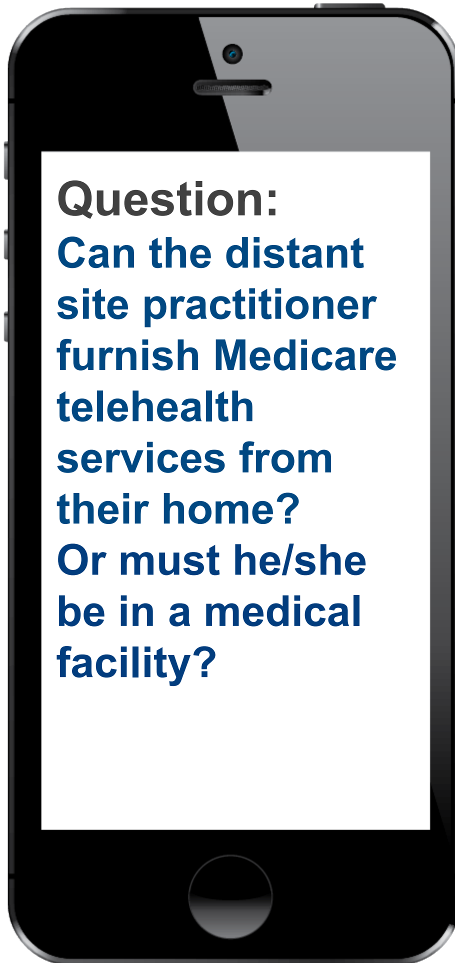
- You must use an **interactive audio and video telecommunication system that permits real-time communication between you (at the distant site) and the beneficiary (at the originating site).**

- **Bill the HCPCS/CPT code as you normally would if the service took place in person.**

Service	HCPCS/CPT code
Telehealth consultations, emergency department or initial inpatient	G0425-G0427
Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs	G0406-G0408
Office or other outpatient visits	99201-99215
Subsequent hospital care services, with the limitation of 1 telehealth visit every 3 days	99231-99233
Subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days	99307-99310
Individual and group kidney disease education services	G0420-G0421
Individual and group diabetes self-management training services, with a minimum of 1 hour of in-person instruction furnished in the initial year training period to ensure effective injection training	G0108-G0109
Individual and group health and behavior assessment and intervention	96150-96154
Individual psychotherapy	90832-90838
Telehealth Pharmacologic Management	G0459
Psychiatric diagnostic interview examination	90791-90792

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

CMS – Medicare telehealth Q&A

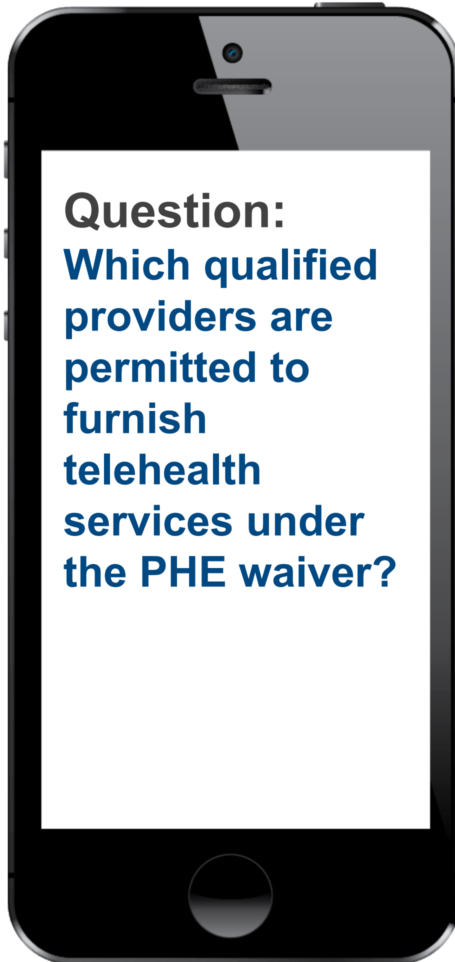


Answer:

- **There are no payment restrictions on distant site practitioners furnishing Medicare telehealth services from their homes during the public health emergency.**
- The practitioner should report the place of service (POS) code that would have been reported had the service been furnished in person.
- This will allow our systems to make appropriate payment for services furnished via Medicare telehealth which, if not for the COVID-19 pandemic PHE, would have been furnished in person, at the same rate they would have been paid if the services were furnished in person.

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

CMS – Medicare telehealth Q&A

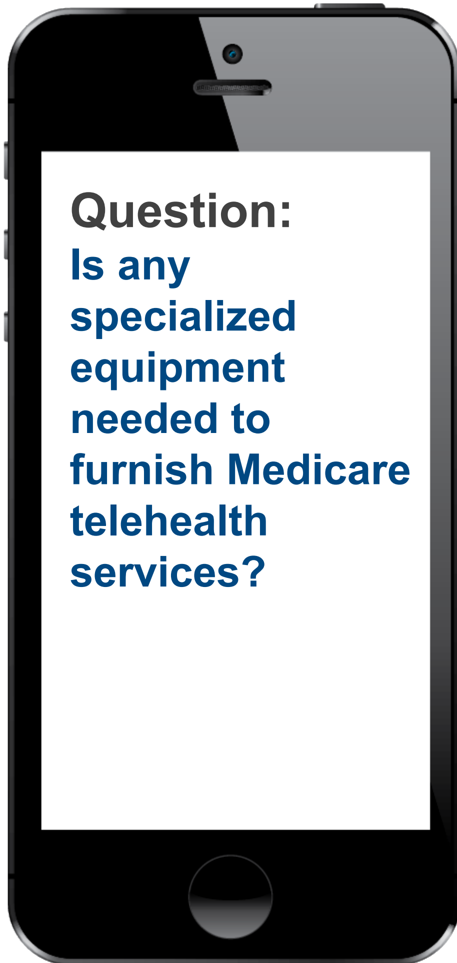


Answer:

- The same health care providers are still permitted to furnish Medicare telehealth services under the waiver authority during the PHE, including **physicians and certain non-physician practitioners such as nurse practitioners, physician assistants, and certified nurse midwives.**
- Other practitioners, such as **certified nurse anesthetists, licensed clinical social workers, clinical psychologists, and registered dietitians or nutrition professionals** also may furnish telehealth services within their scope of practice and consistent with Medicare benefit rules that apply to all services.

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

CMS – Medicare telehealth Q&A

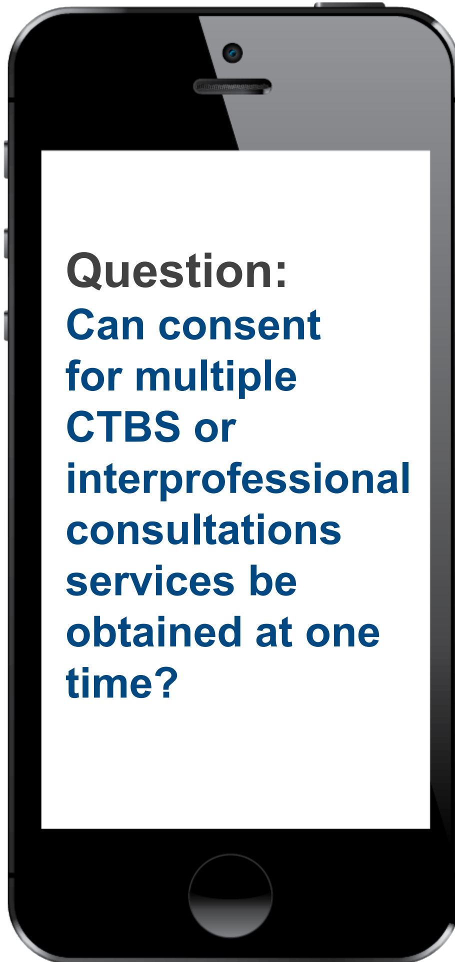


Answer:

- Currently, CMS allows telehealth services to be furnished using telecommunications technology that has audio and video capabilities that are used for two-way, real-time interactive communication.
- For example, to the extent that many mobile computing devices have audio and video capabilities that may be used for two-way, real-time interactive communication, they qualify as acceptable technology.
- For more information: https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

CMS – Medicare telehealth and CTBS Q&A



Answer:

Yes. **Beneficiary consent may be obtained annually** for all CTBS (e.g., remote evaluation of patient **images / video and virtual check-ins**) or interprofessional consultation services occurring within the year (84 FR 62699).

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

Allowed telehealth technology

- As of March 17, 2020, **OCR will not impose penalties** for non-compliance with the HIPAA rules in connection with the good faith provision of remote telehealth communications during the COVID-19 emergency.

- **Physicians may communicate with patients and provide telehealth services through remote communications technologies that may not fully comply with HIPAA requirements,** regardless of whether the service is related to the diagnosis and treatment of conditions related to COVID-19.

Please note: This federal enforcement discretion will likely not impact individual states' laws and regulations regarding protection and security of health information. Separate state action will be required in certain areas, so providers should assess their state-specific privacy laws prior to moving forward.

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

Telehealth: communication technology-based services

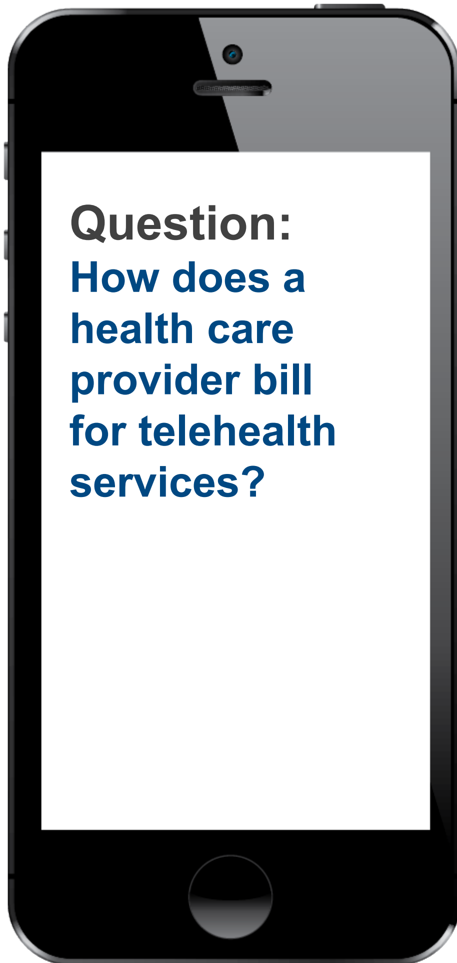
- Providers must document all encounters / services within the patient's medical record.

- **Providers must document:**
  - That the visit occurred via telemedicine or a specified type of CTBS
  - The physical location of the patient
  - The physical location of the provider
  - The names of all persons participating in the telemedicine service and their role in the encounter

- **Documentation example** to identify a telemedicine visit:
  - This visit was conducted with the use of interactive audio and video telecommunications system that permits real-time communication between the patient and the provider.
  - Patient (oral) consent for a virtual visit was obtained on date (DD/MM/YYYY).
  - **Origination site: location of the patient**
  - **Distant site: location of the provider**

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

Medicare telehealth and CTBS Q&A



Answer:

- Physicians and practitioners should report the POS code that would have been reported had the service been furnished in person.
- This will allow CMS systems to make appropriate payment for services which, if not for the PHE, would have been furnished in person, at the same rate they would have been paid if the services were furnished in person.
- We believe this interim change will maintain overall relativity under the PFS for similar services and eliminate potential financial deterrents to the clinically appropriate use of telehealth.
- During the PHE, **the CPT telehealth modifier, Modifier 95,** should be applied to claim lines that describe services furnished via telehealth.

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

Telehealth service types

Type of service	What is the service?	HCPCS/CPT code	Patient relationship with provider
Medicare telehealth visit	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: • 99201-99215 (Office or other outpatient visits) • G0425-G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) Complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	For new* or established patients. *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this PHE
Virtual check-in	A brief (5-10 minute) check-in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. -A remote evaluation of recorded video and/or images submitted by an established patient.	• HCPCS code G2012 • HCPCS code G2010	For established patients.
E-visit	A communication between a patient and their provider through an online patient portal.	• 99421-99423 • G2061-G2063	For established patients.

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

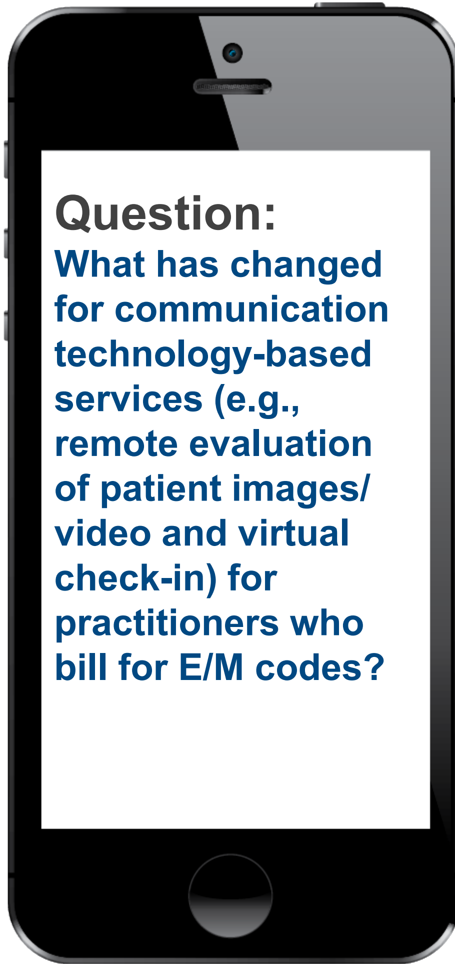
New 2020 codes: virtual patient check-in

- A brief communication service with practitioners via numerous communication technology modalities including synchronous telephone discussion or exchange of information through video or image.
  - **Patient should initiate the virtual service.**
  - **Patient should be established to the practice.**
  - The virtual check-in can only be billed if the communication is not related to a medical visit within the previous 7 days and does not lead to a medical visit within the next 24 hours (or soonest available appointment).

Service description	HCPCS code
Doctors and QHPs may bill for these virtual check-in services furnished through several communication technology modalities, such as telephone	**G2012**
In addition, separate from the virtual check-in service, captured video or images can be sent to a physician for evaluation and billed	**G2010**

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

CMS – Medicare telehealth and CTBS Q&A



Answer:

- During the PHE for COVID-19, **HCPCS codes G2010 and G2012 can be furnished to both new and established patients.**

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

Virtual patient check-in

Brief communication technology-based service

Service description	Timeframe	HCPCS code
Virtual check-in, by a physician or other qualified health care professional who can report E&M 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**	**G2012**
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	**5-10 minutes**	**G2010**

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

G2012 and G2010 – CMS requirements

- **Requires verbal interaction with the patient.**
- Patient consent must be documented.
- Must not be related to any global surgical period.
- Can be part of an opioid or SUD treatment regimen.
  - Medication-assisted therapy
- **No frequency limitations.**
- RHCs and FQHCs may be paid for these in addition to the encounter rate (PFS) using code G0071.

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

G2012 and G2010 – CMS requirements for communication with patient

- **Audio only,** real time interaction with patient. (i.e., telephone).
- Synchronous, **two-way audio enhanced with video** (i.e., iPad, tablet, smart phone).
- **Verbal follow-up options** (G2010): phone call, audio/video communication, secure text messaging, e-mail, or patient portal communication.

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

Communication technology-based services (CTBS)

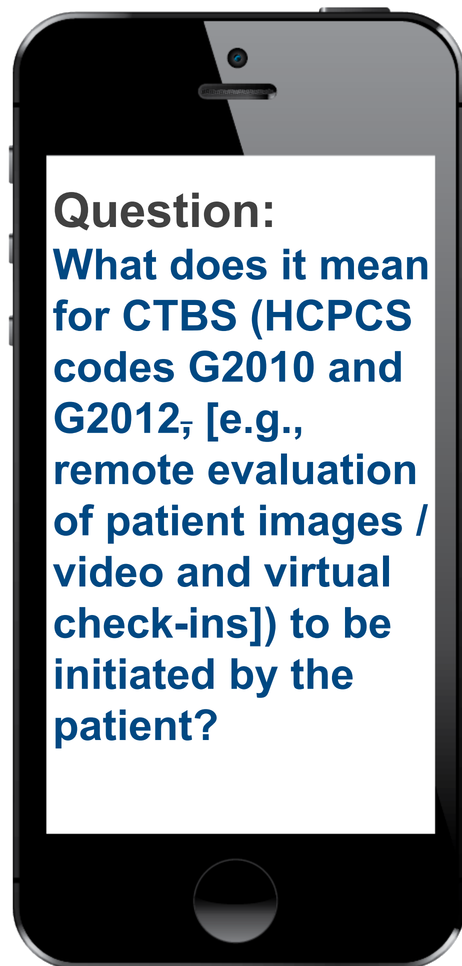
- Under the policy in the CY 2019 PFS final rule, in instances when the CTBS **leads to an E/M service with the same physician** or other qualified health care professional, **the CTBS is considered bundled into the pre- or post-visit time of the associated E/M service,** and therefore, would not be separately billable.

- However, when the CTBS leads to an E/M visit with **a different physician** or other qualified health care professional, the CTBS would not be considered bundled into that visit (83 FR 59486), and the **CTBS is separately billable.**

- This has not changed during the PHE.

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

CMS – Medicare telehealth Q&A



Question:

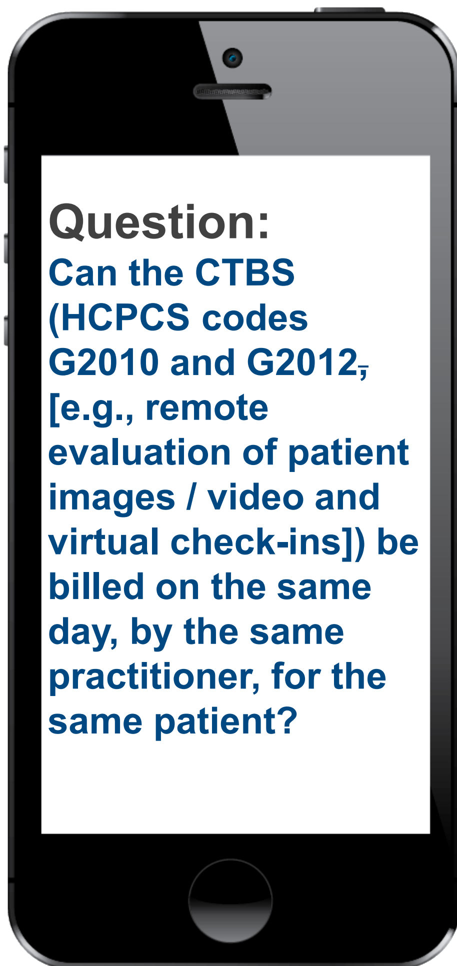
What does it mean for CTBS (HCPCS codes G2010 and G2012~~,~~ [e.g., remote evaluation of patient images / video and virtual check-ins]) to be initiated by the patient?

Answer:

- On page 59484 of the CY 2019 PFS final rule, we stated that, for G2012, “We expect that these services will be initiated by the patient, especially since many beneficiaries would be financially liable for sharing in the cost of these services.”
- For G2010, we noted that this service is initiated by the patient (83 FR 59487).
- This means that **the patient must consent to the service before or at the same it takes place** and **does not prohibit practitioners from educating, on their own initiative, beneficiaries on the availability of the service prior to~~,~~ or at the same time it takes place.**

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

CMS – Medicare telehealth Q&A



Answer:

- **As long as all requirements for billing both codes are met, and time and effort are not being counted twice,** HCPCS codes G2010 and G2012 **may be billed by the same practitioner, for the same patient, on the same day.**

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

2020 new codes: e-visits

- Established Medicare patients may have **non-face-to-face patient-initiated communications with their providers without going to the office by using online patient portals.**
- These services can only be reported when the billing practice has an established relationship with the patient.
- For these E-Visits, the patients must generate the initial inquiry and communications can occur over a seven-day period.
- The services may be billed using codes:
  - **CPT-4 99421 – 99423 and**
  - **HCPCS G2061 – G2063 (as applicable)**
- The code billed is selected based on the documented, cumulative time during the seven days.

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

Digital evaluation and management (E/M)

E-visits, non-face-to-face

- "Patient-initiated digital communications that require a clinical decision that otherwise typically would have been provided in the office."

The six new codes for e-Visits are:

- **99421, 99422, and 99423** to report patient-initiated digital communication provided by a physician or other qualified healthcare professional (PA or NP).

- **98970, 98971, and 98972** for digital communications with a non-physician healthcare professionals (QHP).

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

Six new codes for e-visits

Service description	Timeframe	CPT-4 code
Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days	5-10 minutes	99421
	11-20 minutes	99422
	21 or more minutes	99423
Qualified non-physician health care professional (QHP) online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days	5-10 minutes	98970
	11-20 minutes	98971
	21 minutes or more	98972

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

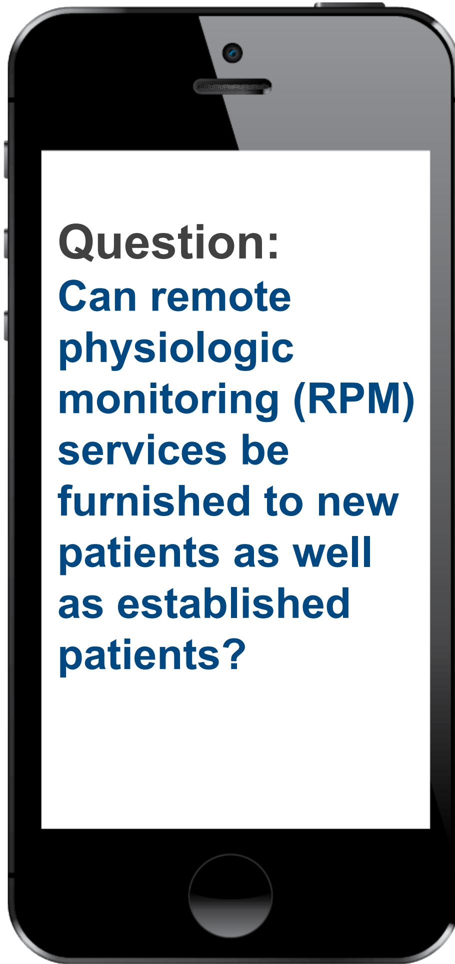
Online assessment

Clinicians who may not independently bill for evaluation and management visits (**e.g., physical therapists, occupational therapists, speech language pathologists, clinical psychologists**) can also provide these e-visits and bill the following codes:

Service description	Timeframe	HCPCS code
Qualified non-physician professional online assessment (such as using the patient portal), for up to 7 days	**5-10 minutes**	**G2061**
	11-20 minutes	**G2062**
	21 or more minutes	**G2063**

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

CMS – Medicare telehealth Q&A



Question:
Can remote physiologic monitoring (RPM) services be furnished to new patients as well as established patients?

Answer:

- **Starting March 1, 2020 and for the duration of the PHE, RPM services can be furnished to both new and established patients.**

- We (CMS) suspended, under present PHE circumstances, the requirement that there be an established relationship between the health care provider and the patient because it could impede access to the RPM services.

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

Telehealth clinical staff

- CMS also notes that **clinical staff are “auxiliary personnel”.**
- **According to the 2019 CPT Codebook (p. xii), “A clinical staff member is a person who works under the supervision of a physician or other qualified health care professional and who is allowed by law, regulation, and facility policy to perform or assist in the performance of a specified professional service, but who does not individually report that professional service.”**

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

Remote monitoring

Service description	Timeframe	CPT-4 code
Remote monitoring of physiologic parameter(s) (e.g., weight, BP, pulse ox, and respiratory flow rate)	**Initial; set-up and patient education on use of equipment**	**99453**
	Initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days	**99454**
Remote physiologic monitoring treatment management services	**20 minutes or more of physician / clinical staff / other QHP time in a calendar month requiring interactive communication with the patient / caregiver during the month**	**99457**
A collection and interpretation of physiologic data (e.g., ECG, BP, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician (or other QHP)	**Minimum of 30 minutes of time, each 30 days**	**99091**

Note: –99453, 99454, and 99457 cannot be charged and billed with 99091.

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

Remote monitoring: CMS requirements – 99453 and 99454

- Requires the use of a medical device as defined by the FDA.
- Requires a prescription by a physician or other QHP.
- Threshold of 16 days.
- Not reported when part of another monitoring service (i.e., continuous glucose monitoring).
- 99453 is reported once for each patient episode.
  - Begins when monitoring is initiated and ends with attainment of targeted treatment goals.

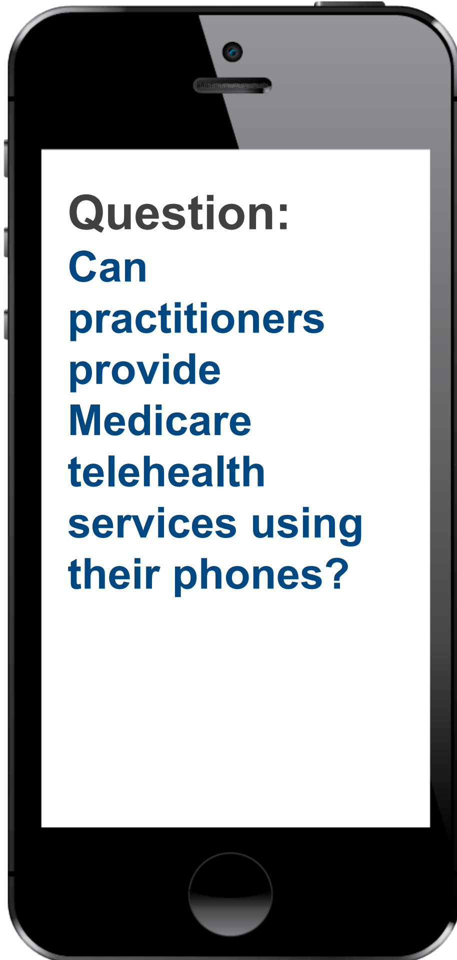
©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

Remote monitoring: CMS requirements – 99457

- Only used if more specific service requirements are not met/reported.
- **May be reported in conjunction with:**
  - Chronic Care Management (99487, 99489, 99490);
  - Transitional Care Management (99495, 99496); and/or
  - Behavioral Health Integration (99484, 99492 – 99494).
- Time spent for 99457 should be recorded/counted separately – no overlapping time for these services.
- Requires live, interactive communication with the patient/caregiver.
- Reported once regardless of number of modalities performed each month.
- Minimum of 20 minutes per month documented for payment.

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

CMS – Medicare telehealth Q&A



Answer:

Yes, for use of certain phones.

- Section 1135(b)(8) of the SSA allows the Secretary to authorize use of telephones that have audio and video capabilities for furnishing Medicare telehealth services during the COVID-19 PHE.
- CMS amended its regulations to remove the restrictions on technology that practitioners can use to provide telehealth services.
- The OCR also has issued guidance allowing covered health care providers to use popular applications that allow for video chats, including **Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype,** to provide telehealth without risk of penalty for noncompliance with the HIPAA rules related to the good faith provision of telehealth during the COVID-19 nationwide PHE.
- For more information: https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency- preparedness/index.html

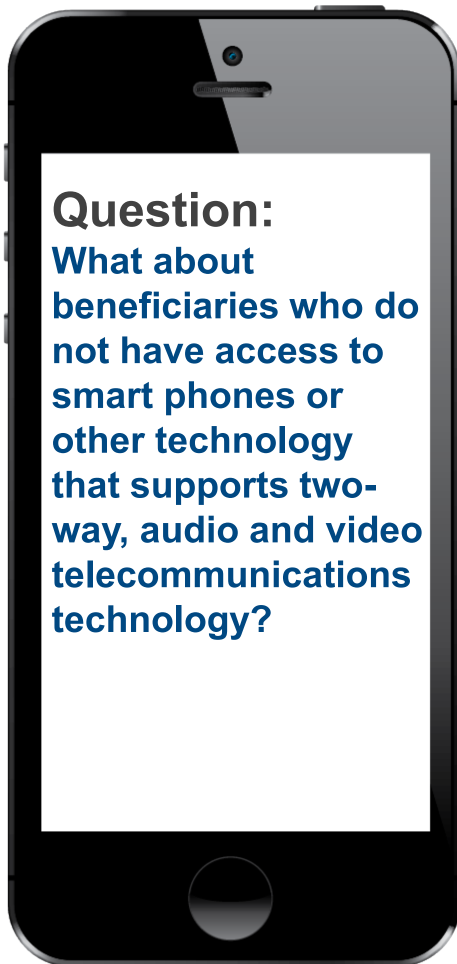
©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

Telephone-only services

- Telephone only (no video) services are reimbursable by Medicare as well as many private payers during this PHE, all payers at the same rates and cost sharing as in-person services.
- **No modifier is needed for these codes because they are not telehealth.** They are audio-only telephone.
- Use your normal POS for professional claims.
- CMS new policy based on the Interim Final Rule from 03/31 states that these codes are covered and can be billed retroactively from March 1, 2020.

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

CMS – Medicare telehealth



Answer:

- Physicians and other practitioners are allowed **to bill for certain telephone assessment, evaluation, and management services** during the PHE.
- These services were previously not separately billable.
- These services **may be billed for both new and established patients**.

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

Telephone-only services

Service description	Timeframe	CPT-4 code
Telephone E/M service provided by a physician 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	99441
	11-20 minutes	99442
	21-30 minutes	99443

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

Laboratory testing – guidance stating to use CPT-4 87635

- This code is effective immediately for use in reporting this testing service.
- Note that **code 87635 is not in the CPT 2020 publication**. However, it will be included in the CPT 2021 code set in the Microbiology subsection of the Pathology and Laboratory section.
- **87635 =** Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); amplified probe technique.
- Hospital claim – Rev Code 0310 – Laboratory Pathology General

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

Laboratory testing – four new CMS codes

Service description	Code
Coronavirus testing using the CDC 2019 Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel.	**U0001**
Validated non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19).	**U0002**
Infectious agent detection by nucleic acid (DNA or RNA); Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R	**U0003**
2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R	**U0004**

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

Coding revisions and additions

ICD-10-CM revisions and additions	Explanation
Because some service cost sharing will be waived for COVID-19 testing and treatment, it is important to use appropriate ICD-10-CM codes: J12.89 Other viral pneumonia J20.8 Acute bronchitis due to other specified organisms J80 Acute respiratory distress syndrome J98.8 Other specified respiratory disorders	To define the specified virus with the diagnoses, use: • B97.29 - Other corona virus as the cause of diseases classified elsewhere • Z03.818 - Encounter for observation for suspected exposure to other biological agents ruled out • Z20.828 - Contact with and suspected exposure to other viral communicable diseases

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

Coding revisions and additions

ICD-10-CM revisions and additions	Explanation
To define the specified virus with the above diagnoses, use: **U07.1** 2019-nCoV acute respiratory disease.	• Effective April 1, 2020, the CDC has issued a new ICD-10-CM emergency code. • Use appropriate codes for the signs and symptoms, e.g., R05 (cough), R06.02 (shortness of breath), or R50.9 (fever, unspecified) • NOTE: Do NOT use B34.2 (coronavirus infection, unspecified) because COVID-19 would not be unspecified.

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

Telehealth modifiers

Required telehealth modifiers	Explanation
GO Telehealth services furnished for purposes of diagnosis, evaluation, or treatment of symptoms of an acute stroke. **GQ** Providers participating in the federal telemedicine demonstration programs in Alaska or Hawaii must submit the appropriate CPT or HCPCS code for the professional service along with the modifier GQ, “via asynchronous telecommunications system.” **95** Synchronous telemedicine services rendered via a real-time interactive audio and video telecommunications system.	• **Payor specific**; some payors may require the GT modifier instead of 95. • Use POS 2 to report the location when health services are provided or received through telecommunication technology.

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

Telehealth modifiers

Required Telehealth Modifiers	Explanation
GT **Via interactive audio and video telecommunication systems**	• Effective October 1, 2018, the GT modifier is only allowed on institutional claims billed for Critical Access Hospital Method II providers. • **Payor specific:** each payor can set its own policy related to the GT modifier.

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

Recommendations

Five “easy” steps to implementation and increased cash!

- **Educate** on opportunities – Clinical leaders and teams, physicians and other providers, revenue cycle teams.
- **Encourage** utilization of new CTBS patient interactions.
- **Ensure** order entry, charge capture, CDM, coding, billing protocols are in place and accurate for all payors.
  - Routine care – all OP hospital locations and Phys offices
  - COVID-19 specialized services – IP and OP testing
- **Evaluate** claims – Knowledgeable analyst to review documentation, charges (codes / modifiers) and diagnoses to support optimum reimbursement.
- **Enjoy** the great reward of meeting patient needs!

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

Questions and discussion

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

Resources for meeting patient needs

Temporary waivers allow for:

- https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf

New codes and coverage:

- https://www.federalregister.gov/documents/2019/11/15/2019-24086/medicare-program-cy-2020-revisions-to-payment-policies-under-the-physician-fee-schedule

- https://www.ama-assn.org/practice-management/cpt/cpt-evaluation-and-management

- https://www.acponline.org/practice-resources/covid-19-practice-management-resources/covid-19-telehealth-coding-and-billing-information

- https://www.codingclinicadvisor.com/faqs-icd-10-cm-coding-covid-19

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

Additional resources from Xtend

Don't miss these new resources from our team:

- Learn about the recent expansion of CMS's Accelerated and Advance Payment Program.
- Ensure your team has the latest CDC guidance on the accurate coding of COVID-19 cases.
- Check out our COVID-19 coding reference, which provides instruction on coding encounters related to COVID-19.
- Ten key CARES benefits that all hospitals and physician practices should understand.
- Learn more about the temporary telehealth penalty waiver.

You can find all of our coronavirus-related insights on our COVID-19 resource page.

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.

Revolutionize your revenue cycle

Extend your staff and IT assets

Improve your bottom line

Contact Information:

Linda J. Corley, MBA, ACPAR, CRCR, CPC
VP Compliance and Quality Assurance
Xtend Healthcare
(706) 577-2256
lcorley@xtendhealthcare.net

©2020 Xtend Healthcare, LLC. All rights reserved. All registered trademarks are the property of their respective owners.