

Leveraging Telehealth to Mitigate the Spread of COVID-19 Webinar

Questions and Answers

Q: For Telephonic can Behavioral Health providers use their regular CPT codes like 90791, 90832, 90834, 90837. Do understand how they would use 98966-98968?

A: Codes 90791 and 90832 – 90837 are approved telehealth codes. Codes 98966 – 98968 are for nonphysician telephonic services. These nonphysician services can be used by such clinicians as social workers to provide assessment and management to a new or established patient, parent, or guardian. These services can not originate from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service within the next 24 hours or soonest available appointment.

Q: To clarify, 98966-98968 are Part B services?

A: Yes, they are Part B covered services during the public health emergency.

Q: In order to bill telehealth you must be using a platform like Zoom? A telephone call will not qualify?

A: In order to bill as telehealth, you must have both video and audio (such as Zoom or one of the approved platforms mentioned on slides 22-23). A telephone call does not qualify as telehealth.

Q: Can a doctor's office bill a 99213 if the patient is only able to communicate by telephone?

A: No, you will need to bill the telephonic codes if they can only communicate by phone.

Q: What about the GT modifier?

A: CMS discontinued the GT modifier several years ago when they implemented POS 02. Some commercial payers may still require it though, so you will need to check with each of your contracted commercial payers for their guidance.

Q: Can a RN bill for telehealth services?

A: For Medicare, RNs can not bill for telehealth services unless they are a Nurse Practitioner or a Certified Nurse Specialist or a Certified Registered Nurse Anesthetist.

Q: Is a telephone sufficient for telehealth but not sufficient for telemedicine?

A: In general, telehealth and telemedicine are being used interchangeably. If you are referring to providing E/M services 99201 – 999215 via telehealth, then you must have both audio and video for the service to qualify as a telehealth visit. For a complete list of CMS covered telehealth services that require both audio and video please see <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>. If you can only provide a visit via audio, then you will need to use the telephonic codes (CPTs 99441 – 99443, 98966 – 98968).

Q: Should rural health centers use only code G0071 to bill for telehealth services or do all of the other codes mentioned in the presentation count for rural health services as well?

A: This answer has been updated to include guidance provided by CMS on 4/17/20. The CARES Act authorizes RHCs/FQHCs with audio and video capability to immediately provide and be paid for telehealth services. Distant site telehealth services can be furnished by any health care clinician working for the RHC/FQHC. These services can include any telehealth service that is approved as a distant site telehealth service under the Physician Fee Schedule, (<https://www.cms.gov/files/zip/covid-19-telehealth-services-phe.zip>). For telehealth distant site services furnished between 1/27/2020 and 6/30/2020, RHCs/FQHCs must put a 95 modifier on the claim. RHCs will be paid at their all-inclusive rate and FQHCs will be paid based on the FQHC Prospective Payment System Rate. For telehealth services furnished between 7/1/2020 and the end of the PHE, RHCs/FQHCs will use G2025 to identify services that were furnished via telehealth. For services related to COVID-19 testing, including telehealth, RHCs/FQHCs must waive the collection of co-insurance from beneficiaries. For services in which the co-insurance is waived, put a 'CS' modifier on the service line. Furthermore, CMS expanded virtual communication services to include online digital evaluation and management services using patient portals (CPTs 99421 – 99423). These services are non-face-to-face, patient initiated, digital communications using a patient portal, that requires a clinical decision that otherwise typically would have been provided in the office. These online digital assessment codes are being added to the codes that can be billed using HCPCS code G0071. Beneficiary consent is required for all services but during the public health emergency, it may be obtained at the same time the services are initially furnished. For additional guidance please see, MLN Matters: New and Expanded Flexibilities for Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) During the COVID-19 Public Health Emergency (PHE), (<https://www.cms.gov/files/document/se20016.pdf>).

Q: I am confused about which modifier and place of service code to use for Medicare and commercial payers to indicate a service was delivered by telehealth. I keep hearing conflicting information.

A: For Medicare, modifier 95 should be applied to claim lines that describe services furnished via telehealth and report the place of service (POS) code that would have been reported had the service been furnished in person (most likely POS 11 for an office visit). This allows Medicare's systems to make appropriate payment for services furnished via telehealth at the same rate they would have been paid if the services were furnished in person. (Source: COVID-19 Frequently Asked Questions (FAQs) on Medicare Fee-for-Service (FFS) Billing, p. 21, <https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>) For Medicaid and commercial payers, they all have different requirements. Some require the 95 modifier, others require a GT or GQ modifier. Place of service codes will also vary by payer. Please consult with each payer for their specific guidance. Links to commercial payer guidance regarding their specific COVID-19 and telehealth coverage are located in the slide deck on slides 40-41.

Q: I'm confused about when to use telehealth visits, telephonic visits, virtual visits, etc. in my practice. I've never used them before and I'm not sure if I should use some of them or all of them now.

A: The different types of services are outlined on slides 26 and 27 in table format. We recommend closely reviewing the service description and method of delivery as each type of service has its own restrictions and nuances to delivery as well as requirements for audio and video. If you have specific questions regarding your practice, please contact kshiner@hqi.solutions, and we'll be happy to discuss appropriate options for your practice.

Q: Is there a way to block my personal phone number so patients don't see it if I call them?

A: Dial *67 before dialing their number on a call by call basis. You could also choose to change the setting on your smartphone to not show your caller ID and this setting may vary based on your phone carrier. But this will turn it off until you turn it back on. Or you can use an app on your smartphone like Doximity as an example.