

BILLING AND CODING UNDER NEW TELEHEALTH RULES

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- This information is current as of the date the lecture was written –
- April 7, 2020

Corona Virus – COVID-19 vs Healthcare

- HB6074-Corona Preparedness and Response Supplemental Appropriations Act of 2020 (March 6, 2020)
- Waiver section 1135 of the Social Security Act (the Act)
- Daily changes have been seen to the multiple insurance payers
- CMS continues to release clarifying Q&A in several areas
 - Public Health Emergency (PHE)

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Telemedicine vs Telehealth

- World Health Organization (WHO) uses terms interchangeably
 - “Some distinguish telemedicine from telehealth with the former restricted to service delivery by physicians only, and the latter signifying services provided by health professionals in general, including nurses, pharmacists, and others.”

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AAFP Website

- **Telemedicine** is the practice of medicine using technology to deliver care at a distance. It occurs using a telecommunications infrastructure between a patient (at an originating or spoke site) and a physician or other practitioner licensed to practice medicine (at a distant or hub site).
- **Telehealth** refers to a broad collection of electronic and telecommunications technologies that support health care delivery and services from distant locations. Telehealth technologies support virtual medical, health, and education services.

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CMS-1744-IFC

- Medicare & Medicaid Programs: Policy and Regulatory Revisions in Response to COVID-19 Public Health
- Interim Final Rule with Comment Period (aka “Final Rule”)
- Effective March 1, 2020
- <https://www.cms.gov/files/document/covid-final-ifc.pdf>

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Listing of Telemedicine Services Allowed in 2020

- <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Downloads/covered-telehealth-services.zip>
- 80 additional codes have been added

Telemedicine Services Added During PHE

- Emergency Department Visits
- Observation code series (admit and discharge)
- Initial Hospital Care Visits
- Nursing Facility Visits
- Domiciliary, Rest Home, or Custodial Care Services
- Home Visits
- Inpatient Neonatal and Pediatric Critical Care Visits
- End Stage Renal Disease Visits
- Psychology and Neuropsychology Testing

Telemedicine - Originating Site

- The location where a Medicare beneficiary gets physician or practitioner medical services through a telecommunications system.
- The beneficiary must go to the originating site for the services located in either:
 - A county outside a Metropolitan Statistical Area (MSA)
 - A rural Health Professional Shortage Area (HPSA) in a rural census tract
- The Health Resources and Services Administration (HRSA) decides HPSAs, and the Census Bureau decides MSAs.

WAIVED

Telehealth Originating Site Fee

- HCPCS Code Q3014 describes the Medicare telehealth originating sites facility fee
- Bill your MAC for the separately billable Part B originating site facility fee

Telemedicine – Originating Site

- May be any location patient is experiencing the encounter from
 - Home
 - Nursing Home
 - Daughter's house
- Beginning March 6, 2020

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eff 3-1-20
~~eff: 3-6-20~~

Telemedicine – Distance Site Practitioners

- Distant site practitioners who can furnish and get payment for covered telehealth services (subject to State law) are:
 - Physicians
 - Nurse practitioners (NPs)
 - Physician assistants (PAs)
 - Nurse-midwives
 - Clinical nurse specialists (CNSs)
 - Certified registered nurse anesthetists
 - Clinical psychologists (CPs) and clinical social workers (CSWs) CPs and CSWs cannot bill Medicare for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services. They cannot bill or get paid for Current Procedural Terminology (CPT) codes 90792, 90833, 90836, and 90838.

Telemedicine Services (Those on list)

Prior to PHE

- Originating site
- Distant provider
- POS 02
- No modifier

During PHE (After March 1, 2020)

- No restrictions on originating site
- No change in providers eligible to provide service*
- Bill the Place of Service (POS) where your provider would usually provide that code/service
- Modifier 95 to indicate service was done using “Real-Time Interactive Audio and Video Telecommunications System”

Telehealth Services (other codes not on list)

- Bill based on carrier instructions
- If no instructions – bill “normally”
 - i.e. if in office bill POS office
 - No modifier GT or 95

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Telemedicine - Modifier

- If done in office use Modifier 95 to indicate technology used in conjunction with service
 - **95** - Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System
- **GT**: Critical Access Hospital distant site providers billing under CAH Optional Method II. This goes on an institutional claim and pays 80% of the Professional Fee Service rate.
 - Use GT Modifier if
 - Billing under CAH Optional Payment Method II
 - Commercial carriers request it
 - Medicare stopped using this in 2017 after POS – 02 was introduced

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Telemedicine – Billing Modifiers

- “DR” (disaster related) condition code for institutional billing
 - Claims submitted using the ASC X12 837 institutional claims format
 - CMS-1450
- “CR” (catastrophe/disaster related) modifier for Part B billing, both institutional and non-institutional
 - Claims submitted using the ASC X12 837 professional claim format
 - CMS-1500
 - Pharmacies, in the NCPDP format
- Telehealth claims do not require
 - “DR” condition code
 - “CR” modifier
- CMS is not requiring additional or different modifiers associated with telehealth services furnished under these waivers

TELEMEDICINE - Modifiers

- **G0** (zero): Used to identify telehealth services furnished for purposes of diagnosis, evaluation, or treatment of symptoms of an acute stroke.
- **GQ** (not used outside of Alaska or Hawaii): asynchronous telehealth service.

Telemedicine – New Patients Allowed

- Department of Health and Human Services (HHS) is announcing a policy of enforcement discretion for Medicare telehealth services furnished pursuant to the waiver under section 1135(b)(8) of the Act
 - Requires that the patient have a prior established relationship with a particular practitioner
 - HHS **will not conduct audits** to ensure that such a prior relationship existed for claims submitted during this public health emergency

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Interactive Telecommunications System Definition Final Rule

- Multimedia communications equipment that includes, at a minimum
 - Audio and video(A/V) equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner
- Audio/visual real time telecommunication technology

TELEMEDICINE

Telemedicine – Telecommunication Equipment

- Providers may use any **non-public facing** remote communication product that is available to provide telehealth to patients during the COVID-19 nationwide public health emergency
- Office for Civil Rights (OCR) is exercising its enforcement discretion to not impose penalties for noncompliance with the HIPAA Rules in connection with the good faith provision of telehealth
- This exercise of discretion applies to telehealth provided for any reason, regardless of whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19.

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Telemedicine – Telecommunication Equipment

- Mobile computing devices with audio and video capabilities may be used
 - They qualify as acceptable technology
 - During the COVID-19 nationwide public health emergency
 - FaceTime
 - Skype
 - Added in HHS.gov - Notification of Enforcement Discretion for Telehealth remote.
 - Allow
 - Updox, VSee, Zoom for Healthcare, Doxy.me and Google G Suite Hangouts Meet. Also allowed as acceptable non secure: Apple Face Time, Facebook Messenger video chat, Google Hangouts video or Skype.
 - Cannot use:
 - Facebook Live, Twitch, Tik Tok

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Telemedicine – Patient’s Consent

- Medicare does not require that an informed consent be obtained from a patient prior to a telehealth-delivered service taking place
 - 99201-99215 - Telemedicine services
- Consent is required for
 - G2010 - Store and Forward
 - G2012 – Virtual Check in
 - 99421-99423 - Online digital evaluation and management service
 - 99441 -99443 - Telephone evaluation and management service

Telemedicine – Patient’s Consent

- Final Rule
- Beneficiary’s consent must be documented in the patient’s medical record
 - Obtained annually
- Consent to receive G2010 and G2012 may be documented by auxiliary staff under general supervision

Telemedicine – Patient’s Financial Liability

- Telehealth does not change the out of pocket costs for beneficiaries with Original Medicare
 - Beneficiaries are generally liable for their deductible and coinsurance
- Office of Inspector General (OIG) is providing flexibility
 - Providers may reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs

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Telemedicine – Patient’s Financial Liability

- Physicians may waive copays and deductibles for patients
 - Some insurances are doing it at their end
- Suggested language
 - “I will accept only what insurance pays”

Telemedicine/Telehealth - Deductible

- Until further notice, HHS will not take enforcement action against any health insurance issuer that amends its catastrophic plans to provide pre-deductible coverage for services associated with the diagnosis and/or treatment of COVID-19

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Telemedicine – Place of Service

- Report the POS code that would have been reported had the service been furnished in person
 - If done in office – report office POS 11 not Telehealth POS 02
 - During Public Health Emergency
 - PHE
- Allows Medicare to make appropriate payment for services furnished via Medicare telehealth
 - From non-facility RVU's

Telemedicine – Place of Service

- Submit professional telehealth service claims using the appropriate CPT or HCPCS code.
- Submit telehealth services claims
 - Use Place of Service (POS) 02 if original definition of Telemedicine services is met
 - “The location where health services and health related services are provided or received, through telecommunication technology.”
 - Per CMS
 - “The location where health services and health related services are provided or received, through telecommunication system.”
 - Per CPT

1995 E&M Guidelines

You may use time for your E&M services

99213- 15 minutes

99214 – 25 minutes

Traditional E&M documentation (use History and MDM)

99213 – HPI – 1

ROS – 1 (pertinent to problem)

PFSH (none required)

MDM – Low

99214 – HPI – 4

ROS – 2+

PFSH – 2

MDM - Moderate

DON'T FORGET MEDICAL NECESSITY

Telemedicine – Office **ONLY**

- Office/outpatient E/M level selection for services when furnished via telehealth can be based on MDM or time
 - Use current definition of MDM
- This removed any requirements regarding documentation of history and/or physical exam in the medical record*
- This is a policy revision on an interim basis, only
 - Policy similar to policy beginning in 2021

DON'T FORGET MEDICAL NECESSITY

Telemedicine – Office **ONLY**

- Time defined as all of the time associated with the E/M on the day of the encounter
 - Time personally spent by the reporting provider
 - Including face-to-face and non face-to-face time

OFFICE CPT CODES	TYPICAL TIME 2021
New Patient	
99202	15-29
99203	30-44
99204	45-59
99205	60-74
Established	
99212	10-19
99213	20-29
99214	30-39
99215	40-54

GRID is not on handout

Supervision

- Use of real-time, audio and video telecommunications technology allows for a billing practitioner to observe the patient interacting with or responding to the in-person clinical staff through virtual means, and thus, their availability to furnish assistance and direction could be met without requiring the physician's physical presence in that location
 - Mostly NP/PA
- The presence of the physician includes virtual presence through audio/video real-time communications technology when use of such technology is indicated to reduce exposure risks for the beneficiary or health care provider
 - Mostly Auxiliary staff

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Telemedicine – Diagnoses Allowed

- Telehealth provision allows care without regard to the diagnosis of the patient
- Prevent vulnerable beneficiaries from unnecessarily entering health care facility when needs can be met remotely
- Example cited, patient needing a visit with physician for refill of medication
- Services must still be reasonable and necessary

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ICD-10 Coding

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New Code effective April 1, 2020

- Chapter 22
- Codes for special purposes (U00-U85)
- Provisional assignment of new diseases of uncertain etiology or emergency use (U00-U49)
- **Note: Codes U00-U49 are to be used by WHO for the provisional assignment of new diseases of uncertain etiology.**
- U07 Emergency Use of U07



New Code effective April 1, 2020

- **U07.1 - COVID-19**
- **Use additional code to identify pneumonia or other manifestations.**
- **Excludes1: Coronavirus infection, unspecified (B34.2)**
 - Coronavirus as the cause of diseases classified elsewhere (B97.2-)**
 - Pneumonia due to SARS associated coronavirus (J12.81)**



ICD-10 CM Coding Guidelines – Eff 4/1/2020

- <https://www.cdc.gov/nchs/data/icd/COVID-19-guidelines-final.pdf>



Code Only Confirmed Cases Eff 4/1/2020

- Code only a confirmed diagnosis of the 2019 novel coronavirus disease (COVID-19) as documented by the provider

- Documentation of a positive COVID-19 test result
- Presumptive positive COVID-19 test result

This is an exception to the hospital inpatient guideline Section II

- For a confirmed diagnosis, assign code U07.1, COVID-19
 - In this context, “confirmation” does not require documentation of the type of test performed
 - The provider’s documentation that the individual has COVID-19 is sufficient.



Presumptive Positive Eff 4/1/2020

- These should be coded as confirmed
- A presumptive positive test result means an individual has tested positive for the virus at a local or state level
 - Not yet been confirmed by the Centers for Disease Control and Prevention (CDC)
- CDC confirmation of local and state tests for COVID-19 is no longer required



COCID-19 Sequencing Eff 4/1/2020

- When COVID-19 meets the definition of principal diagnosis use code U07.1, COVID-19
 - Sequenced first
 - Followed by the appropriate codes for associated manifestations
 - Except in the case of obstetrics patients



ICD-10-CM Coding Pneumonia

**February 20, 2020 to
March 31, 2020**

- Patients with pneumonia, case confirmed as due to the 2019 novel coronavirus (COVID-19), assign
 - J12.89 - Other viral pneumonia
 - AND
 - B97.29 - Other coronavirus as the cause of diseases classified elsewhere

**April 1, 2020 to
September 30, 2020**

- Patients with pneumonia confirmed as due to the 2019 novel coronavirus (COVID-19) assign
 - U07.1 – COVID-19
 - AND
 - J12.89 - Other viral pneumonia.



ICD-10-CM Coding Acute Bronchitis

**February 20, 2020 to
March 31, 2020**

- Patients with acute bronchitis confirmed as due to COVID-19, assign
 - J20.8 - Acute bronchitis due to other specified organisms

AND

- B97.29 - Other coronavirus as the cause of diseases classified elsewhere

**April 1, 2020 to
September 30, 2020**

- Patients with acute bronchitis confirmed as due to COVID-19, assign
 - U07.1 – COVID-19

AND

- J20.8 - Acute bronchitis due to other specified organisms.



ICD-10-CM Coding Bronchitis not otherwise specified (NOS)

**February 20, 2020 to
March 31, 2020**

Patients with bronchitis (NOS) due to the COVID-19, assign

- J40 - Bronchitis, not specified as acute or chronic
- AND*
- B97.29 -Other coronavirus as the cause of diseases classified elsewhere

**April 1, 2020 to
September 30, 2020**

Patients with Bronchitis not otherwise specified (NOS) due to COVID-19 assign

- U07.1 – COVID-19
- AND*
- J40, Bronchitis, not specified as acute or chronic.



ICD-10-CM Coding Lower Respiratory Infection

February 20, 2020 to

March 31, 2020

Respiratory Infection

- Patients with COVID-19 documented as being associated with a lower respiratory infection, not otherwise specified (NOS), or an acute respiratory infection, NOS, assign
 - J22 - Unspecified acute lower respiratory infection
- AND**
- B97.29 - Other coronavirus as the cause of diseases classified elsewhere

April 1, 2020 to

September 30, 2020

- Patients with COVID-19 documented as being associated with a lower respiratory infection, not otherwise specified (NOS), or an acute respiratory infection, NOS assign
 - U07.1 – COVID-19
- AND**
- J22, Unspecified acute lower respiratory infection



ICD-10-CM Coding Respiratory Infection

February 20, 2020 to

March 31, 2020

- Patients with COVID-19 documented as being associated with a respiratory infection, NOS, assign
 - J98.8 - Other specified respiratory disorders
- AND**
- B97.29 - Other coronavirus as the cause of diseases classified elsewhere

April 1, 2020 to

September 30, 2020

- Patients with COVID-19 documented as being associated with a respiratory infection, NOS assign
 - U07.1 – COVID-19
- AND**
- J98.8, Other specified respiratory disorders



ICD-10-CM Coding Acute respiratory distress syndrome (ARDS)

**February 20, 2020 to
March 31, 2020**

- ARDS may develop in with the COVID-19
 - Patients with ARDS due to COVID-19, assign
 - J80 - Acute respiratory distress syndrome
- AND**
- B97.29 - Other coronavirus as the cause of diseases classified elsewhere

**April 1, 2020 to
September 30, 2020**

- Patients with acute respiratory distress syndrome (ARDS) due to COVID-19, assign
 - U07.1 – COVID-19
- AND**
- J80 - Acute respiratory distress syndrome



ICD-10-CM Coding Exposure to COVID-19

**February 20, 2020 to
March 31, 2020**

- Patients where there is a concern about a possible exposure to COVID-19, but this is ruled out after evaluation, assign
 - Z03.818 - Encounter for observation for suspected exposure to other biological agents ruled out

April 1, 2020 to September 30, 2020

- Patients where there is a concern about a possible exposure to COVID-19, but this is ruled out after evaluation, assign
- Z03.818 - Encounter for observation for suspected exposure to other biological agents ruled out



ICD-10-CM Coding Exposure to COVID-19

**February 20, 2020 to
March 31, 2020**

- Patients where there is an actual exposure to someone who is confirmed to have COVID-19, assign
 - Z20.828 - Contact with and (suspected) exposure to other viral communicable diseases

**April 1, 2020 to
September 30, 2020**

- Patients where there is an actual exposure to someone who is confirmed or suspected (not ruled out) to have COVID-19, and the exposed individual either tests negative or the test results are unknown, assign
 - Z20.828, Contact with and (suspected) exposure to other viral communicable diseases.
- If the exposed individual tests positive for the COVID-19 virus, see guideline (starting slide 7)



ICD-10-CM Coding Screening

**February 20, 2020
to March 31, 2020**

**April 1, 2020
to September 30, 2020**

- Patients who are asymptomatic who are being screened for COVID-19 and have no known exposure to the virus, and the test results are either unknown or negative, assign
 - Z11.59 - Encounter for screening for other viral diseases.



ICD-10-CM Coding Asymptomatic Patients

**February 20, 2020
to March 31, 2020**

**April 1, 2020
to September 30, 2020**

- Patients who are being screened due to a possible or actual exposure to COVID-19
 - See guideline (Exposure)
- Patients who are asymptomatic individual is screened for COVID-19 and tests positive
 - See guideline (Asymptomatic patient who tests positive)



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ICD-10-CM Coding Signs and Symptoms

**February 20, 2020
to March 31, 2020**

**April 1, 2020
to September 30, 2020**

- Patients presenting with any signs/symptoms (such as fever, etc.) and where a definitive diagnosis has not been established, assign codes for the Signs & Symptoms (S&S)
 - R05 - Cough
 - R06.02 - Shortness of breath
 - R50.9 - Fever, unspecified
- Patients presenting with any signs/symptoms associated with COVID-19 (such as fever, etc.) but a definitive diagnosis has not been established, assign the appropriate code(s) for each of the presenting signs and symptoms such as:
 - R05 - Cough
 - R06.02 Shortness of breath
 - R50.9 Fever, unspecified



ICD-10-CM Coding Asymptomatic Patients who Test Positive

**February 20, 2020
to March 31, 2020**

**April 1, 2020
To September 30, 2020**

- Patients who are asymptomatic who test positive for COVID-19, assign
 - U07.1 - COVID-19
 - Although the individual is asymptomatic, the individual has tested positive and is considered to have the COVID-19 infection.



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ICD-10 Coding Pregnancy, Childbirth and the Puerperium

- During pregnancy, childbirth or the puerperium, a patient admitted (or presenting for a health care encounter) because of COVID-19 should be assigned
 - O98.5- - Other viral diseases complicating pregnancy, childbirth and the puerperium
 - U07.1 - COVID-19, and the appropriate codes for associated manifestation(s)
- Codes from Chapter 15 always take sequencing priority



CENTERS FOR DISEASE
CONTROL AND PREVENTION

ICD-10-CM Coding – Effective February 20, 2020

DOCUMENTATION

- If the provider documents “suspected”, “possible” or “probable” COVID-19
 - **DO NOT** assign code B97.29 - Other coronavirus as the cause of diseases classified elsewhere
 - Assign a code(s) explaining the reason for encounter
 - i.e. fever
 - i.e. - Z20.828 - Contact with and (suspected) exposure to other viral communicable diseases



Telemedicine - Hospital

WAIVED

- Subsequent hospital care services are limited to one telehealth visit every 3 days
 - Not intended to apply to consulting physicians or practitioners
- Subsequent nursing facility care services are limited to one telehealth visit every 30 days
 - Federally mandated periodic visit MAY NOT reported utilizing Telehealth
 - Not intended to apply to consulting physicians or practitioners

Telemedicine – Electronic Prescriptions

- As of March 16, 2020, and continuing for as long as the Secretary’s designation of a public health emergency remains in effect
 - DEA-registered practitioners in all areas of the United States may issue prescriptions for all schedule II-V controlled substances to patients for whom they have not conducted an in-person medical evaluation, provided **ALL** of the following conditions are met:
 - The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice
 - The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system
 - The practitioner is acting in accordance with applicable Federal and State laws

Telemedicine – Electronic Prescriptions

- If prescribing practitioner has previously conducted an in-person medical evaluation of the patient
 - May issue a prescription for a controlled substance after having communicated with the patient
 - Via telemedicine
 - Any other means
- NOTE
 - This is regardless of whether a public health emergency has been declared by the Secretary of Health and Human Services
 - So long as the prescription is issued for a legitimate medical purpose and
 - The practitioner is acting in the usual course of his/her professional practice

Telemedicine - Licensure

- 1135 waivers allow CMS to waive, on an individual basis, the Medicare requirement that a physician or non-physician practitioner must be licensed in the State in which s/he is practicing
- Does not have the effect of waiving State or local licensure requirements or any requirement specified by the State or a local government as a condition for waiving its licensure requirement

Telemedicine - Licensure

- This is not available unless all of the following four conditions are met:
 - 1) the physician or non-physician practitioner must be enrolled as such in the Medicare program
 - 2) the physician or non-physician practitioner must possess a valid license to practice in the State which relates to his or her Medicare enrollment
 - 3) the physician or non-physician practitioner is furnishing services – whether in person or via telehealth – in a State in which the emergency is occurring in order to contribute to relief efforts in his or her professional capacity
 - 4) the physician or non-physician practitioner is not affirmatively excluded from practice in the State or any other State that is part of the 1135 emergency area

Provider Enrollment – CMS (Released 3-23-20)

Physicians & Non-Physician Practitioners

- Establish toll free hotlines to enroll and receive temporary Medicare billing privileges
- Waive the following screening requirements:
 - Criminal background checks associated with fingerprint-based criminal background checks (FCBC) (to the extent applicable)
 - Site visits
 - Postpone all revalidation actions

Provider Enrollment – CMS (Released 3-23-20)

All Other Providers and Suppliers (including DMEPOS)

- Expedite any pending or new applications
 - All clean web applications will be processed within 7 business days and all clean paper applications in 14 business days
- Waive the following screening requirements for all enrollment applications received on or after March 1, 2020:
 - Application Fee
 - Criminal background checks associated with the FCBC – (to the extent applicable)
 - Site-visits
 - Postpone all revalidation actions

Provider Enrollment – CMS (Released 3-23-20)

- Calling the enrollment hotline to initiate temporary billing privileges, you will be asked to provide limited information, including, but not limited to:
 - Legal Name
 - National Provider Identifier (NPI)
 - Social Security Number
 - Valid in-state or out-of-state license
 - Address information
 - Contact information (telephone number)

Provider Enrollment – CMS (Released 3-23-20)

- Your Medicare Administrative Contractor (MAC) will attempt to screen and enroll the physician or non-physician practitioner over the phone
 - Approval or rejection of their temporary Medicare billing privileges will be made during the phone conversation
 - (wording states notify the physician or non-physician practitioner)
- A follow up letter from the MAC via email to communicate the approval or rejection of the physician or non-physician practitioner's temporary Medicare billing privileges
- When emergency is lifted, will need to submit an enrollment application

Provider Enrollment – CMS (Released 3-23-20)

- All other providers and suppliers, including DMEPOS suppliers
 - Required to submit initial enrollments and changes of information via the appropriate CMS-855 application
 - Your MAC will expedite their processing of these applications if received on or after March 1, 2020
 - All clean web applications received on or after March 18, 2020, will be processed within 7 business days
 - All clean paper applications received on or after March 18, 2020, will be processed in 14 business days

Telemedicine and HIPAA

- HIPAA Privacy Rule permits entities to disclose PHI without a patient's authorization
- Covered entities may disclose PHI about the patient as necessary to treat the patient or to treat a different patient
- Covered entities may disclose requested PHI to a public health authority, a foreign government agency (at the direction of a public health authority) that is collaborating with the public health authority, and persons at risk of contracting or spreading a disease or condition if authorized by law.
- Covered entities may share PHI with a patient's family, friends, relatives, or other persons identified that were involved in the patient's care
- Health care providers may share PHI with anyone in order to prevent or lessen a serious and imminent threat to the public health and safety

Care Codes

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Telemedicine and Time

- If the code is based on time
 - Must meet or exceed minimum threshold of time for the code
 - Document total time of the visit
 - Showing you are meeting requirements of code

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Service Options Communication with Patients

Electronic (Online Digital)

- 99421-99423
- 98970-98972*
- G2061-G2063*
- G2010 ~~

Telephone E&M

- 99441-99443
- 98966-98968*
- G2012

A/V Real Time Telecommunication

99201-99215

* QHP no clinical
~~ follow up to patient
has multiple options

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Electronic

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Online Digital Evaluation & Management Services (Physician or other QHCP)

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

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Online Digital Evaluation & Management Services (Physician or other QHCP)

- Patient initiated services through HIPAA compliant secure platform
 - Secure email
 - Electronic health record portal
- Provided by Physicians or other QHCP
- ~~Only for established patients~~ **Final Rule – New patients allowed**
- Reported for cumulative time reported once during a seven day period devoted to service during the period
- Verbal consent for use of communication-based technology (CBTS) services
 - Documented annually

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Online Digital Evaluation & Management Services (Physician or other QHCP)

- Require Physician or other QHCP's evaluation, assessment and management of patient
- NOT for non-evaluative electronic communication of test results, scheduling of appointment or other communication that does not include E&M
- Require permanent documentation of encounter
- Clinical Staff time NOT included in total time

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Online Digital Evaluation & Management Services (Physician or other QHCP)

- Begins with physician or other QHCP's initial, personal review of patient generated inquiry
- Cumulative service time includes review of
 - Initial patient generated inquiry
 - Patient records or data pertinent to assessment of patient's problem
 - Development of management plans (including prescription generation)
 - Physician or other QHCP interaction with clinical staff focused on the patient's problem
 - Subsequent communication with the patient though online, telephone, email or other digitally supported E&M service

74

Online Digital Evaluation & Management Services

- **Qualified non-physician health care** professional online digital assessment and management service for an ~~established patient~~, for up to 7 days, cumulative time during the 7 days
 - G2061 - 5 - 10 minutes
 - G2062 - 11 – 20 minutes
 - G2063 - 21 or more minutes
- For clinicians who do NOT have E&M codes within their scope of practice
 - PT, OT, SLP, Clinical Psychologist

75

Online Digital Evaluation & Management Services

- **Qualified non-physician health care professional** online digital evaluation and management service for an ~~established patient~~, for up to 7 days, cumulative time during the 7 days
 - 98970 - 5 - 10 minutes
 - 98971 - 11 – 20 minutes
 - 98972 - 21 or more minutes
- For clinicians who do NOT have E&M codes within their scope of practice
- Not recognized by Medicare (see G2061-G2063)

76

Technology Based Service-Store & Forward

- 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
- Follow up with patient
 - Phone call
 - Audio/video communication
 - Secure text messaging
 - Email
 - Patient portal communication

77

G2010 – Store and Forward

- ~~Only for established patients~~ **Final Rule – New patients allowed**
- Practitioner's evaluation of a patient generated still or video image transmitted by the patient
 - Subsequent communication of the practitioner's response to the patient
 - Unlike G2012 which is realtime
- Verbal consent needs to be noted in the record for EACH instance of use of code
- No frequency limitations at this time
- Co-Pays apply
- Must be performed by a billing provider
 - Clinical staff contact not billable
- Not considered Telehealth (none of their restrictions)

78

Telephone

Not originating from a related E&M service provided within the prior 7 days

Nor

Leading to an E/M service or procedure within the next 24 hours or soonest available appointment

79

Initiated by Patient

NO "COLD" CALLS

- **CMS NEWS RELEASE**
- "We expect that these virtual services will be initiated by the patient; however, practitioners may need to educate beneficiaries on the availability of the service prior to patient initiation".
- Patients would contact office regarding need for care (with a problem).
- I see this education of beneficiaries to mean the patient would need to be told of the option of the various types of Telehealth services

80

Non-Face-To-Face Services – Telephone Services (Physician or Other QHCP)

- Telephone evaluation and management service provided 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;
 - 99441 - 5-10 minutes of medical discussion
 - 99442 - 11-20 minutes of medical discussion
 - 99443 - 21-30 minutes of medical discussion

PAYABLE BY
MEDICARE
EFF 3-1-2020

81

Non-Face-To-Face Services – Telephone Services (Physician or Other QHCP)

- Non face-to-face evaluation and management service
 - Via telephone
- Provided by Physician or other QHCP
- Care/contact initiated by patient
 - Patient may need to be educated on availability of services
- Patient must be established with physician/practice

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Non-Face-To-Face Services – Telephone Services (Physician or Other QHCP)

- If service ends with decision to see the patient within 24 hours or next available appointment
 - Do NOT report code
- If service refers to E&M service performed within the prior 7 days or within post operative period
 - Service is considered part of the service or procedure

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Non-Face-To-Face Services – Telephone Services (Non physician)

- Telephone evaluation and management service provided by a **qualified non-physician** health care professional 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;
 - 98966 - 5-10 minutes of medical discussion
 - 98967 - 11-20 minutes of medical discussion
 - 98968 - 21-30 minutes of medical discussion

**PAYABLE BY
MEDICARE
EFF 3-1-2020**

84

Technology Based Service-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 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

G2012 – Virtual Check In

- Only **established patients**
- Only real-time audio only telephone interactions in addition to synchronous, two way audio interactions enhanced with video or other kinds of data transmission
- Verbal consent needs to be noted in the record for EACH instance of use of code
- No frequency limitations at this time
- Co-Pays apply
- Must be performed by a billing provider
 - Clinical staff contact not billable
- Not considered Telehealth (none of their restrictions)

G2012 – Virtual Check In

- Historically, any routine non face-to-face communication that takes place before or after an in-person visit to be bundled into the payment for visit
- Amount of face-to-face work for certain kinds of patients rise higher than for others
 - Creates disparities in payment
- Advances in communication technology have changed patients' and practitioners' expectations regarding the quantity and quality of information that can be conveyed via communication technology
- Brief check in services via communication technology to evaluate whether or not an office visit or other service is warranted
 - When furnished prior to an office visit
 - Considered bundled in
 - When check in service does not lead to an office visit
 - No office visit to bundle into

Payers

TELEMEDICINE – State of Michigan

- Expanded access to telemedicine by immediately allowing Medicaid beneficiaries to receive services in their home while the state combats COVID-19.



For more information, visit Michigan.gov/Coronavirus.

SEDC TA (TASK NUMBER - DOCUMENT NUMBER) 03/17/2020

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For more information, visit Michigan.gov/Coronavirus.

SEDC TA (TASK NUMBER - DOCUMENT NUMBER) 02/17/2020

General Telemedicine Policy Expansion

Current telemedicine policy requires both audio and visual service delivery, and when all possibilities to provide services using both audio and visual have been deemed not possible, due to the COVID-19 pandemic the Michigan Department of Health and Human Services (MDHHS) is expanding telemedicine policy.

During the period with dates of service referenced above, all codes on the telemedicine database (which encompass primary care, behavioral health, etc.) will be allowed for the service delivery method **telephonic (audio) only**. (See telemedicine database attached.)

All other requirements of telemedicine policy, including scope of practice requirements, as represented in Bulletin MSA 20-09 and the Medicaid Provider Manual must be followed unless otherwise indicated by the Center for Medicare & Medicaid Services (CMS).

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Telemedicine – FQHC and RHC

- Varies state-to-state
 - Some allowing FQHCs and RHCs to act as distant site providers
 - Some allowing them to receive their PPS rate
 - Some not
- Final Rule allows them to act as Distant Site

NO INSTRUCTION ON HOW TO BILL

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Telemedicine – Medicare Advantage

- Organizations/Plans informed by CMS
 - They may “if they wish” to expand coverage of telehealth services beyond what has already been approved by CMS
 - CMS will exercise its “enforcement discretion”
 - Until determined that it is no longer necessary

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Telemedicine – Medicare Advantage

- Organizations/Plans have flexibility to expand their coverage of telehealth
- Each plan decides individually what they will do
- MA are required to provide what is covered by Fee-for-service (normal)
- Plans do **NOT** have to provide these more expansive telehealth services

Aetna – An Example of variables

- Effective January 1, 2020, Aetna will cover telemedicine services for members enrolled in all Aetna commercial plans
- Reimbursement will be made for two-way, real-time audiovisual interactive communication between the patient and the health care practitioner
- Beginning March 6, 2020 and ending June 4, 2020
 - Zero copays
- Instructions to use one of the following modifiers
 - GT: Telehealth service rendered via interactive audio and video telecommunications system
 - 95: Synchronous telemedicine service rendered via real-time interactive audio and video telecommunications system
- Cost sharing is waived for delivering synchronous virtual care (live video-conferencing) for all Commercial plan designs
- Care not limited to COVID-19 issues
- “use telehealth as your first line of defense” in order to limit potential exposure

Aetna – Released March 25th

- **Aetna will waive member cost sharing for any covered telemedicine visits regardless of diagnosis - including mental health.** For commercial plans, cost sharing will be waived for all virtual visits through the Aetna-covered Teladoc® offerings and in-network providers delivering telemedicine services.
- Aetna is allowing clinicians to deliver **mental health counseling and consultative services through telemedicine** to members who are hospitalized.
- Reimbursing **Applied Behavioral Analysis delivered via televideo**, allowing children with Autism to receive therapy services at home with required professional oversight.
- **Reimbursing for Medication Assisted Treatment (MAT) services conducted through televideo or telephonically**
- **Aetna is also expanding coverage of telemedicine visits to its Aetna Medicare members,**
- **Aetna Employee Assistance Program counseling sessions** can be delivered via televideo or telephonically until June 4, 2020.
- **Patients won't have to pay a fee** for home delivery of prescription medications from CVS Pharmacy®.
- **We're waiving early refill limits on 30-day prescription maintenance** medications for all Commercial members with pharmacy benefits administered through CVS Caremark.
- **Aetna Medicare members may request early refills on 90-day prescription maintenance medications**
- **Care packages will be sent to Aetna patients diagnosed with COVID-19.** Through

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****HIPAA compliance requirements for telehealth visits have been relaxed during the COVID-19 crisis to make it easier for providers to conduct health care visits remotely.** Through April 30, 2020, we've aligned our requirements with the Centers for Medicare and Medicaid Services as outlined in their [Medicare Telemedicine Health Care Provider Fact Sheet](#). Prior to April 30, we will re-evaluate this temporary alignment, and if needed, extend it.

We will accept non-secure telemedicine technologies such as Apple FaceTime, Facebook Messenger, Google Hangouts video or Skype until the end of April 2020 as long as both of these occur:

- You are actively working toward implementing a secure process
- You take responsibility for communicating the shortcomings of the process to the patient and proceed only if the patient accepts those shortcomings

Note that public-facing options are not acceptable. Facebook Live, Twitch and TikTok are examples of technologies that aren't acceptable.

MEDICARE TELEHEALTH VISITS:

Currently, Medicare patients may use telecommunication technology for office, hospital visits and other services that generally occur in-person.

The provider must use an interactive audio and video telecommunications system



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Telehealth procedure codes for COVID-19
For Blue Cross (commercial) PPO, Medicare Plus BlueSM PPO, BCN HMOSM (commercial) and BCN AdvantageSM members
April 3, 2020

This document shows the codes associated with telehealth procedures covered with no cost sharing for members during the COVID-19 pandemic for Blue Cross (commercial) PPO, Medicare Plus Blue PPO, BCN HMO (commercial) and BCN Advantage members for dates of service on and after March 16, 2020, through June 30, 2020.

Telehealth services that are covered under the Blue Cross and BCN Telemedicine Services Medical Policy that are not listed in the codes below, are still covered but will require standard member cost sharing.

Key for codes:

Telehealth Place of Service 02 and modifier of GT or 95 required to waive cost share for participating or nonparticipating providers, per CMS Waiver 1135. Must be participating for commercial products. All lines of business covered
Telehealth POS or modifier not required – All lines of business covered
Telehealth POS or modifier not required – Medicare Plus Blue PPO and BCN Advantage only
Telehealth POS or modifier not required – Blue Cross (commercial) PPO and BCN HMO (commercial) only (excludes Medicare Advantage)
Telehealth POS 02 and modifier of GT or 95 required to waive cost share for par or nonpar, per CMS Waiver 1135 – Medicare Plus Blue PPO and BCN Advantage only (excludes commercial)

Telehealth procedure codes									
*90785	*90791	*90792 ^X	*90832	*90833	*90834 ^X	*90836	*90837	*90838	*90839
*90840	*90845	*90846	*90847	*90951	*90952	*90954	*90955	*90957	*90958
*90960	*90961	*90963	*90964	*90965	*90966	*90967	*90968	*90969	*90970
*96116	*96160	*96161	*97802	*97803	*99201	*99202	*99203	*99204	*99205
*99211	*99212	*99213 ^X	*99214	*99215	*99231	*99232	*99233	*99307	*99308
*99309	*99310	*99354	*99355	*99356	*99357	*99406	*99407	*99495	*99496
*99497	*99498	G0108	G0109	G0296	G0420	G0421	G0506	G0513	G0514
G0406	G0407	G0408	G0425	G0426	G0427	G0459	G0508	G0509	G2061
G2062	G2063	*98966	*98967	*98968	*99421	*99422 ^X	*99423	*99441	*99442
*99443									
G2010	G2012								
*98970	*98971	*98972							
*97804	G0270	G0396	G0397	G0438	G0439	G0442	G0443	G0444	G0445
G0446	G0447	G2086	G2087	G2088					

^X Also covered by Blue Cross Online VisitsSM.

^{*}CPT codes, descriptions and two-digit numeric modifiers only are copyright 2019 American Medical Association. All rights reserved.



Telemedicine and Telehealth Coverage Expansion in Response to COVID-19 | Updated 04/03/2020

In response to the coronavirus (COVID-19), Blue Cross and Blue Shield of Texas (BCBSTX) is temporarily expanding coverage for medical and behavioral health telemedicine and telehealth visits. For insured plans regulated by the State of Texas – identified by a "TDI" or "DOI" printed on the member identification card – BCBSTX will cover telemedicine medical services and telehealth services in accordance with the temporary emergency rules adopted by the Texas Department of Insurance March 17, 2020.

We are continuing to evaluate the evolving state and federal legislative and regulatory landscape relating to COVID-19 and will continue to update our practices accordingly.

Expansion of telemedicine/telehealth coverage:

With the temporary enhancements to existing in-network telemedicine/telehealth benefits, the coverages below will apply for state-regulated, fully-insured members who receive covered telemedicine/telehealth services. This applies to claims with dates of service beginning March 10, 2020.



- Telemedicine/telehealth visits covered as a regular office visit for providers who offer the service through 2-way live interactive telephone or digital video consultations. Please note that on a temporary basis in response to COVID-19, audio-only consultations will be covered when provided in accordance with applicable regulations and rules.
- Continued access to MDLive[®] or a similar telemedicine/telehealth vendor, with a network of physicians who provide telemedicine/telehealth services.
- No member cost-sharing for covered, medically necessary medical and behavioral health services delivered via telemedicine or telehealth by a qualified in-network provider.
- BCBSTX will reimburse in-network professionals at least the same rate for a telemedicine/telehealth service as it reimburses for the same service when provided in-person, including covered mental health services.

Resources

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Telehealth Visits

Synchronous audio/visual visit between a patient and clinician for evaluation and management (E&M)

Code	Description
CPT Code 99201-99205 POS 02 for Telehealth (Medicare) Modifier 95 (Commercial Payers)	Office or other outpatient visit for the evaluation and management of a new patient
CPT Code 99210-99215 POS 02 for Telehealth (Medicare) Modifier 95 (Commercial Payers)	Office or other outpatient visit for the evaluation and management of an established patient

*A list of all available codes for telehealth services can be found here:

<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

CODE	RVU	STATUS CODE
99201	1.29	A
99202	2.14	A
99203	3.03	A
99204	4.63	A
99205	5.85	A
99211	0.65	A
99212	1.28	A
99213	2.11	A
99214	3.06	A
99215	4.11	A

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Online Digital Visits

Digital visits and/or brief check-in services furnished using communication technology that are employed to evaluate whether or not an office visit is warranted (via patient portal, smartphone).

Code	Description
CPT Code 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 Code 99422	11-20 minutes
CPT Code 99423	21 or more minutes
HCPCS Code 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 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
HCPCS Code 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

* CPT codes 98970-98971 were modified in 2020 to match the CMS language captured in HCPCS code G2061-G2063.

CODE	RVU	STATUS CODE
99421	0.43	A
99422	0.86	A
99423	1.39	A
G2012	0.41	A
G2010	0.34	A

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Telephone Evaluation and Management Service

CPT codes to describe telephone evaluation and management services have been available since 2008. Relative values are assigned to these services. **Medicare still currently considers these codes to be non-covered.** However, private payors may pay for these services.

Code	Description
CPT Code 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 Code 99442	11-20 minutes of medical discussion
CPT Code 99443	21-30 minutes of medical discussion

* The AMA is urging CMS to begin covering these services under Medicare immediately in light of the novel coronavirus emergency.

CODE	RVU	STATUS CODE
99441	0.40	N
99442	0.78	N
99443	1.14	N
Not Payable By Medicare (3-20-20)		

CPT 2020®

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Online Digital Visits

Digital visits and/or brief check-in services furnished using communication technology that are employed to evaluate whether or not an office visit is warranted (via patient portal, smartphone).

Code	Description
CPT Code 98970*	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
CPT Code 98971*	11-20 minutes
CPT Code 98972*	21 or more minutes
HCPCS Code G2061	Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes
HCPCS Code G2062	11-20 minutes
HCPCS Code G2063	21 or more minutes

* CPT codes 98970-98971 were modified in 2020 to match the CMS language captured in HCPCS code G2061-G2063.

CODE	RVU	STATUS CODE
98970	--	I
98971	--	I
98972	--	I
G2061	0.34	A
G2062	0.60	A
G2063	0.94	A

CPT 2020®

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• CCHPCA.org

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Billing for Telehealth Encounters
AN INTRODUCTORY GUIDE ON FEE-FOR-SERVICE
January 2020



Center for
Connected
Health Policy
The National Telehealth Policy Resource Center

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TRC NATIONAL CONSORTIUM OF
TELEHEALTH
RESOURCE CENTERS

Home Telehealth Resources Find a TRC Request Assistance    

Upper Midwest Regional Telehealth Resource Center



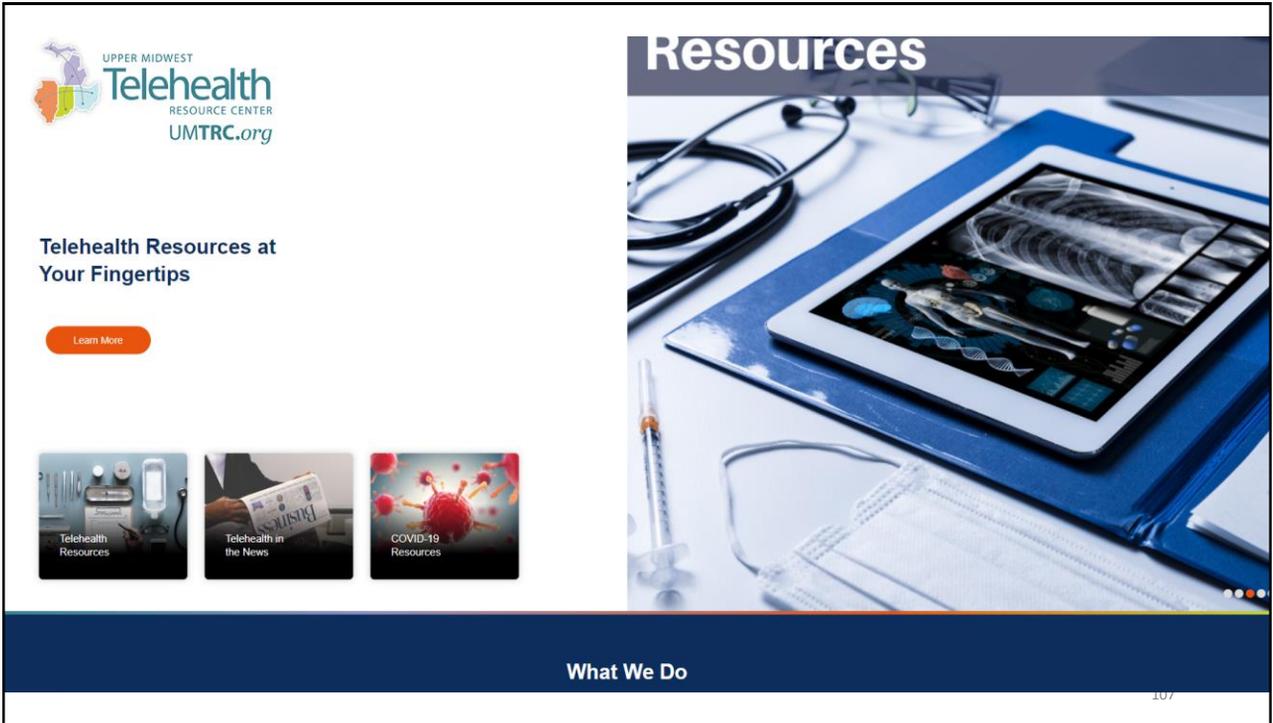
UPPER MIDWEST
Telehealth
RESOURCE CENTER
UMTRC.org

The Upper Midwest Telehealth Resource Center (UMTRC) is headed by the Indiana Rural Health Association (IRHA) that provides a comprehensive set of telehealth clinical and technical assistance services within Indiana, Illinois, Michigan, and Ohio.

Because we are a grant-based program, many of our services are provided at no charge. Learn more by visiting our website using the button below.

Call Us: (855) 283-3734

[VISIT OUR WEBSITE](#) [CONTACT US](#)



The banner features the logo for the Upper Midwest Telehealth Resource Center (UMTRC.org) on the left. The logo includes a stylized map of the upper Midwest region. To the right of the logo, the text reads "UPPER MIDWEST Telehealth RESOURCE CENTER UMTRC.org". Below the logo, the heading "Telehealth Resources at Your Fingertips" is displayed, followed by an orange "Learn More" button. Underneath the button are three small square images: "Telehealth Resources" showing medical equipment, "Telehealth in the News" showing a newspaper, and "COVID-19 Resources" showing a red virus particle. On the right side of the banner, the word "Resources" is written in white on a dark blue background, above a photograph of a blue folder containing a tablet displaying a chest X-ray, a stethoscope, a syringe, and a surgical mask. At the bottom of the banner, a dark blue bar contains the text "What We Do" and the number "107" in the bottom right corner.

CMS Current Emergency Website

- <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>

The screenshot shows the CMS.gov website with the following structure:

- Header: CMS.gov logo, navigation links (Home, About CMS, Newsroom, Archive, Share, Help, Print), and a search bar.
- Navigation menu: Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, Outreach & Education.
- Breadcrumbs: Home > About CMS > Emergency Preparedness & Response Operations > Current emergencies.
- Current emergencies section:
 - Text: "Here's information and updates about natural disasters, man-made incidents, and public health emergencies that are happening now. Find more information on [ongoing](#) or [past emergencies](#)."
 - Section: **2020**
 - Section: **Coronavirus**
 - Text: "When President Trump declared a national emergency on March 13, 2020, [CMS took action nationwide to aggressively respond to Coronavirus](#)."
 - You can read the blanket waivers for COVID-19 in the [List of Blanket Waivers \(PDF\)](#) UPDATED (4/3/20).
 - Text: "Secretary Azar used his authority in the Public Health Service Act to declare a [public health emergency \(PHE\)](#) in the entire United States on January 31, 2020 giving us the flexibility to support our beneficiaries, effective January 27, 2020."
 - Link: [Get waiver & flexibility information](#) (highlighted with a blue arrow).
 - Section: **General information & updates:**
 - [Coronavirus.gov](#) is the source for the latest information about COVID-19 prevention, symptoms, and answers to common questions.
 - [USA.gov](#) has the latest information about what the U.S. Government is doing in response to COVID-19.
 - [CDC.gov/coronavirus](#) has the latest public health and safety information from CDC and for the overarching medical and health provider community on COVID-19.
 - Section: **Read our [Coronavirus press releases](#)**
 - Section: **Clinical & technical guidance:**
 - For all clinicians:
 - [CMS Dear Clinician Letter \(PDF\)](#) (4/6/20)
 - For all health care providers:
 - [CMS Non-Emergent, Elective Medical Services, and Treatment Recommendations \(PDF\)](#) (4/6/20)

Press releases:

- Secretary Azar's [PHE declaration press release](#) (1/31/20)
- Our press releases:
 - [CMS Sends Guidance to Programs of All-Inclusive Care for the Elderly \(PACE\) Organizations](#) (3/17/20)
 - [President Trump Expands Telehealth Benefits for Medicare Beneficiaries During COVID-19 Outbreak](#) (3/17/20)
 - [CMS Approves First State Request for 1135 Medicaid Waiver in Florida](#) (3/17/20)
 - [CMS Announces New Measures to Protect Nursing Home Residents from COVID-19](#) (3/13/20)
 - [Emergency Declaration Press Call Remarks by CMS Administrator Seema Verma](#) (3/13/20)
 - [CMS takes Action Nationwide to Aggressively Respond to Coronavirus National Emergency](#) (3/13/20)
 - [CMS Publishes FAQs to Ensure Individuals, Issuers and States have Clear Information on Coverage Benefits for COVID-19](#) (3/13/20)
 - [CMS Issues Frequently Asked Questions \(FAQs\) to Aid State Medicaid and Children's Health Insurance Program \(CHIP\) Agencies in Their Response to the 2019 Novel Coronavirus \(COVID-19\) Outbreak](#) (3/12/20)
 - [CMS issues Frequently Asked Questions on Guidance to State Survey Agencies Suspending Non-Emergency Survey Inspections](#) (3/10/20)
 - [CMS Issues Key Protective Mask Guidance for Healthcare Workers](#) (3/10/20)
 - [CMS Sends More Detailed Guidance to Providers about COVID-19](#) (3/10/20)
 - [CMS Issues Guidance to help Medicare Advantage and Part D Plans Respond to COVID-19](#) (3/10/20)
 - [CMS Issues Call to Action for Hospital Emergency Departments to Screen Patients for Coronavirus](#) (3/9/20)
 - [CMS Issues Clear, Actionable Guidance to Providers about COVID-19 Virus](#) (3/9/20)
 - [Telehealth Benefits in Medicare are a Lifeline for Patients During Coronavirus Outbreak](#) (3/9/20)
 - [COVID-19 Response News Alert: CMS Issues Frequently Asked Questions to Assist Medicare Providers](#) (3/6/20)
 - [CMS Develops Additional Code for Coronavirus Lab Tests](#) (3/5/20)
 - [CMS COVID-19 Response News Alerts: Press Release: CMS Announces Actions to Address Spread of Coronavirus](#) (3/4/20)
 - [Public Health News Alert: CMS Develops New Code for Coronavirus Lab Test](#) (2/13/20)
 - [CMS Prepares Nation's Healthcare Facilities for Coronavirus Threat](#) (2/6/20)

Clinical & technical guidance:

For health care facilities

- [Guidance for Infection Control and Prevention of Coronavirus Disease 2019 \(COVID-19\) in Nursing Homes-REVISED \(PDF\)](#) (3/13/20)
- [Guidance for Use of Certain Industrial Respirators by Health Care Personnel](#) (3/10/20)
- [Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 \(COVID-19\) in Home Health Agencies](#) (3/10/20)
- [Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 \(COVID-19\) in Dialysis Facilities](#) (3/10/20)

Centers for Medicare & Medicaid Services

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Home > About CMS > Emergency Preparedness & Response Operations > Current emergencies > Coronavirus waivers

Coronavirus Waivers & Flexibilities

In certain circumstances, the Secretary of the Department of Health and Human Services (HHS) using section 1135 of the Social Security Act (SSA) can temporarily modify or waive certain Medicare, Medicaid, CHIP, or HIPAA requirements, called 1135 waivers. There are different kinds of 1135 waivers, including Medicare blanket waivers. When there's an emergency, sections 1135 or 1812(f) of the SSA allow us to issue blanket waivers to help beneficiaries access care. When a blanket waiver is issued, providers don't have to apply for an individual 1135 waiver. When there's an emergency, we can also offer health care providers other flexibilities to make sure Americans continue to have access to the health care they need.

NEW – Waivers & flexibilities for health care providers

Learn how we're easing burden and helping providers care for Americans by offering **new waivers and flexibilities**:

- [List of Blanket Waivers \(PDF\)](#) UPDATED (4/3/20)
- [Blanket waivers of Section 1877\(g\) of the Social Security Act](#) (3/30/20)
- [Medicare IFC, Revisions in Response to the COVID-19 Public Health Emergency \(CMS-1744-IFC\)\(PDF\)](#) (3/30/20)
 - [IFC Federal Register Announcement](#) (4/1/20)
- [Graphic Overview of Flexibilities \(PDF\)](#) (3/30/20)
- [Provider Burden Relief Frequently Asked Questions \(PDF\)](#) (3/30/20)
- [Provider Enrollment Relief Frequently Asked Questions \(PDF\)](#) (3/30/20)
- [Updates for State Surveyors and Accrediting Organizations \(EMTALA and Infection Control\)](#) (3/30/20)
- [Reauthorization of PACE, Medicare Parts C and D Program, and Risk Adjustment Data Validation \(RADV\) Audit Activities \(HPMS Memo\)](#) (3/30/20)

Read our provider-specific fact sheets on **new waivers and flexibilities**:

- [Physicians and Other Practitioners \(PDF\)](#) (3/30/20)
- [Ambulances \(PDF\)](#) (3/30/20)
- [Hospitals \(PDF\)](#) (3/30/20)
- [Teaching Hospitals, Teaching Physicians and Medical Residents \(PDF\)](#) (3/30/20)
- [Long Term Care Facilities \(Skilled Nursing Facilities and/or Nursing Facilities\) \(PDF\)](#) (3/30/20)
- [Home Health Agencies \(PDF\)](#) (3/30/20)
- [Hospices \(PDF\)](#) (3/30/20)
- [Inpatient Rehabilitation Facilities \(PDF\)](#) (3/30/20)
- [Long Term Care Hospitals & Extended Neoplastic Disease Care Hospitals \(PDF\)](#) (3/30/20)
- [Rural Health Clinics \(RHCs\) and Federally Qualified Health Centers \(FQHCs\) \(PDF\)](#) UPDATED (4/1/20)
- [Laboratories \(PDF\)](#) UPDATED (4/1/20)
- [End Stage Renal Disease \(ESRD\) Facilities \(PDF\)](#) (3/30/20)
- [Durable Medical Equipment \(PDE\)](#) (3/30/20)
- [Participants in the Medicare Diabetes Prevention Program \(PDF\)](#) UPDATED (4/2/20)
- [Medicare Advantage and Part D Plans \(PDF\)](#) (2/20/20)

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Comments from April 8, 2020 CMS Call

Waiver 1135 power
Enforcement

THANK YOU !!



And now it is time for your questions

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If you billed 99201-99215 with POS 02

- Go to the online Topic or Appeals section of your MAC website
- Clerical error re-opening
- One into claim
 - Change POS from 02 to
 - Place where service would normally be performed
 - If in physician office 11
 - Add modifier 95

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RESOURCES



AOA Covid-19 Resources

www.osteopathic.org/covid-19

AOIA Webinars

<https://aoaonlinelearning.osteopathic.org/course/index.php?categoryid=40>

Telemedicine Platforms

Remote Monitoring of COVID-19 Patients

Ceras Health – <https://cerashealth.com/aoa.html> - 877-723-7277

Patients download the Ceras app and enter vitals three times a day. Readings are monitored by a Ceras RN. If the readings raise an alert, Ceras will notify the patient and provider for follow up. Consult with Ceras on your state reimbursement. No implementation fee for AOA members

Free COVID video consultations

Bluestream Health is offering AOA members free access to HIPAA-compliant video sessions with patients during the COVID-19 crisis. Bluestream will create a platform for the provider to send a secure invite to your patient via text or email. The patient clicks on the link to begin a HIPAA-compliant video session with provider. Email membervalue@osteopathic.org to receive the link.

Find links at osteopathic.org/membervalue
Questions? membervalue@osteopathic.org

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Questions & Answers

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THANK YOU

