

Telemedicine-COVID-19

Topic of Research:

What codes can be submitted for telephone services?

Resources

Title	Link/Location of Resource
MEDICARE TELEMEDICINE HEALTH CARE PROVIDER FACT SHEET as of 3-17-20	https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet
Coverage and Payment Related to COVID-19 Medicare	https://www.cms.gov/files/document/03052020-medicare-covid-19-fact-sheet.pdf
Telehealth Benefits in Medicare are a Lifeline for Patients During Coronavirus Outbreak	https://www.cms.gov/newsroom/press-releases/telehealth-benefits-medicare-are-lifeline-patients-during-coronavirus-outbreak
CMS R3929CP	https://hcpcs.codes/g-codes/G2010/
CMS TelehealthSrvcsfctsh	G:\MD Education\CMS_Research References\Research\Telemedicine
ACEP Telemedicine	G:\MD Education\CMS_Research References\Research\Telemedicine

Summary

CPT/HCPCS Codes and RVU value	Findings	How it will affect USACS?
HCPCS Codes G0425-G0427 RVU value 3.82-5.68	<ul style="list-style-type: none"> Telehealth consultation, emergency department or initial inpatient, communicating with the patient via telehealth <ul style="list-style-type: none"> Problem focused: Problem focused history and examination, with straightforward medical decision making Detailed: Detailed history and examination, with moderate medical decision making complexity. Comprehensive: Comprehensive history examination, with high medical decision making complexity. 	<ul style="list-style-type: none"> As of 03-17-20 CMS announced a waiver Effective for services starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth services furnished to patients in broader circumstances. Medicare will make payment for Medicare telehealth services furnished to beneficiaries in any healthcare facility and in their home.
CPT Codes 99281-99285 RVU value 0.64-4.91	<ul style="list-style-type: none"> Emergency department visit for the evaluation and management of a patient, which requires 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status 	<ul style="list-style-type: none"> Possibly bill these codes with an 02 place of service to payors other than Medicare
HCPCS Codes G2012, G2010 RVU value 0.26, 0.37	<ul style="list-style-type: none"> Medicare pays for “virtual check-ins” for patients to connect with their doctors without going to the doctor’s office. These brief, virtual check-in services are for patients with an established relationship with a physician or certain practitioners where 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 appointment available). G2010 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 	<ul style="list-style-type: none"> Not applicable to ED patient’s, but may apply for our urgent care sites as we can determine new vs. established

	<ul style="list-style-type: none"> • 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 	
CPT E/M 99441-99443 RVU value 0.37-1.10	<ul style="list-style-type: none"> • Telephone E/M service by a physician or other QHP who may report E/M services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days or leading to an E/M service or procedure within the next 24 hours(5-30 min. discussion) 	<ul style="list-style-type: none"> • Not applicable to ED patient's, but may apply for our urgent care sites as we can determine new vs. established
CPT E/M codes 99421-99423 RVU value 0.37-1.21	<ul style="list-style-type: none"> • Online digital E/M service, for an established patient, for up to 7 days, cumulative time during 7 days (5-21 or more minutes) • Reported once during a 7 day period • Are patient-initiated services that require a physician or other QHP's E/M...the patient is an established patient via HIPAA compliant secure platform 	<ul style="list-style-type: none"> • Not applicable to ED patient's, but may apply for our urgent care sites as we can determine new vs. established

From ACEP: “Non-Medicare payors may want you to report telemedicine service using Medicare’s HCPCS codes (G0425-G0427) or the regular ED E/M CPT codes with modifier GT. You are advised to contact your local carrier for final instructions on billing telemedicine services”

Documentation

Each patient would be registered, and the encounter would be documented and/or downloaded into the hospital EMR (instructions would need to come from the facility). Best practice documentation should also include a statement that the service was provided through telehealth, location of the patient and the provider, and the names and roles of any other persons participating in the telehealth service. The encounters will be coded based on the documentation requirements for the G-code visits as well as the ED levels of service, dependent on the payor.

Conclusion

Effective for services starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth services furnished to patients in broader circumstances. These visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits. Medicare will make payment for professional services furnished to beneficiaries in all areas of the country in all settings. Medicare will make payment for Medicare telehealth services furnished to beneficiaries in any healthcare facility and in their home.

Are there any remaining questions?

Will commercial payors follow the above updates?

Who needs to be informed of this information:

USACS leaders, EMR integrations, Coding, Business Systems Group