TELEHEALTH VISITS, VIRTUAL VISITS AND TELEPHONE VISITS DURING COVID-19 PUBLIC HEALTH EMERGENCY (PHE)

MEDICAL GROUP OF THE CAROLINAS (MGC)
SPARTANBURG REGIONAL HEALTH CARE SYSTEM
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The Centers for Medicare & Medicaid Services (CMS) lifted Medicare restrictions on the use of telehealth services during the COVID-19 emergency. Key changes were effective March 1, and will last throughout the national public health emergency.

Telehealth Visits

Telemedicine is defined as a "two-way, real-time interactive communication between a patient and a physician or non-physician practitioner at a distant site through telecommunication equipment that includes, at a minimum, audio and visual equipment."

Use Regular E/M Codes, i.e., 99201-99215

MGC Telehealth Providers: Physicians, Nurse Practitioners, Physician Assistants, Nurse Midwives

- ***CMS is allowing Telehealth for New and Established patients during PHE***

MGC New Patient Requirements

New patients to SRHS (without signed consent in Epic within last 36 months) need to complete packet including consent to treat

Telehealth services are available in all locations during the PHE:

- *A doctor's office*
- *A hospital*
- *A patient's home*
- *A Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC)*
- *A skilled nursing facility*
- *A community mental health center (if substance use disorder or co-occurring mental health disorder, can get from home)*

Technical Requirements:

- **Microsoft Teams** is the authorized MGC platform for Telehealth visits at this time

General Telehealth Services Offered by MGC

- *E/M Visits, New (covered during PHE) and Established Patients (99201-99215)*
- *Medicare Annual Wellness Visits (Only Medicare AWV's G0438 and G0439, IPPE not covered)*
- *Transitional Care Management (TCM)*

CODING LEVEL OF SERVICE FOR TELEHEALTH

On an interim basis, during PHE, CMS has revised its policy to specify allowances in documentation requirements:

OFFICE/OUTPATIENT E/M level selection for services furnished via telehealth can be based on either **MDM** or **Time**

- Time includes all the time associated with the E/M on the date of the visit; i.e., record review, visit time, documentation time, orders, prescriptions, etc.
- (>50% time spent counseling does not apply in this circumstance)
- If using Medical Decision Making to choose level of service, Time is not required
- CMS is removing any requirements regarding documentation of history and/or physical exam in the medical record and expects providers will document as necessary to ensure quality and continuity of care

Typical Times

New and Established Patients

99201 10	***99212 10***
99202 20	***99213 15***
99203 30	***99214 25***
99204 45	***99215 40***
99205 60	

Frequently Asked Question

Q: Are the telehealth services only limited to services related to patients with COVID-19?

A: No. The statutory provision broadens telehealth flexibility without regard to the diagnosis of the patient. This is a critical point given the importance of social distancing and other strategies recommended to reduce the risk of COVID-19 transmission, since it will prevent vulnerable beneficiaries from unnecessarily entering a health care facility when their needs can be met remotely. For example, a beneficiary could use this to visit with their doctor before receiving another prescription refill. However, Medicare telehealth services, like all Medicare services, must be reasonable and necessary under section 1862(a) of the Act.

Q: How long does the telehealth waiver last?

A: The telehealth waiver will be effective until the PHE declared by the Secretary of HHS on January 31, 2020 ends.

VIRTUAL VISITS

99421-99423

(On-line Digital E/M, i.e. MyChart)

Providers Eligible to Use Codes: Physicians, Physician Assistants, Nurse Practitioners, Clinical Nurse Specialists, Certified Nurse Midwives

Code Requirements:

- Nonface to face visit via a HIPAA compliant secure platform (MyChart)
- Patient-initiated communications and verbal consent required
- Includes subsequent communication with the patient through online, telephone, email, or other digitally supported communication
- Does not include work done by clinical staff
- Service should be made part of permanent record and must include the total time spent

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**

99422: Online digital evaluation and management service, for an established patient, for up to 7 days cumulative time during the 7 days; **11– 20 minutes**

99423: Online digital evaluation and management service, for an established patient, for up to 7 days cumulative time during the 7 days; **21 or more minutes**

Best Practice Approach

To bill the service the day it is provided rather than waiting until the end of the 7 -day period, unless you have another phone call scheduled with the patient or are waiting on test results, etc. in order to complete the visit.

***Some Activities Included in Code**:*

- ✓ *review of patient records or data pertinent to assessment of the patient's problem*
- ✓ *discussions with patient surrounding the patient's presenting problem*
- ✓ *development of treatment plan*
- ✓ *generation of prescriptions or ordering and/or reviewing of tests*

Additional requirements:

- *If E/M service within the last 7 days, these codes may not be used for that problem*
- *If the inquiry is about a new problem (from the problem addressed at an E/M service in the past 7 days), code may be reported*
- *Service is bundled into a face to face E/M service if E/M is done within 7 days, in this case, add time of phone call (or use MDM) and roll it into the E/M service, but both services should not be reported*
- *Service is normally only reportable for established patients (during PHE, covers new patients as well)*
- *Service may not be billed by surgeons during the global period.*

TELEPHONE VISITS (AUDIO ONLY)

99441-99443

Providers Eligible to Use Codes:
Physicians, Physician Assistants, Nurse Practitioners, Clinical Nurse Specialists, Certified Nurse Midwives

99441	**5-10 minutes of medical discussion**
99442	**11-20 minutes of medical discussion**
99443	**21-30 minutes of medical discussion**

Code Requirements:

- *Services initiated by the patient, parent or guardian*
- *Per CMS, it is expected that during the public health emergency, practitioners may need to notify the patient of their availability*
- *Service may not be reported if in follow-up for an E/M visit within the past 7 days*
- *Service may not be provided if i results in an E/M visit in the next 24 hours, or next available appointment*
- *Service is time-based, therefore total time must be included in the documentation*
- *This service is normally only for established patients (during PHE, new patients are covered)*

Executive Leadership and Roles

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For Coding and Documentation Questions, please contact (underline first in email) at _MGC Coding Question@srhs.com