

# ANSWERS TO WEBINAR QUESTIONS

## COVID-19 SUPPORT: HOW TO BILL FOR EXPANDED TELEHEALTH SERVICES

### **So you are saying we cannot bill a facility fee if the patient is calling from home, even during this waiver?**

Correct, if the patient is calling from their home and not an actual healthcare facility, the originating site fee should not be billed. Since the expansion of telehealth services due to COVID-19, CMS has not given any additional guidance, so previous rules would apply.

### **In billing the 85 Temporary code under original POS with modifier 95. Under provider based location are the split charge on the UB to be billed? If so, does it need to be RevCode 780?**

If the patient's originating site is their home and not a healthcare facility, the Q3014 would not be billed. In the described scenario, only a distant site fee would be billable.

### **Is there any information regarding the waiver of cost sharing collection requirements in relation to Medicare bad debt reporting?**

Since the OIG issued the policy statement on 3/17/2020, there hasn't been any guidance published relating to the impact of Medicare bad debt reporting if a provider chooses to reduce or waive cost share. I anticipate more information becoming available in the coming weeks.

### **What about preventative services? Wellchild exams for example?**

In looking at the updated list of covered telehealth services, well-child exams are not listed at this time.

### **Is it only the new services that get the POS 11 and mod 95?**

The new list of 85 codes do require the modifier 95. The POS is based on how the service would have been billed prior to the PHE. For example, if you're billing for 99281 then you would use POS 23.

### **Are we able to bill 992xx for telephone calls only with medicare patients? or use 99441-99443 codes?**

CMS prefers providers to use 992XX codes as indicated in the List of Telehealth Services. The code range 99411-99443 is not included in the list.

### **Am I correct in understanding that Telehealth is no longer video only?**

Yes, CMS advised on their MLN Connects issue, dated 3/31/2020 that providers are able to conduct telemedicine visits with patients that only have audio capability.

## **What if you are collecting the specimen from the patient while they are in their car in the clinics parking lot?**

There is an excellent info-graphic that the AMA put out regarding billing for COVID-19 tests. We included a link to this document on the resource page of the slide deck. To recap, you can bill 99001 for the specimen collection. This would be billed on 1500 with POS 15 for a drive thru that's not in close proximity of another hospital department or clinic. Remember, since this is a unique situation, providers are required to append modifier CR to indicate catastrophe related.

## **Does the patients verbal consent need to be added to the patients note in order for the visit to be billed out?**

CMS does not require informed consent from the patient prior to traditional telehealth delivered service; however different Medicaid and state requirements could be in place. E-visits and virtual check-ins do require the patient to verbally consent and this consent must be in the chart

## **Do you these updates apply to Rural Health Clinics too?**

Historically, RHCs/FQHCs were unable to bill as a distant site and were limited to providing and billing as an originating site for telehealth services. The Department of Health and Human Services has drafted an interim final rule with comment period, CMS-1744-IFC that will be publish in the Federal Register on 4/6/2020. This final rule includes regulatory revisions in response to the COVID19 PHE; among these revisions was an expansion for RHCs and FQHCs to bill as a distant site.

The following link will take you to the document

<https://s3.amazonaws.com/publicinspection.federalregister.gov/2020-06990.pdf>

Please review pages 85-90 under Section L. Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)

In Summary:

- RHCs and FQHCs are able to provide and bill for telehealth services as a distant site during this PHE.
- The new/established patient requirement is waived.
- This exception is effective for service dates 3/1/2020 throughout the PHE
- Expansion is currently limited to 3 additional codes: 99421-99423
  - 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)
- Requirement for beneficiary consent prior to receiving services is temporarily waived; consent can be obtained when services are furnished. IMPORTANT: consent must be obtained in order to bill for services

CMS has not provided billing guidance for this expansion yet; however I would expect this to be published quickly.