

From: Bobbi Buell bobbibuell1@yahoo.com@ccsend.com
Subject: BREAKING NEWS: Trump Administration Waives Telehealth Rules! AMA Develops Testing Code!
Date: March 17, 2020 at 12:00 PM
To: director@anco.org

BB

E-Reimbursement Newsletter

Issue: 4 Volume: 30

March 2020



This morning, President Trump and Administrator Verma issued new rules for Telehealth and waived many of the arcane provisions we have seen for years. The article below comes from the CMS Fact Sheet. We took out some of the unnecessary language and highlighted it for you. We also added a few clarifying comments. We are still in a state of flux, but are trying to get a handle on all of the implications of this new rule. So, know that all of this may be clarified further...

Emergency Waiver: Telehealth Rules Changed!!!

INTRODUCTION:

The Centers for Medicare & Medicaid Services (CMS) has broadened access to Medicare telehealth services so that **beneficiaries can receive a wider range of services from their doctors without having to travel to a healthcare facility**. CMS is expanding this benefit on a **temporary and emergency basis** under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act. The benefits are part of the broader effort by CMS and the White House Task Force to ensure that all Americans – particularly those at high-risk of complications from the virus that causes the disease COVID-19 – are aware of easy-to-use, accessible benefits that can help keep them healthy while helping to contain the community spread of this virus.

EXPANSION OF TELEHEALTH WITH 1135 WAIVER: Under this new waiver, Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence starting March 6, 2020. A range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, will be able to offer telehealth to their patients. Additionally, the HHS Office of Inspector General (OIG) is providing flexibility for **healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs**.

Prior to this waiver Medicare could only pay for telehealth on a limited basis: when the person receiving the service is in a designated rural area and when they leave their home and go to a clinic, hospital, or certain other types of medical facilities for the service. This applies to Evaluation and Management services, not to Virtual Codes as described below.

Even before the availability of this waiver authority, CMS made several related changes to improve access to virtual care. In 2019, Medicare started making payment for **brief communications or Virtual Check-Ins, which are short patient-initiated communications with a healthcare practitioner. Medicare Part B separately pays clinicians for E-visits, which are non-face-to-face patient-initiated communications through an online patient portal.**

Medicare beneficiaries will be able to receive a specific set of services through telehealth including

Medicare beneficiaries will be able to receive a specific set of services through telehealth including evaluation and management visits (common office visits), mental health counseling and preventive health screenings. This will help ensure Medicare beneficiaries, who are at a higher risk for COVID-19, are able to visit with their doctor from their home, without having to go to a doctor's office or hospital which puts themselves and others at risk.

TYPES OF VIRTUAL SERVICES:

There are **three main types of virtual services** physicians and other professionals can provide to Medicare beneficiaries summarized in this article and available through Medicare: **Medicare telehealth visits, virtual check-ins and e-visits.**

TYPE 1: 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 that permits real-time communication between the distant site and the patient at home. Distant site practitioners who can furnish and get payment for covered telehealth services (subject to state law) can include physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians, and nutrition professionals.**

It is imperative during this public health emergency that patients avoid travel, when possible, to physicians' offices, clinics, hospitals, or other health care facilities where they could risk their own or others' exposure to further illness. Accordingly, the 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. To the extent the waiver (section 1135(g)(3)) **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.**

KEY TAKEAWAYS:

- 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.
 - Starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for **professional services furnished to beneficiaries in all areas of the country in all settings.**
 - While they must generally travel to or be located in certain types of originating sites such as a physician's office, skilled nursing facility or hospital for the visit, 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 beneficiaries in any healthcare facility and in their home.**
 - The Medicare coinsurance and deductible would generally apply to these services. However, the HHS Office of Inspector General (OIG) is providing flexibility **for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.**
 - To the extent the 1135 waiver requires an established relationship, **HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.**
 - Billing requirements other than those that have been waived are included in this [telehealth services document](#).

TYPE 2: VIRTUAL CHECK-INS: In all areas (not just rural), **established Medicare patients in their home may have a brief communication service with practitioners via a number of communication technology modalities including synchronous discussion over a telephone or exchange of information through video or image. 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.

Medicare pays for these "virtual check-ins" (or Brief communication technology-based service) for patients to communicate with their doctors and avoid unnecessary trips to the doctor's office. **These virtual check-ins are for patients with an established (or existing) 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). The patient must verbally consent to receive virtual check-in services. The Medicare coinsurance and deductible would generally apply to these services.**

Doctors and certain practitioners **may bill for these virtual check in services furnished through several communication technology modalities**, such as telephone (HCPCS code G2012). The practitioner may respond to the patient's concern by telephone, audio/video, secure text messaging, email, or use of a patient portal. Standard Part B cost sharing applies to both. In addition, separate from these virtual check-in services, captured video or images can be sent to a physician (HCPCS code G2010).

KEY TAKEAWAYS:

- **Virtual check-in services can only be reported when the billing practice has an established relationship with the patient.** We thought this might get waived. It did not.
- This is not limited to only rural settings or certain locations.
- Individual services need to be agreed to by the patient; however, practitioners may educate beneficiaries on the availability of the service prior to patient agreement.
- 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.
- **Virtual check-ins can be conducted with a broader range of communication methods, unlike Medicare telehealth visits, which require audio and visual capabilities for real-time communication.**

TYPE 3: E-VISITS: In all types of locations including the patient's home, and in all areas (not just rural), established Medicare patients **may have non-face-to-face patient-initiated communications with their doctors without going to the doctor's office by using online patient portals.** These services can only be reported when the billing practice **has an established relationship with the patient.** This WAS NOT WAIVED. For these E-Visits, the patient must generate the initial inquiry and communications can occur over a 7-day period. **The services may be billed using CPT codes 99421-99423 and HCPCS codes G2061-G2063, as applicable. The patient must verbally consent to receive virtual check-in services. The Medicare coinsurance and deductible would apply to these services.**

Medicare Part B also pays for E-visits or patient-initiated online evaluation and management conducted via a patient portal. Practitioners who may independently bill Medicare for evaluation and management visits (for instance, physicians and nurse practitioners) can bill the following codes:

- 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.

Clinicians who may not independently bill for evaluation and management visits (for example – physical therapists, occupational therapists, speech language pathologists, clinical psychologists) can also provide these e-visits and bill the following codes:

- 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
- G2062: Qualified non-physician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11–20 minutes
- G2063: Qualified non-physician qualified healthcare professional assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes.

KEY TAKEAWAYS:

- **These services can only be reported when the billing practice has an established relationship with the patient.**
- This is not limited to only rural settings. There are no geographic or location restrictions for these visits.
- **Patients communicate with their doctors without going to the doctor's office by using online patient portals.**
- Individual services need to be initiated by the patient; however, practitioners may educate beneficiaries on the availability of the service prior to patient initiation.
- The services may be billed using CPT codes 99421-99423 and HCPCS codes G2061-G2063 as

- The services may be billed using CPT codes 86101-86125 and HCPCS codes G2001-G2005, as applicable.
- The Medicare coinsurance and deductible would generally apply to these services.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA): *Effective immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency. For more information: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.htm>*

AMA Releases New Testing Code for COVID-19

The American Medical Association (AMA) yesterday announced that the CPT Editorial Panel approved a new addition to the Current Procedural Terminology (CPT®) code set that will help streamline data-driven resource and allocation planning in the battle against the novel coronavirus (SARS-CoV-2) as the number of confirmed COVID-19 cases continues to rise in the United States.

“In the face of the COVID-19 pandemic, the CPT Editorial Panel has expedited approval of a unique CPT code to report laboratory testing services that diagnose the presence of the novel coronavirus,” said AMA President Patrice A. Harris, M.D., M.A. “The new CPT code assigned to the test for the novel coronavirus provides analytical advantages for tracking, allocating and optimizing resources as testing ramps up in the United States.”

For quick reference, the new Category I CPT code and long descriptor are:

87635-- Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique
The code is effective immediately for use as the industry standard for reporting of tests for the novel coronavirus across the nation's health care system. In addition to the long descriptor, CPT code 87635 has short and medium descriptors that can be accessed on the AMA website.

The AMA has not said how this interacts with CMS' HCPCS codes. Check with your MAC, if you need to bill testing.

The CPT Editorial Panel, the independent body convened by the AMA with sole authority to manage revisions to the CPT code set, expedited the code development process for the novel coronavirus test. Development, review and approval of the new CPT code involved broad input from practicing physicians, the Centers for Disease Control and Prevention (CDC) and other experts.

The AMA continues to invest in resources that keep physicians informed of the CDC's guidance and updates, including the recent launch of the [AMA's Physician's Guide to COVID-19, \(PDF\)](#) a quick-start reference to help physicians and their practices prepare for the pandemic. This is an expanded, downloadable and shareable version of resources available on the AMA's COVID-19 resource center for physicians.

Additionally, the AMA's JAMA Network™ has a comprehensive overview of the novel coronavirus—including epidemiology, infection control and prevention recommendations—available on its [JN Learning website](#).

Join Our List

It's easy to join our mailing list! Just send your email address by text message: Text CODEMISTRESS to 22828 to get started. Message and data rates may apply. Or, just click below!!

Subscribe Today



onPoint Oncology LLC | 1150 Lombard St #9, San Francisco, CA 94109

[Unsubscribe director@anco.org](mailto:unsubscribe_director@anco.org)

[Update Profile](#) | [About Constant Contact](#)

Sent by bobbibuell1@yahoo.com in collaboration with

