

## Webinar Recording: COVID-19 and the CV Service Line: Setting up Telehealth in Your Office - Part 2

### Q&A

Question Asked	Answer Given
Is there any difference on billing for a provider based clinic?	If the patient is at home - no facility code. Billing for POS 02 telehealth - EM visit code for professional service only.
Would you consider sharing/distributing the coding sheet on page 18 in an excel format so that we can easily tailor it for our local practice?	Webinar materials available here: <a href="https://www.medaxiom.com/resource-center/cvsl-strategy-and-business-development/webinar-recording-covid-19-and-the-cv-service-line-setting-up-telehealth-in-your-office-part-2/?back=ResourceCenter&amp;lpct=MjYuYS4yMDIwLTAzLTl3">https://www.medaxiom.com/resource-center/cvsl-strategy-and-business-development/webinar-recording-covid-19-and-the-cv-service-line-setting-up-telehealth-in-your-office-part-2/?back=ResourceCenter&amp;lpct=MjYuYS4yMDIwLTAzLTl3</a> This was created specifically for Ascension for their payers - serves as a reference.
Can "incident to" be billed in a telehealth setting? How would the supervision requirement be met?	Incident to rules do not apply to telehealth services, you should bill TH under your APP's NPI
What does "Initiated by an established patient mean?"	Virtual and e visit services are described by CPT coding as patient initiated for established patients. CMS stated providers may inform the patient of the services for this requirement prior to their consent.
Can you make Linda's virtual template available to us	Webinar materials available here: <a href="https://www.medaxiom.com/resource-center/cvsl-strategy-and-business-development/webinar-recording-covid-19-and-the-cv-service-line-setting-up-telehealth-in-your-office-part-2/?back=ResourceCenter&amp;lpct=MjYuYS4yMDIwLTAzLTl3">https://www.medaxiom.com/resource-center/cvsl-strategy-and-business-development/webinar-recording-covid-19-and-the-cv-service-line-setting-up-telehealth-in-your-office-part-2/?back=ResourceCenter&amp;lpct=MjYuYS4yMDIwLTAzLTl3</a> This was created specifically for Ascension for their payers - serves as a reference.
How do you keep patients from getting your personal phone number is you use facetime?	Google has the capability to facetime as a general account vs a personal cell number
Would Cigna pay for E/M 99211-99215? Or just G2012 and 99421?	Please visit the Medaxiom HUB their is a Cigna document available: <a href="http://www.medaxiom.com/clientuploads/Tools/Cigna-COVID-19-Billing-Guidance-for-Providers-3-18.pdf">http://www.medaxiom.com/clientuploads/Tools/Cigna-COVID-19-Billing-Guidance-for-Providers-3-18.pdf</a>
Can we bill "incident to" for our extenders?	Incident to rules do not apply to telehealth services, all i would add -- is why bother -- bill this under your APP's NPI
Don't you need the physical exma for a new patient?	you need to follow the documentation rules for the payer you are billing under
How do you do consents virtually?	Verbal consents are acceptable
We're not in an active outbreak zone, but striving to be safe. Are practices across the country cancelling all non-urgent office visits and moving to telehealth for those patients if possible?	Yes, largely moving to virtual or telehealth services
Can you please provide the flow chart as a pdf handout?	Slides from the webinar are available here: <a href="https://www.medaxiom.com/resource-center/cvsl-strategy-and-business-development/webinar-recording-covid-19-and-the-cv-service-line-setting-up-telehealth-in-your-office-part-2/?back=ResourceCenter&amp;lpct=MjYuYS4yMDIwLTAzLTl3">https://www.medaxiom.com/resource-center/cvsl-strategy-and-business-development/webinar-recording-covid-19-and-the-cv-service-line-setting-up-telehealth-in-your-office-part-2/?back=ResourceCenter&amp;lpct=MjYuYS4yMDIwLTAzLTl3</a>
Can you comment in the recent announcement about removal of licensure restrictions? Or is it coming in the legal part 4?	This is about removing barriers so physicians can cross state lines -- so if your pt is in Indiana and the provider is IL -- the rules for licensing have been relaxed. Just a reminder to check with your malpractice carrier
The last handout said appointment or procedure. Is that still the case?	Cannot lead to a face to face encounter/service in 24hrs
can you share that list of hipaa compliant video that you were just talking about	See the last slide includes HIPAA compliant sites: <a href="https://www.medaxiom.com/resource-center/cvsl-strategy-and-business-development/webinar-recording-covid-19-and-the-cv-service-line-setting-up-telehealth-in-your-office-part-2/?back=ResourceCenter&amp;lpct=MjYuYS4yMDIwLTAzLTl3">https://www.medaxiom.com/resource-center/cvsl-strategy-and-business-development/webinar-recording-covid-19-and-the-cv-service-line-setting-up-telehealth-in-your-office-part-2/?back=ResourceCenter&amp;lpct=MjYuYS4yMDIwLTAzLTl3</a> CMS has waived the HIPAA requirements and facetime, skype or acceptable.
Referring to "Patient Initiated," our clients refer to the fact that patients submitting responses or communications that require intervention - they are using that communication as "patient initiated."	Correct - patient initiates a response or communication would meet this definition.
for scenario 3 Does medicare require at GT modifier code or just -02?	Just 02 for Medicare
In a hospitalized patient, if you communicate with them via a video link and don't physically touch them, does that qualify as telemed? For instance, if you are outside the door to the patient's room but talking to them via a video feed, is that telemed?	this was included in the waiver -- you can use them in the hospital --we are checking but i think you need to use 02 site of service
How is HIPAA addressed if facetime is used? Does something have to be documented in the note regarding HIPAA?	CMS relaxed the HIPAA requirements, but you should always check with your malpractice carrier.
How is HIPAA addressed if facetime is used? Does something have to be documented in the note regarding HIPAA?	HPAA was relaxed by CMS during this time.
How is HIPAA addressed if facetime is used? Does something need to be documented in the note regarding HIPAA?	
can we bill for apple watch ECG strips during these visits?	Some codes available for imaging, strips, etc. generally must be FDA approved. Review G2010, 99091, 99457 requirements.
is there any way to get tele ekgs. do you have any good ways to do this? what are your suggestions?	Panelists mentioned only use of Kardia for strips.

do you think ep need to see "new primary prevention ICD" from partners? It is known to group....	let's see what the panel says-- but we were seeing them until today-- with the shelter in place we are doing urgent only
are your MA remote as well? mentioned that billable provider remote (Fry)	Some care teams are all virtual and participating in the processes of telehealth.
Is modifier CR for Catastrophe/disaster related required on the telemedicine visit?	no the orders from CMS removed the need for modifiers -- site of service 02 is what is required
In reference to which originating address (Box 32) to use, ... practitioners must use the address where they typically practice in Box 32. If they work part of the time out of a clinic and part of the time out of their home, they may use the clinic address. If they work out of their home 100% of the time, as some providers do, they must use their home address." What is the correct address?	No change in this guidance
Is there a reason NOT to use scenario 3-emergency coverage using audio and video? Patient responsibility is waived, its not time based, RVU and payment is higher.	Definitely the way folks are going since the waiver of facetime (audio/visual)
Kardia is FDA approved device	Some codes available for imaging, strips, etc. generally must be FDA approved. Review G2010, 99091, 99457 requirements.
How do we get devices like Kardia reimburses/paid for?	Some codes available for imaging, strips, etc. generally must be FDA approved. Review G2010, 99091, 99457 requirements.
What is the difference bet Telehealth visit and an e-visit?	Here are some details we've put together: <a href="https://www.medaxiom.com/clientuploads/Tools/MedAxiom_Virtual_Services_Tool_FINAL.pdf">https://www.medaxiom.com/clientuploads/Tools/MedAxiom_Virtual_Services_Tool_FINAL.pdf</a>
is it allowed to bill 99212-215 based on time for telehealth?	Yes for provider time based on the EM service and meeting all the time requirements.
How about early hospital follow up - less than 7 days post discharge?	telehealth would be OK -- the 7 day rule is for the virtual code -- G2012
Can the provider initiate the FaceTime call if the patient has previously consented and agreed to it?	you will have to make the decision -- we have decided that my virtue of being on the scheudle they have consented - we have the "approval" on the template
What is the difference in telephone plus video and virtual?	Telehealth and virtual are different, see examples in this document... <a href="https://www.medaxiom.com/clientuploads/Tools/MedAxiom_Virtual_Services_Tool_FINAL.pdf">https://www.medaxiom.com/clientuploads/Tools/MedAxiom_Virtual_Services_Tool_FINAL.pdf</a>
For those that have been conducting the telehealth - do you find that the level of billing correlates with the in office process? Or - do you find that the billing level tends to run lower than in office?	No data to date - stay tuned.
How does a practice that is Provider Based hand slit codes for charges for telehealth?	If you are billing telehealth - the professional component regular EM billable with POS 02..
I've never seen the established patient requirement, and the CMS MLN fact sheet (ICN 901705 list both new and established pt E/M in the telehealth services table.	The telehealth requirements have always been "an established relationship" but New pt codes are approved telehealth services.
So under PBB for POS 02 is is required to split bill?	No split bill for the facility if the patient is located at home for POS 02
If the provider is at home doing the telehealth visit with the patient what address is required in box 32 on the claim?	This requirement has not change (Box 32) practitioners must use the address where they typically practice in Box 32. If they work part of the time out of a clinic and part of the time out of their home, they may use the clinic address. If they work out of their home 100% of the time, as some providers do, they must use their home address."
I know telehealth visits have to have a POS of 02. What POS should be used for a Virtual Check In (G2012), or digital e-visits (99421, 99422,99423)?	Here's our current guide with details: <a href="https://www.medaxiom.com/clientuploads/Tools/MedAxiom_Virtual_Services_Tool_FINAL.pdf">https://www.medaxiom.com/clientuploads/Tools/MedAxiom_Virtual_Services_Tool_FINAL.pdf</a>
Can you update us on CMS and commercial insurance coverage for out of state telephone or virtual coverage? Thanks	Refer to MedAxiom COVID resource page: <a href="https://www.medaxiom.com/covid-19-resources/Working_on_payer_information_by_state_resources">https://www.medaxiom.com/covid-19-resources/Working_on_payer_information_by_state_resources</a> .
Doers EPIC has the capability of marking the visit as eVisit for recognition for MD by the secretaries.	This is generally done via an appointment or resource type.
Can you share the plateforms being used for the audio video eVisit	Last slide includes some resources: <a href="https://www.medaxiom.com/resource-center/cvsl-strategy-and-business-development/webinar-recording-covid-19-and-the-cv-service-line-setting-up-telehealth-in-your-office-part-2/?back=ResourceCenter&amp;lpct=MjYyYS4yMDIwLTAzLTlz">https://www.medaxiom.com/resource-center/cvsl-strategy-and-business-development/webinar-recording-covid-19-and-the-cv-service-line-setting-up-telehealth-in-your-office-part-2/?back=ResourceCenter&amp;lpct=MjYyYS4yMDIwLTAzLTlz</a>
During this time, could a fellow see a patient inpatient and have the attending complete the encounter via telemedicine if one is not available for reasons that are becoming more and more plausible?	Working on getting an answer

Is there a way to bill if a provider is taking extra precautions due to personal risk factors and they perform a telemedicine visit (meeting all requirements) while both parties are physically in clinic but in separate rooms? As I understand, this seems to be a gap in the current rules.	This has not been identified to date by the CMS waiver or emergency order.
How specific do providers need to be when documenting location, especially now when many of them are working from home? We've been advising location, town, and state for both pt and provider and having them say something like working remotely from Newtown, MA, does that work?	i am not sure if the rules will change -- but to bill telehealth you need to bill it under a point of service 02 you do not want to bill it under office site of service - does that help?
How specific do providers need to be when documenting location, especially now when many of them are working from home? We've been advising location, town, and state for both pt and provider and having them say something like working remotely from Newtown, MA, does that work? We do bill under POS 02 but we're looking for more specific clarification on the documentation guidelines to include patient location and provider location	Documentation to support patient at home, provider at home via audio/visual should suffice. No specifics other than the standard CMS telehealth guidance available.
what are you doing with MA's, are they "working" from home or ?	Some care teams are all virtual and participating in the processes of telehealth.
What states are they reimbursing at the full rates and not the facility rates for E/M's?	It is very carrier specific we will continue to put information on the MedAxiom/ACC HUB and are working on a grid by state
I thought someone stated that CMS was reimbursement was the same as an in person visit but the documentation the slides is stating that it is being reimbursed at the facility rate, can you clarify?	At this time it is at the facility rate... pushing to have reimbursed the same
regarding the phone and or video/audio visits is verbal consent acceptable as long as pts are asked and its documented in the pateint visit? can a CMA or RN obtain consent to treat or does it have to be the provider before they start their visit	MA and RNs can review the details of the visit/consent. Provider confirms in his documentation the verbal consent. This can be a check box or simple sentence.
Does the CMS waiver have a time period limit? E.g. when this crisis is over?	Not that i have seen
how can we take vitals?	Not required .... However their is technology available for "telehealth",we have also had patient and family take BP and weights as we need -as we need this for some of the assessment
What's the diff between using 99211-99215 vs 99421-?	99211-99215 would need to meet telehealth requiriements to bill. 99421-23 are virtual existing codes for portal visits for example
Will they pay the same amount like face to face 99211-99215	For Medicare -- if you follow all the rules and bill with site of service 02 --for Medicare
UNDER SCENARIO 3.. WHAT ABOUT CONSULT/NEW PT.CODES???	This particular example references established visit codes and instructions/workflow for Ascension (Linda's group) that they are using. They are seeing new patients face to face. Consult codes are not recognized by CMS.
For our older patients that may not have a computer at home can phone visit be enough???	Billing the virtual visits for telephone only is accepted
We all want to keep our staff employed. How could this change staffing level needs? How can we still use our nurses and assistants in this format?	You need them to tee up the patient prior to the physician getting on the phone. They will still take history, med rec, etc. before the physician or APP starts their encounter.
Will you be sending these slides to our registered email accounts? Or will they be accessible online?	Available here: <a href="https://www.medaxiom.com/resource-center/cvsl-strategy-and-business-development/webinar-recording-covid-19-and-the-cv-service-line-setting-up-telehealth-in-your-office-part-2/?back=ResourceCenter&amp;lpct=MjYuYS4yMDIwLTAzLTl3">https://www.medaxiom.com/resource-center/cvsl-strategy-and-business-development/webinar-recording-covid-19-and-the-cv-service-line-setting-up-telehealth-in-your-office-part-2/?back=ResourceCenter&amp;lpct=MjYuYS4yMDIwLTAzLTl3</a>
what if the telehealth appointment is initiated then due to technology failure, the exam was halted and rescheduled for 3 days later. will that E/M code still apply?	for an established patient the exam is not required if you document HPI, some history/ROS and medical decision making.
Is verbal consent for a telemedicin visit sufficient or does it need to be a written consent?	Verbal is approved from a billing perspective and the CMS guidelines
do we need to add Mod GT to Televisit or for Video visit?	No -- waivers are in place for now -- For Medicare
what do you mean "initiated by an Established Patient?", the patient has to call first?	Telehealth applies to a patient with an established physician or group relationship. With the CMS waiver for the emergency they have stated discretionary enforcement on this - therefore some programs are seeing new patients.
Face time, provider phone number privacy, how is it possible? Need to get a new phone line?	we have signed all our providers up with a "fake" google email account -- you then change your iphone to use that email for all we use it for FT (apple) and google duo (androids)

These codes are far less \$\$ payable than if using an formal virtual visit correct? We use hitech docs for our virtual visits. those would be e&m regular visits . just verifying	<a href="https://www.medaxiom.com/clientuploads/Tools/MedAxiom_Virtual_Services_Tool_FINAL.pdf">https://www.medaxiom.com/clientuploads/Tools/MedAxiom_Virtual_Services_Tool_FINAL.pdf</a> This document has details on payments.
Can calling back results be billed as a telephone only encounter if the call is from a physician or APP?	If the provider billed for the test and interpretation - results would not be separately billable if the call is only to deliver results. If the provider contacts the patient via phone to discuss care/treatment changes, etc. you could consider the G2012 for Medicare or the codes for commercial based on time/just telephone.
Do we document the time of the full audio/visual encounter or just the physician time with the patient? Ex: If we have a MA initiate the call and do some brief assessments does this count toward total time?	Billable clinician time only
What are the reimbursement for telehealth?	<a href="https://www.medaxiom.com/clientuploads/Tools/MedAxiom_Virtual_Services_Tool_FINAL.pdf">https://www.medaxiom.com/clientuploads/Tools/MedAxiom_Virtual_Services_Tool_FINAL.pdf</a> We have added the national rates,in essence - about the same as a "normal" E&M -- this is why most of us want to use them instead of the virtual code
Is CPT 99421-99423 for scheduled follow up virtual visits? E+Ms are for Emergency virtual visits?	99421-99423 are for portal/digital visits - EMs are available through telehealth.
What is AmWell in Scenario 4?	Specific to Ascension workflow and processes.
on slide 11 it states to use modifier GT. Medicare had stopped requiring this modifier. Should it just be used on all other insurances?	Sorry - I should have removed. That is to institute an internal process on our end to confirm emergency tele and make any necessary site of service changes
What is the RVU rate for Telemedicine visits?	<a href="https://www.medaxiom.com/clientuploads/Tools/MedAxiom_Virtual_Services_Tool_FINAL.pdf">https://www.medaxiom.com/clientuploads/Tools/MedAxiom_Virtual_Services_Tool_FINAL.pdf</a> ,the same as your E&M codes ...but remember you must have video..
Hod do you handel rural patients who do not have computers?	you would have to use virtual codes -- unless video has been excepted by your governor
Can you set up Virtual visit with a smartphone for those without computers?	You can use a smart phone for telehealth, keep in mind facetime shows your phone number. It's best to use zoom or google to get around that issue
How does a huge practice logistically move a larg enukber of patients over night to telemedicine?	It's not easy, we have several documents I can share with you on workflow. Making it easy for your docs is the key.
We are seeing commercial payers not lifting the HIPPA compliant devices to allow use of devices such as iphone.	you can borrow our governor :) Let's see if Nicole or Linda have an idea,We are seeing in that in some markets too, everyone will need to verify with the commercial payers in their market.
How do we know provider can be at home?	site of service 02 will trigger the telehealth code,for Medicare
Please clarify what you mean by virtual, telehealth and use consistent terms so we know what is being referred to	Yes we will clarify. Telehealth = billing video/audio(phone) with regular office visit codes - place of service 02 - relaxed with CMS waiver. Virtual services are exsiting codes that are used to bill for provider telephone only communication that are time based or for portal intiated services.
What is exactly mean by "initiated by an established patient?" If they had a visit that was canceled and we call them for a virtual visit, how does that work? thanks	Virtual and e visit services are described by CPT coding as patient initiated for established patients. CMS stated providers may inform the patient of the services for this requirement prior to their consent.
real basic question: you provide audio+video telehealth visit on a medicare established patient. You feel that it is a 99213. You are at the office, patient is at home. Where is the place of service and what is submitted to Medicare with what modifier?	Place of service is 02 on the EM - to Medicare no modifier necessary
If we are billing regular E/M (99213) for telehealth with video and audio, does time still have to be documented?	It is not required for the E/M, but we are asking the clinicians to do that in case we have to change the code to one of the others - i.e. not an emergency telehealth covered payor
What is the POS code for G2012? Is it 12 for home or 11 for office?	G2012 is POS 11 for most practices
Are you aware if payors are waiving pre-auth requirements for these visits?	Payer dependent and a struggle for many as some commercials have not stop pre auth
Is there a place to get a template for consent?	Verbal consents are acceptable. Some examples in handout.
Can you use any billing for phone visit alone of time documented?	Yes - see chart for telephone audio only
Can you do telehealth visit for new patients as well.	Yes -- for now with the waiver -- for Medicare NO for virtual codes - for Medicare
If you have an iPhone can you call someone with android with FaceTime like app?	try google duo or doxy -- we did it with google duo
Please clarify question regarding new patients : it says yes we can bill telehealth codes and then no for virtual codes ? What code do you bill a new patient visit while doing telehealth then ? Also can you bill the audio only codes for a new visit ?	Telehealth requires audio/visual. You may with the CMS waiver at this time bill telehealth services EM codes 99201-99215. Virtual G-codes for example are for established patients only.
So Medicare without video is limited to G2012, which is 0.25 RVU	Yes or unless you are meeting portal codes mentioned 99421-99423
So the maximum (only) code for a Medicare Telehealth (audio only) established visit is G2012, which is minimum 5 minutes and worth 0.25 RVU?	G2012 is a virtual visit - not telehealth based on time- phone only correct on wRVUs, etc. for Medicare patients.