

Webinar Recording: COVID-19 and the CV Service Line: Operationalizing Telehealth Visits and Virtual Services – Part 3

Q&A

Question Asked	Answer Given
Facetime is allowed currently for Medicare, but can you do it with commercial insurances too? If no video is an option, can you see a new patient via phone call? Are telephone calls bill the same way telehealth is billed if no video is available? Ex 99201-99215	Commercial coverage/guidance varies, however most are allowing Facetime, etc. There is no option currently available for a new pt. via phone/audio only. Virtual visit codes are used for phone only visits - not the same as telehealth service codes.
Any statistics on percent decrease in office visits?	See the webinar presentation PDF
Are all insurances allowing providers to bill that have not previously for telehealth?	Commercial coverage/guidance varies, however most are expanding coverage.
Can 99358 be billed with 99441-3 phone visits?	CMS does not cover 99441-43 only commercials and there guidance for coverage varies.
can the doctor call the pt for the virtual consult instead of pt initiating it?	Yes, explain the details to the patient and obtain verbal consent.
Can the telephone visit be billed if a physician is calling back test results?	Only if the provider contacts the patient via phone to discuss care/treatment changes, etc. you could consider billing G2012 for Medicare or the codes for commercial based on time/just telephone. If they are just calling back results, then no.
can we bill consult charges with telephone visit (99241-99245)	CMS does not cover 99441-43 only commercials and there guidance for coverage varies.
can we bill for Transitional Care Management charge (99495, 99496) with Video or Telephone Visit?	TCM is on the approved telehealth service list which requires audio and video.
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Can we bill the G2012 and G20213 for check in by MA & code 99212 for visit by provider?	G2012 is virtual visit code billable only for provider time.
Can we bill the G2012 for check in by MA & code 99212 for visit by provider?	No, a MA is not a qualified healthcare professional. The G code is for a phone call not just checking in the patient.
Can we code anything for the chart prep on this work for any of the telehealth codes?	No available codes I am aware of approved for telehealth for charp prep non provider time.
Can you clarify the incident two issues? Unsure what the difference is between app and MD/DO billing with video and telephonic visit.	No incident to with telehealth vists, please refer to the Virtual Service Coding Tool available in the MedAxiom COVID-19 page: https://www.medaxiom.com/covid-19-resources/
Did she say new patients can now be seen by telehealth	With the waiver -CMS with the waiver they will have policy enforcement discretion. New pt codes are approved telehealth services.
Do providers have to apply to the payers to utilize telehealth services?	Varies by payers - check with state payers.
Do standard incident to requirements apply to telehealth visits?	Incident to does not apply
Do we need to get a consent with every virtual visit or is 1 consent in the chart sufficient for a period of time?	No specifics on frequency of consents recommend including in documentation for visits.
does both provider and consulting MD bill in case of e-consult? Yes or No?	Each bills their own code, please refer to the Virtual Service Coding Tool available in the MedAxiom COVID-19 page: https://www.medaxiom.com/covid-19-resources/
does the pt need to initiate the phone visit or can the provider call the pt once the need for phone visit is determined?	Provider may inform the patient of details - obtain verbal patient consent.
how about hospital visits consults and admit?	Depending on if these are being done via telehealth. Telehealth has an approved list of services if supported.
How are documenting the physical exam requirements for the new patient E&M codes by telehealth facetime?	Providers using visual exam by sx. Example included in handout.
How are you documenting the physical exam requirement in a new patient E&M for telehealth such as facetime?	Providers are using visual exam by sx. Example included in handout. Some are billing based on time for new pts.
How would you bill for a hospital inpatient COVID patient where you were both consulted and then performing daily visits, without going into the patients room?	Depending on if these are being done via telehealth. Telehealth has an approved list of services if supported.
I get that but when you mention MA, why not mention RN as well b/c they are not out of the physician's office completely, right?	Because most groups are not using RNs to "room" a patient virtually. This would apply to MA, LPN, RN.
I missed one of these webinars. Are they recorded even if I'm not a member at this time?	COVID-19 webinar recordings are open to all and available here: https://www.medaxiom.com/covid-19-resources/
If the MD is doing a lot of non-face-to face work to prepare for the telehealth visit, do you recommend billing prolonged services codes for non-face-to-face time?	Codes must be on the approved list for telehealth services.
If we are billing telehealth video/audio call and using pos 2 for telehealth. What location will go in box 32 of the HCFA? is this still going to be the providers location or Telehealth with no address?	This requirement has not changed (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."
IS Doxy.me a Synchronous telehealth access so we can add a GT modifier for Medicare?	doxy.me is acceptable with the waiver - GT modifier not required by CMS if POS 02 used.
Is it the recommendation to use the virtual check in Code G2012 vs. the telephone calls due to reimbursement issues on the standar telephone calls with Medicare? The virtual check in appears it should be use only to determine if an office visit is needed, not a normal office visit via telephone. Can you provide direction/clarification around this?	Virtual visits phone only. Telehealth use audio/video.
No one mentions Nurse but always MA; are the RN's out of all of these?	MA nor RN can bill, must be a PA, NP or MD, unfortunately.

none of the modifiers were shown?	Refer to https://www.medaxiom.com/covid-19-resources/ for presentations and CMS links.
on the e-consults do both providers bill?	The details of e-consults can be found within the MedAxiom Virtual Services Coding Tool available here: https://www.medaxiom.com/covid-19-resources/
Our APPs now have time to do phone triage and bill the Virtual Phone Only codes. We've always just done these for no charge by RN. If we decide to do this, is there a suggestion for language we might use to tell pts these calls will now be a billable service? We wouldn't do them on calls that can be handled expeditiously, just the complex ones.	No virtual visits codes billable for clinical staff time.
Our doctors are documenting a full office So for a virtual visit, it's not necessary to document all the normal E&M guidelines like you do with a telehealth visit?	Correct - refer to documentation example in handout.
Remember that you might need to check on superscripts ID's for providers so the E-prescriptions go out the door if you have made a televisit location for all visits in your EHR.	
Seeing anyone billing the ER telehealth codes?	Not at this time
so to reiterate....you are saying that if a provider has a facetime visit, the POS is 02 and the reimbursement is facility rate?	For telehealth services to date they are reimbursed at the MPFS facility rate.
We are having a great deal of difficulty getting our elderly patients to agree to virtual video visits. Any suggestions on how to better sell this? Some do not have computers or smart phones and some just do not think they can do it. We are also having a hard time getting patients to call back. They do not answer phones and then do not return the call.	Refer to handout and recofing in resource center for examples
Were there any changes made to make telephone calls (not virtual check ins) to be considered payable under Medicare? Are organization preparing to bill patients the full charge of this insurance if Medicare still considered telephone calls as non-covered?	No changes to "telephone calls". Most programs are waiving patient out of pocket cost.
what about medicaid? dose it cover telehealth ?	Check with state Medicaid many have followed CMS.
What about phone consults done with patients in the hospital? Hospitalist requests CV consult. 99446-99451 - Are we going to talk about this as well?	See handout: provider to provider consults available via phone, etc. 99451.
What insurances require a GT modifier for telehealth?	Varies by payers - check with state payers.
What is the likelihood that CMS will increase the rate of the telephone visit to be more in line with E and M codes?	No clue unfortunately
What is the Medicare faciilty rate for the visit?	See examples in handout - refer to MPFS for your state Medicare carrier.
when billing a new patient code for the telehealth visit with audio/video, does the requirements for meeting 3/3 for an E&M still need to be documented? The problem is meeting the elements for an Exam. How are others seeing new patient and handling the exam?	Some are using visual exam - example in handouts. Some are billing based on time at a lower level of service.
When will be the end date for the emergency waiver? Is that known yet?	CMS has notposted a date. Some commercials have posted anticipated end dates.