Transcript for “Medicare Billing & Coding During the COVID-19 Pandemic” – August 11, 2020 WEBVTT

1
00:00:22.824 --> 00:00:25.495
Afternoon we're going to get started in just a moment.

2
00:00:50.034 --> 00:00:50.994
Good afternoon.

3
00:00:50.994 --> 00:00:52.554
My name is Brenda Jenkins,

4
00:00:52.585 --> 00:00:56.604
so I'm a senior program administrator at health centric advisors,

5
00:00:56.604 --> 00:01:04.855
and I'd like to welcome you this afternoon to our second in our series of telehealth practice innovation during the QB,

6
00:01:04.855 --> 00:01:11.784
nineteen pandemic webinar series today.

7
00:01:11.814 --> 00:01:18.325
We're going to be talking about coding and billing guidelines under the Medicare telehealth services.

8
00:01:20.364 --> 00:01:34.885
I'm just gonna start with some housekeeping tips. All of our lines have been muted and you'll note in the bottom right hand corner of your screen. You'll see a chat box where you can submit questions or comments during the program.

9
00:01:35.185 --> 00:01:45.204
We are gonna be reserving some time at the end of the session to answer your questions but if we do not get to all of those questions, we will reach out following the session.

10
00:01:45.834 --> 00:01:55.555
We are recording today's program and we will find the recording and the slides posted on the I, pro website and here is the link to that website.

11
00:01:58.885 --> 00:02:07.614

So, for today's agenda, we're going to get the high level overview of who is talk about our telehealth series.

12
00:02:07.614 --> 00:02:15.324
And again, today's focuses on coding and billing and we'll have some time for Q and a.

13
00:02:18.775 --> 00:02:20.694
The probe may now.

14
00:02:21.985 --> 00:02:30.235
We are a federally funded under the Medicare in Medicaid versus quality innovation,

15
00:02:30.235 --> 00:02:30.745
network,

16
00:02:30.925 --> 00:02:32.395
improvement organization,

17
00:02:33.175 --> 00:02:37.944
a collaboration of different organizations of I,

18
00:02:37.944 --> 00:02:47.365
pro content sponsors in clarinet and we are led by I'm gonna ask if you are talking to please mute your line,

19
00:02:49.465 --> 00:02:51.625
you are not this time.

20
00:02:53.365 --> 00:02:58.944
We offer free resources to healthcare providers and healthcare systems of care,

21
00:03:00.085 --> 00:03:01.495
best practices,

22
00:03:01.794 --> 00:03:02.215
tools,

23
00:03:02.215 --> 00:03:04.465
resources to promote patient and family,

24
00:03:04.465 --> 00:03:05.275
engagement,

25
00:03:05.639 --> 00:03:11.335
quality improvement and we use data driven methodologies to support those innovations.

26
00:03:13.794 --> 00:03:19.044
Recover eleven States and the district of Columbia,

27
00:03:19.824 --> 00:03:22.014
and across our three organizations,

28
00:03:22.375 --> 00:03:29.574
we reach twenty percent of the nations Medicare fee for service beneficiaries.

29
00:03:31.585 --> 00:03:43.824
And again, our work is grounded in the quadruple aim of better care healthier people in communities, smarter spending and improved provider. Well, being.

30
00:03:44.875 --> 00:03:57.264
We again, use data driven approach to collaborate with providers, practitioners, stakeholders in the communities to share best practices and improve care coordination.

31
00:03:57.745 --> 00:04:01.974
And a lot of this work is grounded and promoting patient centered.

32
00:04:02.125 --> 00:04:17.095
Medical care are work is divided into two sections from one nursing home and the second is community coalitions that encompasses a large number of healthcare settings

33
00:04:17.095 --> 00:04:18.774
as you can see here on the slide.

34
00:04:19.165 --> 00:04:33.685
And there are cross cutting priority areas listed below, in program, focus areas of behavioral health, patient, safety, chronic disease management care transitions and nursing home quality.

35
00:04:36.564 --> 00:04:41.095
Today's program again is telehealth innovation during nineteen.

36
00:04:41.845 --> 00:04:55.615
The whole series is going to be featuring colleagues that work across different healthcare settings and talking about some of the innovative ways that they've implemented and use telehealth technology. What?

37
00:04:55.615 --> 00:05:06.204
Some of the best practices that they've come up with have been some of their challenges are barriers and how they've been able to mitigate those and the benefits of this work.

38
00:05:07.975 --> 00:05:15.324
This is again the second in the eight session series we are alternating on Tuesdays from one to two.

39
00:05:17.334 --> 00:05:28.134
And today's again, session is on Medicare billing, including, and we have the great fortune of having Susan Whittaker with us as a presenter today.

40
00:05:28.464 --> 00:05:39.805
Susan has more than twenty five years experience working with healthcare providers, including those and private practices hospital based settings and critical access hospitals.

41
00:05:40.345 --> 00:05:44.634
She's currently a senior program coordinator at how centric advisors,

42
00:05:44.964 --> 00:05:48.144
where she provides Mary based incentive payment system,

43
00:05:48.144 --> 00:05:55.644
technical assistance to small practices across New England and as an adjunct to our quality payment program work,

44
00:05:56.095 --> 00:06:01.404
she provides implementation and reimbursement education on other Medicare initiatives,

45
00:06:01.620 --> 00:06:04.704
such as telehealth annual wellness visit,

46
00:06:05.095 --> 00:06:05.634
Medicare,

47
00:06:05.634 --> 00:06:06.235
diabetes,

48
00:06:06.235 --> 00:06:11.214
prevention program and credit complex and transitional care management.

49
00:06:12.564 --> 00:06:25.704
Susan is a certified professional coder and certified professional medical auditor to the American Academy professional coders and without further ado, I will turn it over to Susan. Thank you.

50
00:06:30.535 --> 00:06:34.584
Thank you, Brenda and welcome. Everyone, it's a pleasure having you today.

51
00:06:35.245 --> 00:06:47.634
If you're thinking about rendering some telehealth services, then we have information for you today, or if you're already providing telehealth services are having trouble with getting your claims paid.

52
00:06:47.634 --> 00:06:47.754
Then,

53
00:06:47.754 --> 00:06:49.855
we'll also have some information for you,

54
00:06:50.964 --> 00:06:58.555
so the first thing we're gonna do is talk about the waiver fix the CMS eleven,

55
00:06:58.555 --> 00:07:07.644
thirty five waver allow patient staying at home to receive telehealth services from their providers as of March six twenty,

56
00:07:07.644 --> 00:07:08.245
twenty,

57
00:07:08.425 --> 00:07:10.464

they started the public health emergency,

58
00:07:11.185 --> 00:07:18.175
prior to this Medicare services were limited to patients in rural areas when the patient was out a clinic site,

59
00:07:18.685 --> 00:07:19.524
such as an f.

60
00:07:20.964 --> 00:07:21.564
C.

61
00:07:22.495 --> 00:07:29.245
In twenty, nineteen CMS did allow virtual check ins and telehealth services for behavioral health.

62
00:07:31.045 --> 00:07:45.745
The eleven, thirty five waiver expanded telehealth services to include all of the practitioners on this slide in all settings. So that would be positions nurse, practitioners and nurse. Midwife.

63
00:07:48.264 --> 00:07:55.045
Nurse anesthetists your dietitians and nutrition professionals and behavioral health specialists.

64
00:07:55.615 --> 00:08:07.975
The physical occupational and speech therapists were originally left off the telehealth provider services list and that error was corrected. And they were added on April thirty th.

65
00:08:11.035 --> 00:08:23.845
Other caveats to the waver are that providers may work across datelines, regardless of the state in which they're licensed. Telehealth services can be for all diagnoses. Not just Colvin. Nineteen.

66
00:08:24.954 --> 00:08:33.384
And the is allowing practices to reduce or wave deductibles or coinsurance is so if you have a patient that you're working with,

67
00:08:33.414 --> 00:08:34.794
and they need a lot of care,

68
00:08:34.794 --> 00:08:39.774

and they need frequent visits and they're really struggling to afford care,

69
00:08:39.804 --> 00:08:43.075
you are able to waive or reduce fees,

70
00:08:43.075 --> 00:08:48.355
which is something you were not able to do outside of that public health emergency.

71
00:08:50.034 --> 00:08:55.644
The evaluation and management for frequency limitations for Medicare telehealth have been removed.

72
00:08:56.034 --> 00:09:06.294
So those limitations on nursing home visits have been removed and you can see your patients in the nursing home as as often as necessary.

73
00:09:07.884 --> 00:09:20.365
For telehealth, any private facing software may be used such as Skype FaceTime Google Hangouts, or so, however consider upgrading to the HIPPA compliant versions of these platforms.

74
00:09:20.754 --> 00:09:30.684
It's a very simple thing to have a business associate agreement with these vendors and to be ready for telehealth services. Post pandemic.

75
00:09:33.534 --> 00:09:45.835
So, I'm gonna start off talking about physician office services non, although the information for those centers are sort of in dispersed throughout the slides today.

76
00:09:48.865 --> 00:10:02.695
I'm gonna talk about the modifiers there's been some confusion about these, the C. S modifier is used in a couple of ways right now it's used for testing related service.

77
00:10:03.325 --> 00:10:08.634
The testing related service refers to an encounter, rather than a lab test.

78
00:10:08.634 --> 00:10:20.424

Lab tests are paid two hundred percent anyway with these testing related services for, at which a provider determines whether, or not testing is needed or to share test results.

79
00:10:21.595 --> 00:10:31.735
The CMS modifier on a claim will wave deductible and coinsurance effective March first of twenty twenty to the end of the public health emergency.

80
00:10:32.514 --> 00:10:42.235
However, system did not update until July first, at which time began processing the claims at a hundred percent.

81
00:10:42.235 --> 00:10:49.284
So, you may have been paid, we have deductible and coinsurance do before that time.

82
00:10:49.585 --> 00:11:01.644
So if patients or ensure is had paid for those services, and then when the claim was reopened your paid again, that we would create a necessity for refunds.

83
00:11:03.294 --> 00:11:17.544
Another way to CS modifiers used is in the, these are used on the telehealth code g, twenty twenty five to indicate a preventive service has been done via telehealth such as an annual wellness visit.

84
00:11:18.450 --> 00:11:29.784
Instead of billing your g, zero four, six, eight for the annual wellness, because it, you build in g twenty, twenty five with the C. S. modifier and this claim will pay a hundred percent.

85
00:11:31.345 --> 00:11:37.014
Hayley modifier is see our catastrophe catastrophe related service.

86
00:11:37.644 --> 00:11:50.065
And this is informational on claims, so claims will pay with, or without this modifier however, this is used on E visits and online assessments.

87
00:11:50.429 --> 00:11:59.634
The, this modifier is used for services that were not allowed prior to the Kofi, nineteen public health emergency. But that can.

88
00:12:00.654 --> 00:12:07.495

Oh, it's not for use on your telehealth claims or anything that's included on medicares telehealth list.

89
00:12:09.144 --> 00:12:12.985
How about this modifier in a minute? No, the ninety five.

90
00:12:12.985 --> 00:12:18.475
Modifier is very important and that that shows that you're doing a telehealth visit,

91
00:12:18.625 --> 00:12:21.294
and you would add that to every code,

92
00:12:21.625 --> 00:12:31.674
every service that is included on medicare's telehealth list a little bit more about to see our modifier.

93
00:12:32.039 --> 00:12:34.884
If it's for replacement,

94
00:12:35.279 --> 00:12:42.715
when you are unable to actually meet the requirements that are usual for a knee replacement,

95
00:12:42.715 --> 00:12:44.875
such as the face to face requirement,

96
00:12:45.144 --> 00:12:48.235
we don't need a new physicians order medical necessity.

97
00:12:49.284 --> 00:12:59.304
Is not required and to show CMS that that you realize that you haven't been able to perform those usual requirements.

98
00:12:59.304 --> 00:13:07.975
You would add a modifier locum tenens limits are modified during the public health emergency.

99
00:13:07.975 --> 00:13:09.054
And if you do that,

100
00:13:09.054 --> 00:13:10.375

according to this description,

101
00:13:10.375 --> 00:13:10.855
here,

102
00:13:11.250 --> 00:13:19.014
you'll be able to build that anyway and use the also is used for temporary expansion locations,

103
00:13:19.440 --> 00:13:19.649
end,

104
00:13:19.644 --> 00:13:19.945
stage,

105
00:13:19.945 --> 00:13:27.085
renal disease services in the sniff and also for supplies,

106
00:13:27.085 --> 00:13:29.845
such as glucose monitors and infusion pumps.

107
00:13:30.475 --> 00:13:38.965
So, this link will have the full listing of all the C. R. and D modifiers and the descriptions of when to use those.

108
00:13:44.875 --> 00:13:58.914
All of the bread and butter services that are on this telehealth better on. This slide are included on medicare's telehealth code list. So that would be all of your new patient and establish patient office visits.

109
00:13:59.220 --> 00:14:00.054
You'll notice that.

110
00:14:00.054 --> 00:14:14.544
The nurse visit is included on CMS telehealth list as our nursing home and sniff admissions visits and discharges also new and establish assisted living codes are included on the

111
00:14:14.544 --> 00:14:15.115
list.

112
00:14:15.715 --> 00:14:23.754

There's a link to the full telehealth services list. You can also just find that by Googling Medicare telehealth services list.

113
00:14:26.815 --> 00:14:38.544
To to know what is included there. Other caveats that you need to know about is the new patient encounters are via telehealth.

114
00:14:39.595 --> 00:14:54.054
Very important to know that you want to build telehealth services to Medicare with the usual designated location where your provider would usually run to those services such as place of service eleven for the clinic.

115
00:14:54.835 --> 00:15:03.174
Even though there is a designated place of service to, for Medicaid, for telehealth services. You will not use that during this time.

116
00:15:03.570 --> 00:15:10.254
And the reason for that is that those claims with an O, to place of service will pay only at the facility rate.

117
00:15:10.524 --> 00:15:17.845
And Medicare is expecting that you to receive the full non facility rate during this public health emergency,

118
00:15:18.299 --> 00:15:27.024
so use your original place of service and then at five modify if you are in a critical access method to location,

119
00:15:27.024 --> 00:15:30.475
you would use GT for acute stroke services.

120
00:15:30.475 --> 00:15:31.764
You would use g.

121
00:15:32.095 --> 00:15:37.705
Oh and if your provider is a specialist or hospitalist,

122
00:15:37.705 --> 00:15:41.695
and you are through window services,

123
00:15:42.024 --> 00:15:44.634
even if you use audio visual technology,

124
00:15:44.664 --> 00:15:45.445
any kind,

125
00:15:45.475 --> 00:15:49.315
you still win report those services as though you were bedside.

126
00:15:50.634 --> 00:15:57.595
So, as long as the patient and the provider, or in the same location, you would bill that as a regular service.

127
00:15:59.845 --> 00:16:02.845
You may add prolong services to telehealth.

128
00:16:04.585 --> 00:16:09.684
Medicare is pointing us to use the non face to face prolonged services code range.

129
00:16:12.565 --> 00:16:15.414
Here's the screenshot of medicare's telehealth list.

130
00:16:16.735 --> 00:16:20.784
In light of the fact that some patients lack of video technology,

131
00:16:21.054 --> 00:16:22.345
or simply prefer,

132
00:16:22.345 --> 00:16:30.085
not to be on video has designated that many services maybe build as telehealth even when an audio,

133
00:16:30.085 --> 00:16:32.605
only service such as a phone call,

134
00:16:33.865 --> 00:16:34.884
or Skype,

135
00:16:34.884 --> 00:16:37.705
or zoom without the video is performed.

136
00:16:39.654 --> 00:16:51.384

So, if you go on the Medicare telehealth list, you'll notice this audio, only a column and this has a yes, for all of these behavioral health services meaning that they can be rendered via phone.

137
00:16:52.884 --> 00:17:02.664
For the public health emergency, and then the status column on the list, we'll show you what codes have been added, or temporarily for the pandemic.

138
00:17:04.255 --> 00:17:16.315
And then they're also a limitations category that will show you when paid when other limitations such as this non covered service for cycle physiological therapy.

139
00:17:20.785 --> 00:17:25.345
This is another slide of the behavioral health services that may be rendered audio only.

140
00:17:26.815 --> 00:17:38.424
So, if you're therapists are calling patients to do therapy, it's important that they know not to Bill a phone call to actually bill, the, the therapy services with the patient.

141
00:17:39.000 --> 00:17:47.724
If you want to use a place of service where the services are usually rendered, add a ninety five modifier, whether it's audio visual or audio, only.

142
00:17:49.704 --> 00:17:56.515
And if you do happen to build, having to provide just a phone call, then you would build with the telephone calls.

143
00:17:59.664 --> 00:18:12.775
Virtual check ins were payable before the public health emergency, and that continues. Now, these are not considered telehealth services. So they are not on the telehealth list.

144
00:18:12.805 --> 00:18:13.285
So,

145
00:18:13.315 --> 00:18:17.214
they do not need a ninety five modifier and basically,

146
00:18:17.214 --> 00:18:26.694

these are brief communication services with the practitioner via a number of technology modalities before CMS started,

147
00:18:26.694 --> 00:18:27.984
covering phone calls,

148
00:18:28.380 --> 00:18:29.005
phone calls,

149
00:18:29.005 --> 00:18:32.305
were included in the virtual check in and perhaps thing will be again.

150
00:18:32.640 --> 00:18:43.464
But, for now, if you're if your providers are using phone calls to connect with patients, then you'd want to build a phone call quotes because these are somewhat limited.

151
00:18:44.365 --> 00:18:57.535
So, there's a virtual check in five to ten minutes through email, secure text, or through your patient portal. And then there's also a remote evaluation of recorded images and that's the G, twenty ten.

152
00:18:58.105 --> 00:19:02.545
So, g, twenty twelve and G, twenty ten can be built in a position office.

153
00:19:02.964 --> 00:19:14.724
If you're performing, either of those services in the, you would use cheesier and one other guidelines is that these needs be initiated by the patient.

154
00:19:15.174 --> 00:19:21.265
However, you may need to let patients know that you have these services available. That's totally fine.

155
00:19:22.285 --> 00:19:29.275
You do need to receive a verbal consent you would want to document that and then is something that is required annually.

156
00:19:31.105 --> 00:19:43.375
These have frequency limitations. In other words, they can't be related to a medical visit, which was performed within the previous seven days and they may not lead to a medical visit within the next twenty four hours.

157
00:19:47.515 --> 00:19:59.275
These are for billing providers only so, in other words, these are not for nurse or medical assistant visits. There were a couple of ways to get paid for your ancillary or your clinical staff.

158
00:19:59.664 --> 00:20:05.634
Nurses may bill a nine nine to one one. If they have an audio visual encounter with the patient.

159
00:20:07.345 --> 00:20:11.815
Medical assistant work can be paid through chronic care management services.

160
00:20:12.025 --> 00:20:26.365
So if you're not rendering chronic care management services in your practices, yet, it's a really good idea to think about doing those because then you can begin to be reimbursed for services that you're already perform.

161
00:20:30.234 --> 00:20:41.214
Podiatrist and optometrists mobility services and also the place of service is we, the physician usually provide services.

162
00:20:49.704 --> 00:21:04.255
Next he visits, so these are different from virtual check ins. These are actual evaluation management services, and these are performed through your online patient portal.

163
00:21:04.914 --> 00:21:08.125
And these are build once every seven days with the cumulative.

164
00:21:09.265 --> 00:21:23.184
Realizing that sometimes you might begin an unim service for the patient on the portal, and they might not respond to you for a day or so. And it might take up to a week to accomplish service.

165
00:21:23.460 --> 00:21:34.944
So you just want to keep track of the time and then build that every seven days place of service is where the physician usually provides care and then for them to see our modifier.

166
00:21:35.095 --> 00:21:46.855

Because it is not covered outside of the public, public, health emergency. And also is not included on medicare's list so it does not need to modify or ninety five.

167
00:21:47.994 --> 00:21:56.244
This is Bill again with that sort of one stop shopping code of g zero, zero, seven one.

168
00:21:59.515 --> 00:22:02.934
Next we'll talk about services,

169
00:22:03.085 --> 00:22:17.275
these have been through many changes so it's very important if you aren't already on lists and the listserv to go to those websites and sign up for the notices that way,

170
00:22:17.275 --> 00:22:20.904
you'll be kept up to date on these changes that have happened.

171
00:22:22.134 --> 00:22:24.835
So, payment rates increased from for.

172
00:22:26.184 --> 00:22:32.065
One dollars to about forty six dollars to one hundred and ten dollars effective March.

173
00:22:32.065 --> 00:22:41.424
First of twenty twenty realized that a lot of services were happening via telephone and they wanted to make sure providers were compensated appropriate.

174
00:22:42.805 --> 00:22:55.555
But the thing to know here is it's a very important to raise your fees if necessary to capture the increased payment amount. Nds did reprocess submitted claims. But it's important.

175
00:22:55.555 --> 00:23:07.555
If you haven't charged enough to capture increased reimbursement, you may open your claim via or to raise your fee in order to capture those those amounts.

176
00:23:09.714 --> 00:23:17.694
Very good news that CMS removed the frequency limitations on these codes for the public health emergency.

177
00:23:18.029 --> 00:23:32.664
So on June, sixteen, they release the statement that whenever repeated services are necessary. These services may be performed as frequently as is necessary for patient's. Karen safety. So that's excellent. News.

178
00:23:33.535 --> 00:23:38.214
You may add non face to face prolonged service calls to these codes.

179
00:23:39.714 --> 00:23:43.704
You may render these to establish patients and new patients.

180
00:23:45.835 --> 00:23:49.734
Providers only may use these codes and you can see at the top.

181
00:23:49.734 --> 00:24:03.505
I've listed the providers that has pointed us to dietary Optometry, dentistry and then the ancillary providers are also the non physician providers are also included.

182
00:24:03.505 --> 00:24:18.204
So nurse practitioners, nurse, midwives and their specialist. It's important to know that these these four non physician providers types are also able to Bill the non physician telephone Co rages.

183
00:24:18.599 --> 00:24:22.855
However, this code range pays more. It's much easier to.

184
00:24:24.714 --> 00:24:30.954
It's much easier to bill for and track. So this is definitely to go to for those providers as well.

185
00:24:32.160 --> 00:24:41.634
Place of service is where the physician usually provides care, and you would add the ninety five modifier to these. They are on medicare's telehealth list.

186
00:24:44.009 --> 00:24:51.204
So this is the non physician telephone services code ranged ninety eight, nine, six, six to ninety nine, six, eight.

187
00:24:52.464 --> 00:24:58.315

And these types of providers may be along with the non physician practitioners,

188
00:24:58.315 --> 00:25:05.275
psychologist and speech therapist may build these along with Optometry and W,

189
00:25:06.265 --> 00:25:09.444
nutrition professionals were initially added to these.

190
00:25:09.924 --> 00:25:24.894
But then CMS removed them from these. Because they allow nutrition professionals to perform their services as does mad or a medical nutrition therapy via telephone. So they want them to use.

191
00:25:24.924 --> 00:25:30.775
They want nutrition professionals to use those codes to the services. They bill, rather than these telephone calls.

192
00:25:31.704 --> 00:25:38.994
These have these frequency limitations, build every seven days may not be related to previous or subsequent visits.

193
00:25:40.855 --> 00:25:45.204
They maybe you may call established or new patients,

194
00:25:45.954 --> 00:25:58.644
and this is a non physician provider service place of service is where the clinician usually provides care no modify or C or ninety five is needed.

195
00:25:58.644 --> 00:26:12.744
This is not on the CNS list, didn't state that they did not need to see our modifier. However, it would make sense to include to see our modifier actually, because these are not covered outside of the pandemic.

196
00:26:15.204 --> 00:26:26.095
Speech if you someone under therapy plan of care, you would add your g. M or modifiers to these services.

197
00:26:29.819 --> 00:26:33.204
I wanted to say, I'm worried about annual wellness this it.

198

00:26:34.734 --> 00:26:43.194
This is a great time to check in with your patients to see how they're coping with the pandemic to monitor health status.

199
00:26:43.710 --> 00:26:52.974
Perhaps provide referrals for food and security or behavioral health issues, such as depression anxiety and just to support their their self care.

200
00:26:53.515 --> 00:27:04.224
People have been isolated at home for quite some time and imagine getting a call from your provider's office to say, you know, how how are you doing? Is there anything we can help you with?

201
00:27:04.589 --> 00:27:17.095
Let's go ahead and talk about how wellness is or how your disease management is going. So, I really a believer in these services, and they may now be rendered audio only.

202
00:27:18.295 --> 00:27:29.664
The initial welcome to Medicare physical may not be performed via telehealth. However, the other two can do their wellness, initial and subsequent visits by the way.

203
00:27:29.664 --> 00:27:38.575
The proposed rule just was released and we are including the link to that proposed rule and chat.

204
00:27:38.875 --> 00:27:47.634
Very important for you to carve out what's of interest to you on that proposed rule on the first couple of pages. There's a way for you to give a feedback.

205
00:27:47.940 --> 00:28:02.365
Cms really needs to hear about how what your experience has been and and what types of things you need. The telehealth proposals are not as robust as I think everybody would like and CMS needs to hear that as well.

206
00:28:04.434 --> 00:28:09.265
So, back to the annual wellness visit, your annual depression screening can be done at this time.

207
00:28:10.134 --> 00:28:21.595
And even though they might not be time to talk about advance care planning, it's an excellent time to just bring it up and see if the

patient my schedule a time with you to talk about it advanced care planning. It's so important.

208
00:28:21.595 --> 00:28:31.224
Right now to know someone's wishes, especially as people may potentially beyond ventilator if they do contract covet nineteen.

209
00:28:32.664 --> 00:28:44.694
You would document and perform your usual components depression, screening, patient, safety, social determinants of health, create the preventive screening list.

210
00:28:44.724 --> 00:28:48.414
Give the copy of the care plan to the patient referrals as needed.

211
00:28:48.869 --> 00:28:50.365
Vital signs are optional,

212
00:28:50.424 --> 00:28:52.164
but during the public health emergency,

213
00:28:52.164 --> 00:29:00.714
but you can take self reported exam if you were in an f,

214
00:29:01.585 --> 00:29:03.234
you may render these services to,

215
00:29:03.234 --> 00:29:12.894
you would bill with g two to five and the CS modifier if you're billing in a physician office go ahead and add the ninety five modifier,

216
00:29:13.825 --> 00:29:17.305
if you have to perform an acute visit,

217
00:29:17.305 --> 00:29:18.384
you may do that.

218
00:29:18.384 --> 00:29:25.585
However, that does need to be audio visual to add an office visit to an animal wellness visit.

219
00:29:25.980 --> 00:29:32.424

I think as possible is really great to establish an audio visual connection with your patient,

220
00:29:32.424 --> 00:29:36.384
if you can and the a great time to do it that way,

221
00:29:36.384 --> 00:29:44.755
if you need to have an acute visit with someone the modality and the training and everything is already the connection basically is already been made.

222
00:29:49.105 --> 00:29:52.134
If you are a position,

223
00:29:52.164 --> 00:29:56.005
if you are performing physician to physician consulting services,

224
00:29:56.279 --> 00:29:58.914
this range on the left is,

225
00:29:58.914 --> 00:30:05.154
for you to use for a discussion with another provider and a written report.

226
00:30:05.964 --> 00:30:14.154
So the first set is for verbal and written report. If you have a written report, only you may use code, nine, nine, four or five one.

227
00:30:15.325 --> 00:30:25.825
Now, if you're the training physician or basically the primary care physician and a specialist contacts you to talk about your patient, then you may use nine, nine, four or five two.

228
00:30:27.085 --> 00:30:35.964
Cm modifier is required because these are not covered outside of the public health emergency. No modifier. Ninety five is needed.

229
00:30:38.125 --> 00:30:48.805
The telehealth console codes on the right however are on cms's list. They may be rendered audio only. So you may build these and add modifier ninety five.

230
00:30:49.170 --> 00:30:52.224

So this is when you're provider calls in,

231
00:30:52.944 --> 00:30:59.605
or goes in via audio visual to the EDI or the inpatient department to do a consultation,

232
00:31:00.474 --> 00:31:01.615
and there's a coat arrangement,

233
00:31:01.615 --> 00:31:02.484
followup,

234
00:31:03.625 --> 00:31:05.694
inpatient consultation and then also,

235
00:31:05.694 --> 00:31:06.684
for critical care.

236
00:31:11.934 --> 00:31:22.375
I wanted to include a little bit of information for teaching positions who are supporting residents and a primary care center previous to the public health emergency.

237
00:31:22.375 --> 00:31:24.295
You can only build up to level nine,

238
00:31:24.295 --> 00:31:24.474
nine,

239
00:31:24.474 --> 00:31:24.654
two,

240
00:31:24.654 --> 00:31:24.894
one,

241
00:31:25.075 --> 00:31:25.615
three,

242
00:31:26.605 --> 00:31:31.019
the services have been expanded to include levels,

243

00:31:31.015 --> 00:31:36.835
four and five office visits care management and also your virtual check ins,

244
00:31:36.835 --> 00:31:38.154
telephone services.

245
00:31:38.454 --> 00:31:52.255
So they can really have what they need to take care of patients. The supervision maybe virtual, and that is something that is being proposed, going forward in the proposed role.

246
00:31:53.394 --> 00:31:56.365
The modifier is necessary on those services.

247
00:32:02.244 --> 00:32:16.914
Here are the therapy services for and speech they also have available. The therapists may also use these on line assessment codes. These are cumulative time and they may not include new patients.

248
00:32:19.285 --> 00:32:26.005
You would add the modifier ninety five to all of the therapy codes place, the services, the usual and customary.

249
00:32:26.335 --> 00:32:26.934
And then again,

250
00:32:26.934 --> 00:32:28.704
if a patient is under a plan of care,

251
00:32:28.704 --> 00:32:29.934
and you would use GN,

252
00:32:30.174 --> 00:32:32.424
geo or modifiers,

253
00:32:33.684 --> 00:32:38.994
the therapy codes are on the telehealth list and the G,

254
00:32:38.994 --> 00:32:39.204
two,

255

00:32:39.325 --> 00:32:40.615
six one I believe,

256
00:32:40.615 --> 00:32:41.845
or not on the list.

257
00:32:45.265 --> 00:32:52.075
Next we'll talk about a federally qualified health center and World Health center during public health emergency,

258
00:32:57.115 --> 00:33:06.535
the secretary state decided that in the past were not allowed to be providers of telehealth during this health emergency.

259
00:33:06.654 --> 00:33:13.525
They really needed to be able to provide it. This is the billing scenario through June thirty.

260
00:33:13.585 --> 00:33:13.615
Th,

261
00:33:14.065 --> 00:33:18.055
it was really quite awkward getting this going because g two O,

262
00:33:18.055 --> 00:33:25.015
two five was that you build that with the ninety five quantify,

263
00:33:25.015 --> 00:33:26.005
or however,

264
00:33:26.339 --> 00:33:28.884
the system wasn't updated until July first.

265
00:33:29.095 --> 00:33:41.664
So those claims submitted with the G. two to five didn't get processed, but this was the case scenario you have to go back and billing services retroactively. This is the way you do that for the f.

266
00:33:44.694 --> 00:33:59.214
you begin with your encounter g code followed by the telehealth lists code such as nine ninety one. Three with a ninety five modifier and then your g two or two five for the ninety five in the R. A. C.

267
00:33:59.305 --> 00:34:10.014
you were to bill with your telehealth plus code such as nine, nine, two one three with a CG and ninety five modifiers. And then to five with a CG.

268
00:34:10.974 --> 00:34:22.224
No didn't say that they were processing some claims without the G two to five prior to June. Thirty. Th, but just so, you know, if you need to rebuild, that would be the way to do that.

269
00:34:24.235 --> 00:34:39.175
And then, as of July, first feeling gets a lot easier. It's simply g two to five. No. Modifier in the No. Modifier and the modifier. Ninety five is optional.

270
00:34:39.385 --> 00:34:53.244
Those are the types and revenue codes. The initial payment was your air or rate, and then CMS increased that rate to ninety two, three.

271
00:34:53.724 --> 00:34:59.724
So all previous claims with the ninety five modifier should've been reprocessed for that new payment.

272
00:35:00.324 --> 00:35:10.224
Remember, if you are, and if you are providing a preventive service or a nineteen testing related service to add them C.

273
00:35:10.224 --> 00:35:24.655
S modifier to wave the coinsurance and adaptable, this is your virtual check in which you've always had available in the setting. This needs to be initiated by the patient.

274
00:35:24.715 --> 00:35:37.315
However, it's okay to educate them that you have this available. Initially the rate was around thirteen dollars but now the new rate of reimbursement for the virtual check in is about twenty four ninety.

275
00:35:37.735 --> 00:35:51.474
So, again, you want to make sure that you're billing enough for this virtual service in order to capture all reimbursement. It does have those stipulations and limitations that can't be related to a medical visit.

276
00:35:51.474 --> 00:35:53.155
And within the previous seven days.

277
00:35:53.574 --> 00:35:56.635
And just not lead to a medical visit within twenty four hours.

278
00:35:57.684 --> 00:36:12.655
And is billable alone, or with other panel services those are the claim types and route codes. No modifiers needed. See, I couldn't quite nail down whether the CG was needed or not. So it's perfectly fine to add that.

279
00:36:16.525 --> 00:36:19.074
Alright, we'll talk a little bit about documentation.

280
00:36:25.014 --> 00:36:35.335
Because there are so many new visit types out there. I think it's very important for providers to frame the visit with what type of visit they're intending to provide.

281
00:36:36.474 --> 00:36:50.695
This visit is it a phone call? Is it an online assessment already visit annual wellness visit? So you can see how confusing that might be to someone doing the billing. And if the provider didn't frame out, this is what I'm intending to do.

282
00:36:52.344 --> 00:37:04.255
You would also document a telehealth service in the in the service. You would also say how it was performed with an audio, visual audio, only what platform did you use?

283
00:37:04.679 --> 00:37:06.025
Did you gain consent,

284
00:37:07.195 --> 00:37:21.775
or there are other people present on the encounter and what is their role and then the location of the patient following that you would use your usual documentation criteria and add time spent if it's a time based code

285
00:37:22.045 --> 00:37:22.405
because,

286
00:37:22.405 --> 00:37:24.445
so many time based codes are out there,

287

00:37:24.445 --> 00:37:26.934
and also the prolong services are available.

288
00:37:27.114 --> 00:37:32.934
I think it would be a great idea for providers to just sort of routinely add in the time they spent.

289
00:37:39.565 --> 00:37:41.275
Talk about facility billing.

290
00:37:44.304 --> 00:37:45.235
So these are the,

291
00:37:46.195 --> 00:37:50.815
these are the codes that are used by a facility when they are the location,

292
00:37:50.965 --> 00:37:55.585
where the patient is receiving telehealth services the code for that is Q,

293
00:37:55.585 --> 00:38:10.255
three zero one four said that a provider based hospital may bill a facility fee for any registered patients who receive services from their home via telehealth services,

294
00:38:10.255 --> 00:38:11.635
like cardiac rehab,

295
00:38:11.635 --> 00:38:12.114
nutrition,

296
00:38:12.114 --> 00:38:12.565
therapy,

297
00:38:12.565 --> 00:38:13.344
services,

298
00:38:13.344 --> 00:38:14.514
physical therapy.

299
00:38:14.820 --> 00:38:23.905

Those patients maybe build the Q three zero one four. You would use a C. R. or a D modified, depending on what type of facility you are.

300
00:38:25.885 --> 00:38:40.405
The nursing homes, a staff member often needs to facilitate, facilitate the telemedicine experience between the patient and the provider, but nursing homes. Typically, I'm not reimbursed for this.

301
00:38:40.405 --> 00:38:47.514
Q, three zero and four. It's not allowed in the skilled nursing facility type of Bill, twenty one X.

302
00:38:48.894 --> 00:39:03.355
it is allowed for a sniff per day and nursing homes do not need a waiver to use telehealth or telling medicine services and this more information at that link on the, in the Medicare claims processing manual.

303
00:39:07.164 --> 00:39:13.135
Now, we'll talk about the additions of CBT and ICD, ten codes for the public health emergency.

304
00:39:15.324 --> 00:39:20.184
First step are the diagnosis codes these were effective April first of twenty,

305
00:39:20.184 --> 00:39:20.815
twenty,

306
00:39:20.905 --> 00:39:21.835
and that's for Coby,

307
00:39:21.835 --> 00:39:25.014
nineteen testing with lab confirmation,

308
00:39:25.014 --> 00:39:36.684
or without encounter for observation of suspected exposure and also contact for two exposure.

309
00:39:36.684 --> 00:39:46.675
And then dizzy, eleven, fifty, nine encounter for screening for other viral diseases. Initially that screening was being denied that diagnosis code.

310

00:39:46.675 --> 00:39:46.824
So,

311
00:39:46.824 --> 00:39:56.905
if you did get those denied is doing a mass claims adjustment to pay you for those services prior to April,

312
00:39:56.905 --> 00:40:06.175
first the code to use with the thirty four point two and there's a new IC time guidance in that link on the slide.

313
00:40:09.264 --> 00:40:22.074
This is for specimen collection. This is effective March, first, and then was updated on it. Yes if you're a lab or a home health agency, you would use one of those specimen collection codes.

314
00:40:22.105 --> 00:40:36.715
G twenty twenty three g twenty twenty four. G twenty both. The patients in a non covered, stay in a sniff and not to those residents and stays that was updated on April. Seventeen.

315
00:40:36.715 --> 00:40:45.534
Th, if you're a hospital outpatient department, you need to use C, nine, eight, zero, three specimen collection.

316
00:40:46.614 --> 00:40:59.724
So claims received after me, first with the G, codes will be returned to you and edit and W, seven O, six two. So just re, submit those claims to include C, ninety eight a three.

317
00:41:00.835 --> 00:41:04.434
If you're in a physician office and you do specimen collection,

318
00:41:04.644 --> 00:41:06.474
you would bill that as a nurse visit,

319
00:41:06.625 --> 00:41:06.954
nine,

320
00:41:06.954 --> 00:41:07.195
nine,

321
00:41:07.195 --> 00:41:07.405

two,

322
00:41:07.405 --> 00:41:08.155
one one,

323
00:41:08.514 --> 00:41:15.894
and you would add the CS modifier and may not build for specimen collection.

324
00:41:20.335 --> 00:41:26.664
These are the actual lab tests, the codes worth effective for billing Medicare.

325
00:41:26.965 --> 00:41:38.965
April first one is for this test sent to the CDC and one is from ones that you do on site now, in March, twentieth, the clearway status was applied to that virus test.

326
00:41:38.965 --> 00:41:51.505
So the Q, W, modifier is necessary on claims dated three, twenty or later. So if you are getting a denial on those, then you may need to re, open those claims to the que. W modifier.

327
00:41:52.704 --> 00:41:54.385
If you're billing other pairs,

328
00:41:54.954 --> 00:41:56.485
there's eight,

329
00:41:56.485 --> 00:41:56.905
seven,

330
00:41:56.905 --> 00:41:57.355
six,

331
00:41:57.355 --> 00:41:57.684
three,

332
00:41:57.684 --> 00:42:02.965
five cpt code that was effective immediately,

333
00:42:03.295 --> 00:42:08.065

and also on three twenty that had the clear wave status added.

334
00:42:08.065 --> 00:42:16.855
So that does need the Q. W modifier as well. And there's a CBT assistant for the new cpt code. That you can take a look at at that link.

335
00:42:21.355 --> 00:42:34.795
On April, eight, some lab tests came out for antibody testing. These are the two codes eight sixty three, twenty eight and eight and sixty seven sixty nine. They both new to Q. W. modifier.

336
00:42:36.684 --> 00:42:45.985
If you build these prior to July, twenty and twenty July first, then would just hold those claims and release them after the system was updated.

337
00:42:49.344 --> 00:43:01.675
I'm not sure if these injections are still used for a virus treatment, but they were created and effective April first for your use these for injections.

338
00:43:06.085 --> 00:43:20.485
These are resources, provider, enrollment, relief, information the GW modifier med learn matters and also f, information pharmacies enrolled is Labs.

339
00:43:21.054 --> 00:43:34.405
The telehealth guide is a guide that we put together, which is updated frequently and you can access that guide. I think we're gonna email it to you. All, but that's also the place where you can find it going forward.

340
00:43:34.405 --> 00:43:44.965
If you need to take a look for updates, there's a Medicare video information for the, and also teaching hospital information.

341
00:43:48.175 --> 00:43:58.885
I wanna Thank you so much for joining us today and additionally I want to thank you from the bottom of our hearts for all the work that you do take care of our patients. Thank you so much.

342
00:44:00.954 --> 00:44:13.824
Thank you for that wealth of information we're going to open up the chat box on the lower right hand side of your screen. If you do have any questions we do, have a couple of to get us started.

343
00:44:14.184 --> 00:44:24.804
And the first question comes from Lynn, this provider need to bill, or will Engie s automatically make the adjustments.

344
00:44:26.724 --> 00:44:38.905
It depends on it depends on what service you're talking about, if they've changed, sort of, in mid stream. There's a few things they, they will just re, process.

345
00:44:38.905 --> 00:44:47.034
Those claims, there's a couple places where you may need to reopen claims. One is to add that to W, modify it to your Labs.

346
00:44:47.394 --> 00:45:02.065
The other is if you need to go in and up your reimbursement amount in order to get paid the new rates for services. But if there's a specific, if I haven't answered your question, when please let me know what services you're talking about.

347
00:45:03.295 --> 00:45:17.215
In the chat things, and the second question comes to us from Christine Diego and our question is, does the provider include their documentation time into the visit time for billing?

348
00:45:22.644 --> 00:45:29.244
That's a good question. Not not. Typically, you're not. You're also not supposed to include the time.

349
00:45:29.244 --> 00:45:43.795
It takes to set up the audio visual with the patient so basically that's the best done through the nursing staff, or the staff that your administrative staff can go ahead and sort of set up the call and get everybody all connected.

350
00:45:44.934 --> 00:45:58.885
Yeah, documentation time. I would not include that unless consultative position and you're writing a report when you can include that report writing in your consultation time.

351
00:46:00.684 --> 00:46:08.065
And then, in regards to the providers that can build on a particular day.

352
00:46:08.065 --> 00:46:23.034

So, if the patient has a telehealth visit with their primary, and also has a consult the same day via telehealth with a specialist, are they both able to bill on the same day?

353
00:46:23.065 --> 00:46:25.014
Or do they need to have different dates?

354
00:46:25.974 --> 00:46:27.594
They may be on the same day.

355
00:46:31.255 --> 00:46:31.525
Yeah,

356
00:46:31.525 --> 00:46:35.875
and the way that works is each provider has a taxonomy code,

357
00:46:36.474 --> 00:46:40.255
so if you have a primary care physician that sees a patient,

358
00:46:40.255 --> 00:46:42.385
and then the patient sees a pulmonologist,

359
00:46:42.775 --> 00:46:47.034
those are sort of separated out by their taxonomy code identification.

360
00:46:47.454 --> 00:46:56.155
So, it's that's a perfectly fine way to do it. A patient could also have a primary care visit in a behavioral health visit on the same day.

361
00:47:00.744 --> 00:47:02.905
Are there other for the chat.

362
00:47:08.635 --> 00:47:09.264
Well,

363
00:47:09.264 --> 00:47:17.605
we get that a minute to see if other questions are gonna come through I just remind everyone that at the end of this session,

364
00:47:17.605 --> 00:47:21.235
you will be redirected to a web page asking,

365
00:47:21.295 --> 00:47:35.844
for your evaluation of today's session is really important for us to get your feedback to make sure that we're meeting the needs of the community and if there's any other suggestions that you may have our next session is going to be on

366
00:47:35.844 --> 00:47:36.445
Tuesday,

367
00:47:36.445 --> 00:47:37.315
August twenty th,

368
00:47:38.065 --> 00:47:42.534
and the topic for that particular session is telehealth then a now,

369
00:47:42.864 --> 00:47:44.485
a providers perspective.

370
00:47:44.485 --> 00:47:47.844
And also a patient's experience with the Tele, health system.

371
00:47:51.625 --> 00:47:53.244
If you do have questions,

372
00:47:53.275 --> 00:48:00.414
the contact for the webinar series is Christine Diego for email is here and,

373
00:48:00.414 --> 00:48:05.244
as we've mentioned before this session is being recorded the slides,

374
00:48:05.244 --> 00:48:14.184
and the recording will be available and posted on the website tomorrow and here is the site were the link where you can get that information.

375
00:48:21.204 --> 00:48:31.284
And I don't see any more questions in the this time, if you do have questions that come up after this session, please feel free to outreach to us.

376
00:48:31.769 --> 00:48:42.144

I can contact Christine and here's some other information about the website and the places to follow us on social media.

377
00:48:43.554 --> 00:48:53.875
Thank you all for your time and attention today. Thank you, Susan for this fabulous presentation and we look forward to working with you and supporting. You have a great rest of the day.