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NOTES FROM WPS CALL HELD ON APRIL 9, 2020

Please note these notes were drafted based on general interpretation of the discussion from the call.

- Per the CARES Act, RHCs can now be distant sites for telehealth under Medicare. CMS has not published information about how this would be billed to Medicare.
- For Medicare, E-visits and virtual check-ins should be patient initiated. However, practitioners may need to educate beneficiaries on the availability of the service prior to patient initiation.
- CMS is also allowing telephone calls (91441-91443) - These are for providers who can submit E&M services. There are codes 98966-98968 for other professionals. This would be audio only. There is a fee schedule for these codes based on the number of minutes. Document the time and service provided. (However, NARHC said this only applies to FFS and not RHCs. If RHCs do audio-only, it has to be billed under G0071.)
- The Families First Act waives cost-sharing under Medicare Part B (coinsurance and deductible amounts) for Medicare patients for COVID-19 testing-related services. These services are medical visits for the HCPCS evaluation and management categories described below when an outpatient provider, physician, or other providers and suppliers that bill Medicare for Part B services orders or administers COVID-19 lab test U0001, U0002, or 87635.
- Respiratory therapists cannot perform E&M codes. Pandemic does not change that.
- CR (catastrophic related) modifier is not required for telehealth.
- An RN cannot perform the virtual services.
- At this time, if you're providing Medicare telehealth services in another state, you do not have to enroll in the second state. If you travelled to another state, you would have to enroll.
- Can a SNF bill an originating site fee? Yes, and now you do not have to be in a rural area.
- Telephone only and online codes are time-based codes. They are based on the practitioner's time. Non-face-to-face prolonged services code is still available.
- Annual wellness visits can be done via telehealth. Document the best you can. If patients don't have a blood pressure cuff, document that. If they do a reading, document that. CMS wants patients to be treated and wants them to avoid facilities.
- If a Medicare patient attempts to use their smartphone but can't get video to work, it is not telehealth. It would have to be a virtual communication service.
- For a resident to bill for phone services, the supervising physician would have to be on the phone as well.
- CS modifier is only used when the E&M results in you ordering or performing a COVID test. This modifier is not used for treating COVID.

- You can do telehealth with the patient in a parking lot of a healthcare facility. If halfway through the doctor wants to see the patient in person, you could bill it as telehealth or in-person based on where the key and critical services were done.
- You can use Place of Service 02 for Medicare telehealth, but you don't have to. To maximize reimbursement, you want to bill it with the place of service that you would use had it been performed face-to-face. Then use modifier 95 to note that telehealth was used.