



**DON SELF &
ASSOCIATES, INC**

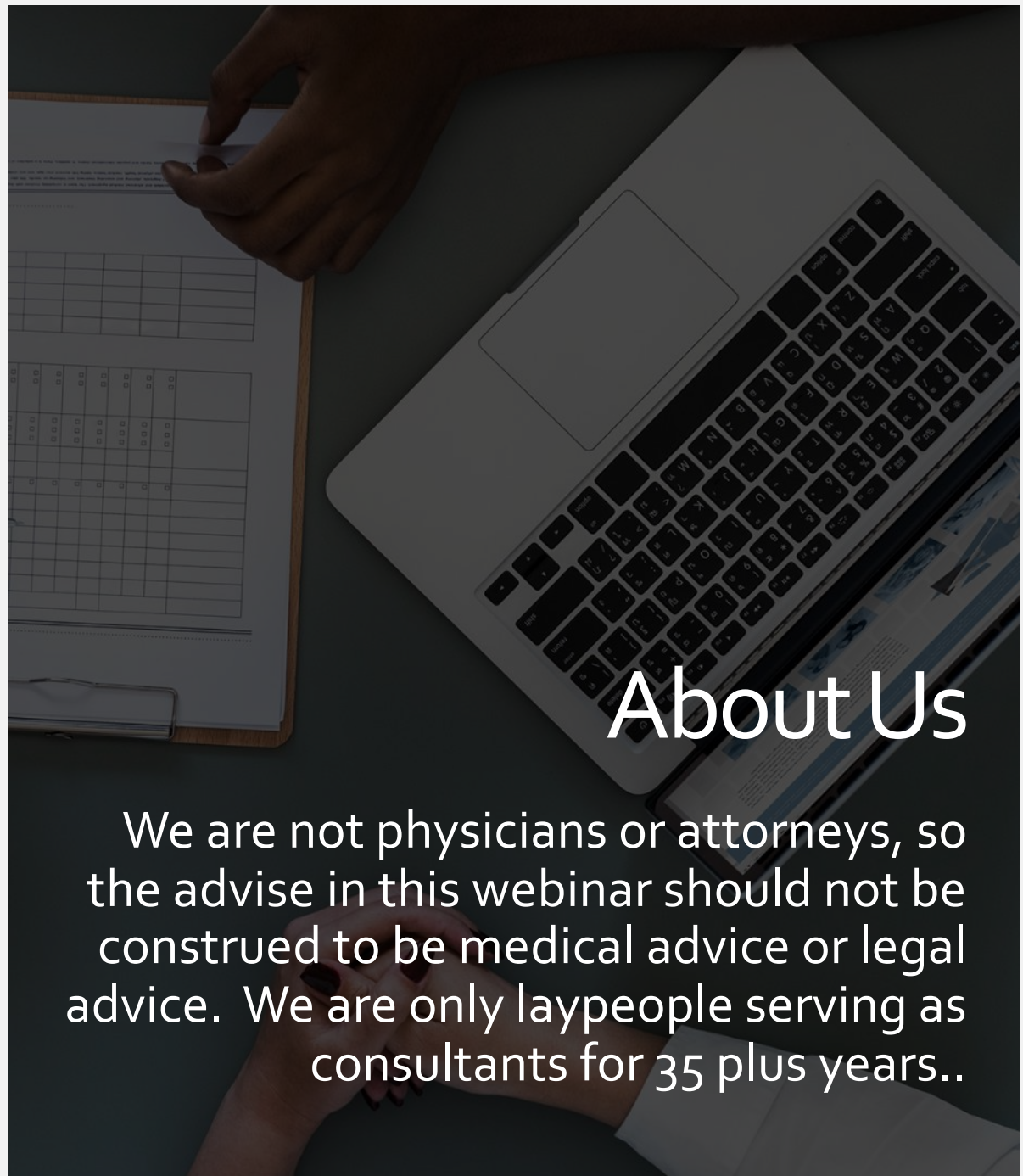
Medical Reimbursement Consultants

UPDATED MAY 1, 2020

**TELE-HEALTH
TELE-MEDICINE
TELE-MONITORING
& COVID-19**

A webinar to help you determine how to
bill for each.

- **We do not have all of the answers!.**
- **Constant updates daily**
- **I am NOT an expert on Tele-Health – just trying to help people**
- **Please hold your questions until the end and we will try to cover each of them.**
- **EVERYONE will get a pdf of all slides emailed to them.**



About Us

We are not physicians or attorneys, so the advise in this webinar should not be construed to be medical advice or legal advice. We are only laypeople serving as consultants for 35 plus years..



1971

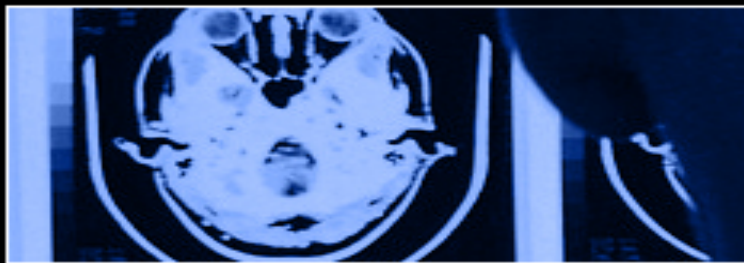
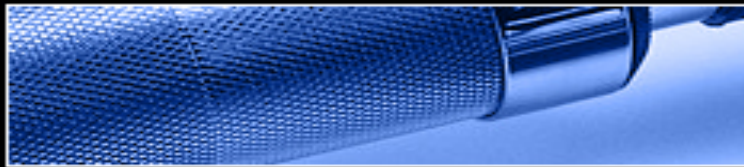
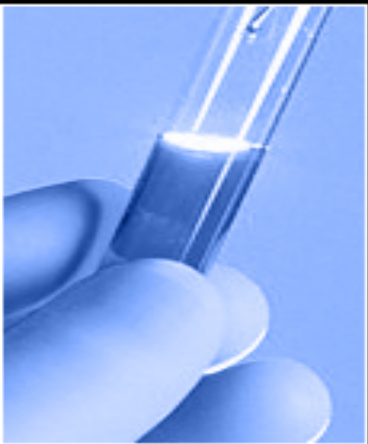
- RCM Health Care Services, a subsidiary of RCM Technologies (NASDAQ: RCMT).
- Provider of human capital for patient care (Nursing, NP, MD, OT, PT, SLP).

2013

- October 2013. RCM opens Revenue Cycle & Medical Coding division.
- Specializing in Coding, Coding Audits, Provider Education, CDI, etc.

2016

- RCM entered the Risk Adjustment market.
- Ronni Knight selected to head up the Coding and Auditing Operations service line with over 25 years of direct experience.



Sponsor of today's event on Tele-health, Tele-medicine, and Tele-monitoring & COVID19 with guest speaker author and medical office management expert, Don Self.

**CMS
HAS A
TOUGH
JOB!**



**THE RULES WE ARE COVERING TODAY – MAY 1st ARE
TEMPORARY**

**WE DO NOT KNOW WHAT WILL HAPPEN AFTER THE
PUBLIC HEALTH EMERGENCY**

**HOPEFULLY – WE WILL GET TO CONTINUE TO USE
TELEHEALTH AFTER THE PHE**

**NO ONE KNOWS WHAT THE FUTURE HOLDS... OTHER
THAN GOD. I DO NOT WALK ON WATER.....**



**SOME TELEHEALTH
STILL REQUIRE 2
WAY AUDIO-VIDEO**

**AMAZING AMOUNT OF
CONFUSION AND MIXED
SIGNALS FROM THE AMA &
EVERY COMMERCIAL
INSURANCE PAYER**

Some patients do not have computers or smart-phones, so CMS expanded the list to 91 services that can be by phone

THERE WILL BE AUDITS WHEN THIS IS OVER

IF YOU GET INTO TROUBLE, IT WILL NOT BE YOUR NEIGHBOR THAT GETS PROSECUTED

There is as much false information on the internet as there is true information. Don't forget that the CMPs are \$11,000 to \$22,000 PER CLAIM. There will be audits. Do not believe anyone who says there will not be.

- **Keep copies of everything – either digital or on paper**
- **“But I saw a meme....” is not an acceptable excuse**

RACs, ZPICs, Bounty Hunters do smell the blood in the water – and not all prosecutions will be due to intentional fraud – some will be mistakes



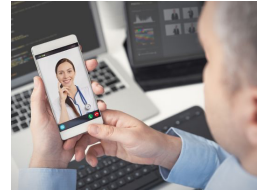
TELEHEALTH/MED METHODS 5/1/20



TELEHEALTH Visit

(Use Mod CS if for COVID testing)

Audio-video REQUIRED



A-V between PT & provider (Skype, Facetime, Zoom)

Appropriate E&M, appropriate POS, Mod 95

G0425-G0427 Telehealth Consults, ER, Initial In-pt
G0406-G0408 F-U, inpt tele-consults – hospitals/SNFs

Virtual Check-in (Telemed)
(related 7 day pre, 1 day-
Next Post prohibition)

Phone Only



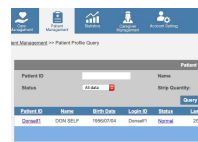
5 – 10 min. phone or video call

G2012 \$14 Medicare **POS 11 Medicare (why use?)**

99441-99443 Both **(Apr 30, 2020) POS 11**

98966-98968 – QNPHP

Online Digital (Portal) E&M
(7-day cumulative time)
(Telemed)

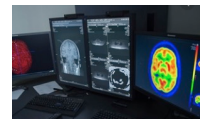


99421 – 99423 – Timed communications physician/NPP

G2061 – G2063 QNPHP

(SLP, physical therapists, etc) **POS 11**

Remote Eval Recorded Data
(Telemed)



Interp of recorded video/data/image (G2010 \$12)

POS 11 - Medicare

Remote Physiologic
Monitoring

Wake-Up 07 AM - 08 AM			Morning 08 AM - 11 AM		
Systolic Pressure	Diastolic Pressure	Pulse	Systolic Pressure	Diastolic Pressure	Pulse
128	180	74	132	81	85
112			112	119	83
138	100	74	151	97	82



BP, Glucose, weight, O2 (99453-99458 \$108 - \$290)

POS 11 (Telemonitoring)

Assorted



Inpt Telehealth, Tele-ICU,


POS 11 (Traditional Telehealth services) No mod.

**FORGET WHAT YOU HEARD IN
FEBRUARY..... THIS IS MAY**










March 31, 2020 CMS.GOV UPDATE



"When billing professional claims for **non-traditional telehealth services** with dates of services on or after March 1, 2020, and **for the duration of the Public Health Emergency (PHE)**, bill with the Place of Service (POS) equal to what it would have been in the absence of a PHE, along with a modifier 95, indicating that the service rendered was actually performed via telehealth."



STILL USE REGULAR POS & E&Ms for A/V services

Seema Verma
Administrator of the CMS
March 30, 2020



“Physicians can supervise their clinical staff using virtual technologies when appropriate, instead of requiring in-person presence.”

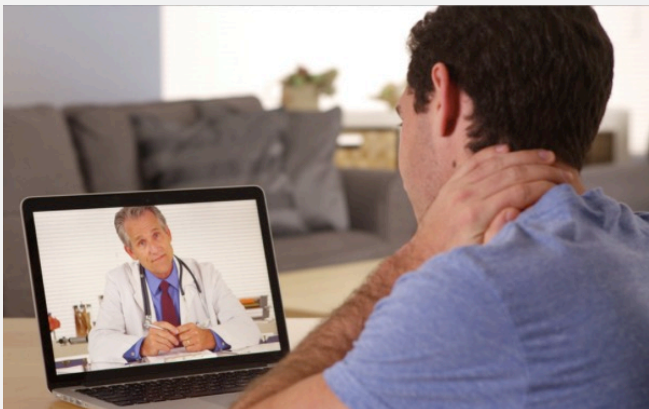


APRIL 1, 2020 CMS.GOV UPDATE

CODE WHERE YOU NORMALLY SEE PATIENTS!

**OFFICE BASED FAMILY PHYSICIAN, NP OR PA – DOES NOT GO TO HOSPITAL,
NURSING HOME OR PATIENT HOMES....**

**USE POS 11 – BILL OFFICE VISIT CODES 99201-99215 WITH MODIFIER 95
ON EVERY TELEHEALTH PERFORMED WITH PATIENTS VIA AUDIO-VIDEO**



**REGARDLESS WHERE THE PATIENT IS
REGARDLESS WHERE THE PROVIDER IS**



APRIL 1, 2020 CMS.GOV UPDATE

CODE WHERE YOU NORMALLY SEE PATIENTS!

OFFICE BASED INTERNAL MEDICINE – DOES OFFICE, HOSPITAL & NURSING HOME -

USE POS WHERE PATIENT IS – WITH APPROPRIATE E&M VISIT FOR THAT LOCATION.

POS 11 – OV CODES FOR PTS AT HOME WITH 95 MODIFIER

POS 21 – HOSPITAL CODES FOR PTS AT HOSPITAL WITH 95 MODIFIER

POS 31 – SNF CODES FOR PTS IN SNF WITH 95 MODIFIER

REGARDLESS WHERE THE PROVIDER IS

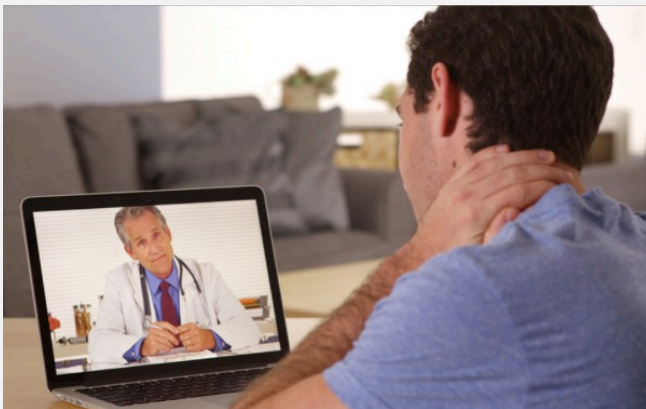


APRIL 1, 2020 CMS.GOV UPDATE

CODE WHERE YOU NORMALLY SEE PATIENTS!

HOME VISIT PHYSICIAN, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT

**USE POS 12 – BILL HOME VISIT CODES 99341-99349 WITH MODIFIER 95
PERFORMED WITH PATIENTS VIA AUDIO-VIDEO**



**REGARDLESS WHERE THE PATIENT IS
REGARDLESS WHERE THE PROVIDER IS**

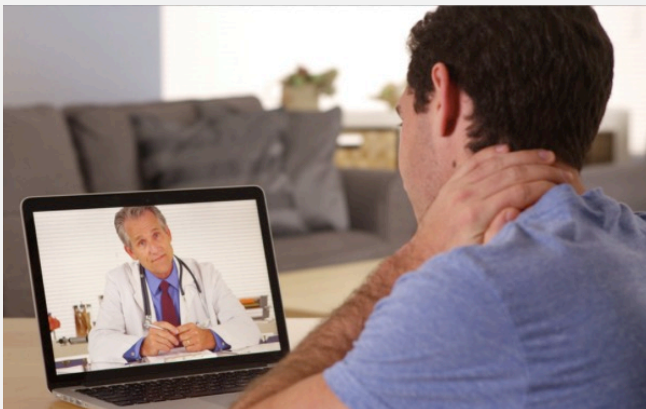


APRIL 1, 2020 CMS.GOV UPDATE

CODE WHERE YOU NORMALLY SEE PATIENTS!

INPATIENT PSYCHIATRIC VISITS VIA AUDIO-VIDEO

USE POS 21 – BILL 99231-99233 WITH MODIFIER 95 PERFORMED WITH PATIENTS VIA AUDIO-VIDEO



**PATIENT INPT HOSPITAL
REGARDLESS WHERE THE PROVIDER IS**

APRIL 6, 2020 FEDERAL REGISTER

LINK

FEDERAL REGISTER

The Daily Journal of the United States Government



“Therefore, we are finalizing, on an interim basis for the duration of the PHE for the COVID-19 pandemic, separate payment for CPT codes 98966-98968 and CPT codes 99441-99443. Similar to the CTBS described in section II.D. of this IFC, we believe it is important during the PHE to extend these services to both new and established patients.”

“include direct interactions between practitioners and caregivers”



**REGARDLESS WHERE THE PATIENT IS
REGARDLESS WHERE THE PROVIDER IS**



[APRIL 30, MLN Matters Number: SE20016](#)

LINK

RHC's UBo4

Jan 27, 2020 through June 30, 2020

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES
052X	ESTABLISHED OV	G2025CG95	05/01/2020	1	\$100.00

INDEPENDENT RHC's PAID AIR \$86.31
HOSPITAL BASED PAID AIR

REPROCESSED IN JULY 2020 & PAID AT \$92.03

Beginning July 1, 2020, RHCs should no longer put the CG modifier on claims with HCPCS code G2025

APRIL 30, MLN Matters Number: SE20016

LINK

FQHC's

Jan 27 2020 – June 30, 2020 –
Visit is related to COVID testing

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS
1 052X	FQHC Specific Payment Code	G0467 - G0470 (1 only)	05/01/2020	1
2 052X	OFFICE VISIT	9921495	05/01/2020	1
3 052X	TELEHEALTH	G202595		
4				

FQHCs must report three HCPCS/CPT codes for distant site telehealth services: the FQHC Prospective Payment System (PPS) specific payment code (G0466, G0467, G0468, G0469, or G0470); the HCPCS/CPT code that describes the services furnished via telehealth with modifier 95; and G2025 with modifier 95.

REPROCESSED IN JULY 2020 & PAID AT \$92.03

RHC's & FQHC's
MARCH 1– to end of COVID PHE

During the COVID-19 PHE, RHCs and FQHCs can furnish any telehealth service that is approved as a Medicare telehealth service under the PFS.


In addition, effective March 1, 2020, these services include CPT codes 99441, 99442, and 99443, which are audio-only telephone evaluation and management (E/M) services. **RHCs and FQHCs can furnish and bill for these services using HCPCS code G2025.** To bill for these services, at least 5 minutes of telephone E/M service by a physician or other qualified health care professional who may report E/M services must be provided to an established patient, parent, or guardian.

**RHC's & FQHC's FINALLY GETTING ON BOARD
WITH TELEHEALTH**

- **Paying for Portal Services 99421-99423 – but rolled into the **G0071** with the 7-day combined time at \$24.76**
- **No CR Modifier Required Mar 1 – end of PHE**
- **MACs will automatically reprocess any claims with G0071 for services furnished on or after March 1, 2020 that were paid before the claims processing system was updated.**

APRIL 30, 2ND ROUND – SWEEPING CHANGES

LINK 



For the duration of the COVID-19 PHE, CMS will waive restrictions on which provider type can bill for telehealth services. Now, other practitioners besides physicians, nurse practitioners, and physician assistants can bill for telehealth. This includes physical therapists, occupational therapists, and speech language pathologists.

PTs can bill for Therapeutic exercises (97110 via audio-video (but not by telephone audio only)

APRIL 30, 2ND ROUND – SWEEPING CHANGES

LINK 

CMS ADDED ADDITIONAL CODES THAT CAN BE PERFORMED VIA AUDIO ONLY (NOT REQUIRING AUDIO-VIDEO)

E&M CODES STILL REQUIRE AUDIO-VIDEO!

TOTAL IS 91 CPT/HCPC CODES THAT REQUIRE AUDIO ONLY


ADDED 46 CODES TO THE TELEHEALTH LIST



Medicare – TELEHEALTH CODES APRIL 30,2020



244 CODES ON TELEHEALTH LIST AS OF APRIL 30

Code	Short Descriptor	Status		Can Audio-only Interaction Meet the Requirements?	Medicare Payment Limitations
77427	Radiation tx management x5	Temporary Addition for the PHE for the COVID-19 Pandemic			
90785	Psytx complex interactive			Yes	
90791	Psych diagnostic evaluation			Yes	
90792	Psych diag eval w/med srvc			Yes	
90832	Psytx w pt 30 minutes			Yes	
90833	Psytx w pt w e/m 30 min			Yes	
90834	Psytx w pt 45 minutes			Yes	
90836	Psytx w pt w e/m 45 min			Yes	
90837	Psytx w pt 60 minutes			Yes	
90838	Psytx w pt w e/m 60 min			Yes	
90839	Psytx crisis initial 60 min			Yes	
90840	Psytx crisis ea addl 30 min			Yes	
90845	Psychoanalysis			Yes	
90846	Family psytx w/o pt 50 min			Yes	
90847	Family psytx w/pt 50 min			Yes	
90853	Group psychotherapy	Temporary Addition for the PHE for the COVID-19 Pandemic		Yes	



SOME CAN BE PERFORMED VIA TELEPHONE ONLY – SOME CANNOT

92014	Eye exam&tx estab pt 1/>vst	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20	
92507	Speech/hearing therapy	Temporary Addition for the PHE for the COVID-19 Pandemic	Yes
92508	Speech/hearing therapy	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20	Yes
92521	Evaluation of speech fluency	Temporary Addition for the PHE for the COVID-19 Pandemic	Yes
92522	Evaluate speech production	Temporary Addition for the PHE for the COVID-19 Pandemic	Yes
92523	Speech sound lang comprehen	Temporary Addition for the PHE for the COVID-19 Pandemic	Yes
92524	Behavral qualit analys voice	Temporary Addition for the PHE for the COVID-19 Pandemic	Yes
92601	Cochlear implt f/up exam <7	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20	
92602	Reprogram cochlear implt <7	Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20	

LINK

WARNING – POLITICALLY INCORRECT STATEMENT COMING!



**SOME PRACTICES HAVE BEEN
DUMB THE WAY THEY HAVE
HANDLED THIS PANDEMIC!**



FIGHT



FLIGHT oohlala!



FREEZE



**SOME HAVE
BEEN
SMART –
THEY
ADAPTED!**

**SOME HAVE
SHUT
DOWN,
LAID OFF,
USED
SAVINGS**

**SOME HAVE
TRIED TO
CONTINUE
WHAT THEY
HAVE
ALWAYS
DONE**

SOME HAD NO CHOICE DUE TO SPECIALTY, TYPE OF SERVICES THEY PERFORM/RENDER

SOME MADE POOR DECISIONS BASED ON ????



LINK 

**PRIMARY CARE PRACTICES HAD CHOICES
AND STILL DO & APRIL 30 JUST MADE IT EASIER**

**UNFORTUNATELY – MANY STILL DO NOT REALIZE THAT
MEDICARE PART B PATIENTS ARE THE MOST PROFITABLE
OF ALL PATIENTS THEY HAVE.**

**FP SHOULD BE GETTING \$1705 PER YEAR PER PART B PT
MOST AVERAGE LESS THAN \$300 PER YEAR**

CMS MEDICARE PART B DATA ON EVERY PROVIDER IN THE USA


NAME	CITY	ST	\$ PER PT
WEIGAND	DELTONA	FL	\$262
LOHANO	LOUISVILLE	KY	\$157
SAHA	FLINT	MI	\$313
MOHLER	PURCELLVILLE	VA	\$239
GRABENSTEIN	CLARKSVILLE	TN	\$205
HAGGERTY	MORGANTOWN	WV	\$155
PHUNG	LENOIR	NC	\$205
BRADLEY	FARGO	ND	\$134
MUTHUKRISHNAN	BRISTOL	CT	\$279
BAUMGARDNER	RENO	NV	\$110
BURZELL	OCEANSIDE	CA	\$171
BAXTER	ROCHESTER	NY	\$74
VARNADO	GREENSBURG	LA	\$170
BILAL	BEDFORD	NH	\$120

The image shows two healthcare workers in a call center. They are wearing headsets and are seated at desks with computers. The worker in the foreground is wearing a white shirt and glasses, while the worker in the background is wearing a green shirt. There are calendars on the wall behind them. The text 'SOME TELEHEALTH CAN BE PERFORMED BY TELEPHONE' is overlaid on the right side of the image.

SOME
TELEHEALTH CAN
BE PERFORMED BY
TELEPHONE

APRIL 30, 2ND ROUND – SWEEPING CHANGES

LINK 



CODE	DESCRIPTOR	STATUS	AUDIO ONLY	Allow
G0438	AWV Initial		Yes	\$ 177
G0439	AWV Subseq		Yes	\$ 120
99497	Adv Care Plan		Yes	\$ 88
G0442	Alcohol Misuse Screen		Yes	\$ 19
G0444	Depression Screen		Yes	\$ 19

APRIL 30, 2ND ROUND – SWEEPING CHANGES

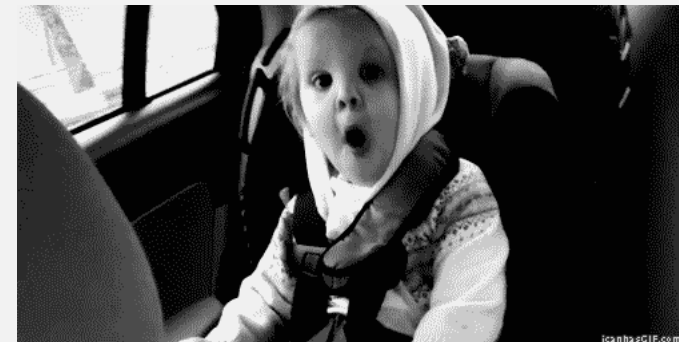
LINK

99441, 99442, 99443

AUDIO PHONE CALLS WITH PATIENTS/CAREGIVERS

CMS is bumping up the payment for these services from the current range of \$14-\$41 to a range of \$46-\$110, bringing them in line with payments for similar office/outpatient visits.

This payment change will be retroactive back to March 1, 2020.



VIRTUAL CHECK-IN – FFS PROVIDERS

NO MODIFIER

- 99441 – Phone E&M by provider 5-10 minutes
- 99442 – Phone E&M by provider 11-20 minutes
- 99443 – Phone E&M by provider 21-30 minutes



1. CHECK WITH EACH COMMERCIAL CARRIER ON THEIR RULES
2. Visit is not related to a previous assessment that occurred in the past 7 days
3. Cannot trigger a face-to-face visit within 24 hours (or first available)

APR 30: MEDICARE INCREASE PAYS RETRO—March 1

PLACE OF SERVICE 11 – BUT CARRIER DECIDES

VIRTUAL CHECK-IN – FFS PROVIDERS



NO MODIFIER

99441 – Phone E&M by provider	5-10 minutes	Avg \$ 47.37
99442 – Phone E&M by provider	11-20 minutes	Avg \$ 77.94
99443 – Phone E&M by provider	21-30 minutes	Avg \$ 112.99


Specifically, we are crosswalking CPT codes 99212, 99213, and 99214 to 99441, 99442, and 99443 respectively

Page 139 – what will be in upcoming Federal Register

https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf?fbclid=IwAR2d6aTQ-zqcN6szbS1_NPUc-gh8EUgAcQ3FnCgUPu1F2EgNIMRM6NFDAEk

APRIL 30, 2ND ROUND – SWEEPING CHANGES

LINK 



Hospitals may bill as the originating site for telehealth, even when the patient is located at home. This will be allowed for telehealth services furnished by hospital-based practitioners to Medicare patients who are registered as hospital outpatients.

. (I suspect it is the G0463 – but not sure)

APRIL 30, 2ND ROUND – SWEEPING CHANGES

LINK

Non-physician practitioners (NPPs) may provide home health services. In keeping with provisions in the Coronavirus Aid, Relief, and Economic Security (CARES) Act, **nurse practitioners, clinical nurse specialists, and physician assistants** may now provide home health services. This means these providers may order home health services, create and review plans of care for home health patients, and both certify and re-certify homebound status to determine whether patients continue to be eligible for home health services.

APRIL 30, 2ND ROUND – SWEEPING CHANGES

LINK

PT/OT assistants can perform outpatient maintenance therapy. CMS will allow physical and occupational therapists to delegate maintenance therapy services to physical and occupational therapy *assistants* working in outpatient settings. The move is intended to free up PT/OT providers so they can perform other services and improve patient access to care.

INCIDENT-TO – SUPERVISION RELAXED

We note that a physician or practitioner cannot bill for services provided by auxiliary clinical staff unless those staff meet all the requirements to furnish services “incident to” services, as described in 42 CFR 410.26 and further described in section 60 of Chapter 15 Covered Medical and other Health Services in the Medicare Benefit Policy Manual 100-02. We further note that we adopted an interim final policy to permit the direct supervision requirement to be met through virtual presence of the supervising physician or practitioner using interactive audio and video technology for the duration of the PHE (85 FR 19245). (page 188)

https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf?fbclid=IwAR2d6aTQ-zqcN6szbS1_NPUc-gh8EUgAcQ3FnCgUPu1F2EgNIMRM6NFDAEk

ORIGINATING SITE

CHANGED **DURING** THE COVID-19
CRISIS WAIVER 1135, EFFECTIVE MAR
6

HOME CAN BE ORIGINATING SITE
NOW – DURING EMERGENCY!

TELE-HEALTH



Provider's Location

TELE-HEALTH

*CMS has ruled that a provider making telehealth or telemedicine calls to patients from the provider's home during the COVID emergency does **NOT** have to change their 855 or PECOS for the new place of service unless it is a permanent change.*



COVID-19 CHANGES TELEHEALTH

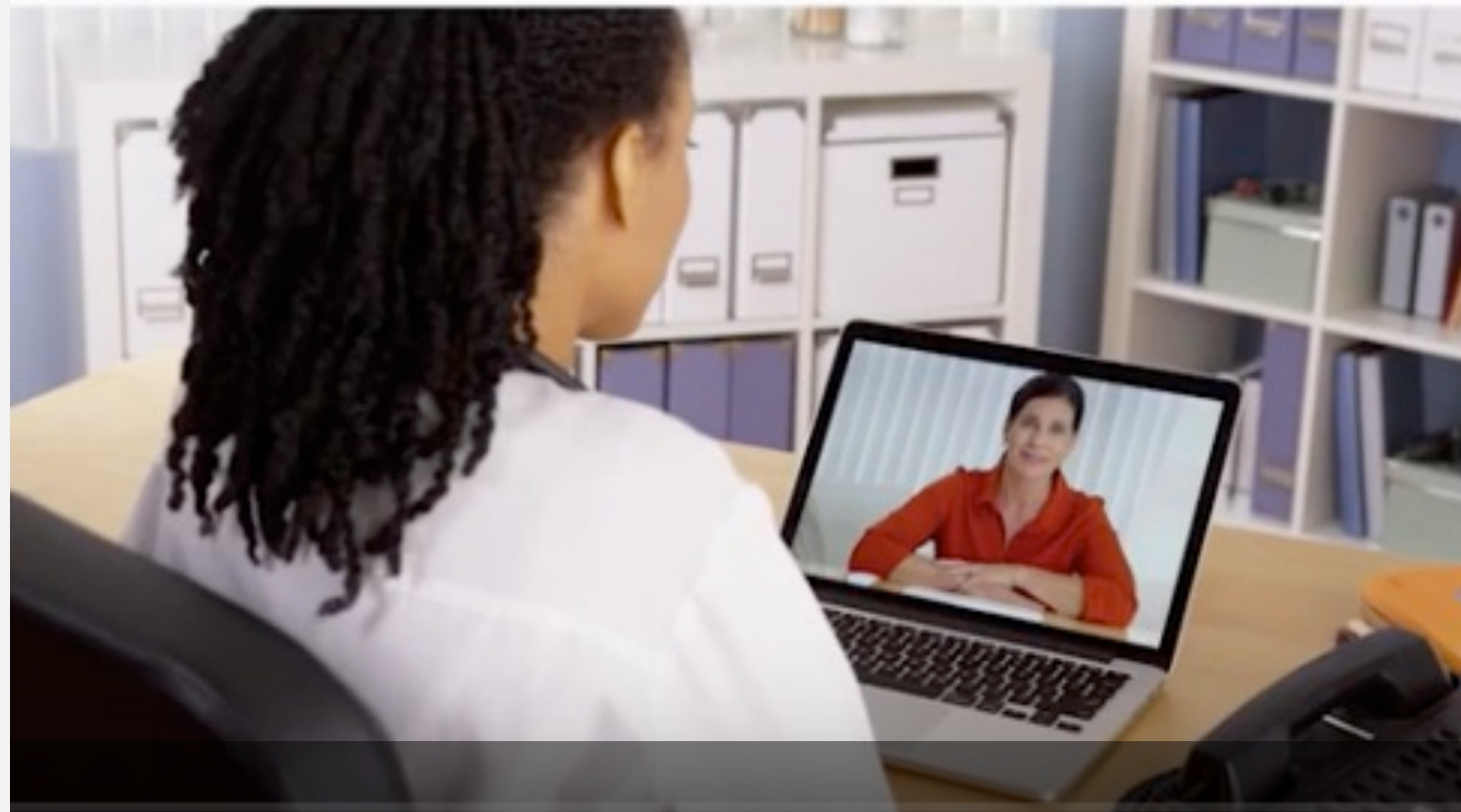
ALL Medicare beneficiaries can temporarily use telehealth services for common office visits, mental health counseling and preventive health screenings.

Rural area requirement waived for ALL MEDICARE patients.



- Appropriate codes
- INITIATED BY PATIENT
- PAYS as NORMAL
- REQUIRES AUDIO-VIDEO
 - Facetime (temp HIPAA waiver)
 - Skype (temp HIPAA waiver)
 - Zoom (temp HIPAA waiver)
 - Doxy
 - Multiple other choices
- NEW OR ESTABLISHED PATIENTS
- MODIFIER 95 MEDICARE
- USE 95 OR GT OR GQ FOR COMMERCIAL

**PLACE OF SERVICE
APPROPRIATE**



TYPICAL TELE-HEALTH

Physician or NPP talking to patient on audio-video call billed as E&M code

“On an interim basis, we are revising our policy to specify that the office/outpatient E/M level selection for these services when furnished **via telehealth can be based on MDM or time**, with time defined as all of the time associated with the E/M on the day of the encounter; and to remove any requirements regarding documentation of history and/or physical exam in the medical record. This policy is similar to the policy that will apply to all office/outpatient E/Ms beginning in 2021 under policies finalized in the CY 2020 PFS final rule. It remains our expectation that practitioners will document E/M visits as necessary to ensure quality and continuity of care. To reduce the potential for confusion, we are maintaining the current definition of MDM. We note that currently there are typical times associated with the office/outpatient E/Ms, and we are finalizing those times as what should be met for purposes of level selection.”

- **MEDICARE RULES REGARDING TIME**

- THRESHOLD TIME
- START-STOP NOT REQUIRED EXCEPT FOR SPECIFIC INSTANCES

- **COMMERCIAL (CPT)**

- ALLOWS FOR “NEAREST” TIME
- START-STOP NOT REQUIRED EXCEPT FOR SPECIFIC INSTANCES



Physician or NPP talking to patient on audio-video call



NEW TIMES FOR E&M VISITS PERFORMED BY TELEHEALTH ONLY



CODE	CPT	CMS CHART
99201	10	17
99202	20	22
99203	30	29
99204	45	45
99205	60	67
99211	5	7
99212	10	16
99213	15	23
99214	25	40
99215	40	55

APR 6 FEDERAL REGISTER, PAGE 19269 – Left Column, 2nd Paragraph

“we are finalizing those times... are available as a public use file at...
Download at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/CY2020-PFS-FR-Physician-Time.zip>

CMS CALL APRIL 14: **“USE EITHER CPT BOOK TIMES
OR THE TIMES IN OUR LINKED CHART”**

Repeated in CMS call on April 16, 21st & 23rd

APRIL 16, 2020 NEW TIMES FOR E&M VISITS PERFORMED BY TELEHEALTH ONLY



EXAMPLES: MEDICARE (document pre & post times)

OV IN PERSON H, E, MDM OR TIME

15 MIN'S 99213

OV TELEHEALTH MDM or TIME

15 MIN'S 99213 or mdm

CODE	CPT	CMS CHART
99201	10	17
99202	20	22
99203	30	29
99204	45	45
99205	60	67
99211	5	7
99212	10	16
99213	15	23
99214	25	40
99215	40	55

Remember that the MDM will usually give a provider a higher level of code on telehealth than the time if the provider is even halfway decent at documentation!

TIME FOR HOME VISITS



HOME VISITS

- 99347 Typically 15 Minutes w Pt and/or Family
- 99348 Typically 25 Minutes w Pt and/or Family
- 99349 Typically 40 Minutes w Pt and/or Family

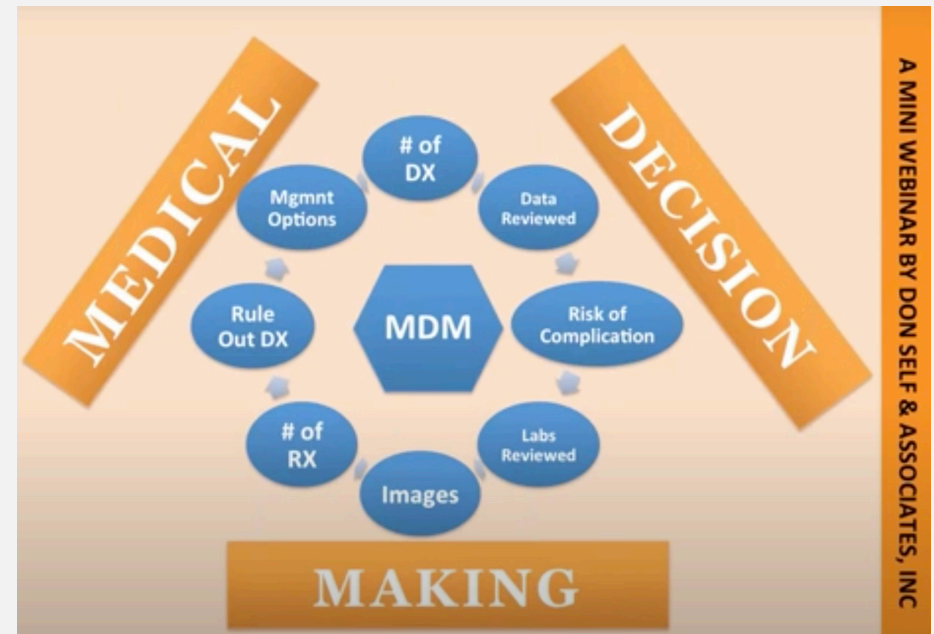
**DON'T FORGET
THAT MDM CAN
GIVE YOU A
DIFFERENT CODE!**

**25 MINUTE CALL
TYPICAL 99348 POS 12 Modifier 95
AUDIO-VIDEO CALL
IF YOU ARE A HOUSE CALL DOCTOR**

10 MINUTE FREE WEBINAR ON MDM

https://youtu.be/pjgb0ISSF6o?list=PLoeUH-Uvw__CTdOBFKAZepHLF666zTkQH

**LET YOUR DOC
WATCH THE FREE 10
MINUTE VIDEO ON
MDM – DOCS LOVE IT**



**TIME WILL NOT REDUCE THE LEVEL OF
CODE IF MDM IS HIGHER**

- OFFICE CALLS PATIENT TO REMIND THEM OF APPOINTMENT
- GIVES PATIENT A CHOICE:
 - OFFICE OR TELEHEALTH

PATIENT CHOOSES TELEHEALTH
DAY/TIME OF APPT... DOC USES
AUDIO-VIDEO CALL TO
CONTACT PATIENT

THIS IS PATIENT INITIATED!

**DO NOT CALL
PATIENTS & SCARE
THEM!**

**ETHICS VIOLATIONS
WILL BE PROSECUTED
BY STATES, FEDS &
FAMILY MEMBERS IN
LAWSUITS**

CS MODIFIER

MEDICARE PAYS 100%

- Cost-sharing does not apply for COVID-19 testing-related services, which are medical visits that: are furnished between March 18, 2020 and the end of the Public Health Emergency (PHE); that **result in an order for or administration of a COVID-19 test AND** are related to furnishing or administering such a test or **to the evaluation of an individual for purposes of determining the need for such a test**

Apr 21: "in order to bill the CS modifier, the statute does require what a testing related service is... an E&M service that results in an order for or an administration of the COVID test or relates to the administration of the test". So - they are reconsidering the current guidance and exploring whether they can change it.

CONSENT

- “Phone calls require consent”
- Verbal consent is ok, per CMS during emergency
- Have a witness!





CHECK WITH EACH CARRIER

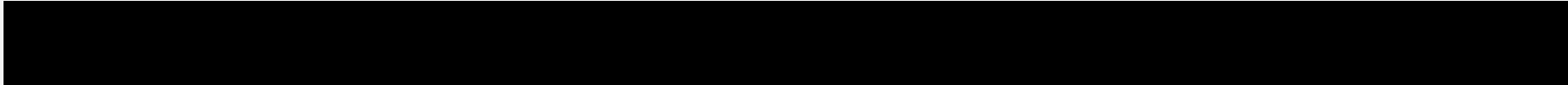
Health Insurance Providers Respond
to Coronavirus (COVID-19)

- **EACH CARRIER IS MAKING UP THEIR OWN RULES!**
- **SOME REQUIRE DIFFERENT MODIFIERS**
- **SOME ARE WAIVING CO-PAYS – SOME ARE NOT**
- **SOME PART C PLANS PAY E&Ms FOR PHONE CALLS!**

ONE OFFICE MANAGER'S CHEAT SHEET

Valid for 1 day only as it changes constantly

INSURANCE	TELEHEALTH E/M CODE	MODIFIER	PLACE OF SERVICE	COLLECT COPAY	TELEPHONE CODE	TELEPHONE MODIFIER	TELEPHONE POS	TELEPHONE TIME (total)
AETNA	99213/99214	GT	45	NO	99441	NONE	11	5-10 MIN
					99442	NONE	11	11-20 MIN
					99443	NONE	11	21-30 MIN
BCBS	99213/99214	GT	45	YES	G2012	NONE	11	5-10 MIN
CIGNA	99213/99214	GQ	11	NO	G2012	NONE	11	5-10 MIN
MEDICARE	99213/99214	NONE	45	YES	G2012	NONE	11	5-10 MIN
UHC	99213/99214	GT	45	YES	99213/99214	GT	45	N/A





CAN YOU MAKE THIS MORE CONFUSING?

VIRTUAL CHECK-IN QNPHP

QNPHP: Physical Therapists, Occupational Therapists, Speech Language Pathologists, Clinical Psychologists, certified nurse anesthetists, licensed clinical social workers, clinical psychologists, and registered dietitians or nutrition professionals, Etc. What about Chiropractors?

98966 – Phone Assessment QNPHP 5-10 minutes

98967 – Phone Assessment QNPHP 11-20 minutes

98968 – Phone Assessment QNPHP 21-30 minutes



- 1. CHECK WITH EACH COMMERCIAL CARRIER ON THEIR RULES**
- 2. Visit is not related to a previous assessment that occurred in the past 7 days**
- 3. Cannot trigger a face-to-face visit within 24 hours (or first available)**

“We are not finalizing increased payment rates for CPT codes 98966-98968”

PLACE OF SERVICE – 11 MEDICARE - COMMERCIAL MAY BE DIFFERENT

MEDICARE RULES –PORTAL - PROVIDER

HIPAA compliant platform, such as an electronic health record portal, secure email or other digital applications.

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Manage your appointments

Schedule your next appointment, or view details of your past and upcoming appointments



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MyChart Username
PatrickJane

Password
●●●●●●

SIGN IN

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New User?

SIGN UP NOW

MEDICARE RULES –PORTAL – DOC, NPP

HIPAA compliant platform, such as an electronic health record portal, secure email or other digital applications.

99421 – Online digital E&M	5-10 minutes	\$16
99422 – Online digital E&M	11-20 minutes	\$31
99423 – Online digital E&M	21-30 minutes	\$50

**CHECK WITH
YOUR
COMMERCIAL
PAYER TO SEE IF
THEY PAY**

1. Call must be “initiated” by the patient (**requested**)
2. Patient does not have to be established (**during** the COVID-19 crisis)
3. Patient must consent to using virtual check-ins

MEDICARE *ASSESSMENT –PORTAL – QNPHP: (PT, RD, SLP, etc)

QUALIFIED NONPHYS HEALTHCARE PROFESSIONAL – ESTAB. PT – UP TO 7 DAYS CUMULATIVE

G2061 – Online digital Assessment	5-10 minutes	\$12
G2062 – Online digital Assessment	11-20 minutes	\$22
G2063 – Online digital Assessment	21-30 minutes	\$34

CHECK WITH
YOUR
COMMERCIAL
PAYER TO SEE IF
THEY PAY

PLACE OF SERVICE - 11

1. Call must be “initiated” by the patient (requested)
2. Patient does not have to be established (during the COVID-19 crisis)
3. Visit is not related to a previous E&M that has occurred in the past 7 days
4. Cannot trigger a face-to-face visit within 24 hours

HIPAA compliant platform, such as an electronic health record portal, secure email or other digital applications.

SPECIMEN COLLECTION FOR COVID TESTING

(Instead of G2023, physicians should use 99211)

Therefore, for the duration of the PHE, we will recognize physician and NPP use of CPT code 99211 for all patients, not just patients with whom they have an CMS-5531-IFC 188 established relationship, to bill for a COVID-19 symptom and exposure assessment and specimen collection provided by clinical staff incident to their services.

For the duration of the COVID-19 PHE, we are therefore finalizing on an interim basis that when the services described by CPT code 99211 for a level 1 E/M visit are furnished for the purpose of a COVID-19 assessment and specimen collection, the code can be billed for both new and established patients.

Page 188: https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf?fbclid=IwAR2d6aTQ-zqcN6szbS1_NPUc-gh8EUgAcQ3FnCgUPu1F2EgNIMRM6NFDAAEk

APRIL 1, 2020 CMS.GOV UPDATE

LINK 

[FR Doc. 2020-06990 Filed: 3/31/2020 4:15 pm; Publication Date: 4/6/2020]



This document is scheduled to be published in the Federal Register on 04/06/2020 and available online at [federalregister.gov/d/2020-06990](https://www.federalregister.gov/d/2020-06990), and on [govinfo.gov](https://www.govinfo.gov)

. Thus, in response to the PHE for the COVID-19 pandemic, we are finalizing on an interim basis, that **RPM services can be furnished to new patients, as well as to established patients.**

Finally, we are clarifying that RPM codes can be used for **physiologic monitoring of patients with acute and/or chronic conditions**



BP - Bluetooth

Handles multiple patients with one device



Glucose

Eliminates patient having to buy strips each month



Pulse Ox

Reduces need for hospitalization until necessary



BP – SIM Enabled

Some patients do not have smartphones

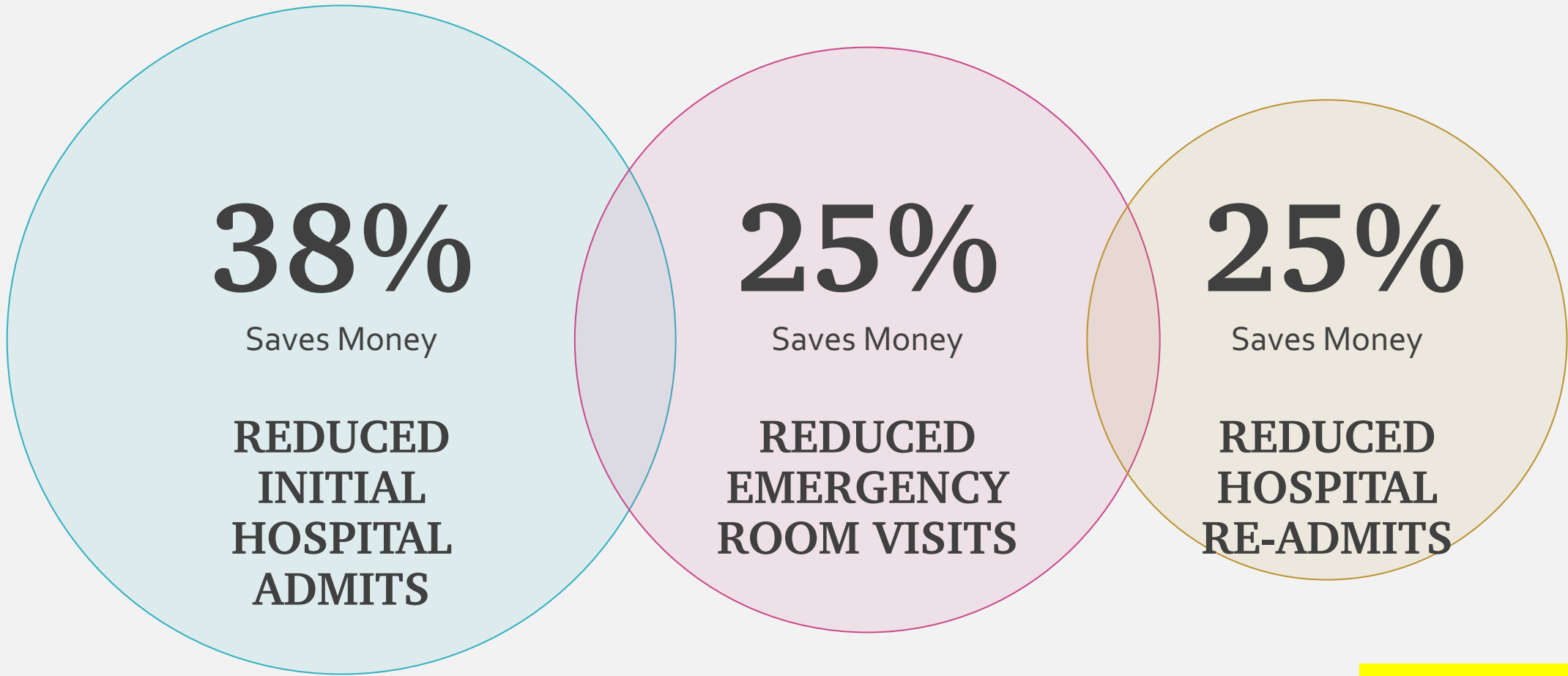


TELEMONITORING

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MEDICARE LOVES TELEMONTORING - ...EVEN BEFORE COVID-19,



TELE-MONITORING in 2020

[TELECARE-USA.COM](https://www.telecare-usa.com)

99453

- Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; **set-up and patient education** on use of equipment
- **\$19.49 MPFS AVG**

99454

- Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days
- **\$65.01 MPFS AVG**

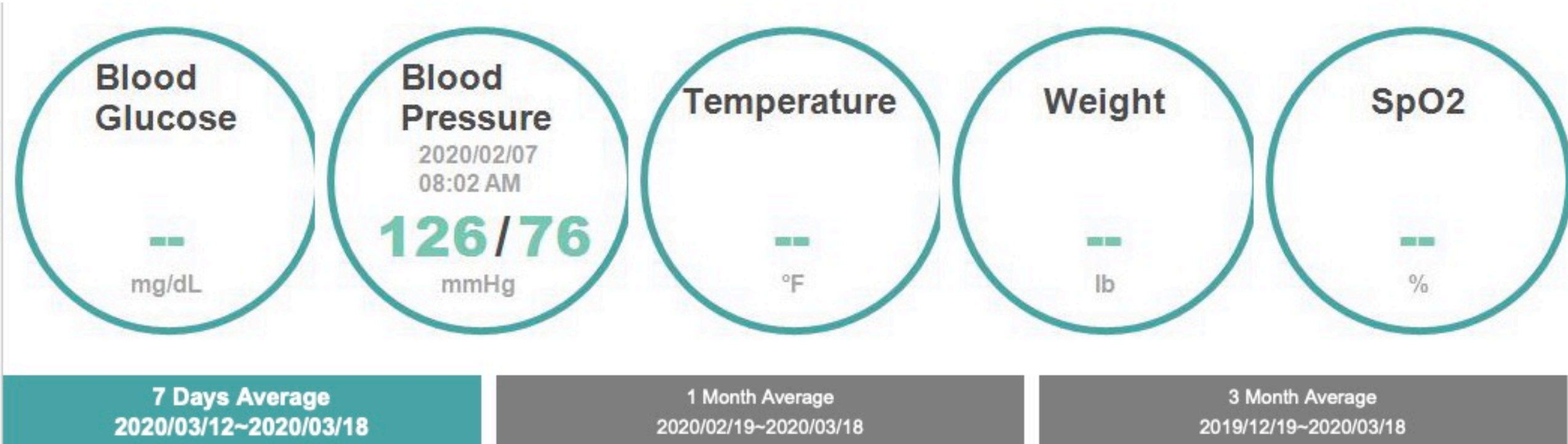
99457

- 99457: RPM treatment management services, 20 minutes or more of clinical staff/physician/other QHC professional time in a calendar month requiring interactive communication with the patient/caregiver during the month
- **\$52.90 MPFS AVG**

99458

- 99457: RPM treatment management services, of clinical staff/physician/other QHC professional time in a calendar month requiring interactive communication with the patient/caregiver during the month, Each Additional 20 minutes
- **\$43.12 MPFS AVG**

REMOTE PHYSIOLOGIC MONITORING



Averages help the doctor

Multiple systems to test

FLU or COVID-19 Monitoring

Isolating patients at home instead of hospital reduces exposure and risk



Send patient home with Pulse ox & thermometer

Patient's Oxygen level will be uploaded automatically on each test



Have staff check portal & call patient every 6-10 hours checking on temperature

- 7am 3 Min
- 2pm ea. = 9 min
- 9pm p/day

99453	\$19.49	Setup
99454	\$65.01	Provision - monitor
99457	\$52.90	First 20 minutes
99458 x6	\$258.72	Additional 115 minutes

MEDICARE ALLOWED	\$ 396.12
MEDICARE PAYS 80%	\$ 316.90

MONITORING SYSTEM	\$ 46.25
NURSE/MA CALLS	\$ 70.00

NET PROFIT	\$200.65
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BLOOD PRESSURE MONITORING

Patients with hypertension need monitoring regularly



“Patients Lie!”



Measurement Date	Wake-Up 07 AM – 08 AM			Morning 08 AM – 11 AM		
	Systolic Pressure	Diastolic Pressure	Pulse	Systolic Pressure	Diastolic Pressure	Pulse
2020/02/07				126	76	68
2020/02/06	127	77	69	136	87	64
2020/02/05				136	91	69
2020/02/04	138	180	74	135	81	85
2020/02/01				182	119	93
Average	132.5	128.5	72	143	90.8	76

99453 \$19.49 Setup
 99454 \$65.01 Provision - monitor
 99457 \$52.90 First 20 minutes

MEDICARE ALLOWED Month \$ 117.91

MONITORING SYSTEM \$ 46.25

NET PROFIT MONTHLY \$ 71.66

NET PROFIT YEARLY \$ 859.92

Send patient home with BP Meter

Staff checks numbers daily or every other day – minimum 20 minutes per month spent on management by staff

Patient’s BP will be uploaded automatically on each test

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GLUCOSE MONITORING

Patients with hypertension need monitoring regularly



“Patients Lie!”



Measurement Date	Wake-Up 07 AM - 08 AM			Morning 08 AM - 11 AM		
	Systolic Pressure	Diastolic Pressure	Pulse	Systolic Pressure	Diastolic Pressure	Pulse
2020/02/07				126	76	68
2020/02/06	127	77	69	136	87	64
2020/02/05				136	91	69
2020/02/04	138	180	74	135	81	85
2020/02/01				182	119	93
Average	132.5	128.5	72	143	90.8	76

99453 \$19.49 Setup
 99454 \$65.01 Provision - monitor
 99457 \$52.90 First 20 minutes

MEDICARE ALLOWED Month \$ 117.91

MONITORING SYSTEM \$ 58.10

NET PROFIT MONTHLY \$ 59.81

NET PROFIT YEARLY \$ 717.72

Send patient home with Glucose Meter, strips, lancets

Patient's readings will be uploaded automatically on each test

Staff checks numbers daily or every other day – minimum 20 minutes per month spent on management by staff

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Questions?

- Ronni Knight
- ronni.knight@RCMT.com
- _____
- Don Self
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- We will send out copy of the CEU and presentation to all live event attendees as soon as it becomes available.






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