

UW Medicine Compliance – COVID-19 Guidance
To be updated as government payer requirements evolve

March 16, 2020

Documenting For Billing Purposes during COVID 19

There are a number of care models being utilized to address patient and employee safety during the COVID 19 outbreak. Some of these qualify as telemedicine services when performed via live audiovisual communication equipment and use typical CPT Evaluation and Management (E/M) codes. These are identified with a GT modifier and billed with a specific place of service (POS 2). Others like telephone visits, eCare responses and CMS Virtual visits have their own billing codes and do not need a modifier or require a special POS.

Per the 1135 waiver CMS has the ability to reduce restrictions on allowable locations for the originating site (patient location) but has not yet formally done so. The waiver does not address teaching physician situations.

As an academic medical center Teaching Physician Rules apply for billing purposes but should not determine the clinical care provided. If telemedicine care is provided by a resident, the resident must append the GT modifier so the claim will stop for review. Some payors may cover these services during the COVID-19 Emergency Response.

FAQ

1) Can residents participate in telemedicine visits?

- *According to UW GME Telehealth Training Policy (effective 9/12/2019), they may if they are privileged for telemedicine. Please note that the attending also needs to be privileged in telemedicine for billing under the teaching physician rules.*
- *Please use both GT AND GC modifiers.*
- *The primary care exception is not approved for billing telemedicine at this time.*
- *It's OK to have the resident and attending be in different physical locations but same video teleconference meeting.*

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2) Based on recent Federal legislation related to COVID19, it appears that clinicians can now bill Medicare regardless of location. Is this true?

- *It's unclear as of the date of this notice what the final policy will be.*
- *The legislation was intended to lift requirement that patient be in a medically underserved or rural area and to lift requirement of being in a health care facility (not at home).*
- *In the interim, we recommend doing what's best for the patient and documenting why a virtual visit was necessary (i.e. Patient is immunocompromised and didn't want to come in for an in-person visit because of risk of COVID19 exposure) along with all other telemedicine documentation requirements.*

3) Can I see patients and bill for telephone visits?

- *Yes, although this is NOT considered to be telemedicine.*
- *If you want to bill for a telephone only visit, please use the 99441 - 99443 code set. For CMS these codes will be billed as G2012 which is the virtual visit covered by Medicare.*

4) Are inpatient telemedicine visits conducted from the same facility to preserve the use of PPE considered telemedicine?

- *For Medicaid FFS and Managed Care, yes. However, Medicare has not yet provided guidance for this situation. Please clearly document the care provided and why telemedicine was used. These services are reviewed by coding staff for billing purposes.*

For example: I conducted this visit with the patient via live interactive audiovisual equipment to preserve PPE and reduce exposure during the COVID-19 response. (Name of person in room assisting if one was present) was in the room with the patient and I was present via audiovisual equipment for the entire or/key and critical portions of the visit).

Or – I performed this visit via live interactive audiovisual equipment from outside the patient room to preserve PPE and reduce exposure during this COVID-19 response.

5) How do I document an E/M visit via telemedicine with a resident?

- *You need to add both the telemedicine distant site dot phrase and the teaching physician attestation. If billing the E/M by time only the time spent by the teaching physician can be counted and a time statement also needs added to the documentation.*

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Outpatient Services:

Encounter Type Epic	CPT Codes	Documentation Requirements	Comments
Telemedicine Visit Type (provided via live interactive audiovisual equipment)	99212 – 99215, 99201-99205: New and established outpatient (providers must apply GT modifier to E&M CPT code) <i>Facility code: Q3014</i>	Same as for E/M plus must add: <ul style="list-style-type: none"> • Location of patient • Location of physician or APP. For Teaching Physicians list location of Attending and Resident • All persons present at both originating and distant site • That the service is performed via live interactive audiovisual equipment 	<ul style="list-style-type: none"> • Providers must append GT modifier • For teaching situations must also append GC modifier
Telephone Visit Type (Phone calls)	99441=5-10 minutes 99442=11-20 minutes 99443= 21-30 minutes	Time based codes must document time spent and content of conversation	No additional modifier needed. These are not considered telemedicine and special privileging is not needed.
Telephone Visit Type	CMS Virtual Check-in G2012	Document patient consent and content of conversation	These are not considered telemedicine and special privileging is not needed. Can only be used by providers who may bill E&M Services. Not related to a visit in the prior 7 days or 24 hours post check-in

Telemedicine Medicaid and Commercial: Teaching physician presence can be met by both providers (resident & attending) and patient being on the same interactive live audiovisual platform. TP needs to be present for key and critical portions. These require a GT and GC modifier.

Telemedicine Medicare: Unsure if CMS will allow under TP rules and will hold claims until additional clarity. These also require GT and GC modifier.

Screening telephone calls and virtual visits: (These services pay \$13- \$14 dollars) If done by resident only – SNO. If performed by Physician or APP only – No modifier required. If under teaching physician (meaning both physicians on phone for key and critical) – need GC modifier.