Guidehouse

Telehealth Update April 30, 2020

FIRST ROUND FLEXIBILITIES: CMS

- CMS to pay for 80 additional telehealth codes; home visits, ED visits, home visits and therapy services. Providers can waive copayments for all telehealth services for Medicare beneficiaries.
- Virtual Check-ins: (G2012 & G2010) extended to <u>new</u> and established patients.
- **Telephone Services**: CMS will reimburse for physician telephone E&M (CPT 99441-99443) and telephone assessment and management by qualified nonphysician (CPT 98966-98968)
- **E-visits:** LCSW, Clinical Psychologist, PT, OT and SLP can provide E-visits G2061-G2063 to established patients only. Must be patient initiated and established patients only.
- **Remote Patient Monitoring**: can be provided to patients with acute and chronic conditions, including patient with only one disease.

Additional Considerations:

- Removal: Frequency Limitations on Medicare:
- o CPT 99231-99233 subsequent Inpatient
- CPT 99307-99310 subsequent skilled nursing
- CPT G0508-G0509 Critical care consult
- **Supervision Requirements**: CMS is allowing physicians to supervise their clinical staff using virtual technologies when appropriate, instead of requiring in-person presence.
- **Waivers** "Stark Law": CMS implementing waivers exempting providers from sanctions for noncompliance of certain Stark Law rules, allowing certain referrals and submission of related claims that would otherwise have been in violation.
- Additional information regarding waivers and rule changes:

https://www.cms.gov/newsroom/fact-sheets/additional-backgroundsweeping-regulatorychanges-help-us-healthcare-system-address-covid-19-patient

SECOND ROUND FLEXIBILITIES: CMS

- RHC's and FQHC's allowed to furnish distant site telehealth services and must use G2025 to identify telehealth services beginning *January 27, 2020* (COVID PHE)
- Claims Requirements for RHC distant site services

Services Jan 27, 2020 - June 30, 2020

Services on/after July 1, 2020

- HCPCS code G2025
- Modifier CG (required)
- Modifier 95 (optional)
- Revenue code 052X

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- Revenue Code 052X
- Claims Requirements for FQHC distant site services
 - Must report FQHC PPS specific payment code (G0466, G0467, G0468, G0469 or G0470) No modifier needed
 - Must report HCPCS/CPT code describing service rendered along with modifier 95
 - Must report G2025 with modifier 95

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- Revenue Code 052X
- RHCs and FQHCs append CS modifier claims will be paid wit coinsurance applied and MAC will automatically reprocess claims beginning on July 1, 2020
 - Should not collect coinsurance from beneficiaries if it is waived
- During PHE: RHC's and QHC's can furnish any telehealth services that is approved as a Medicare telehealth service under PFS. Effective March 1, 2020 this includes CPT 99441-99443, audio only telephone E&M services by using HCPCS G2025

