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Richelle Marting is an attorney, registered health information administrator, and certified coder who focuses on healthcare coding, billing, and reimbursement issues. She has practical, in-the-trenches experience with coding and billing issues. She has served as an outpatient multi-specialty surgery coder, hospital-based outpatient coder and a compliance coordinator for a large multi-specialty medical group. As an attorney she advises clients proactively on complex reimbursement questions and has guided multiple clients through extensive Medicare and OIG audits and investigations.
In the News

- Medicare Physician Fee Schedule Proposed Rule Released
- Federal PHE Extended Through 10/18/21
- Medicare Part B Telehealth Added to OIG Workplan

Audits of Medicare Part B Telehealth Services During the COVID-19 Public Health Emergency

Telehealth is playing an important role during the public health emergency (PHE), and CMS is exploring how telehealth services can be expanded beyond the PHE to provide care for Medicare beneficiaries. Because of telehealth’s changing role, we will conduct a series of audits of Medicare Part B telehealth services in two phases. Phase one audits will focus on making an early assessment of whether services such as evaluation and management, opioid use disorder, end-stage renal disease, and psychotherapy (Work Plan number W-00-21-35801) meet Medicare requirements. Phase two audits will include additional audits of Medicare Part B telehealth services related to distant and originating site locations, virtual check-in services, electronic visits, remote patient monitoring, use of telehealth technology, and annual wellness visits to determine whether Medicare requirements are met.

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<th>Announced or Revised</th>
<th>Agency</th>
<th>Title</th>
<th>Component</th>
<th>Report Number(s)</th>
<th>Expected Issue Date (FY)</th>
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<td>January 2021</td>
<td>Centers for Medicare and Medicaid Services</td>
<td>Audits of Medicare Part B Telehealth Services During the COVID-19 Public Health Emergency</td>
<td>Office of Audit Services</td>
<td>W-00-21-35862</td>
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Overview

Pre-COVID mental/behavioral telehealth services coverage

Preventive Services

COVID expansion and flexibilities

Expansion on the horizon
Screening, counseling services have been covered as telehealth services since 2012.
Coverage was added in 2012 for several new preventive services involving mental, behavioral health that were later added to the Medicare telehealth list in 2013.
DEPRESSION SCREENING

G0444 Annual depression screening, 15 minutes

### Coverage Requirements
- Primary care settings
- No specific screening tool
- Paid at 100%
- Facility: $9.42; Non-Facility: $18.84
- No specific diagnosis code; Z13.31

### Description
Screening for identification of severity of depression symptoms for the prevention or early diagnosis of illness or disability

### Coverage Limits
- Annual
- Not for treatment, interventions, counseling, medications
- Not separately payable to RHCs, FQHCs
- **Age:** 18+

Professional billing: 11 – Office; 22 – Outpatient Hospital; 49 – Independent Clinic; 71 – State or Local Public Health Clinic
Institutional: TOB 71X (RHC), 77X (FQHC), 13X (hospital outpatient), CAH (85X reasonable cost), CAH Method II (rev code 096X, 097X – 115% lesser of charge or MPFS
ALCOHOL MISUSE SCREENING
G0442 Annual alcohol misuse screening, 15 minutes
G0443 Brief behavioral counseling for alcohol misuse

**Coverage Requirements**
- Primary care settings; primary care provider
- No specific screening tool
- Paid at 100%
- G0442 Facility: $9.42; Non-Facility: $18.84
- G0443: Facility: $24.08; Non-Facility $26.87
- No specific diagnosis; Z13.39

**Screening Description**
Identification, prevention of risky, hazardous, or harmful drinking which places an individual at risk for future problems with alcohol consumption

**Coverage Limits**
- 1 Annual Screening
- 4 Brief counseling sessions for positive screenings
- Not for treatment, interventions, counseling, medications
- Not separately payable to RHCs, FQHCs
- Age: 18+

Professional billing: 11 – Office; 22 – Outpatient Hospital; 49 – Independent Clinic; 71 – State or Local Public Health Clinic
Primary care providers: 01 - General Practice 08 - Family Practice 11 - Internal Medicine 16 - Obstetrics/Gynecology 37 - Pediatric Medicine 38 - Geriatric Medicine 42 - Certified Nurse-Midwife 50 - Nurse Practitioner 89 - Certified Clinical Nurse Specialist 97 - Physician Assistant
Institutional: TOB 71X (RHC), 77X (FQHC), 13X (hospital outpatient), CAH (85X reasonable cost), CAH Method II (rev code 096X, 097X – 115% lesser of charge or MPFS)
**STI PREVENTION**

G0445 High-intensity behavioral counseling to prevent sexually transmitted infections, individual, includes: education, skills training, and on how to change sexual behavior, guidance performed semi-annually, 30 minutes

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**Coverage Requirements**

Primary care provider

<table>
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<th>Facility</th>
<th>Non-Facility</th>
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<td>$23.73</td>
<td>$28.26</td>
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Z11.3 Screening for STI and Z72.89 high risk lifestyle; code also Z72.51 - Z72.53 high risk behaviors

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**Screening Description**

Certain screening labs for chlamydia, gonorrhea, syphilis, hepatitis B covered

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**Coverage Limits**

- 2 occurrences
- Not for treatment, interventions, counseling, medications
- Not separately payable to RHCs, FQHCs

Age: Sexually active adolescents and adults (no min or max age)

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Professional billing: 11 – Office; 22 – Outpatient Hospital; 49 – Independent Clinic; 71 – State or Local Public Health Clinic

Primary care providers: 01 - General Practice 08 - Family Practice 11 - Internal Medicine 16 - Obstetrics/Gynecology 37 - Pediatric Medicine 38 - Geriatric Medicine 42 - Certified Nurse-Midwife 50 - Nurse Practitioner 89 - Certified Clinical Nurse Specialist 97 - Physician Assistant

Institutional: TOB 71X (RHC), 77X (FQHC), 13X (hospital outpatient), CAH (85X reasonable cost), CAH Method II (rev code 096X, 097X, or 098X – 115% less of charge or MPFS)

RHCs, FQHCs use revenue code 052X
BEHAVIOR THERAPY FOR CARDIOVASCULAR DISEASE
G0446 Annual, face to face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes

Coverage Requirements
Primary care settings
Primary care provider
Paid at 100%
G0442 Facility: $24.08; Non-Facility: $26.87
No specific diagnosis; Z71.3; Z13.6

Screening Description
Cardiovascular disease risk reduction counseling
Components
• The five(5) “A”s
• Encourage aspirin
• Blood pressure screening
• Diet counseling with hyperlipidemia, HTN, advancing age, other known risk factors and diet-related chronic disease

Coverage Limits
1 Annual Screening
Not for treatment, interventions, counseling, medications
Not separately payable to RHCs, FQHCs
Age: 18+

Professional billing: 11 – Office; 22 – Outpatient Hospital; 49 – Independent Clinic; 71 – State or Local Public Health Clinic
Primary care providers: 01 - General Practice 08 - Family Practice 11 - Internal Medicine 16 - Obstetrics/Gynecology 37 - Pediatric Medicine 38 - Geriatric Medicine 42 - Certified Nurse-Midwife 50 - Nurse Practitioner 89 - Certified Clinical Nurse Specialist 97 - Physician Assistant
BEHAVIOR THERAPY FOR OBESITY

G0447 Behavioral counseling for obesity, 15 minutes

G0473 Behavioral counseling for obesity, group (2-10), 30 minute(s)

Coverage Requirements

Primary care settings
Primary care provider
Paid at 100%
G0447 Facility: $24.08; Non-Facility: $26.87
G0473: Facility: $11.86; Non-Facility $12.91
Diagnosis code reflecting BMI 30+ (Z68.30-Z68.45)

Screening Description

counseling and interventions for patients with BMI > 30. Screen BMI, diet assessment

Counseling

1. Assess
2. Advise
3. Agree
4. Assist
5. Arrange

Coverage Limits

1 Visit every week 1st month
1 visit every other week months 2-6
1 visit every month for months 7-12 if patient loses 6.6 pounds in months 1-6
Max 22 sessions in 12-month period
REMINDER:
ALL OTHER TELEHEALTH REQUIREMENTS APPLY

1. Eligible originating site (‘home’ not available after PHE...yet)
2. Eligible distant site practitioners
3. Outside MSA or rural HPSA
4. Audio-visual, real-time, two-way telecommunications
5. Place of service 02 for telehealth
Temporary waiver of certain telehealth requirements during PHE

COVID-19 PHE EXPANSION AND FLEXIBILITIES
Numerous waivers as part of the PHE extend to telehealth services for mental and behavioral health conditions.

COVID-19 FLEXIBILITIES

- Patient’s home as eligible originating site
- New, established patients
- Paid regardless of licensure in patient’s state**
- Audio-only services
- RHCs/FQHCs as distant site providers
- No geographic restriction
- Supervision through virtual presence
Several proposals in the newly released 2022 Medicare Physician Fee Schedule suggest expanded coverage for tele-behavioral and mental health services

CHANGES ON THE HORIZON
Audio-Only Services

Medicare is considering permanently expanding coverage for audio-only services to certain mental health visits.

When the PHE ends, CMS’s waiver authority to permit audio-only services as telehealth ends.
Consolidated Appropriations Act

The SUPPORT Act allows home to be used as an originating site for SUD treatment or co-occurring mental health disorders services delivered via telehealth, without geographic restrictions to rural areas.
Audio-Only Services

Medicare proposes to extend coverage of audio-only visits for certain mental health services

**Conditions**
- Diagnosis, evaluation, or treatment of mental health disorders
- Established patients
- Originating site is the patient’s home

**What to Watch for in the Final Rule**
- Documentation requirements
- Level of service limits
- Exclusions if psychotherapy add-on is used
- Exclusions if crisis code is reported

**Other Restrictions**
- Patient is unable to, does not want to use, or does not have access to two-way, audio/video technology
- Provider must have capacity for audio-visual, two-way real time communication
- Modifier to identify audio-only service and certify compliance likely
Extended Communication Technology Based Services

Added on an interim basis and Medicare proposes to make permanent

G2252

Brief communication technology-based service, e.g., virtual check-in service, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11–20 minutes of medical discussion
Therapeutic monitoring captures non-face-to-face monitoring of subjective, non-physiologic data.

REMOTE THERAPEUTIC MONITORING

New services planned for January 1, 2022
Remote therapeutic monitoring services (eg, musculoskeletal system status, respiratory system status, therapy adherence, therapy response) represent the review and monitoring of data related to signs, symptoms, and functions of a therapeutic response. These data may represent objective device-generated integrated data or subjective inputs reported by a patient. These data are reflective of therapeutic responses that provide a functionally integrative representation of patient status.
Remote Therapeutic Monitoring Codes

**989X1**
Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment

**989X2**
Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days

**989X3**
Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days

**989X4**
Remote therapeutic monitoring treatment management services, physician/other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month; first 20 minutes (RUC recommends 0.62 wRVU)

**989X5**
Remote therapeutic monitoring treatment management services, physician/other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month; first 20 minutes (RUC recommends 0.62 wRVU)
Questions?

Available Through Heartland Telehealth Resource Center for Technical Assistance
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