Quasi Telehealth Services

Richelle Marting, JD, MHSA, RHIA, CPC, CEMC, CPMA, CPC-I
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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.
COVID PHE/Emergency Declaration Status Check

- Federal DHHS PHE Extended through July 19, 2021
- Oklahoma: Rescinded May 5
- Kansas: Set to Expire June 15
- Missouri: Extended March 26 through August 31
Quasi Telehealth Overview

- Services that don’t meet Medicare’s formal definition of telehealth
- Provided other than in-person face to face
- Today, focused on communication technology based services
- Watch for updates on our July and August sessions on remote patient monitoring and care management
Quasi Telehealth Description

• Services that don’t meet Medicare’s formal definition of telehealth
• Provided other than in-person face to face
• Medicare categories
  • Communication technology based services
  • Care management
• Future session will focus on remote patient monitoring specifically
Communication Technology Based Services (CTBS)

- Not technically “telehealth”
- New or established patients during the PHE
  - Impact on new patient definition
- Consent documented by auxiliary staff under general supervision
- Timing or manner is not critical
- “Sometimes therapy”, therapy modifiers
- Virtual check-in, remote evaluation of recorded video and/or images
• Physician or non-physician practitioner has a non-face-to-face check in with a patient via communication technology to assess whether the condition requires a visit
• Not related to E/M within the previous 7 days
• Not leading to an E/M within the next 24 hours (or soonest available)
• Payable under PFS, payable to FQHCs, RHCs
• Deductible and coinsurance apply
• Consent
• **G2012** Brief communication technology-based service, e.g. virtual check-in, 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; **5–10** minutes of medical discussion

• **G2251** Brief communication technology-based service, e.g. virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; **5-10** minutes of medical discussion

• Note: Valuation is the same for G2250-G2251; G2010, G0212 (Remote assessment of video/image; virtual check-in) whether performed by QHP or non-QHP
• Not covered by KMAP, MO Medicaid. See telephone visit codes or E/M with POS 02 instead
• Not listed on OCHA fee schedule
New code on an interim basis: **G2252** Brief communication technology-based service, e.g. virtual check-in, 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

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Communication Technology Based Services (CTBS) – Remote Evaluation

• **G2010** Remote evaluation of recorded *video and/or images* submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, 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.
  • By provider or qualified healthcare professional who may report E/M

• **G2250** Remote assessment of recorded *video and/or images* submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment.
  • By practitioners who cannot independently bill E/M
Communication Technology Based Services (CTBS) for RHC/FQHC

• Paid outside your AIR/PPS payment
• G0071 Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only
• Paid average PFS non-facility payment for virtual check-in and remote evaluation
• May be billed alone or with other services
• Revenue code 052x
Communication Technology Based Services (CTBS) – E-Visits

- Patients initiate these services through Health Insurance Portability and Accountability Act (HIPAA)-compliant, secure platforms, such as through the electronic health record (EHR) portal, email, or other digital applications.
- “While the patient’s problem may be new”...“the patient is an established patient”
- Cumulative time in a 7 day period
- Time begins with provider’s personal review of initial inquiry
- Time includes review of records, provider interaction with clinical staff, development of management plans, provider generation of prescriptions or orders for tests, and subsequent communication with the patient
- All group practice providers’ time contribute to E-Visit time
- Within 7 days of an E/M related to same problem, no separate E-Visit; if separate, report with modifier -59
• NPPs such as licensed clinical social workers, psychologists, PTs, OTs, SLPs can report to Medicare
• Payment

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Communication Technology Based Services (CTBS) – Phone Visits

**99441**
Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian 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; 5-10 minutes of medical discussion.

**99442**
11-20 minutes of medical discussion

**99443**
21-30 minutes of medical discussion
Communication Technology Based Services (CTBS) – Phone Visits

• Coverage began 3/31/2020
• May 2020: increased payment to match office visit rates
• Coverage for 99441-99443 will end when PHE expires
• Current 90-day PHE cycle ends July 19, 2021
  • Letter to governors that “PHE will likely remain in place for the entirety of 2021...HHS will provide states with 60 days’ notice prior to termination”
• KMAP: Report E/M with POS during PHE
• Covered by OCHA
• 98966-98968 Telephone visit by QHP to established patient unrelated to E/M previous 7 days or leading to visit in next 24 hours or soonest available
  • Not “E/M” codes; available to PT, SLP, OT
Communication Technology Based Services (CTBS) – Phone Visits

**98966** Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

**98967** 11-20 minutes of medical discussion

**98968** 21-30 minutes of medical discussion

- Not “E/M” codes; available to PT, SLP, OT
- Permitted for new patients during the PHE
### Communication Technology Based Services (CTBS) – Phone Visits

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Questions?

Available Through Heartland Telehealth Resource Center for Technical Assistance
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