The following are responses to telehealth questions asked on the webinar, *How to "See" Patients and Get Paid for It,* with Elizabeth Woodcock.

Q. Would the mobile health device for remote monitoring include blood glucose monitors and home c-pap machines? Diabetes management? Other devices? Is it just one device or can it be multiple devices?
There are no specific devices for remote patient monitoring. The CPT definition simply states "physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate)." This might be a helpful resource: https://www.ama-assn.org/system/files/2018-12/playbook-resources-step-5-coding-payment-REV1.pdf.

Q. Can doctors who see patients' at a residential facility bill for telemedicine?
Here is a listing of professional services (includes all settings) that can be billed via telemedicine, updated on 4/30/20: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

Q. Can an RN or LPN provide these services and get paid? Can a "nurse visit" be provided under the phone CPT codes (99441-3; 98966-8)?
No, a nurse is not considered a rendering provider for the CPT codes 99441-3; 98966-8.

Q. Please comment on pharmacist's participation and billing options for telehealth.
The Centers for Medicare & Medicaid Services (CMS) on April 30, 2020 (after the webinar) offered clarification re: pharmacists' role: "As such, pharmacists may provide services incident to the services, and under the appropriate level of supervision, of the billing physician or NPP, if payment for the services is not made under the Medicare Part D benefit. This includes providing the services incident to the services of the billing physician or NPP and in accordance with the pharmacist's state scope of practice and applicable state law." (Please note that billing options depend on state scope of practice.) Source: CMS-5531-IFC.

Q. Virtual visits-what are the codes? 99441-99443? Or G2012; also does this require telephone contact?
For virtual visits, the codes are: 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; and G2012: Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified healthcare professional who can report evaluation and management [E/M] services, provided to an established patient; 5-10 minutes of medical discussion. These codes do not require telephone contact.

Q. Have you seen any changes with restrictions on the location of the provider and does the location need to be indicated on the claim (POS 11 mean that provider is sitting in their registered office)?
The restrictions have been lifted: "CMS is temporarily waiving requirements that out-of-state practitioners be licensed in the state where they are providing services when they are licensed in another state." "Allow physicians and other practitioners to render telehealth services from their home without reporting their home address on their Medicare enrollment while continuing to bill from their

currently enrolled location." Source: https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf. See also www.fsmb.org for updates about state policies.

Q. For video telemedicine: I think you said Practitioners do NOT have to be licensed in the same state the patient lives. True?
That is correct; see https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf and notes above.

Q. Is there any telephone code that pays the same as face-to-face visit under Medicare or Medicaid?
The Centers for Medicare & Medicaid Services (CMS) announced on April 30, 2020 (after the webinar) that the reimbursement for the phone-only telehealth codes (99441-3) would be reimbursed at the same level as 99212-4, respectively, retroactive to March 1.

Q. Do those Medicare Part B codes like 99453/99458 also get paid by commercial payers?
Each payer is unique so you have to check with them for their coverage and any guidelines to follow.

Q. Are these codes used alongside physician appointments or replace them?
The codes for virtual visits, eVisits and remote patient monitoring are distinct and separate codes.

Q. What about Medicaid changes? Have they followed suit?
Medicaid represents 50 different payers (for 50 states); each state has a different policy for reimbursement, although most are following CMS' guidelines.

Q. Can you expand on the time that can be billed for telemedicine? My docs are documenting only the time they spend on the phone. But my understanding is they can include and bill for time before and after the appt. Is this correct?
The issue of time relates to E/M services regardless of whether they are rendered in person or remotely. From the American Medical Association (the authors of CPT): "Total time on the date of the encounter (office or other outpatient services [99202-99205, 99212- 99215]): For coding purposes, time for these services is the total time on the date of the encounter. It includes both the face-to-face and non-face-to-face time personally spent by the physician and/or other qualified health care professional(s) on the day of the encounter (includes time in activities that require the physician or other qualified health care professional and does not include time in activities normally performed by clinical staff)." Source: https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf

Q. Is it your understanding that CS is not just for COVID test rendered or ordered? It states if visit was for purpose of evaluating for COVID even if it did not result in a COVID test.
Consider reviewing this source document to determine when it is applicable to bill based on your specific circumstances: "...provide benefits for certain items and services related to diagnostic testing for the detection of SARS-CoV-2 or the diagnosis of COVID-19 (referred to collectively in this document as COVID-19) when those items or services are furnished on or after March 18, 2020..." Source: https://www.cms.gov/files/document/FFCRA-Part-42-FAQs.pdf

Q. If you have already performed testing and only added the 95 modifier should we refile with the CS if Medicare?

Yes, I would recommend that you refile, as it would pay 100% of the allowable. The retroactive date is March 18. Supporting information about the use of CS is here: https://www.cms.gov/files/document/FFCRA-Part-42-FAQs.pdf

Q. Can't the consent be obtained verbally during the COVID period?
Yes, the consent can be obtained verbally.

Q. What best practices have you seen (using portals, emails, text reply) have you seen to obtain consents?
Because the consent can be obtained verbally during the public health emergency (and so documented), many practices are doing that. However, offering a pre-visit electronic signature process is most helpful.

Q. Does "audio only" telehealth constitute anything other than care via phone? (i.e. medical alert devices, etc.)
On 4/30/20 (after the webinar), the Centers for Medicare & Medicaid Services declared that the reimbursement for the phone-only telehealth codes (99441-3) would be reimbursed at the same level as 99212-4, respectively, retroactive to March 1. For audio only, you also have the option to use a Virtual Visit (G2012) noting that it pays @$15.00.

Q. Can we bill well child visits for non-essential checks ups and get paid at regular rate even though we're using telemedicine?
Because you're referencing "well-child," this is outside of Medicare and likely in the purview of private payers and Medicaid. There is no standard approach to reimbursement. Most payers are reimbursing at the full, "in-person" rate during the public health emergency, but it is up to each payer. Therefore, you'll want to check with your payer(s) to determine the answer to this question.

Q. If an established patient has an appointment for a routine exam, can I have my clinic assistant call the patient 1-2 days before the appointment to collect reason for visit and medical history before they arrive to streamline the patient time in the office?
Yes, this is a great idea. You can do it 1 to 2 days prior, or stage your encounter so that the MA is performing this clinical intake prior to your telemedicine encounter with the patient.

Q. If you are already a CMS provider, do you need to enroll in specific telehealth?
If you are enrolled in Medicare, then you do not to enroll again or enroll specifically to offer telehealth.