

Health Information Compliance Alert

Public Health Emergency: Factor This Expert Telehealth and PHE Advice Into Your Policies

Know the various modifiers and when to append them.

With COVID-19 spikes occurring across the nation, you may be cutting in-person visits and ramping up your telehealth services options again. Now is a good time to revisit the fundamentals on telehealth coding as well as refreshing your public health emergency (PHE) protocols. Additionally, you may want to check in with your Medicare Administrative Contractor (MAC) to see if there have been any jurisdictional changes.

That was the word from NGS Medicare's **Lori Langevin** in the Part B payer's May 24 webinar, "the Public Health Emergency and COVID-19 Telehealth Services."

Reminder: The COVID-19 PHE and the associated flexibilities are still ongoing at this point. "The public health emergency was actually renewed on April 16 and has been extended through July 16, 2022. That's the date we have in writing so far," Langevin said.

She added, "I know that some providers have said that they've heard it's extended through the end of the year. But, until we see it on the Department of Health and Human Services public health emergency [website], we like to just stick with what we see in black and white."



Don't Use Modifier CR for Telehealth Services

Under section 1135 of the Social Security Act, the Centers for Medicare & Medicaid Services (CMS) may temporarily "waive" or modify certain Medicare requirements to ensure that sufficient healthcare items and services are available to meet the needs of beneficiaries - and that's where the modifier CR (Catastrophe/disaster related) comes into play.

Langevin reiterated this point. "We've been discussing this modifier for a while, but just as a reminder the modifier CR is meant for disaster- or catastrophe-related situations, one being this public health emergency of COVID-19."

The CR modifier is "used to identify claims that are or may be impacted by specific payer/health plan policies related to COVID-19, so you will want to use this on professional and outpatient institutional claims," she said. "You will not need to use this on telehealth services."

Understand the CS Modifier Essentials

Modifier CS (Cost-sharing waived for specified covid-19 testing-related services that result in an order for or administration of a covid-19 test ...) continues to confuse Medicare providers - even though Part B providers started using it on March 18, 2020.

"The CS modifier waives cost-sharing requirements for the Medicare beneficiary," Langevin reminded. "This cost sharing may be added to an evaluation and management (E/M) service when that service leads to [COVID-19] testing being ordered or administered. If the physician sees a patient and they have the determination that the patient has symptoms or from a review of history has been around people that were exposed and the determination is made to do the COVID-19 test, then the CS modifier should be appended to the associated E/M service."

"Lab tests are paid at 100 percent of the lab fee schedule, and a modifier would not be needed for the test itself,"

Langevin said.

Stay on Top of Updates to the Medicare Telehealth Services List

If you're operating from the original Medicare telehealth services list that you downloaded in 2020, that's probably going to cause some coding problems, Langevin warned. "Don't look at an old list that you saved to your desktop, you should go to CMS.gov and put into the search engine 'telehealth services.'"

You need to be looking at the correct list that was updated on Jan. 5, 2022, because those are currently the services that are available for telehealth, from services that have always been covered to "codes that were temporarily added for the COVID-19 pandemic," she advised. Additionally, once you go into the Excel spreadsheet and review the various codes, you can see the status, requirements, and limitations of the services. Find the Medicare telehealth services list at www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes.

For example, Langevin pointed to the "Audio Only Interaction" column as a place to start, as that column was added during the PHE and offers providers insight on what CMS will cover. "If you see a 'yes' there, then that means that you don't need video. You can just do audio only, and Medicare is going to pay for that."

Langevin added, "You just have to look at the status to not only make sure you're using the codes right, documenting them right, but also following what's on the status there."

The changes and the various status on the added telehealth services - particularly the Category 3 additions - may factor into codes becoming permanent on the list after the PHE has ended, too, Langevin suggested. "You want to make sure you check the status because there are some codes they [CMS] already have up there...that they know are going to be available through December of 2023, not 2022 - 2023. That's because CMS wants to look at certain services, they want to see if they're working in telehealth, and they want to give providers a little bit longer" to utilize these codes before and if they finalize them, she explained.



Remember These Telehealth Modifiers for Mental Health Services

As part of the Medicare Physician Fee Schedule for CY 2022, CMS added two modifiers related to telehealth mental health services, FQ (A telehealth service was furnished using real-time audio-only communication technology) and FR (A supervising practitioner was present through a real-time two-way, audio/ video communication technology), the NGS guidance indicated.

"The FQ or FR [modifier] would be appended if it's for mental health service or mental health diagnosis," Langevin expounded. For more information on the modifiers and the 2022 fee schedule updates to telehealth services, she suggested providers review the MLN Matters article "MM12549: CY2022 Telehealth Update Medicare Physician Fee Schedule."

Review the CMS guidance at

www.cms.gov/files/document/mm12549-cy2022-telehealth-update-medicare-physician-fee-schedule.pdf.

Check Out Clarifications on POS for Telehealth Services

The correct place of service (POS) code to use for telehealth services during the PHE continues to confound Medicare providers. That's why Langevin recommends reviewing MLN Matters article "MM 12427: New/Modifications to the Place of Service (POS) Codes for Telehealth," which was revised on May 27. It offers fresh insight on the descriptors for these POS codes associated with telehealth services:

- POS 02 (Telehealth provided other than in patient's home)
- POS 10 (Telehealth provided in patient's home)

"POS 02: If before COVID, you never billed telehealth services, that was the original place of service that you'd need to

indicate telehealth services,” Langevin said. “Then COVID-19 came around and you were told to bill the place of service you would have billed had COVID-19 never happened ... so for this article, they are just revising the description” for POS 02, she continued.

“Then they added a new POS code, POS 10, which means telehealth provided in the patient's home. But as far as Medicare goes, we already have 12 for place of service [POS 12], and Medicare has not really identified a new for this new code; therefore, MACs will continue to instruct providers to use” telehealth service guidance outlined in Chapter 12, Section 190 of the Medicare Claims Processing Manual, Langevin observed.

Read the MLN Matters 12427 at

www.cms.gov/files/document/mm12427-newmodifications-place-service-pos-codes-telehealth.pdf and review CMS guidance at www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf.