

Health Information Compliance Alert

Telehealth Services: 5 MAC Tips to Help With COVID-19 Telehealth Updates

Know these PHE basics.

You may not be fighting COVID-19 on the frontlines, but that doesn't mean you haven't been affected by the pandemic. Plus, your organization may be performing more telehealth visits under the Medicare expansion than in the past - and you may be fuzzy on the particulars of these relaxed regulations.

Backtrack: Over the last few months, the **Centers for Medicare & Medicaid Services** (CMS) announced that Medicare payers will reimburse providers for telehealth visits - even if the patients are in their homes during the encounters. In addition, CMS will no longer closely restrict the type of device used for the telehealth visit. Instead, patients can use their computers or smartphones to access face-to-face (F2F) telehealth services.

Though the 1135 waivers offer providers flexibility to tackle COVID-19 while decreasing the risks of spreading the virus, "the telehealth coverage guidelines have changed significantly" and pose challenges for many Medicare practices, said staff from Part B Medicare Administrative Contractor (MAC) **NGS Medicare** in the May 27 webinar, "Telehealth Services in the Age of COVID-19 for Part B Providers."

Read on for five tips that NGS shared during the call that can help you maximize your telehealth claims during the public health emergency (PHE).

Tip 1: Remember Telehealth Waivers Are Temporary

The current telehealth expansion that includes the 1135 waivers and flexibilities were put into place to help providers through the pandemic. They are temporary but will remain in effect for the duration of the PHE, according to NGS Medicare guidance.

"Some providers have asked us, 'Is there an end date?' At this time, no," said NGS Medicare's **Lori Langevin** during the webinar. "CMS says we are just going forward until the public health emergency has ended, but no, we don't have a date," she added.

Tip 2: Use CMS' Online Code List

As part of its COVID-19 telehealth expansion, CMS added 85 codes to its coverage list that are now payable under the Medicare Physician Fee Schedule (MPFS).

"You'll submit the appropriate CPT® or HCPCS code, which is going to be one of the codes listed on the CMS website list," Langevin stressed.

Plus: And, remember that appending modifier 95 (Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system) tells the payer that you performed the service via telehealth. "Whether it's audio or audio-video - and these specifications will be on that [CMS code] list - you have to have modifier 95 on there," explained Langevin.

Find the CMS list of covered telehealth codes during the PHE effective March 1, 2020, at www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes.

Tip 3: Get the Right POS Codes

In the past, CMS paid for telehealth only when patients were in a specific health setting during the visit - and only when certain technologies were used. With the new changes that allow telehealth to take place in any setting and using a wider range of platforms, many providers are confused about which place of service (POS) code to use on their Part B claims.

"You are going to use your place of service option as if you were seeing patients face-to-face," Langevin advised. "Most providers would be using POS 11 [office], but, of course, POS 21 [Inpatient hospital] or POS 23 [Emergency room - hospital] are applicable."

Tip 4: Register the Medicare Payment Changes

According to NGS Medicare, there is no reduction in payment for care administered at a distant site; practitioners will be paid MPFS rates for the services provided (see story, p.43).

Caveat: However, providers should be advised that "services must be within practitioner's scope of practice under state law," reminds NGS guidance.

"As far as the payment for distant site, it will be equal to the current fee schedule amount for services provided. You'll want to bill the location you would pre-COVID-19," Langevin said.

Important: The MACs understand that clinicians may be caring for patients in their homes, and that's perfectly fine. Due to the temporary nature of the telehealth waivers, providers will still want to bill with their practice locations.

However, "if you've always had your home on your provider enrollment files, then you can use the home - but you don't have to add it for the PHE," Langevin indicated.

Tip 5: Document for F2F With Exceptions

Though administrative burdens have been greatly reduced during the pandemic, documentation still matters. Under the COVID-19 flexibilities, providers can document these telehealth services as if they were any other F2F encounter, with a few exceptions, NGS maintains.

"A statement should be provided indicating the services were provided via telehealth," Langevin said. According to NGS guidance, the documentation and statement should include the following:

- A note that the care was administered via telehealth;
- Patient location;
- Provider location;
- All providers and persons involved in the service and their roles; and
- Time-based care start and stop time or total time of the service;

Disclaimer: Information related to COVID-19 is changing rapidly. This information was accurate at the time of writing. Be sure to stay tuned to future issues of Health Information Compliance Alert for more information.

Update Telehealth Guidance With New Summary

If you're overwhelmed by all the telehealth policy changes, you're not alone. Luckily, a new rules' summary offers a quick review of the telehealth updates and other policy changes.

On May 22, the **Centers for Medicare & Medicaid Services** (CMS) issued an MLN Matters release to consolidate and organize the various policies covered in the March 31 and April 30 interim final rules. The 8-page release, MM11805, covers the Calendar Year (CY) 2020 Medicare Physician Fee Schedule updates outlined in the rules that specifically deal with the public health emergency. The changes are effective June 12, according to the release.

Tip: Billing staff should acquaint themselves with the summaries and revise practice protocols, accordingly, suggests the MLN Matters brief.

Resource: Review the summaries on Medicare telehealth visits at MM11805 at www.cms.gov/files/document/mm11805.pdf.