

COVID 19 Provider Documentation and Billing Guidelines

Ambulatory Services 5/15/2020

This information was created in response to the COVID19 Public Health Epidemic (PHE) and is accurate for services provided during this PHE only. Regulations are changing rapidly and there may be a lag between changes and updates to this guidance. Please consult your compliance team if you have any questions.

Definition: Telehealth/Telemedicine An interactive audio and video system that permits real-time communication between the provider and patient.

Definition: Phone Calls A two-way verbal communication with the patient. Does not require video capability.

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Telemedicine Requirements:

1. **Scheduling:** The visit must be scheduled as TELEMEDICINE in Epic in order to have an encounter for billing.

2. **Documentation:**

o Verbal Consent (details below)*

- Dictated notes: home telemedicine template
- home telemedicine – (indicate provider location)

*The following consent language will be inserted, please complete required information

I conducted this encounter from ___ via secure, live, face-to-face video conference with the patient. Patient was located at a private location of their choice. I have documented all participants in the service. Prior to the interview, the risks and benefits of telemedicine were discussed with the patient and verbal consent was obtained.

o Documentation must include the following:

- Verification that the service was provided via telemedicine
- The location of the patient
- The location of the provider
- The names and credentials (MD, ARNP, RN, PA, CNA, etc.) of all people involved in the telehealth visit, and their role in the encounter.
- Details of the service provided.

o During this PHE the rules regarding documentation have been relaxed. Providers have two choices for documentation, Total Time or medical decision-making (MDM).

o **Total Time:** Total time is not dependent on counseling or coordination of care. Total time is the time spent on the calendar day of the telemedicine service performing medically necessary services to the patient including non-face to face activities. This may include record review, documentation, coordination of care with other providers, etc. When using time to support the level of service you must document your total time and a summary of the activities performed.

- EXAMPLE: *"I spent ___ minutes engaged in activities related to this visit which included records review, documentation [and coordination with other providers] as documented above."*
- Time thresholds are listed on your CIS fee sheet.

o When using MDM to support your level of service you must consider three elements; Number of diagnosis and management options, Amount of data reviewed and/or risk.

o Please see table below for guidance on determining MDM.

3. **Charge Submission:**

- o On most CIS fee sheets, there is a section towards the end labeled Telemedicine, select the level of service supported by your documentation.
- o If you do not have telemedicine codes on your fee sheet, you can choose the appropriate E/M service then add the modifier "GT" to your service.

It is important providers indicate the service is provided via telemedicine when submitting charges. If the provider does not bill accurately the claim will not be correct and potentially overbill services.

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Frequently Asked Questions:

A. If I am billing an E/M service provided with my resident based on time as the key component do I need to be present for the entire time?

Response: No. However, you can only bill for the time you spent with the patient or in activities related to the visit. Under teaching physician rules when billing an E/M based on time only the time of the attending is counted for billing.

B. Do I need to be present for the entire telemedicine visit with my resident when using medical decision making as the key component?

Response: Under the teaching physician rules the attending physician must participate in the key and critical portions of the service. If MDM is the key and critical component used to support the service, then you must be present for to confirm the service but not necessarily present for the entire encounter.

C. What is different with the teaching physician rules during the PHE?

Response: The change being allowed during the PHE is the *physical* presence of the attending physician can be met through *virtual* synchronous audiovisual presence. You do not need to be in the same physical location as the resident but must be able to participate in the service via two-way audiovisual communication.

D. We have had multiple scenarios where a telemedicine service was set up, but technology did not work so reverted to telephone. Can we bill for telemedicine or telephone?

Response: Per CMS, select the CPT code that represents the majority of the service provided. If you spent 20 minutes via audiovisual and lost the video portion for the last 10 minutes of the visit you can bill the telemedicine service.

E. My patient was late getting their Zoom meeting going. I was waiting for them to start. Is this billable time?

Response: You can count activities that are medically necessary. Waiting for patients to access the visit or waiting for technical issues to be resolved are not considered medically necessary activities.

F. If I review records the day before because I do not have time on the day of the visit ; can I count that time towards my level of service?

Response: No, the coding rules only allow a provider to count activities provided on the day of the encounter to count towards billable time.

G. If I only spend 15 minutes on the telemedicine visit but feel that I have met a level 5 service, should I still document time?

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Response: No, you are not required to document time unless that is the controlling factor for billing. In this case your MDM will support the level and not the amount of time spent in clinical activities.

H. Why do I have to document where I was located? Do I have to state the specific location?

Response: Documentation of your location and the patient's location is required for billing and compliance with state regulations. This can impact the facility billing. It is acceptable to use general terms such as "patient home" or "location of their choice", etc. The demographic information will support the patient was in the state of their registration and if they are not the documentation should specify which state they are residing.

I. I heard these new rules apply to all E/M codes not just telemedicine?

Response: In current state, these rules apply to services provided via telehealth during this PHE. These will be in effect for all ambulatory services effective January 1, 2021.

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CPT/Level of Service	MDM Typical Presenting Problem(S)	Examples: The following scenarios are meant to provide general guidance for code selection. Patient history, family history and comorbidities may impact the overall MDM.
99201/99241	<ul style="list-style-type: none"> One self-limited or minor problem (e.g., insect bite, cold) 	<ul style="list-style-type: none"> 9-month-old with diaper rash 10-year-old with limited subungual hematoma not requiring drainage
99202/99242/99212	<ul style="list-style-type: none"> One self-limited or minor problem (e.g., insect bite, cold) 	<ul style="list-style-type: none"> 15-year-old with 1-week old burn on hand, healing well but patient concerned about redness. 16-year-old with known sleep apnea and an inability to tolerate CPAP due to dry mouth
99203/99243/99213	<ul style="list-style-type: none"> Two or more self-limited or minor problems One stable chronic illness Acute uncomplicated illness or injury (allergic rhinitis, ankle sprain, cystitis) 	<ul style="list-style-type: none"> 2-year-old presents with 2-day history of vomiting and diarrhea. Assessment: Acute noninfectious gastroenteritis. Mother told to push fluids, watch for dehydration and call if symptoms worsen. Return visit with patient ADHD who is doing well on current medications.
99204/99244/99214	<ul style="list-style-type: none"> One or more chronic illness with mild exacerbation or progression Two or more stable chronic illnesses Undiagnosed new problem with uncertain prognosis (e.g., lump in breast) Acute illness with systemic symptoms (e.g., pyelonephritis, pneumonitis, colitis) Acute complicated injury (e.g., head injury with brief loss of consciousness) 	<ul style="list-style-type: none"> 3-month-old patient with right indirect inguinal hernia evaluated for potential repair. Surgery recommended with orders for preoperative clearance and testing. 8-year-old with unstable asthma and acute exacerbation, on inhaled albuterol and inhaled steroid by MDI.
99205/99245/99215	<ul style="list-style-type: none"> One or more chronic illness with severe exacerbation or progression Acute or chronic illness or injuries which pose a threat to life or bodily function (e.g., multiple trauma, acute MI, pulmonary embolism, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure) 	<ul style="list-style-type: none"> 1 year old with known recurrent wheezing following RSV with increasing frequency, chest X-ray ordered and face to face encounter scheduled for next available appt. Newly diagnosed type 1 diabetic

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Telephone Requirements:

1. **Scheduling:** The visit must be scheduled as TELEPHONE VISIT in Epic in order to have an encounter for billing.

2. **Documentation:**

- Verbal Consent (details below)*

- Dictated notes: Insert Phone template

- *The following consent language will be inserted, please complete required information

- I conducted this encounter via phone. I have documented all participants in the service. Prior to the phone visit, the risks and benefits of phone services were discussed with the patient and verbal consent was obtained.*

- Length of the call (start and stop time OR number of minutes)

- Who was on the call with you?

- Summary of the discussion and your plan.

3. **Charge Submission:**

- On your CIS fee sheet, in the Communication section, select MISC FEE SHEET and enter TC (or phone call).

- This will route the fee sheet to professional coders for review.
 - Phone calls can be billed for new and established patients during this PHE.
 - Charges to families are far lower than an in-office provider visit.

Suggested structure of phone visit (please modify as needed for your specialty):

- Thank patient/family for willingness to participate in phone visit, given circumstances.
- Ask who is on the phone, document names in note.
- Review how phone visit is not equivalent to an in-person medical visit, but will serve as an opportunity to briefly check in. State brief disclaimer about limitation of our ability to make medical recommendations via phone (without vitals, physical exam, +/- labs).
- Phone visit content
 - Confirm patient's medications.
 - HPI/ content of visit ...
 - Brief, focused ROS (if relevant).
 - Recommendations/Plan
- Remind patient/family that if they feel there are issues that were not adequately addressed by phone today, or if there are any urgent medical issues that would require physical assessment, they should seek urgent care in our clinic or in the emergency department if necessary.
- Remind patient of the importance of an in-person medical visit for follow up once the public health crisis resolves.
- Place orders (for RTCorders, do NOT have them call to schedule for now)
- Clinic staff at the location the patient was scheduled will ensure that a Clinic Visit Summary is printed and mailed to the family.

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Encounter Type Epic	CPT Codes	Documentation Requirements	Comments
Telemedicine Visit Type (provided via live interactive audiovisual equipment)	99212 –99215, 99201-99205 99241-99245 Must use telemedicine section of CIS fee sheet Modifiers are mandatory on the claims to reflect the service was provided via telemedicine.	Same as for E/M plus: <ul style="list-style-type: none"> • Location of patient • Location of physician or APP. For Teaching Physicians list location of Attending and Resident • All persons present at both originating and distant site • That the service is performed via live interactive audiovisual equipment 	<ul style="list-style-type: none"> • Services are reimbursed at the same rate as face to face E/M services. There is no facility fee for telemedicine services performed direct to consumer.
Phone Visits	99441=5-10 minutes 99442=11-20 minutes 99443= 21-30 minutes	Time based codes must document time spent and content of conversation	Enhanced reimbursement rates from Washington State Medicaid. Must use MISC Fee Sheet to ensure appropriate modifiers are appended. See table below

CPT Code	wRVU	Medicaid Enhanced Rate	Comments
99441 Telephone Visit 5-10 minutes	.25	\$13.51	
99442 Telephone visit 11-20 minutes	.50	\$27.03	Reflects enhanced reimbursement to match 99213 established patient E/M
99443 21-30 minutes	.75	\$41.65	Reflects enhanced reimbursement to match 99214 established patient E/M