

COVID 19 Telemedicine Billing/Documentation FAQ: March 19, 2020

Updated March 26, 2020 with additional information pertaining to state licensure requirements

We have seen a swift change in our care model to meet the clinical needs of our patients during the COVID19 outbreak, and are aware of many questions providers have regarding documentation, billing and reimbursement.

Documents outlining the provider documentation and billing requirements for **telephone** and **telemedicine** services have been developed and are now on CHILD. Please note that many of these changes are temporary due to the state of emergency declared by the Federal Government.

As an academic medical center Teaching Physician Rules apply for billing purposes but should not determine the clinical care provided. If telemedicine care is provided by a resident, the attending should document how they interacted, and we will bill for the services provided based on the most up to date payer guidelines.

FAQ

1) Can residents/fellows participate in telemedicine visits?

- *Yes.*
- *The teaching physician must document how they were involved in the service and that they participated in the management with the resident.*
- *Example: I was present with the resident for 15 minutes of this telemedicine visit. The entire time was spent in counseling and coordination of care as outlined above.*
- *It's OK to have the resident and attending be in different physical locations but utilize the same video teleconference meeting.*

2) I saw something that said the resident could function as tele-presenter. What does that mean?

- *If the resident is physically in the room with the patient and the attending does not enter the room the attending physician has not met the physical presence requirements to bill under the teaching physician rules.*
- *In this situation, the attending could direct the resident or another practitioner (APP), document the service rendered and bill the service. In this case the resident is an extension of the attending provider and not necessarily in a teaching/student capacity. This will typically happen in the ED or inpatient setting to preserve limited PPE.*

3) Is it true that we can provide Telemedicine appointments with families who are home?

- *This is true for providers that currently bill professional E/M services. This is referred to as telehealth direct to consumer (THDC). If you did not have the ability to charge E/M services then you cannot bill for telemedicine in current state. There are some exceptions for telepsychiatry services.*

4) Is it true that we can now provide Telemedicine appointments with families from our home?

Yes, please review [Telehealth Visit Tips](#) and [Telehealth DTC consent](#) for Providers on CHLD.

5) How will families know that they will be charged for Telemedicine appointments?

When families are scheduled by the Scheduling Center staff, they will be informed that the visit will be billed to insurance (for professional fee providers only). Families are given the choice if they want to proceed. We don't expect denials due to the expansion of telehealth by most payers.

6) Can I use my personal device to make telephone calls or videoconference?

- It is not advised that you share your personal information with a patient.
- You can request [Jabber Mobile](#) from account provisioning. This will allow you to use your personal device and the number displayed will be SCH main line.
- For more information please refer to [Jabber FAQ](#)

7) Do I still need to complete an AVS following a telephone or telehealth visit?

Yes, AVS should be mailed to the family by your clinical team.

8) Can I see patients via telemedicine that are in a different state?

Yes and no. If you retain a license in the state the patient resides then you can provider care. If you are not licensed, please check with compliance. Many states are waiving licensing requirements. Currently, Idaho, Montana and Oregon have waived licensing requirements.

9) I thought the CMS relaxed some of these laws?

The federal government did file a waiver that alleviates these regulations. The individual state requirements have not altered. We are monitoring the situation and will update all providers if this changes.

10) Isn't it against HIPAA rules to use my cell phone to video chat?

In normal circumstances the answer is yes. The Office of Civil Rights (OCR) issued a statement that allows enforcement discretion. OCR will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency. This means that nonpublic facing applications are approved during this period of time. However, if these applications are linked to your personal device, patients will see your personal information (e.g., cell phone number).

11) How are telephone calls and telemedicine reimbursed?

- Washington State Medicaid has enhanced their payment rate for telephone calls. This is a temporary change to subsidize payments during this COVID outbreak. Please see table below
- Commercial carriers are making updates and we are closely monitoring payer websites and bulletins.
- Telemedicine services are reimbursed the same rate as a face-to face encounter. There is no facility fee when the service is telephone or telehealth visit.

- See the table below for details.

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.
Telephone Visit Type (Phone calls)	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