

# TeleHealth: Clinicians providing Comprehensive care during the Challenge of COVID

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Medical Society of Virginia

COVID Update Call

4.24.20

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# Challenges



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Coding

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Documentation

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Liability Coverage

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New patients

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Remote Monitoring

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Clinician-Clinician Collaboration

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Ease of Use

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Removing Barriers

# Telehealth Workgroup

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Led by Dr. Karen Rheuban

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Multiple stakeholders and broad expertise.

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Incredible work on aligning payors with respect to telehealth

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Thanks to Jay Andrews at VHHA for work on COVID testing coverage and policies

# Coverage for testing, PA requirements (thanks to Jay Andrews, VHHA – Telehealth Work Group)

	COVID-19 LABORATORY DIAGNOSTIC TESTING COVERED			
	IF "X" PRESENT, PAYER WILL ACCEPT THE CPT CODE 87635 OR HCPCS U0002 FOR COVID-19 LABORATORY TESTING (APPROVED CENTERS). NOTE: SOME PAYERS STATE THEY WILL ACCEPT BOTH, WHILE OTHERS WILL ONLY ACCEPT ONE CODE.			
Commercial Plan	HCPCS Code: U0002	CPT Code: 87635	COVID-19 Telehealth Coverage (for professional 837P/CMS-1500 claims)	COVID-19 Prior Authorization (PA) Requirements
Aetna	X	X	Yes	No PA required
Anthem	X		Yes	No PA required
Carefirst	X	X	Yes	No PA required
Humana (Commercial products)	X		Yes	No PA required
Cigna	X	X	Yes.	No PA required
Optima	X		Yes .	No PA required
Magellan			Yes - Allow behavioral health for all routine services and certain psych testing, ABA, IOP and PHP.. Includes telephone-only sessions,	May require PA to determine medical necessity.
Piedmont			Waive out-of-pocket costs but only at Centra 24/7.	No PA required
UnitedHealthcare	X	X	Yes	No PA required
Virginia Premier	X		Yes	No PA required

# Tele-Health – Video v. Phone, POS

Commercial Plan	Published End Date (may change)	Phone only = TeleVideo?	POS	Modifier
Aetna	4-Jun-20	Y	POS = 02	GT or 95
Anthem	19-Jun-20	N	POS = 11	GT or 95
Carefirst	Duration of emergency	N	POS = 2	GT or 95
Humana (Commercial products)	Aligns with Medicare/Medicaid	Y	?POS = 11	GT or 95
Cigna	31-May-20	Y	POS = 11	GT or 95
Optima	7-Jun-20	Y	POS = 02	95 or GT
Magellan	19-Jun-20	TH covered, including teleBH visits	POS = 2	GT
UnitedHealthcare	19-Jun-20	Y	POS = 11	GT or 95
Virginia Premier	19-Jun-20	Y	POS = 2	GT
Medicaid	Duration of emergency	Y	POS= 02	GT
Medicare	Until it doesn't	N	POS = 11	95

Accurate as of 4.23.20; references available at [msv.org](http://msv.org)

## Notes

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These pertain to outpatient office/clinic-based services. Specialty and Primary Care Evaluation and Management Codes.

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Inpatient codes are different, and at this time the allowance for TeleHealth from Inpatient location to Outpatient sites is still variable and limited.

# Notes

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Note: Double check whether your insurer wants a 95 modifier or a GT/GQ modifier. May differ for plans that offer Commercial/M'care/M'caid

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[www.msv.org](http://www.msv.org)

<https://www.matrc.org/matrc-telehealth-resources-for-covid-19/>

# Notes

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**CareFirst:** will pay a \$20 flat fee for CPT 99441 (phone only). They selected this code for all phone visits, regardless of the amount of time. This is in effect through the duration of the pandemic.

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Preventive Care Visits – still variable and in process

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99421-3

99441-3

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**Be sure to bill the correct POS – for some insurers you will get paid less if you bill the wrong POS (e.g., CIGNA: “Billing a POS 02 may result in reduced payment or denied claims due to current CIGNA system limitations. Billing a typical place of service (POS = 11) will ensure providers receive the same reimbursement as they typically get for a face-to-face visit.”**

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POS = 02 for Medicaid pays the same as office.

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Be sure to document time no matter what.



# Consults – Covered by Medicare

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The final [2019 Medicare Physician Fee Schedule](#) (the “Rule”), released on November 1st, unbundles four existing codes (CPT Codes 99446-99449) and creates two new codes (CPT Codes 99451 and 99452) in the category of Interprofessional Internet Consultation. In CMS’ words:

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*CMS’ decision to unbundle the existing codes increases efficiency for patients and providers, eliminating the need for separate, costly, and inconvenient specialist appointments where a phone or internet-based interaction between the treating physician (or qualified healthcare professional) and consulting physician with specific expertise is sufficient. Additionally, the two new CPT codes add reimbursement not previously available for the treating provider’s efforts in initiating the consult.*

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Some Commercial Plans are covering.

<https://www.cchpca.org/sites/default/files/2020-03/CORONAVIRUS%20TELEHEALTH%20POLICY%20FACT%20SHEET%20MAR%2017%202020%203%20PM.pdf>

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Medicaid is considering.

# MD-MD consultation

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Synchronous

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May be for established or new patients to the specialist

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Must be documented

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Time-based

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Reimbursement provided for referring and consulting clinician

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Monitoring use and outcomes

# E-Consultation Codes

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**CPT® 99451:** Interprofessional telephone/internet/**electronic health record** assessment and management service provided by a consultative physician including a written report to the patient's treating/requesting physician or other qualified healthcare professional, 5 or more minutes of medical consultative time Medicare reimbursement ~ \$34

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**CPT® 99446:** Interprofessional telephone/internet assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified healthcare professional; 5-10 minutes of medical consultative discussion and review.

99446 Medicare reimbursement ~ \$18

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**CPT® 99447:** Same as CPT® 99446, except 11-20 minutes 99447 Medicare reimbursement \$36

# Codes for Referring Clinician

- **CPT® 99452:** Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or qualified healthcare professional, 30 minutes.
- Medicare reimbursement approximately \$34
- Must be documented in record

This is reimbursed the same regardless of how the consult is made

## What is the appropriateness and utility of electronic consultations (e-consults)?



