

Telemedicine Flexibilities with the PHE

■ **Place of Service codes and modifiers**

- When billing telehealth claims for services delivered on or after March 1, 2020, and for the duration of the COVID-19 emergency declaration:
 - The Place of Service (POS) equal to what it would have been had the service been furnished in person.
 - Append modifier 95 to indicate the service took place via telehealth.
 - The CR modifier is not required when billing for telehealth services.

■ **Hospital billing for remote visits**

- Hospitals can bill HCPCS code Q3014, the originating site facility fee, when a hospital provides services via telehealth to a registered outpatient of the hospital.
- Under the emergency waiver in effect, the patient can be located in any provider-based department, including the hospital, or the patient's home

Telehealth/TelePHONE Flexibility in Pandemic

- Several services during the PHE (through June 21, 2022 at a minimum)
- Of Note, PHONE ONLY allowed for...
 - The Initial or Subsequent Annual Wellness Visit is eligible to be done by PHONE only
 - Flexibilities regarding vitals, still OK for PHQ2/9, GAD-7, Sweet 16, and the STEADI for falls risk
 - The IPPE is still **FACE-TO-FACE ONLY** (not video visit either)
 - Advance Care Planning (both codes)
 - Intensive Behavioral Therapy: obesity, CV screening, or STD screening
 - Annual alcohol screening, Brief alcohol misuse counseling
 - Annual depression screening (subsequent AWW only)
 - Tobacco cessation 3-10 min and >10 min
 - DM for individual, group
 - Visit to determine LDCT eligibility for lung CA screening

Remote Physiologic Monitoring Services Update

- 99453: Initial set up to monitor physiologic parameters (wt, BP, O₂ sat) and patient education on use of equipment
 - total RVU 0.52, NO wRVUs (\$17)
- 99454: Supply devices, collect/transmit info to clinician.
 - total RVU 1.73, NO wRVUs (\$50)
- 99457: Remote physiologic monitoring, first 20 min. by provider, QHCP. Pt interaction mandatory.
 - 0.61 wRVUs (\$47)
- 99458: ...for monitoring for each ADDITIONAL 20 minutes. Pt interaction needs to be documented.
 - 0.61 wRVUs (\$39)
- 99091: Collection and interpretation of physiologic data (EKG, blood glucose, BP, etc.) digitally stored and or transmitted by the patient/caregiver to physician or QHCP (qualified by education/licensure, training) that requires 30 minutes or more over 30 days
 - 1.10 wRVUs (\$54)

Remote Therapeutic Monitoring Services Update

- 98975: RTM, initial set-up, patient education and equipment use
 - \$17/ 0wRVU
- 98976: Respiratory device, scheduled recordings, each 30d
- 98977: Musculoskeletal device
 - Both have \$50/ 0wRVU
- 98980: RTM treatment and management services, calendar month with at least one interactive communication/caregiver. First 20 minutes.
- 98981: RTM ... each additional 20 minutes

Time based to cover the work of the professional to review the data, communicate with the patient/caregiver, and make management decisions. Document such.