

Telehealth Billing Guidelines – Contracted Specialists

For MemorialCare Select Contracted Providers (*temporary during Covid-19 pandemic*)

For billing purposes, Telehealth is generally defined as all health care services that are provided via live, interactive audio and visual transmissions of a physician-patient encounter. Physicians are encouraged to use a HIPAA-compliant video platform such as Zoom, Vidyo, Doxy.me, Facetime*, Skype*, etc. **Billing for a Telehealth Visit is the same as billing for a new or established patient E&M visit. Please use the POS where the service was rendered and include modifier 95 when required.** The following table represents the codes and services billable during the pandemic. The same authorization rules will apply for a telehealth visit that are in place for the E&M office visit. *Prior authorization can be used on current telehealth visits if authorization is still open with POS 11.*

The payment rules will follow your contract. If the physician is a capitated specialist, the services will be capitated. If the physician contract is fee for service, the claim will be adjudicated at the rate of the contract.

Type of Service	Definition	POS	Modifier	CPTs - MD/NPP/PA
Telehealth (audio & video, excludes telephone) i.e. via Zoom, Doxy.me, Facetime*, Skype*	Virtual face-to-face (real time) visit with patient by an MD/NPP using telecommunication system (audio & video) - requires history and clinical decision making; service that would otherwise require in office evaluation; for Established or New* patients (*1135 waiver) Required for capture of Risk Adjustment diagnosis codes.	11	95	99201-99205 99211-99215
	Consultations, Emergency Dept., Initial Inpatient or Initial SNF	21	95	99221-99223 99304-99306
	Follow up Inpatient consults to IP or SNF patients	21/31	95	99231-99233 99307-99310
Virtual Check	Brief technology communication between established or new* patients & provider for known (chronic) condition management or check - not to be used as follow up within 1 week of other service OR if interaction leads to E&M svc within 24hr	11		G2012
Virtual Image/video evaluation	Remote evaluation and response to recorded video or images submitted by established or patient within 24hours - not related to E&M provided within 7 days	11		G2010

Type of Service	Definition	POS	Modifier	CPTs - MD/NPP/PA
Procedure Related Follow up	Electronic contact within 90days of procedure/treatment (not separately billable / part of global)			Not Billable
Telephone Encounters with MD/NP/PA	Telephone assessment/evaluation and management service provided to a new or established patient, parent, or guardian - <i>not originating from a related assessment/evaluation and management service provided within the previous 7 days nor leading to an assessment/evaluation and management service or procedure within the next 24 hours or soonest available appointment</i>	11		99441 5-10 min 99442 11-20 min 99443 21-30 min
Telephone Encounters with qualified nonphysician health care professionals (i.e. physical therapist; speech therapist)	Telephone assessment/evaluation and management service provided to a new or established patient, parent, or guardian - <i>not originating from a related assessment/evaluation and management service provided within the previous 7 days nor leading to an assessment/evaluation and management service or procedure within the next 24 hours or soonest available appointment</i>	11		98966 5-10 min 98967 11-20 min 98968 21-30 min

Diagnosis:

- **Unrelated to COVID-19:** Any diagnosis based on patient’s signs and symptoms
- **“Suspected,” “possible,” or “probable” COVID-19:** Provider should assign a diagnosis code explaining the reason for the encounter.
- **Patients presenting with signs/symptoms (such as fever, etc.) and a definitive diagnosis has not been established:** Assign the appropriate code(s) for each of the presenting signs and symptoms such as:
 - R05 Cough
 - R06.02 Shortness of breath
 - R50.9 Fever, unspecified
- **Concern about a possible exposure to COVID-19, but positive diagnosis is ruled out after evaluation:** Z03.818, Encounter for observation for suspected exposure to other biological agents ruled out.
- **Actual exposure to someone who is confirmed to have COVID-19:** Z20.828, Contact with and (suspected) exposure to other viral communicable diseases.

- **New emergency code established by WHO effective April 1** : U07.1, 2019-nCoV acute respiratory disease
- **Patient with clinical condition and a confirmed diagnosis of COVID-19** should be coded for primary condition AND B97.29 (Other coronavirus as cause of diseases classified elsewhere)

Chart Documentation

In addition to the correct coding, the patient's chart must include the following documentation:

1. Patient agreed to the video visit
2. Visit was performed via a secure* video platform
3. All required documentation to support the level of visit coded and the diagnosis given

Copay/Co-insurance

The copayment / coinsurance has been waived by the payers for visits with symptoms related to testing, diagnosis and treatment for coronavirus and should be billed as stated above. For unrelated coronavirus visits each Health Plan has their own rules for telemedicine which seem to be updated daily related to copayments and coinsurance. Since each health plan varies on guidance at this time, please check with the health plan member benefits to determine if a copayment is appropriate.

*Waiver 1135 exception during PHE (public health emergency declaration)