
RR|HS
RR Health Strategies
AAPA
Rapid Launch to Virtual Visits:
Telemedicine During COVID-19
and Beyond
Pam D'Apuzzo, CPC, ACS-EM, ACS-MS, CPMA
© 2020 RRHS

1

Disclaimer

Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the Medicare program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice. Current Medicare regulations can be found on the Center for Medicare and Medicaid Services (CMS) website at www.cms.hhs.gov.

CPT Disclaimer

RR|HS
RR Health Strategies

Disclosure Statement

RR Health Strategies, LLC (RRHS) and Pam D'Apuzzo have no financial relationships or conflicts of interest to disclose.

RR|HS
RR Health Strategies

3

Learning Objectives

Upon conclusion of this presentation, participants should be able to:

1. Understand the CMS updated telehealth guidelines due to the PHE
2. Recognize the telehealth coding and documentation requirements
3. Know how best to implement telehealth services compliantly

RR|HS
RR Health Strategies

4

Program Updates During COVID-19

Subject to change throughout COVID-19 emergency

Licensure

Normal Circumstances: *Providers may only provide telehealth services to patients located in the state where they are licensed*

CMS waives the Medicare requirement that a physician or non-physician practitioner must be licensed in the State in which s/he is practicing for individuals for whom the following four (4) conditions are met:

1) must be enrolled as such in the Medicare program
2) must possess a valid license to practice in the State which relates to his/her Medicare enrollment
3) is furnishing services – whether in person or via telehealth – in a State in which the emergency is occurring in order to contribute to relief efforts in his/her professional capacity
4) is not affirmatively excluded from practice in the State or any other State that is part of the 1135 emergency area.

A physician or non-physician practitioner may seek an 1135-based licensure waiver from CMS **by contacting the provider enrollment hotline for the Medicare Administrative Contractor** that services their geographic area. This waiver does not have the effect of waiving State or local licensure requirements or any requirement specified by the State or a local government as a condition for waiving its licensure requirements.

Source: http://connectwithcare.org/wp-content/uploads/2020/04/Approved-1135-State-Waivers-Chart-21-April-2020.pdf

RR|HS RR Health Strategies

5

Program Updates During COVID-19

Subject to change throughout COVID-19 emergency

Reimbursement

Normal Circumstances:
Varies by Carrier

- **Change to reimbursement guidelines due to COVID-19**
  - Medicare now considers telehealth a covered service for physicians, PAs, and NPs and treats these services as if they were provided in-person
  - Cost Sharing Waiver
    - **Medicaid** and commercial carriers are waiving patient cost-sharing for telehealth visits for covid-19 related diagnoses
    - **Medicare** leaves it to the provider whether to collect patient cost-share amounts for covid-19 related diagnoses
  - Temporarily eliminates requirement that the originating site is a provider's office or other authorized healthcare facility

RR|HS RR Health Strategies

6

Program Updates During COVID-19

Subject to change throughout COVID-19 emergency

HIPAA Compliant Technology

- **The Federal Government announced they will temporarily suspend enforcement of HIPAA violations for use of Skype and FaceTime.**
  Other HIPAA secure platforms:
  - **Doxy.me**
  - **WhatsApp**
  - **Microsoft Teams**
  - **Updox**
  - **Zoom for Healthcare**
  - **Google G Suite Hangouts Meet**
  - **Rezilient**
  - **OrthoLive**
  - **Hopdoc**
  - **ModMed**
  - **PreciseCare**

Medicare Enrollment

- **Effective March 23, 2020, CMS allows same-day Medicare enrollment during COVID-19 crisis. Non-credentialed** Providers can gain temporary billing privileges during the COVID-19 emergency that will allow them to begin treating Medicare patients almost immediately.

Prescribing

Normal Circumstances: *Prescription of controlled substances must generally be predicated on an in-person medical evaluation*

- **New and Established Patients:** DEA-registered practitioners may issue prescriptions for controlled substances to established patients (provided there is a legitimate medical purpose) **using 2-way video communication.** The prescriber must be in accordance with applicable state and federal law. Additional clinical best practices will be distributed.

RR|HS RR Health Strategies

7

Program Updates During COVID-19

Subject to change throughout COVID-19 emergency

Consent

- **Change in guidelines due to COVID-19**
- ***Consent can be obtained verbally***
- ***Providers must document the consent discussion in the patient record***
  - *e.g.; "Discussed with patient the risks and benefits of telehealth services and patient consent obtained for such telehealth services."*

Frequency Limitations

- **Telehealth Frequency Limitations Lifted due to COVID-19 (March 30, 2020)**
  - Limitations on the number of times certain services that can be provided via Medicare telehealth have been eliminated for certain services, including subsequent inpatient visits, subsequent skilled nursing facility visits, and critical care consults.

Global Surgical Package

- **No changes to Global Surgical Package due to COVID-19**
  - The global surgical rules apply. If the telemedicine visit provided is outside the scope of the global period, it would be separately billable. Otherwise, a visit related to the surgery inside the global period is not separately billable and should be reported with 99024. These same rules apply as if you saw the patient in the office.

RR|HS RR Health Strategies

8

Program Updates During COVID-19

Subject to change throughout COVID-19 emergency

Incident-to Rules

Varies by Carrier

- **Change in Incident-to rules due to COVID-19 (April 6, 2020 Federal Register)**
  - We are revising § 410.32(b)(3)(ii) to include, during a PHE, as defined in § 400.200 of this chapter, the presence of the physician includes virtual presence through audio/video real-time communications technology when use of such technology is indicated to reduce exposure risks for the beneficiary or health care provider. ***CMS later added that physician can be available by phone but does not have to be present at the visit. Best practices recommendation: MD to sign progress note.***

Workforce Changes

- **COVID-19 PHE Regulatory Waiver Updates (April 30, 2020)**
  Home Health Services
  - Non-physician practitioners may provide home health services. Nurse practitioners, clinical nurse specialists, and physician assistants may now provide home health services. These providers may order home health services, create and review plans of care for home health patients, and both certify and re-certify homebound status to determine whether patients continue to be eligible for home health services.

- **Diagnostic Tests**
  - CMS is adding flexibility about the types of providers (NPs, clinical nurse specialties, PAs, certified nurse midwives) can furnish services directly and incident to their own services, within their state scope of practice. Under current law, only physicians may supervise certain diagnostic tests. CMS is finalizing that during the public health emergency (PHE) advance practice providers may order, furnish and supervise diagnostic tests.

RR|HS RR Health Strategies

9

Program Updates During COVID-19

Medicare Physician Supervision Requirements

For services requiring direct supervision by the physician or other practitioner, physician supervision can now be provided virtually using real-time audio/video technology.

- No criminal, civil or administrative penalties will be imposed related to lack of supervision by a licensed physician or lack of a written practice agreement with a physician;
- Physician assistants may practice appropriate to the professional's education, training, and experience without a written practice agreement with a physician;
- Advanced practice registered nurses, including nurse anesthetists may practice appropriate to the professional's education, training, and experience without a written practice agreement with a physician;
- Registered nurses and licensed practical nurses may order the collection of throat or nose swab specimens from individuals for COVID-19 testing;
- Licensed practical nurses may practice appropriate to the professional's education, training and experience without supervision by a registered nurse;
- Licensed pharmacists may provide care for routine health maintenance, chronic disease states or similar conditions, as appropriate to the professional's education, training, and experience without physician supervision.

RR|HS
RR Health Strategies

10

Program Updates During COVID-19

Subject to change throughout COVID-19 emergency

Telehealth Changes
Effective 4/30/20

- Audio-only telehealth list is expanded. CMS will allow a variety of therapy-related E/M codes to be billed as telehealth services with an audio-only connection, over the phone, without requiring real-time video.
- Payments increased for audio-only services. CMS increases payment for these services from the current range of **$14-$41** to a range of **$46-$110**, like reimbursement office/outpatient visits. This payment change will be **retroactive back to March 1, 2020.**
- Hospitals may bill as the originating site for telehealth, even when the patient is located at home. This will be allowed for telehealth services furnished by hospital-based practitioners to Medicare patients who are registered as hospital outpatients.

RR|HS RR Health Strategies

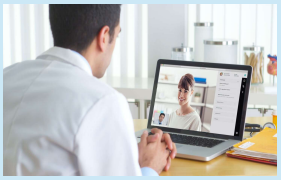
11

Virtual Visits Defined by Medicare

Subject to change throughout COVID-19 emergency

Telehealth Visits

Electronic exchanges between a **clinician** and **patient**



Synchronous (real-time):

- New and Established Requires audio + visual capabilities for real-time communications
- Office/Outpatient Visits
- Hospital Visits
- Other visits that generally occur in person

MD/DO/NP/PA/CNM/CNA/CP/CSW/RD

Virtual Check-ins

Brief communication technology-based (even a simple phone call) between **clinician** and **patient**

Synchronous (real-time):

- Established Patients
- Telephone
- Various communication technology modalities
- Exchange of information through video or image

Physician or other qualified health care professional

E-Visits

Patient-initiated online evaluation and management **via a patient portal** between **clinician** and **patient**

Examples:

- Phone communications are used across all specialties
- Non-face-to-face patient-initiated communications using patient online portal

99421-3: MD/DO/NP/PA
G2061-3: PT/OT/SP/CP/etc

Remote Monitoring

Use of technology to gather data and track a patient's vital signs and activities at a distance

Examples:

- Chronic care management: Diabetes, Weight Management, INR Monitoring

RR|HS RR Health Strategies

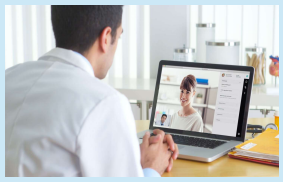
12

Virtual Visits Defined by Medicaid

Subject to change throughout COVID-19 emergency

Telehealth Visits

Electronic exchanges between a **clinician** and **patient**



Synchronous (real-time):

- New and Established Office/Outpatient Visits
- Requires audio + visual capabilities for real-time communications

MD/DO/NP/PA/CNM

Telephonic

Phone call between **clinician** and **patient**

New and Established Patients:

- Evaluation & Management Services
- Assessment & Patient Management
- Offsite Evaluation & Management Services (non FQHC)
- Offsite Evaluation & Management Services (FQHC)

MD/NP/PA/CNM/DDS/RN/ All other Medicaid Enrolled Providers

Remote Monitoring

Use of technology to gather data and track a patient's vital signs and activities at a distance

Examples:

- Chronic care management: Diabetes, Weight Management, INR Monitoring

RR|HS RR Health Strategies

13

Medicare Visit Types

Subject to change throughout COVID-19 emergency

Telehealth Services

New Patient	Established Patient	Telehealth Consultations, Emergency Department, Initial Inpatient or SNF	Follow-up Inpatient Telehealth Consultation in Hospital or SNF
99201 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making.	99211 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional.	G0425 Telehealth consultation, emergency department or initial inpatient, **typically 30 minutes** communicating with the patient via telehealth	G0406 Follow-up inpatient consultation, limited, physicians typically **spend 15 minutes** communicating with the patient via telehealth
99202 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making.	99212 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making.	G0426 Telehealth consultation, emergency department or initial inpatient, **typically 50 minutes** communicating with the patient via telehealth	G0407 Follow-up inpatient consultation, intermediate, physicians typically **spend 25 minutes** communicating with the patient via telehealth
99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity.	99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity	G0427 Telehealth consultation, emergency department or initial inpatient, **typically 70 minutes** or more communicating with the patient via telehealth	G0408 Follow-up inpatient consultation, complex, physicians typically **spend 35 minutes** communicating with the patient via telehealth
99204 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity.	99214 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity.		
99205 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity.	99215 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity.		

RR|HS RR Health Strategies

14

Medicare Visit Types

Subject to change throughout COVID-19 emergency

Virtual Check-Ins

Established Patients Only

G2012: brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified healthcare professional, who can report evaluation and management services, provided to an established patient, **not originating from a related E/M service provided within the previous seven days, nor leading to an E/M service or procedure within the next 24 hours** or soonest available appointment; **5-10 minutes of medical discussion**

G2010: remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, **not originating from a related E/M service provided within the previous seven days, nor leading to an E/M service or procedure within the next 24 hours** or soonest available appointment

Audio-only Telephone E/M

New and Established Patients

Providers can now provide certain services by telephone during the COVID-19 PHE, to both new and established patients (*N/A as of June 2020)

99441: Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian **not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours*** or soonest available appointment; **5-10 minutes of medical discussion**

99442: Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian **not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours*** or soonest available appointment; **11-20 minutes of medical discussion**

99443: Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian **not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours*** or soonest available appointment; **21-30 minutes of medical discussion**

RR|HS RR Health Strategies

15

Medicare E-Visits

Subject to change throughout COVID-19 emergency

Established Patients Only **Online evaluation and management conducted via a patient portal. Practitioners who may independently bill Medicare for evaluation and management visits (e.g., physicians, nurse practitioners, physician assistants)**	Established Patients Only **Clinicians who may not independently bill for evaluation and management visits (e.g., physical therapists, occupational therapists, speech language pathologists, clinical psychologists)**
99421: online digital evaluation and management service, for an established patient, for up to seven days, cumulative time during the seven days; **5–10 minutes**	G2061: Qualified non-physician healthcare professional online assessment and management, for an established patient, **for up to seven days, cumulative time during the seven days; 5–10 minutes**
99422: online digital evaluation and management service, for an established patient, for up to seven days cumulative time during the seven days; **11–20 minutes**	G2062: Qualified non-physician healthcare professional online assessment and management service, for an established patient, **for up to seven days, cumulative time during the seven days; 11–20 minutes**
99423: online digital evaluation and management service, for an established patient, for up to seven days, cumulative time during the seven days; **21 or more minutes**	G2063: Qualified non-physician qualified healthcare professional assessment and management service, for an established patient, **for up to seven days, cumulative time during the seven days; 21 or more minutes**

RR|HS RR Health Strategies

16

Medicare Visit Types

Subject to change throughout COVID-19 emergency

Telephone/Internet/EHR Assessment and Management	Telephone/Internet/EHR Assessment and Management
99446: Interprofessional telephone/Internet/electronic health record 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 health care professional; **5-10 minutes of medical consultative discussion and review**	**99449:** Interprofessional telephone/Internet/electronic health record 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 health care professional; **31 minutes or more of medical consultative discussion and review**
99447: Interprofessional telephone/Internet/electronic health record 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 health care professional; **11-20 minutes of medical consultative discussion and review**	**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 health care professional, **5 minutes or more of medical consultative time**
99448: Interprofessional telephone/Internet/electronic health record 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 health care professional; **21-30 minutes of medical consultative discussion and review**	

RR|HS RR Health Strategies

17

CMS Telehealth Codes

Subject to change throughout COVID-19 emergency

E&M MEDICARE TELEHEALTH SERVICES CY 2020	
Code	Short Descriptor
99201	Office/outpatient visit new
99202	Office/outpatient visit new
99203	Office/outpatient visit new
99204	Office/outpatient visit new
99205	Office/outpatient visit new
99211	Office/outpatient visit est
99212	Office/outpatient visit est
99213	Office/outpatient visit est
99214	Office/outpatient visit est
99215	Office/outpatient visit est
99231	Subsequent hospital care
99232	Subsequent hospital care
99233	Subsequent hospital care
99307	Nursing fac care subseq
99308	Nursing fac care subseq
99309	Nursing fac care subseq
99310	Nursing fac care subseq
99354	Prolonged service office
99355	Prolonged service office
99356	Prolonged service inpatient
99357	Prolonged service inpatient
G0513	Prolong prev svcs, first 30m
G0514	Prolong prev svcs, addl 30m

PSYTX MEDICARE TELEHEALTH SERVICES CY 2020	
Code	Short Descriptor
90785	Psytx complex interactive
90791	Psych diagnostic evaluation
90792	Psych diag eval w/med srvcs
90832	Psytx pt&/family 30 minutes
90833	Psytx pt&/fam w/e&m 30 min
90834	Psytx pt&/family 45 minutes
90836	Psytx pt&/fam w/e&m 45 min
90837	Psytx pt&/family 60 minutes
90838	Psytx pt&/fam w/e&m 60 min
90839	Psytx crisis initial 60 min
90840	Psytx crisis ea addl 30 min
90845	Psychoanalysis
90846	Family psytx w/o patient
90847	Family psytx w/patient
96116	Neurobehavioral status exam
96150	Assess hlth/behave init
96151	Assess hlth/behave subseq
96152	Intervene hlth/behave indiv
96153	Intervene hlth/behave group
96154	Interv hlth/behav fam w/pt
96160	Pt-focused hlth risk assmt
96161	Caregiver health risk assmt

OTHER MEDICARE TELEHEALTH SERVICES CY 2020	
Code	Short Descriptor
97802	Medical nutrition indiv in
97803	Med nutrition indiv subseq
97804	Medical nutrition group
99406	Behav chng smoking 3-10 min
99407	Behav chng smoking > 10 min
99495	Trans care mgmt 14 day disch
99496	Trans care mgmt 7 day disch
99497	Advncd care plan 30 min
99498	Advncd are plan addl 30 min
G0108	Diab manage trn per indiv
G0109	Diab manage trn ind/group
G0270	Mnt subs tx for change dx
G0296	Visit to determ ldct elig
G0396	Alcohol/subs interv 15-30mn
G0397	Alcohol/subs interv >30 min
G0406	Inpt/tele follow up 15
G0407	Inpt/tele follow up 25
G0408	Inpt/tele follow up 35
G0420	Ed svc ckd ind per session
G0421	Ed svc ckd grp per session
G0425	Inpt/ed teleconsult30
G0426	Inpt/ed teleconsult50
G0427	Inpt/ed teleconsult70

RR|HS RR Health Strategies

18

CMS Telehealth Codes

Subject to change throughout COVID-19 emergency

OTHER MEDICARE TELEHEALTH SERVICES CY 2020	
Code	**Short Descriptor**
G0436	Tobacco-use counsel 3-10 min
G0437	Tobacco-use counsel>10min
G0438	Ppps, initial visit
G0439	Ppps, subseq visit
G0442	Annual alcohol screen 15 min
G0443	Brief alcohol misuse counsel
G0444	Depression screen annual
G0445	High inten beh couns std 30m
G0446	Intens behave ther cardio dx
G0447	Behavior counsel obesity 15m
G0459	Telehealth inpt pharm mgmt
G0506	Comp asses care plan ccm svc
G0508	Crit care telehea consult 60
G0509	Crit care telehea consult 50
G2086	Off base opioid tx first m
G2087	Off base opioid tx, sub m
G2088	Off opioid tx month add 30

OTHER REMOTE-VIRTUAL SERVICES CY 2020	
Code	**Short Descriptor**
Telephone Only	
99441	5-10 minutes of medical discussion
99442	11-20 minutes of medical discussion
99443	21-30 minutes of medical discussion
Telephone/Video	
99421	5-10 minutes (Medicaid)
99422	11-20 minutes (Medicaid)
99423	21+ minutes (Medicaid)
99490	CCM First 20 minutes
G2058	CCM Add-on 20 minutes (up to 2x)
G2065	PCM (principal care management) 30
99457	RPM 20 minutes clinical staff
99458	Remote Patient Monitoring Clinical Staff Additional 20 minutes (up to 2x)

Code	Short Descriptor
90951	Esrd serv 4 visits p mo <2yr
90952	Esrd serv 2-3 vsts p mo <2yr
90954	Esrd serv 4 vsts p mo 2-11
90955	Esrd srv 2-3 vsts p mo 2-11
90957	Esrd srv 4 vsts p mo 12-19
90958	Esrd srv 2-3 vsts p mo 12-19
90960	Esrd srv 4 visits p mo 20+
90961	Esrd srv 2-3 vsts p mo 20+
90963	Esrd home pt serv p mo <2yrs
90964	Esrd home pt serv p mo 2-11
90965	Esrd home pt serv p mo 12-19
90966	Esrd home pt serv p mo 20+
90967	Esrd home pt serv p day <2
90968	Esrd home pt serv p day 2-11
90969	Esrd home pt serv p day 12-19
90970	Esrd home pt serv p day 20+

RR|HS RR Health Strategies

CMS March 30, 2020 Telehealth Policy Updates

Subject to change throughout COVID-19 emergency

CODE	SHORT DESCRIPTOR
99281-99285	Emergency Department Visits, Levels 1-5
99217-99220 99224-99226 99234-99236	Initial and Subsequent Observation and Observation Discharge Day Management
99221-99223 99238-99239	Initial hospital care and hospital discharge day management
99304-99306 99315-99316	Initial nursing facility visits, All levels (Low, Moderate, and High Complexity) and nursing facility discharge day management
99291-99292	Critical Care Services
99327-99328 99334-99337	Domiciliary, Rest Home, or Custodial Care services, New and Established patients
99341-99345 99347-99350	Home Visits, New and Established Patients, All levels

CODE	SHORT DESCRIPTOR
99468-99473 99475-99476	Inpatient Neonatal and Pediatric Critical Care, Initial and Subsequent
99477- 994780	Initial and Continuing Intensive Care Services
99483	Care Planning for Patients with Cognitive Impairment
96130-96133 96136- 96139	Psychological and Neuropsychological Testing
97161-97168; 97110, 97112, 97116, 97535, 97750, 97755, 97760, 97761, 92521-92524, 92507	Therapy Services, Physical and Occupational Therapy, All levels
77427	Radiation Treatment Management Services

RR|HS RR Health Strategies

20

CMS April 30, 2020 Telehealth (+ Audio Only) Policy Updates

Subject to change throughout COVID-19 emergency

CODE	SHORT DESCRIPTOR
90785	Psytx complex interactive
90791	Psych diagnostic evaluation
90792	Psych diag eval w/med srvcs
90832	Psytx w pt 30 minutes
90833	Psytx w pt w e/m 30 min
90834	Psytx w pt 45 minutes
90836	Psytx w pt w e/m 45 min
90837	Psytx w pt 60 minutes
90838	Psytx w pt w e/m 60 min
90839	Psytx crisis initial 60 min
90840	Psytx crisis ea addl 30 min
90845	Psychoanalysis
90846	Family psytx w/o pt 50 min
90847	Family psytx w/pt 50 min
90853	Group psychotherapy
92507	Speech/hearing therapy
92508	Speech/hearing therapy
92521	Evaluation of speech fluency
92523	Speech sound lang comprehen
92524	Behavral qualit analys voice

CODE	SHORT DESCRIPTOR
96116	Nubhvl xm phys/qhp 1st hr
96121	Nubhvl xm phy/qhp ea addl hr
96127	Brief emotional/behav assmt
96130	Psycl tst eval phys/qhp 1st
96131	Psycl tst eval phys/qhp ea
96132	Nrpsyc tst eval phys/qhp 1st
96133	Nrpsyc tst eval phys/qhp ea
96136	Psycl/nrpsyc tst phy/qhp 1st
96137	Psycl/nrpsyc tst phy/qhp ea
96138	Psycl/nrpsyc tech 1st
96139	Psycl/nrpsyc tst tech ea
96156	Hlth bhv assmt/reassessment
96158	Hlth bhv ivntj indiv 1st 30
96159	Hlth bhv ivntj indiv ea addl
96160	Pt-focused hlth risk assmt
96161	Caregiver health risk assmt
96164	Hlth bhv ivntj grp 1st 30
96165	Hlth bhv ivntj grp ea addl
96167	Hlth bhv ivntj fam 1st 30
96168	Hlth bhv ivntj fam ea addl

CODE	SHORT DESCRIPTOR
97535	Self care mngment training
97802	Medical nutrition indiv in
97803	Med nutrition indiv subseq
97804	Medical nutrition group
99354	Prolong e&m/psyctx serv o/p
99355	Prolong e&m/psyctx serv o/p
99356	Prolonged service inpatient
99357	Prolonged service inpatient
99406	Behav chng smoking 3-10 min
99407	Behav chng smoking > 10 min
99441	Phone e/m phys/qhp 5-10 min
99442	Phone e/m phys/qhp 11-20 min
99443	Phone e/m phys/qhp 21-30 min
99497	Advncd care plan 30 min
99498	Advncd care plan addl 30 min
90785	Psytx complex interactive
G0108	Diab manage trn per indiv
G0109	Diab manage trn ind/group
G0270	Mnt subs tx for change dx
G0296	Visit to determ ldct elig

CODE	SHORT DESCRIPTOR
G0396	Alcohol/subs interv 15-30mn
G0397	Alcohol/subs interv >30 min
G0406	Inpt/tele follow up 15
G0407	Inpt/tele follow up 25
G0408	Inpt/tele follow up 35
G0420	Ed svc ckd ind per session
G0421	Ed svc ckd grp per session
G0425	Inpt/ed teleconsult30
G0426	Inpt/ed teleconsult50
G0427	Inpt/ed teleconsult70
G0436	Tobacco-use counsel 3-10 min
G0437	Tobacco-use counsel>10min
G0438	Ppps, initial visit
G0439	Ppps, subseq visit
G0442	Annual alcohol screen 15 min
G0443	Brief alcohol misuse counsel
G0444	Depression screen annual
G0445	High inten beh couns std 30m
G0446	Intens behave ther cardio dx
G0447	Behavior counsel obesity 15m

CODE	SHORT DESCRIPTOR
G0459	Telehealth inpt pharm mgmt
G0506	Comp asses care plan ccm svc
G0513	Prolong prev svcs, first 30m
G0514	Prolong prev svcs, addl 30m
G2086	Off base opioid tx 70min
G2097	Off base opioid tx, 60 m
G2088	Off base opioid tx, add30

RR|HS RR Health Strategies

21

Medicare Modifiers and POS Information

Subject to change throughout COVID-19 emergency

Modifiers:
GQ: Asynchronous (Store + Forward)
GT: CAH Method II
GO: Diagnosis/Treatment of Stroke
95: Telehealth Service
CR: Catastrophe/disaster related
CS: Services that lead to either an order for OR administration of a COVID-19 lab test (No Co-pay/Deductible Applied)

CMS March 30, 2020 Update:
Parity for Telehealth Services: *Providers billing for Medicare telehealth services can now report the* ***POS code that would have been reported had the service been furnished in person****. During the coronavirus PHE, providers can use the CPT telehealth modifier 95, which should be applied to claim lines that describe services furnished via telehealth.*

Place of Service					
Visit Type	**Type of Service**	**Place of Service**	**Codes**	**Patient Type**	**Modifier**
Telehealth Visit	AV Encounter	Office/Outpatient Hospital/ Inpatient/ED/SNF/ Home/Domiciliary	Telehealth Codes 2020	New or Established	95
Virtual Check	Telephone	Office/Outpatient Hospital/ Inpatient/ED	G2012/G2010	Established	None

RR|HS RR Health Strategies

22

Medicaid Modifiers

Subject to change throughout COVID-19 emergency

Modifiers:
GQ: Via asynchronous telecommunications system
GT: Via interactive audio and video telecommunication systems
95: Synchronous telemedicine service rendered via real-time interactive audio and video telecommunication system
25: Significant, separately identifiable evaluation & management (E&M) service by the same physician or other qualified health care professional on the same day as a procedure or other service

Modifier	Description	Note/Example
95	Synchronous telemedicine service rendered via real-time interactive audio and video telecommunication system	Note: Modifier "95" may only be appended to the specific services covered by Medicaid and listed in Appendix P of the AMA's CPT Professional Edition 2018 Codebook. The CPT codes listed in Appendix P are for services that are typically performed face-to-face but may be rendered via a real-time (synchronous) interactive audio-visual telecommunication system.
GT	Via interactive audio and video telecommunication systems	Note: Modifier "GT" is only for use with those services provided via synchronous telemedicine for which modifier "95" cannot be used.
GQ	Via asynchronous telecommunications system	Note: Modifier "GQ" is for use with Store-and-Forward technology
25	Significant, separately identifiable evaluation & management (E&M) service by the same physician or other qualified health care professional on the same day as a procedure or other service	Example: The member has a psychiatric consultation via telemedicine on the same day as a primary care E&M service at the originating site. The E&M service should be appended with the **"25"**

RR|HS RR Health Strategies

23


CMS
CENTERS for MEDICARE & MEDICAID SERVICES
Telehealth and Telephonic Documentation Details
© 2020 RRHS
RR|HS
RR Health Strategies

24

Telehealth Sample Documentation Template

Subject to change throughout COVID-19 emergency

Patient has verbally consented to this telehealth visit.	**If yes, check here:** ☐
PATIENT NAME:	DATE:
Session Start Time:	Names of all persons participating in this service:
Session End Time:	
Location of Patient:	
Location of Provider:	
Chief Complaint/Reason For Visit:	
IMPRESSION/ASSESSMENT:	
PLAN:	
RECOMMENDATIONS FOR FURTHER TREATMENT:	
"@"The total amount of time spent face-to-face with this patient via video conference was *** minutes of which *** minutes was spent in counseling and/or coordination of care for the patient @as outlined above in A/P." OR @as outlined below ***."	

RR|HS RR Health Strategies

25

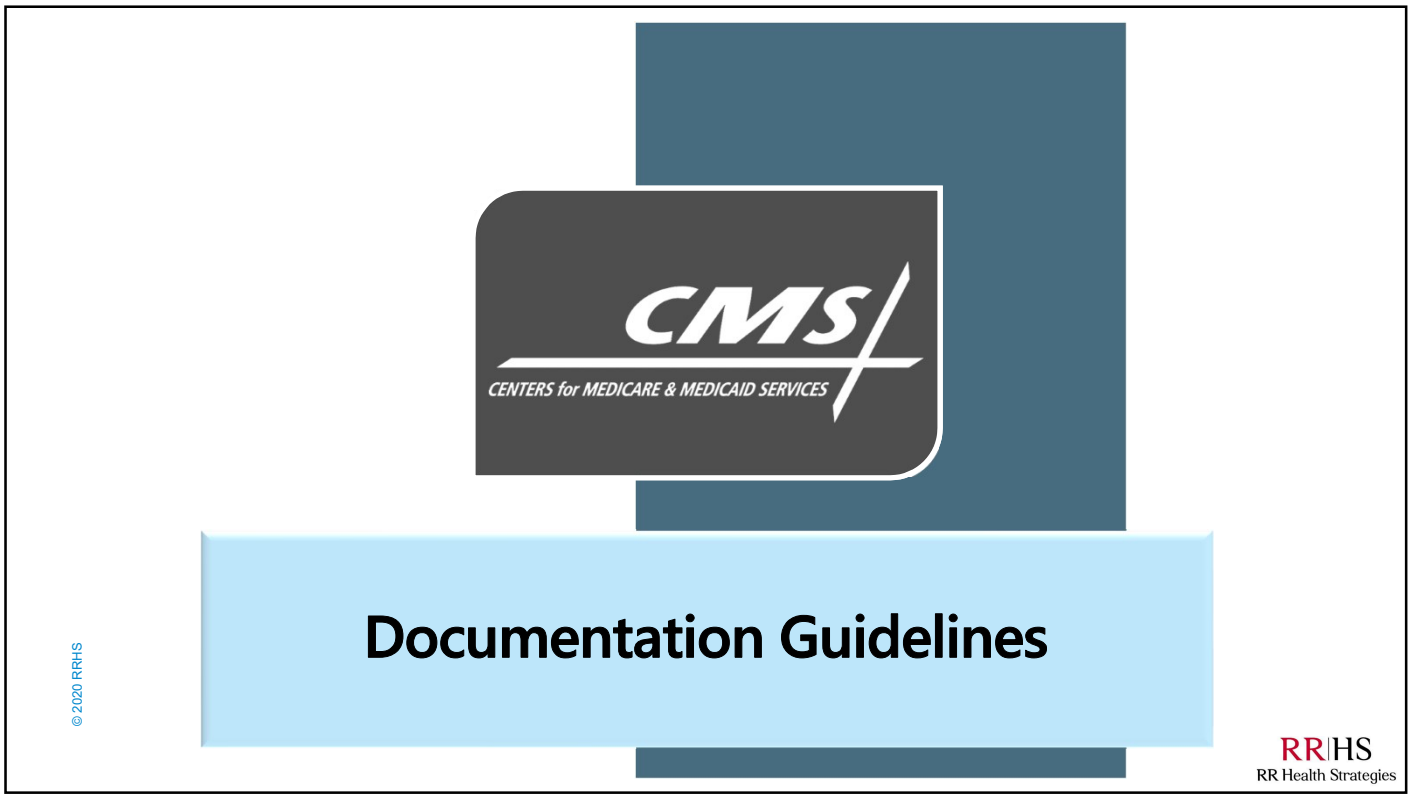
Telephonic Sample Documentation Template

Subject to change throughout COVID-19 emergency

Location of Patient:	Patient has verbally consented to this telephonic visit. **If yes, check here:** ☐
Location of Provider:	
Participants in telephonic visit:	
Chief Complaint/Reason for Call:	
Medical Discussion:	
ASSESSMENT/RECOMMENDATIONS FOR FURTHER TREATMENT:	
The total amount of time on the phone in medical discussion and care of this patient: * minutes.**	

RR|HS RR Health Strategies

26


CMS
CENTERS for MEDICARE & MEDICAID SERVICES
Documentation Guidelines
© 2020 RRHS
RR|HS
RR Health Strategies

27

Medical Necessity

Subject to change throughout COVID-19 emergency

The American Medical Association (AMA) policy H-320.953[3] defines medical necessity as:

> **Health care services or products that a prudent physician would provide to a patient for the purpose of preventing, diagnosing, or treating an illness, injury, disease or its symptoms in a manner that is: (a) in accordance with generally accepted standards of medical practice; (b) clinically appropriate in terms of type, frequency, extent, site and duration; and (c) not primarily for the convenience of the patient, physician, or other health care provider.**

- Medical necessity is the overarching criterion for payment, in addition to the individual requirements of a CPT code
- CMS COVID-19 Update: The statutory provision broadens telehealth flexibility **without regard to the diagnosis** of the patient. Medicare telehealth services, like all Medicare services, **must be reasonable and necessary** under section 1862(a) of the Act.
- Effective **April 1, 2020** use **U07.1 for COVID-19**. For all dates of service **prior to April 1st**, use **B97.29 *Other coronavirus as the cause of diseases classified elsewhere***, with any respiratory condition listed as primary. ***If you have not diagnosed or treated a patient with COVID-19, then only use the applicable diagnosis codes for that visit.***

RR|HS RR Health Strategies

28

E&M Component	2019	2020	2021
Chief Complaint	No changes	No changes	No changes
History of Present Illness (HPI)	CMS now allows ancillary staff to document the HPI on behalf of the provider. The provider is responsible for verifying the accuracy of the collected information. Please note this is a CMS change and therefore you should consult individual commercial payers and state Medicaid programs to see if they are following CMS. Additionally, CMS now allows the provider to only document interval changes from the previous encounter. However, documentation requirements for specific numbers of HPI elements still apply.	No changes	HPI should describe the nature and severity of the patient's presenting problem(s) as medically indicated but will no longer be scored for the purposes of the E&M documentation requirements. Please note it will still be needed to support medical necessity for the encounter.
Review of Systems (ROS)	CMS now allows the provider to only document interval changes from the previous encounter. However, documentation requirements for specific numbers of ROS elements still apply.	No changes	ROS should specify whether organ systems are or are not impacted to demonstrate the complexity of the condition(s). This portion of the documentation will no longer be scored but will still be needed to support medical necessity.
Past, Family, Social, History (PFSH)	CMS now allows the provider to only document interval changes from the previous encounter. However, documentation requirements for specific numbers of PFSH elements still apply.	No changes	PFSH should be used to capture medically appropriate historical information but will no longer be scored for the purposes of the E&M documentation requirements.
Exam	CMS now allows the provider to only document interval changes from the previous encounter. However, documentation requirements for specific numbers of exam elements (e.g. bullets for body areas, organ systems) still apply.	No changes	The exam should be medically appropriate as determined by the provider of care. This component will no longer be scored for determining the level of E&M service, but it could still impact the level of service supported based on the medical necessity show in the documented exam.
Encounter Diagnosis	No changes	No changes	AMA E&M Guidelines indicate that only diagnoses documented as active treatment during the encounter will be credited for scoring purposes. The revised Table of Risk created by the AMA removes "additional work up" as a consideration of each diagnosis.
Data & Complexity	No changes	No changes	The AMA has taken most of the elements from the Marshfield chart of Data & Complexity and incorporated them here. Changes include new requirements for specific combinations of different work elements to support a specific level of service.
Table of Risk (TOR)	No changes	No changes	The AMA revised the TOR, consolidating it into one column on the new MDM table, and this column now uses only the last column on the original TOR (treatment options for the patient).
Time	No changes	No changes	There are 2 changes: 1) The limitation on the use of time is deleted. Therefore, there will be NO requirement that the visit must be "dominated" by the counseling and/or coordination of care. 2) Time spent now includes the rendering provider's total time spent on the day of the encounter, including non-face-to-face time spent on the specific encounter and patient.

Subject to change throughout COVID-19 emergency

Source: NAMAS E&M Comparison Chart

RR|HS RR Health Strategies

29

Copy & Paste Appropriately

Subject to change throughout COVID-19 emergency

For **established or subsequent patient visits**, when relevant history and physical examination information is available in the medical record:

- Providers can focus their documentation on what has changed or pertinent items that have not changed since the last visit.
- It is not necessary re-record the defined list of required elements **if there is evidence** that the provider reviewed the previous information and updated as needed.

"PFSH, ROS and exam* reviewed from X DOS with no change" or "with XXXX changes"

Providers may only copy and paste their own previously recorded physical exam.

Remove any exam elements that could not performed/validated virtually.

RR|HS RR Health Strategies

30

Copy & Paste Cloned Notes - Safeguards

Subject to change throughout COVID-19 emergency

Non-Compliant	Compliant
Copying from outside the chart	Include interval history
Using smart phrases or smart texts with pre-populated exam findings	Note "unchanged" elements of PFSH/ROS/Physical Exam* from last visit **(reference date of previous exam)** ***Providers may only copy and paste their own previously recorded physical exam.***
Copying assessment and plan **without** updates	Note pertinent changes to PFSH/ROS/Physical Exam* from last visit **(reference date of previous exam)** ***Providers may only copy and paste their own previously recorded physical exam.***
	Use customized Smart List/Smart Blocks/NoteWriter
	Manually add current findings
	Update assessment and plan

RR|HS RR Health Strategies

31

Who Can Document? Payer Requirements

Subject to change throughout COVID-19 emergency

Billing Physician or Advanced Practice Provider (APP) Rendering an E/M Service:

- History of Present Illness (HPI)
  - **For new and established office/outpatient visits: providers need not re-enter information on the patient's chief complaint and history that has already been entered by ancillary staff or the patient (e.g.; patient portal)**
  - **The billing provider may simply indicate in the medical record that he/she reviewed and verified this information**
- Physical Examination (PE)
  - **The billing provider may simply indicate in the medical record that he/she reviewed and updated, if needed, the previously recorded exam. *The date of the previous exam must be noted.***
- Medical Decision-Making (MDM)

Ancillary Staff (Medical Assistant/LPN/RN/Scribe) May Only Document:

- Chief Complaint (CC) or Reason for Visit
- Review of Systems (ROS)
- Past, Family and Social History (PFSH)
- History of Present Illness (HPI)
- Vital signs

NOTE: Billing MD/APP must "review" the information, update, or supplement as deemed appropriate, all documentation entered by ancillary staff.

RR|HS RR Health Strategies

32

APP Models: Independent

Subject to change throughout COVID-19 emergency

MD

MD
MD sees patient (new or established E&M visit or procedure visit) independently
(All documentation by MD).

MD bills for the service under the MD NPI.

APP

APP
APP initiates patient encounter for all visit types independently
(All documentation by APP).

PA bills for the service under the APP NPI.

RR|HS RR Health Strategies

33

APP Models: Collaborative/Scribe

Subject to change throughout COVID-19 emergency

MD/APP/ Ancillary Staff

APP
APP initiates patient encounter for all visit types and independently obtains and documents history (CC/HPI/ ROS/PFSH).

MD and APP
MD is provided patient update by APP.
MD sees and examines patient with APP acting as Scribe.
MD reviews and updates, as needed, history components obtained by APP and performs Physical Exam and MDM.
Visit ends and MD reviews/edits encounter note, enters/signs orders, electronically signs note, and performs visit wrap-up.
Scribe attestation statements are added.
MD Bills for service under MD NPI

Appropriate Attestation

Documentation of scribed services should indicate who performed the service and who recorded the service. The scribe's note should include:

- The name and title of the scribe
- The name of the practitioner providing the service

Sample Scribe Attestation:

"Entered by _____, acting as scribe for Dr./PA/NP _____."

Signature _____ Date _____ Time _____

NOTE: CMS does not require the scribe to sign/date the documentation.

The Practitioner's Note Should Indicate:

Affirmation the practitioner personally performed the services documented.

Confirmation he/she reviewed and confirmed the accuracy of the information in the medical record.

Acceptable practitioner signature:

Sample Practitioner Attestation:

"The documentation recorded by the scribe, in my presence, accurately reflects the service I personally performed, and the decisions made by me."

Signature _____ Date _____ Time _____

RR|HS RR Health Strategies

Evaluation and Management (E/M) Documentation Guidelines
Telehealth New and Established Patient Visits

RR|HS
RR Health Strategies

35

NGS Medicare FAQ:

As per CMS-1744-IFC, E/M level selection may be based on MDM or time, and the requirement for documentation of a history and/or examination has been temporarily waived.

Examination via telehealth is limited, but it is permissible for a provider to document pertinent observations such as skin color, skin lesions/rashes, quality of respiration and evidence of wheezing or dyspnea, vital signs as reported by the patient. When this is done, these factors may also contribute to the level of coding.

***NOTE:* Check with your local carrier for E/M and Telemedicine guidelines.**

New Patient Visit

MDM & Medical Necessity Should Drive Coding

Need 3 of 3 Elements Documented

Subject to change throughout COVID-19 emergency

CPT	99201 Level 1	99202 Level 2	99203 Level 3	99204 Level 4	99205 Level 5
HPI **ROS** **PFSH**	1	1 1	4 2 1	4 10 3	4 10 3
1995 Exam	1	2 to 7 systems **with minimal detail** (2-5 body areas or **organ systems)**	2 to 7 systems **with expanded detail** (6-7 body areas or **organ systems)**	8 or more **organ systems** or a comprehensive exam of a **single system**	8 or more **organ systems** or a comprehensive exam of a **single system**
1997 Exam	1-5 Bullets	6-11 Bullets	12 or more Bullets	See specific specialty exam guidelines	See specific specialty exam guidelines
MDM	Straight-forward	Straightforward	Low	Moderate	High
			OR		
Time	10	20	30	45	60

RR|HS
RR Health Strategies

36

NGS Medicare FAQ:

As per CMS-1744-IFC, E/M level selection may be based on MDM or time, and the requirement for documentation of a history and/or examination has been temporarily waived.

Examination via telehealth is limited, but it is permissible for a provider to document pertinent observations such as skin color, skin lesions/rashes, quality of respiration and evidence of wheezing or dyspnea, vital signs as reported by the patient. When this is done, these factors may also contribute to the level of coding.

***NOTE:* Check with your local carrier for E/M and Telemedicine guidelines.**

Established Patient Visit

MDM & Medical Necessity Still Drives Coding

Need 2 of 3 Elements Documented

Subject to change throughout COVID-19 emergency

CPT	99211 Level 1	99212 Level 2	99213 Level 3	99214 Level 4	99215 Level 5
HPI ROS PFSH	May not require the presence of an MD. Typically, 5 minutes are spent performing these services.	1 – 3	1 – 3 1	4 (or status of 3 CHRONIC) 2 - 9 1	4 (or status of 3 CHRONIC) 10 2
1995 Exam		1	2 to 7 systems **with minimal detail** (2-5 body areas or **organ systems)**	2 to 7 systems **with expanded detail** (6-7 body areas or **organ systems)**	8 or more **organ systems** or a comprehensive exam of a **single system**
1997 Exam		1-5 Bullets	6-11 Bullets	12 or more Bullets	See specific specialty exam guidelines
MDM		Straight-forward	Low	Moderate	High
			OR		
Time		10 min	15 min	25 min	40 min

RR|HS
RR Health Strategies

37

Elements for E/M Visits

Subject to change throughout COVID-19 emergency

History (HX)

- Chief Complaint (CC)
- History of Present Illness (HPI)
- Review of Systems (ROS)
- Past, Family, Social History (PFSH)

Physical Examination (PE)

- Number of organ systems and/or body areas examined (1995)
- Number of bullets for specialty exams (1997)

Medical Decision-Making (MDM)

- Number of diagnoses or management options
- Amount of data/complexity
- Risk level to patient

RR|HS RR Health Strategies

38

Elements of E/M Visits

Subject to change throughout COVID-19 emergency

Medical Decision-Making (MDM)

Number of Diagnoses

Self-limited or Minor	**1 point each (2 max)**
Established Problem, Stable	**1 point**
Established Problem, Worsening	**2 points**
New Problem, no Additional Work-up	**3 points**
New Problem, with Additional Work-up	**4 points**

Amount & Complexity of Data

Review (and/or) Order of Laboratory Tests	**1 point**
Review (and/or) Order of Radiology Tests	**1 point**
Review (and/or) Order of Medical Tests - Includes EKG, Echo, PFT's	**1 point**
Discussion of Test with Performing MD	**1 points**
Independent Review of Test	**2 points**
Old Records or History from Another Person - Decision to do this - Review and summarize	**1 point** **2 points**

RR|HS RR Health Strategies

TABLE OF RISK

Risk of complications and/or Morbidity or Mortality

Level of Risk	Presenting Problem (s)	Diagnostic Procedure (s)	Management Options
MINIMAL	•One self-limited or minor problem, ex: cold insect bite, tinea corporis	•Laboratory tests requiring venipuncture •Chest x-rays •EKG/EEG •KOH prep •Urinalysis •Ultrasound – ex: echocardiography	•Rest •Gargles •Elastic bandages •Superficial dressings
LOW	•Two or more self-limited or minor problems •One stable chronic illness, ex: well controlled hypertension, non-insulin dependent diabetes, cataract, BPH •Acute uncomplicated illness or injury, ex: cystitis, allergic rhinitis, simple sprain	•Physiological test not under stress – ex: PFT •Non-cardiovascular imaging studies with contrast, ex: barium enema •Superficial needle biopsies •Skin biopsy •Clinical laboratory tests requiring arterial puncture	•Over-the-counter drugs •Minor surgery with no identified risk factors •Physical therapy •Occupational therapy •IV fluids without additives
MODERATE	•One or more chronic illnesses with mild exacerbation, progression, or side effects or treatment •Two or more stable chronic illnesses •Undiagnosed new problem with uncertain prognosis, ex: lump in the breast •Acute illness with systemic symptoms – ex: pyelonephritis •Pneumonitis, colitis •Acute complicated injury, ex: head injury with brief loss of consciousness	•Physiological test under stress, ex: cardiac stress test, fetal contraction stress test •Diagnostic endoscopies with no identified risk factors •Deep needle or incisional biopsy •Cardiovascular imaging studies with contrast and no identified risk factors, ex: arteriogram, cardiac catheterization •Obtain fluid from body cavity, ex: lumbar puncture, thoracentesis, culdocentesis	•Minor surgery with identified risk factors •Elective major surgery (open, percutaneous, or endoscopic) with no identified risk factors •Prescription drug management •Therapeutic nuclear medicine •IV fluids with additives •Closed treatment of fracture or dislocation without manipulation
HIGH	•One or more chronic illnesses with severe exacerbation, progression, or side effects of treatment •Acute or chronic illnesses or injuries that pose a threat to life or bodily function, ex: multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure •An abrupt change in neurological status, ex: seizure, TIA, weakness, sensory loss	•Cardiovascular imaging studies with contrast with identified risk factors •Cardiac electrophysiological tests •Diagnostic endoscopies w/identified risk factors •Discography	•Elective major surgery (open, percutaneous, or endoscopic) with identified risk factors •Emergency major surgery (open, percutaneious, or endoscopic) •Parenteral controlled substances •Drug therapy requiring intensive monitoring for toxicity •Decision not to resuscitate or to de-escalate care because of poor prognosis

Subject to change throughout COVID-19 emergency

RR|HS
RR Health Strategies

40

Elements for E/M Visits

Subject to change throughout COVID-19 emergency

History & Physical Exam

Chief Complaint: A concise statement describing the symptom, problem, condition, diagnosis, provider recommended return, reason for the encounter. Usually stated in patient's own words.

HPI: Chronological description from the first sign or symptom, or from the previous encounter to present.

Location: **site of problem(s)**
Quality: **burning, throbbing, sharp, etc.**
Severity: **minor, moderate, severe, 5 on scale of 10**
Context: **noticed after exercising, precipitating factors**
Modifying factors: **rest, OTC medications, lying down**
Associated Signs and Symptoms: **bruising, numbness, headache**
Timing: **constant, after meals, in the AM**
Duration: **2 days, constant**

RR|HS RR Health Strategies

41

Elements for E/M Visits

Subject to change throughout COVID-19 emergency

ROS: An inventory of body systems with positive/negative or yes/no responses.

Constitutional	Musculoskeletal
Eyes	Integumentary
Ears, Nose, Moth, Throat	Neurological
Cardiovascular	Psychiatric
Respiratory	Endocrine
Gastrointestinal	Hematologic/Lymphatic
Genitourinary	Allergic/Immunologic

PFSH:

PAST HISTORY: Meds, allergies, surgeries, chronic conditions, immunizations, etc

FAMILY HISTORY: Family history may only be assessed as "noncontributory" for a level of service for which it is not required.
For **comprehensive** level of service, family history is considered an essential element and cannot be considered "noncontributory"*

- *It is expected that a family history include the minimal elements, which are the age of parents and siblings (if alive) and their current health status, or their age and cause of death if they are deceased. Additional elements may be added as appropriate.*

SOCIAL HISTORY:

- Use of alcohol or tobacco, marital status, employment, extent of education, etc.
- Pediatric social history could include whether patient attends daycare, where patient lives (with grandmother, etc) and/or if there are any smokers/pets in the home

RR|HS RR Health Strategies

42

1995 Physical Examination (PE) Guidelines

Subject to change throughout COVID-19 emergency

1995 Guidelines	
Problem Focused	1 body area or organ system
Expanded Problem Focused	2 to 7 systems - **with minimal detail** (2-5 body areas or organ systems)
Detailed	2 to 7 systems - **with expanded detail** (6-7 body areas or organ systems)
Comprehensive	8 or more **organ systems** (or) **a complete exam of a single system**

Note: The Chest (Breasts); Gastrointestinal (Abdomen); Genitourinary; Head/Face; Eyes; Ears, Nose, Mouth and Throat; Neck and Respiratory systems/body areas are not considered to be part of this Musculoskeletal exam.

Body Areas

Head, include face
Neck
Chest, including breasts & axillae
Abdomen
Genitalia, groin, buttocks
Back, including spine
Each extremity

Organ Systems

Constitutional
Eyes
Ears, nose, mouth/throat
Cardiovascular
Respiratory
Gastrointestinal
Genitourinary
Musculoskeletal
Integumentary
Neurologic
Psychiatric
Hematologic/lymphatic/ immunologic

RR|HS RR Health Strategies

43

1997 Musculoskeletal Physical Examination (PE) Guidelines

Subject to change throughout COVID-19 emergency

SPECIALTY EXAM: MUSCULOSKELETAL

HIC# | DATE OF SERVICE

Refer to data section (table below) in order to quantify. After reviewing the medical record documentation, identify the level of examination. Circle the level of examination within the appropriate grid in Section 5 (Page 3).

Performed and Documented	Level of Exam
One to five bullets	Problem Focused
Six to eleven bullets	Expanded Problem Focused
Twelve or more bullets	Detailed
All bullets	Comprehensive

(Circle the bullets that are documented.)

NOTE: For the descriptions of the elements of examination containing the words "and", "and/or", only one (1) of those elements must be documented.

System/Body Area	Elements of Examination
Cardiovascular	• Examination of peripheral vascular system by observation (e.g., swelling, varicosities) and palpation (e.g., pulses, temperature, edema, tenderness)
Lymphatic	• Palpation of lymph nodes in neck, axillae, groin, and/or other location
Extremities	(See Musculoskeletal and Skin)
Skin	• Inspection and/or palpation of skin and subcutaneous tissue (e.g., scars, rashes, lesions, cafe-au-lait spots, ulcers) in **four of the following six** areas: 1) head and neck, 2) trunk, 3) right upper extremity, 4) left upper extremity, 5) right lower extremity, and 6) left lower extremity Note: For the comprehensive level, the examination of all four anatomic areas must be performed and documented. For the three lower levels of examination, each body area is counted separately. For example, inspection and/or palpation of the skin and subcutaneous tissue of two extremities constitutes two elements.
Neurological/ Psychiatric	• Test coordination (e.g., finger/nose, heel/knee/shin, rapid alternating movements in the upper and lower extremities, evaluation of fine motor coordination in young children) • Examination of deep tendon reflexes and/or nerve stretch test with notation of pathological reflexes (e.g., Babinski) • Examination of sensation (e.g., by touch, pin, vibration, proprioception) Brief assessment of mental status including: • Orientation to time, place and person • Mood and affect (e.g., depression, anxiety, agitation)

10226 11/97

1a

System/Body Area	Elements of Examination
Constitutional	• Measurement of **any three of the following seven** vital signs: 1) sitting or standing blood pressure, 2) supine blood pressure, 3) pulse rate and regularity, 4) respiration, 5) temperature, 6) height, 7) weight (May be measured and recorded by ancillary staff) • General appearance of patient (e.g., development, nutrition, body habitus, deformities, attention to grooming)
Musculoskeletal **NOTE:** Determine the number of body areas addressed within each bullet. Enter that number on the line beside each bullet. Total at the bottom of this box. Inspection, percussion and/or palpation: _____ Assessment of range of motion: _____ Assessment of stability: _____ Assessment of muscle strength and tone: _____ * Total Bullets: _____ (including gait and station)	• Examination of gait and station *(if circled, add to total at bottom of column to the left) Examination of joint(s), bone(s), and muscle(s)/tendon(s) of **four of the following six areas**: 1) head and neck; 2) spine, ribs, and pelvis; 3) right upper extremity; 4) left upper extremity; 5) right lower extremity; and 6) left lower extremity. The examination of a given area includes: • Inspection, percussion and/or palpation with notation of any misalignment, asymmetry, crepitation, defects, tenderness, masses or effusions • Assessment of range of motion with notation of any pain (e.g., straight leg raising), crepitation or contracture • Assessment of stability with notation of any dislocation (luxation), subluxation or laxity • Assessment of muscle strength and tone (e.g., flaccid, cog wheel, spastic) with notation of any atrophy or abnormal movements Note: For the comprehensive level of examination, all four elements identified by a bullet must be performed and documented for each of four anatomic areas. For the three lower levels of examination, each element is counted separately for each body area. For example, assessing range of motion in two extremities constitutes two elements.

(Enter the number of circled bullets in the boxes below. Then circle the appropriate level of care.)

EXAM	One to Five Bullets	Six to Eleven Bullets	Twelve or more Bullets	All Bullets
	Problem Focused	Expanded Problem Focused	Detailed	Comprehensive

Note: The Chest (Breasts); Gastrointestinal (Abdomen); Genitourinary; Head/Face; Eyes; Ears, Nose, Mouth and Throat; Neck and Respiratory systems/body areas are not considered to be part of this Musculoskeletal exam.

1b

RR|HS RR Health Strategies

Virtual Physical Examination Examples

Subject to change throughout COVID-19 emergency

Ankle Pain
- Use the Ottawa Ankle rules
- Ask whether they were bearing weight at time of injury
- Have patient the family or patient palpate over the specific areas of bony tenderness included in the rule
- Evaluate whether they can bear weight
- If it is all negative, you can save most patients a visit to the urgent care or emergency department for an X-ray.

Constitutional
- General appearance
- Vitals (observe patient take their temperature, BP, etc)

Pharyngitis
- Finagle the camera to evaluate the tonsils for redness, exudates and swelling
- Ask the patient to evaluate if they have tenderness over their lymph nodes
- Observe if they cough, or have a runny nose, and observe patient take their temperature
- These are the same criteria used in an urgent care to screen for strep throat versus a viral sore throat

Mental status:
- While often easy to ascertain, some patients have visual, auditory, and/or cognitive deficits, making the exam more of an observational exercise
- Speech: Start by evaluating comprehension (midline commands, appendicular commands, cross midline commands), then naming, repetition

Cranial Nerves:
- Visual Fields: May be able to evaluate on the screen or with the help of someone with the patient
- EOM: Can use the assistance of someone with the patient
- Ask patient to look all the way to the left, right, up, and down
- Can have patient fixate on camera and rotate head from side to side for fixation
- Comment on nystagmus if present
- Pupils: Some platforms offer zooming options that you can use to examine pupils
- Face: Examine visually by video
- Hearing: Able to evaluate grossly and can document that it is intact to voice
- Palate: Some platforms offer zooming options that you can use to examine palate
- Shoulders: Check shoulder shrug symmetry
- Tongue: Examine visually by video

Motor exam:
- Tremors can be easily seen on camera
- Strength: Can be examined via nonconfrontational measures by:
- Arms: using pronator/Digit Quinti sign/Barrel roll/finger taps for subtle signs of weakness
- Legs: check drift or ask the patient to stand up with arms crossed, crouch then stand, heel walk, plantar walk (when possible)
- Using the assistance of someone with the patient; For complex peripheral cases you can instruct the assistant how to examine the different roots, branches of the brachial and lumbar plexus and individual nerves
- Tone: may be difficult to examine, but can look for bradykinesia by inspection

RR|HS RR Health Strategies

45

Example of Virtual Detailed Physical Example

Subject to change throughout COVID-19 emergency

Constitutional: gen: well-appearing female in no acute distress plus 3 vitals (ht, wt, temp or resp)

Psych: A & O x 3, affect is appropriate

Range of motion: knee flexion, catcher stance, toe/heel walk

Pain: duck walk or toe/heel

Strength: test themselves (i.e., hallux extension), toe/heel walk, use assistant

Fine touch: self or assistant

Palpation: describe or demonstrate "by self-palpation"

Skin: No ecchymosis, erythema, rash, or lesion on leg

Lymph: No leg swelling

Physical Examination:

@VS@

General appearance: The patient is well-appearing. @CAPHE@ is awake, alert, and oriented. @CAPHE@ demonstrates *** breathing.

Neurological/Psychiatric: The patient is alert and oriented to ***. The patient has a *** mood and affect.

Skin Examination: The skin over the right lower extremity and left lower extremity is ***

Cardiovascular Examination: There are *** varicosities, capillary refill ***, arterial pulses ***, ***edema, ***with|without any evidence of infection or rash.

Right Knee Examination:

Examination of the right knee reveals the skin to be ***. There is *** obvious swelling.

There is *** tenderness to palpation.

Range of motion is *** extension to *** degrees of flexion.

The knee is ***unstable|stable.

There is *** grinding with range of motion.

There is *** patellofemoral crepitus.

RR|HS RR Health Strategies

Selecting an E/M Code Based on Time

RR|HS
RR Health Strategies

47

Time

Subject to change throughout COVID-19 emergency

The time guidelines referenced by the CPT codebook **should not be utilized** unless counseling and/or coordination of care **dominates more than 50%** of the physician/patient and/or family encounter.

If more than 50% of the encounter is spent delivering counseling and/or coordination of care, then time may be considered the key or controlling factor to qualify for a particular level of E/M services.

Video conference time: must be face-to-face with patient through identified media.

Examples include: Discussing changes in the patient's medical condition, lifestyle changes, new medications and new testing.

This also includes discussing referrals to other providers and ordering of tests if it meets the time criteria.

Office/Other Outpatient Services

NEW PATIENT	Time Spent Face-to-Face (average)	ESTABLISHED PATIENT	Time Spent Face-to-Face (average)
99201 Level 1	10 min.	99211 Level 1	5 min.
99202 Level 2	20 min.	99212 Level 2	10 min.
99203 Level 3	30 min.	99213 Level 3	15 min.
99204 Level 4	45 min.	99214 Level 4	25 min.
99205 Level 5	60 min.	99215 Level 5	40 min.

RR|HS RR Health Strategies

48

Time

Subject to change throughout COVID-19 emergency

Documentation MUST Include:

- Total duration of face-to-face time
- The duration of counseling/coordination of care and medical decision making
- Detailed description of the coordination or care of counseling provided
  - Prognosis, risks and benefits of treatment options, instructions for treatment or follow-up, importance of compliance with medications or treatment plan, risk factor reduction, patient and family education, etc.

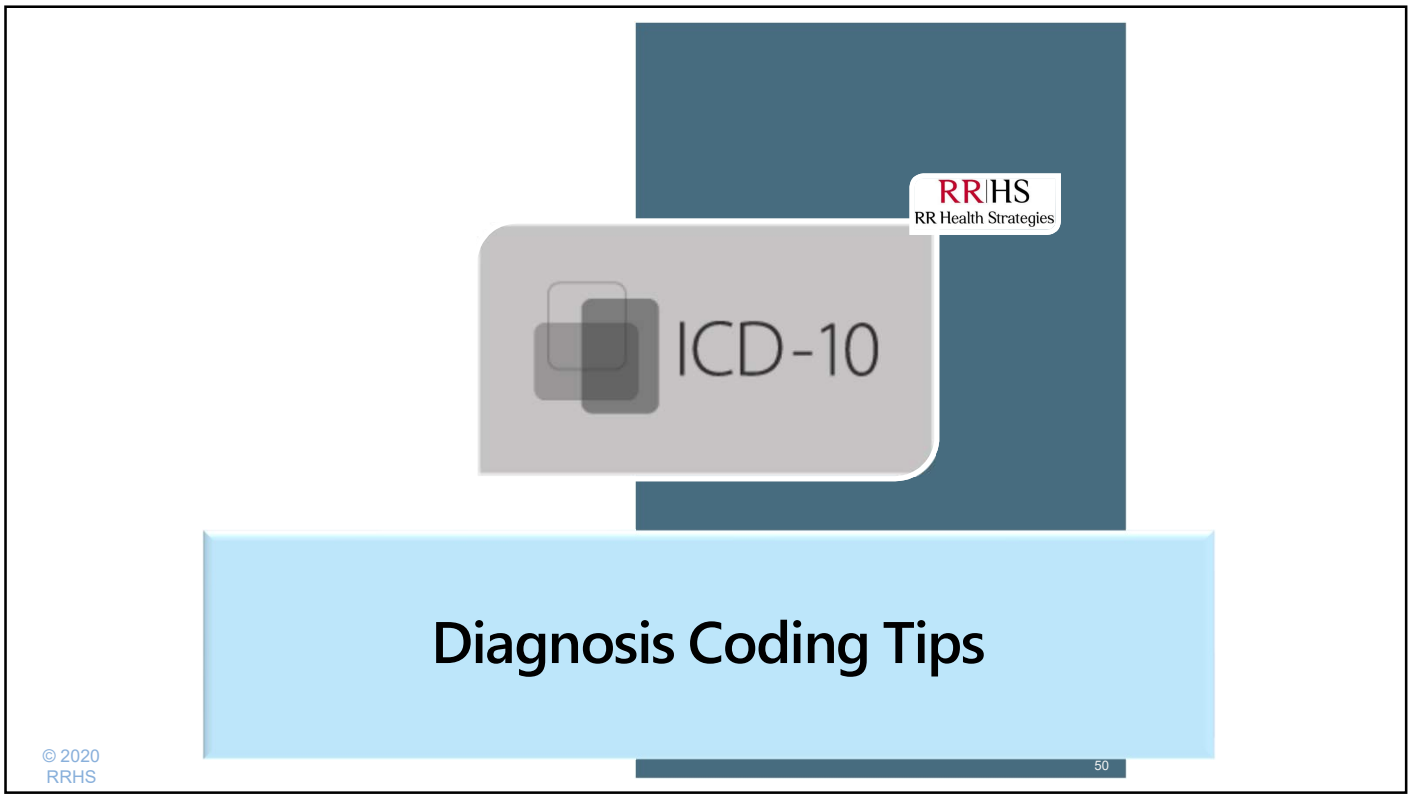
ACCEPTABLE:

*"@"The total amount of time spent face-to-face with this patient via video conference was *** minutes of which ***minutes was spent in counseling and/or coordination of care for the patient @as outlined above in A/P."* ***OR*** *@as outlined below ***."*

A detailed description of the counseling and/or coordination of care provided MUST be documented in the A/P section or follow the time attestation.

RR|HS RR Health Strategies

49


RR|HS
RR Health Strategies
ICD-10
Diagnosis Coding Tips
© 2020
RRHS
50

50

ICD-10-CM Diagnosis Coding

Subject to change throughout COVID-19 emergency

Guidance from the American Academy of Family Practitioners (AAFP) calls for using either J12.89 (other viral pneumonia) and B97 .29 (other coronavirus as cause) as the diagnosis code for confirmed COVID-19. Note B97 .29 is a supplementary code to identify a primary manifestation of COVID-19 and should not be the first-listed code. For suspected COVID-19, report ICD-10 codes for the presenting signs and symptoms. For known exposure to COVID-19 without definitive diagnosis, report Z20.828; for suspected exposure that is ruled out after exam, report Z03.818.

ICD-10-CM Code	Description
U07.1	nCoV acute respiratory disease
Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases
R05	Cough
R06.02	Shortness of breath
R50.9	Fever, unspecified
J12.89	Other viral pneumonia
B97.29	Other coronavirus as the cause of diseases classified elsewhere
J20.8	Acute bronchitis
J40	Bronchitis, not specific as acute or chronic
J22	Unspecified acute lower respiratory infection
J98.8	Other specified respiratory disorder
J80	Acute respiratory distress syndrome

Source: National Alliance of Medical Auditing Specialists (NAMAS)

RR|HS RR Health Strategies

51

ICD-10-CM Diagnosis Coding

Subject to change throughout COVID-19 emergency

Prior to April 1, 2020	On April 1, 2020
Pneumonia confirmed as due to COVID-19: J12.89 other viral pneumonia B97.29 other Coronavirus as cause of diseases classified elsewhere	**Pneumonia confirmed as due to COVID-19:** U07.1 COVID-19 J12.89 Other viral pneumonia
Acute bronchitis confirmed as due to COVID-19: J20.8 Acute bronchitis B97.29 other Coronavirus as cause of diseases classified elsewhere	**Acute Bronchitis confirmed as due to COVID-19:** U07.1 COVID-19 J20.8 Acute bronchitis due to other specified organisms
Unspecified Bronchitis confirmed as due to COVID-19: J40 bronchitis not specified as acute/chronic B97.29 other Coronavirus as cause of diseases classified elsewhere	**Unspecified Bronchitis confirmed as due to COVID-19:** U07.1 COVID-19 J40 Bronchitis not specified as acute or chronic
Acute or lower respiratory infection confirmed as due to COVID-19: J22 unspecified acute lower respiratory infection B97.29 other Coronavirus as cause of diseases classified elsewhere	**Acute or lower respiratory infection confirmed as due to COVID-19:** U07.1 COVID-19 J22 Unspecified acute lower respiratory infection
Respiratory infection NOS confirmed as due to COVID-19: J98.8 other specified respiratory disorder B97.29 other Coronavirus as cause of diseases classified elsewhere	**Respiratory infection NOS confirmed as due to COVID-19:** U07.1 COVID-19 J98.8 Other specified respiratory disorder
ARDS confirmed as due to COVID-19: J80 acute respiratory distress syndrome B97.29 other Coronavirus as cause of diseases classified elsewhere	**ARDS confirmed as due to COVID-19:** U07.1 COVID-19 J80 acute respiratory distress syndrome
Possible exposure to COVID-19, ruled out after evaluation Z03.818 Encounter for observation for suspected exposure to other biological agents, ruled out	**Possible exposure to COVID-19, ruled out after evaluation** Z03.818 Encounter for observation for suspected exposure to other biological agents, ruled out
Exposure to COVID-19 *not ruled out (exposed to someone with confirmed COVID-19):* Z20.828 contact with and (suspected) exposure to other viral communicable diseases	**Exposure to COVID-19 *not ruled out (exposed to someone with confirmed COVID-19):*** Z20.828 contact with and (suspected) exposure to other viral communicable diseases
Signs/Symptoms: If a definitive diagnosis has not been established, code only the signs and symptoms, i.e. cough, shortness of breath, fever, etc.	**Signs/Symptoms:** If a definitive diagnosis has not been established, code only the signs and symptoms, i.e. cough, shortness or breath, fever, etc.
Suspected/possible/probable COVID-19: Do not code B97.29. Use signs/symptoms or Z20.828	**Suspected/possible/probable COVID-19:** Do not use U07.1. Use signs/symptoms or Z20.828

RR|HS RR Health Strategies

52

Business Operations

RR|HS
RR Health Strategies

53

Prepare to Provide Virtual Visits

Subject to change throughout COVID-19 emergency

1 Operational

- Establish a team/committee that can make and implement decisions regarding telemedicine services
- Identify need - Determine your patient demographic
- Confirm with your malpractice insurance carrier that your policy covers care provided via telemedicine
- Determine top carriers and reach out to obtain telemedicine guidelines (including cost-sharing waivers)
- Assign clear roles and responsibilities to your staff and providers

2 Technical

- Check with your EMR vendor to determine system telemedicine functionality
- Determine video platform(s) that will be allowed for use by your Providers
- Work with your IT Department/Vendor allow for integration
- Ensure your charge capture platform includes all applicable codes (E/M, CPT, HCPCS, ICD-10) and modifiers for telemedicine services
- Establish and document the telemedicine workflow, including coding and billing

3 Implementation

- Develop documentation templates
- Provider and staff education and training regarding telemedicine documentation, coding and billing guidelines
- Patient education and outreach
- Coding and documentation QA
- Close monitoring of carrier reimbursement and denials
- Patient feedback

RR|HS RR Health Strategies

54

Scheduling and Conducting a Virtual Visit

Subject to change throughout COVID-19 emergency

1 Scheduling the Virtual Visit

- **Scheduler** contacts patient to schedule virtual visit and advises of telehealth and telephonic services available and associated cost sharing guidelines
- **Scheduler** must ensure the patient has access to Audio/Visual Platform or confirm audio only
- Staff manages authorization (if needed)
- Patient receives appointment reminder and telemedicine appointment link

2 Virtual Visit Start

- **Patient** logs in to platform
- Staff collects copay (if applicable)
- Obtain Patient Verbal Consent
- **Provider** joins the visit via her/his computer (Office/Inpatient/Home)
- **Patient** and **provider** conduct visit
- **Provider** concludes visit
- **Provider** or **staff** schedules follow-up visit

NOTE: if video fails during visit, must code as a Telephone visit

3 Virtual Visit Documentation

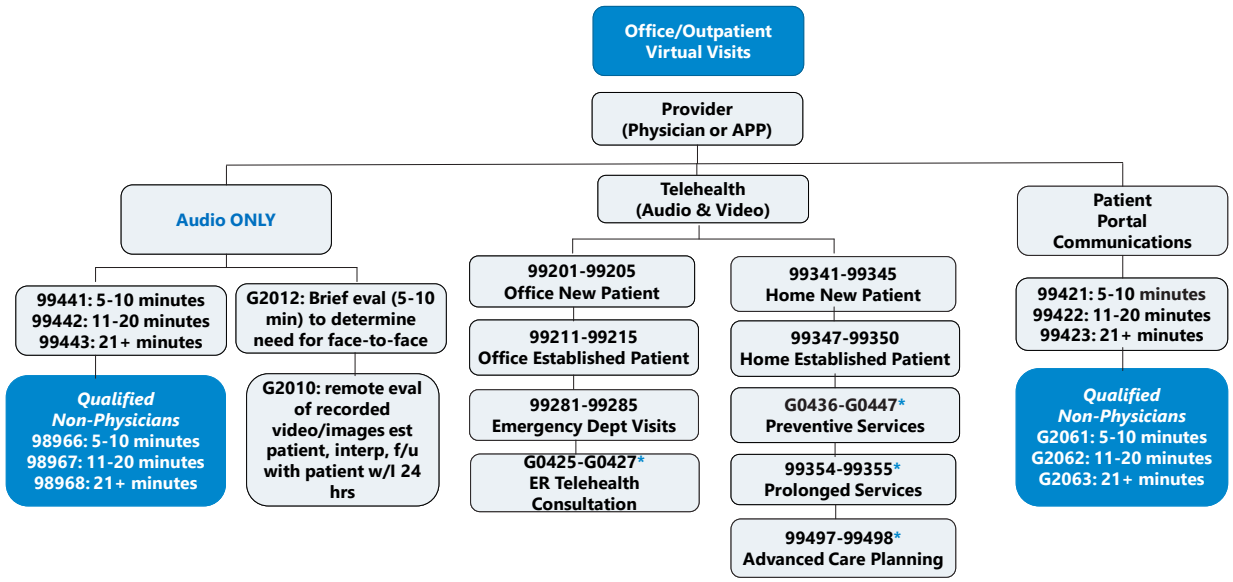
- **Provider** documents Telehealth-specific criteria:
  - Start and stop time of session
  - Location of Patient (e.g., NY-home)
  - Location of Provider (e.g., Home, office, etc.)
  - Other Participants (e.g., daughter, father, aide)
- **Provider** selects appropriate Code (E/M, Telephone)

RR|HS RR Health Strategies

55

Outpatient Telehealth Services

Subject to change throughout COVID-19 emergency

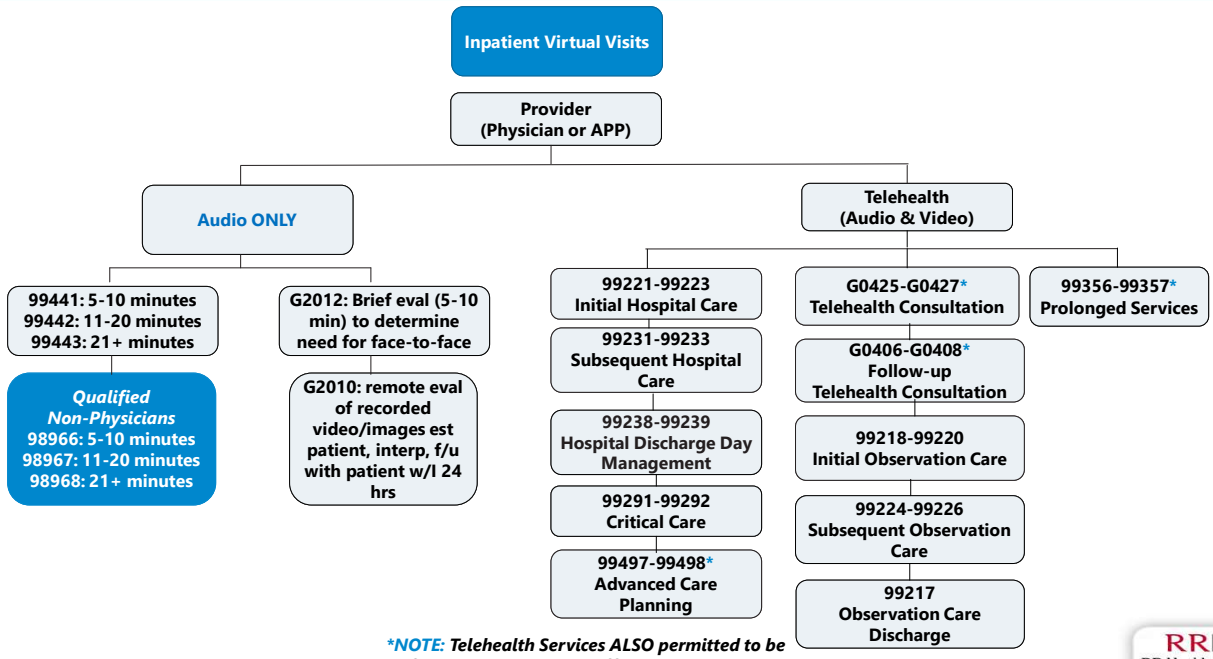


***NOTE:** Telehealth Services ALSO permitted to be performed via audio only effective April 30, 2020.*

RR|HS RR Health Strategies

Inpatient Telehealth Services

Subject to change throughout COVID-19 emergency



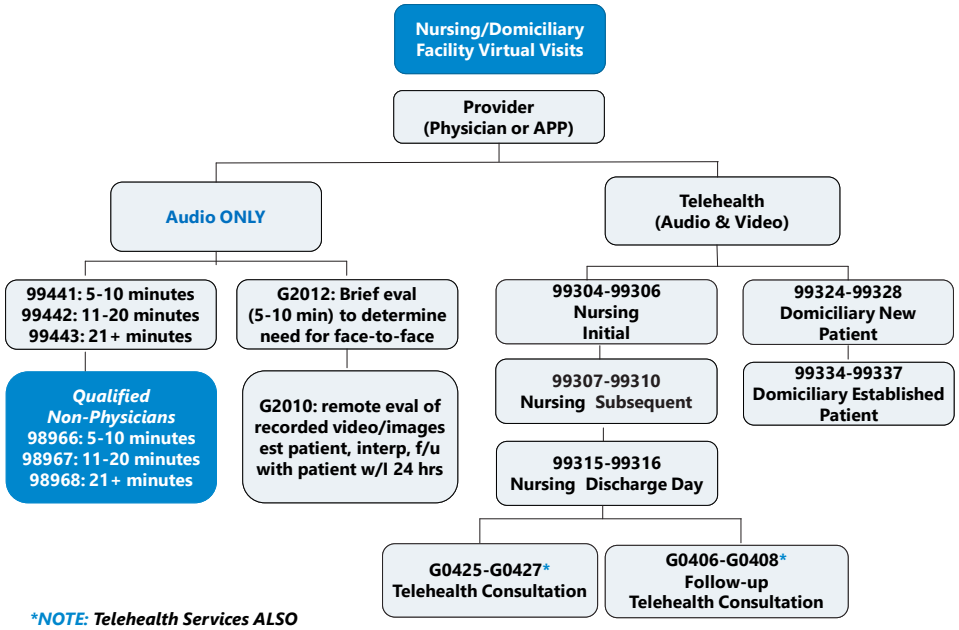
NOTE: Telehealth Services ALSO permitted to be performed via audio only effective April 30, 2020.

RR|HS RR Health Strategies

57

Nursing/Domiciliary Facility Telehealth Services

Subject to change throughout COVID-19 emergency



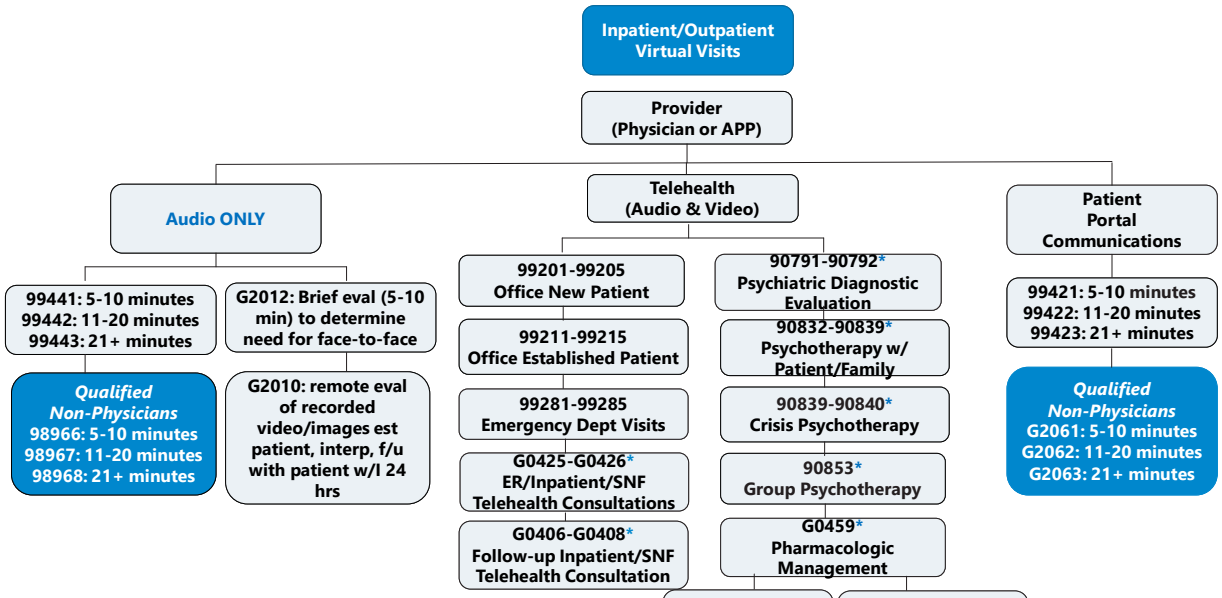
***NOTE:** Telehealth Services ALSO permitted to be performed via audio only effective April 30, 2020.*

RR|HS RR Health Strategies

58

Telepsychiatry Services

Subject to change throughout COVID-19 emergency



NOTE:* ***Telehealth Services ALSO permitted to be performed via audio only effective April 30, 2020.*

RR|HS RR Health Strategies

References

Telehealth Services for PHE for the COVID-19 pandemic effective March 1 2020-updated April 30 2020

Covered Telehealth Services for PHE for the COVID-19 pandemic effective March 1 2020

Medicaid 3312020mu_no05_2020-03-21_covid-19_telehealth

CMS Press Release 04-30-20

CMS Blanket Waiver Notice

CMS Fact Sheet 03-05-20

ama-telehealth-playbook.pdf

Connect With Care

Karen Zupko & Associates, Inc.

NAMAS Decision Tree

NAMAS

RR|HS
RR Health Strategies

60

RR|HS
RR Health Strategies

Q&A

Pam D'Apuzzo, CPC, ACS-EM, ACS-MS, CPMA
pdapuzzo@rrhealthstrategies.com

102 Motor Parkway, Suite 520
Hauppauge, NY 11788
631.231.0505

rrhealthstrategies.com
info@rrhealthstrategies.com

RR Health Strategies, LLC (RRHS) is a healthcare consulting firm dedicated to providing the following services:

- Revenue Integrity
- Compliance Workplan and Auditing Services
- Coding and Documentation Reviews
- Education and Training
- Due Diligence Reviews
- Provider and EMR Workflow Support
- Operational Management, Revenue Cycle and Human Resources
- Pro Laboratory professional and Facility Coding and Support
- Clinical Documentation Improvement
- HCC Auditing and Education
- Operations, Regulatory and Performance Improvement

We offer our clients unparalleled quality services, which will result in improved overall operations and compliance with governmental regulations.

Our service lines are designed for teaching setting medical centers, faculty practice plans, community hospitals, law firms, and private practices (solo practitioners, group practices, and multi-specialty groups). Our dedicated professionals are recognized industry leaders providing exceptional service to our clients.

61