

RSABill, Inc.

Medical Billing Services to Support Private Practice Physicians

Assistance with Telehealth in Your Practice

Initially compiled info as of March 24, 2020

Updated with changes/additions April 6, 2020

Updated with end dates June 11, 2020, and July 20, 2020

****Updated Sept 22, 2020**

This document is intended to provide guidance on how to quickly develop a telemedicine platform in your practice as well as billing tips by insurance. The information pertains to California providers and is gathered from on-line resources and direct provider relations communications.

UPDATE 9/22/20

Commercial insurances are extending the use of telemedicine and waiving co-pays until 12/31/20 except for UHC terminates this month unless updates after today. Medicare and Medi-Cal are still in effect. Check with your IPA's for their telemedicine policies.

A new code CPT has been added this month. 99072 is an add-on code to office visit to report the added expenses related to treating the patient in the office during the pandemic. It is so new that insurance plans have not added it yet to their fee schedules, therefore we do not know who will reimburse for this code, nor how much. As a sampling, we are adding the code to the various insurance carriers to see what responses we receive. I will update you when conclusive data is available.

IMPORTANT UPDATE 7/20/20

The following history and guidelines pertain to the emergency situation addressing the COVID-19 initial disruption to the healthcare industry. Although, no confirmed end date has been announced, it is prudent that all providers utilizing the provisions of relaxed measures to administer telehealth visits, begin to transition to compliance. It is my opinion that telehealth will not return to the limited, strict access of pre-COVID, however, the temporary emergency waivers will modify in time. Until we

know what the new standard will be, we still want to be consistent with sound medical protocols. We want to adopt safe and effective healthcare delivery for both our practices and our patients. I encourage you to utilize this time to developing a complete telemedicine platform to supplement your practice for long term success. Please reference the “[Readying for Telemedicine Post Pandemic](#)” article on [rsabill.com](#).

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On March 6, President Trump declared a national emergency in response to the COVID-19 virus outbreak. CMS followed by issuing a healthcare emergency and a temporary expanded policy relating to telehealth services. <https://www.cms.gov/newsroom/press-releases/president-trump-expands-telehealth-benefits-medicare-beneficiaries-during-covid-19-outbreak>. In the two weeks following this announcement, other health plans have followed with their response. Below is a reference to help guide your practice during this unprecedented time. The information continues to come in, however, these are the facts we can confirm as of today, and will be updated as more information is available.

The first key takeaway from the CMS announcement and the subsequent State of California is that telehealth is to be made available to all patients, from all providers, for all diagnosis.

<https://www.hhs.gov/coronavirus/telehealth/index.html> However, service must be performed in an interactive, video conference format. In order to make these services readily implemented in your office, HIPAA rules are temporarily loosened to include use of FaceTime, Skype, and the like.

<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>. Also, the requirement for prior consent, disclosure of HIPAA notices, and more HIPAA guidelines normally attributed to telemedicine are waived during the emergency crisis. <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html>

On March 31, CMS expanded the telemedicine guidelines to include more services. Also of note, it is now allowed to complete a telemedicine visit by telephone if the patient is unable to complete a video telemedicine visit.

<https://m.paubox.com/mail/?task=mail&caps=pdf%3D1%2Cflash%3D0%2Ctif%3D0&uid=20834&mbox=INBOX&search=d38e85e2f4ef0eb29514f81e1f46006a&action=show>

That being said, I strongly encourage you to consider enrolling in a medical Telemedicine service. We fully expect these services to be expanded after the emergency declaration and this is your chance to be in compliance now and for the future. These services also assist greatly with the normal workflow of a virtual office visit encounter. Here are two companies our practices have given us positive feedback.

1. Doxy.me <https://doxy.me/>

2. Zoom for Medical <https://blog.zoom.us/wordpress/2017/04/20/introducing-zoom-for-telehealth/>

Here are some telehealth etiquette tips as well

<https://www.memorialcare.org/sites/default/files/images/content/PDFs/Virtual%20Visits%20Physician%20Etiquette.pdf>

Your chart documentation should notate the encounter is a telemedicine visit utilizing (name your video conference software), complete a normal SOAP note in your normal medical record/EMR. For the physical exam portion of the visit, state the patient directed exam questions and patient responses, note the total time of the virtual encounter, and note any coordination of care with other providers, review of medical records, and any other provider actions performed prior to or following the video call that is related to the encounter.

Billing Guidelines

CMS Interim Policy	Telehealth covered	Patient benefits	Billing codes Updated March 2020	Modifier	Place of service (POS)	Telephone other non face-to-face covered
Medicare https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf	Yes All eligible provider types All diagnosis All POS New and estab. patients No end date stated confirmed 9/22/20	COVID-19 DX, no patient responsibility Ends 9/30/20 All other DX Deductible and co-insurance applies	DOS 3/6/20 until termination of emergency waiver, bill normal office E&M visits. New patient 99201 (\$46.56) 99202 (\$77.23) 99204 (\$167.09) 99205 (\$211.12) Established patient 99211 (\$23.46) 99212 (\$46.19) 99213 (\$76.15) 99214 (\$110.42) 99215 (\$148.33) See link for other codes billable via telemedicine https://www.cms.gov/Medicare/Medicare-general-information/telehealth/telehealth-codes	95 Initiated 3/31	Prior 02, now use POS visit would have been	Telephone codes-No Telephone visit can be billed as telemedicine when the patient is unable to perform a video telemedicine encounter Virtual check-in G2012 (\$14.80) Store & forward G2010 (\$12.27) E-visits portal MD 99421-99423 (\$15.52-\$50.16) E-visit portal non-MD G2061-G2063 (\$12.27-\$33.92)
<p>PPO plans have issued their policies regarding telehealth, although subject to change. State of CA has issued this executive order on 3/18/20 requiring health plans to adopt change in policy allowing care while containing the spread of the virus. Some revisions to the facts below are expected to occur in the next week in response to this order.</p> <p>http://www.insurance.ca.gov/0250-insurers/0300-insurers/0200-bulletins/bulletin-notices-commiss-opinion/upload/CDI-Emergency-Notification-Filing-Requirements-COVID-19-3-18-2020.pdf</p>						
Insurance plan	Telehealth covered	Patient benefits	Billing codes Updated March 2020	Modifier	Place of service (POS)	Telephone other non face-to-face covered
Aetna https://www.aetna.com/health-care-professionals/provider	Yes		MD: 99421-99423	no	02	Yes for minor acute E&M. General medicine and

education-manuals/covid-faq.html#acc_link_content_section_responsivegrid_copy_responsivegrid_accordion_10	<p>Until June 4, 2020</p> <p>End date Extended to 12/31/20</p> <p>https://www.aetna.com/health-care-professionals/covid-faq/telemedicine.html</p>	<p>Co-pay waiver Expires 9/30/20 for commercial medical, extended to 12/31/20 for senior plans and behavioral codes</p>	<p>commercial G2061-G2063 senior. Based on cumulative time in a 7-day period</p> <p>Non-MD: 98970-98972. Based on cumulative time in a 7-day period</p>			<p>mental health must be video.</p> <p>MD: 99441-99443 commercial G2010, G2012 senior.</p> <p>Non-MD: 98966-98968</p>
<p>Anthem Blue Cross</p> <p>https://providernews.anthem.com/california/article/information-from-anthem-for-care-providers-about-covid-19-5</p>	<p>Yes</p> <p>For 90 days from March 17</p> <p>No end date confirmed 9/22/20</p> <p>https://providernews.anthem.com/california/article/information-from-anthem-for-care-providers-about-covid-19-5</p>	<p>Co-pay waived Eff 3/19/20</p> <p>Waived co-pay still in effect</p>	<p>Standard office E&M codes</p> <p>Same reimbursement</p>	95	02	<p>Telephone visit can be billed as telemedicine when the patient is unable to perform a video telemedicine encounter</p>
<p>Blue Shield of CA</p> <p>https://www.blueshieldca.com/bzca/bsc/wcm/connect/provider/provider_content_en/guidelines_resources/telehealth-virtual-care</p>	<p>Yes</p> <p>End date Extended to 12/31/20</p> <p>https://www.blueshieldca.com/bzca/bsc/wcm/connect/provider/provider_content_en/guidelines_resources/COVID-19-network-providers-info</p>	<p>COVID-19 DX, no patient responsibility</p> <p>All other DX Deductible and co-insurance applies</p>	<p>Standard office E&M codes</p> <p>Same reimbursement</p>	none	02	<p>Yes 99441-99443</p>
<p>Cigna</p> <p>https://static.cigna.com/spa/chcp/assets/Cigna-COVID-19-Billing-Guidance-for-Providers-3-18.pdf</p>	<p>Yes</p> <p>Until 5/31/20</p> <p>End date extended to 12/31/20</p> <p>https://starplus.cigna.com/static/starplus-cigna-com/docs/providers/covid-19-telemedicine-services-codes.pdf</p>	<p>COVID-19 DX, no patient responsibility</p> <p>All other DX Deductible and co-insurance applies</p>	<p>99241</p> <p>Policy states reimburse same as office visit, but with only this code not sure what level OV will be processed.</p>	none	11	<p>Yes for COVID-19 DX only, use G2012</p>
<p>Health Net</p> <p>https://www.healthnet.com/portal/provider/content/wc/provider/unprotected/working_with_HN/content/important_updates.action</p>	<p>Yes</p> <p>End date Extended to 12/31/20</p> <p>https://www.healthnet.com/portal/provider/content/wc/provider/unprotected/working_with_HN/content/important_updates.action</p>	<p>COVID-19 DX, no patient responsibility</p> <p>Ends 7/25/20 commercial plans, 12/31/20 for Medicare plans</p> <p>All other DX Deductible and co-insurance applies</p>	<p>Standard office E&M codes</p>	none	02	<p>Not stated</p>
<p>Humana</p> <p>https://www.humana.com/provider/coronavirus/telemedicine</p>	<p>Yes</p> <p>Following CMS guidelines</p>	<p>COVID-19 DX, no patient responsibility</p> <p>No co-pay still applies, no end</p>	<p>Standard office E&M codes</p>	none	02	<p>Yes, if video visit is not available</p>

	No end date confirmed as of 9/22/20 https://www.humana.com/provider/coronavirus/telemedicine	date All other DX Deductible and co-insurance applies				
Medi-Cal https://www.dhcs.ca.gov/Documents/COVID-19/Telehealth_Other_Virtual_Telephonic_Communications_V3.0.pdf	Yes No end date confirmed 9/22/20 https://www.cchpca.org/resources/covid-19-telehealth-coverage-policies	No patient responsibility	Standard office E&M codes Same reimbursement	95	02	Not covered
TriWest http://www.triwest.com/global-assets/vapc3-provider-files/quick-reference-guides/tele-health_grg.pdf	Yes Policy states follow Medicare guidelines No end date confirmed as of 9/22/20 http://www.triwest.com/en/provider/news--updates/community-providers-covid-19-resource-page/#covid19-telehealth	Policy states follow Medicare guidelines	Authorized codes on referral	95	11	Policy states follow Medicare guidelines
United Healthcare https://www.uhcprovider.com/en/resource-library/news/provider-telehealth-policies.html	End date Extended to 12/31/20	All DX, no patient responsibility Ends 9/30/20	Standard office E&M codes Same reimbursement	95 Commercial and Medi-Cal GT Senior	11	99441-99443

Managed Healthcare Plans

This section has not been updated since March 2020. If you are a provider and receive updates from your IPA regarding telemedicine, please forward to juli@rsabill.com so that it can be included in the information here for everyone's benefit.

When we contacted the local HMO/IPA for their interim policy, we received these responses. However, since then this memo was enacted, therefore, these facts may be changing in the near future.

Medical Group or IPA	Telehealth covered	Patient benefits	Billing codes Updated March 2020	Modifiers	Place of service (POS)	Telephone other non face-to-face covered
Accountable Verbal telephone call to provider relations on 3/17/20	Yes	Co-pay applies	Standard office E&M codes Same reimbursement Must have auth on file for fee-for-service	Not stated	02	Not stated
Apple Care						
CalOptima https://www.dhcs.ca.gov/services/medi-cal/Documents/mednetele_27966_m01o03.pdf	Yes Requirement temporary modified to match CMS emergency policy for telehealth	No patient responsibility	Standard office E&M codes Same reimbursement Must have auth on file for fee-for-service	95	02	Econsult with other providers 99251
Caremore Per email from Kelly Laban to Dr. Yip on 3/20/20	Yes Requirement temporary modified to match CMS emergency policy for telehealth	Not stated	Not stated	Not stated	02	Not stated
Facey Verbal telephone call to provider relations on 3/17/20	Yes	No patient responsibility	Standard office E&M codes Same reimbursement Must have auth on file for fee-for-service	Not stated	02	Not stated
GNP https://www.memorialcare.org/p/hysicians/virtual-visit-resources	Yes	No patient responsibility	Standard office E&M codes Same reimbursement Must have auth on file for fee-for-service	95 Commercial members	02	Telephone codes-No Virtual check-in G2012 Store & forward G2010 E-visits portal 99421-99423
Monarch Per Right Fax dated March 17, 2020	Yes	No patient responsibility	Standard office E&M codes Same reimbursement Must have auth on file for fee-for-service	95 MCal members	02	Policy states follow Medicare guidelines
Preferred http://preferredipa.com/wp-content/uploads/2020/03/COVID-19-Telehealth-Sent-03-24-2020-min.pdf	Yes	No patient responsibility	Standard office E&M codes Same reimbursement Must have auth on file for fee-for-service	95 MCal members	02	Not covered
Regal Per physician & office manager memo dated March 19, 2020	Yes	No patient responsibility	99446-99449 Must have auth on file for fee-for-service	95 MCal members	02	Telephone 99441-99443
Seaside Per fax to providers on 3/25/20	Fax not clear if only for COVID-19	Subject to	Standard office E&M codes	Medicare none	02	Not covered

	DX States must use HIPAA compliant video	plan	Same reimbursement Must have auth on file for fee-for-service	Medi-Cal, PPO use 95		
Seoul Medical Per email to providers 3/26/20	Yes	No patient responsibility	Standard office E&M codes Same reimbursement Must have auth on file for fee-for-service	None	02	Telephone 99441-99443
St Joseph Per email to providers dated 3/19/20	Yes Refers to following CMS emergency guidelines	Not stated	99203 New Pt 99213 Estab Pt Must have auth on file for fee-for-service	Not stated	02	Not stated

Keep in mind; these are considered temporary changes during the health crisis. All of the above will need to be updated again when the emergency order is lifted and the medical insurances address the future of telehealth services.

If you have information that differs from anything contained herein, or is in addition to the above, please share with me so that I can share with our valued private practitioners. We are all in this together and RSA is committed to assisting you to be successful in business while continuing to provide coveted private healthcare to our community members.