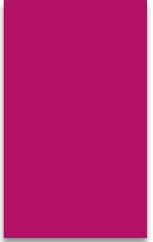


TELEHEALTH

BILLING FOR MIDWIVES IN COVID-19 TIMES

NANCY KOERBER, CPM, CPC, EXECUTIVE DIRECTOR, WNC BIRTH CENTER

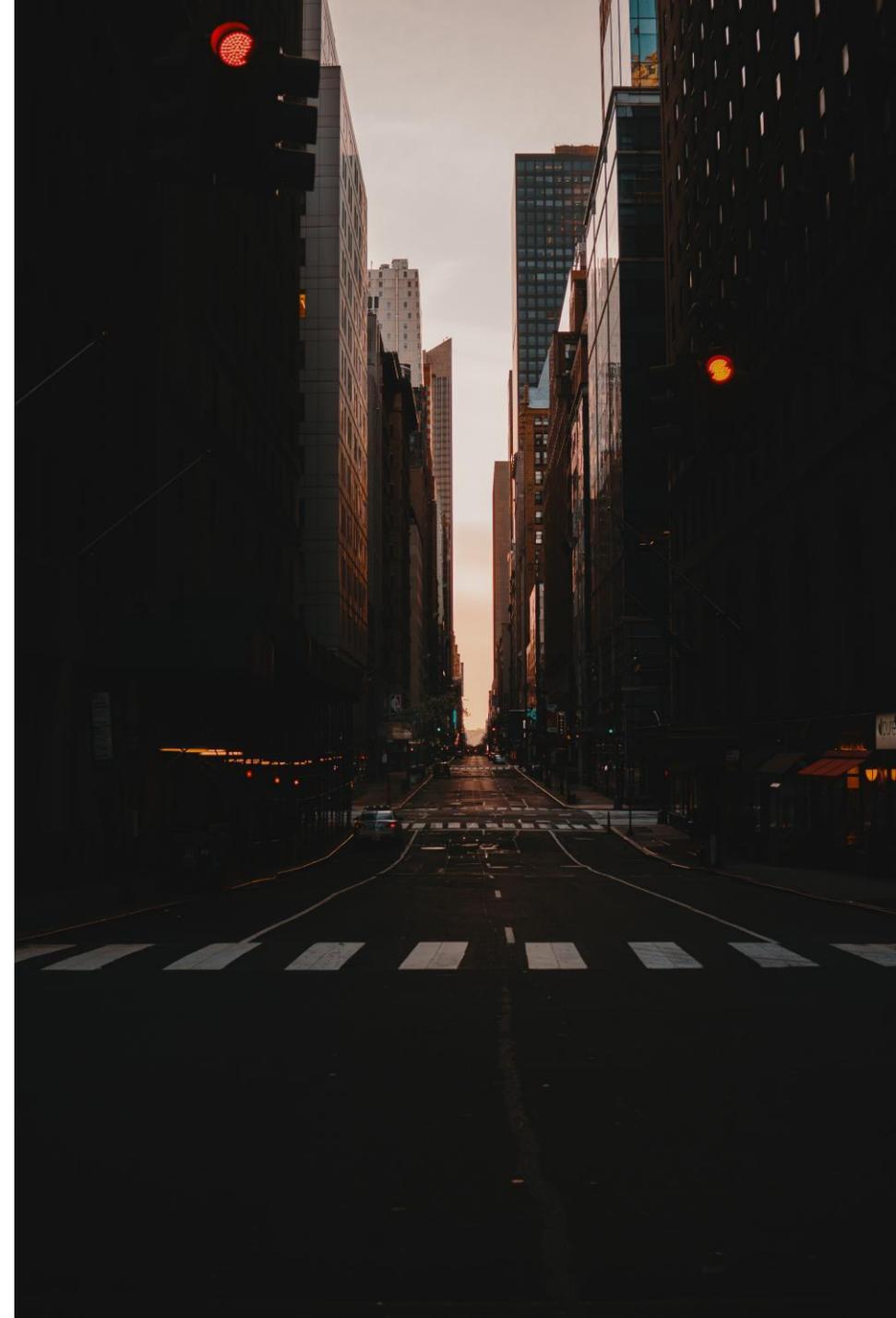


This webinar is based on information available as of April 1, 2020. Information is changing daily. Latest information is available through CMS and private insurance carriers.

The following contains basic information for coding and billing. Check with your payers and state regulatory agencies as an authority as to how to bill in your state.

CMS.Gov Newsroom 2020

“Every day heroic nurses, doctors, and other healthcare workers are dedicating long hours to their patients. This means sacrificing time with their families and risking their very lives to care for coronavirus patients,” said CMS Administrator Seema Verma. “Front line healthcare providers need to be able to focus on patient care in the flexible and innovative ways possible. This unprecedented temporary relaxation in regulation will help the healthcare system deal with patient surges by giving it tools and support to create non-traditional care sites and staff them quickly.”





CMS and DHHS Guidelines have changed regarding the previously restricted Telemedicine billing policies, but there is still a lack of clarity on how individual payers will respond to billing claims.

Some are recommending holding back on filing claims until there is more guidance.

Continue to be mindful of payer updates.

What about CPMs, Certified, Licensed Midwives?

Currently, the definition of who can bill for these visits using telehealth technology is more related to how state legislators have addressed this issue in legislation and/or regulation state-by-state.

The situation is currently fluid, regarding state waivers that have been drafted that may change the landscape for reimbursement during this COVID-19 emergency, healthcare pandemic.

The best source for accurate information is through your state professional organization, governor and legislative bulletins and payors.

What is the difference between Telemedicine and Telehealth

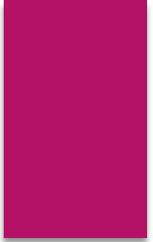
WHO says:

“Some distinguish telemedicine from telehealth with the former restricted to service delivery by physicians only, and the latter signifying services provided by health professionals in general, including nurses, pharmacists and others.”

AAFP says:

Telemedicine is the practice of medicine using technology to deliver care at a distance. It occurs using telecommunications infrastructure between a patient (at an originating or spoke site) and a physician or other practitioner licensed to practice medicine (at a distant or hub site).

Telehealth refers to a broad collection of electronic and telecommunications technologies that support health care delivery and services from distant locations. Telehealth technologies support virtual medical, health, and education services.



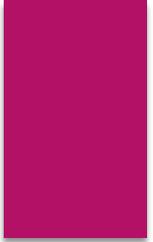
PRINCIPLES TO GUIDE YOU

Intention of the visit?

Circumstances of the visit?

Documentation

Bill Based Upon Above



Intention of the Visit

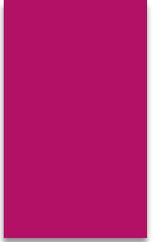
Who initiated the visit?

Patient initiated-provider calls back

Not related to an E/M visit within prior 7 days

Not leading to an E/M visit within the next 24 hours or soonest available.

Provider may bill 99441-99443



Not Initiated By The Patient:

Regular E/M Visit

Office Visit

Prenatal Care

Problem visit

Post partum visit

Intent is to evaluate an illness, injury, or assessment of an established condition, i.e. pregnancy

Use regular E/M codes 99201-99215 as appropriate

Document according to guidelines

Circumstances



Returning call to patient at their request

Provider contacts patient regarding their condition.

Use 99441-99443

Uses audio or visual communication

Uses audio only due to patient's resources

Use 99201-99215

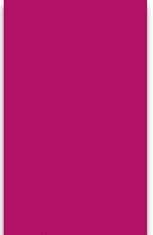
Still no Clear Guidance

Telemedicine POS-02

No "incident to" services for telemedicine

"Incident to" allowed in location/POS "office" 11

Qualifications as to provider types that may bill these codes remains the same and varies from state to state, per midwifery laws and reimbursement. If you normally bill E/M codes, then you can now.



CMS Telemedicine Waivers

DHHS will not conduct audits to ensure that a prior relationship existed for claims submitted during this public health emergency-effective 3/6/2020.

Practitioner providing services via telehealth is no longer required to be licensed in the state in which the patient is located. There are exceptions. See [CMS.gov](https://www.cms.gov) for guidance.

State or local licensure requirements by state or local government are still in effect.

Originating site may be any location patient is experiencing the encounter.

May be able to use mobile computing devices with audio and video capabilities.

During Covid-19 nationwide emergency

May use Facetime, Skype

Added in HHS.gov-Notification of Enforcement Discretion for Telehealth remote

Allow Updox, Vsee, Zoom for Healthcare, Doxy.me, Google G Suite Hangouts Meet,

Non-secure: Apple Face Time, Facebook Messenger video chat, Google Hangouts, video or Skype

Cannot use: Facebook Live, Twitch, Tik Tok



Live Video

May serve as an in-person encounter

May be used for consultative, diagnostic, and treatment services.

HIPAA

Office for Civil Rights (OCR) is exercising its enforcement discretion to not impose penalties for noncompliance with HIPAA Rules in connection with the good faith provision of telehealth.

This applies to telehealth provided for any reason regardless of whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19.

HIPAA (cont.)

HIPAA Privacy Rule permits entities to disclose PHI without a patient's authorization.

Covered entities may disclose PHI about the patient as necessary to treat the patient or to treat a different patient.

Covered entities may disclose requested PHI to a public health authority, a foreign government agency (at the direction of a public health authority) that is collaborating with the public health authority, and persons at risk of contracting or spreading a disease or condition if authorized by law.

Covered entities may share PHI with a patient's family, friends, relatives, or other persons identified that were involved in the patient's care.

Health care providers may share PHI to prevent a serious and imminent threat
To the public health and safety.

CHARTING TELEHEALTH AND NECESSARY DOCUMENTATION

All clients should be provided the necessary instructions as to how to connect with their provider prior to the visit.

Consents: A separate consent is necessary prior to the telehealth visit.
This can be written or verbal, but documentation of consent is required.

What is the "HUB" and "SPOKE?"

HUB- where the provider is conducting the visit-office or home, etc.

SPOKE- where the client is receiving your visit

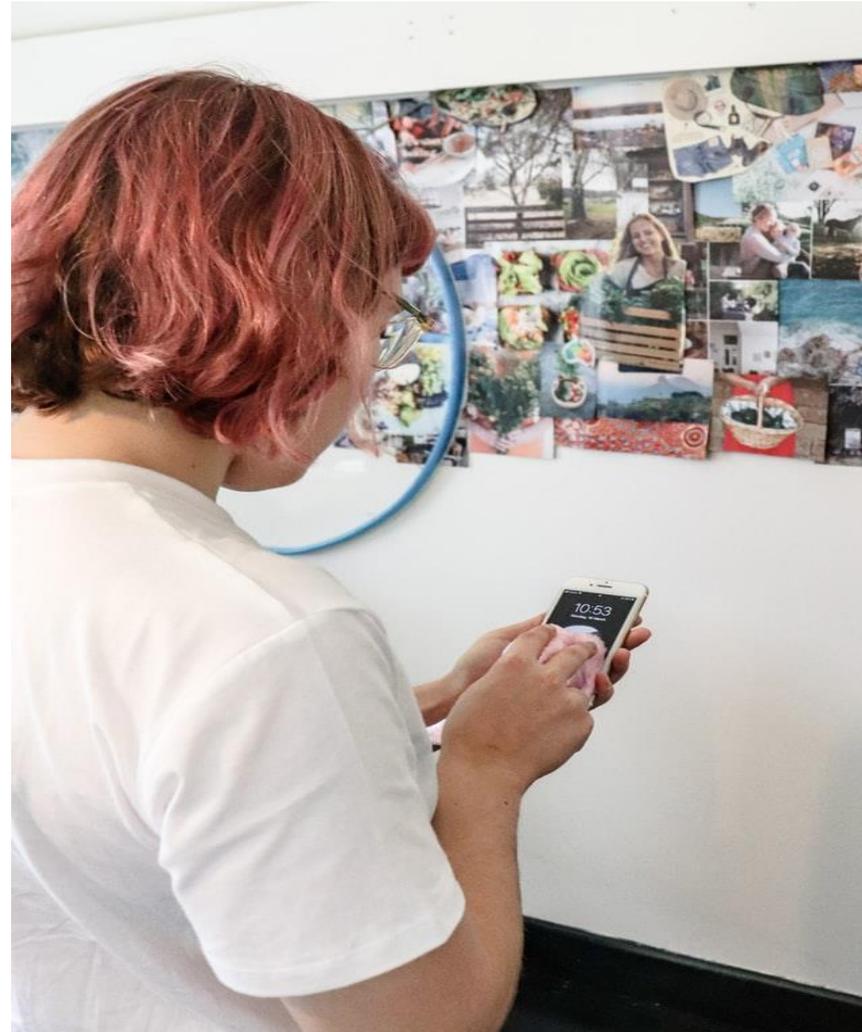
Chart the visit in the same manner you would with any E/M visit. Telemedicine software programs often have a template. If not, use SOAP note. Document, document, document.

Make sure to document the time spent for time-based codes. E/M codes and using time-based billing for teaching and counseling, follow the E/M guidelines for time-based billing for documentation of time specifications.

Slide Credit: Abigail Eaves, MSN, CNM, "How COVID-19 is changing healthcare,"
AABC Webinar, "Managing COVID-19 in the birth center setting."

Care Codes

CPT
And
ICD-10-CMs



CPT Codes

Telehealth Codes

- 99441 5-10 minutes
- 99442 11-20 minutes
- 99443 21 or more minutes

Visit Initiated

- Initiated by the patient
- Provider returns call

Circumstances

- Must not be related to E/M visit in past 7 days
(Service is considered part of the service or procedure)
- Must not initiate an E/M visit for 24 hours.
(DO NOT report code)
- Documentation required
- POS: 02

CPT Codes

E/M Office Visits

99201-99205 New Patient

99211-99215 Est. Patient

Initiation

Visit for the evaluation and management of an illness, injury, condition

Circumstances

Provider contacting patient regarding their illness, injury, condition.

Use of audio and visual communication

Use of audio only because of patient's resources.

Bill POS- Office 11 or 02

Document appropriately

REMOTE PATIENT MONITORING

Collecting and interpreting physiologic data digitally stored and/or transmitted by the patient and/or caregiver to the physician or qualified health care professional

Code	Description
CPT Code 99453	Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set up and patient education on use of equipment. (Initial set-up and patient education of monitoring equipment)
CPT Code 99454	Device(s) supply with daily recording(s) or programmed alert(s) transmission each 30 days. (Initial collection, transmission, and report/summary services to the clinician managing the patient)
CPT 99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month: first 20 minutes
*can be clinical staff	
CPT 99458	Each additional 20 minutes (List separately in addition to code for primary procedure)
CPT 99091	Collection and interpretation of physiological data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days.
*must be physician or qualified health care professional	

***Important use case-**leverage CPT codes 99453 (if patient education is performed) and 99457 to manage pulse oximetry data from patient's home to keep them out of the emergency room and the inpatient hospital, unless it becomes necessary

Monitoring BP or Sugars Via Telehealth

99453

Initial Set-up and patient education on the use of monitoring equipment

(BP cuff, glucometer)

One-time code

99454

Initial collection, transmission and report/summary services to the clinician managing the patient

Monthly recurring code

Slide Credit: Abigail Eaves, MSN, CNM, "How COVID-19 is changing healthcare," AABC Webinar, "Managing COVID-19 in the birth center setting."

03/26/2020

TELEHEALTH AND LACTATION

CODES CAN INCLUDE
S9443 WITH POS 02,
MODIFIER 95, OR INCIDENT
TO TO BILLING OF E/M WHEN
WORKING WITH A CNM
CHECK INDIVIDUAL PAYORS

Telemedicine and Time-based Documentation

If the code is based on time, appropriate documentation is necessary

Must meet the minimum threshold of time for the code

Document total time of the visit

Make sure to show you are meeting the requirements of the code

If E/M visit, document total time of visit:

Document that >50% was spent on education, counseling

Document minutes spent on education, counseling

Document what was discussed

ICD-10-CM Coding for Telehealth

Regular Dx Codes

Providers may use any corresponding diagnosis codes per the patient's condition as is the normal course.

Medical necessity guidelines apply.

Signs & Symptoms

Definitive diagnosis not established for COVID-19

R05 Cough

R06.02 Shortness of breath

R50.9 Fever, unspecified

Additional obstetrical codes will be required in addition.

EXPOSURE TO COVID-19

Patients where there is a concern about a possible exposure, but ruled out, assign

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

Additional obstetrical codes will be required in addition.

COVID-19 ICD-10-CM CODES

Per Centers for Disease Control and Prevention

Acute Bronchitis

J20.8 Acute bronchitis confirmed as due to COVID-19, **AND**

B97.29 Other coronavirus

Bronchitis (NOS)

Patients with bronchitis (NOS) due to COVID-19, assign

J40 Bronchitis, not specified as acute or chronic

AND

B97.29 Other coronavirus as the cause

Respiratory Infection

Patients with COVID-19 documented as being associated with a lower respiratory infection (NOS), or an acute respiratory infection, NOS, assign

J22-Unspecified acute lower respiratory infection **AND**

B97.29 Other coronavirus as the cause of diseases classified elsewhere

Patients with COVID-19 documented as being associated with a respiratory infection, NOS, assign

J98.8 Other specified respiratory disorders **AND**

B97.29 Other coronavirus as the cause of diseases classified elsewhere

ARDS

Acute respiratory distress syndrome

ARDS may develop in with the COVID-19

Patients with ARDS due to COVID-19, assign

J80 Acute respiratory distress syndrome

AND

B97.29 Other coronavirus as the cause of the diseases classified elsewhere

According to the Interim Clinical Guidance for Management of Patients Confirmed 2019 Novel Coronavirus (COVID-19) Infection.

<https://cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>

EXPOSURE TO COVID-19 AND PREGNANCY

Patients where there is a concern about a possible exposure to COVID-19, but this is ruled out after evaluation, assign

O99.89

Z03.818

Z3A.__(0-42 wks)

Encounter for observation for suspected exposure to other biological agents ruled out

Patients where there is an actual exposure to someone who is confirmed to have COVID-19, assign

O99.89

Z20.828

Z3A.__(0-42 wks)

Contact with and (suspected) exposure to other viral communicable diseases

DOCUMENTATION

If the provider documents “suspected,” “possible,” or “probable” COVID-19:

DO NOT assign code B97.29-Other coronavirus as the cause of diseases classified elsewhere

Assign a code(s) explaining the reason for encounter

i.e. fever

i.e. Z20.828 Contact with and (suspected) exposure to other viral communicable disease

Also include weeks of gestation Z3A._

Sequencing ICD-10-CM Codes for Pregnancy with Signs and Symptoms Codes

Slide Credit : Abigail Eaves, MSN, CNM, AABC Webinar on COVID-19, 03/26/2020

Other coronavirus as the cause of diseases classified elsewhere: **B97.29**

Confirmed COVID-19 w/out symptoms:

B97.29+O98.51_ (last character denotes trimester)

Lower respiratory infection: **O99.51_**, **J22**, **O98.51_**, **B97.29**

Acute bronchitis: **O99.51_**, **J20.8**, **O98.51_**, **B97.29**

Bronchitis not otherwise specified (as acute or chronic): **O99.51_**, **J40**, **O98.51_**, **B97.29**

Viral Pneumonia: **O99.51_**, **J12.89**, **O98.51_**, **B97.29**

Respiratory Failure with Hypoxia: **O99.51_**, **J96.01**, **O98.51_**, **B97.29**

ARDS: **O99.51_**, **J80**, **O98.51_**, **B97.29**

Respiratory infection, not otherwise specified (other respiratory disorders): **O99.51_**, **J98.8**, **O98.51_**, **B97.29**

New Code effective April 1, 2020

- ▶ Chapter 22
- ▶ Codes for special purposes (U00-U85)
- ▶ Provisional assignment of new diseases of uncertain etiology or emergency use (U00-U49)
- ▶ **Note: Codes U00-U49 are to be used by WHO for the provisional assignment of new diseases of uncertain etiology**
- ▶ U07 Conditions of uncertain etiology

New Code effective April 1, 2020

- ▶ **U07.1-COVID-19**
- ▶ **Use additional code to identify pneumonia or other manifestations.**
- ▶ **Excludes 1: Coronavirus infection, unspecified site (B34.2)**

**Coronavirus as the cause of diseases classified to other chapters (B97.2-)
Severe acute respiratory syndrome [SARS], unspecified (J12.81)**

Official release information due any day

Comments made on Coordination Committee Meeting indicate there will be information regarding the sequencing of this code in the form of additional text to the ICD-10-CM Guidelines

RESOURCES

Eaves, Abigail, MSN, CNM, "How COVID-19 is changing healthcare," AABC Webinar, "Managing COVID-19 in the birth center setting." 03/26/2020.

Young, Jill, CEMC, CPC, CEDC, CIMC, "CMS Releases changes to telehealth." AAPC Webinar, 03/30/2020.

"Coding for telemedicine services," American Academy of Pediatrics, www.aap.org/coding, 04/1/2020.

"Implementing telehealth in practice." Opinion 798, ACOG, 2/2020.

<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Downloads/covered-telehealth-services.zip>, 04/01/2020.

www.cdc.gov, 03/30/2020

Stay Safe

