UPDATE sent 8-17-20

It has been discovered that CMS has not finalized the new time based billing information that I sent below. Because it is not finalized, please refrain from using the below information. We will revert back to the same time based billing that we were using before the new rules were sent out. Time based billing will only be face to face time with patient (or audio/video) and more than 50% of the visit must be used for counselling. You cannot include chart review time, etc.

- For telehealth/medicine we still need to document the attending time on the notes so they can be billed appropriately. This is only for the time spent with the patient.

- When this particular rule changes it will have multiple factors and will only apply to certain outpatient codes.

- The rule change will not affect inpatient.

If you have any questions regarding this, please feel free to contact me.

Summary from Vassel on Virtual Visit Billing requirements. 5-20-20

As promised, here is all of the information that pertains to UNM and virtual visits. There are links below to tip sheets for documentation as well as a workflow attached. Please feel free to reach out to me if you have any questions.

Below you will find what Medicaid reimburses for different codes. Please note that if we use VIDEO visits, we will be reimbursed more. The information below is a collection of information that has slowly rolled out over the past two months.

I have highlighted the portion about the Primary Care Exception that applies to the Gyn and CNM division.

PLEASE REMEMBER TO DOCUMENT TIME SPENT ON EVERY PATIENT

Thanks,

Jenn Vassel, MBA, CCA

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The departments of Compliance, Telehealth, and professional component Revenue Cycle have put the following information together to answer any questions you may have regarding the UNM Health Systems usage of Telephonic and Audio Visual methods to see patients. Your department practice manager can be a point of communication about questions or concerns related to these processes.

Templates

*Use the Virtual Visit Template and follow the tip sheets (located on CLT) to ensure billing is captured.

- **Documentation Tip Sheets** for detailed information about how to conduct and document a virtual visit. The latest versions are always at:

- https://sp-telehealth.health.unm.edu/SitePages/CfTH%20Home.aspx

- https://hospitals.health.unm.edu/intranet/Education/CLT_Page/CM/PowerChart_Content.cfm

- Have questions about Virtual Visits? Post them using the Tiger Connect forum, "COVID-19 Virtual Visits".

Billing Sheets

*If you are operating out of a UH Clinic, you must submit a charge ticket for *all* telephone, video/audio, and in person visits. You must complete critical elements detailed in the tip sheet.

*If you are a provider in a UNMMG clinic, submitting a billing sheet is not required. You must still complete the documentation requirements detailed in the Virtual Visit tip sheets.

*If a billing sheet is submitted, but was not required, the system does not allow the duplicate billing of a FIN – so these can serve as a backup, or reconciliation for clinics. Some clinics are keeping a log of

  submissions for reconciliation.

*Billing sheets are being used for some clinics to submit for Admins to track the activity of non-provider staff.

Residents

Encounters for which the resident only discusses the virtual visit with the Attending can be billed only for Primary Care Exception clinics. For any other clinics outside of Primary Care Exception clinics can only bill virtual visits for encounters during which the attending is present with the resident for the key portions of the visit with the patient.

Telephonic Non-Face-to-Face Services (99441-99443)

*By attending physician or other qualified healthcare professional (eg APP or PA) who may report an E/M service.

*Non-face-to-face evaluation and management telephone service.

*Time based code and need total attending physician time (exam does not play a part in the selection of the code).

*CPT 99441 - 5-10 minutes/99442 – 11-20 minutes/99443 – 21-30 minutes

**Note: On April 30, a new Physician Fee Schedule was implemented increasing the payment rate for these codes and cross walking them to the Established Patient visit codes 99441-99443. Medicare

   Administrative Contractors (MACs) will reprocess claims for those services that they previously denied and/or paid at the lower rate.**

Telephonic Non-Face-to-Face Non-Physician Services (98966-98968)

*Other qualified non-physician healthcare professional (eg LPCC or LISW).

*Non-face-to-face assessment and management telephone service.

*Time based code and need total time.

*CPT 98966 – 5-10 minutes/98967 – 11-20 minutes/98968 – 21-30 minutes

Audio/Visual can use E/M codes both New and Established (99201-99205; 99211-99215)

*Need to use HIPPA-compliant Zoom as the approved platform.

*Need to use the 95 modifier (done by coding).

*Coding level assigned based on complexity.

*Follow the documentation tip sheets and workflows for physical exam documentation.

*Provider needs to be present during the key and critical portions.

<u>Online Digital Evaluation and Management Services (99421-99423</u>) – *(No approved template or process in place we are working on this.)*

We are additionally working on a process to document and bill for asynchronous care, initiated by a patient and provided, for example, over secure email or the EHR portal. These codes are time-based, and reported cumulatively over a 7-day period.

<u>Reporting</u>

Reports are currently being sent out weekly which show charges, RVU's, collections, and denials by Richard E Fortescue (RFortescue@unmmg.org). These reports are detailed to the department level and periodic distribution should be coordinated through Richard. With recent Medicare changes, the Telephonic qualified professional Work RVU's and Reimbursement have increased retroactive to March 2020. Any activities sent out in March and April 2020 will be corrected in May in both Financial and Productivity reporting.

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