



KEY MEDICAL GROUP, INC.

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UPDATE: March 27, 2020

To: Key Medical Group Physicians

From: Brandi Guinn

Re: Telehealth and Telephone services

Key Medical Group is reissuing this announcement with additional detail in the following areas:

- 1. Telehealth modified to include audio only*
- 2. Diagnosis code added effective 4/1 to diagnosis section*
- 3. Telephonic audio only visit information and requirements added to Table 1 and Table 2*
- 4. Modified and included additional FAQ's*
- 5. Included Code Descriptors & Modifier Info.*

In response to the COVID-19 pandemic and for the duration of the COVID-19 Public Health Emergency, Key Medical Group is expanding telehealth and telephone services for our Humana, Blue Shield HMO, Anthem Blue Cross HMO, Health Net HMO and UnitedHealthcare HMO membership, making it even easier for patients to connect with their health care provider.

The California Emergency Services Act (Gov. Code sections 8566, et seq.) allows for providers to deliver services to members through telehealth software as well other everyday communications technologies, such as FaceTime, Skype or Zoom during the COVID-19 nationwide public health emergency. Although Zoom makes a specific platform for Healthcare Providers with end-to-end encryption for \$200/month, the free application is currently compliant during this emergency. More information visit <https://zoom.us/>

TYPES OF VIRTUAL SERVICES:

There are several types of virtual services physicians and other professionals can provide: telehealth visits, virtual check-ins, telephone calls and e-visits, see tables below for a summary of services.

TELEHEALTH VISITS (Audio/Video or Audio only):

The provider uses an audio/video telecommunications system that permits real-time communication between the provider and the patient at home or audio only. The Emergency Services Act allows for providers to perform services and be reimbursed at the same rate, whether

a service is provided in-person or through telehealth, if the service is the same regardless of the modality of delivery. For example, if a provider bills a 99213 and the service is reimbursed in the office at \$78.45, the service being performed via telehealth communication as well as FaceTime, Skype or Zoom will also be reimbursed at \$78.45. Telehealth visits require the same documentation as a face-to-face visit. If the service code billed is meant to be billed in lieu of an onsite, physical, face to face visit, it must meet all documentation requirements with the exception of the Physical Examination component. As such, in the event of a telephonic (audio only) visit, we encourage you to document the telephone conversation start and stop time to assist in determining the level of visit during the pandemic. **The patient must verbally consent to receive the telehealth services.** Billing an E&M code 99201-99215 for telephonic (audio only) visits when a provider is returning a phone message, providing/reviewing lab results or modifying medications would not be appropriate. However, if the provider is returning the telephone call for one of these reasons, the patient was not seen within the past 7 days for a related E/M service and the telephone call does not result in scheduling the patient for the next available appointment, it may be appropriate to bill for a Virtual Check In, such as G2012 for a member with Humana (Medicare Advantage Plan) or 99441 for a member who has a Key Commercial insurance plan. Members' cost share would apply to these services. For COVID-19 diagnosed services there is NO cost share. A COVID-19 diagnosis must be used for the service not to have a cost share.

VIRTUAL CHECK-INS- MEDICARE MEMBERS ONLY

Established patients in their home may have a brief communication service with practitioners via a number of communication technology modalities including synchronous discussion over a telephone or exchange of information through video or image. We expect that these virtual services will be initiated by the patient; however, practitioners may need to educate beneficiaries on the availability of the service prior to patient initiation.

Key Medical Group pays for these "virtual check-ins" (or Brief communication technology or telephone audio only based service) for patients to communicate with their doctors and avoid unnecessary trips to the doctor's office. These virtual check-ins are for patients with an established (or existing) relationship with a physician or certain practitioners where the communication is not related to a medical visit within the previous 7 days and does not lead to a medical visit within the next 24 hours (or soonest appointment available). **The patient must verbally consent to receive virtual check-in services.** Members' cost share would apply to these services. For COVID-19 diagnosed services there is NO cost share. A COVID-19 diagnosis must be used for the service not to have a cost share.

Doctors and certain practitioners may bill for these virtual check in services furnished through several communication technology modalities, such as telephone (HCPCS code G2012 \$15.06). The practitioner may respond to the patient's concern by telephone, audio/video, secure text messaging, email, or use of a patient portal. Standard member copayments applies to both. In addition, separate from these virtual check-in services, captured video or images can be sent to a physician (HCPCS code G2010 \$12.65).

E-VISITS

In all types of locations including the patient's home, patients may have non-face-to-face patient-initiated communications with their doctors without going to the doctor's office by using online patient portals. These services can only be reported when the billing practice has an established relationship with the patient. For these **E-Visits**, the patient must generate the initial inquiry and communications can occur over a 7-day period. The services may be billed using CPT codes 99421-99423 and HCPCS codes G2061-G2063, as applicable. **The patient must verbally consent to receive E-Visit services.** Members' cost share would apply to these services. For COVID-19 diagnosed services there is NO cost share. A COVID-19 diagnosis must be used for the service not to have a cost share.

TELEPHONE VISITS

Established patients in their home may have a telephone visit with practitioners. **The patient must verbally consent to receive telephone visits.** Members' cost share would apply to these services. For COVID-19 diagnosed services there is NO cost share. A COVID-19 diagnosis must be used for the service not to have a cost share. See tables for billing codes.

REIMBURSEMENT

Evaluation and Management codes including telehealth and telephone visits would typically be capitated for Key Medical Group Primary Care Providers treating commercial members. Due to The California Emergency Services Act response to the COVID-19 pandemic, Key Medical Group has made the decision to pay fee-for-service in addition to the capitation for any telehealth or telephone visits during the pandemic. Claims must include the appropriate place of service code to be eligible. Services performed by non-Primary Care Providers is fee-for-service per the providers' contract.

DOCUMENTATION:

It's important to note providers must ensure their documentation matches the requirements of the CPT/HCPCS code they are billing and appropriate use of the **place of service code, 02, telehealth.**

DIAGNOSIS CODES:

- All COVID19 Diagnoses (CONFIRMED) should be assigned the code B97.29 until 03/31/2020. Effective 4/1/2020 U07.1 -2019-nCoV acute respiratory disease should be used for confirmed cases.
- If the provider documents "suspected", "possible" or "probable" COVID-19, **do not assign** code B97.29 nor U07.1. Assign a code(s) explaining the reason or symptoms for the encounter (such as fever, or Z20.828).
- Cases with ARDS due to COVID-19 should be assigned the codes J80, Acute respiratory distress syndrome, and B97.29 COVID19, Other coronavirus as the cause of diseases classified elsewhere

- For cases where there is a concern about a possible exposure to COVID-19, but this is ruled out after evaluation, it would be appropriate to assign the code Z03.818, Encounter for observation for suspected exposure to other biological agents ruled out.
- For cases where there is an actual exposure to someone who is confirmed to have COVID-19, it would be appropriate to assign the code Z20.828, Contact with and (suspected) exposure to other viral communicable diseases.
- For a pneumonia case confirmed as due to the 2019 novel coronavirus (COVID-19), assign codes J12.89, Other viral pneumonia, B97.29 COVID19, Other coronavirus as the cause of diseases classified elsewhere.
- Diagnosis code B34.2, Coronavirus infection, unspecified, would in general not be appropriate for the COVID-19, because the cases have universally been respiratory in nature, so the site would not be “unspecified.”

CDC ICD-10 Coding Guidance:

<https://www.cdc.gov/nchs/data/icd/Announcement-New-ICD-code-for-coronavirus-3-18-2020.pdf>

Information referenced in this memo was obtained from the Medicare telemedicine health care provider fact sheet published on 3/17/2020 and can be found at

<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

If you would prefer to receive this information electronically please email me at the below email address to add you to our email distribution. We will also be updating a link on our website in the near future for COVID-19. www.keymedical.org

As we obtain more information regarding COVID-19 we will share it with you. If you have any questions or concerns please contact me at (559) 802-1960 brandi@keymedical.org. You may also contact Dr. Foxe at (559) 936-1541 or drfoxe@tkfmc.org.

Table 1 pertains to Key Medical Group Humana membership

Type of Service	What is the Service	HCPCS/CPT Code	POS & Modifier	Patient Relationship w/ Provider
Medicare Telehealth Visits Or Audio only visits	A visit with a provider that uses audio/visual or audio only telecommunication systems between a provider and a patient. FaceTime and Skype type quality allowed due to the Emergency Services Act.	<p>Common telehealth services include:</p> <ul style="list-style-type: none"> • 99201-99215 (Office or other outpatient visits) • G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospital or SNFs) <p>Telephonic (audio only) visits will be reimbursed if the service code billed is meant to be billed in lieu of an onsite, physical, face to face visit meets all documentation requirements with the exception of the Physical Examination component. As such, in the event of a telephonic (audio only) visit, we encourage you to document the telephone conversation start and stop time to assist in determining the level of visit during the pandemic in addition to the following requirements:</p> <ol style="list-style-type: none"> 1. There is a documented condition/situation that prevented the visit from being performed face-to-face, such as the patient is quarantined at home, is suspected to have COVID-19, is at high risk and a visit to the office could jeopardize the members health or local or state directives are to remain at home. 2. The telephonic visit is intended to take the place of a face-to-face visit and there is documentation of the visit in the medical record as if the member presented in the office. <p>Billing for an E&M code 99201-99215 for a provider who is returning a phone message, reviewing lab results, modifying medications or any other type of phone call not billable prior to the current waiver is NOT appropriate. However, if all requirements are met, it may be appropriate to bill for a Virtual Check In. Billing Key E&M codes require that the components of the CPT code are met along with the requirements outlined above.</p>	POS 02 No Mod	<p>For new or established patients</p> <p>*Key will not audit to verify prior establishment with patient</p>

<p>Medicare Virtual Check-In</p>	<p>A brief (5-10 minutes) check in with a practitioner via telephone or other telecommunications device with an established patients, not related to a medical visit within the previous 7 days and not resulting in a medical visit within the next 24 hours (or soonest appointment available).</p> <p>A remote evaluation of recorded video and/or images submitted by an established patient.</p>	<ul style="list-style-type: none"> ● HCPCS code G2012 = \$15.06 ● HCPCS Code G2010 = \$12.65 	<p>POS 02 No Mod</p>	<p>For established patients</p> <p>*Key will not audit to verify prior establishment with patient</p>
<p>E-Visits</p>	<p>A communication between a patient and their provider via an online portal</p>	<ul style="list-style-type: none"> ● 99421 = \$15.84 ● 99422 = \$31.50 ● 99423 = \$50.93 	<p>POS 02 No Mod</p>	<p>For established patients</p> <p>*Key will not audit to verify prior establishment with patient</p>

*Telephone E/M Visits	A telephone E/M service by a physician or other qualified health care professional who may report E/M services provided to an established patient, parent or guardian, not originating from a related E/M visit provided within the past 7 days nor leading to an E/M service within the next 24 hours or soonest available appointment.	<ul style="list-style-type: none"> • 99441 = \$14.68 5-10 minutes • 99442 = \$28.41 11-20 minutes • 99443 = \$41.72 21-30 minutes <p>*Traditional Medicare may not allow reimbursement for the above services but during The California Emergency Services Act Key Medical Group will reimburse provider for these services.</p>	POS 02 No Mod	<p>For established patients</p> <p>*Key will not audit to verify prior establishment with patient</p>
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Rates above are at 100% of Tulare County 2020 RBRVS.

Table 2 pertains to Key Medical Group commercial plans, Blue Shield HMO, Anthem Blue Cross HMO, Health Net HMO and UnitedHealthcare HMO membership

Type of Service	What is the Service	HCPCS/CPT Code	POS & Modifier	Patient Relationship w/ Provider
Telehealth Visits Or Audio only visits	A visit with a provider that uses audio/visual or audio only telecommunication systems between a provider and a patient. FaceTime and Skype type quality allowed due to the Emergency Services Act.	<p>Common telehealth services include:</p> <ul style="list-style-type: none"> • 99201-99215 (Office or other outpatient visits) <p>Telephonic (audio only) visits will be reimbursed if the service code billed is meant to be billed in lieu of an onsite, physical, face to face visit meets all documentation requirements with the exception of the Physical Examination component. As such, in the event of a telephonic (audio only) visit, we encourage you to document the telephone conversation start and stop time to assist in determining the level of visit during the pandemic in addition to the following requirements:</p> <ol style="list-style-type: none"> 1. There is a documented condition/situation that prevented the visit from being performed face-to-face, such as the patient is quarantined at home, is suspected to have COVID-19, is at high risk and a visit to the office could jeopardize the members health or local or state directives are to remain at home. 2. The telephonic visit is intended to take the place of a face-to-face visit and there is documentation of the visit in the medical record as if the member presented in the office. <p>Billing for an E&M code 99201-99215 for a provider who is returning a phone message, reviewing lab results, modifying medications or any other type of phone call not billable prior to the current waiver is NOT appropriate. However, if all requirements are met, it may be appropriate to bill for a Telephone E/M Visit. Billing Key for E&M codes require that the components of the CPT code are met along with the requirements outlined above.</p>	<p>POS 02</p> <p>Audio Only=No Mod</p> <p>Audio/ Visual= Mod 95</p>	<p>For new or established patients</p> <p>*Key will not audit to verify prior establishment with patient</p>

Telephone E/M Visits	A telephone E/M service by a physician or other qualified health care professional who may report E/M services provided to an established patient, parent or guardian, not originating from a related E/M visit provided within the past 7 days nor leading to an E/M service within the next 24 hours or soonest available appointment.	<ul style="list-style-type: none"> • 99441 = \$16.15 5-10 minutes • 99442 = \$31.25 11-20 minutes • 99443 = \$45.89 21-30 minutes 	Audio Only=No Mod Audio/ Visual= Mod 95	For established patients *Key will not audit to verify prior establishment with patient
E-Visits	A communication between a patient and their provider via an online portal	<ul style="list-style-type: none"> • 99421 = \$17.42 • 99422 = \$34.64 • 99423 = \$56.03 	Audio Only=No Mod Audio/ Visual= Mod 95	For established patients *Key will not audit to verify prior establishment with patient

Rates above are at 110% of Tulare County 2020 RBRVS.

FAQ

1. What are the CPT/HCPCS codes that should be used for telehealth services provided to a patient with a Key commercial plan for a Skype or FaceTime visit? See table 2 above for the type of service.
2. Should the patient's regular cost share (copayment) be collected? Patients with an actual diagnosis of COVID-19 will not have a cost share. For all other diagnoses the normal cost share will apply.
3. Will Key pay for telehealth services provided by non-primary care providers? Yes, specialists are able to provide the above services just as a primary care provider would. Use the tables above to determine the type of service.
4. If my patient doesn't have a device to connect with me via FaceTime, Skype or Zoom will an audio only call be appropriate to bill using a traditional E/M visit code such as 99213? Yes, a telephonic (audio only) visit is allowed during the emergency as long as all of the CPT components are met with the exception of the Physical Examination component. For this reason, Key encourages documentation of the telephone conversation start and stop time to determine the level of visit.
5. What if I just need to call a patient after a telephone message is received, will I be paid for the returned call? Yes, but **only IF** the requirements listed in the above tables under a Virtual Check In (for Humana) or Telephone E/M (for Commercial & Humana) are met.
6. Will Key commercial plans accept the Medicare Virtual Check-In HCPCS codes? No, use Table 2 for Telephone E/M Visits for commercial members.
7. Can advanced practice practitioners see patients via telehealth services? Yes, all advanced practice practitioners working under our contracted physicians are eligible to provide these services.
8. Traditional Medicare doesn't cover the Telephone visit codes 99441-99443, will Key cover the codes for Humana members? Yes, Key recognizes the COVID-19 pandemic requires more than the Virtual Check-Ins allow. Key Medical Group wants physicians to be able to keep patients and themselves safe and healthy. Remember to let the patient know they will have a copayment for the visits if the service is for something other than a COVID-19 diagnosis.
9. Will Key require specific modifiers to be applied to the existing codes? For Commercial plans provided via synchronous visual and audio, Key will accept modifier 95.
10. Can Key providers let their patients know that Medicare covers telehealth? Yes. Qualified providers should inform their patients that services are available via telehealth.

11. Should on-site visits conducted via video or through a window in the clinic suite be reported as telehealth services? No. Services should only be reported as telehealth services when the individual physician or professional providing the telehealth service is not at the same location as the beneficiary.

12. What is this different from virtual check-ins and e-visits? A virtual check-in pays professionals for brief (5-10 min) communications that mitigate the need for an in-person visit, whereas a visit furnished via telehealth or audio only is treated the same as an in person visit, and can be billed using the code for that service, using place of service 02 to indicate the service was performed via telehealth. An e-visit is when a beneficiary communicates with their doctors through online patient portals.