

Telligen QI Connect™

10	What About Long-term Care and assisted living codes	CMS waiving requirement that physicians and non-physician practitioners perform in-person visit for nursing home residents and if appropriate, allow them to be done via telehealth.
11	In your opinion, from the information you've seen with acceptance of telephone as telemedicine, are providers mostly able to bill E&M codes for telephone only (not video) calls? Or are E&M reserved for video and the telephone only codes (9944X etc.)?	E&M codes can ONLY be reported when both the provider and patient are communicating via real time, audio AND video. Telephone only should be reported with the telephone codes 99441, and Virtual check in codes G2012
12	Should the AWV still be billed with POS 11 or 02?	Bill AWV performed remotely with POS 11
13	GT or 95-why are you suggesting GT?	Medicare update 3/31 requires modifier 95
14	I had read that modifier 95 should be used for MCRR for codes not normally payable at Telehealth. Is that not the case? Our claim editing software will not allow for Initial visits to be billed to POS 02	Medicare update 3/31 requires modifier 95 for services normally provided face to face in the office
15	Our ACO has LVN's outreaching to patients for safety checks, to make sure they are doing okay and have enough medications available. Can billing code G2061 be used for reimbursement?	No, an LVN is not a licensed, credentialed healthcare provider listed for G2061
16	Do the virtual check-in and the telephone service codes still have to be patient initiated?	<i>Qualified providers should inform their patients that services are available via telehealth. It is required that the services are "patient initiated".</i> 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 Medicare telehealth 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.
17	Could the non-physician telephone service be completed by a certified Medical Assistant?	No a Medical Assistant is not a recognized healthcare provider and cannot bill for services rendered.
18	Can residents bill e/m for total time for audio/video?	As long as the service meets the "Physicians at Teaching Hospital" Guidelines and is documented correctly, yes.
19	We spoke with MCR yesterday and were advised not to bill G2012 with POS 02 as the code isn't a telehealth code and should be billed with POS 11.. our claims rejected originally with POS 02	Yes Medicare made this change and clarified their instructions on March 31, 2020.

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20	AWV can be billed for telehealth - vitals will be missing - is this a barrier to billing?	AWV is on the list of Telehealth CPT codes. A statement of the patients general appearance, and self-reported height and weight, would be sufficient.
21	How would you use G2012 v/s 994441-99443? Please clarify.	G2012 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 Medicare telehealth 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. 99441-99443 are used to report Telephone assessment and management service provided by a qualified nonphysician health care professional not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment
22	Could you create a table or tables with what can be coded for telemedicine, telehealth, virtual visits, etc. with the modifiers needed based on payer and reimbursement rate?	We do have a table with the codes, descriptions and modifiers, It would not be possible to add modifiers and reimbursement rates without knowing your contracted payers
23	Can we code an AWV G0339 and add on an E/M code on the same virtual audio/visual visit?	The documentation for the E/M service reported with modifier -25 would have to support medical necessity for a separate problem that required attention. Two separate notes are suggested to support the criteria for each service.
24	Did the place of service change on 3/31?	Yes, use the POS that matches the CPT code.
25	Are the ICD-10 codes presented for status/encounter acceptable to be used as primary dx for Medicare/Medicaid? what about for commercial payers?	ICD-10 Status codes are generally only reported alone for preventive or screening services. It is recommended to report ICD-10 codes that report signs and symptoms and add the Status codes following the symptom codes.
26	Where can we go to get a list of payers?	Try this site https://www.cchpca.org/

