

Second Revised Telehealth Addendum to Accounting and Budget Manual Standard Units of Measure References - Appendix D

Revised Instructions for Temporary Reporting and Charging for Clinics, Therapies, Psychiatric Day and Night Care (Partial Hospitalization) Services and Other Covered Telehealth Services during COVID-19 State of Emergency:

1) REAL TIME AUDIO-VISUAL:

For services provided real-time in an audio-visual format or for telephonic/audio only services when an audio-visual format is not accessible by the patient: where the service is provided by non-physician providers who cannot bill a professional fee for their services; where the service provided utilizes the same staffing structure as face-to-face; and where the only difference is that the patient is at home vs. at the hospital receiving services; in these instances, hospitals are to use the existing Appendix D to report and charge for the service with the exact same RVUs and pricing as face-to-face visits. However, hospitals are to append modifiers to CPT/HCPCS so that both payers and HSCRC are alerted that the service was provided remotely during the State of Emergency. Examples of services include Evaluation and Management (E/M), Therapies, including Physical, Occupational, Speech, Psychiatric Day/Night Care (Partial Hospitalization), as well as **other services approved by CMS as covered Telehealth services during the COVID-19 pandemic, as reported on CMS.gov.**

Clinic, Physical, Occupational, Speech therapies, and Psychiatric Day and Night Care services provided by non-physician providers who cannot bill a professional fee for their services should be reported and charged using the appropriate existing Appendix D for the service with the exact same RVUs and pricing as face-to-face visits.

2) PROFESSIONAL SERVICES VISIT

In instances where a patient receives the telehealth services from an outside provider who bills a professional fee for the services rendered, such as a physician, the hospital shall not report nor charge an E/M visit or charge for other services, procedures, or therapies provided to the patient by non-physician clinicians who cannot bill a professional fee. The only instance when a hospital clinic fee or other fee for telehealth services can be charged is when the only telehealth services rendered are those provided solely by providers that cannot bill for their services.

3) NON-FACE-TO FACE SERVICES

The nonface-to-face services listed below should not be charged using the existing Appendix D; rather, they should be reported and charged using the specific CPT codes as

shown below. If the service is being provided by an outside provider who bills a professional fee, no RVUs should be reported nor charged for hospital coordination time or other services. If the services are provided solely by a non-physician clinician who cannot bill a professional fee, the following RVUs should be charged and reported. Prior consent of the patient must be received. This list of CPT codes may not be all-inclusive.

CPT	CPT Definition	RVUs
98966	Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian 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; 5-10 minutes of medical discussion	1
98967	11-20 minutes of medical discussion	1
98968	21-30 minutes of medical discussion	2
98970 G2061	Qualified non-physician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	1
98971 G2062	11-20 minutes	1
98972 G2063	21 or more minutes	2

G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation <u>with follow-up with the patient within 24 business hours</u> , not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment	1
G2012	Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services provided to an established patient, not originating from a related E/M service provided within the previous 7 days <u>nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment</u> ; 5-10 minutes of medical discussion	1

