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Revenue Cycle Operations Charging, Billing and Compliance: Virtual Care FAQ (Inpatient & Outpatient)

Effective May 11, 2020 at 4 PM
During COVID Emergency Period
For Partners Clinicians

*Collaboration on this document by: Enterprise Professional
and Hospital Revenue Cycles, Contracting, GME, OGC,
Telemedicine and Billing Compliance Representatives*

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Key Items

Patient Care

- Providing appropriate patient care and keeping our patients and workforce safe are of utmost importance. Virtual Visits are one of the most effective means of delivering care in the midst of COVID-19

Public Health Emergency

- Billing rules and institutional policy for Virtual Visits by Video or Telephone are rapidly changing during the COVID-19 pandemic, sometimes on an hourly basis. Additional guidance will be forthcoming. Currently this document reflects billing and regulatory guidance for Partners clinicians in the state of MA

Modifier Use

- ALL Virtual Visit services will need a modifier that has been pushed to Level of Service (LOS) activities in the Wrap Up screen. You MUST use these modifiers to distinguish them from in-person services. If you have customized your LOS, you will need to reset to see the modifiers, or you can search for them and favorite.
 - GT – virtual visit by video (audio-visual)
 - GPH – virtual visit by telephone (audio only)
- For screenshots of how to find and utilize these modifiers for non-physician/APP roles, please see Appendix A at the end of this Q&A

Supervision

- Certain clinicians may provide care only under supervision by an attending physician. All clinical services must continue to be delivered with the required physician supervision.
- Please consult with your supervisor prior to delivering services in a Virtual means.

Virtual Visit by Video

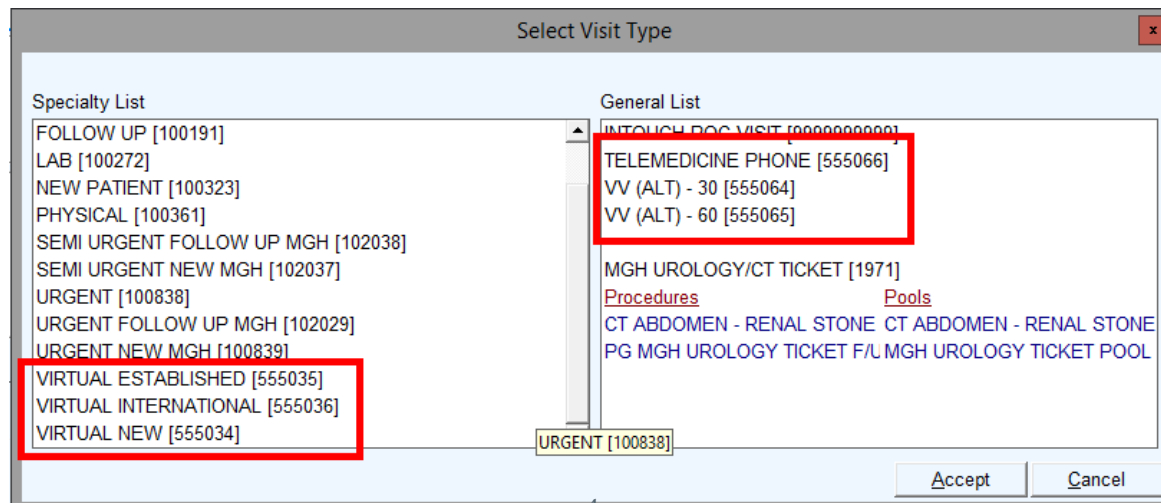
Q: What is a Virtual Visit by Video?

A: A Video Visit visit is two way, real-time interactive communication between a patient and Physician or other qualified clinician. It requires both an audio and visual component. Recommended standalone platforms include but are not necessarily limited to Zoom, Facetime, Doxy, and Microsoft Teams.

Q: How do I perform a Virtual Visit by Video?

A: Please click the attached link on MGH Apollo for guidance and up-to-date information on how to perform a Virtual Visit by Video. Tools are actively being deployed for use. Visit:

<https://apollo.massgeneral.org/coronavirus/virtual-care/>



Virtual Visit by Video (con't)

Q: How do I charge for a Virtual Visit by Video?

A: For a Virtual Visit by Video, you should select the CPT code that best represents your service (typically 99201-99205 for a new patient and 99211-99215 for an established patient, psychotherapy, etc; you may also perform Annual Wellness Visits and other services that do not require full physical examinations). In your documentation, please indicate that the service was performed virtually, what the content of the service was, and a time statement if applicable. Use a diagnosis code reflecting the patients disease state. For COVID diagnosis coding, please see slide #7

- .vvvideo is a compliant smartphrase for ambulatory virtual visits performed by video
- **REQUIRED:** When scheduling, **please use a VV (alt) Cadence visit type** unless it is an Epic Integrated Video Visit (use VV Cadence visit type) or a non-scheduled Video Visit. If your visit was not scheduled as a Video Visit (i.e. on the fly or scheduled as an “office” type), please open a Telemedicine Encounter.
- **REQUIRED:** Add a GT modifier onto your charge to indicate it was performed through video

The screenshot shows a 'Level of Service' selection window. It features a grid of buttons for selecting service levels: NEW LVL 1-5, EST LVL 1-5, CON LVL 1-5, PRVCOU..., POST OP, PROC ON..., and NO LOS. Below the grid is a 'Modifiers' section with buttons for MOD 25, GT, GPH, and an empty field. At the bottom are buttons for 'Restore Defaults', 'Accept', and 'Cancel'.

Note: The GT and GPH modifiers were wrenched into every clinicians LOS, but if you have a customized LOS you will either need to reset your LOS, or manually add the modifiers for them to show up.

Virtual Visit by Telephone

Q: What is a Virtual Visit by Telephone?

A: A Virtual Visit by Telephone is a two way, real-time interactive communication between a patient and Physician or other qualified clinician. It requires only an audio component, not a visual component.

Q: How do I charge for a Virtual Visit by Telephone?

A: For a telephone visit, select the CPT that best represents your service (typically 99211-99215 for an established patient, psychotherapy, etc). In your documentation, please indicate that the service was performed by telephone, what the content of the service was, and a time statement if you are billing based on time. Use a diagnosis code reflecting the patients disease state. For COVID diagnosis coding, please see slide #7

- .vvtelephone is a compliant smartphrase for ambulatory virtual visits performed by Telephone
- **REQUIRED:** When scheduling, please use a **Telemedicine- Phone** Cadence visit type unless it is a non-scheduled Virtual Visit. If your visit was not scheduled as a Virtual Visit Telephone (i.e. on the fly or scheduled as an “office” type), please open a Telemedicine Encounter.
- The Telemedicine Encounter may now be used by any clinician.
- **REQUIRED:** Add a **GPH** modifier onto your charge to indicate it was performed by telephone
- Please ALWAYS include a time statement for all telephone visits for billing purposes, even if you level your service based on complexity

COVID- 19 Diagnoses

Q: What diagnosis codes should I use for patients who are COVID-19 confirmed, COVID-19 suspected, or call and need COVID-19 counseling or questions answered?

A: **The newly created ICD-10 code is now in effect as of April 1, 2020.**

U07.1, COVID-19, is now available for clinician selection for patients who are clinically diagnosed as COVID-19.

For services delivered prior to April 1, 2020, please continue to follow guidance below:

Confirmed COVID-19: Please code the patients infection first (i.e. pneumonia, acute bronchitis, ARDS) and **B97.29**, Other coronavirus as the cause of diseases classified elsewhere as a secondary diagnosis

Exposure Ruled Out: **Z03.818**, Encounter for observation for suspected exposure to other biological agents ruled out

Confirmed Exposure: **Z20.828**, Contact with and (suspected) exposure to other viral communicable diseases

Virtual Visit Documentation

- 1) State whether your service is being performed through telephone or video visit means
- 2) Documented verbal consent for virtual visit treatment, and the right to bill
- 3) Content of the visit with the patient
- 4) Location of the patient (home, vacation in...) and location of the provider (home, office)
- 5) Total time spent with the patient (if billing on time for Video visits, and for ALL Telephone visits)

The following smartphrases have been created to accomplish Virtual Visit needs:

Ambulatory Virtual Visits

- ❖ .vvvideo
- ❖ .vvtelephone

Time Based Virtual Visits

- ❖ .timeattestation

Virtual Teaching Attestation (Residents & Fellows)

- ❖ .vvattest

Inpatient Virtual Visit

- ❖ .vvIP

Emergency Department Virtual Visit

- ❖ .vvED

Out-of-State Justification

- *.vvoutofstate

Virtual Visit Outpatient E/M CPT Code Selection

Virtual Video Visit (New Patient or Patient Consult)

- Bill based on time, OR
- Complexity (requires 3/3: History, physical exam and medical decision making to support the level selected)

Virtual Video Visit (Established Patient)

- Bill based on time, OR
- Complexity (requires 2/3: History and medical decision making, or physical exam and medical decision making to support the level selected)

Virtual Telephone Visit (New Patient or Patient Consult)

- Bill based on time

Virtual Telephone Visit (Established Patient)

- Bill based on time, OR
- Complexity (requires 2/3: History and medical decision making to support the level selected)
- ***** ALWAYS INCLUDE TOTAL TIME FOR TELEPHONE VISITS, EVEN IF YOU ARE BILLING BASED ON COMPLEXITY DUE TO PAYER REQUIREMENTS**

Virtual Visit Inpatient E/M CPT Code Selection

Virtual Video Visit (H&P or Patient Consult)

- Bill based on time, OR
- Complexity (requires 3/3: History, physical exam and medical decision making to support the level selected)

Virtual Video Visit (Subsequent Inpatient)

- Bill based on time, OR
- Complexity (requires 2/3: History and medical decision making, or physical exam and medical decision making to support the level selected)

Virtual Telephone Visit (H&P or Patient Consult)

- Bill based on time

Virtual Telephone Visit (Subsequent Inpatient)

- Bill based on time, OR
- Complexity (requires 2/3: History and medical decision making to support the level selected)

Virtual Visit Financial Liability

Q: Will my patient get a bill for Virtual Visit services?

A: Although each patient's insurance is different, the general message to patients should be that if they would have had a copayment, deductible or co-insurance for an in-person service, they may also have it for the Virtual Visit they receive. Each payer will handle this differently.

Q: Are COVID-19 related Virtual Visit services subject to having financial liability waived?

A: Yes. Most payers, not including Medicare, have indicated that financial liability will be waived for patients receiving virtual care for COVID-19 related disease.

Q: Do individual physicians or healthcare providers have the discretion to waive a patient's liability?

A: No. We are contractually obligated to bill to a patient's insurance, and each individual insurance plan indicates the patient's liability for each service. Although Medicare has not waived patient liability at this time, the Office of Inspector General will allow liability waivers subject to institutional approval during the COVID-19 Emergency Period. This is currently in review for the enterprise.

Resident Telemedicine

Q: Can Residents perform virtual services by Virtual Video or Phone Visit?

A: Yes, as long as the care being provided is in scope of the individual's practice and license, and appropriate supervision is provided. Residents should consult with their Program Director about the provision of Virtual Visits to patients who are located outside of Massachusetts

Q: Can Residents charge for services independently performed virtually over the phone or video?

A: No, Residents are not eligible to bill for independently performed services unless they are part of an approved Medicare Primary Care exception program.

Q: I am an Attending Physician providing a consult to a Resident while at home, or in another part of the hospital but I don't personally have any contact with the patient. Can I charge for the services the Resident is providing?

A: No. If the Attending physician provides asynchronous consultation to the Resident but does not directly participate in care with the patient, s/he may not bill for the service even if s/he participates in the overall medical decision making

Resident Telemedicine (con't)

Q: I'm a Resident. How do I close my encounter for billing if my Attending was not present for the telemedicine service?

A: Select the "No LOS" button in the LOS Section of the Wrap-Up screen and close the encounter.

Q: Where can I find additional Teaching information regarding Virtual Visits?

A: Please contact your Program Director. A "Virtual Care in the Teaching Setting" document has been created and is available on the PD Sharepoint site.

Resident Supervision Requirements

Q: What are (1) the requirements for supervision of Residents using Virtual Visits to replace an in person visit and (2) what can be billed for?

A: (1) Supervision of Residents must continue to be consistent with current requirements but the location of the Attending physician who is supervising the Resident service may be extended to any location where the Attending is immediately available, by Video or Phone. For example, an Attending physician who is in another location, including furloughed at home, may remotely (whether by telephone or virtual visit) supervise a Resident.

(2) If the Attending Physician remotely participates in the care of a patient **synchronously**, by telephone or virtual visit, or provides a personal Virtual Visit at a separate time on the same date of service, the Attending may bill for the service using the correct modifiers (GPH for telephone or GT for virtual visit). Residents should use the “telemedicine encounter” visit type in Epic for on-the-fly services or work off the Cadence schedule, complete the diagnosis and LOS fields as they would as if it was an inperson visit, add the GC modifier, and then route the note when signed to the supervisor for attestation (.vvattest), cosign and billing as per usual in-person routine.

The Attending must participate in the service and be able to intervene, ask additional questions and have a personal communication with the patient in order to bill for services. Workflows will need to be developed and distributed to explain how to coordinate this real-time interaction and are in process now. By phone it will involve conferencing in a supervisor, and by video adding them into the videoconference as a 3rd party.

Allied Health, RNs and Other Non-Professional Staff

Q: Can Hospital Outpatient Providers, RNs and Allied Health Professionals perform services by Virtual Visit?

A: Yes, as long as the care being provided is in scope of the individual's practice and license, appropriately supervised as applicable, and consistent with any policy or guidance issued by the applicable licensing board.

Q: Can Hospital Outpatient Providers, RNs and Allied Health Professionals bill for Virtual Visits by Video or Phone?

A: Yes, it is our understanding that Masshealth and all commercial payers in MA will be required to pay for Virtual Visits by Video or Phone in the hospital and office setting that would have otherwise been paid if provided in-person. This includes services for Respiratory Therapists, Speech Language Pathology, Registered Dietitians, Social Work, Physical and Occupational Therapy, etc. Please use **VV (alt) or Telemedicine - Phone Visit Types** and charge your services as you would if the patient were in-person. Ensure to add the GT modifier for video visits, and the GPH modifier for telephone services.

Q: I'm a clinical staff member. How do I close my encounter for billing?

A: Continue to charge and close encounters the same way you would if the patient were in-person, but be sure to include the appropriate modifiers when performing services in a Virtual Video or Telephone manner.

- GT – virtual visit**

- GPH – telephone visit**

Other Billing Questions

Q: What do I bill for Virtual Visits performed by Video and Telephone?

A: For patient visits that would have been in-person visits, please continue to bill using CPT codes and Diagnosis codes as you would have as if the patient were in-person. The NEW requirement as of March 16, 2020 is to add the GPH modifier to Telephone Visits and the GT modifier to Video Visits. Any payer specific requirements will be handled by the Revenue Cycle prior to bills being submitted to insurance. For details please see slides 4-6

Q: Are there specific services that cannot be rendered by a Telephone Visit?

A: If your service requires a physical exam, the recommended approach is to provide your service by Video Visit if possible. If a full physical exam is required, please use your clinical judgement to determine the urgency of having the patient present for an in-person exam. Medicare Annual Wellness Visits (NOT IPPE) as of 4/30/20 may now be delivered via Telephone, in addition to Video Visit!

Q: What is the difference between a Telephone Visit and a Telephone Call?

A: A Telephone Visit is a service provided to a patient that would have been an in-person service, were we not in an Emergency Period. For very short follow-up Telephone Calls that are part of routine care for your patient and would not have typically resulted in an in-person visit, these should not be separately billed as Evaluation and Management (E/M) services.

Other Billing Questions

Q: Can I perform Medicare Annual Wellness Visits virtually and on the phone?

A: A Medicare Annual Wellness Visit (Including Initial and Subsequent), as of 4/30/20, may now be performed using a Video Visit (audio-visual), as well as a Telephone Visit (audio only). The IPPE is still unable to be performed via Virtual Care.

Q: Can I bill for new Massachusetts patients through Video Visits?

A: Yes, new patients in Massachusetts may be seen through Video Visits. It is recommended that new patients are only seen through a Telephone visit if Video Visits are unable to be performed. Clinicians must use judgement in the urgency of the service if Telephone Visits are the only means to provide care.

Q: Can I provide Virtual Visits to all of my patients, or only COVID-19 confirmed patients?

A: You may Virtual Visits to any patient in Massachusetts whose care can be adequately handled through Virtual Visit means. This includes ongoing problem focused care that would have otherwise been delivered in-person to patients with unrelated COVID-19 medical concerns.

Other Billing Questions (con't)

Q: Can Advanced Practice Providers (APPs) bill for Virtual Video Visits and Telephone Visits?

A: Yes. The care being provided must be within the scope of your license and training, and to patients in a state in which you are licensed. Virtual Care must be billed independently and may not be performed “incident to” a physician service, as that concept does not qualify for Virtual Visits.

Q: Do these new Virtual Visit rules apply indefinitely?

A: The current Virtual Visit landscape is made possible by multiple emergency period restrictions having been lifted. We anticipate that when the emergency period expires, these waivers will expire as well.

Q: Can I perform Virtual Visits for my patients if they're outside of Massachusetts?

A: Please see Slide #20.

Q: Where can I get more information on CRICO coverage for Virtual Care?

A: This will be addressed in a different communication.

Other Billing Questions (con't)

Q: What defines whether a patient is in-state or out-of-state?

A: The patient's physical location at the time of the Virtual Visit defines the state in which the care is being delivered.

Q: Do I still need to get Prior Authorizations and Referrals for Virtual Visits?

A: Yes, please continue current Prior Authorization and Referral processes. Some payers have waived the need for the COVID Emergency period and will tell you what is necessary in real-time.

Q: Can my required face-to-face service for VNA/Home Health be done via Telephone?

A: No. VNA/Home Health face-to-face services must be performed via Video Visit, but have flexibility to be ordered by a Physician or an APP, during the Emergency Period.

Q: Can I bill an Evaluation & Management visit (E/M) for time spent interacting with a family member or caregiver who supports my patient?

A: In order to bill for time spent with a caregiver, you must ALSO provide a medically necessary service directly to the patient. Virtual Visits should be conducted in a way that reflects the in-person service as much as possible, including direct patient care.

Out-of-State and In-State Provision of Virtual Care

Q: What are the guidelines surrounding the provision of care via Video or Telephone Visits for in-state and out-of-state patients?

A: Please see the most recent memorandum and other related communications regarding provision of in-state and out-of-state virtual care available at the [Virtual Care Resource Center](#).

Additional Resources

For Virtual Visit Operations and Implementation questions, please contact your local Telemedicine lead.

For Virtual Visit Charging Workflow and Revenue Cycle questions, please contact Maria (PB) Veo and Lynda Brown (HB).

For Virtual Visit Documentation and Coding questions, please contact your local Billing Compliance Director.

For legal questions concerning Virtual Care, including out-of-state licensure, please contact the Office of General Counsel.

Appendix A: Modifier Use for Facility Based Clinicians & Inpatient MD/APP

GT = Virtual Visit (Audio-visual)

GPH = Telephone Visit (Audio only)

Ambulatory Facility Based Clinicians and Inpatient Professional MD/APP

Charge Capture interface showing a list of charges. The charge "HC PULMONARY REHAB W EXER" with code 94000017 is highlighted with a red box.

1) To add a modifier, select your charge and then click on it

2) After this window pops up, search for modifier GT or GPH to attach it to your charge. To favorite these modifiers, please see next slide.

HC PULMONARY REHAB W EXER details window. The Modifiers field is highlighted with a red box.

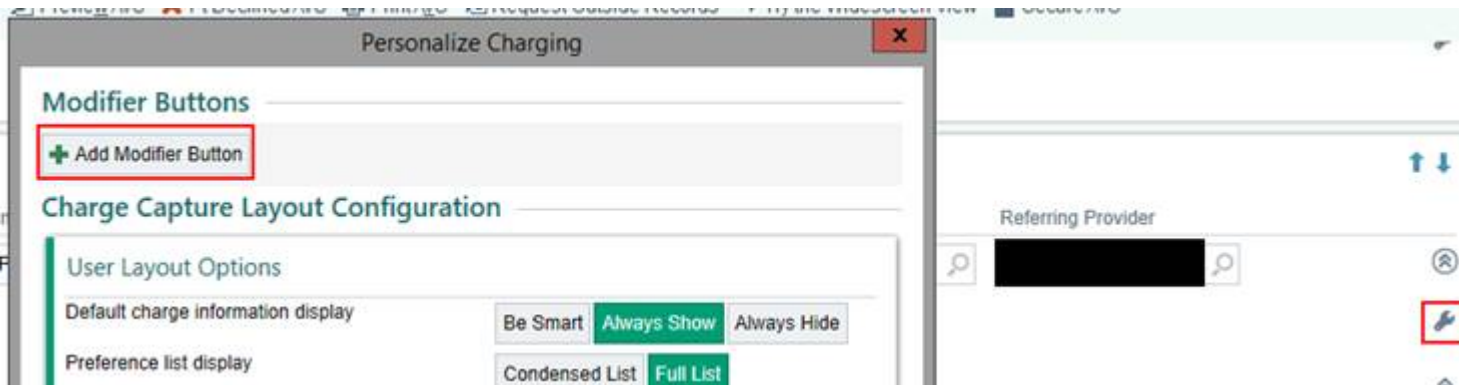
Code	Admin Amt	Units
1		

Appendix A: Favoriting Modifiers for Facility Based Clinicians & Inpatient MD/APP from Charge Capture

GT = Virtual Visit (Audio-visual)

GPH = Telephone Visit (Audio only)

Ambulatory Facility Based Clinicians and Inpatient Professional MD/APP



1) There is an option for users to add modifier buttons into their charge capture via the wrench

2) If these are defined, they will show to the right of the charge after it is selected. Just because they appear, doesn't mean they are being added to the charge. Users must select the modifier button in order to append it to the charge.

Description	Code	Dx	Service Date	Service Prov	Modifiers	Qty	Status
★ HC PULMONARY REHAB W EXER	94000017				GT GPH	1	New