

# CORONAVIRUS DISEASE 2019 (COVID-19)

## Telehealth/Telemedicine Visits Technical and Professional Billing



**Audience:** Providers, Billing and Coding Teams

**Revision Date:** 3/27/2020

**Version:** Version #1

### Background

The 1135 waivers for provision of services via Telehealth have created additional opportunities for colleagues to provide services that were not being previously reimbursed. This guidance focuses on the coding and billing for all services provided via Telehealth, excluding those related to COVID-19. Documentation on professional billing and coding for COVID-19 can be found on the [Trinity Health COVID-19 intranet page](#) under the “Revenue Excellence” section (*MGPS Telehealth Guidelines*).

Health and Human Services (HHS) issued a “blanket” waiver for Telehealth services furnished during the emergency\*. Effective March 6, 2020, CMS is waiving existing limitations on Medicare coverage for some Telehealth services. These services may now:

- Be furnished to Medicare beneficiaries in any health care facility and/or in their home;
- Leveraged through easy-to-use Smartphones;
- Provide wide range of services unrelated to COVID-19; and
- Apply to new patients

Trinity Health recognizes that providers and hospital departments may be receiving additional guidance on billing and coding guidelines from professional associations and vendors during this pandemic. It is our expectation that RHM leadership forward such **guidance, that may be in direct conflict with this documentation, to the Compliance and Revenue Integrity Teams** and rely on **official advice from System Office Incident Command**.

*\*Details regarding the application of the waiver are still being developed and released by CMS. Please continue to review the Pulse page for updates.*

### Elements of Care/Service

Trinity Health's expectation is that RHMs comply with state Telehealth laws, which includes possible restrictions on which Providers can administer services and outlines state licensure protocols. While Commercial, Medicare, and Medicaid coverage may not be available for these services, Providers and Hospital Departments are still encouraged to provide patients with the necessary care.

In addition, Providers/Departments providing Telehealth services should seek to **replicate an in-person visit** and **document the efforts**, by following appropriate protocols related to instructions, physical exams, and vital signs. Additional clinical guidance will be provided for operational processes on Telehealth protocols.

Additional guidance will be provided as CMS continues to release guidelines relating to these services.

### Billing for Medicare Enrolled Telehealth Providers (Professional Billing)

For licensed professionals enrolled with Medicare, Providers furnishing Telehealth services should bill for a **Part B service on the CMS 1500 form**. Please find additional documentation on coding protocols via ([link to MGPS Telehealth Guidance](#)) and ([link to Superbill](#)).

Eligible professionals who are not yet enrolled with Medicare, Providers furnishing Telehealth services will need to follow **emergency enrollment procedures**. Please review CMS guidance on enrollment procedures [here](#). This process is applicable for doctors, advanced practice providers, clinical psychologists, and licensed clinical social workers.

### Billing for Hospital Services Provided Through Telehealth (Technical Billing)

The Medicare Telehealth reimbursement **currently does not include allowances for facility or technical fees**.

If hospital services can be provided safely through Telehealth and will meet the CPT guidelines of the service; there should be documentation of what was provided and how the services were rendered. Lacking clear CMS guidance at this time, these services provided in a facility should be charged/billed through the normal processes and CDMs, with the addition of the **condition code 'DR'** on the claim.

CMS has not yet clarified whether these services will be reimbursed. We are expecting additional guidance from CMS soon.

Please consult with your Revenue Excellence leaders as needed. In addition, please review 'CMS Billing Guidance Under Waivers' [here](#).