AUA Inside Tract Podcast Transcript
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*Coding for Virtual Visits with Dr. Jonathan Rubenstein*

**Host:** We're back here on the AUA Inside Tract Podcast. The current global outbreak of COVID-19 is making a significant impact on healthcare delivery in the United States. As the American College of Surgeons and others urge postponing elective procedures, clinicians are looking for ways to minimize disruption of day-to-day patient care in their urology clinics. Telehealth and telemedicine are emerging as possible options for urologists. I'm joined today by Doctor Jonathan Rubenstein, chair of the AUA's Coding and Reimbursement Committee, and we're gonna be discussing an important aspect of telemedicine, and of course, that is payment. Doctor Rubenstein, I do want to ask, what is new with Medicare coverage with telehealth services during this COVID-19 pandemic?

**Dr. Rubenstein:** So, there have been a lot of updates with using telehealth for Medicare patients recently. And this is something that continues to evolve, and continues to change, and may again change. But let's get to the basics. Billing established patient visits for Medicare was restricted that the patient must be in an originating site in a health shortage area for traditional Medicare.

However, because of this coronavirus situation, Medicare came out and they no longer will demand that the patient is in an originating site or that the patient is in a health shortage area. What that means is patients can get telehealth visits in their own home instead of an originating site and can be in any location, just not a health shortage area. However, did still say that patients must be established patients to the provider. So, that's good because that really opens up the ability to perform telemedicine visits to Medicare patients from the comfort of their own home.

When looking even deeper into this, Medicare did say that if in emergency situations that a copay needs to be waived to perform these visits, it's okay to do so. I would just document that into the patient's chart. It did mention that people can get telehealth visits through smartphone applications such as FaceTime or Skype and that Medicare would not prosecute providers for HIPAA violations. Now, on a quick side note, I have my own personal concerns about that because although you may not be persecuted by the government, I would check with your own legal department before providing telehealth visits through programs such as FaceTime or Skype because you can be accused of HIPAA violations outside of the government. And that'd be my concern.

Medicare also stated that you do not have to prove that the patient has an established relationship with the provider. Although I'm still confused a little bit about how to code for that if you still use established patient visits. So, we're still waiting to hear back about that. So, as of right now, we can now provide telehealth services to Medicare patients in their home without being in a health shortage area and without an originating site restriction.

Another thing which I'll mention is that private insurers seem to be also changing their policies nearly every day. So, it's really important that you check with your own state's rules for telehealth visits. But also, for all your local insurers. I've seen some of them who allow phone visits, some of them that will allow visits they normally would not have provided and for a certain period of time that they're now allowing telehealth visits where they did not in the past. So, please check with your state and your local insurers for their updated rules and regulations. And, again, these things may change on a day-to-day basis.

**Host:** There are obviously a lot of burning questions out there right now at this time, and I'm gonna ask you about how practices can ensure they are being reimbursed for providing these services to patients. What are some of the top things that members need to keep front of mind in terms of payment policy?

**Dr. Rubenstein:** The most important thing is to check with your individual insurer, individual Medicare provider, also, to make sure that they have policies in place that allow for reimbursement of telemedicine services. While the majority of private insurers, especially with this coronavirus outbreak, either already had their policies in place or will be loosening their policies, it really comes down to the individual insurance provider itself to determine whether they're going to reimburse or not.

For example, a lot of our private insurers where I live had already had policies in place that have either been present for years or at least beginning in January of 2020, although some did not. So before we're providing any telemedicine service to any patient, we wanted to make sure and check their benefits first. Obviously, Medicare has different rules and regulations than private insurers, but the only way that we could be assured of getting paid for the services we were providing was to check our EOBs and make sure that we were getting paid after the fact, but we only started providing telehealth services to patients where we believed that they had benefits based upon our insurance contracts.

**Host:** So let's talk about Medicare. Tell us about the virtual check-in G codes, CPT, and HCPCS, and how they could and should be used by practitioners.

**Dr. Rubenstein:** So the first most important thing is Medicare has its own set of rules and regulations that have been in place for years, where you really either had to be in a health shortage area, and patients had to be in an originating site, such as a hospital setting or similar setting, to get paid for telehealth services. There's also other codes that exist, including online portal check-ins and telephone patient check-ins, which can use codes G2010, G2012, G2061 through G2063, and 99421 through 99423, and these each had their own rules and regulations that surrounded them when those codes were being used.

So, telehealth services in general you would code as you would any regular outpatient service, using CPT codes 99211 through 99215 for an established patient visit, and 99202 through 99205 for a new patient visit. Medicare was allowing established patient visits in patients in a health, in a shortage area and in an originating site for our regular codes. Let's use for example G2012, which is a brief check-in. The brief check-in is a patient-initiated code, where the patient wants to check in with their provider to see if an office visit is necessary or not. It's important that this is not provider-initiated, but rather patient-initiated, where they can pick up the phone and call and speak to their provider to see if a visit is necessary or not. This has to be more than seven days from a previous visit, cannot be just a follow-up from a previous visit, nor lead to a visit within seven days or the next available appointment. So there are a lot of rules and regulations that go around using G2012.

Since the coronavirus outbreak, there's been an increased interest in using G2012, but again, the same rules need to be followed. Has to be patient-initiated, it cannot be in direct relationship to a previous visit, and it cannot lead to another visit within the next seven days or the provider's next available appointment. If all those points are met and criteria are met, then the provider can bill G2012. G2010 is a similar code, except this is not a real-time, but rather is more of a store it and forward, and then the provider can review the information at another time. CPT code 99421 through 99423 is for an online evaluation through a patient portal for an established patient visit, and it's worth seven days, whatever you do within seven days, you can bill it once, whether you spend 5 to 10 minutes, 11 to 20 minutes, or more than 21 minutes will determine the code that you then submit for reimbursement. And G2061 through G2063 are basically the same codes, but that's a qualified health professional who's a non-physician, who provides the same online services to a patient.

With the coronavirus outbreak and more patients wanting to get services provided from, I would say the safety of their home, rather than coming to the office, these codes will be used more frequently. However, it's really important to understand what the codes say and the rules and regulations that are around

it, make sure it's documented in the chart before trying to submit for reimbursement.

**Host:** So can you tell me how telehealth services for Medicare are different than virtual check-in codes?

**Dr. Rubenstein:** If you're talking about a true telehealth service, let's say it's an audiovisual service that's being provided, where a patient may log in through their portal, through their online computer program with a provider, and you get a service, just as you would face to face. The only difference is there's a distance and they're doing it with audio and visual rather than face to face audiovisual. So it's important for regular telehealth services that you have both the audio and visual aspects that are both being provided, just as you would if the patient was in your office itself. Again, you use the same E&M codes, 99211 through 99215, 99200 to 99205, depending on the service you're providing. The difference between that and a brief check-in, and again which we use classically G2012, is where a patient initiates a phone call to a provider to see if a visit is necessary. If the issue can be handled on the phone, it's not require an in-person visit, whether the telehealth visit, the true telehealth visit, then the G2012 can be used at that point, when it's documented appropriately.

**Host:** How does telehealth access differ for Medicare Advantage enrollees?

**Dr. Rubenstein:** For Medicare Advantage, again, you would really need to go and look at the individual provider and their rules and regulations. Most of the Medicare Advantage plans will follow regular Medicare guidelines, but once again, you'd use the same codes, but you have to check with your individual provider to make sure that they are following Medicare's guidelines and Medicare's rules and regulations.

**Host:** What about private payers?

**Dr. Rubenstein:** So private payers really can do whatever they want to do, and again, a lot of private payers had already been allowing for telehealth services to be reimbursed, but it varies plan to plan, and state to state. There's some states with parity laws, where telehealth services must be provided and must be reimbursed, similarly to an in-person visit. But again, the private insurers can choose to do whatever they want to do. They can follow Medicare guidelines. They can follow their own guidelines. Sometimes whether, based upon the state they're in, they may be forced or recommended to provide certain services based upon the state they're providing services. But again, it's really up to the individual private insurance company to determine what their own rules and

regulations are, what the documentation requirements are, and what codes to use.

So, during this COVID emergency, we've seen a number of insurance companies who've loosened their rules and regulations individually, and some that have kept with their previous policies from before. So it's really important to check the individual policy in the individual state where you're residing and you're providing the services to make sure that you'll get reimbursed for the services you're providing.

**Host:** Do you have any tips from your own practice's use of telehealth strategies?

**Dr. Rubenstein:** You know, we started our telehealth program some time ago, and really, the first is the computer work, and making sure that you have a program that is compliant with HIPAA rules and regulations. We make sure the patient has appropriate consent, so they understand the limitations of telehealth, because obviously, there's different things that can be provided for a face to face visit rather than a telehealth visit, for example, the ability to do a physical examination, and so, as long as patients can sign the consent and understand the limitations of telehealth, then we allow a telehealth visit to be provided. We still have the same check-in process, where we get their demographics, we ensure that their insurance is up to date, we collect appropriate co-pays, they sign the consent, and then we allow the telehealth service to proceed forward. Again, we do our best to double check with each insurance company, prior to providing those telehealth services, to know in advance which patients certainly will have a denial, who do not provide telehealth services, and ones that we most likely will get reimbursed for providing the appropriate services to those patients.

Host: And I just want to ask you if you have anything else that listeners should keep in mind when billing for telehealth services before we wrap up today's talk?

**Dr. Rubenstein:** It's really important to get patient consent. It's really important to check with, not only within your own state, with the individual insurance itself. There are certain insurances, private insurance especially, that have sort of a self-funded plan that even though the parent company may allow telehealth services, the actual self-funded section may not allow telehealth services, and you may not realize that until some point down the road. We typically keep a list of which insurance companies we are getting reimbursed for and which ones we are not. Overall, my thought is and my recommendation is to think about the global aspect of bringing patients into your office, because especially people who are at most risk of coronavirus, not only might they decide not to

come into an office setting, but we wanna be able to provide those medical services to them anyway, so for someone who does not want to come into the office, we'd like to be able to offer them telehealth services as an alternative, as long as they understand the limitations of providing telehealth services, that there are going to be some limitations compared to a face to face visit. We had, prior to this coronavirus issue, attempted only to provide telehealth services to patients that did not need a physical examination. If during the course of a telehealth visit, you realize that the patient is best served by seeing them face to face, or they do need an examination, it's important for medical legal reasons to advise them to be seen for an actual physical examination, whether it's coming to the office, coming to an emergency room, coming to an urgent care center, you have to protect yourself from claims of malpractice or lawsuits, because there are limitations to providing telehealth services.

**Host:** Doctor Jonathan Rubenstein has been our guest today on the AUA Inside Tract Podcast. He is the chief compliant officer with Chesapeake Urology Associates, and he is chair of the AUA's Coding and Reimbursement Committee. Thank you, Dr. Rubenstein.

Dr. Rubenstein: Thanks, Casey. Have a nice afternoon.