



Medicare Advantage Telehealth Frequently Asked Questions (FAQs) applicable during COVID-19 Public Health Emergency (PHE)

April 15, 2020

On April 10, 2020 CMS announced that Medicare Advantage (MA) organizations are now able to submit diagnoses for risk adjustment that are from telehealth visits. Submission for these visits are allowed when they meet all criteria for risk adjustment which include being from an allowable inpatient, outpatient, or professional service, and from a face-to-face encounter.

- A face-to-face encounter requirement is met when the services are provided using a **real-time interactive audio and video telecommunications** system.
- In order to report services that have been provided via telehealth, use place of service code “02” for telehealth or use the CPT telehealth modifier “95” with any place of service.

Question 1: What is an interactive audio and video telecommunications system?

Answer: It means multimedia communications equipment that includes, at minimum, secure audio and video system permitting two-way, real-time interactive communication between patient and provider.

Question 2: Where can health care providers conduct telehealth?

Answer: The expectation is that clinicians will perform telehealth visits in private settings. However, if telehealth cannot be provided in a private setting, clinicians should implement reasonable HIPAA safeguards, including lowering voices, not using speakerphone, or moving a reasonable distance from others when personal health information (PHI) is discussed.

See also FAQs on Telehealth and HIPAA during COVID-19 at <https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf>

Question 3: Will I be audited for ensuring prior relationship with member existed for telehealth claims (when submitting during this COVID-19 PHE)?

Answer: To the extent that 1135 waiver (section 1135(g)(3)) requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during PHE.

Question 4: Can I complete Prospect’s Annual Wellness Visit (AWV) incentive program visit via telehealth?

Answer: Yes, allowable AWV Telehealth visit details are as follows:

Telehealth Allowable AWV/CPT Code	Telehealth Requirement	Billing Guideline
G0438 (Initial Annual Wellness Visit)	AWV service must be provided using secure real-time interactive audio and video, where patients and their care team can see and hear each other.	Telehealth AWV visit must be billed with POS “02” or CPT telehealth modifier “95”
G0439 (Subsequent Annual Wellness Visit)		

Patients must be made aware of any potential cost sharing, their acknowledgement and consent (verbal or written) to receive the service must be documented.

Reminder - Submission of completed PAF & Progress Notes to Prospect is a requirement for telehealth AWV visit payment.

For reference only – CPT G0402 (initial preventive physical examination (IPPE) or Welcome to Medicare visit) is NOT on the Medicare Telehealth Code List, so it cannot be performed via telehealth.

Any reference to Telehealth is only applicable to Medicare Advantage & during COVID-19 Public Health Emergency (PHE), effective March 6, 2020, unless stated otherwise.

Additionally, as with all telehealth services, patient’s verbal or written consent to telehealth visit should be documented.



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Question 5: Will Prospect’s AWP incentive program deadline of June be extended?

Answer: Yes, Prospect AWP completion deadline for \$150 payment has been extended to **August 31**. If you currently have an MOU in place, this question does not apply to your practice.

Question 6: Can I complete regular office visits via telehealth?

Answer: Yes, commonly used telehealth allowable Evaluation & Management (E/M) codes for office visits are as follows:

Telehealth Allowable E/M Code	Audio-Video Requirement	Billing Guideline
99201-99205 (for New Patient)	AWV service must be provided using a secure real-time interactive audio and video, where patients and their care team can see and hear each other.	Telehealth E/M visit must be billed with POS “02” or CPT telehealth modifier “95”
99212-99215 (for Established Patient)		

Patients must be made aware of any potential cost sharing, their acknowledgement and consent (verbal or written) to receive the service must be documented.

On an interim basis, CMS is revising their policy to specify that the office/outpatient E/M level selection for these services when furnished via telehealth can be based on medical decision making (MDM) or time associated with the E/M on the day of the encounter.

For the complete list of services payable under the Medicare Physician Fee Schedule when furnished via telehealth please visit the following site: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

Question 7: What are the documentation requirements for telehealth services?

Answer: Telehealth services should be documented the same way you would document face-to-face services.

Per the American Academy of Professional Coders (AAPC) guidelines - You should also add a statement to the effect that the service was provided non-face-to-face, and document the patient’s location, the provider’s location, and the names and roles of anyone participating in the encounter. Furthermore, you’ll need documentation of the telehealth application used, the consent of the patient, and the names of any other individuals present for the encounter.

Question 8: How do I capture vitals via telehealth visit?

Answer: Ask the patient if they can self-report their vitals as many patients are able to report blood pressure, temperature, height and weight. With guidance, the patient may also be able to supply their respiratory rate and heart rate. If you are able to record patient-reported data, document the information as **“self-reported by patient.”** If you are unable to obtain data, document, **“Unable to obtain due to COVID-19 public health emergency.”**

Thank you for your continued partnership with Prospect Medical. We are here for you. Questions or concerns can be addressed with your Network Manager, e-mail ProviderInfo@prospectmedical.com or calling (800) 708-3230, prompt 1 for Providers.

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