



# COVID-19 **RESPONSE**

## **BILLING, HIPAA, TELEHEALTH, AND RELATED GUIDANCE IN LIGHT OF COVID-19**

*from the Legal and Compliance offices of*

UNIVERSITY of MARYLAND  
FACULTY PHYSICIANS, INC.

*This information will be posted to the FPI Intranet, including updates.*

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### **Updated ICD-10 Guidance from CDC (from FPI Compliance)**

Coding guidance for health care encounters and deaths related to COVID-19 is available at:

<https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Gudance-Interim-Advice-coronavirus-feb-20-2020.pdf>

## **Billing Updates, Including Telehealth** *(from FPI Legal & FPI Compliance)*

The Federal government recently passed the “Telehealth Services during Certain Emergency Periods Act of 2020,” which waived certain Medicare restrictions on payment for Telemedicine. The American Academy of Family Physicians has published a [helpful blog post](#) on Telehealth billing related to Coronavirus.

CMS has released a library of Coronavirus resources on this page: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>, including:

- Fact sheet on [Medicare](#) coverage and benefits related to Coronavirus, including what Telehealth codes can be used.
- Fact sheet on [individual and small group insurance plans](#) coverage related to Coronavirus.
- Fact sheet on [Medicaid](#) coverage and benefits related to Coronavirus.
  - Maryland Medicaid has temporarily expanded Telehealth services to include a patient’s home or any other secure location as a permissible Originating Site to bill to Maryland Medicaid. Previously, Telehealth could be billed to Medicaid only if the patient was in certain locations, such as a hospital. See [Appendix A](#) to this document, which includes the communication announcing the temporary expansion, along with a summary of Maryland’s other Telehealth requirements.
- In addition, this Coronavirus [Medicaid/CHIP FAQ](#) is directed to state Medicaid agencies, but answers questions about emergency preparedness and response, benefit flexibility, prior authorizations, cost-sharing, etc.

*Note that the UMMS Telehealth group focused on clinical and technology matters is led by Todd Crocco, M.D. and Lauren Sidow.*

## **Virtual Check-Ins: Medicare Code and Guidelines** *(from FPI Compliance)*

On a [Coronavirus-focused Medicare website](#), patients are being encouraged to initiate virtual check-ins with their physicians if they are potentially contagious. The below describes the requirements to bill Medicare for virtual check-ins.

Virtual Check-Ins - **Code G2012** – defined as 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 nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.

Medicare requirements for billing G2012:

- Must be initiated by the patient
- Only billable for established patients (seen in your group/specialty within the last 3 years)

- Patient's verbal consent must be documented in the record – notify them they will receive a bill
  - A single consent is valid for one year of these services
  - Patient is responsible for 20% of Medicare-approved amount, plus any deductible
- If communication is related to a medical visit within the past 7 days, G2012 is considered bundled into the prior E/M payment and should not be billed separately.
- If communication leads to a medical visit within the next 24 hours (or soonest available appointment), G2012 is considered bundled into that E/M payment and should not be billed separately.
- Patient may initiate via phone or audio/visual equipment.
- Physician/NPP may respond by:
  - Phone
  - Audio/visual equipment
  - Secure email/messaging (via MyPortfolio)
- Physician/NPP time must be at least 5 minutes. Best practice is to document clock time or specific number of minutes (NOT just “greater than 5 minutes”).
  - Clinical staff time is NOT billable as G2012
- There are no service-specific documentation requirements
- There is no frequency limitation as long as medical necessity is documented

For additional details [see the MPFS CY2019 final rule](#), pages 32-35. If the previous link (which contains an 800-page PDF) will not open, please reference [83 FR 59452](#) instead.

*An FPI-specific note: As of March 12, 2020, code G2012 is not available in the “clinical info review” encounter that was recently built into Epic for non-telehealth services. FPI has requested that the code be added. If it is added, the encounter will likely function only in non-regulated space. Until code G2012 is available for use, providers can document virtual check-ins as “phone calls” in Epic, and billing will be figured out on the backend.*

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## Commercial Payors

FPI is in communication with commercial payors about potential policy and coverage revisions in the wake of the Coronavirus, including any expansion of Telehealth coverage. Policy changes are actively being monitored and an update will be provided as soon as any information is available.

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## HIPAA Considerations *(from FPI Legal)*

The United States Department of Health and Human Services has released a [bulletin](#) on the HIPAA implications of the Coronavirus. This document reminds Covered Entities how patient information may be shared under HIPAA during a public health emergency, including to government officials, family and friends of the infected individual, and media.

*Note about medical record CDs: In the event UMB/UMMS activate Step 2 of the campus's Coronavirus plan, FPI's AEMR team may be unable to create encrypted CDs for the practices for the duration of Step 2. In such event, if electronic records are requested by a patient, medical records may be emailed to the patient in encrypted format, where the patient is willing to accept email. Please be sure to write **[secure]** into the subject line of the email so that the email will be encrypted.*

## Credentialing of Providers in Emergency Situations

MMCIP and FPI Legal are referring questions about credentialing to the UMMS Medical Staff Office. Email [MedicalStaffOffice@umm.edu](mailto:MedicalStaffOffice@umm.edu)

## Hospital Professional Liability Insurance *(from MMCIP)*

MMCIP advises that HPL coverage in emergency privileging situations for employed and volunteer providers will be driven by licensure and privileges.

Please contact MMCIP with questions:

Robin Barthlow-Busan  
Vice President of Insurance, Underwriting, and Non-Clinical Programs  
[rbusan@mmcip.umm.edu](mailto:rbusan@mmcip.umm.edu)

Steve Pittman  
Director of Insurance, Underwriting, and Non-Clinical Programs  
[spittman@mmcip.umm.edu](mailto:spittman@mmcip.umm.edu)

## Other Campus Resources

UMB has an extensive Coronavirus webpage available at: <https://www.umaryland.edu/coronavirus/>. This page includes guidance letters which have been distributed to the UMB campus, current travel guidelines, needed phone numbers, and Coronavirus-safety flyers created by UMB.

The UMMS Coronavirus page is available at: <https://www.umms.org/coronavirus>, which includes the most up-to-date visitor policy and other information.

**Contact FPI Legal & FPI Compliance**Legal

Sarah De Santis  
General Counsel  
[sdesantis@fpi.umaryland.edu](mailto:sdesantis@fpi.umaryland.edu)

Allison Parker  
Associate Counsel  
[alparker@fpi.umaryland.edu](mailto:alparker@fpi.umaryland.edu)

Compliance


Lindsay Koschoreck  
Supervisor, Coding & Billing Compliance  
[lkoschoreck@fpi.umaryland.edu](mailto:lkoschoreck@fpi.umaryland.edu)

Coding Helpline  
[CodingHelpline@fpi.umaryland.edu](mailto:CodingHelpline@fpi.umaryland.edu)



*Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary*

**To:** All Medicaid Provider Types, Medicaid Managed Care Organizations, Optum Behavioral Health ASO

**From:** Robert R. Neall, Secretary   
Maryland Department of Health

**Re:** **COVID-19 #1: Temporary Expansion of Medicaid Regulations to Permit Delivery of Telehealth Services to the Home to Mitigate Possible Spread of Novel Coronavirus ("COVID-19")**

**NOTE: Please ensure appropriate staff members in your organization are informed of the contents of this memorandum**

### **Background**

On March 5, 2020, Governor Lawrence J. Hogan, Jr., declared a state of emergency due to disease ("COVID-19") caused by the novel coronavirus. An outbreak of disease due to COVID-19 first occurred in the Hubei Province, China, in late 2019, and has currently been detected in more than 109 countries, including the United States. COVID-19 is a severe respiratory disease, resulting in illness or death, caused by person-to-person spread of the novel coronavirus.

Commonly reported symptoms of COVID-19 infection include fever, cough, shortness of breath, and pneumonia. While the exact incubation period for this coronavirus has not yet been determined, it is believed that most infected people will develop symptoms 2-14 days after they were exposed. There is no vaccine available for COVID-19. Prevention measures center on frequent hand-washing, covering coughs and sneezes, and separating people who have respiratory symptoms. Treatment for COVID-19, as with any coronavirus infection like the common cold, includes the use of over-the-counter fever-relievers, drinking plenty of fluids and resting at home to help relieve symptoms. Those with more severe symptoms may be hospitalized to provide additional support.

### **Temporary Expansion of Medicaid Telehealth Services with the Home as an Originating Site**

Pursuant to the authority vested in the Secretary of Health by the laws of Maryland, including but not limited to Md. HEALTH-GENERAL Code Ann. Sections 18-102 and 18-103, to prevent the spread of disease and control communicable diseases, I hereby temporarily expand the definition of a telehealth originating site under COMAR 10.09.49.06 to include a participant's home or any other secure location as approved by the participant and the provider for purpose of delivery of Medicaid-covered services. The purpose of this expansion of regulatory authority is to ensure individuals can access certain health care services in their own home while mitigating possible risk for transmission of COVID-19. This expansion applies to services delivered to a Medicaid participant via fee-for-service or through a HealthChoice Managed Care Organization ("MCO"). This expansion will remain in place until further notice by the Department.

## Requirements

Medicaid distant site providers delivering services via telehealth to a participant in their home must continue to comply with all other requirements of COMAR 10.09.49 and the Maryland Medicaid Telehealth Program Manual. Key considerations are outlined in brief below. Additional information regarding Telehealth Program requirements and FAQs can be found online, <https://mmcp.health.maryland.gov/Pages/telehealth.aspx>.

Any provider type is permitted to render telehealth services as a distant site within their scope of practice. The Telehealth Program does not have any geographic restrictions. Services provided via telehealth must be provided through two-way audio-visual technology assisted communication with the participant who is physically located at a permitted originating site. Services that either require in-person evaluation or cannot be reasonably delivered via telehealth are not eligible for reimbursement.

Services provided through telehealth are subject to the same program restrictions, preauthorizations, limitations and coverage that exist for the service when provided in-person.

- Somatic services: Providers must contact the participant's Healthchoice MCO with questions regarding prior authorization requirements for services rendered via telehealth.
- Behavioral health services: Providers must contact the behavioral health ASO with questions regarding prior authorization requirements for services rendered via telehealth.

A telehealth provider must use technology that supports the standard level of care required to deliver the service rendered. Providers shall use a secured and HIPAA compliant telehealth communication (COMAR 10.09.49.08) and meet all other technical requirements of COMAR 10.09.49.07. The Program will not reimburse telehealth providers when technical difficulties prevent delivery of part or all of the telehealth session.

To bill for telehealth services, providers must bill for the appropriate service code and use the “-GT” modifier to identify the claim as a telehealth delivered service. Providers should bill using the place of service code that would be appropriate as if it were a non-telehealth claim. The distant site should bill using the location of the doctor. If a distant site provider is rendering services at an off-site office, bill using place of service office (11). Place of Service Code 02 (Telehealth) is not recognized for Maryland Medicaid participants except for use on Medicare crossover claims to specify services rendered through a telecommunication system for dual eligible participants.

The distant site providers must maintain documentation in the same manner as for an in-person visit or consultation, using either electronic or paper medical records, per the Health-General Article, §4-403, Annotated Code of Maryland. The distant site should document the participant's consent to receive telehealth services in their medical record. Consent may be given verbally by the participant.