How can We Help?

SUSTAINING YOUR PRACTICE

What can we offer

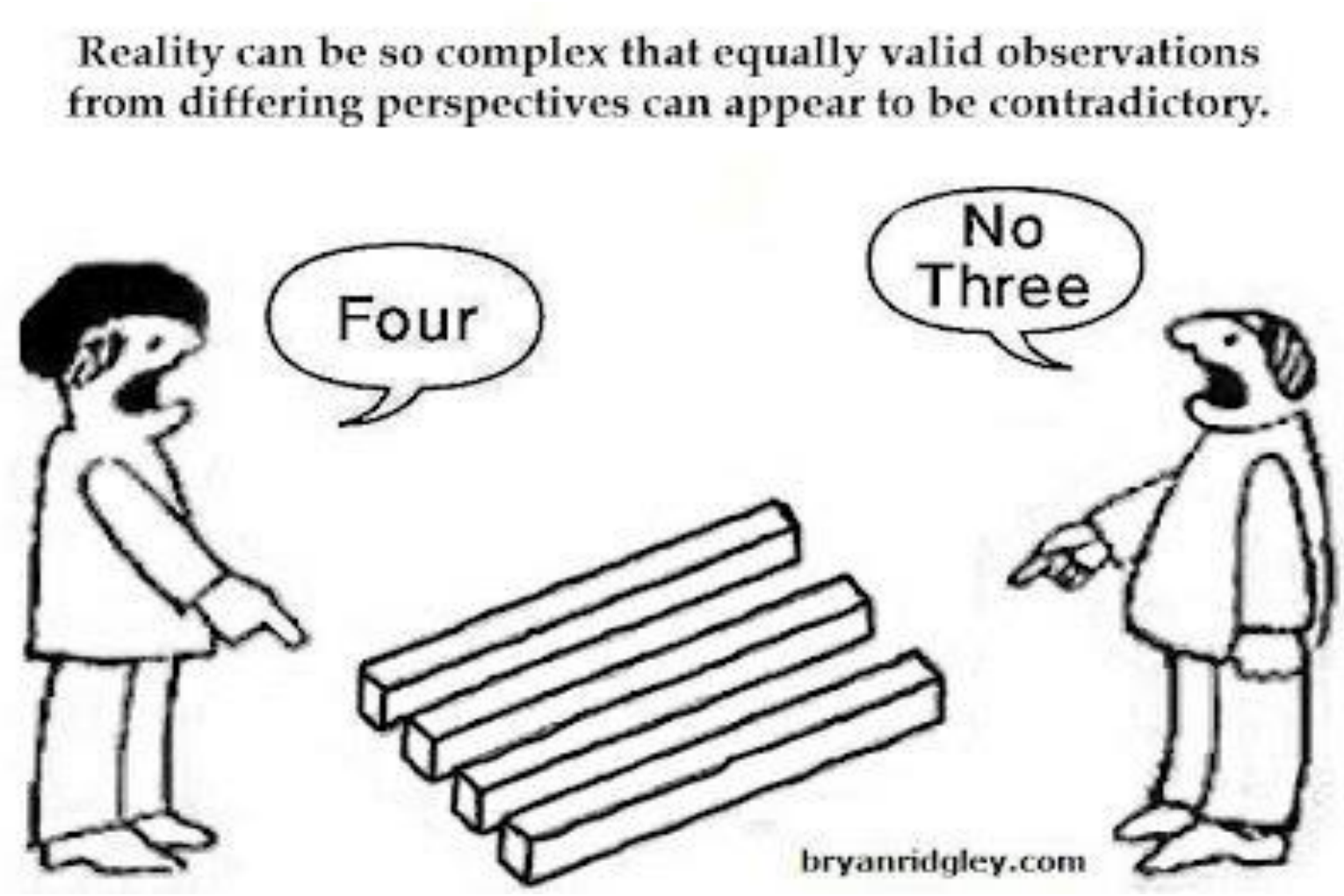
Perspective

Encouragement

Knowledge

Ideas

Perspective



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Sustain Your Practice

Financial Assistance

- Be sure your practice is in touch with your accountant, bank and reputable online information for financial support available to you such as:
  - MEDICARE advanced payment for COVID-19 emergency https://www.cms.gov/files/document/Accelerated-and-Advanced-Payments-Fact-Sheet.pdf
  - Cares Act provider relief fund
  - SBA paycheck protection program https://www.sba.gov/paycheckprotection/find
  - SBA economic injury disaster loan
  - SBA express loan
  - Debt relief for other SBA loans

PPP Option VS EIDL

Medicare Accelerated /Advanced Payment

Accelerated/Advance Payment Request forms vary by contractor and can be found on each individual MAC's website.

Complete an Accelerated/Advance Payment Request form and submit it to your servicing MAC via mail or email. CMS has established COVID-19 hotlines at each MAC that are operational Monday – Friday to assist you with accelerated payment requests.

You can contact the MAC that services your geographic area. To locate your designated MAC, refer to:

https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-AdministrativeContractors/Downloads/MACs-by-State-June-2019.pdf.

Colorado MAC

Part A and B Novitas Solutions INC Jurisdiction H

DME - CGS Administrators LLC Jurisdiction C

Home Health & Hospice – CGS Administration LLC Jurisdiction 15

CARES Act Provider Relief Fund

On March 27, 2020, the President signed the bipartisan CARES Act that provides $100 billion in relief funds to hospitals and other healthcare providers on the front lines of the coronavirus response. This funding will be used to support healthcare-related expenses or lost revenue attributable to COVID-19 and to ensure uninsured Americans can get testing and treatment for COVID-19.

Recognizing the importance of delivering funds in a fast and transparent manner, $30 billion is being distributed immediately – with payments arriving via direct deposit beginning April 10, 2020 – to eligible providers throughout the American healthcare system. **These are payments, not loans, to healthcare providers, and will not need to be repaid.**

- Who is eligible for initial $30 billion
- All facilities and providers that received Medicare fee-for-service (FFS) reimbursements in 2019 are eligible for this initial rapid distribution.
- Payments to practices that are part of larger medical groups will be sent to the group's central billing office.

CARES Act Provider Relief Fund

- As a condition to receiving these funds, providers must agree not to seek collection of out-of-pocket payments from a COVID-19 patient that are greater than what the patient would have otherwise been required to pay if the care had been provided by an in-network provider.
- This quick dispersal of funds will provide relief to both providers in areas heavily impacted by the COVID-19 pandemic and those providers who are struggling to keep their doors open due to healthy patients delaying care and cancelled elective services.
- **How are payment distributions determined**
- Providers will be distributed a portion of the initial $30 billion based on their share of total Medicare FFS reimbursements in 2019.
- A provider can estimate their payment by dividing their 2019 Medicare FFS **(not including Medicare Advantage) payments** they received by $484,000,000,000, and multiply that ratio by $30,000,000,000. Providers can obtain their 2019 Medicare FFS billings from their organization's revenue management system.

- https://www.hhs.gov/provider-relief/index.html

Critical Needs Fund – The Denver Foundation

- This fund's deadline is April 15th .
- Limited scope and focus for funding: Behavioral Health

- http://floodlight.denverfoundation.org/Stories/Story-Detail/story/CNF-Application-Open?fbclid=IwAR0dWTL_eBUOlcw5QFw9liszyAUS1ohd6nYmwJLs NIEQM8o5ayNCMQq2Z0U&goal=0_beddaf301b-a860c0aaeb-345020464&mc_cid=a860c0aaeb&mc_eid=5a0c28545a

*Sustain Your Practice * Nine Steps*

Sustaining your practice –rapid response

- Develop a rapid response team: this could be the lead provider, OM or administrator, a chain of command, who makes decisions?
- Communicate to your employees, your rapid response team is in place, evaluating daily
- Define your priorities; patients staff remain safe
- What is essential and what is not
- What happens when staff or clinicians become ill

Insurance coverage

- Your practice may or my not be covered by your business insurance policy
- Contact your broker ask for a complete copy of all polices to see if business interruption coverage or other coverage for government emergency orders exist.
- Track your losses and expenses as you will need them to make a claim

Evaluate ongoing financial obligations

- Revise your financial plan to show loss of revenue from clinical or other services not performed
- Develop a contingency plan-based on estimates of minimum cash flow to stay afloat
- Review any existing loan documents or financial agreements to determine if slow down in business or collections could trigger a default situation

Make a financial contingency plan

- Delay payment of all discretionary bonuses or other discretionary payments
- Consider asking lenders, landlords, and other creditors for forbearance, forgiveness or a standstill and agree to a process of keeping them informed over time
- Assess and evaluate supply needs for products, PPE and other supplies utilized in your practice

Understand how to continue business operations

- Define your essential services
- Decide how you will deliver these essential services
- Not all services can or should be done telehealth i.e. well baby exams ,immunizations
- Create a safe onsite environment to build patient/family trust
- Reach out to patients to encourage continuance of health services via telehealth or onsite if applicable

Consolidate administrative resources

- Business functions in a practice such as phone calls for medication refills, or advice. Who handles and how
- If working remotely be sure all required documentation is completed
- Develop a quick guide, scenarios for responses to patients and FAQs
- Coding and billing are there any modifications in service capacity for outside vendors
- Required documentation for all visits a must

Stay up to date on care delivery changes

- Federal and state governments have created waivers and adjustments to regulatory hurdles for patient care and financial relief during COVID 19 emergency, designate one or two people to track the changes daily, reporting to clinicians and staff changes and clarifications
- The AMA also has daily updates on transmittals related to COVID-19

Communicate guidelines to employees

- Many employees are concerned about their own health and safety
- Provide adequate PPE
- Institute interim guidelines for employees for example when they should not report to work
- Who should they contact
- What leave is available to them
- Follow CDC Interim guidance for Business and employers
- https://www.cdc.gov/coronavirus/2019-ncov/downloads/critical-workers-implementing-safety-practices.pdf
- Plan for employee furloughs, consult legal counsel, US department of labor offer guidelines

Utilize digital health tools

- Telehealth
- Remote patient monitoring
- AMA quick guide to telemedicine

https://www.ama-assn.org/practice-management/digital/ama-quick-guide-telemedicine-practice

- CMS list of telehealth coding
- https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

Colorado Medicaid & Telehealth COVID-19 Changes to Telemedicine Services

CO Medicaid & Telehealth COVID-19 Changes to Telemedicine Services

- **Telephone and Live Chat Modalities -** Services that are allowed to be provided by telemedicine under the existing policy will no longer be restricted to an interactive audiovisual modality only. Providers may deliver the allowable telemedicine services by telephone or via live chat. All other general requirements for telemedicine services, such as documentation and meeting same standard of care, still need to be met (see below for more details).
- **Federally Qualified Health Centers, Rural Health Clinics, and Indian Health Services** - For the duration of the COVID-19 state of emergency, Health First Colorado is allowing telemedicine visits to qualify as billable encounters for Federally Qualified Health Centers (FQHCs), Rural Health Clinic (RHCs), and Indian Health Services (IHS). Services allowed under telemedicine may be provided via telephone, live chat, or interactive audiovisual modality for these provider types.
- **Physical Therapy, Occupational Therapy, Home Health, Hospice and Pediatric Behavioral Health Providers** - Health First Colorado has expanded the list of providers eligible to deliver telemedicine services to include physical therapists, occupational therapists, hospice, home health providers and pediatric behavioral health providers. Services allowed under telemedicine may be provided via telephone or interactive audiovisual modality for these provider types.

CO Medicaid & Telehealth COVID-19 Changes to Telemedicine Services

The reimbursement rate for a telemedicine service shall, as a minimum, be set at the same rate as the medical assistance program rate for a comparable in-person service. [C. R. S. 2017, 25.5-5-320(2)]

Providers may only bill procedure codes which they are already eligible to bill

Any health benefits provided through telemedicine shall meet the same standard of care as in-person care.

Providers must document the member's consent, either verbal or written, to receive telemedicine services.

CO Medicaid & Telehealth COVID-19 Changes to Telemedicine Services

The availability of services through telemedicine in no way alters the scope of practice of any health care provider; nor does it authorize the delivery of health care services in a setting or manner not otherwise authorized by law

Services not otherwise covered by Health First Colorado are not covered when delivered via telemedicine

The use of telemedicine does not change prior authorization requirements that have been established for the services being provided

Record-keeping and patient privacy standards should comply with normal Medicaid requirements and HIPAA. Office for Civil Rights (OCR) Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency

CO Medicaid & Telehealth COVID-19 Changes to Telemedicine Services

- To receive reimbursement for telemedicine services, providers must follow the following billing practices:
- UB-04 Institutional Claims - Providers must indicate that the service(s) were provided through telemedicine by appending modifier GT to the UB-04 institutional claim form with the service's usual billing codes. This identifies the service as provided via telemedicine during the COVID-19 State of Emergency.
- CMS 1500 Professional Claims - Place of Service code 02 must be indicated on all CMS 1500 professional claims for telemedicine.
- Only specific CPT/HCPCS are allowed

CO Medicaid & Telehealth COVID-19 Changes to Telemedicine Services

- Place of Service 02 should be used to report services delivered via telecommunication, where the member may be in their home and the provider may be at their office. The following list of CPT/HCPCS may be billed using Place of Service code 02:

CO Medicaid & Telehealth Billing Codes

76801	90833	92508	96130	97140	97167	99203	H0004
76802	90834	92521	96131	97150	97168	99204	H0006
76805	90836	92522	96132	97151	97530	99205	H0025
76811	90837	92523	96133	97153	97533	99211	H0031
76812	90838	92524	96136	97154	97535	99212	H0032
76813	90839	92526	96137	97155	97537	99213	H2000
76814	90840	92609	96138	97158	97542	99214	H2011
76815	90846	96110	96139	97161	97755	99215	H2015

CO Medicaid & Telehealth Billing Codes

76816	90847	96112	96146	97162	97760	99451	H2016
76817	90849	96113	97110	97163	97761	G0108	S9445
90791	90853	96116	97112	97164	97763	G0109	S9485
90792	90863	96121	97129	97165	99201	H0001	T1017
90832	92507	96125	97130	97166	99202	H0002	V5011
92606	99408	99409	H0049	99402	99402	99403	99404
99406	99407	G8431	G8510	G9006	H1005		

CO Medicaid & Telehealth COVID-19 Changes to Telemedicine Services

- Where can I get more information about telemedicine?
- The Telemedicine Billing Manual, located on the Billing Manuals web page under the CMS 1500 dropdown, provides information on covered services, billing, reimbursement, and confidentiality requirements
- https://www.colorado.gov/hcpf/billing-manuals
- https://www.colorado.gov/hcpf/provider-telemedicine

Commercial Payers

- Coverage varies from payer-to-payer, depending on the plan
- Practices should inquire with their insurer what is exactly covered, look for updates on each payer website, bulletins newsletters to providers
- **Anthem** https://providernews.anthem.com/california/article/information-from-anthem-for-care-providers-about-covid-19-5

Is the option to deliver services via telehealth available for all types of services?

Yes, until further notice, so long as it is medically appropriate to render the services via telehealth.

Commercial Payers

- Aetna https://www.aetna.com/individuals-families/member-rights-resources/covid19.html
- Cigna https://www.cigna.com/coronavirus/
- United https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services.html

NEW! Expanded List of Services for Telehealth and Virtual Check-In

From March 31, 2020 until June 18, 2020, UnitedHealthcare has expanded the services that can be covered using telehealth, as well as through a virtual check-In for Medicare Advantage, Medicaid, and Individual and Group Market health plan members. A list of reimbursable codes that can be used during the waiver period can be found under the Billing Guidance section of Telehealth or Virtual Check-Ins.

Coding for telehealth
See resource section of slides

https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

Prescribing controlled substances – telehealth

The declaration of the national emergency enacted one of the exceptions to the Ryan Haight Act for telehealth (telemedicine as it is referred to in the Act).

For as long as the Secretary's designation of a public health emergency remains in effect, DEA-registered practitioners may issue prescriptions for controlled substances to patients for whom they have not conducted an in-person medical evaluation, provided all of the following conditions are met:

- The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice

- The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system.

- The practitioner is acting in accordance with applicable Federal and State law.

https://www.deadiversion.usdoj.gov/coronavirus.html

Prescribing controlled substances via telephone

- Can only be done if the evaluating practitioner feels an adequate evaluation can be done via phone
- It also has to be for a legitimate medical purpose and all applicable standards of care apply
- It should be noted that this is a guidance document and that it is "not binding on the public and lack the force and effect of law.

https://www.samhsa.gov/sites/default/files/dea-samhsa-buprenorphine-telemedicine.pdf

Opioid use disorder via telephone

Starting March 31, 2020, during this public health emergency may prescribe and dispense buprenorphine to new and existing patients with OUD via telephone if they are:

• Practitioners who are registered with the DEA as an opioid treatment program (OTP) if a program physician, primary care physician, or an authorized healthcare professional under the supervision of a program physician determines that an adequate eval of the patient can be done via phone.

• D ATA-waived practitioners, who have a special registration to qualify for a waiver to dispense buprenorphine for maintenance or detoxification and are complying with all applicable standards of care.

https://www.samhsa.gov/sites/default/files/dea-samhsa-buprenorphine-telemedicine.pdf

Ideas
Share your ideas

Scripts

Telemedicine

Script for Patients Who Want to Cancel Their Routine Appointment Due to COVID 19 (Not Routine Physicals)

Patient: Due to COVID19, I want to cancel my appointment.

PIM: Yes Ma'am/Sir. I understand your concerns. Let me change your appointment to telemedicine and walk you through getting access to this program so that you do not have to come in the office.

Patient: Great! Thank you!

Script

Scripts for Patient Who Want to Cancel Their AWV

Patient: Hello, I am in the high-risk category for COVID19. I think it is best I reschedule my Medicare AWV.

PIM: Yes Ma'am/Sir. I understand your concerns. In that case, we need to schedule you for a telemed appointment in order for your physician check in with you to continue to refill your medications. When would you be available? We will reschedule the complete physical for a different day.

Patient: I feel fine. I do not need to have the AWV portion right now.

PIM: Mr./Ms. Patient, I totally understand your concerns. However, this current environment is not a time to put your healthcare on hold. Your doctor wants to touch base with you at the very least and refill your medications until he/she is able to see you in the office. Let me get you scheduled to speak with him/her or our PA or NP so we can be proactive about your health."

Patient: Okay, please walk me through what I need to do to proceed with an AWV telemedicine appointment.

Script

- **Script for Patients Who Wants to Cancel Their Routine Physical**

- Patient: I need to cancel my routine physical until this whole COVID19 situation blows over

- PIM: Mr./Ms. Patient, I totally understand your concerns. However, this current environment is not a time to put your healthcare on hold. Your doctor wants to touch base with you at the very least and refill your medications until he/she is able to see you in the office. Let me get you scheduled to speak with him/her or our PA or NP so we can be proactive about your health."

Pediatric wellness

It is critical during this stressful time to check on the well being of families and children. Parental depression screening for moms with infants. Depression screening in children as well.

You want to continue to provide young patients with timely immunizations well visits and check ins for mental health. Therefore, continue to offer well care and immunizations for children 5 and under, as well as immunizations for 11-year-olds. Offer virtual visits for adolescents:

Pediatric wellness

- Face-to-face well visits and vaccines should be scheduled for 3-day, 2-week, 2-month, 4-month, 6-month, 12-month or 18-month-old and children up to age 5. If families have concerns about this care or want to delay their visit, they are encouraged to schedule a telephone or virtual visit with their child's Primary Care provider (PCP)
- Depression screening for caregiver should continue.
- Questions about and assistance for families with food and other social needs should receive community outreach /referrals.

Site Visits

- **Site visits:**
- Provide masks for family members and children entering any medical office, as a way to protect both sick and well patients.
- Limit the number of adults and children coming to the visit One adult with a child in the exam room, no other children, not being seen, should come to the visit.
- Spread out appointments based on your waiting room space to maintain 6 feet separation.
- Curbside visits not telehealth codes

WHAT
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HOW
WHY
WHEN
WHO
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WHERE

Resources

COVID-19 State of Emergency Changes to Telemedicine Services for Medicaid https://www.colorado.gov/pacific/hcpf/provider-telemedicine

Respond to Coronavirus (COVID-19)

https://www.aafp.org/patient-care/emergency/2019-coronavirus.html?intcmp=nCoV_car_2019-nCoV_promo_pos1

Relief for Clinicians, Providers, Hospitals and Facilities Participating in Quality Reporting Programs in Response to COVID-19

https://www.cms.gov/newsroom/press-releases/cms-announces-relief-clinicians-providers-hospitals-and-facilities-participating-quality-reporting

Resources

CMS Advance Payment Fact Sheet

https://www.cms.gov/files/document/Accelerated-and-Advanced-Payments-Fact-Sheet.pdf

CMS MAC List by State

https://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/MAC-Website-List

AMA

https://app.svwps.com/americanmedicalassociation/ama/covid19/index.html

Resources

From Senator Michael Bennet

Help us fight the flood of misinformation about COVID-19.
We can help stop that by sharing information from credible sources like the CDC , the Colorado Department of Public Health and the Environment (CDPHE) , and websites for county health departments.

You can also share several other resources available for Coloradans in this difficult time. There's 211 , which you can dial to connect with local organizations for help with bills, rent, and food. For the latest information about public health in Colorado, you can call the Colorado Health Emergency Line at 1-877-462-2911.

Michael Bennet website also contains a full list of COVID-19 resources for Colorado.

Finally, if you have questions or require direct assistance at any point, please contact our team through my website or by calling us at 303-455-7600.

Covered telehealth codes Medicare

LIST OF MEDICARE TELEHEALTH SERVICES					
Code	Short Descriptor	Status			
77427	Radiation tx management X5	Temporary Addition for the PHE for the COVID-19 Pandemic			
90785	Psytx complex interactive				
90791	Psych diagnostic evaluation				
90792	Psych diag eval w/med srvcs				
90832	Psytx pt&/family 30 minutes				
90833	Psytx pt&/fam w/e&m 30 min				
90834	Psytx pt&/family 45 minutes				
90836	Psytx pt&/fam w/e&m 45 min				
90837	Psytx pt&/family 60 minutes				
90838	Psytx pt&/fam w/e&m 60 min				
90839	Psytx crisis initial 60 min				
90840	Psytx crisis ea addl 30 min				
90845	Psychoanalysis				
90846	Family psytx w/o patient				
90847	Family psytx w/patient				
90853	Group psychotherapy	Temporary Addition for the PHE for the COVID-19 Pandemic			
90951	Esrd serv 4 visits p mo <2yr				
90952	Esrd serv 2-3 vsts p mo <2yr				
90953	Esrd serv 1 visit p mo <2yr	Temporary Addition for the PHE for the COVID-19 Pandemic			
90954	Esrd serv 4 vsts p mo 2-11				

Covered codes

90954	Esrd serv 4 vsts p mo 2-11				
90955	Esrd srv 2-3 vsts p mo 2-11				
90957	Esrd srv 4 vsts p mo 12-19				
90958	Esrd srv 2-3 vsts p mo 12-19				
90959	Esrd serv 1 vst p mo 12-19	Temporary Addition for the PHE for the COVID-19 Pandemic			
90960	Esrd srv 4 visits p mo 20+				
90961	Esrd srv 2-3 vsts p mo 20+				
90962	Esrd serv 1 visit p mo 20+	Temporary Addition for the PHE for the COVID-19 Pandemic			
90963	Esrd home pt serv p mo <2yrs				
90964	Esrd home pt serv p mo 2-11				
90965	Esrd home pt serv p mo 12-19				
90966	Esrd home pt serv p mo 20+				
90967	Esrd home pt serv p day <2				
90968	Esrd home pt serv p day 2-11				
90969	Esrd home pt serv p day 12-19				
90970	Esrd home pt serv p day 20+				
92507	Speech/hearing therapy	Temporary Addition for the PHE for the COVID-19 Pandemic			
92521	Evaluation of speech fluenc	Temporary Addition for the PHE for the COVID-19 Pandemic			
92522	Evaluation speech production	Temporary Addition for the PHE for the COVID-19 Pandemic			
92523	Speech sound lang comprehen	Temporary Addition for the PHE for the COVID-19 Pandemic			
92524	Behavral qualit analys voic	Temporary Addition for the PHE for the COVID-19 Pandemic			

Covered codes

96116	Neurobehavioral status exam				
96130	Psycl tst eval phys/qhp 1st	Temporary Addition for the PHE for the COVID-19 Pandemic			
96131	Psycl tst eval phys/qhp ea	Temporary Addition for the PHE for the COVID-19 Pandemic			
96132	Nrpsyc tst eval phys/qhp 1st	Temporary Addition for the PHE for the COVID-19 Pandemic			
96133	Nrpsyc tst eval phys/qhp ea	Temporary Addition for the PHE for the COVID-19 Pandemic			
96136	Psycl/nrpsyc tst phy/qhp 1s	Temporary Addition for the PHE for the COVID-19 Pandemic			
96137	Psycl/nrpsyc tst phy/qhp ea	Temporary Addition for the PHE for the COVID-19 Pandemic			
96138	Psycl/nrpsyc tech 1st	Temporary Addition for the PHE for the COVID-19 Pandemic			
96139	Psycl/nrpsyc tst tech ea	Temporary Addition for the PHE for the COVID-19 Pandemic			
96156	Hlth bhv assmt/reassessment				
96168	Hlth bhv ivntj indiv 1st 30				
96159	Hlth bhv ivntj indiv ea addl				
96164	Hlth bhv ivntj grp 1st 30				
96165	Hlth bhv ivntj grp ea addl				
96167	Hlth bhv ivntj fam 1st 30				
96168	Hlth bhv ivntj fam ea addl				
96160	Pt-focused hlth risk assmt				
96161	Caregiver health risk assmt				
97110	Therapeutic exercises	Temporary Addition for the PHE for the COVID-19 Pandemic			
97112	Neuromusulcar reeducation	Temporary Addition for the PHE for the COVID-19 Pandemic			

Covered codes

97116	Gait training therapy	Temporary Addition for the PHE for the COVID-19 Pandemic			
97161	PT Eval low complex 20 min	Temporary Addition for the PHE for the COVID-19 Pandemic			
97162	PT Eval mod complex 30 min	Temporary Addition for the PHE for the COVID-19 Pandemic			
97163	PT Eval high complex 45 min	Temporary Addition for the PHE for the COVID-19 Pandemic			
97164	PT re-eval est plan care	Temporary Addition for the PHE for the COVID-19 Pandemic			
97165	OT eval low complex 30 min	Temporary Addition for the PHE for the COVID-19 Pandemic			
97166	OT eval mod complen 45 min	Temporary Addition for the PHE for the COVID-19 Pandemic			
97167	OT eval high complex 60 min	Temporary Addition for the PHE for the COVID-19 Pandemic			
97168	OT re-eval est plan care	Temporary Addition for the PHE for the COVID-19 Pandemic			
97535	Self care mngment training	Temporary Addition for the PHE for the COVID-19 Pandemic			
97750	Physical Performance Test	Temporary Addition for the PHE for the COVID-19 Pandemic			
97755	Assistive Technology Assess	Temporary Addition for the PHE for the COVID-19 Pandemic			
97760	Orthotic mgmt&traing 1st en	Temporary Addition for the PHE for the COVID-19 Pandemic			

Covered codes

97761	Prosthetic traing 1st enc	Temporary Addition for the PHE for the COVID-19 Pandemic			
97802	Medical nutrition indiv in				
97803	Med nutrition indiv subseq				
97804	Medical nutrition group				
99201	Office/outpatient visit new				
99202	Office/outpatient visit new				
99203	Office/outpatient visit new				
99204	Office/outpatient visit new				
99205	Office/outpatient visit new				
99211	Office/outpatient visit est				
99212	Office/outpatient visit est				
99213	Office/outpatient visit est				
99214	Office/outpatient visit est				
99215	Office/outpatient visit est				
99217	Observation care discharge	Temporary Addition for the PHE for the COVID-19 Pandemic			
99218	Initial observation care	Temporary Addition for the PHE for the COVID-19 Pandemic			

Covered codes

99219	Initial observation care	Temporary Addition for the PHE for the COVID-19 Pandemic			
99220	Initial observation care	Temporary Addition for the PHE for the COVID-19 Pandemic			
99221	Initial hospital care	Temporary Addition for the PHE for the COVID-19 Pandemic			
99222	Initial hospital care	Temporary Addition for the PHE for the COVID-19 Pandemic			
99223	Initial hospital care	Temporary Addition for the PHE for the COVID-19 Pandemic			
99224	Subsequent observation care				
99225	Subsequent observation care				
99226	Subsequent observation care				
99231	Subsequent hospital care				
99232	Subsequent hospital care				
99233	Subsequent hospital care				
99234	Obser/hosp same date	Temporary Addition for the PHE for the COVID-19 Pandemic			
99235	Obser/hosp same date	Temporary Addition for the PHE for the COVID-19 Pandemic			
99236	Obser/hosp same date	Temporary Addition for the PHE for the COVID-19 Pandemic			
99238	Hospital discharge day	Temporary Addition for the PHE for the COVID-19 Pandemic			
99239	Hospital discharge day	Temporary Addition for the PHE for the COVID-19 Pandemic			
99281	Emergency dept visit	Temporary Addition for the PHE for the COVID-19 Pandemic			
99282	Emergency dept visit	Temporary Addition for the PHE for the COVID-19 Pandemic			

Covered codes

99283	Emergency dept visit	Temporary Addition for the PHE for the COVID-19 Pandemic
99284	Emergency dept visit	Temporary Addition for the PHE for the COVID-19 Pandemic
99285	Emergency dept visit	Temporary Addition for the PHE for the COVID-19 Pandemic
99291	Critical care first hour	Temporary Addition for the PHE for the COVID-19 Pandemic
99292	Critical care addl 30 min	Temporary Addition for the PHE for the COVID-19 Pandemic
99304	Nursing facility care init	Temporary Addition for the PHE for the COVID-19 Pandemic
99305	Nursing facility care init	Temporary Addition for the PHE for the COVID-19 Pandemic
99306	Nursing facility care init	Temporary Addition for the PHE for the COVID-19 Pandemic
99307	Nursing fac care subseq	
99308	Nursing fac care subseq	
99309	Nursing fac care subseq	
99310	Nursing fac care subseq	
99315	Nursing fac discharge day	Temporary Addition for the PHE for the COVID-19 Pandemic
99316	Nursing fac discharge day	Temporary Addition for the PHE for the COVID-19 Pandemic
99327	Domicil/r-home visit new pa	Temporary Addition for the PHE for the COVID-19 Pandemic
99328	Domicil/r-home visit new pa	Temporary Addition for the PHE for the COVID-19 Pandemic
99334	Domicil/r-home visit est pa	Temporary Addition for the PHE for the COVID-19 Pandemic
99335	Domicil/r-home visit est pa	Temporary Addition for the PHE for the COVID-19 Pandemic
99336	Domicil/r-home visit est pa	Temporary Addition for the PHE for the COVID-19 Pandemic

Covered codes

99337	Domicil/r-home visit est pa	Temporary Addition for the PHE for the COVID-19 Pandemic			
99341	Home visit new patient	Temporary Addition for the PHE for the COVID-19 Pandemic			
99342	Home visit new patient	Temporary Addition for the PHE for the COVID-19 Pandemic			
99343	Home visit new patient	Temporary Addition for the PHE for the COVID-19 Pandemic			
99344	Home visit new patient	Temporary Addition for the PHE for the COVID-19 Pandemic			
99345	Home visit new patient	Temporary Addition for the PHE for the COVID-19 Pandemic			
99347	Home visit est patient	Temporary Addition for the PHE for the COVID-19 Pandemic			
99348	Home visit est patient	Temporary Addition for the PHE for the COVID-19 Pandemic			
99349	Home visit est patient	Temporary Addition for the PHE for the COVID-19 Pandemic			
99350	Home visit est patient	Temporary Addition for the PHE for the COVID-19 Pandemic			
99354	Prolonged service office				
99355	Prolonged service office				
99356	Prolonged service inpatient				
99357	Prolonged service inpatient				
99406	Behav chng smoking 3-10 min				
99407	Behav chng smoking > 10 min				
99468	Neonate crit care initail	Temporary Addition for the PHE for the COVID-19 Pandemic			
99469	Neonate crit care subsq	Temporary Addition for the PHE for the COVID-19 Pandemic			
99471	Ped critical care initial	Temporary Addition for the PHE for the COVID-19 Pandemic			
99472	Ped critical care subsq	Temporary Addition for the PHE for the COVID-19 Pandemic			

Covered codes

99473	Self-meas bp pt educaj/trai	Temporary Addition for the PHE for the COVID-19 Pandemic			
99475	Ped crit care age 2-5 init	Temporary Addition for the PHE for the COVID-19 Pandemic			
99476	Ped crit care age 2-5 subsq	Temporary Addition for the PHE for the COVID-19 Pandemic			
99477	Init day hosp neonate care	Temporary Addition for the PHE for the COVID-19 Pandemic			
99478	Ic lbw inf < 1500 gm subsq	Temporary Addition for the PHE for the COVID-19 Pandemic			
99479	Ic lbw inf 1500-2500 g subs	Temporary Addition for the PHE for the COVID-19 Pandemic			
99480	Ic inf pbw 2501-5000 g subs	Temporary Addition for the PHE for the COVID-19 Pandemic			
99483	Assmt & care pln cog imp	Temporary Addition for the PHE for the COVID-19 Pandemic			
99495	Trans care mgmt 14 day disch				
99496	Trans care mgmt 7 day disch				
99497	Advncd care plan 30 min				
99498	Advncd are plan addl 30 min				
G0108	Diab manage trn per indiv				
G0109	Diab manage trn ind/group				
G0270	Mnt subs tx for change dx				
G0296	Visit to determ ldct elig				
G0396	Alcohol/subs interv 15-30mn				
G0397	Alcohol/subs interv >30 min				
G0406	Inpt/tele follow up 15				

Covered codes

G0408	Inpt/tele follow up 35				
G0420	Ed svc ckd ind per session				
G0421	Ed svc ckd grp per session				
G0425	Inpt/ed teleconsult30				
G0426	Inpt/ed teleconsult50				
G0427	Inpt/ed teleconsult70				
G0436	Tobacco-use counsel 3-10 min				
G0437	Tobacco-use counsel>10min				
G0438	Ppps, initial visit				
G0439	Ppps, subseq visit				
G0442	Annual alcohol screen 15 min				
G0443	Brief alcohol misuse counsel				
G0444	Depression screen annual				
G0445	High inten beh couns std 30m				
G0446	Intens behave ther cardio dx				
G0447	Behavior counsel obesity 15m				
G0459	Telehealth inpt pharm mgmt				
G0506	Comp asses care plan ccm svc				
G0508	Crit care telehea consult 60				
G0509	Crit care telehea consult 50				

Covered codes

https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

G0513	Prolong prev svcs, first 30m				
G0514	Prolong prev svcs, addl 30m				
G2086	Off base opioid tx first m				
G2087	Off base opioid tx, sub m				
G2088	Off opioid tx month add 30				