

Dermatology Coding Alert

Reader Question: Know Telemedicine Types Before Considering Codes

Question: Often, one of our dermatologists or qualified nonphysician practitioners (NPPs) provides services that they label as "telemedicine." Is there a way to code for "telemedicine"?

Illinois Subscriber

Answer: The appropriate answer depends on what type of telemedicine your providers are referencing, and payer preferences for each type of telemedicine.

If you are referring to a phone call that your physician or NPP fields from a patient, most payers do not recognize codes 99441 (Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian 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) through 99443 (... 21-30 minutes of medical discussion).

If by telemedicine you are referring to online medical evaluations, then you might have more luck with payment.

Why? Several payers recognize the 99444 (Online evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient or guardian, not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network) code. Check with each payer to see its stance on 99444 before coding the visit.

If you are referring to telemedicine visits where the patient is in a remote location and you're conducting the visit with two-way video and audio communication, you'll choose between G0425 (Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth) through G0427 (Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth) for Medicare payers and payers that follow Medicare.

Medicare designed these codes specifically for patients unable to make it to the office because of distance. You'll use these code mostly for initial office visits, emergency department (ED) services, or initial inpatient visits.

Remember: There are specific requirements concerning distances eligible for G0425-G0427 at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/telehealthsrvcfsctsht.pdf> or <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/download/MM6705.pdf>.

Caveat: Make sure you know your payer's policy on telemedicine before you report any telemedicine codes. As practices begin to use telemedicine more commonly, many regulators are pushing for tighter telemedicine guidelines.

The American Medical Association (AMA) discussed the emergence of this technology and the new and innovative healthcare challenges that come from utilizing it, at its annual meeting in Chicago this summer. The discourse centered on telemedicine and ethics with the proposition of guidelines to address this critical issue.

"Telehealth and telemedicine are another stage in the ongoing evolution of new models for the delivery of care and patient-physician interactions," said AMA Board Member **Jack Resneck, MD**, at the annual meeting. "The new AMA ethical guidance notes that while new technologies and new models of care will continue to emerge, physicians' fundamental ethical responsibilities do not change."

