

Internal Medicine Coding Alert

CPT® Coding: Answer the Call: Learn New POS Code for Telehealth

Hint: It's all about the modifiers.

When your physician provides covered services to a patient in another location using interactive telecommunication systems, you must know the appropriate codes and modifiers you need to report to receive payment for these telehealth services.

Background: The Centers for Medicare & Medicaid Services (CMS) provides Medicare coverage for telehealth services when your clinician performs a telehealth service for patients who are in a rural Health Professional Shortage Area (HPSA) or a county outside of a Metropolitan Statistical Area (MSA). You receive coverage for a telehealth service only when your clinician performs a face-to-face service for the patient using interactive communication systems. So, both your clinician and the patient should communicate with each other through audio and video telecommunications.

"For Medicare telehealth purposes, 'interactive' means 'real-time,'" says **Kent Moore**, senior strategist for physician payment at the American Academy of Family Physicians. "Asynchronous 'store and forward' technology doesn't count except for federal telemedicine demonstrations in Alaska or Hawaii," Moore adds.

Reminder: The use of only audio telecommunication systems will not qualify for telehealth service. Your clinician should be able to see the patient through video facilities, too.

Use Appendix P, New Star Symbol for Quick, Accurate Identification

In the 2017 AMA CPT® manual, you have the brand-new appendix, Appendix P, which provides guidance for the 79 codes you use to report synchronous (real-time) telemedicine services. In addition, CPT® identifies the appropriate telemedicine codes with a star (★) symbol next to the code in the code set.

Internal medicine relevance: Among the 79 mentioned codes, there are many E/M service codes that are listed. Since your physician performs many of these E/M related services, you should be aware that you can also report these codes when your clinician performs these services via telehealth. This list of codes includes E/M service codes such as:

- New patient office E/M codes (99201-99205)
- Established patient office E/M codes (99212-99215)
- Prolonged services codes (99354 and 99355)
- Smoking and tobacco cessation codes (99406 and 99407)
- Alcohol and substance abuse screening codes (99408 and 99409)
- Transitional care management service codes (99495 and 99496).

Remember What's Most Important: Location, Location, Location

When your clinician performs a telehealth service, the patient receiving the service should be in an eligible facility to enable her to receive coverage for this service. So, when billing for your clinician's services provided through telehealth, the facility where the patient is bills a facility fee. "The originating site is the location of the patient while the distant site is where the physician is located," says **Suzan (Berman) Hauptman, MPM, CPC, CEMC, CEDC**, senior principal of ACE Med, a medical auditing, coding and education organization in Pittsburgh, Pa.

For telehealth services, the originating site should be an eligible facility that is in a rural HPSA or a county outside of an MSA.

Note that the patient receives coverage only when the originating site is an eligible facility. The list of eligible originating

sites includes:

- Physician's or other practitioner's office
- Hospitals
- Critical access hospitals (CAHs)
- Rural health clinics
- Federally qualified health centers (FQHCs)
- Skilled nursing facilities (SNFs)
- Community mental health centers (CMHCs).

Use POS Code 02 to Dial It in

CMS debuted a new telehealth POS code effective Jan.1, 2017. Any claims for telehealth services (on or after Jan.1, 2017) that do not carry this new POS code will be denied.

"Under the Health Insurance Portability and Accountability Act, non-medical code sets, such as POS, are paid based on what code set was in effect on the date of the transaction, not the date of service," Moore notes. "So even if the date of service was in 2016, if you initiate the claim on or after Jan. 1, 2017, you should use the new POS code."

You need to assign the new POS code when making claims for services provided by your clinician through telehealth. However, if you are the originating site, you must continue to claim for your services in the same manner as before without any changes. The new POS code will not be applicable to the originating site.

If your clinician provides telehealth services to a patient, you need to assign the newly created POS code 02 (Telehealth). CMS mentions the descriptor to this newly created POS code as "The location where health services and health related services are provided or received, through telecommunication technology."

Append 95/GT/GQ Modifiers Depending on Payer Policies

When your clinician performs a telehealth service, report the appropriate CPT® code for the service. In order to let the payer know that your clinician performed the service through telehealth, you need to append appropriate modifiers to the code you report for the service.

"Modifier GT (Via interactive audio and video telecommunications systems) needs to be appended to the service code selected," Hauptman says. Or you can append modifier GQ (Via asynchronous telecommunication system) if your clinician performs the service using "asynchronous store and forward" technology.

In addition to these modifiers, CPT® has created a new modifier 95 (Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system) that you report when your clinician performs a telehealth service. You append this new modifier to CPT® codes in Appendix P to report telehealth services when the payer does not recognize the GT and GQ modifiers.

Best bet: Before reporting a telehealth service, check payer policies on telemedicine coverage and know which of the modifiers they prefer, so that you don't risk a denial to your claims.