

## Outpatient Facility Coding Alert

### CPT® 2017 Update: Soar To Success with These New Telehealth CPT® Codes In 2017

#### Get ready to report G0508 and G0509 for critical care

Telehealth services offer hope to remote beneficiaries to benefit from quality care. Stepping forward in 2017, more new telehealth codes enter the CPT® codeset. Here is a lowdown on the new codes and how best to report them.

**Newer options:** CMS has created two new codes for telehealth consultation, which will be applicable in 2017:



These new telehealth services are eligible for Medicare reimbursement. The new codes take telehealth further in the field of critical care, as there was not an option previously to use reimbursable telehealth services for the critical care patients, says **Sarah Goodman, MBA, CHCAF, CPC-H, CCP, FCS**, president of the consulting firm SLG, Inc., in Raleigh, N.C.

These codes will reimburse for both initial and subsequent intensive telehealth consultation services. What's more, you may also report HCPCS code Q3014 (Telehealth originating site facility fee) for reimbursement of facility fee.

**Proposed vs. final:** The codes are different from what CMS had proposed earlier in the MPFS (Medicare Physician Fee Schedule) proposed rule in 2016. The proposed codes were GTTT1 and GTTT2 for initial and subsequent critical care telehealth services.

What is the future of real life implementation of the new 2017 telehealth codes G0508 and G0509? "Telehealth is still in incubation period since it is difficult to substantiate through medical record documentation," says **Catherine Brink, BS, CMM, CPC, CMSCS, CPOM**, president, Healthcare Resource Management, Inc. Spring Lake, NJ. "It does serve a very good purpose when the physician cannot perform a face to face patient encounter. I think CMS needs to track its usage and cost analysis to see if it deserves a viable CPT® code."

**The road ahead:** These new codes open doors for critically ill patients in remote areas to get vital lifesaving consultation from specialists and benefit with timely diagnosis and treatment. "When a physician cannot have face to face patient contact, he can communicate via telehealth with the patient and other providers," says **Joanne Schade-Boyce, MS, BSDH, CPC, ACS**, AHIMA Approved I-10-CM / PCS Trainer and Ambassador, Fair Code Associates, LLC, Marco Island, FL. "I believe medical record documentation is key to substantiate the telehealth vs. the face to face service."