

Health Information Compliance Alert

Telemedicine Coding: Navigate Your Way To Telehealth Claims Success

Does the 2012 expansion affect you?

2012 brought many changes to how you can use and code telemedicine applications. Make sure you're up-to-date so you can capitalize on the benefits and overcome the challenges to getting paid when your specialists consult with specialists in other facilities.

What's the difference between telehealth and telemedicine?

The evolution of remotely provided medical services without standard CPT® code descriptors has led to confusion about exactly what "telehealth" means. Using Medicare's policies and procedures as a guide, you can glean the following definitions, says **Michael A. Granovsky, MD, FACEP, CPC**, President of LogixHealth, a medical coding and billing company in Bedford, MA.

Telemedicine is defined by CMS in this way, "Telemedicine seeks to improve a patient's health by permitting two-way, real time interactive communication between the patient, and the physician or practitioner at the distant site. This electronic communication means the use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment." The key appears to be that it is an "interactive" system.

Telehealth (or Telemonitoring) is "the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across distance." Telehealth is a broad term and can refer to clinical and non-clinical services involving medical education, administration, and research. Telehealth includes technologies such as telephones, fax machines, electronic mail systems, and remote patient monitoring devices which are used to collect and transmit data for monitoring and interpretation.

Do telephone and online encounters qualify as 'telehealth'?

Although CPT® does contain codes that describe non face-to-face encounters such as by telephone, 99441 (Telephone evaluation and management service provided by a physician 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) or using the internet 99444 (Online evaluation and management service provided by a physician to an established patient, guardian, or health care provider not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network), these do not qualify as telehealth codes, says Granovsky.

Caveat: These are for use only with established patients and would not typically be appropriate in the ED setting anyway, he adds.

How is telemedicine defined from a coding perspective?

For 2012, Medicare expanded the code descriptors for telehealth to include the Emergency Department. The telehealth services do not have full and formal CPT® codes at this point, and Medicare is utilizing a set of G codes, but importantly, they do have assigned RVUs for payment purposes, Granovsky clarifies.

The 2012 telehealth descriptor codes and RVUs are listed below:

Are services reported differently if you are the hosting facility vs. the consulting provider?

CMS requires the reported telemedicine services to include both an originating site and a distant site. The originating site

is the location of the patient at the time the service is being furnished. The distant site is the site where the physician or other licensed practitioner delivering the service is located.

A telehealth facility fee is paid to the originating site. Claims for the facility fee should be submitted using HCPCS code Q3014: (Telehealth originating site facility fee). The professional services provided at the originating site would be captured using existing ED 9928x CPT® codes as appropriate, says Granovsky.

What about GT and GQ modifiers?

CMS instructs you to append the telemedicine modifiers \"GT\" or \"GQ\" to your professional service claims:

GT modifier -- Providers at the distant site submit claims for telemedicine services using the appropriate CPT® or HCPCS code for the professional service along with the telemedicine modifier GT (Via interactive audio and video telecommunications system).

Appending the GT modifier with a covered telemedicine procedure code indicates that the distant site physician certifies that the beneficiary was present at an eligible originating site when the telehealth service was furnished.

GQ modifier -- Providers participating in the federal telemedicine demonstration programs in Alaska or Hawaii must submit the appropriate CPT® or HCPCS code for the professional service along with the telehealth modifier GQ (Via asynchronous telecommunications system).

For example: A remote rural ED with telemedicine capabilities seeks a consult from a major teaching facility across the state for a very sick patient that has not responded to usual treatments. The originating site would report professional services using the ED E/M code, likely 99285 and the facility code Q3014 and the distant site would report G0425-7 with the GT appended for the professional service.

Remember that these are HCPCS codes and modifiers used by Medicare contractors. Medicaid policies can vary from state to state and private payers may have their own rules for telemedicine services. It is always best to check with the local payers with which you participate regarding use of these codes and modifiers, notes Granovsky.

