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Health Information Compliance Alert

Telemedicine: Master Telemedicine and Telehealth Coding With 3 Key Tips

Plus: Find out why telehealth and telemedicine aren't the same.

Telemedicine is quickly becoming a relevant form of service by providers in numerous specialties. Whether the physicians in your practice are currently implementing this clinical method, it's important that you take into account all that there is to consider when reporting a telemedicine code.

Definitions: A good place to start is by outlining the difference between telehealth (defined as any health service provided by telecommunications) and telemedicine (defined as any clinical service provided by telecommunications). Additionally, you'll want to consider the array of nuanced guidelines and constantly changing code sets.

Have a look at three key areas to cover some of your most pressing telemedicine and telehealth services' coding needs:

1. Keep On Top of Coding Changes in Telemedicine and Telehealth Services

"One of the greatest challenges facing telemedicine coding is that changes in technology typically occur faster than changes in coding," says **Kent Moore,** senior strategist for physician payment at the **American Academy of Family Physicians**.

"CPT® code change proposals are often generated and acted upon more than a year before the changes/new codes appear in CPT®, and CPT® itself is only published once a year. So, it's easy to see how technology moves faster, leaving coders to wonder if a new telemedicine service fits an existing code or needs to be reported using an unlisted code," Moore adds.

As an example of this rapid change, the **Centers for Medicare and Medicaid Services** (CMS) introduced two new HCPCS codes for 2019: G2012 (Brief communication technology-based service, e.g. virtual check-in...) and G2010 (Remote evaluation of recorded video and/or images submitted by an established patient...), which you can use when a provider is evaluating information to determine if a patient needs to be seen in the office.

In addition, CMS added two prolonged service codes, G0513 (Prolonged preventive service(s) … first 30 minutes ...) and G0514 (… each additional 30 minutes ...) to the telehealth services' list.

One way to stay current with telemedicine codes is to consult Appendix P in your CPT® manual. Documenting any service listed there when provided via telemedicine is as easy as appending modifier 95 (Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system). You will also need to add place of service (POS) code 02 (Telehealth) to your claim to indicate that the provider is at the distant site (as opposed to the originating site where the patient is located).

GT no longer needed: As of January 1, 2018, unless you are billing claims from a critical access hospital (CAH) under method II for institutional claims, you will no longer need to apply modifier GT (Via interactive audio and video telecommunication systems) to a Medicare telehealth claim. But modifier GQ (Via asynchronous telecommunications system) is still required for asynchronous communication when appropriate, **Mary I. Falbo, MBA, CPC,** CEO of **Millennium Healthcare Consulting Inc.** in Lansdale, Pennsylvania, reminds coders.

2. Understand What Isn't Telemedicine

While telemedicine can involve the use of telephone communication, two groups of telephone evaluation and

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management (E/M) codes are not regarded as telemedicine.

Codes 99441 through 99443 (Telephone evaluation and management service by a physician or other qualified healthcare professional … provided to an established patient, parent, or guardian …) and 98966 through 98968 (Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian …) are not regarded as telemedicine because CPT® does not regard them as being "face-to-face" services.

Feds Finalize Telehealth Expansion for Medicare Advantage

In the past, telehealth was only an option offered through Medicare Advantage beneficiaries' supplemental benefits, but the **Centers for Medicare and Medicaid Services** (CMS) wants to change that.

Now: Bolstered by provisions outlined in the Bipartisan Budget Act of 2018 (BBA 2018), CMS updated telehealth services for Medicare Advantage (MA) plans starting in the contract year 2020, notes a two-part final rule, published in the Federal Register last month.

"Under this final rule, MA enrollees may have great opportunities to receive healthcare services from places like their homes, rather than being required to go to a healthcare facility," CMS advises. "MA plans will now have broader flexibility than is currently available in how they pay for coverage of telehealth benefits to meet the needs of their enrollees."

The final rule allows MA plans the option to offer telehealth benefits to MA patients beyond their supplemental benefits in both rural and urban environments, aligning with BBA 2018 legislation, indicate attorneys **Matthew M. Shatzkes** and **Susan Ingargiola** of the national law firm **Sheppard, Mullin, Richter & Hampton LLP,** in the Sheppard Mullin Healthcare Law Blog.

However, "MA Plans will continue to be able to offer MA supplemental benefits (that is, benefits not covered by fee-for-service Medicare) via remote access technologies and/or telemonitoring for those services that do not meet the requirements for coverage under fee-for-service Medicare or the requirements for MA additional telehealth benefits (such as the requirement of being covered by Medicare Part B when provided in-person)," Shatzkes and Ingargiola explain.

The same is true for 99444 (Online evaluation and management service provided by a physician or other qualified healthcare professional … using the Internet or similar electronic communications network), which is also regarded as non-face-to-face and would also not be defined as telemedicine by virtue of its asynchronous nature.

3. Remember That State Laws Differ From Federal Billing Rules

Depending on the nature of the telehealth service and the clinical care administered telemedically, CMS may not cover the outcomes.

"The key to compliance with Medicare rules is to evaluate the Medicare billing requirements for a bona fide telehealth encounter with the proposed arrangement from the telehealth company," **John E. Morrone,** a partner at **Frier Levitt Attorneys at Law** in New York City. "It is very common for healthcare services to comport with applicable state law but not be reimbursable by Medicare."

He adds, "A telehealth encounter may be perfectly acceptable under state law, and even billable to commercial carriers, but not be billable to Medicare."

Resource: For a more in-depth look at CMS's telehealth services, visit https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Telehealth-Srvcsfctsht.pdf?utm_campaign=2a178f351b-EMAIL_CAMPAIGN_2019_04_19_08_59&utm_term=0_ae00b0e89a-2a178f351b-353229765&utm_content=90024810&utm_medium=social&utm_source=facebook&hss_channel=fbp-372451882894317.

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