

## Pain Management Coding Alert

### 2019 Fee Schedule: Telehealth, Virtual Care Getting More Recognition

#### Use these Medicare G codes for certain services.

Coders who want to remain up-to-date on all the changes to coding each year will want to take note of the 2019 Medicare Physician Fee Schedule (MPFS) Final Rule; this year, CMS turned its attention to encouraging the use of technology, when applicable, for some services.

"We are interested in recognizing changes in healthcare practice that incorporate innovation and technology in managing patient care," CMS said during a webinar on the 2019 MPFS Final Rule. "We are aiming to increase access for Medicare beneficiaries to these services that are routinely furnished via communication technology by clearly recognizing a set of services that are defined by and inherently involve the use of communication technology."

To that end, CMS finalized some proposals that should help you code - and get paid for - telehealth and some other "virtual care" services. Check out what our experts had to say about these topics, and how they'll impact your coding in 2019.

#### Prolonged Services Telehealth Gets Coding Upgrade

CMS has approved a pair of telehealth G codes for use in 2019, according to the Final Rule. These codes are:

- G0513 - Prolonged preventive service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes ...
- G0514 - Prolonged preventive service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes ....

Impact: "These two codes will allow providers to get additional reimbursement for the extremely long visits with patient who are distraught or who have many question or complex situations," explains **Marcella Bucknam, CPC, CCS-P, COC, CCS, CPC-P, CPC-I, CCC, COBGC**, revenue cycle analyst with Klickitat Valley Health in Goldendale, Washington.

"For coders I think that the main effect is that they will have to be aware of the rules for billing prolonged services and make sure their providers document the prolonged times when appropriate. Otherwise, these codes won't have other special billing rules beyond the normal telehealth modifiers and other requirements," continues Bucknam.

So how will G0513 and G0514 work? According to **Kent Moore**, senior strategist for physician payment at the American Academy of Family Physicians, "if the physician provides a Medicare-covered preventive service via telehealth that runs long as defined by Medicare, the coder can add these codes to the claim to capture the extra physician time spent on the service. The rules for using the codes is the same as when the service is provided in-person, so you can recycle whatever you wrote about them originally," Moore continues.

**Remember:** The HCPCS G codes are for use with Medicare payers only; private payers do not recognize them.

#### CMS Working on Virtual Care Policies

The Final Rule also included an important bit about how it will compensate practices for virtual care. Back in July, CMS proposed two HCPCS codes - GVC11 and GRAS1 - for virtual check-ins and remote evaluation of patient videos and images. According to the agency, these proposals were "placeholders" for the end codes, which will be paid separately and use "communication technology" for physicians' services.

According to CMS, "To support access to care using communication technology, we are finalizing policies to:

- "Pay clinicians for virtual check-ins -brief, non-face-to-face assessments via communication technology.
- "Pay clinicians for remote evaluation of patient-submitted photos or recorded video.
- "Pay Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) for these kinds of services outside of the RHC all-inclusive rate and the FQHC Prospective Payment System rate."

To that end, CMS approved the following HCPCS codes:

- G2012 (Brief communication technology-based service, e.g. virtual check-in...). This code was originally referred to as "GVC11" in the CY 2019 MPFS proposed rule.
- G2010 (Remote evaluation of recorded video and/or images submitted by an established patient...). This code was originally referred to as "GRAS1" in the CY 2019 MPFS proposed rule.

**Effect:** "This is good news as more and more services are being provided electronically, which has really not been paid much by Medicare. Most practices will need to develop new methods for charge capture and documenting that these electronic encounters," Bucknam says. "Probably most practices have been doing some of this for free already, so it will require a change in thinking and processes to make sure the services are billed rather than simply provided for free."

To Bucknam's point about the importance of education for coders reporting virtual services, Moore lists the elements that will need to be present for Medicare to cover a virtual-check-in:

- Service must be for an established patient.
- Service must not stem from a related E/M service provided within the previous seven days.
- Service does not lead to an E/M service or procedure within the next 24 hours or soonest available appointment.
- Service includes five to 10 minutes of medical discussion.
- Service must be initiated by the patient.