

# Telehealth/Telemedicine Services Strange World Today, Isn't It???

By  
Donelle Holle, R.N.  
dholle@pedscoding.com

## Notice and Disclaimer

I have tried to include accurate and comprehensive information in this presentation and it is not intended to be legal advice.

Every effort was made to ensure that this presentation was current and accurate as of the date of publication. The presentation was prepared as a tool to assist providers and staff and is not intended to grant rights or impose obligations. Although every reasonable effort has been made to assure accuracy of the information within this presentation, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services. The information presented should not be construed as legal, tax, or accounting advice.

I have a financial affiliation with the following:

Speakers Bureau: AAP

Consulting Editor: Pediatric Coding Alert

Speakers Bureau: Physicians Computer Company

\* The International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) is a system used by physicians and other healthcare providers to classify and code all diagnoses, symptoms and procedures recorded in conjunction with hospital care in the United States.

\* CPT is a trademark of the American Medical Association and is their copyright



## Another Disclaimer

**IF there are spelling errors or punctuation errors**

**THEY WERE DONE BY AN INSURANCE COMPANY  
TO MAKE ME LOOK BAD!!**



### What Does this Symbol Mean?

Symbol used to identify codes that may be used to report telemedicine services when appended by the new modifier 95

New Modifier **95** (Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system)

Telemedicine procedures/services involve electronic communication using interactive real time synchronous telecommunications equipment that includes at a minimum, audio and video

## What Codes Can You Use for Telehealth/Telemedicine

- Originally there were only a few codes that we could use before the National Emergency!
- They required an originating site and multiple other criteria. But not now!
- Each month CMS has come out with more and more codes that can be utilized for telehealth
  - It is up to the commercial payers to determine if they will go along with what CMS has suggested
  - This includes codes for screenings such as development (96110) and for Vanderbilts (96127).
- 'Office Visits' do require modifiers and place of service codes can be different than normal ones used in visits
  - 95 modifier (indicates synchronous service with real time audio/video) will be used on virtual "office visits"
  - Place of service typically will be 11 for office/outpatient

## AAP Guidance: Telehealth Payer Policy in Response to COVID-19

- **Cover all modalities of telehealth care.** This includes live video, store-and-forward, remote patient monitoring, telephone care (phone only), electronic consults, virtual check ins, and e-visits.
- **Allow for the home as an originating (patient) and distant (provider) site.**
- **Waive any geographic restrictions.**
- **Provide telehealth care for new and established patients.**
- **Ensure coverage of both COVID-19 related services and other services.** During this time of crisis, all types of clinically appropriate services should be allowed to be treated via telehealth care.
- **Ensure access to all licensed clinicians available to treat via telehealth as long as the services provided are clinically appropriate.** Children must have access to all services they need during this crisis.
- **Follow the March 17 HHS OCR guidance and subsequent FAQ and allow for good faith use of non-HIPAA compliant end-to-end communication apps/platforms.**
- **Eliminate any frequency limitations and communicate clearly with providers as to policy change time frames.**
- **Follow proper billing procedures.**
- **Pay for telehealth care visits at parity with in-person visits.**
- **Provide retroactive payment at parity to the start of the COVID-19 crisis.**
- **Waive cost sharing for telehealth visits and ensure payment to providers is inclusive of what would otherwise be a cost sharing amount.**

## Telemedicine/Telehealth

- All telehealth services are telemedicine but not all telemedicine is telehealth!
- Telemedicine are services provided through synchronous real time interactive audio/video telecommunications.
- Telehealth can be educational sessions with staff, other providers and not necessarily related to patient care.
- Telemedicine Codes
  - Office visit/outpatient services:
    - **99201-99215**
    - **99381 - 99397**
      - Part of the well care visit (examination) will have to be performed at a later date.
    - Most of the E & M codes, psych codes, medical nutrition therapy codes just to name a few as long as they are performed via audio/video telecommunications.
- Telehealth Codes
  - Phone call codes:
    - **99441-99443** for physicians and QHCP
    - **98966-98968**: Same service for non-physician health care professionals, social workers nutritionists, dietitians
  - Digital E-visits:
    - **99421-99423** for physicians and QHCP
    - **98970-98972**: Same service for non-physician health care professionals- social workers, nutritionists, dietitians.

## Documentation for Telemedicine Office Visit

- Office visits:
  - Visit needs to be based on history and MDM (as exam will probably be very limited) or time.
  - Should be through real time synchronous audio/video equipment
    - CMS has stated that it will allow FaceTime, SKYPE, Zoom and will 'forgive' HIPAA compliance although practices should try to keep all services HIPAA protected.
  - Documentation will still have a history, limited exam and medical decision making UNLESS you are ONLY doing counseling then time can be the only service documented.
  - Documentation HAS to justify the visit is being performed via telemedicine:
    - State how visit is being performed (via audio/video)
    - State who is on the audio/video service: Mom and patient present on FaceTime.
    - State patient/caregiver understands that the service is being performed through telemedicine and that they agree to the service.
      - **"Today's visit is being performed through real time audio/video equipment and the caregiver/patient has been informed that patient may still need to be seen in the office or urgent care if I determine that would be the best care for the patient. The patient and Mom are both on this visit today and Mom gives consent for this telemedicine visit. Mom is the historian for this visit."**
  - Further documentation includes:
    - History, limited exam (typically only visual exam as patient is not present in your office) and your medical decision making OR time.
    - This documentation is **NO DIFFERENT** than in a "normal" office visit.
- **Use the 95 modifier on the visit and place of service 11.**

## Example of an Audio/Video E&M Visit

- This visit is being performed through real time audio/video equipment and the caregiver/patient has been informed that patient may still need to be seen in the office or urgent care if I determine that would be the best care for the patient. The patient and Mom are both on this visit today and Mom gives consent for this telemedicine visit. Mom is the historian for this visit

**HX:** Susie C/O wheezing since yesterday as well as coughing, seems to be getting worse and Mom did not want to come into the office. Used albuterol inhaler that she had from her brother. No fever, congestion or Nausea. Has not had any wheezing in the past. (4 HPI, 3 ROS, 1 PMH)

**Exam:** Temp: 98.9 (per mom), Wt.: 67 lbs. (per mom) Constitutional: appears alert and active  
Respiratory: watched child take a deep breath- no retractions noted, mom states thinks there is wheezing on exhale but child not having breathing difficulties. (expanded problem focused)

**Assessment and Plan:** Asthma with mild exacerbation

- Mom to use a nebulizer with Albuterol every 3-4 hours which I will order today. She will call me tomorrow if child seems worse or not improving.

(Risk: moderate: prescription medications; DX: Moderate: new problem without further workup.)

**Total time in visit:** 23 minutes with >50% spent in counseling concerning the need for nebulizer treatments, possible need for steroids if worsens and may need to come into office if no improvement.

- This would be a 99214 visit either based on hx and MDM or on time.



## Online Digital Evaluation and Management Service

**Deleted:** 99444-online E/M, established patient, not related to another service within 7 days using internet or similar online

**Added**

**99421:** Online digital E/M service for an established patient, for up to 7 days, cumulative time during the 7 days, can not bill if questions about a problem seen 7 days earlier or in a post op period, not for discussion concerning test results etc. 5 - 10 minutes of physicians or other QHP (RVU: 0.43) (\$17)

**99422:** "; 11 - 20 minutes (RVU: 0.86) (\$35)

**99423:** "; 21 - or more minutes (RVU: 1.39) (\$56)

- Time begins with the physician's or other QHP's initial, personal review of the patient-generated inquiry.
  - Time includes: review of pt. records or data pertinent to assessment of the pt. problem, interaction with clinical staff, development of plan such as RX, tests, other communication either online, telephone, email or other digitally supported communication, which does not otherwise represent a separately reported E/M service.
    - ALL MDM and subsequent management by anyone in the group practice contributes to the cumulative service time of the patient's online digital E/M service.
  - Online digital E/M service require permanent documentation storage (electronic or hard copy) of the encounter.
    - Remember: these are time based codes for a 7 day period of time-total the time spent in that 7 days for billing purposes and time HAS to be stipulated and was occurred during the time spent in this online service.

**CANNOT bill if:** Online digital inquiry is for the same or related problem within 7 days of a previous E/M service or in a postoperative period, not for discussion concerning test results.

**Also, cannot be billed on a day when the physician or other QHP reports an E/M service**

- **IF an inquiry is made within 7 days of a previous E/M service that addressed a different problem, then it may be billed.**

## Qualified Non-physician Health Care Professional Online Digital Evaluation and Management Service

- Qualified professionals could be speech-language pathologists, physical therapists, occupational therapists, social workers, dietitians.
- Same criteria as the physician/QHP (PA/NP)

### Deleted 98969

#### Added

- **98970:** QNPHCP online digital evaluation and management service, for an established patient, for up to 7 days cumulative time during the 7 days; 5 – 10 minutes
- **98971:** “ 11 – 20 minutes.
- **98972:** “ 21 or more minutes.
- Also can use:
  - **G2061:** Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5–10 minutes
  - **G2062:** ; 11–20 minutes
  - **G2063:** ; 21 or more minutes.

## Documentation for Digital E-Visits

- **On-line digital E&M service, for an established patient but can be a new or established problem, for up to 7 days, cumulative time during the 7 days.**
  - 99421: 5 -10 minutes (\$17)
  - 99423: 11 - 20 minutes (\$35)
  - 99423: 21 - 30 minutes (\$56)
- **98970 - 98972: Same service for non-physician health care professionals- social workers, nutritionists, Dietitians**
- **When to use:** Parent/patient contacts you through your secure EHR portal, secure Email or other digital applications which allows digital communication with the physician or other QHP.
  - **You receive a message through secure email concerning a patient with direct exposure to COVID-19 (father with confirmed case)**
- **Criteria:**
  - Can be a new problem or established but has to be an established patient
  - If during the 7-day time frame, the patient is seen for same problem, then work devoted to the on-line service is incorporated into the visit.

## Documentation Example for Digital Visit

- **Documentation:**

- Document the total amount of time spent on the on-line communications, brief description of email and advice given as well as total accumulated time in 7 days.
- IF possible, scan emails into chart for further documentation justification.

- **Example:**

- E&M service via digital evisit with multiple secure emails, Mom understands about the emails being telehealth service and gives consent: Mom states in email that child started with a cough today and fever of 101. , Dad was + for COVID-19 7 days ago but is doing well and has been quarantined. Suggested child get tested but Mom prefers to wait if possible as she has 2 other children at home. Continue to monitor fever and contact me again tomorrow with an update. Total time 4 minutes Subsequent email : child's temp down but still coughing. Discussed OTC cough med and continue watching and Motrin. Probably URI and exposure to virus, again told Mom that child could get tested. Mom to call or email me if does not seem to be improving. Total time: 7 more minutes between emails and discussions for a total time of 11 minutes in digital e-visit

- DX: J06.9 -Unspecified Acute URI
- Z20.828 Contact with and (suspected) exposure to other viral communicable disease

- **Bill based on time: 99422      Use Place of service 02**



## Telephone Call Codes

**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 appt.;  
5-10 minutes of medical discussion

**99442:** 11-20 minutes of medical discussion

**99443:** 21-30 minutes of medical discussion

## Telephone Code Documentation

- Telephone E&M service by a physician or QHP who may report E&M services provided to an established patient, parent, or guardian. Can only be used for established patients!
  - 99441: 5 – 10 minutes (\$55)
  - 99442: 11 – 20 minutes (\$89)
  - 99443: 21 – 30 minutes (\$129)
- 98966 - 98968: Same service for non-physician health care professionals- social workers, nutritionists, Dietitians
- **When to use:** Parent/patient calls in to discuss child with cough (? COVID-19)  
You talk with them via the phone at that time OR you return the call at a later time
- **Criteria:**
  - Has to be initiated by a patient, caregiver
  - Cannot be billed if the call is related to a previous problem 7 days prior to phone call AND/OR cannot be billed if you determine you need to see the patient during the call.
- **Documentation:**
  - Document the total amount of time spent on the phone and a brief description presenting problem and assessment and plan, diagnosis.
  - **Example:** telehealth service via telephone call from father who understands about the visit and gives his consent: 7-year-old with cough and slight fever, father was exposed to COVID-19 but that was 2 weeks ago and he has no symptoms. No other problems and advised to watch and call in if cough worse or fever increases. Continue with OTC medications for cough and fever.  
DX: R05- Cough Z20.828 Contact with and (suspected) exposure to other viral communicable diseases.  
Total phone call time: 8 minutes.
- **Bill dependent on time (listed above)- 99441**
- **Use place of service 02**

## Virtual Check In

- **HCPSC code G2012: Brief communication technology-based service,**
  - e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, 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.
  - Typically used for Medicare only!



## Modifiers and Place of Service

- Always check with your payers for their own policies in regards to modifiers and place of service codes.
- **Modifiers:**
  - **95 modifier:** Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system. Append this modifier to an appropriate CPT code (listed in Appendix P in the 4/13/2020 CPT manual).
  - **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 modifier GQ, "via asynchronous telecommunications system."
  - **GT modifier:** Via interactive audio and video telecommunication systems. Use only when directed by your payer in lieu of modifier 95
    - **NOTE: Medicare stopped the use of modifier GT in 2017 when the place of service code 02 (telehealth) was introduced. If your payers reject a telemedicine claim and the 95 modifier is not appropriate, ask about modifier GT.**
- **Place of Service:**
  - **11:** should be used on any service that would be performed in the office setting such as office visits and well care
  - **02:** should be used to indicate a telehealth service such as a digital e-visits or telephone calls.



## Some Of My Thoughts!

I am the kind of Grandmother who burns one side of the grilled cheese and serves it to her grandkids with the non-burned side down and hopes they don't notice.  
I'm having a salad for lunch so that I can have 3 dozen Peanut butter cups tonight for dinner!

***NEVER in the history of calm down has anyone calmed down by being told to calm down!***