



BILLING AND REIMBURSEMENT FOR TELEMEDICINE

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DISCLOSURES

No disclosures to report.



OBJECTIVES

At the conclusion of this activity, participants will be able to:

- Identify the parameters required for Medicare reimbursement for telehealth visit.
- Describe the CMS COVID-19 changes to telehealth reimbursement.
- Define the three factors considered by state Medicaid agencies for telehealth reimbursement.
- Explain payment parity laws.
- Identify CPT Codes and modifiers utilized for telehealth reimbursement.



VOCABULARY

Distant site – where the healthcare provider is located.

Originating site – where the patient is located



TELEMEDICINE BILLING

Coverage for telemedicine services varies by payer, specialty, location, technology used, and service.

Medicare, Medicaid, and Commercial Insurance Providers all pay for telemedicine services, but each has their own unique requirements for reimbursement.

The American College of Physicians offers an in depth interactive guide for billing for telemedicine visits here:

<https://www.acponline.org/practice-resources/business-resources/telehealth>



PRE-COVID* MEDICARE REIMBURSEMENT RULES

Four factors unique to Medicare needed to be considered:

1. Modality – visit must be real-time A/V
2. Distant Site Provider - can only be a physician, physician assistant, nurse practitioner, psychologist, licensed clinical social worker, or registered dietician.
3. Patient location - Medicare only reimburses for telemedicine visits when the patient is located in a qualified rural region.
4. The Care Site – where the medical provider provides care from must be in a hospital, physician's clinic, skilled nursing facility, or federally qualified health center.

***See next slide for Medicare reimbursement changes due to COVID-19**



MEDICARE REIMBURSEMENT CHANGES DUE TO COVID-19

Expansion of telehealth with 1135 Waiver

- The 1135 waiver changes have been made to the Distant Provider and Patient Location/Originating Site requirement.
- “Under this new waiver, Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and including in patient’s places of residence starting March 6, 2020.”¹

1. Cms.gov. 2020. *MEDICARE TELEMEDICINE HEALTH CARE PROVIDER FACT SHEET* | CMS. [online] Available at: <<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>> [Accessed 24 October 2020].



MEDICARE REIMBURSEMENT CHANGES DUE TO COVID-19

Under the new waiver:

- Telemedicine “visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits.”¹
- “Starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency Medicare will make payment for professional services furnished to beneficiaries in all areas of the country in all settings.”

1. Cms.gov. 2020. *MEDICARE TELEMEDICINE HEALTH CARE PROVIDER FACT SHEET* | CMS. [online] Available at: <<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>> [Accessed 24 October 2020].



MEDICARE ADVANTAGE PLANS

As of 2020, some Medicare Advantage Plans are offering unrestricted telemedicine visits as part of their benefits plan with the option for patients to be seen in their home.^{2,3}

2. Cchpca.org. 2020. *Fact Sheet: Final Rules For Medicare Advantage Plans And Telehealth*. [online] Available at: <<https://www.cchpca.org/sites/default/files/2019-04/MA%20PLAN%20CMS%20FINAL%20RULE%202019%20FINAL.pdf>> [Accessed 24 October 2020].

3. Cms.gov. 2020. *Contract Year 2020 Medicare Advantage And Part D Flexibility Final Rule (CMS-4185-F) | CMS*. [online] Available at: <<https://www.cms.gov/newsroom/fact-sheets/contract-year-2020-medicare-advantage-and-part-d-flexibility-final-rule-cms-4185-f>> [Accessed 24 October 2020].



MEDICAID REIMBURSEMENT

TELEMEDICINE LAWS VARY BY STATE

Three main factors to consider:

1. **Patient Setting** (Originating Site) - twenty-nine states do not specify the originating site as a requirement for reimbursement.⁴ States may limit patient setting to their home, a doctor's office, a school or hospital.
2. **Technology** used during the visit – reimbursement may be limited and dependent upon technology used such as video, store-and-forward (i.e., asynchronous), and remote patient monitoring.
3. **Healthcare Provider** - states may limit reimbursement dependent upon the type of healthcare provider offering the service.⁴

4. Assets.acponline.org. 2020. *Telemedicine: A Practical Guide For Incorporation Into Your Practice*. [online] Available at: <https://assets.acponline.org/telemedicine/scormcontent/?&_ga=2.205745552.2045937122.1603571197-1718218295.1601417245#/lessons/t2s6KNkSvI90kxA9PC3ea1wzt2gS3VVd> [Accessed 24 October 2020].



COMMERCIAL INSURANCE REIMBURSEMENT

PAYMENT PARITY LAWS:

- Payment parity laws require health plans to reimburse for health care services at the same rates, whether it is delivered in-person or via telemedicine.
- Check the Center for Connected Health Policy's website to see if your state has payment parity laws:
<https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies?jurisdiction=All&category=128&topic=11>⁵

5. Cchpca.org. 2020. *Current State Laws And Reimbursement Policies* | CCHP Website. [online] Available at: <<https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies?jurisdiction=All&category=128&topic=11>> [Accessed 24 October 2020].



OVERVIEW

All Definitions per Centers for Medicare and Medicaid Services.

Public Health Emergency (PHE): Oct 23 2020- extended for 90 days

-Video visits

*Telehealth

-Telephone & E-Visits

*Telephone: Brief Communication Technology Based Service/ Virtual Check In

*Email: Online Digital Management and Evaluation Services/ "e-Visit"

-Interprofessional Consult

* eConsults

-Remote Patient Monitoring (will be discussed in the next module)

"List of Telehealth Services." CMS. Accessed November 11, 2020.

www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes.



CPT CODES FOR VIRTUAL VISITS

SYNCHRONOUS

For virtual visits using two-way audio-visual technology, utilize the CPT code you would normal use for an in-person visit and add on the -95 modifier. This modifier indicates that the visit was conducted via telemedicine.

The -GO modifier is used when utilizing telehealth services to diagnose stroke.

Medicare stopped the use of modifier -GT in 2017. However, private payers may still be using the modifier -GT.⁶

6, Acponline.org. 2020. *Video Visits | ACP*. [online] Available at: <<https://www.acponline.org/practice-resources/business-resources/telehealth/video-visits>> [Accessed 24 October 2020].



VIRTUAL VISIT: CODING + MODIFIER + POS

Type of Visit	Level & Code	Time	Modifier	Location of Service (LOS)	
Established Patient	Level 1 99211		-95 vs -GT <ul style="list-style-type: none"> -95: Synchronous telemedicine service rendered via real-time interactive audio and video telecommunications system -GT: Via interactive a/v telecommunication systems (d/c'd 2017 but still paid often); use only when directed by your payer in lieu of modifier 95 	02 or 11, etc	
	Level 2 99212	10 minutes			
	Level 3 99213	15 minutes			
	Level 4 99214	25 minutes			
	Level 5 99215	40 minutes			
New Patient	Level 1 99201	10 minutes			02 or 11, etc
	Level 2 99202	20 minutes			
	Level 3 99203	30 minutes			
	Level 4 99204	45 minutes			
	Level 5 99205	60 minutes			



TELEPHONE VISIT CODING / BRIEF COMMUNICATION TECHNOLOGY BASED SERVICE / VIRTUAL CHECK IN.

- Code as of 2019- most commonly for Telephone use but can also use audio/video, secure text messaging, email, or use of a patient portal.
- Patient must be established
- Patient must INITIATE the service
- Patient must provide VERBAL consent- no email allowed
- No geographic restriction and pt can be at home
- 5-10 mins medical discussion (time based)
- Add modifier 95 and POS ie 11,19, etc
- Approx \$14 reimbursement \$2 copay and .41 RVU
- Code G2010- photo or recorded video review- not real time.
- Call not be within 7 days of E/M in person code
- PHE: during PHE- can be new pt



CPT CODES FOR VIRTUAL VISITS

TELEPHONE VISITS

No modifier is necessary for telephone visits.

CPT Codes

99441 - Medical discussion of 5 to 10 minute duration

99442 - Medical discussion of 11 to 20 minute duration

99443 - Medical discussion of 21 to 30 minute duration ⁶



EMAILS, TEXT MESSAGES ETC

ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE

E-VISITS

- New this year 2020, pre-COVID
- “Non-face-to-face on-line digital evaluation and management services”
- Could include reviewing HIPAA compliant patient email, text, secure message
- Patient initiates- established pt- new complaint
- Time based (5-10 mins) over 7 day period Pt not seen in previous 7 days or used during global period for procedures
- Can not be billed if patient seen face to face in following 7 days
- No geographic restriction, pt can be at home
- Not for med refills, appt request or clarifying questions
- PHE- can be new patient
- Add place of Service- but not telehealth- so no modifier required



ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICES

Code	Description	2020 Work RVU	National Non-facility payment	National facility payment
99421	Online digital evaluation and management service for an established patient, for up to 7 days, cumulative time during the 7 days',5-10 mins	0.25	\$15.52	\$13.35
99422	11-20 mins	0.50	\$31.04	\$27.43
99423	21 mins or more	0.80	\$50.16	\$43.67
G2061	(Qualified non physician health care professional online assessment, for an established visit up to 7 days cumulative time during the 7 days 5-10 mins)	0.25	\$12.27	\$12.27
G2062	11-20 mins	0.44	\$21.65	\$21.65



E-CONSULT

INTERPROFESSIONAL INTERNET CONSULTATION

- Primary Care Provider initiates on behalf of patient – “doc to doc,” i.e., “ curbside consult”
- Codes as of 2019
- CPT codes for requesting and consulting providers
- Documentation is required by both providers
- No geographic restrictions
- Patient is not directly treated by consulting provider
- No changes during PHE



HCPCS Code	Short Description	Non-Facility Price	RVU	Patient copay is 20%
99446	Ntrprof/ntrnet/ehr 5-10	\$18.38	36.0391	\$4.02
99447	Ntrprof/ntrnet/ehr 11-20	\$36.40	36.0391	\$7.95
99448	Ntrprof/ntrnet/ehr 21-30	\$54.78	36.0391	\$11.97
99449	Ntrprof/ntrnet/ehr 31/>	\$72.80	36.0391	\$15.91
99451	Ntrprof/ntrnet/ehr 5/>	\$37.48	36.0391	\$8.19
99452	Ntrprof ntrnet/ehr rfri	\$37.38	36.0391	\$8.19



RESOURCES

The Center for Connected Health Policy tracks policy changes related to COVID-19 and telehealth:

<https://www.cchpca.org/resources/covid-19-telehealth-coverage-policies>

State specific resource:

<https://www.cchpca.org/covid-19-related-state-actions>



RESOURCES

General Telehealth Info:

Center for Connected Health Policy – www.CCHPCA.org

Alliance for Connected Care – www.connectwithcare.org

National Consortium of Telehealth Resource Centers –
www.telehealthresourcecenter.org

More info on Billing:

Prime Health- <https://www.primehealthco.com/ia-covid19-registration>



COURSE EXAM

Must obtain 70% to pass and receive credit for the course.



COURSE EXAM

QUESTION 1:

True or False.

Medicare, Medicaid, and Commercial Insurance Providers all pay for telemedicine services, but each has their own unique requirements for reimbursement.

Answer: True



COURSE EXAM

QUESTION 2:

Which of the following factors are unique to Medicare regarding telehealth reimbursement:

- A. Modality used to provide the telemedicine service
- B. Type of distant site provider
- C. The patient location
- D. The Care Site
- E. All of the above

Answer: E



COURSE EXAM

QUESTION 3:

True or False.

Medicare expanded reimbursement of telehealth services with the 1135 waiver in response to the COVID-19 pandemic.

Answer: True



COURSE EXAM

QUESTION 4:

True or False.

Payment parity laws require health plans to reimburse for health care services at the same rates, whether it is delivered in-person or via telemedicine.

Answer: True



COURSE EXAM

QUESTION 5:

Which of the following modifiers is used to designate that telehealth services were utilized to diagnose a stroke?

- A. -GT
- B. -95
- C. -GO
- D. All of the above

Answer: C



COURSE EXAM

QUESTION 6:

What is an originating site?

- A. Where the patient is located
- B. Where the healthcare provider is located
- C. Where the hospital is located
- D. The patient's home

Answer: A



COURSE EXAM

QUESTION 7:

What is a distant site?

- A. Where the patient is located
- B. Where the healthcare provider is located
- C. Where the hospital is located
- D. The patient's home

Answer: B



COURSE EXAM

QUESTION 8:

True or False:

No modifier is necessary for telephone visits.

Answer: True



COURSE EXAM

QUESTION 9:

True or False.

Medicare stopped the use of modifier -GT in 2017 but private payers may still be using it.

Answer: True



COURSE EXAM

QUESTION 10:

True or False.

In order to bill for an e-consult, documentation is required by both healthcare providers.

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Answer: True



COURSE SURVEY



QUESTIONS

Please e-mail us at:
info@pavmt.org
or visit our website:
pavmt.org

