Telehealth FAQ

1. What is Telehealth?

- Real-time synchronous audio/visual telecommunication between the provider and the patient.
- Location and device restrictions lifted due to state of emergency.

2. What codes can we use to report telehealth services?

- Most common and familiar codes:
  - New and est pt office/outpatient codes 99201 – 99205 and 99211 – 99215
  - Subsequent inpatient codes 99231 – 99233
  - Subsequent SNF codes 99307 - 99310
- Less familiar:
  - G2012 – Virtual check-in; a brief communication to determine if a visit is required. Either virtual or in person. If the encounter leads to a subsequent visit (virtual or in-person), it cannot be reported.
  - G0425-G0426 – Telehealth consultation, emergency department or initial inpatient.
  - G0406 – G0408 - Follow-up inpatient consultation.
  - 99446 – 99449 - Interprofessional telephone/internet/electronic health record assessment and management

3. Can these codes be reported for audio only?

- No, they cannot. If it is audio only, must report telephone services codes 99441-99443 or 98966-98968 id provided by NPP
- Telephone services codes are time-based codes and are not normally covered by most carriers. Due to emergency, are now being reimbursed by mandate.
- Not considered Telehealth (no special billing instructions)
- Must be patient initiated.

4. What are the documentations requirements for telehealth?

- For office visits codes 99201 – 99215, the documentation does not vary much from what you would normally do. Since these encounters are face-to-face be sure to document your visual observations as well, those can be used as an element towards the physical exam. Remember, the visit can be documented as time based as well.

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- Patient needs to consent to telehealth/ telephone encounter. Additional statement acknowledging patient consent should be documented.
    - i.e. "With patient consent, this visit was conducted via telehealth with real-time audio and visual communication. I spent __ minutes in discussion with the patient."

5. Are there special billing requirements for reporting telehealth?

- Yes, many payers require a POS indicator 02, 95 or GT modifier. Check with payer policies for their billing guidelines
    - POS 02 is defined as **"The location where health services and health related services are provided or received**, through **telecommunication technology**."
    - 95 modifier indicates the visit was performed via "Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System
    - GT modifier indicates the visit was performed "Via interactive audio and video telecommunication systems".
- Although Medicare no longer requires it on professional claims that are submitted with POS 02, it is still recognized as a valid modifier. Other payers may continue require this modifier (check with payer policy)
- Many carriers will accept either modifier GT or modifier 95 (check with payer policy)

6. Are there any other telecommunication codes that can be reported?

- Yes, codes 99421-99423 for online digital evaluation and management of an established patient.
    - Used for online communication with a patient through a patient portal. Some payers may have lifted this restriction
    - Time based - Can only be reported once in a 7 day period, cumulative time spent during that time period by all providers in practice.
    - Patient initiated and verbal consent documented.
    - Must be included in the patient chart
    - Does not require POS 02, GT or 95 modifiers
- G2061, G2062, G2063 are Medicare payable codes allowed to be used by qualified non-physician healthcare professionals for online assessment and management, for an established patient.
    - Recommended for use by PT, OT for online assessments.
    - Used by qualified providers that are not able to report evaluation and management services.

7. **Should I collect a copay for a non-related COVID-19 office visit?**
    - Yes. Only COVID-19 related cases are waived from cost-sharing (i.e. copays, coinsurance, and deductibles).
    - Services for COVID-19 related illness should be reimbursed at 100% of the contracted allowed amount.

8. **Do I need a referral or authorization for telehealth services?**
    - No. Referrals and authorizations have been waived due to the emergency.

9. **Will I get paid?**
    - Yes.

Notice: Expansion of Telehealth 1135 Waiver

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 beginning March 6, 2020. A range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, are now able to offer telehealth to their patients.