

Billing for Telemedicine

Quick Reference Guide for RCM Clients

What is telemedicine?

With the recent COVID-19 pandemic, you may be wondering if/how you can bill for telehealth services for your patients. Many offices have already been using telemedicine, but we wanted to ensure that everyone was aware of the best way to bill for telemedicine, how to work with RCM on telemedicine claims, and what to expect. Per the American Academy of Pediatrics, telemedicine is “a two-way, real-time interactive communication between a patient and a physician or practitioner at a distant site through telecommunications equipment that includes, at a minimum, audio and visual equipment” (American Academy of Pediatrics (AAP), 2019).

How is it billed?

Visit Code

When you see a patient for telehealth, you should ensure that your patient is listed on the schedule under the provider who is seeing the patient (as normally). You will chart this visit as usual in OP. When you chart the visit normally, that will generate a superbill equivalent to the office visit services you provided (99201-99215 or 99441-99443).

POS

In order to indicate that the visit was telehealth, you will need to have a different place of service (POS) code. The place of service should be changed to “02”. Place of Service 02 indicates the “location where health services and health-related services are provided or received, through a telecommunication system” (AAP, 2019).

Modifiers

Each claim will need a modifier on it to indicate that it was a telehealth visit. Typically, 95 modifier is used to indicate “synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system” (AAP, 2019). In 2017, Medicare stopped using the GT modifier, but there may still be some payers that require this modifier. If you are aware that your payer requires this modifier, please notify your biller immediately.

***Alaska and Hawaii providers must use a GQ modifier if they are participating in the federal telemedicine demonstration programs. More info on this can be found at the link provided in references.*

How do I chart this visit?

When you open the encounter, you will want to go to the “Visit Info” tab to populate the telehealth information accurately for the visit you are about to chart. You will need to populate POS, provider location, and patient location on this tab.

Visit Information

Visit date/time: 03/31/2020 08:22 AM 24h

Date written: 03/31/2020 08:22 AM

Place of service: Telehealth

Appointment type: ...

Accompanied by: ...

Entered by: 944 ...

Nurse/assistant: ...

Rendering provider: ...

Supervised by: ...

Staff chaperone: ...

Telehealth:

Provider location: Office

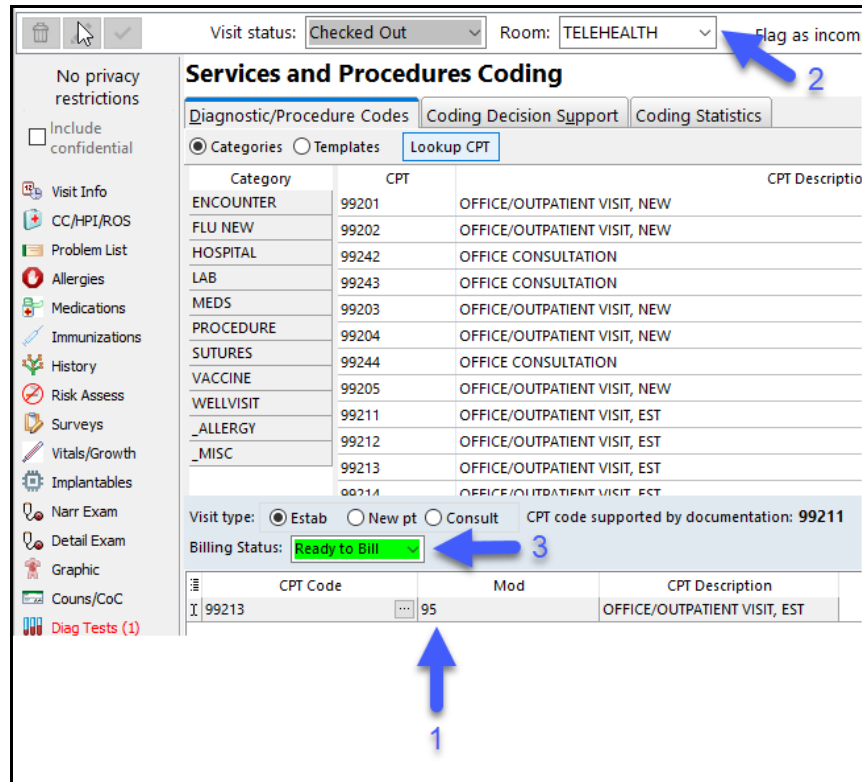
Patient location: Home

Length of visit: 20 minutes

Once you have completed charting your visit, you will want to go to the coding tab and add the E&M code that is appropriate for the visit.

1. After the E&M code is added, you will need to enter modifier “95” on that CPT.
2. Once you have selected the E&M code, ensure that you set the “room” to Telehealth. This signifies to your biller that coding, modifier, and POS review may be needed.
3. Once you have confirmed all of these pieces, change the status to Ready to Bill or Ready for RCM like you had done in the past.

While the RCM team is familiar with telemedicine and telehealth rules, there may be some “special” coding rules put into place over the next few weeks/months by some payers. We encourage you to forward any payer specific information that you receive to our team by emailing your account manager or sending a message to our team in OP.



Visit status: **Checked Out** Room: **TELEHEALTH** **flag as income** 2

Services and Procedures Coding

Diagnostic/Procedure Codes | Coding Decision Support | Coding Statistics

Categories Templates **Lookup CPT**

Category	CPT	CPT Description
ENCOUNTER	99201	OFFICE/OUTPATIENT VISIT, NEW
FLU NEW	99202	OFFICE/OUTPATIENT VISIT, NEW
HOSPITAL	99242	OFFICE CONSULTATION
LAB	99243	OFFICE CONSULTATION
MEDS	99203	OFFICE/OUTPATIENT VISIT, NEW
PROCEDURE	99204	OFFICE/OUTPATIENT VISIT, NEW
SUTURES	99244	OFFICE CONSULTATION
VACCINE	99205	OFFICE/OUTPATIENT VISIT, NEW
WELLVISIT	99211	OFFICE/OUTPATIENT VISIT, EST
_ALLERGY	99212	OFFICE/OUTPATIENT VISIT, EST
_MISC	99213	OFFICE/OUTPATIENT VISIT, EST
	99214	OFFICE/OUTPATIENT VISIT, EST

Visit type: Estab New pt Consult CPT code supported by documentation: **99211**

Billing Status: **Ready to Bill** 3

CPT Code	Mod	CPT Description
99213	95	OFFICE/OUTPATIENT VISIT, EST

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Is this service reimbursable?

Please reach out to your provider representatives, each insurance has different qualifications and policies about telemedicine and reimbursement.

References

American Academy of Pediatrics, Coding Factsheet Telemedicine. (2019) Telemedicine Services. Retrieved from https://www.aap.org/en-us/Documents/coding_factsheet_telemedicine.pdf

Resources

Adding a Modifier to OP <https://op.knowledgeowl.com/help/code-table>

Adding a Room to OP <https://op.knowledgeowl.com/help/rooms-resources>

Adding a Place of Service to OP <https://op.knowledgeowl.com/help/place-of-service>