



Billing an Operational Deep Dive

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Session Plan

- Recap of definitions and terms
- Payer Grid
- Case Studies
 - What is presented to the patient during the initial phone conversation?
 - What type of virtual visit could be suggested?
 - What is the intake process for this patient prior to the visit?
 - What is the clinical approach during the visit?
 - What needs to be documented in the patient chart?
 - How is this visit billed?

Overview and Definitions

Telemedicine/Virtual Visits: refers to the exchange of medical information from one site to another through electronic communication to improve a patient's health. **Not physically in the same room**

Telehealth: A visit with a provider that uses telecommunication systems between a provider and a patient. The provider must use an interactive audio and video telecommunications system that permits real-time communication between the distant site and the patient at home. **Audio and Video**

Virtual Check-in: A brief (5-10 minutes) check in with practitioner and patient via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient. **Live video not required**

E-Visit: A communication between a patient and their provider through an online patient portal.

Overview and Definitions

Telephonic: A visit between a provider and the patient conducted via telephone. **Audio**

Distant Site: The location of the eligible healthcare provider

Originating Site: The location of the patient

Parity – Paying the same as an in-person visit

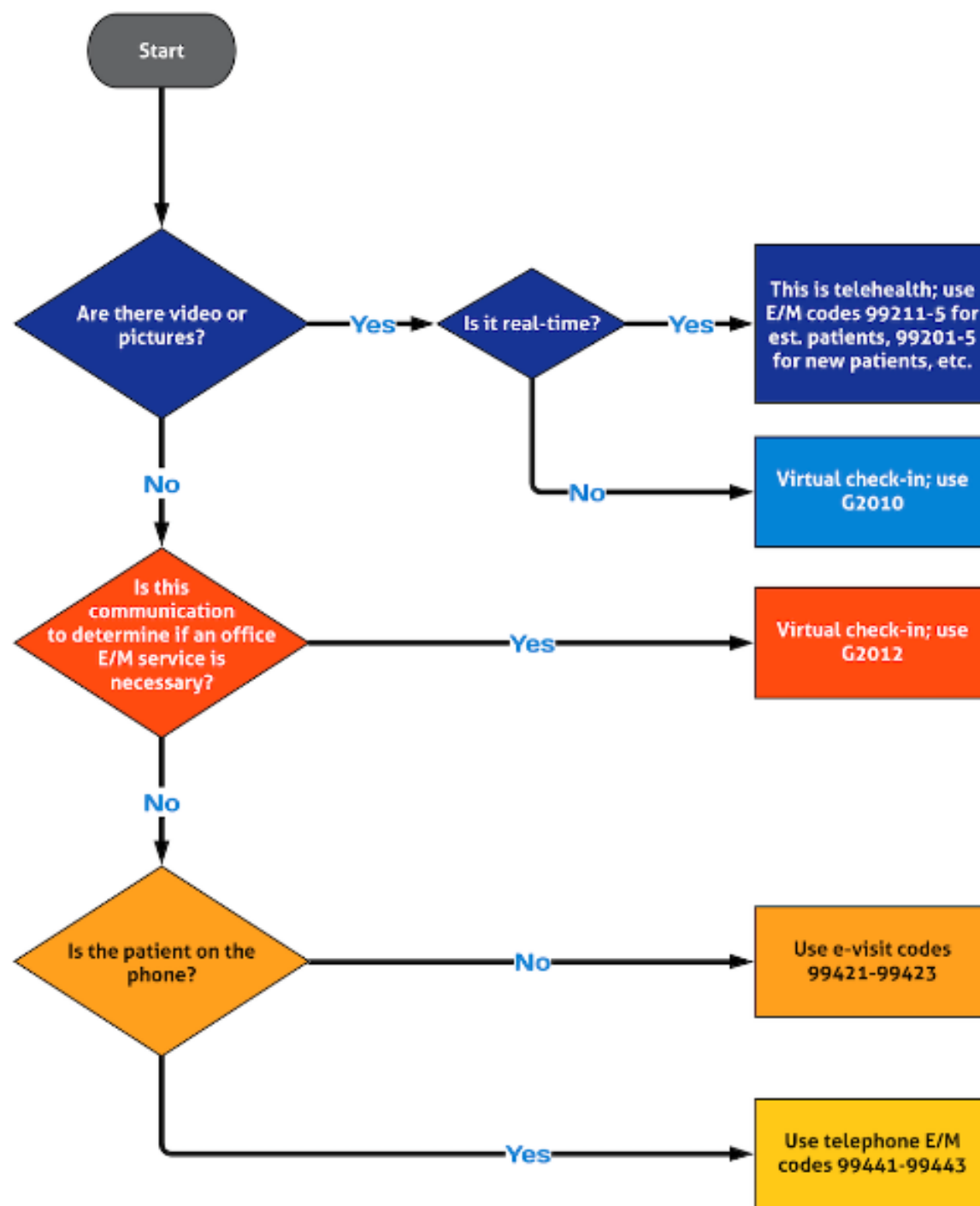


Billing Definitions for Telemedicine

- Place of Service – Two code descriptor of the actual Place a service is provided to a patient such as 11 for Office Telehealth Non Facility PFS or 02 for lower Facility PFS Telehealth. They are structured from 1-99. New CMS guidelines March 31, 2020 for parity.
- Address Box 32 of the CMS 1500 – Under COVID19 use the personal home address of the provider if service provided at home. CMS has notified that future “Audits” will not be reviewing this item.
- Modifier - Modifiers are simple **two-character designators** that signal a change in how the code for the procedure or service should be applied for the claim. Used correctly, modifiers add accuracy and detail to the record of the encounter. For Examples: GT (via interactive audio and video telecommunications systems), CR (Catastrophe/disaster related), 95 (Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System)

Payer Grid Examples

Please See Attachments



Note: CPT codes for telephone services (99441-99443) are not currently covered by Medicare but may be covered by some private plans. You can find a list of Medicare covered services here: <https://www.cms.gov/Medicare/Medicare-General-Information/telehealth/telehealth-codes>. For more information, CMS has put together a toolkit for primary care practices: <https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf>

Developed by James Dom Dera, MD, FAAFP. Source: A virtual visit algorithm: how to differentiate and code telehealth visits, e-visits, and virtual check-ins. . FPM In Practice blog https://www.aafp.org/journals/fpm/blogs/inpractice/entry/telehealth_algorithm.html

Telemedicine Documentation Expectations

- Document how you typically would, same chart note, etc. and ADD the following:
 - Statement that the service was provided using telemedicine
 - Statement that consent was obtained from the patient
 - The location of the PATIENT (enough detail to satisfy a Medicare audit, i.e., covered rural site)
 - The location of the PROVIDER
 - Start and stop time
 - Additional people who participated in the visit at either site

Telehealth: Medical and Clinical Pharmacy

- These new and established patient office or other outpatient service and office and inpatient consultation codes, when provided via telemedicine or telepsychiatry, may be billed by physicians, nurse practitioners (including psychiatric), physician assistants, advanced practice midwives and clinical pharmacist practitioners.

Can be used for OBOT services!



Codes		
99201	99213	99245
99202	99214	99251
99203	99215	99252
99204	99241	99253
99205	99242	99254
99211	99243	99255
99212	99244	T1015(+)

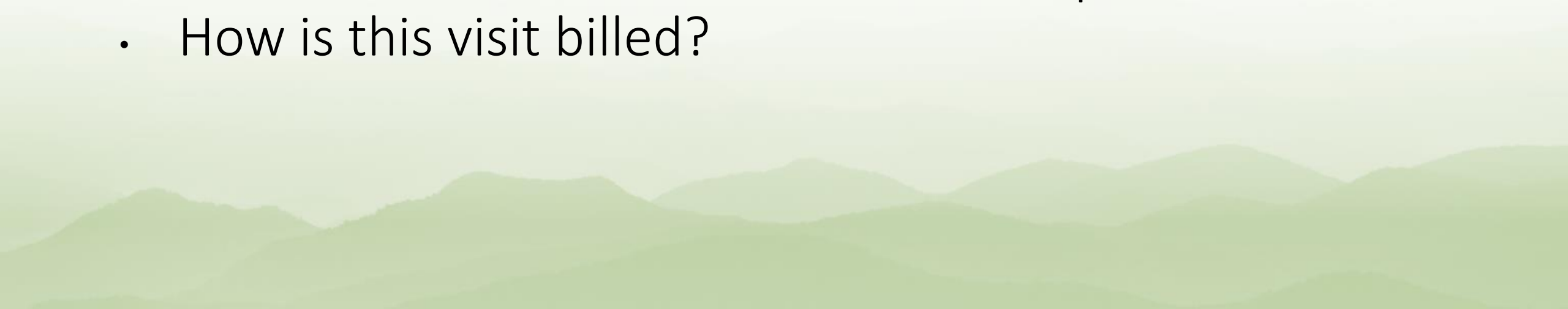
+ denotes coding specifically for FQHC/RHC locations

CASE STUDIES



56 yo female follow-up on Type 2 Diabetes,
hypertension, hypercholesterolemia, IBS

DISCUSSION – 56 yo DM,HTN,Hypercholesterolemia,IBS F/U Visit

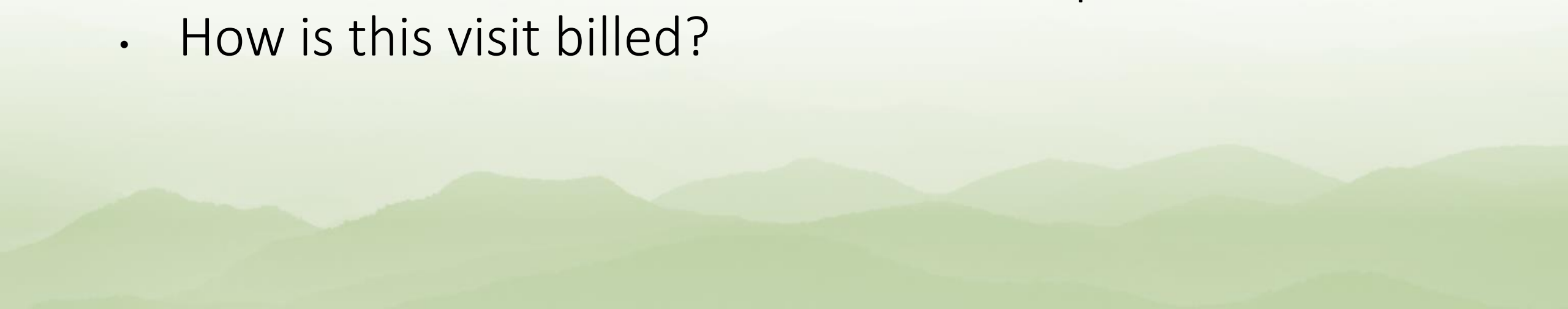
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 - What is the intake process for this patient prior to the visit?
 - What is the clinical approach during the visit?
 - What needs to be documented in the patient chart?
 - How is this visit billed?
- 

How to Bill - DISCUSSION – 56 yo DM,HTN,Hypercholesterolemia,IBS F/U Visit

- Medicare: Bill 99214 95 modifier for telehealth visit (2-way video/audio) POS 11
- Medicare: Bill 99442/3 for audio/phone only visit POS 11
- Medicaid: Bill 99214-GT for telehealth visit (2-way video/audio)
- Bill 99442/3 (as relevant) for Medicaid assessment/management by phone only
- Add CR modifier for Medicaid; POS 11 for both visit types
- BCBSNC 99214 for Telehealth only POS 02 and no modifier
- BCBSNC 99214 for audio/phone POS 02 and CR modifier

15 yo male patient, mother calls in to office with
complaints of runny nose and sore throat

DISCUSSION – 15 yo with runny nose and sore throat

- What type of virtual visit could be suggested?
 - What is the intake process for this patient prior to the visit?
 - What is the clinical approach during the visit?
 - What needs to be documented in the patient chart?
 - How is this visit billed?
- 

How to Bill - DISCUSSION – 15 yo with sore throat and runny nose

- Medicaid: Bill 99213-GT for telehealth visit (2-way video/audio)
- Bill 99442(as relevant) for Medicaid assessment/management by phone only
- Add CR modifier for Medicaid; POS 11 for both visit types
- CIGNA: Bill 99213 for telehealth and audio/phone GQ modifier and POS 11
- Medcost (employer MAHEC) *employer specific * for copays etc bill 99213 for telehealth and 99442 for audio/phone only with POS 11. GQ or 95 modifier – modifiers are optional per grid

29 year old sends clinician a portal
request about advice for eczema

Message exchange with 29 yo Patient Portal Message

Monday am:

Mrs. Jones: Hi Dr. Smith, my eczema is flaring up again! I have been using the Eucerin and ?triamcinolone 0.025% and putting it on my arms twice per day. I am still having itching at night. I also have triamcinolone 0.1% at home. Should I use that? Any other advice?

Monday pm:

Dr. Smith: Hi Mrs Jones. Sorry to hear about your eczema. What I would do is use the stronger cream for about a week and see if that helps with your eczema. Remember to avoid long, hot showers/baths and put the Eucerin on right after bathing.

Tuesday am

Mrs. Jones: thanks Dr. Smith! Can you send the refill in for triamcinolone 0.1%. I go to Smith Drugs in Haw River.

Total time spent by provider is 8 minutes

DISCUSSION – Portal Exchange

- What is the clinical approach during the exchange?
 - What would cause the clinician to change this exchange to a virtual visit?
 - What needs to be documented in the patient chart?
 - What is billed?
- 

How to Bill – Portal Exchange

- Medicaid Billed as 99421-CR, POS 11, Documented time spent: 8 min.
- UHC Billed as 99421, no modifier, POS 02, Documented time spent: 8 minutes
- Billing time is a cluster of time spent over a 7 day period

ECHO Series

- Wednesday , April 15: TBD – Please provide input



MAHEC PRACTICE SUPPORT

For any questions and assistance, we are here as your regional AHEC support team:
Tammy Garrity, Terri Roberts, Julie Shelton, Michael Melrose, Mark Holmstrom.

Please call or email:

practice.support@mahec.net

828-407-2199

Request for Assistance:

<https://app.smartsheet.com/b/form/3f83dc7cf081482aa5730243f7288079>

Subscribe to the MAHEC Practice Support Newsletter: <http://eepurl.com/gnKQfP>

What matters to you, matters to us!