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Teleing Truths About Telemedicine: A Guide for Accurate Reporting & Payment for Telemedicine Services

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Upgrades in healthcare technology has created new and innovative ways to administer care to patients while enhancing the quality and delivery of healthcare services in more efficient and modern ways. Implementation of Electronic Medical Records, Computer Assisted Coding tools, and Electronic Data Interchange for submission of electronic claims has changed the way we practice medicine and collect and report data. So, with all of these changes in the face-to-face practice setting, we would expect that other means of visiting with and treating patients using technology would eventually find its way into healthcare facilities and provider practices. Welcome to the world of telemedicine. While technology allows us to provide telemedicine services to our patients, there is a lot we do not know about this growing trend. Is telemedicine right for your healthcare practice? Before you can answer that question, there are a few things

you should know regarding the guidelines for providing, coding, and billing for these services.

Telemedicine visits are those that are furnished by physicians or practitioners utilizing telecommunication systems. Telemedicine allows providers to see patients remotely through live video chat using a telemedicine software platform that gives the provider the capability to do virtual exams, consultations, and diagnosis patients with minor illnesses, injuries and to manage chronic illnesses. Telemedicine services are also currently used to perform consultations at the patient's bedside in the inpatient setting. These visits are provided utilizing a kiosk telemedicine system that is controlled by the consulting provider. The patient is able to see the provider on the monitor and converse live with the provider who is remote. Telemedicine can also be used to triage patients in with emergent conditions while in an



ambulance on the way to the hospital or other facility.

office. Note that valid provider types for telemedicine services include physicians and physician extenders.

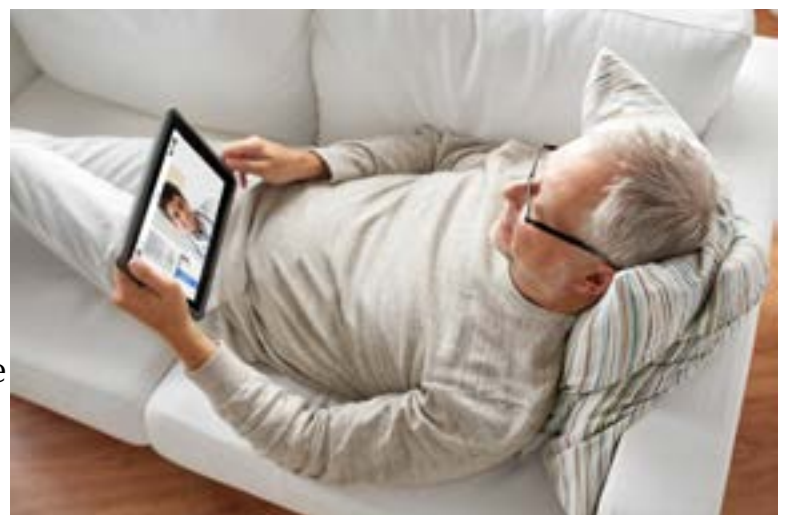
“It is important to note that state laws are all different when it comes to credentialing and one should always check state law before seeking to provide telemedicine services in a state other than the state where the provider is credentialed”

Regulatory Requirements

While there are policies aimed at allowing provider telemedicine services to be provided outside of the state he or she is licensed in, current state law still determines the scope and credentialing requirements for providing telemedicine services. Telemedicine services can be provided by the same valid licensed providers that patients see in the office or hospital setting. Currently, the same state and federal laws that apply to the physician practice applies to telemedicine services. Providers rendering telemedicine care must be licensed and credentialed within the state they are providing the telemedicine services. It is important to note that state laws are all different when it comes to credentialing and one should always check state law before seeking to provide telemedicine services in a state other than the state where the provider is credentialed.

In addition to having the ability to provide face-to-face visits and consultations for patients, telemedicine platforms have the capability to provide patient monitoring using biometric devices to monitor and check patient’s blood pressure, weight and sugar levels. Other biometric devices may include built-in thermometers to take patients temperature, cameras to take pictures and videos, stethoscopes to examine heart and lung sounds, otoscopes to check the ears and nose, tongue depressors to examine the throat.

Telemedicine services are generally cheaper than services provided in the office or hospital setting. Telemedicine combined with a provider’s current patient load in the office can allow the provider to see more patients than if seeing patients only in the



Compliance Requirements

To provide telemedicine services it is important that providers are compliant with Health Insurance Portability and Accountability Act. HIPAA protects the privacy of patient health information and the requirements for HIPAA compliance in the physician practice and hospital facilities must be adhered to for telemedicine services as well. The use of non-secure sites such as Facetime and Skype are strictly prohibited as they do not meet the security standards required under HIPAA. It is important to choose a telemedicine platform that complies with all HIPAA laws and state statutes related to privacy and security of health information.

CPT/HCPCS Procedure Reporting Requirements

The following medical procedure codes are used to report telemedicine services in 2019.

HCPCS/CPT Code	Code Description
G0425-G0427	Telehealth Consultations, emergency department or initial inpatient
G0406-G0408	Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs
99201-99215	Office or other outpatient visits
99231-99233	Subsequent hospital care services (limited to 1 telehealth visit every 3 days)
99307-99310	Subsequent nursing facility care services, (limited to 1 telehealth visit every 30 days)
G0420-G0421	Individual and group kidney disease education services
G0108-G0109	Individual and group diabetes self-management training services, with a minimum of 1 hour of in- person instruction furnished in the initial year training period to ensure effective injection training
96150-96154	Individual and group health and behavior assessment and intervention
90832-90838	Individual psychotherapy
G0459	Telehealth Pharmacologic Management
90791-90792	Psychiatric diagnostic interview examination
90951, 90952, 90954, 90955, 90957, 90958, 90960, 90961	End-Stage Renal Disease (ESRD)-related services included in the monthly capitation payment
90963	ESRD-related services for home dialysis per full month, patients younger than 2 years of age

Insurance Requirements

Insurance requirements vary when it comes to payment for telemedicine services. Let's take a look at the top payer rules for telemedicine services.

Medicare currently only pays for telemedicine services if they are performed for patients living in a Health Professional Shortage Area (HPSA). Medicare patients are also required to be at an approved facility in order to receive telemedicine services. In order for Medicare to pay for telemedicine services, the patient must be in one of the following approved locations (called the Originating Site):

- Physicians or practitioner offices
- Hospitals
- Critical Access Hospitals (CAH)
- Rural Health Clinics
- Federally Qualified Health Centers
- Hospital-based or CAH-based Renal Dialysis Centers
- Skilled Nursing Facilities (SNF)
- Community Mental Health Centers (CMHC)

To bill for telemedicine services for Medicare, report the appropriate CPT/ HCPCS code and add on the GT modifier to indicate the service was performed via telemedicine.

Be sure to be aware of changes to Medicare's telemedicine policies as CMS is expanding telemedicine services in 2020 for both traditional and Medicare Advantage beneficiaries.

Medicaid coverage for telemedicine services is recognized by all states with the exception of Iowa, Massachusetts and Rhode Island. States that allow for telemedicine reimbursement generally reimburse for video chat services provided to patients. Some states will pay for additional services including remote patient monitoring and phone consultations.

Medicaid billing guidelines for telemedicine do vary from state to state. Most states, however, follow Medicare guidelines when reporting telemedicine services. Be sure to add the GT modifier to procedure codes billed. Be sure to verify billing guideline requirements for your state before submitting telemedicine claims.

Commercial insurance rules vary when it comes to payment for telemedicine services. New emphasis on payment models shifting away from quantity and providing more focus on quality and risk-based models is driving more and more commercial carriers to offer telemedicine as part of their benefits packages.

Provider contracts with the payers may dictate further rules that may or may not allow payment for telemedicine services. Telemedicine services can be a cost-effective way to provide specific services to patients in underserved areas and keep patients from utilizing more expensive means of treatment for more minor problems or to monitor chronic illnesses that can be addressed by consulting a provider via telemedicine. Telemedicine biometrics provides patients with the ability to be involved in monitoring their own care

as well. The tele-truth about telemedicine is that is a win-win for providers, patients and payors and provides an alternative to traditional medicine practices. So, is telemedicine right for your practice? It is definitely an option to look into, and now, while it is still relatively new to healthcare, is the time to explore your options!📞

MORE INFORMATION!

Interstate medical licensing status and whether your provider or practice qualifies visit the Interstate Medical Licensure Compact website at <https://iml-cc.org/>.

Do you need both the Medicare HPSA and Originating Site requirements for telemedicine services? FIND OUT HERE: <https://data.hrsa.gov/>.

Specific Medicaid state laws for telemedicine visit <https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies>.

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