

# STI Services Telemedicine ECHO Series

## Session 3

### *Sustainability, Billing & Coding in STI Services Telemedicine*

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*Thursday, November 19, 2020*

*1:00 p.m. – 2:15 p.m. CST*



# DISCLOSURES

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# Acknowledgement

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# Agenda

- **Welcome and Introductions**
- **Review of Telehealth Implementation Tools & Guides**
- **Session 3 Learning Objectives**
- **Didactic**– Carra Benson, MS, CPC, CDEO, CPMA, Manager of Practice Management and Reimbursement Services, Texas Medical Association
- **Case Presentation** – Meghna Sebastian, MD, FAAP, Medical Director Adolescent Medicine, Baylor Teen Health Clinics
- **Discussion**
- **Resources and Save the Dates**

# Telemedicine Implementation Tools & Guides



**astho™**

## GUIDE FOR IMPLEMENTING A TELEHEALTH PROGRAM

What public health problem are you attempting to address and how can telehealth scale up or maintain relevant programs to address this challenge?

To answer these questions, follow the steps to **1. Assess, 2. Define, 3. Plan, and 4. Implement** your telehealth program.

### 1. ASSESS

NEEDS	PARTICIPANTS	CONTEXT
<ul style="list-style-type: none"> <li>Gather information from state or community needs assessments or other sources.                             <ul style="list-style-type: none"> <li>Collect data – quantify needs to create measurable objectives.</li> <li>Prioritize needs to focus restricted resources where they will be most effective.</li> </ul> </li> <li>Analyze the scope of the population for whom you are trying to provide services for, such as what health insurance plan or type of insurance will cover the services and what specific laws or regulations may impact the issue you are addressing? For example, some states have specific privacy laws that relate to mental health.</li> </ul>	<ul style="list-style-type: none"> <li>Identify and assemble a team of stakeholders.                             <ul style="list-style-type: none"> <li>Engage clinical, technological, administrative, and legal staff in the process from the beginning to build sustainability and support.</li> <li>Identify a telehealth champion or specialized champions to spearhead different elements of the development.</li> </ul> </li> <li>Consider whether there is a willingness to collaborate from local stakeholders to participate from the client population. Their support can determine whether the program succeeds.</li> </ul>	<ul style="list-style-type: none"> <li>Identify available resources such as funding, staff, and facilities.                             <ul style="list-style-type: none"> <li>Conduct a preliminary technology assessment to evaluate existing resources and availability to participants to determine if updates or access is needed in the facility before adding telehealth technologies.</li> </ul> </li> <li>Location: Consider the security and privacy of identified areas.</li> <li>Legal considerations.                             <ul style="list-style-type: none"> <li>Understand telehealth standards, guidelines, and federal and state policies, including both licensure and reimbursement.</li> </ul> </li> </ul>

<https://www.astho.org/ASTHOBriefs/Guide-for-Implementing-a-Telehealth-Program/>

## Key Steps for Creating a Business Proposal to Implement Telemedicine

**NATIONAL CONSORTIUM OF TELEHEALTH RESOURCE CENTERS**

### 5. SERVICE PLAN ASSESSMENT

**EXECUTIVE SUMMARY**  
 Overview (1-2 paragraphs max) of key elements: written after all the other steps completed

**INTRODUCTION & BACKGROUND**

### 3. NEED & DEMAND ASSESSMENT

### 6. MARKETING

<https://www.ama-assn.org/system/files/2020-04/ama-telehealth-playbook.pdf>

<https://www.telehealthresourcecenter.org/wp-content/uploads/2019/01/15-Steps-Jan.-2019.pdf>

# Key Themes

- Billing and coding: The Ins and Outs
- How do I code that?
- Payment parity for telemedicine resources
- Helpful resources and reference points
- Considerations for the future including sustainability
- Confidentiality/Privacy



# Learning Objectives

**By the end of this session, you will be able to:**

- Identify strategies to ensure that documentation meets billing and coding standards for telemedicine; and
- Describe at least one consideration for sustainability and future of telemedicine programming.

# Telemedicine Coding and Billing

Carra Benson, MS, CPC, CDEO, CPMA



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# Agenda

- CPT codes
- Modifiers and place of service
- Documentation
- How do I code that?
- Future of telemedicine
- Texas Department of Insurance



# CPT Codes

- Telehealth
  - 99201-99215
- Virtual check-in
  - G2010
  - G2012
- e-Visit
  - 99421-99423
- Telephone
  - 99441-99443



# Modifiers and Place of Service

- Modifiers
  - 95 – Synchronous rendered via real-time interactive audio and video
  - GT – Interactive audio and video
  - GQ – Asynchronous telecommunications
- Place of service
  - 02 – Telehealth
  - 11 – Office
  - 22 – Outpatient hospital

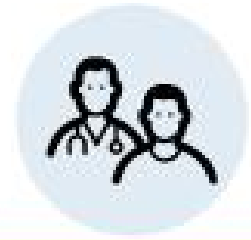


# Documentation

- Standards have not changed!
- Support medical necessity
- Extra documentation
  - Method of communication
  - Start and end times

# How Do I Code That?

**Telehealth Scenario 1:** Established patient visit with an in-network provider who uses an audio-video or audio-only telecommunications system for COVID-19 or non-COVID-19-related care.



Patient Scenario	Visit	Billing
<p>Established patient presents for a telehealth visit using HIPAA-compliant or non-HIPAA-compliant audio-video or audio-only technology for COVID-19 or non-COVID-19-related care not resulting in COVID-19 diagnostic testing.</p>	<ul style="list-style-type: none"> <li>Scheduled or same-day telehealth visit with an established patient</li> <li>Use of HIPAA-compliant or non-HIPAA-compliant audio-video or audio-only technology, such as FaceTime or Skype*</li> <li>Care is delivered by an in-network physician, nurse practitioner or physician assistant</li> </ul>	<p><b>Step 1.</b> Use appropriate Office Visit E/M code (99211-99215). Audio-only visits for Medicare Advantage members, including DSNP members, must use audio-only E/M codes (99441-99443), as of May 13, 2020.</p> <p><b>Step 2.</b> Use the place of service that would have been reported had the service been furnished in person (11, 20, 22, 23).</p> <p><b>Step 3.</b> Use 95 modifier for Medicare Advantage, Medicaid* and Individual and fully insured Group Market health plans (not required for 99441-99443).</p> <p><b>Step 4.</b> Refer to Centers for Disease Control and Prevention (CDC) ICD-10-CM Official Coding Guidelines.</p>





# How Do I Code That?

- **Scenario:** Patient has telemedicine visit with physician and needs to go to the clinic for further face-to-face services.
  - Do I code it as a telemedicine visit or in-person office visit?
    - When a telemedicine visit turns into an in-person office visit, it is no longer considered a telemedicine visit.
- **Scenario:** Patient has a telemedicine visit and then needs to go to the clinic for lab.
  - Do I bill both services on the same claim or separate claims?
    - They are billed on separate claims.



# How Do I Code That?

- **Scenario:** Physician provides services to patient who is in a car in the parking lot of the office.
  - What POS do I bill?
    - The same coding and billing requirements apply as if the service was conducted in the office.



# Future of Telemedicine

- Watch for new payer policies in 2021
  - Cigna
    - Must be audio/visual (synchronous)
    - Continue to pay same rate as in office
      - Do not use POS 02
- 2021 legislative session
  - TMA advocacy



# Texas Department of Insurance

- Payment parity
  - Ends in 2020
  - Applies to state plans only
  - Office visits
    - 99201-99215



# Resources

[Texas Medical Board FAQ](#)

[AMA Coding Scenarios](#)

[Blue Cross and Blue Shield of Texas](#)

[Cigna](#)

[UnitedHealthcare](#)

[Parking Lot Place of Service](#)

[CMS Interim Final Rule](#)

[CDC Guidance on STD Disruption of Services](#)

# Thank You

Questions?

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