TELEHEALTH: GETTING STARTED WITH PROPER CODING AND BILLING OF TELEHEALTH SERVICES

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Agenda

- Background
- Definitions
- Eligible telehealth locations
- Eligible providers
- Eligible telehealth services
- Billing and Reimbursement
- Scenarios
- Where to go for help

Background

- Patients in rural areas have a higher rate of unhealthy behavior, less access to healthcare and less access to healthy food
- Rural residents have an increased likelihood of premature death from the five leading causes:
  - Heart disease
  - Cancer
  - Unintentional injury
  - Chronic lower respiratory disease
  - Stroke

Source: *Centers for Disease Control and Prevention (CDC),* National Center for Chronic Disease Prevention and Health Promotion, Telehealth in Rural Communities

Background, Continued

- Delivery of healthcare via telehealth technology:
  - Improves health of rural residents
  - Reduces barriers
  - Eliminates transportation or mobility concerns
  - Improves approach to communication & counseling
  - Improved monitoring of chronic conditions
  - Delivers healthcare quickly in emergency situations

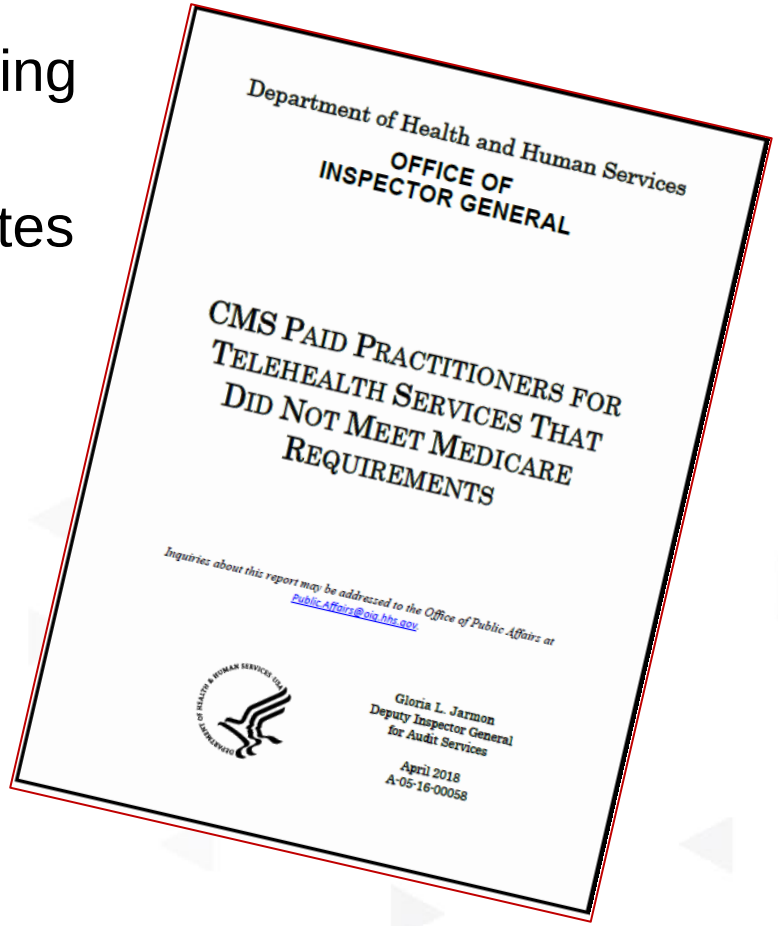
Source: *Centers for Disease Control and Prevention (CDC),* National Center for Chronic Disease Prevention and Health Promotion, Telehealth in Rural Communities

Background, Final

- Why is telehealth coding & billing important?
  - Site of service criteria
  - Service codes as defined by CMS
  - Correctness of TOB, place of service code(s) or revenue codes
  - Appropriate reimbursement
  - Monitoring by government entities
    - Recovery Auditors (RA)
    - Medicare Administrative Contractors (MAC)
    - Office of Inspector General (OIG)

OIG Audit Findings

- Distant site service billed without corresponding originating site charge
- Unallowable services rendered in nonrural originating sites
- Unauthorized originating sites
- Noncovered service(s)
- Recommended CMS:
  - Conduct periodic post payment reviews
  - Implement claim edits
  - Offer education and training



Department of Health and Human Services

OFFICE OF INSPECTOR GENERAL

CMS PAID PRACTITIONERS FOR TELEHEALTH SERVICES THAT DID NOT MEET MEDICARE REQUIREMENTS

Inquiries about this report may be addressed to the Office of Public Affairs at Public.Affairs@oig.hhs.gov

Gloria L. Jarmon
Deputy Inspector General
for Audit Services

April 2018
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Definitions – Originating Site

- ***Originating Site –*** Where an eligible Medicare beneficiary is located when the telehealth service is rendered

Must be located in:

- County outside a Metropolitan Statistical Area (MSA)
- Rural Health Professional Shortage Area (HPSA) in a rural census tract

- Can verify on the Medicare Telehealth Payment Eligibility Analyzer https://data.hrsa.gov/tools/medicare/telehealth
- *May also qualify* if the site is participating in a Federal telemedicine demonstration project approved

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Authorized Originating Sites

- Physician and practitioner offices
- Hospitals
- Critical Access Hospitals (CAHs)
- Rural Health Clinics
- Federally Qualified Health Centers
- Hospital-based or CAH-based Renal Dialysis Centers (including satellites)
- Skilled Nursing Facilities (SNFs)
- Community Mental Health Centers (CMHCs)
- Renal Dialysis Facilities
- Homes of beneficiaries with End-Stage Renal Disease (ESRD) getting home dialysis
- Mobile Stroke Units

Note: Medicare does not apply originating site geographic conditions to hospital-based and CAH-based renal dialysis centers, renal dialysis facilities, and beneficiary homes when practitioners furnish monthly home dialysis ESRD-related medical evaluations. Independent Renal Dialysis Facilities are not eligible originating sites.

Beginning January 1, 2019, the Bipartisan Budget Act of 2018 removed the originating site geographic conditions and added eligible originating sites to diagnose, evaluate, or treat symptoms of an acute stroke. Go to MLN Matters® article, New Modifier for Expanding the Use of Telehealth for Individuals with Stroke to learn how to use the new modifier for billing.

Source: CMS, ICN 901705, January 2019

Exception – OUD/SUD Treatment

- ***Effective July 1, 2019***
- Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act
- Removed geographic restrictions on originating site
- Added the patient home as eligible site
- Enhances delivery of treatment for substance use disorders or related mental health disorders

Definitions – Distant Site Practitioner

- ***Distant Site Practitioner*** – An eligible provider who can furnish and be paid for covered telehealth services rendered through an audio and video telecommunication system

- Physicians
- Nurse practitioners (NPs)
- Physician assistants (PAs)
- Nurse-midwives
- Clinical nurse specialists (CNSs)
- Certified registered nurse anesthetists
- Clinical psychologists (CPs) and clinical social workers (CSWs)
  - CPs and CSWs cannot bill Medicare for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services. They cannot bill or get paid for Current Procedural Terminology (CPT) codes 90792, 90833, 90836, and 90838.
- Registered dietitians or nutrition professional

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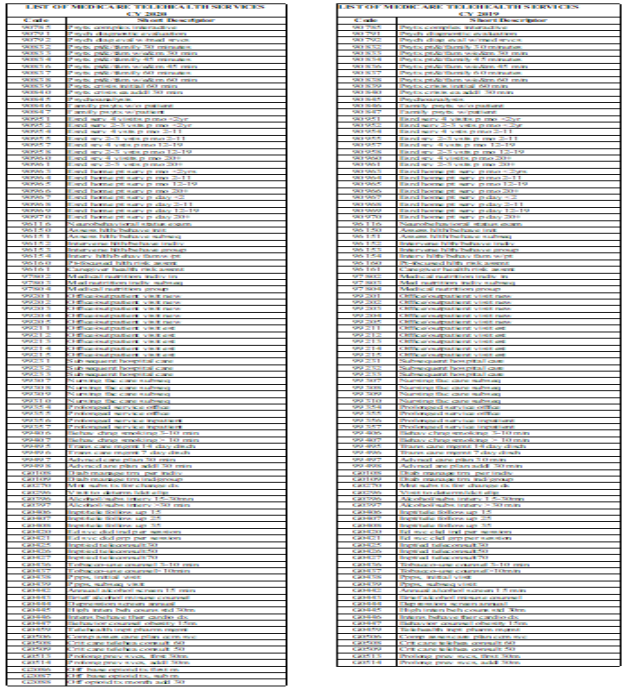
Distant Site - Exclusion

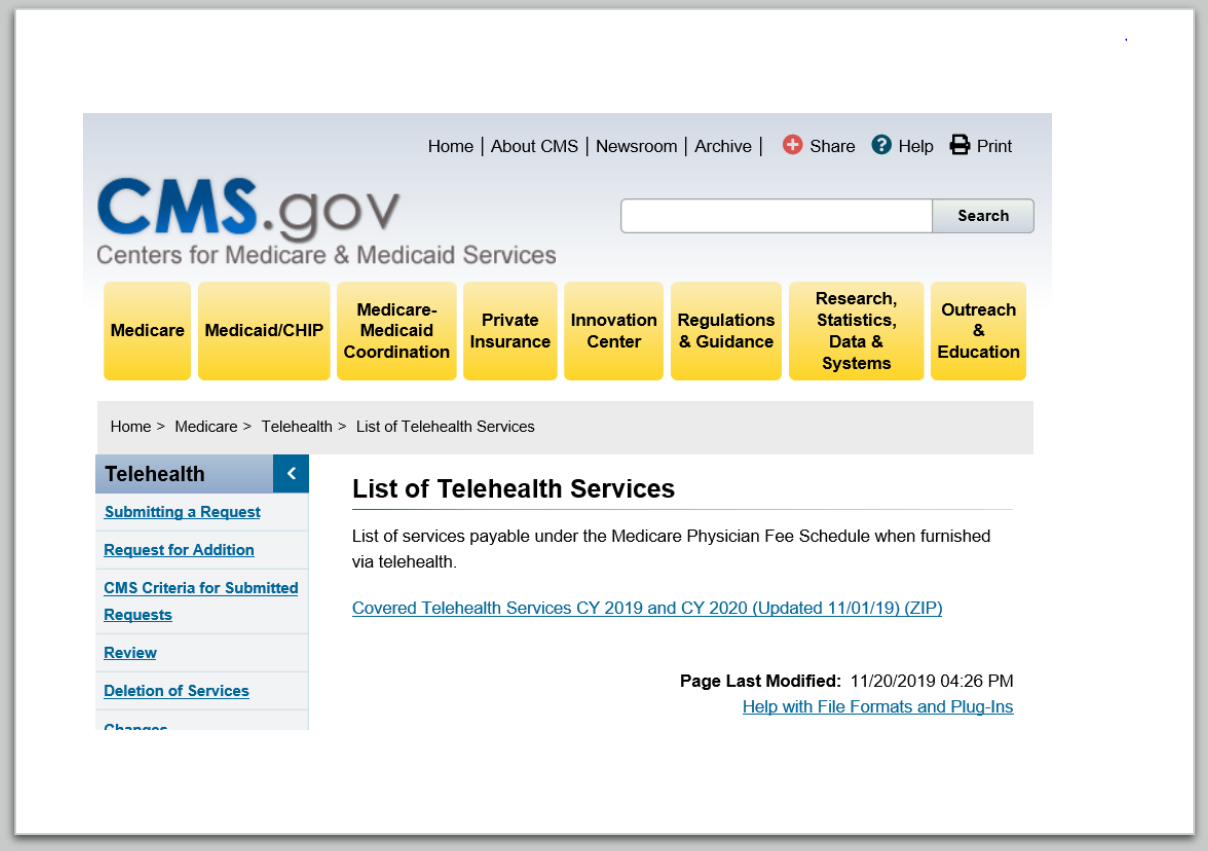
- CMS does not allow RHC or FQHC sites to provide distant site professional services
- *S-1037-Rural Health Clinics Modernization Act* was reintroduced in 2019

Sec. 5 Allow Rural Health Clinics to be the Distant Site for a Telehealth Visit.

Allows RHCs to offer telehealth services as the distant site (where the provider is located) and bill for such telehealth services as RHC visits. Currently, RHCs are limited to being the originating site (where patient is located).

Approved Telehealth Services

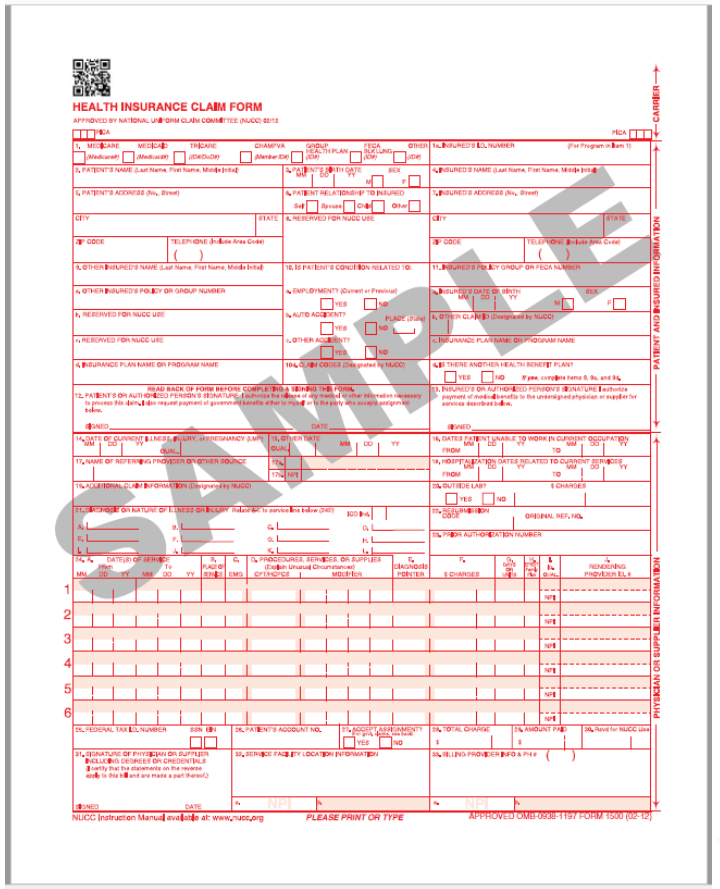




Source: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

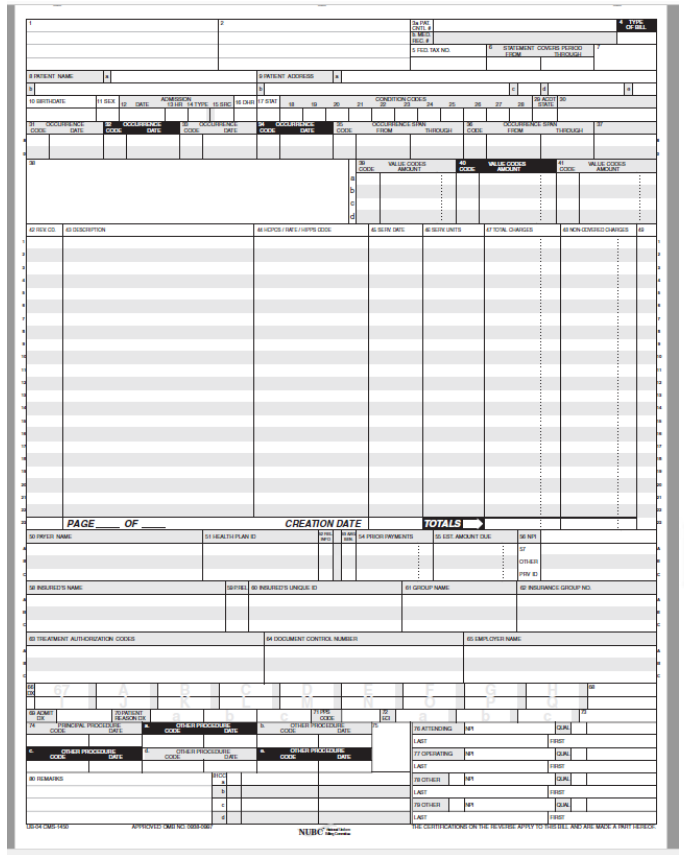
Billing – Originating Site

- ***CMS-1500 Claim Form*** – Part B Billing
  - HCPCS code Q3014
  - Place of service “11-Office”
  - Paid under Medicare Physician Fee Schedule allowance
    - **CY2020 - $26.65**



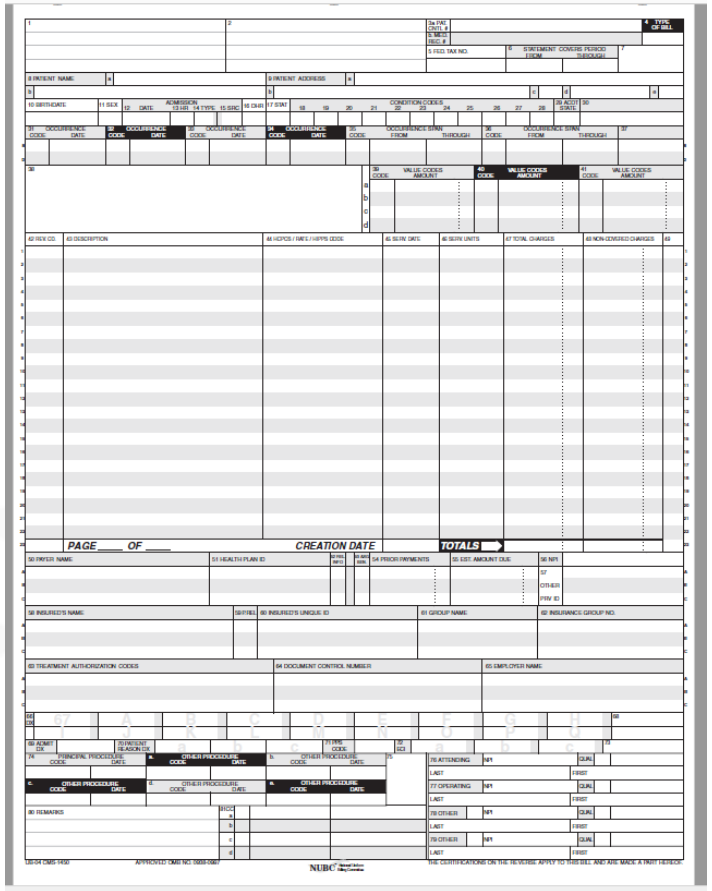
Billing – Originating Site, Continued

- ***UB-04 Claim Form*** – Part A Billing
  - HCPCS code Q3014
  - Type of service “9-other items and services”
  - TOB 12X, 13X, 22X, 23X, 71X, 72X, 73X, 76X, and 85X
  - Revenue code 450 (ED), 360 (operating room), 510 (clinic), etc.
  - *Modifier GT required for CAH facility claims*
  - Paid under Medicare Physician Fee Schedule allowance
    - **CY2020 - $26.65**



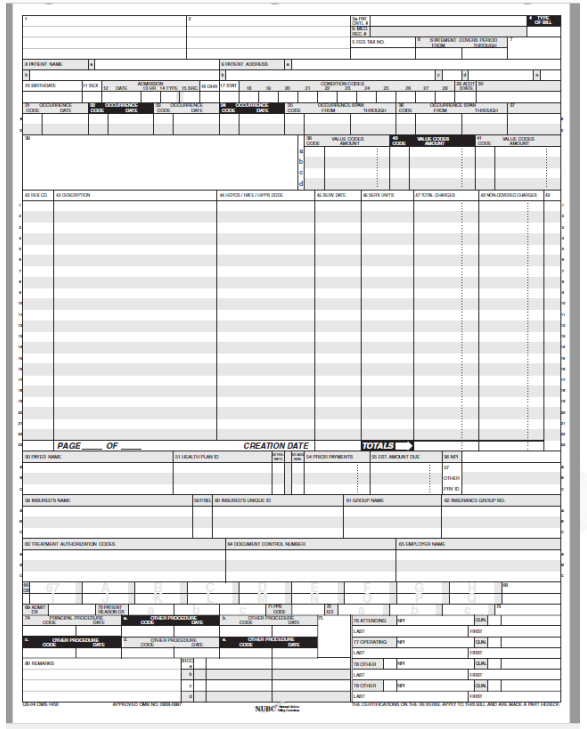
Rural Health Clinic UB-04 Billing – Originating Site

- ***Independent and Provider Based RHC***
  - RHC Bill type 711
  - RHC provider number
  - Revenue code 780
  - Q3014
  - List on a separate line than any other services rendered
  - Paid under Medicare Physician Fee Schedule allowance
    - **CY2020 - $26.65**



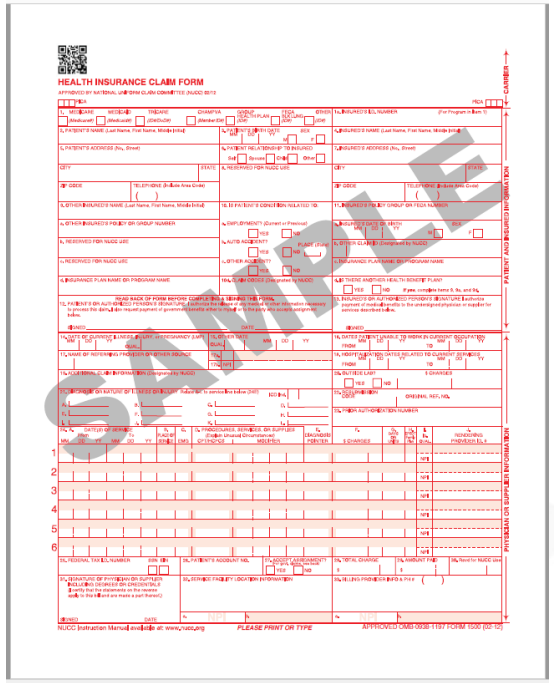
Hospital or Dialysis Center UB-04 – Originating Site

- ***Hospital (PPS) & CAHs***
  - Inpatient – TOB 12X
  - Use date of discharge as date of service for the Q3014 line item
  - Paid outside the DRG
- ***Hospital-based dialysis center***
  - Q3014
  - TOB 72X
  - Revenue code 078X
  - List on a separate line than any other services rendered
  - Paid outside the per diem rate



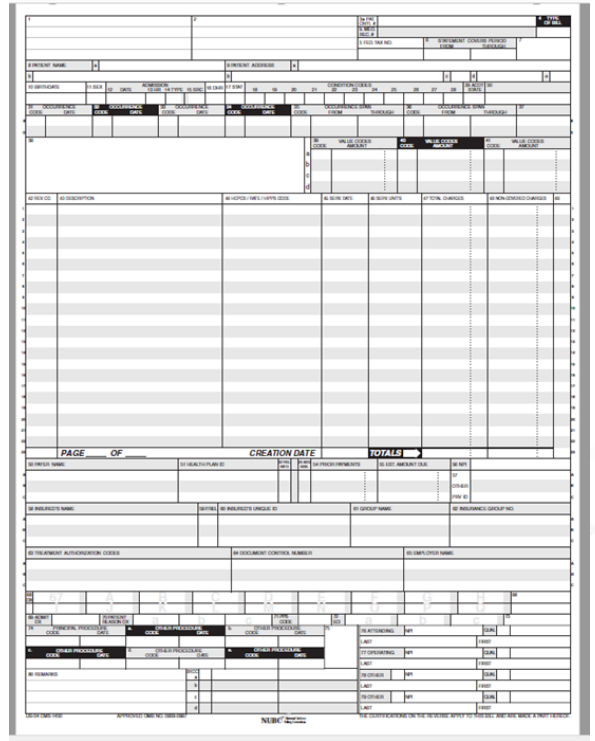
Billing – Distant Site Professional Service

- ***CMS-1500 Claim Form – Part B Billing***
  - Office, hospital (PPS), SNF, etc.
  - Appropriate CPT or HCPCS code reflecting the eligible service rendered
  - Place of service “02-telehealth”
  - Indicates the provider certifies the patient was present at an eligible originating site at the time of service.
  - For ESRD services, POS 02 certifies that at least 1 visit per month was performed face-to-face with a hands-on examination of vascular access site
  - Paid under Medicare Physician Fee Schedule allowance



Billing – Distant Site Professional Service, Continued

- ***UB-04 Claim Form – Method II election***
  - For those CAHs electing Method II billing for outpatient sites
  - Provider has reassigned benefits to the CAH
  - Appropriate CPT or HCPCS code reflecting the eligible service rendered *with modifier GT*
  - Revenue codes 96X, 97X or 98X
  - Paid under Medicare Physician Fee Schedule allowance



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Rules & Guidelines - ESRD

- Medicare telehealth benefits cover:
  - ESRD related services included in the monthly capitation payment (MCP) with 2 or 3 visits per month
  - ESRD-related services with 4 or more visits per month
  - Additional, medically necessary visits per month to provide medical management
  - At least 1 visit per month must be face-to-face, hands-on
    - Clinical examination of vascular access site
    - Must be supported in medical record documentation
  - Physician, clinical nurse specialist, nurse practitioner, or physician assistant

Rules & Guidelines – Hospital or SNF

- Medicare telehealth benefits cover:
  - Subsequent hospital visits
    - Limited to 1 telehealth visit every 3 days
  - Frequency limitation excludes consulting providers
    - Initial or follow-up consultations reported with appropriate telehealth G codes
    - Consultation must be ordered by the treating physician or non-physician practitioner of record
  - Subsequent SNF visits
    - Limited to 1 medically necessary telehealth visit every 30 days
    - Federally mandated periodic visits may not be furnished via telehealth
      - As defined under 42 CFR 483.40(c)

Rules & Guidelines – Acute Stroke

- Medicare telehealth benefits cover:
  - Diagnosis, evaluation or treatment of acute stroke
    - No geographic limitations on originating site (i.e., ED, mobile unit, physician office, urban or rural)
  - Billing
    - Append modifier G0 (G zero) to originating site *and* distant site service codes
    - Originating site
      - Q3014 with modifier G0
    - Distant site services
      - Place of service 02 (CMS1500 claim)
      - Revenue codes 096X, 097X, or 098X (CAH Method II UB-04 claim)

Source: Bipartisan Budget Act of 2018, Section 50235, Amended Section 1834(m) and MLN MM10883

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Rules & Guidelines – DSMT

- Medicare telehealth benefits cover:
  - Diabetes Self-Management Training
    - Group or individual DSMT education outside of injection training
    - All 10 hours of the initial training
    - 2 hours of annual follow-up training
    - G0108 (DSMT, individual, per 30 minutes)
    - G0109 (DSMT, group-2 or more, per 30 minutes)

Source: Medicare Benefits Policy Manual, Chapter 15, Section 300.2

Rules & Guidelines – Missouri Medicaid

- Provider based and independent RHC
  - Bill telehealth services under ***non-RHC provider number***
- Originating site is billed with Q3014
- Distant site services are billed with the appropriate CPT or HCPCS code with place of service 02 and modifier GT
- An originating site fee and distant site fee can be billed by the same provider for the same date of services as long as the distant site is not located in the originating site facility

Missouri Department of SOCIAL SERVICES

MoHealth Net

PROVIDER BULLETIN

Volume 41 Number 21 http://dss.mo.gov/mhd/ October 5, 2018

Telehealth: Originating Site Reimbursement for Rural Health Clinics (RHC) & Federally Qualified Health Centers (FQHC)

CONTENTS

Billing and Reimbursement for Telehealth Procedure Code Q3014 Rate Update

PROVIDER BULLETIN

Volume 40 Number 47 http://dss.mo.gov/mhd/ February 2, 2018

TELEHEALTH

Telehealth/Telemedicine

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211.300 Interactive Electronic ("Telemedicine") Encounters 10-13-03

Arkansas Medicaid covers RHC encounters and two ancillary services (fetal echography and echocardiography) as "telemedicine" services.

Arkansas Medicaid defines telemedicine services as medical services performed as electronic transactions in real time. In order for a telemedicine encounter to be covered by Medicaid, the practitioner and the patient must be able to see and hear each other in real time. Physician interpretation of fetal ultrasound is covered as a telemedicine service if the physician views the echography or echocardiography output in real time while the patient is undergoing the procedure.

SECTION II - RURAL HEALTH CLINIC

CONTENTS

Rules & Guidelines – Arkansas Medicaid

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Rules & Guidelines – Arkansas Medicaid – Continued

SECTION III - BILLING DOCUMENTATION

CONTENTS

300.000 GENERAL INFORMATION

Coding Guidelines:

1. The originating site shall submit a telemedicine claim under the billing providers "pay to" information using HCPCS code Q3014. The code must be submitted for the same date of service as the professional code and must indicate the place of service where the member was at the time of the telemedicine encounter. Except in the case of hospital facility claims, the provider who is responsible for the care of the member at the originating site shall be entered as the performing provider in the appropriate field of the claim. For outpatient claims that occur in a hospital setting, the provider must also use Place of Service code 22 with the originating site billing Q3014. In the case of in-patient services, HCPCS code Q3014 is not separately reimbursable because it is included in the hospital per diem.
2. The provider of the distant site must submit claims for telemedicine services using the appropriate CPT or HCPCS code for the professional service delivered, along with the telemedicine modifier GT. The GT modifier should appear in one of the four modifier fields on the claim. The provider must also use Place of Service 02 (telemedicine distant site) when billing CPT or HCPCS codes with a GT modifier.

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Final Thoughts – Billing Scenario

- A 40 year-old female presents to the provider based rural health clinic for initial telecommunication evaluation of worsening depression and anxiety by a distant site licensed clinical social worker located at a behavioral health specialty clinic in another town.
- How is this coded and billed?

Scenario - Answer

Originating Site (RHC):

UB-04 claim form

Under RHC provider number

TOB 711

Revenue code 780

HCPCS code Q3014

Scenario – Answer, Continued

Distant Site (outside clinic provider):

CMS-1500 claim form

Under the clinic group number and individual provider NPI number

Place of service 02

CPT code 90791 (initial diagnostic assessment without E/M services)

Where to go for help?

- CMS MLN Fact Sheet - Rural Health Clinic, ICN MLN006398 May 2019
- CMS, Change Request CR10152-Elimination of the GT Modifier for Telehealth Services
- CMS Telehealth Website https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/
- Novitas Solutions, “Telehealth Services”
- State Medicaid billing and reimbursement coverage (provider bulletins, manuals, policies, state statutes) – specific to each payer
- Commercial or MCO plan billing and reimbursement coverage (provider bulletins, manuals, policies) – specific to each payer

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Questions?

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Thank You!

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Disclosure

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