Mitigating the Risk of Professional Telehealth Coding

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BACKGROUND
Historically, professional coding guidelines are similar across payers for the same service. Because telehealth services are relatively new, payers are developing guidelines that are not uniform, which raises the risk of incorrect coding. Below are some of the documentation/coding concepts that we have discovered to be useful when reporting telehealth codes.

CONCEPTS

Concept 1: Documentation Requirements
In addition to regular documentation requirements, telehealth encounters must also include the following:
- As long as the video was turned on, it must be documented. (e.g. “This service was provided via two way interactive audio-visual communications.”)
- The name of hospital or clinic where the patient is located (if applicable).
- Full name and credentials of clinical staff assisting with physical exam at originating site.
- Name and credentials of clinical staff who requested the service (consultative services only).

Application: 1) Meet with document owners and project managers to ensure the physicians are prompted to fill in required fields, and 2) Meet with physicians to ensure they document these fields when composing the note.

Concept 2: Telehealth Inpatient/ER Coding Paradigms per Payer
Each of the below groups of payers request a different coding paradigm for inpatient telehealth services, and each have different coding requirements:
- Paradigm 1 (Traditional Medicare, United Healthcare, Regence BCBS, EMI Health): Telehealth Consultation Codes: G0425, G0426, G0427
- Paradigm 2 (SelectHealth and PEHP): Initial Inpatient Codes: 99221, 99222, 99223
- Paradigm 3 (Medicaid of Utah and Tricare): Inpatient Consultation Codes: 99251, 99252, 99253, 99254, 99255

Application: 1) Contact Professional Documentation and Coding [PDC] and Charge Services Teams to add applicable telehealth charge orders to Quick Orders pages. (Note: These charge orders already have logic built in to transform the code for the respective payer.) 2) Educate physicians on coding guidelines for choosing correct charge order.

Concept 3: Place of Service, Geographic, and Modifier Issues
All telehealth services should be reported with Place of Service 02 as of 1/1/2017. Different payers requests different modifiers depending on the originating site (patient’s geographic location and place of service):
- GT Modifier (Interactive Audio and Video Telecommunications Systems) is to be reported to all payers except Medicare patients presenting from non-rural locations and non-approved places of service.
- GY modifier (Statutorily Excluded Service) is to be reported only for Medicare encounters presenting from non-rural locations and non-approved places of service.
- 95 Modifier (Synchronous Telemedicine Service Rendered via a Real-Time Interactive Audio and Video Telecommunications System) does not need to be reported at this since all of our payers prefer the GT or GY modifiers.

Application: 1) Ensure order codes have telehealth modifier automatically appended to the code, which needs to flex based on patient payer and location. This is done by working with PDC who will then work with iCentra engineers, who will build the logic for each charge order.

Concept 4: Telehealth at Home
Payers have different policies for telehealth at home visits.
- Payers that do not reimburse home telehealth services include Traditional Medicare, Tricare, and United Healthcare.
- Payers that reimburse home telehealth service include SelectHealth, Regence, Medicaid of Utah, and some PEHP plans.
- Other payers do not delineate this service in their policy (or have no policy at all.)

Application: 1) Speak with PDC to see which payers would reimburse the service line and how each payer would like the service coded. 2) For the payers who do not reimburse these services, ensure that correct coding principles are followed to submit the correct code. 3) Hold discussions with Payer Contracting to determine if they can negotiate with insurance companies not currently reimbursing home visits.

CONCLUSION
As we finish the iCentra implementation, we have the standardized tools to document and code accurately for telehealth services. This will allow us to confidently receive appropriate reimbursement.

While these suggestions are appropriate for today, payer policies can change without notice. Because of this, check with the TeleHealth Charge Practice Committee and PDC prior to the start of any new telehealth service line.

FIGURE 1: Approximate Number of Patient Encounters Where These Concepts Would Apply

REFERENCES: Available upon request