

Telehealth/Telemedicine Guide

08/31/2023

Purpose

The purpose of this guide is to establish proper use of telehealth/telemedicine codes under Current Procedural Terminology coding guidelines through 12/30/2023.

The rules, regulations and coding guidelines for Telehealth and Telemedicine were amended due to the Public Health Emergency (PHE). As the public health crisis has ended, per CPT guidelines, the rules in this policy will be effective through 12/31/2023.

During the PHE, CMS increased reimbursement for telehealth services outside the hospital setting, such as in a patient's home, essentially allowing providers to receive the same payment for a telehealth service as they would for an in-person service. Audio only payments for 99441-99443, will continue to be equal to 99212-99214 respectively until the end of 2024.

Policy/Guidelines

Telephone Encounters

CareOregon is establishing a policy to follow updated Telehealth and Telemedicine guidelines through 2023.

Note: Medicare will continue to pay for audio-only telephone services billed with CPT® codes 99441-99443 through Dec. 31, 2024.

Telephone evaluation and management service provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; # minutes of medical discussion

- The patient must be established (have seen a provider within the past 3 years)
- The patient must initiate the service
- At least 8 days must have elapsed since the last visit (in office or on the phone)
- If the call results in emergency follow up in the office, then the call is not billable.
- Documentation must include:
 - history and reason for the visit
 - assessment of the patient's condition
 - a level medical decision making supporting the need for the call
 - The exact length of the call (I spent *** minutes on the phone with the patient.)

Duration of Call	Physician or other qualified health care	Qualified nonphysician
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	professional who may report evaluation and management services	health care professional
5-10 Minutes	99441	98966
11-20 Minutes	99442	98967
21-30 Minutes	99443	98968

Telehealth Encounters

Telehealth Visits for Oregon Residents have the following requirements:

- Real-time, interactive audio and video telecommunication system is used
Note: If the video cuts out at any point during the visit, the visit should be billed as a telephone encounter.
- The provider can be located anywhere
- The patient can be located anywhere
- The service is medically necessary
- The service is safe and effective through video conferencing
- All telehealth platforms must be HIPAA compliant starting the day after the end of the PHE (May 12, 2023). Smart phone video options such as FaceTime and Skype will no longer be an option for telehealth after the PHE ends, per the Office of Civil Rights.

Choose the code that would be used if the patient and provider had been in the same room for the services

Modifier 95 Synchronous telemedicine service rendered via real-time interactive audio and video telecommunications system will continue to be accepted for audio and video services for Medicare telehealth through 2024.

Place of service (POS) codes will continue to be used based on where the patient would have been seen had they been seen in person. However,

- POS 02 Patient not in their home when telehealth services are rendered or
- POS 10 Patient in their home when telehealth services are rendered may be reported, as appropriate.

Reporting these specific POS codes will result in facility reimbursement.

Example: Expanded Problem Focused Office Visit via HIPAA Compliant Video Conference Patient located at home in Oregon, Physician located in the office, Code CPT 99213, 95 with POS 10

Note: As of 01/01/2017, modifier 95 has replaced modifier GT as the preferred modifier to indicate that a service is performed via video conference.

Definitions

<p>Telehealth</p>	<p>The term “telehealth” refers to the use of digital technology to deliver and improve healthcare. It includes the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.</p> <p>Examples of Telehealth Using Telecommunications</p> <ul style="list-style-type: none"> • Providers meeting online to discuss a patient’s medical condition. • Telepathology: Use of telecommunications technology to facilitate the transfer of image-rich pathology data between remote locations for diagnosis, education and research • Telepsychology: Use of communication technologies in provision of psychological services
<p>Telemedicine</p>	<p>The term “telemedicine” refers to when a patient gets a specific service from a healthcare provider online. Telemedicine is a type of telehealth and is often used when referring to traditional clinical diagnosis and monitoring that is delivered by technology. Some consider it a subset of telehealth, but the two are used interchangeably.</p> <ul style="list-style-type: none"> • Not face to face, analyzing readings <p>Examples of Telemedicine</p> <ul style="list-style-type: none"> • Virtual visits via secure video conferencing • Telecardiology: Transmission/interpretation of patients electrical activity results, such as ECG and other diagnostic studies like echocardiograms, cardiac CT, Cardiac MRI scan, etc. • Teleradiology: Transmission of radiological patient images, such as x-rays, CT’s, and MRI’s, from one location to another for sharing studies with other radiologists and physicians.

References

[Oregon Health Plan coverage of telehealth/telemedicine services R11708CP \(cms.gov\) *https://www.cms.gov/files/document/r11708cp.pdf*](#)
[Post-PHE: Medicare, Telehealth and More by AAPC PowerPoint Presentation \(aapcperfect.s3.amazonaws.com\)](#)

These guidelines have been developed to accompany and complement the official conventions and instructions provided within the American Medical Association's Current Procedural Terminology (CPT) itself. Additions and deletions conform it to the most recent publications of CPT and HCPCS Level II and to changes in CareOregon and its affiliates coverage policy and payment status, and as such these guidelines are current as of 01/01/2023. Every reasonable effort has been taken to ensure that the educational information provided is accurate and useful. CareOregon and its affiliates make no claim, promise or guarantee of any kind about the accuracy, completeness or adequacy of the content for a specific claim, situation or provider office application, and expressly disclaim liability for errors and omissions in such content. As CPT codes change annually, you should reference the current version of published coding guidelines and/or recommendations from nationally recognized coding organizations for the most detailed and up-to-date information.