

Telemedicine

Telemedicine is the practice of using technology to deliver care from a distance. A practitioner can use telecommunications to deliver care to a patient in another location. These visits are considered the same as in-person visits and are paid at the same rate.

Services that can be provided via telemedicine include office/outpatient visits, annual wellness visits, emergency department or initial inpatient consultations, ESRD-related services, individual and group diabetes self-management training, and psychotherapy.

Practitioners who can furnish and get payment for covered telehealth services (subject to state law) include physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians and nutrition professionals.

Technology: Providers must use an interactive audio/video telecommunications system that permits real-time communication with patients.

E-visits

E-visits are patient-initiated communications through an online patient portal. Once a patient generates an initial inquiry, communications can occur over a 7-day period.

Practitioners who can bill independently for evaluation and management (E/M) services can submit claims for e-visits using CPT[®] codes **99421-99423**. Physical therapists, occupational therapists, speech language pathologists, clinical psychologists, and other clinicians not able to bill independently for E/M services may report e-visits using HCPCS codes **G2061-G2063**.

Virtual Check-Ins

Virtual check-ins are short, patient-initiated communications with a practitioner to determine whether an office visit, remote evaluation of recorded video and/or images submitted by the patient, or other service is needed.

NOTE: *The communication should not be related to a medical visit within the previous 7 days and should not lead to a medical visit within the next 24 hours (or soonest appointment available), otherwise it's bundled into the E/M service.*

Practitioners who can provide this service include physicians, nurse practitioners, physician assistants, certified nurse midwives, clinical psychologists and clinical social workers.

Documentation: Verbal consent for the service should be noted in the medical record, and 5-10 minutes of medical discussion should be documented with a statement that the patient does not require a visit unless there is a problem.

Technology: Communication may take place via telephone, video, etc. The practitioner may respond to the patient's concern by telephone, audio/video, secure

Documentation Tips

- When more than 50% of the total visit time is spent counseling, document the total visit time and topics discussed to meet CPT[®] requirements.
- All chronic, active or status conditions that impact the current date of service should be clearly documented.
- Do not use broad terms when a more specific diagnosis is available.
- Avoid the phrase "history of" when documenting active conditions.
- Code all conditions documented in the record to the highest specificity and include the ICD-10 diagnosis code on the claim.
- All records should have a valid signature, authentication statement, and provider's credentials.

Coding & Billing*

Place of Service ▶ POS 02
(Telehealth)

Modifier ▶ GT
(via interactive audio/video system)

Telemedicine

New or Established Provider/Patient Relationship Required

CPT®/HCPCS

Distant Site Billing:

Office/outpatient visit

▶ **99201-99205 (new patient)**

▶ **99212-99215 (established patient)**

Originating Site Facility Fee:

▶ **G0425-G0427**

(Applicable when patient presents to medical facility as originating site)

Virtual Check-Ins

Established Provider/Patient Relationship Required

CPT®/HCPCS

Virtual check-in ▶ **G2012**

RHC/FQH com Services ▶ **G0071**

E-visits CPT®/HCPCS

Established Provider/Patient Relationship Required

CPT®/HCPCS

Physicians, NPs

▶ **99421-99423**

Individual physical or occupational therapists and SLP

▶ **G0261-G0263**

Behavioral health Individual counseling

▶ **90832, 90834, 90837**

Parental consultation

▶ **T1014** with appropriate modifier

▶ **PT-U1, OT-U2, SLT-U3**

Psych. education

▶ **H2027 (Use modifiers U4>)**

(Pre-authorization required)

HEDIS

The following measures can be met during a qualifying telehealth or virtual exam. Use modifiers -95 and -GT.

- Follow-up after hospitalization for mental illness
- Initiation and engagement of alcohol and other drug abuse or dependence treatment
- Medication reconciliation post-discharge

*https://humanservices.arkansas.gov/images/uploads/resources/Memorandum_DMS-01_%28physician_telemedicine%29.pdf