Telemedicine is...

- A mode of delivery
- The service provided is basically the same as if the patient and provider were face-to-face. A modifier is used to alert the payer that the visit happened through videoconferencing (if live, interactive) or transmission of recorded physiologic data (via asynchronous, store and forward).
Basic Language

- Telemedicine refers to clinical services provided when distance separates the patient and the provider.
- Telehealth refers to the broad array of applications that promote the delivery of telemedicine.
Language, cont.

- Originating site – where the patient is located
- Distant site – where the consultant is located
Language, cont.

- Live, interactive (synchronous, right now, video-conferencing) communication
- Store and forward (asynchronous - recorded physiologic data that is viewed at a later date) communication
- Remote Patient Monitoring (RPM) provides monitoring via electronic communication equipment
REIMBURSEMENT
Medicare beneficiaries are eligible when presented from an authorized originating site:

- Physician/practitioner office (CMS recognized providers)
- Hospitals, Critical Access Hospitals (CAH)
- Rural Health Clinics, Federally Qualified Health Centers
- Hospital-based or CAH-based Renal Dialysis Centers (including satellites-Independent facilities not eligible)
- Skilled Nursing Facilities
- Community Independent Health Centers
CMS, cont.

- These authorized, originating sites have to be located in:
  - A rural Health Professional Shortage Area (HPSA) either outside of a Metropolitan Statistical Area (MSA) or in a rural census tract; or
  - A county outside of a MSA.
Distant Site Providers

- Physicians, Nurse Practitioners, Physician Assistants
- Nurse-midwives
- Clinical Nurse Specialists
- Certified Registered Nurse Anesthetists
- Clinical Psychologists, Clinical Social Workers
- Registered Dietitians or Nutrition Professionals
Example – Live, Interactive

- An established patient presents to the clinic with a knee injury. The provider obtains an x-ray and documents:
  - An expanded problem focused history
  - An expanded problem focused examination
  - Medical decision making of low complexity
- This face-to-face visit meets the criteria for a 99213 office visit, regardless of a subsequent telemedicine consultation.
Live, Interactive, cont.

No telemedicine modifier is required, because this face-to-face visit happened regardless of a subsequent telemedicine consultation.
Live, Interactive, cont.

The x-ray of the knee is inconclusive since there is a lot of edema. The provider requests a telemedicine consultation with an orthopedic surgeon who is on staff at the closest hospital, 35 miles away. The patient is connected with the surgeon via video conferencing in the clinic.
The surgeon asks the patient (who is sitting on the edge of an exam table) to move his knee as far as he can. The surgeon is shown the x-ray. He interviews the patient and documents:

- A problem focused history
- A problem focused examination; and
- Straightforward medical decision making
This is not a Medicare patient and meets the criteria of a 99241 – Office Consultation.

This visit happened because of telemedicine, so the 99241 is appended with the GT modifier to alert the payer that the patient was not face-to-face with the surgeon. Additionally, when the GT modifier is used, the distant site provider is certifying that the patient was located at an eligible originating site.
Live, Interactive, cont.

Please note, that Medicare does not cover consultation codes, so if this had been a Medicare recipient, the same components of the visit that were documented would also meet the criteria for a 99201 office visit (assuming this is a new patient to the surgeon).
Another scenario with this example would be if the orthopedic consultant was not available on the day the patient presented to the clinic and was seen by the clinic provider. This is a typical scenario where a consultant is not available immediately and the patient has to be brought back for the consult at a later date.
Live, Interactive with Presenter

- Patient presents to the clinic two days after the initial visit.
- The same provider who saw the patient originally brings the patient in front of the video conferencing equipment and introduces the patient to the orthopedic surgeon.
Live, Interactive with Presenter

- The clinic provider does not need to take a history or exam again and if the visit is documented will typically meet the requirement of a 99211 or level I office visit.
- Providers who aren’t billable (RNs, etc.) in the clinic normally also won’t be billable as a presenter.
Live, Interactive with Presenter

- This visit does require the 99211 be appended with the –GT modifier because this visit did not happen without telemedicine.
Medicare, cont

- Medicare does not cover CPT® Consultation codes:
  99241-99245
  99251-99255
- Use the appropriate Evaluation and Management (E/M) codes instead:
  99201-99205
  99211-99215
3 R’s of Consultations

1. Requesting a consult
2. Rendering an opinion
3. Reporting back to the requesting provider
Example – Store and Forward

- An established patient presents to the clinic with a rash on the right forearm. The provider is unable to identify the etiology of the rash. The provider documents:
  - Problem focused history
  - Problem focused examination
  - Straightforward medical decision making
The provider is unable to determine the etiology of the rash and seeks a dermatology consult. The provider takes three images of the rash and emails them along with the visit notes and a request for consultation via secure transmission to a dermatology practice.
Store and Forward, cont.

- The visit meets the criteria for a 99212, level II office visit, *regardless of any subsequent consultations*.
- No telemedicine modifier is required because this was a stand-alone visit.
The dermatologist receives the information from the clinic provider. He reviews the images and the visit notes provided and documents:

- A problem focused history
- A problem focused exam ("I reviewed the images")
- Straightforward medical decision making
This visit meets the criteria of a 99241 - level I consultation.

This visit did not happen without telemedicine and so the 99241 would need to be appended with the –GQ modifier.
The Visit Begins with a Patient

- A patient has to be present in either the live or store and forward sessions.
- Providers can not check in with another provider regarding a mutual patient and bill as a telemedicine visit.
Modifiers

- Modifiers are two digit numeric or alphanumeric characters that are appended to CPT® and HCPCS codes.
- Modifiers indicate that services or procedures are altered by specific circumstances without changing the definition of the code.
- By using a telemedicine modifier, the distant site provider is certifying that the patient was present at an originating site when the telehealth services was furnished.
Telemedicine Modifiers

- GT
  Via interactive audio and video telecommunication systems

- GQ
  Via asynchronous telecommunications system
  (Medicare only allows asynchronous technology only in Alaska and Hawaii as the result of a Federal Telemedicine Demonstration Project)
When to Use a Telemedicine Modifier

- Is the service provided the result of telemedicine?
  - At the originating site, the provider sees a patient face-to-face, documents the components of evaluation and management:
    - Chief Complaint
    - History of Present Illness
    - Exam
    - Assessment
    - Plan
When to Use a TM Modifier, cont.

- At the distant site, the provider *sees* the patient via videoconferencing, documents the components of evaluation and management:
  - Chief Complaint
  - History of Present Illness
  - Exam
  - Assessment
  - Plan

- The code must be appended with the telemedicine modifier to alert the pay that the patient was not face-to-face. Additionally, as mentioned in Slide 8, the distant site provider, by appending the CPT® code with a modifier, is certifying that the patient was present at an authorized originating site.
HCPCS Code Q3014

- Telehealth Originating Site Facility Fee
- Reimbursed by Medicare at 80 percent of the actual charge or $25.10 (CY2016).
- Only bill from an authorized originating site (see Slide 3)
Medicaid and Q3014 in 2016

- AK: Not Covered
- ID: $20.00
- MT: $25.10
- OR: $25.10
- UT: Not Covered
- WA: $24.63
- WY: $20.00
HCPCS T1014

- Telehealth transmission, per minute, professional services billed separately
- Both originating and distant site can bill
- Maximum of 90 minutes per day: same recipient, same provider
- 1 unit = 1 minute
- Medicare does not cover
Medicaid and T1014

- AK  Not Covered
- ID   $20.00
- MT  Not Covered
- OR  Not Covered
- UT  Not Covered
- WA  Not Covered
- WY  Not Covered
Telemedicine Modifiers with TM Codes

- Telemedicine codes such as Q3014 and T1014 are not appended with the GT or GQ modifiers
- The codes are billed with
## Parity in Telemedicine Laws by State

- **States who have enacted parity laws to cover telemedicine visits by all payers:**
  - AK: No parity law
  - ID: No parity law
  - MT: MT parity law enacted in 2013
  - OR: OR parity law enacted in 2009
  - UT: No parity law
  - WA: WA parity law enacted in 2015
  - WY: No parity law
Exclusions to Required Modifiers

- Currently accepted practices within an industry are not affected, for instance:
  - Teleradiology consults will not need to use telemedicine modifier -GQ; these providers should continue to use the -26 Professional Component modifier.
New Codes

- G0425 – Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth. This is a problem focused visit with:
  - Problem focused history and examination
  - Straightforward medical decision making complexity
New codes, cont.

- **G0426** (approx. 50 minutes)
  - Detailed history and exam
  - Moderate medical decision making complexity
- **G0427** (approx. 70 minutes)
  - Comprehensive history and exam
  - High medical decision making complexity
References
