DOCUMENTATION

Provider Documentation

- Follow same requirements as face to face to meet CPT standards for coding – remember SOAP notes!
- Do not utilize telemedicine as email! Always remember that the information you send/receive becomes part of the patient's medical record!
- As with all medical records, it is important to clarify the encounter so that coders aren't making judgment calls (don't assume anything)!

REIMBURSMENT

Telemedicine Modifiers

- HCPCs Level II Modifiers

  GT – Via interactive audio and video telecommunication systems

  GQ – Via asynchronous telecommunications system

Covered TM Services - Medicare

- Consultations

  CPT 99241 – 99275

- Office or other outpatient visits

  CPT 99201 – 99215

- Follow-up inpatient telehealth consultations

  G0406 – G0408

Covered Behavioral/Mental Health Services - Medicare

- Individual psychotherapy

  CPT 90804 – 90809

- Pharmacologic management

  CPT 90862

- Psychiatric diagnostic interview examination

  CPT 90801

Covered ESRD Services - Medicare

- End stage renal disease related services

  HCPCs codes:

  G0308 – G0309

  G0311 – G0312

  G0314 – G0315

  G0317 – G0318

Covered Nutrition Services - Medicare

- Individual Medical Nutrition Therapy

  HCPCs code:

  G0270

  CPT:

  97802 - 97803

Covered Neurologic Service - Medicare

- Neurobehavioral status exam

  CPT:

  96116

Four R's of Consultations

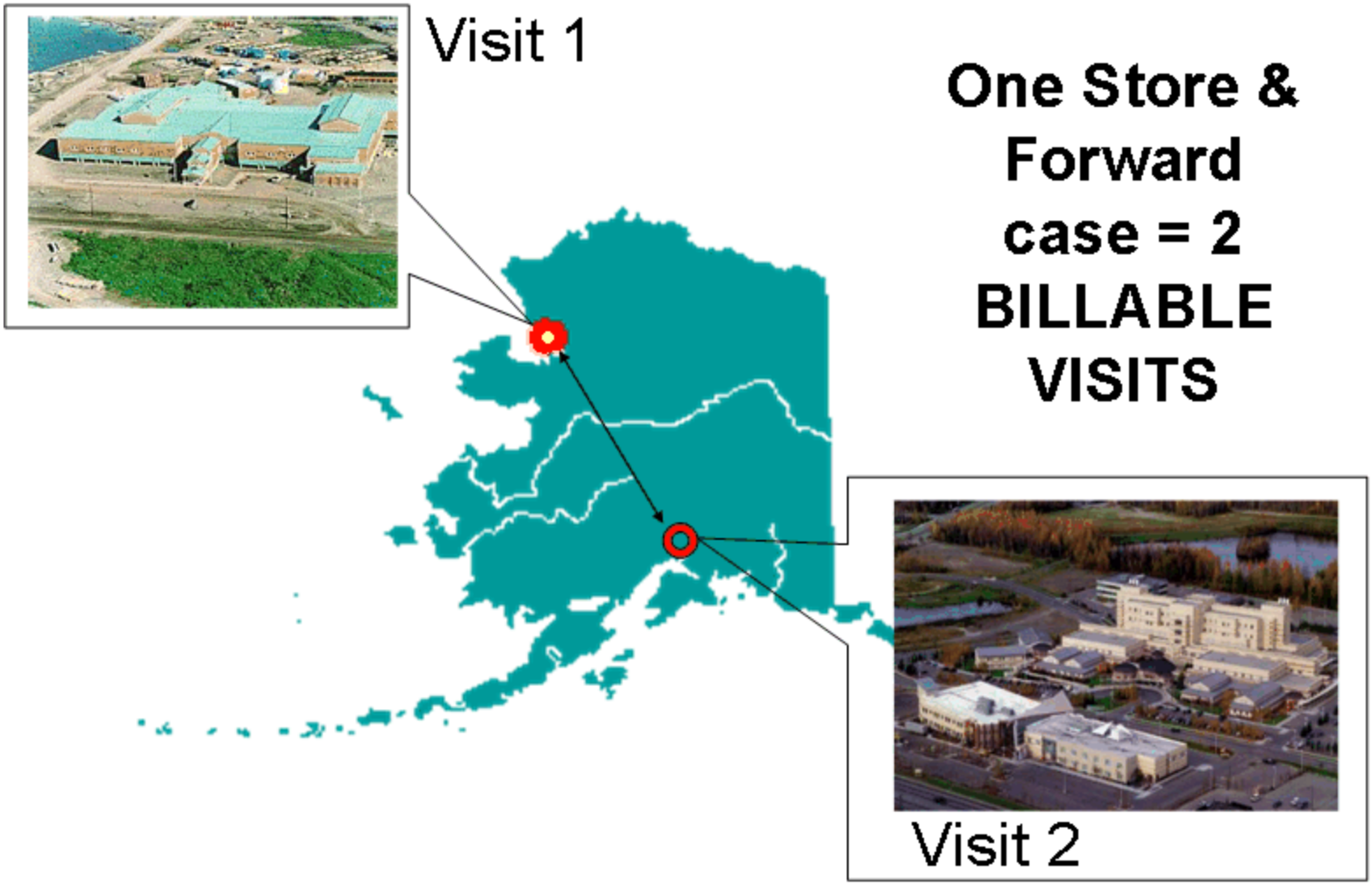
1. **R**equesting a consult
2. **R**eason for the request
3. **R**endering an opinion
4. **R**eporting back to the requesting provider

STORE & FORWARD EXAMPLES

Alaska and Hawaii only

Exception

- In Alaska and Hawaii, the Federal Telemedicine Demonstration Program permits Medicare reimbursement when Store and Forward technology is used


Visit 1
One Store & Forward case = 2 BILLABLE VISITS
Visit 2

Visit 1

Patient is seen by a nurse practitioner at Maniilaq Health Center in Kotzebue for a rash.

The nurse practitioner would like a second opinion on how to treat the rash. She sends three images of the rash with a request for a consult with a dermatologist at the Alaska Native Medical Center in Anchorage.

Visit 1

- **S**: Patient presents today with chief complaint of red, itchy rash on scalp for the past five days and is worsening.
- **O**: Exam – scalp is red, bleeding in some areas. Patient has been scratching a lot. The patient does not have a fever. Took 3 photographs of the rash. Pt has no history of skin problems.
- **A**: Possible dermatitis
- **P**: Request a telemedicine consult

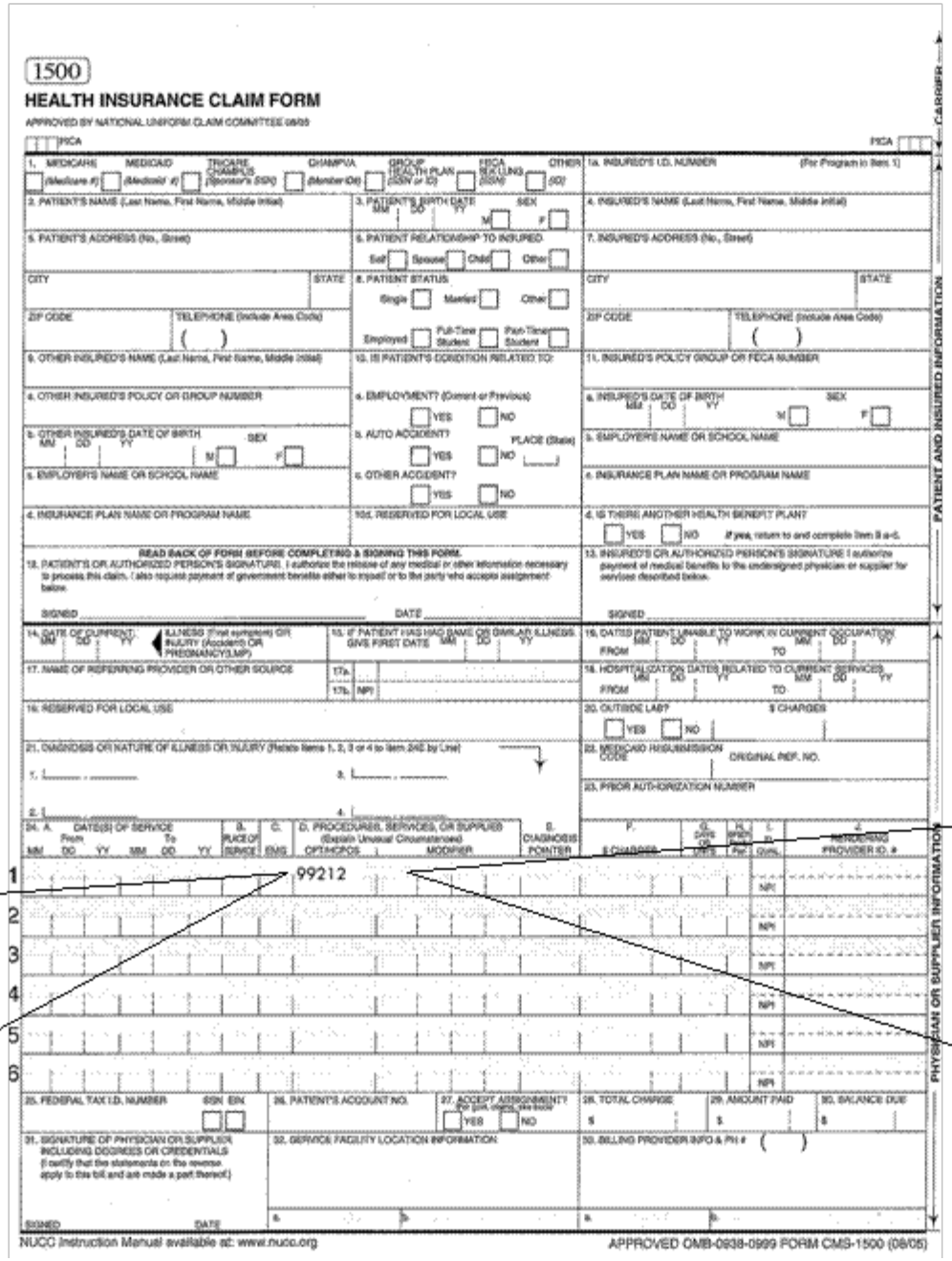
Visit 1

- Problem focused exam
- Problem focused history
- Straightforward medical decision making
- Established patient

99212 – Office or other outpatient visit

1500

99212 for face-to-face visit



No telemedicine modifier required – this visit happens regardless of telemedicine

Visit 2

The dermatologist receives the case from the nurse practitioner via store and forward and he documents the following:

1. Request for consult from the ANP
2. Reason for the request – the ANP cannot identify the etiology of the rash
3. After reviewing the images and the HPI he renders his opinion that the rash is seborrheic dermatitis of scalp complicated by scratching and suggests using a medicated shampoo
4. Reports his findings in writing back to the ANP

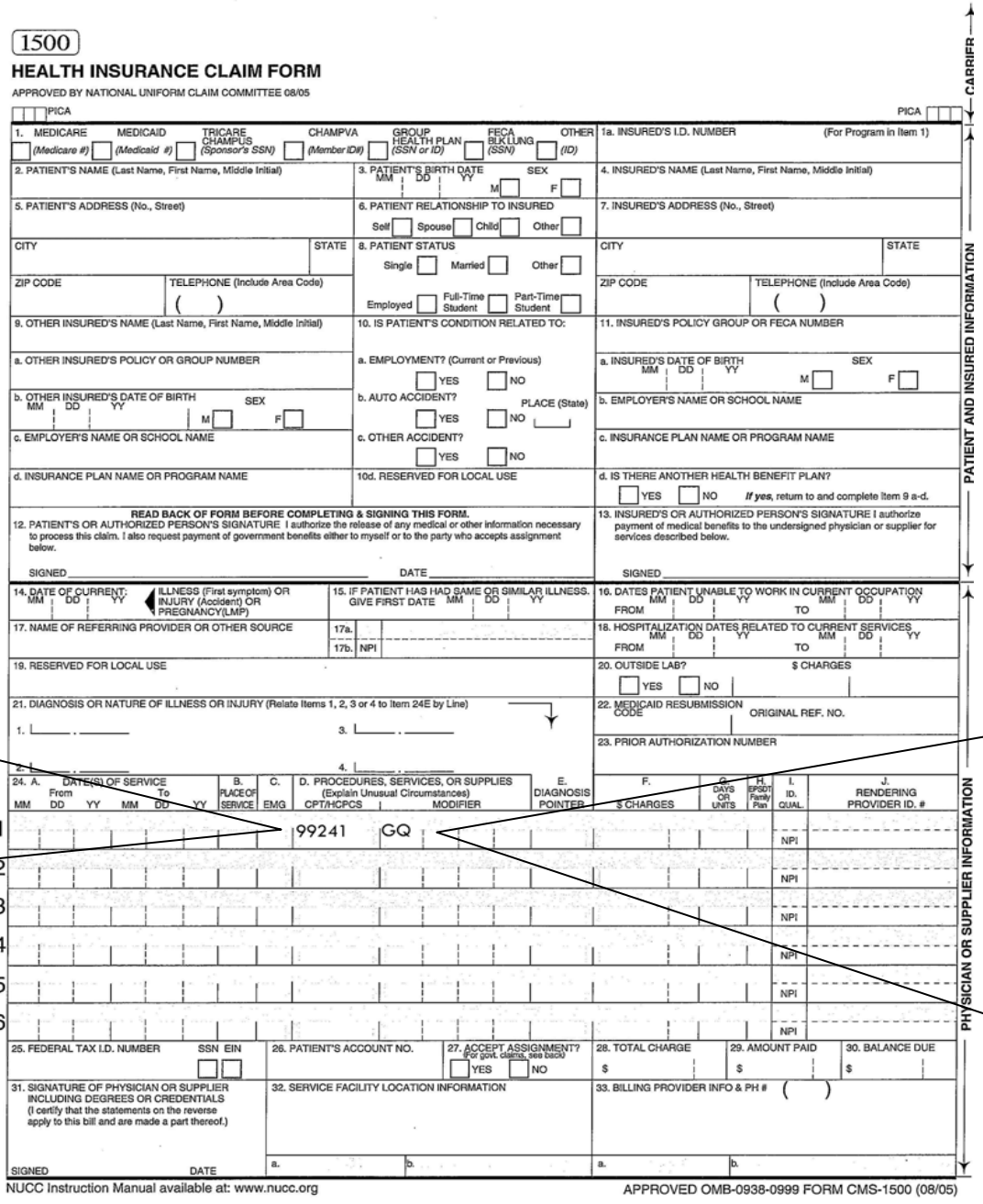
Visit 2

- Problem focused history (I reviewed the history)
- Problem focused exam (I reviewed the images)
- Straightforward medical decision making

99241 – Office Consultation

1500

Consult 99241



1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA

1. MEDICARE (Medicare #) MEDICAID (Medicaid #) TRICARE CHAMPUS (Sponsor's SSN) CHAMPVA (Member ID#) GROUP HEALTH PLAN (SSN or ID) FECA BLK LUNG (SSN) OTHER (ID)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. PATIENT STATUS Single Married Other Employed Full-Time Student Part-Time Student

CITY STATE

ZIP CODE TELEPHONE (Include Area Code)

ZIP CODE TELEPHONE (Include Area Code)

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. AUTO ACCIDENT? YES NO PLACE (State)

b. EMPLOYER'S NAME OR SCHOOL NAME

c. EMPLOYER'S NAME OR SCHOOL NAME

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. RESERVED FOR LOCAL USE

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, return to and complete item 9 a-d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED

14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)

1. 3.

2. 4.

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1				99241	GQ					NPI	
2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. BALANCE DUE $

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. b.

33. BILLING PROVIDER INFO & PH # ( )

a. b.

NUCC Instruction Manual available at: www.nucc.org

APPROVED OMB-0938-0999 FORM CMS-1500 (08/05)

CARRIER

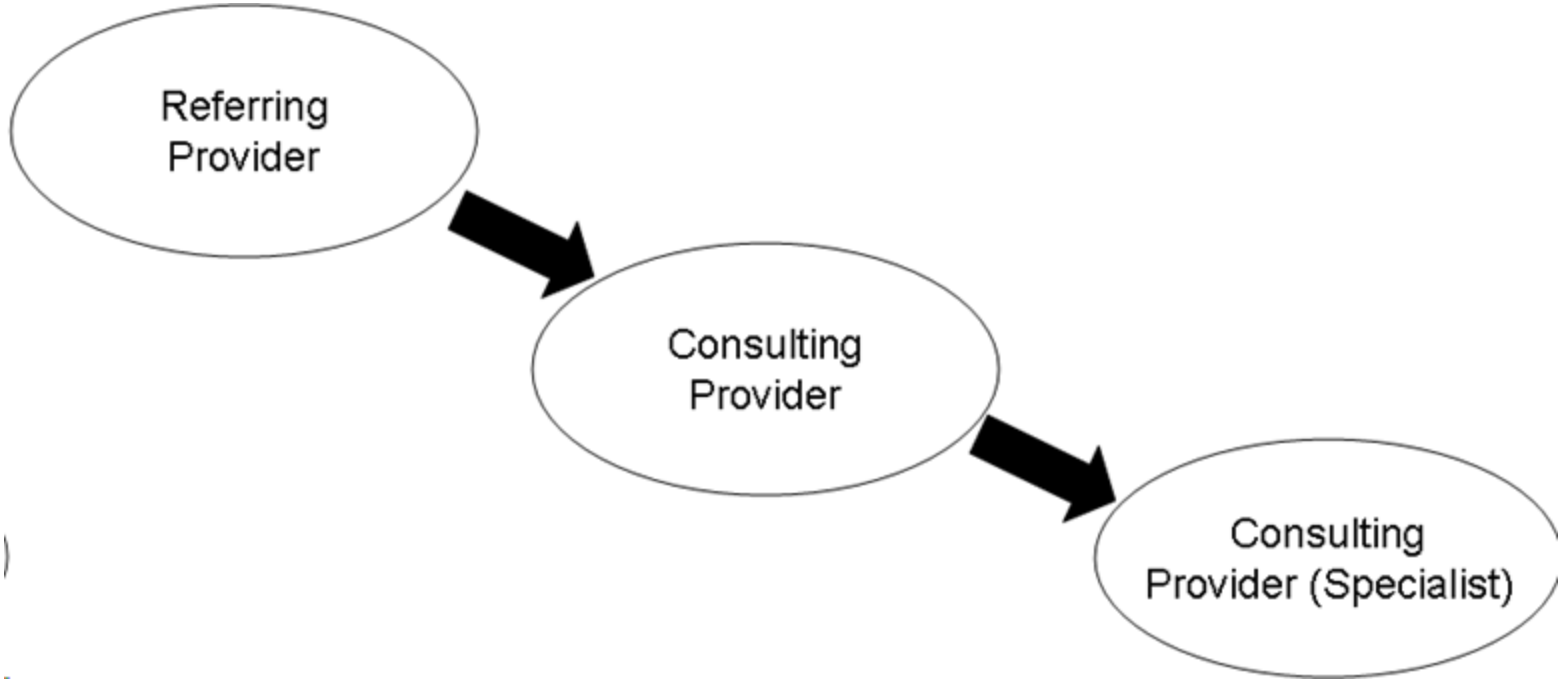
PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

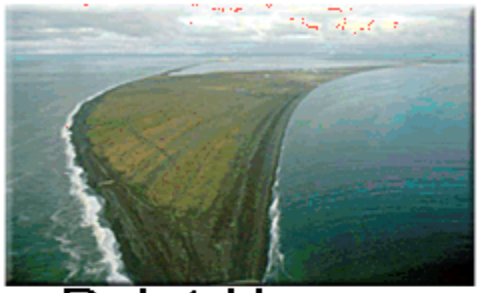
GQ Modifier for Store and Forward (this visit does not happen without TM)

Multiple Consultation Roles

- Store-and-Forward Mode of Delivery only



Multiple Consultations



Point Hope

Kotzebue

Anchorage

Telemedicine for Dental Providers - Medicaid

- Store and Forward Application (sending x-ray image) to a Dentist for interpretation is currently reimbursed
- Live (interactive) consults by the distant site dentist can be reimbursed as if face to face
- Presenting providers use CDT-4 code D0140 – Limited Exam for reimbursement
- Use your standard dental claim form
- There are NO telemedicine dental modifiers

INTERACTIVE EXAMPLE

Example of Presenting Provider

Monday – Pt to clinic with knee injury

Tuesday – Pt presented by provider to consultant in Anchorage

Tuesday – Ortho provider consult in Anchorage

Visit 1

- Nurse Practitioner sees a patient who presents to the clinic on Monday with knee pain following an accident this morning in a crab processing plant in Dutch Harbor. He complains of severe knee pain. The ANP notes swelling of the knee, orders an x-ray, which is inconclusive. She requests a consultation from an orthopedic surgeon at ANMC in Anchorage. The surgeon is not available until tomorrow.

Visit 1

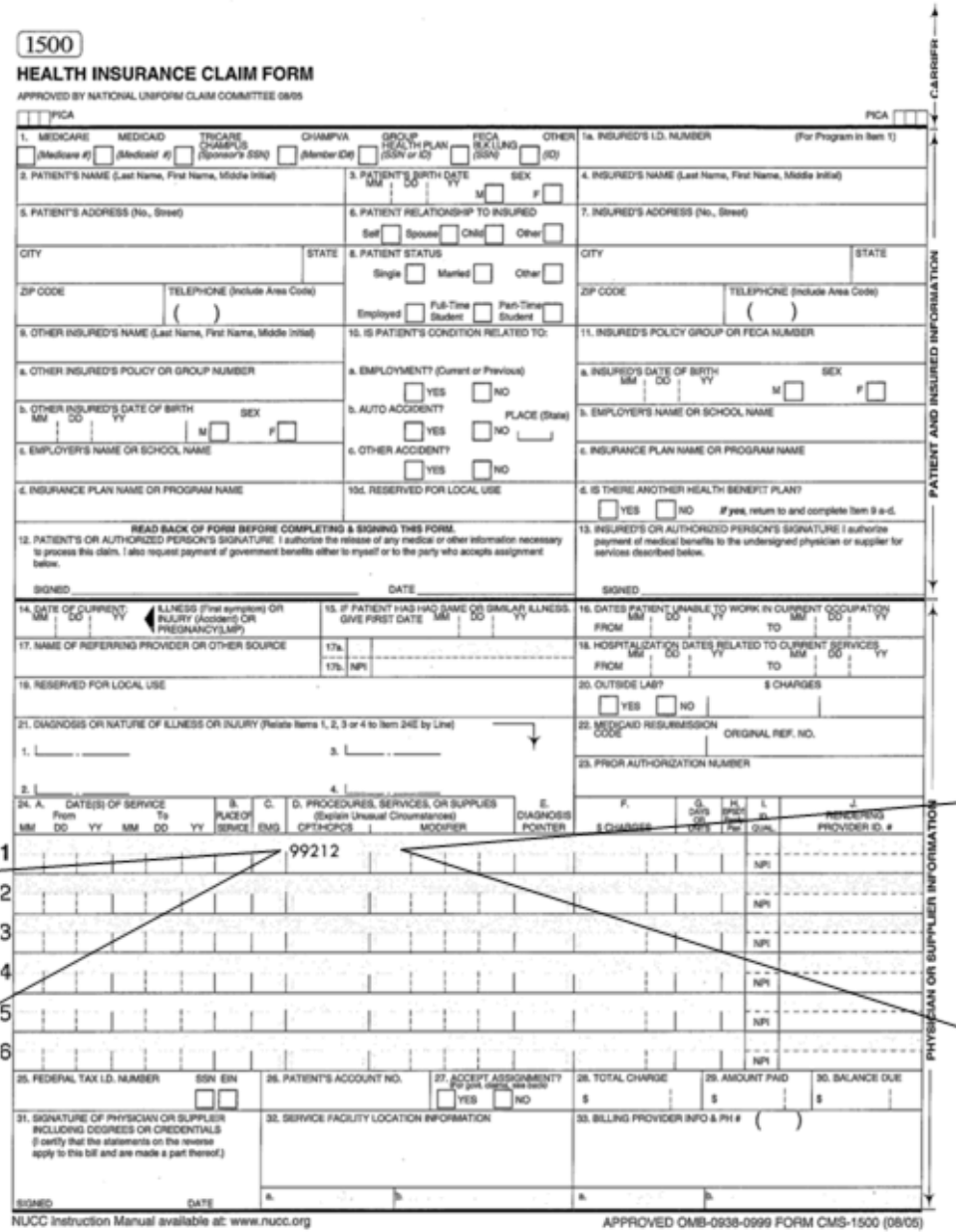
- Problem focused exam
- Problem focused history
- Straightforward medical decision making

Established Patient

99212 – Office visit

1500

99212 for face-to-face visit



No telemedicine modifier required – this visit happens regardless of telemedicine

1

Visit 2

- The patient returns to the clinic and a different nurse practitioner presents the patient to the orthopedic surgeon in Anchorage for consultation. She does not perform exam or review history since that was accomplished the previous day.

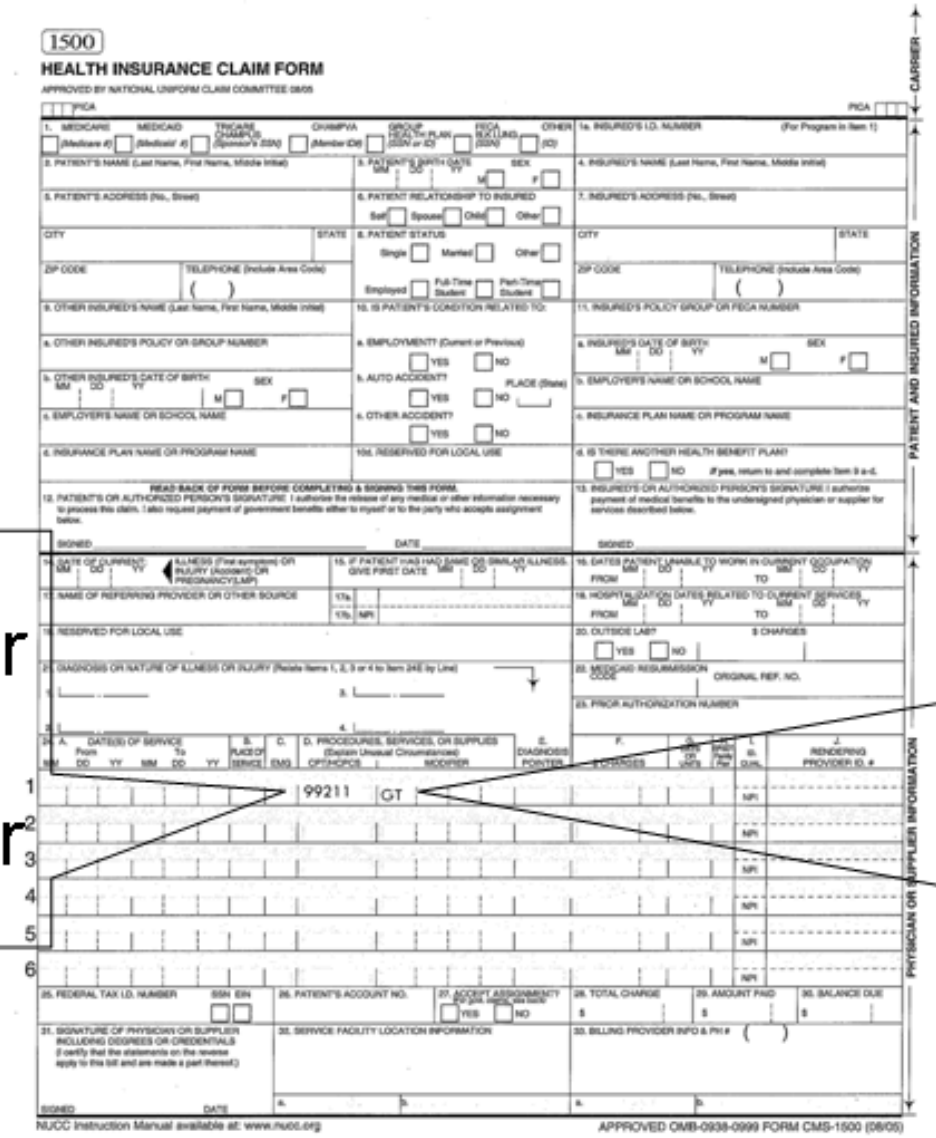
Visit 2

This visit meets the criteria for

99211 – Office Visit

Established Patient

1500



99211 for TM presenter

A modifier is required for this visit, which does not occur without telemedicine

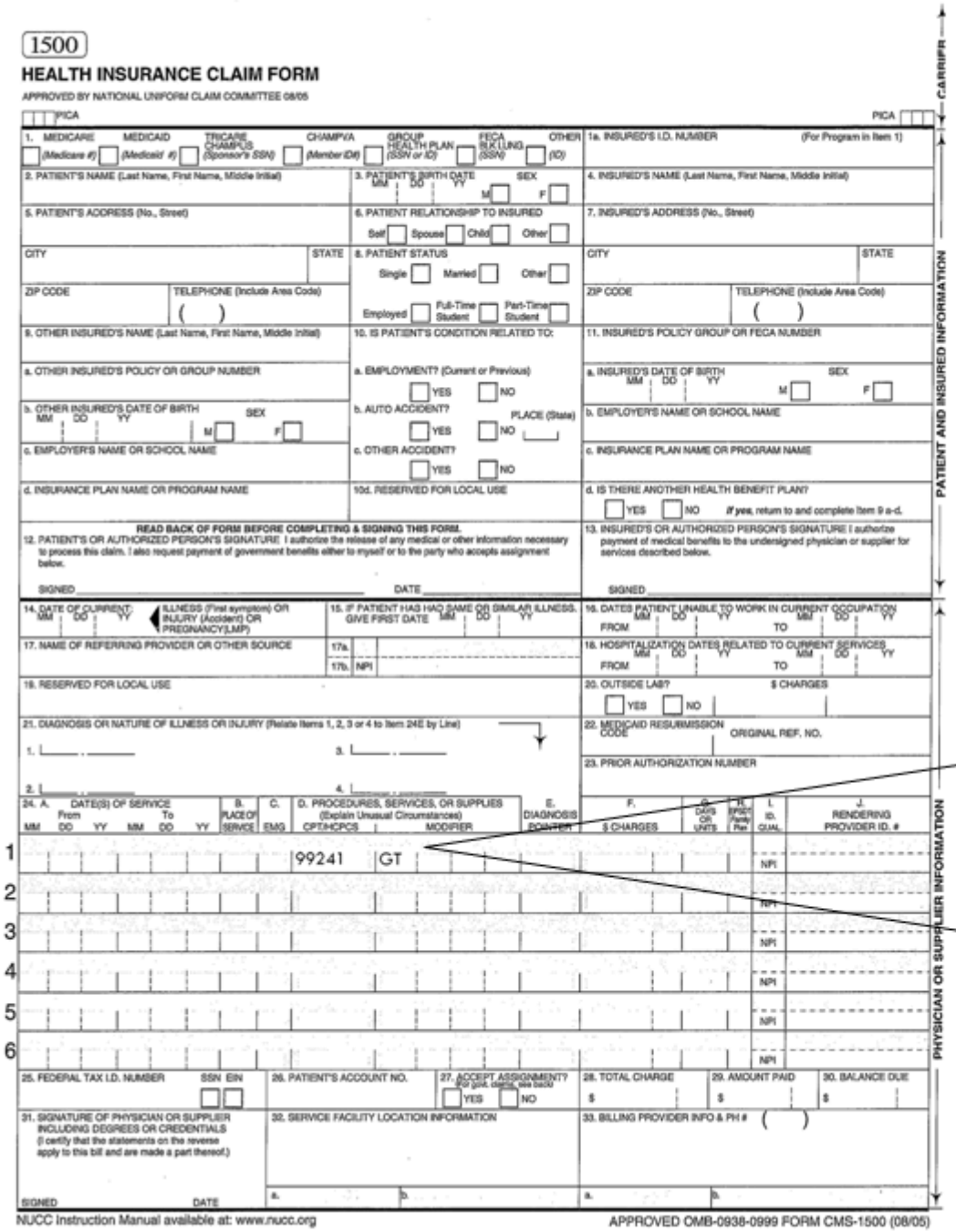
Visit 3

- The orthopedic surgeon in Anchorage sees the patient from his office. He agrees with the nurse practitioner that until the swelling decreases, no further treatment is necessary.
- He documents:
  - Request for consult from NP
  - Reason for request
  - Rendering opinion
  - Reports back to NP

Visit 3

This visit meets the criteria for:

99241 – Consultation


1500

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APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

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5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. PATIENT STATUS Single Married Other Employed Full-Time Student Part-Time Student

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. AUTO ACCIDENT? YES NO PLACE (State)

b. EMPLOYER'S NAME OR SCHOOL NAME

c. EMPLOYER'S NAME OR SCHOOL NAME

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. RESERVED FOR LOCAL USE

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2										NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN

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Consult code with a GT modifier for Interactive Telemedicine Session – this visit did not happen without telemedicine so modifier is required

Exclusions to Required Modifiers

- Currently accepted practices within an industry not affected
    - Example: teleradiology consults will not need to use telemedicine modifiers GT and GQ; these providers should continue to use modifiers -26 (Professional Component) and TC (Technical Component)

REIMBURSEMENT – ORIGINATING SITE

- The originating site receives a facility fee equal to 80% of the lesser of the actual charge or $23.72 (2009)
- HCPCS code Q3014 – Telehealth Originating Site Facility Fee
- Payments made to a distant site practitioner (including deductible and coinsurance) may not be shared with the originating site.
- Type of Service 9 – other items and services

Telehealth Transmission

- T1014 – Telehealth transmission, per minute
- Maximum of 90 minutes per day – same recipient, same provider

  1 unit = 1 minute

  Both originating site and distant site

COMMERCIAL PAYORS

Commercial Payors

- Many private payors are covering telemedicine
- Make certain the payor is aware that they are paying a telemedicine delivery (modifiers)
- Check policy guidelines for any specific telemedicine guidelines

Questions?

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PFS Consultant

Alaska Native Tribal Health Consortium

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Anchorage, AK 99503

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907.729.2902