

Improve Access to Care for Your Patients through Telehealth

What is telehealth?

Telehealth is a two-way interaction between you and your patients through telecommunication devices. It is an alternative approach to in-person visits for qualified providers to deliver care and services to patients.

Who can provide telehealth?

- Physicians
- Physician assistants
- Certified registered nurse anesthetists
- Nurse midwives
- Clinical psychologists
- Clinical social workers
- Physical and occupational therapists
- Speech-language pathologists
- Registered dieticians or nutrition professionals

Understand the types of telehealth and when it's appropriate

Telehealth may be used to give evaluation and management (E/M) services, mental health counseling and preventive care screenings. Telehealth may not be right for services that require the patient to be in person, such as:

- Sampling of tissue,
- Insertion or removal of medical devices,
- Direct examination of body structures, or
- When in operating room and the patient is under anesthesia.



Use the correct codes for claims and encounters

When submitting claims, be sure to use correct procedural codes for the covered service or benefit given to patients.

 Telehealth types	 Coding guidance
<p>SYNCHRONOUS TELEHEALTH: These visits are “real-time” face-to-face, <i>audio-visual</i> contact between you and patients to communicate through teleconferences, webcams, smartphones or tablets. Example: A doctor having a videoconference on Zoom with a patient to talk to them about their diabetes and discuss their blood sugar levels.</p> <p>SYNCHRONOUS TELEPHONE: These “real time” audio-only visits are considered synchronous visits but do not include video interaction. These visits are used for patients who do not have access to, or choose not to use video or web access.</p>	<p>Use the appropriate office visit E/M code (99201–99205, 99211–99215) or preventive service code (99381–99385, 99391–99395)</p> <p>Place of service (POS): 02^{1,2}</p> <p>Telehealth modifier: 95, GO,³ GT⁴</p> <p>Originating site: Q3014</p> <p>Transmission fee:⁵ T1014</p> <p>Audio only codes: 98966–98968 (non-physicians), 99441–99443 (as of May 13, 2020)</p> <p>Apply the applicable ICD-10 codes for billing diagnosis</p>

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Improve Access to Care with Your Patients through Telehealth (continued)

Telehealth types	Coding guidance
<p>ASYNCHRONOUS TELEPHONE: These visits are not “real-time” and you are exchanging information without video or audio to diagnose, treat, assess or consult with your patients on their health.</p> <p>Example: A doctor or clinician uses secure email, text messaging or online patient portal (e-visit) to communicate with their patient on existing symptoms.</p>	<p>Use appropriate code for online assessment (e-visits or virtual check-ins):</p> <p>CPT 98969–98972, 99421–99423, 99444, 99541,^{1,5} 99458; ICD-10 G0071, G2010, G2012, G2061–G2063 POS: 02^{1,2} Modifier: GQ (store and forward) Originating site: Q3014 Apply the applicable ICD-10 codes for billing diagnosis</p>

Identify when telehealth can be used for HEDIS® measures

BILL THE APPLICABLE CODES BASED ON THE SERVICE RENDERED

Measure	Services conducted through telehealth and billable codes
Antidepressant Medication Management	<ul style="list-style-type: none"> Medication management: ordering refills, medication reminders Follow-up visits Major depression diagnosis (can be completed through asynchronous telehealth)
Asthma Medication Ratio	<ul style="list-style-type: none"> Asthma observations/assessments Order medication refills Review medications (1160F) Advanced illness diagnosis (can be completed through asynchronous telehealth)
Breast Cancer Screening	<ul style="list-style-type: none"> Order screening mammogram Review reports and past medical history for service Advanced illness diagnosis (can be completed through asynchronous telehealth)
Care of Older Adults	<ul style="list-style-type: none"> Advance care planning (1123F, 1124F, 1157F, 1158F, 99483, 99497) Functional status assessments (1170F, 99483, G0438, G0439) Pain assessment (1125F, 1126F) Medication review (1160F)
Colorectal Cancer Screening	<ul style="list-style-type: none"> Order the screening and follow-up on results Advanced illness diagnosis (can be completed through asynchronous telehealth)
Comprehensive Diabetes Care	<ul style="list-style-type: none"> Review of labs within 14 days of service being completed to capture A1c results (3044F, 3051F, 3052F, 3046F) Blood pressure vitals taken by a digital blood pressure monitor⁶ (remote blood pressure monitoring: 99457; diastolic: 3078F, 3079F, 3080F; systolic: 3074F, 3075F, 3077F) (can also be completed through asynchronous telehealth) Review of retinal eye exam (2022F, 2023F, 2024F, 2025F, 2026F, 2033F) Ordering labs Diabetes diagnosis (can be completed through asynchronous telehealth) Advanced illness diagnosis (can be completed through asynchronous telehealth)
Controlling High Blood Pressure	<ul style="list-style-type: none"> Blood pressure vitals taken by a digital blood pressure monitor⁶ (remote blood pressure monitoring: 99457; diastolic: 3078F, 3079F, 3080F; systolic: 3074F, 3075F, 3077F) (can be completed through asynchronous telehealth) Advanced illness diagnosis (can be completed through asynchronous telehealth)

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Improve Access to Care with Your Patients through Telehealth (continued)

Measure	Services conducted through telehealth and billable codes
Depression Screening	<ul style="list-style-type: none">Screenings (PHQ2 or PHQ9) (G8431, G8510)Follow-up visits for positive screeningDepression diagnosis
Osteoporosis Management in Women Who Had a Fracture	<ul style="list-style-type: none">Order the bone mineral density testOrder prescriptions to treat osteoporosis
Statin Therapy for Patients with Cardiovascular Disease	<ul style="list-style-type: none">Order and review medications (1160F)Advanced illness diagnosis (can be completed through asynchronous telehealth)
Statin Therapy for Patients with Diabetes	<ul style="list-style-type: none">Order and review medications (1160F)Advanced illness diagnosis (can be completed through asynchronous telehealth)
Transitions of Care	<ul style="list-style-type: none">Patient engagement after inpatient discharge (99495, 99496)Medication reconciliation post-discharge (1111F)Advanced illness diagnosis (can be completed through asynchronous telehealth)

The table above is not an all-inclusive list of HEDIS measures that are eligible for telehealth.

Follow best practices for using telehealth

- Make sure the communication venue is secure and compliant with the Health Insurance Portability and Accountability Act (HIPPA) Security Rule and Health Information Technology for Economic and Clinical Health Act (HITECH).
- Find out which telehealth method to use depending on the services conducted and what telecommunication devices are available to the patient.
- Ask if your patient needs help prior to telehealth visit (i.e., language translator, privacy).
- Obtain and record patient, parent or caregiver's verbal or written consent that the use of telehealth is an acceptable method to deliver health care to the patient.
- During a real-time telehealth visit, confirm the patient's identity and ask if the patient has the privacy they need prior to starting.
- Maintain documentation on telehealth health discussions in the patient's medical record with dates of service.
- Plan for technical issues or interruptions that may occur during visits.

Refer to the following resources for additional telehealth guidance

- Follow the American Medical Association (AMA) and/or American Academy of Pediatrics (AAP) billing guidelines for telehealth:
 - AMA coding for telehealth:
 - www.ama-assn.org/system/files/2020-05/covid-19-coding-advice.pdf
 - www.ama-assn.org/system/files/2020-05/telehealth-services-covered-by-Medicare-and-included-in-CPT-code-set.pdf
 - AAP coding for telehealth: www.aap.org/en-us/Documents/coding_factsheet_telemedicine.pdf

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- For Medicare, refer to Centers for Medicare & Medicaid Services (CMS) billing guidelines and resources:
 - List of covered telehealth services:
 - » www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf
 - » www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes
 - Telehealth resource: www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf
 - Telehealth FAQs: www.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf
 - List of POS codes: www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set
- Follow separate telehealth billing requirements for Federally Qualified Health Clinics (FQHCs), Rural Health Clinics (RHCs) or Indian Health Service (IHS) provider:
 - CMS.gov guidance:
 - » www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf
 - » www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf
 - » www.cms.gov/files/document/se20016.pdf
 - Department of Health Care Services (DHCS) telehealth guidance:
 - » www.dhcs.ca.gov/provgovpart/Pages/Telehealth.aspx
 - » files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/Part2/ruralcd.pdf
- Refer to the COVID-19 Updates & Alerts for Providers web page at www.healthnet.com/content/healthnet/en_us/covid-19-updates/providers.html



Telehealth terminology and codes were referenced from the NCQA HEDIS MY 2020 and 2021 Volume 2 Technical Specifications, ama-assn.org, cms.gov and dhcs.ca.gov. The information in this tip sheet is for educational purposes and is not meant to replace professional coding standards or guidelines. Codes are subject to change and coverage is not guaranteed. Providers are required to follow the plan's payment policies and state and federal requirements, laws, and regulations on rendering and billing telehealth services.

¹Codes are not applicable to FQHCs, RHCs or IHS. Some payers have recommended billing telehealth codes for rural clinics under HCPCS G0071, G2025, revenue code 052X, modifier 95, CG.

²Medicare will bill the normal POS codes (11, 23, etc.) with modifier 95.

³For Medicare E/M therapy services to evaluate, diagnose and treat acute stroke, use modifier GO with POS 02 or HCPCS Q3014. For Critical Access Hospital (CAH), use revenue codes 096X, 097X or 098X. Source: www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R2142OTN.pdf.

⁴Use modifier GT for Medi-Cal specialty mental health and Medicare CAH Optional Payment Method II (revenue codes 096X, 097X or 098X) for telehealth claims. Some private payers may also allow modifier GT.

⁵Applicable to Medi-Cal. Refer to [https://files.medi-cal.ca.gov/pubsdoco/Publications/masters-MTP/Part2/mednetele.pdf](http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-MTP/Part2/mednetele.pdf).

⁶Member-reported services (biometric values: BMI, BMI percentiles, height, weight and blood pressures) at telehealth visits can be utilized for HEDIS when the following criteria are met: information is collected by a primary care practitioner or specialist if specialist is providing primary care service related to condition being assessed while taking the patient's history. Information must be documented, dated and maintained in the member's legal health record.

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