



Coding and Billing Tips for Family Planning Telemedicine Visits in New York State

Telehealth in New York State (NYS) was expanded during the NYS COVID Public Health Emergency (PHE). This allowed patients increased access to reproductive care and contraception without having to come into the clinic. The national PHE is set to end on May 11, 2023. NYS and other payers are updating billing guidance and reimbursement to accommodate this. It is important that agencies monitor NYS-specific guidance changes and review payer-specific policies regularly to monitor changes. This tip sheet is a brief summary of billing considerations, tips, and best practices for providers offering family planning services via telemedicine.

Billing Considerations for A/V and Telephone Medical Encounters		
CPT Code	Description	Provider Type
Telemedicine - Audio/ Visual Visits	<i>NYS Medicaid including FPBP has updated billing guidance based on the location of the provider and patient. See NYS link below.</i>	
99202–99205 99211–99215	Evaluation and management (E/M) of a new patient - add Modifier 95 ... of established patient - add Modifier 95 <i>See Coding Tip below.</i>	Provider: MD, NP, PA, CMN
Telephonic Visits (Audio Only)	<i>NYS Medicaid including FPBP has updated billing guidance for telephone only visits. These visits will now pay the same as in person and A/V visits. Telephone audio visits should only be done when no other method is available.</i>	
99202- 99215 99441 - 99443	Evaluation and management (E/M) - add Modifier 93 Telephone E/M service based on time - no modifier is needed	Provider: MD, NP, PA, CMN
Virtual Check-ins	<i>Virtual check-ins must be patient-initiated and allow patients to communicate with their provider in order to avoid an unnecessary visit. A virtual check-in can be conducted via several technology-based modalities, including communication by telephone or by secure text-based messaging, such as electronic interactions via patient portal, secure email, or secure text messaging. Communication must be HIPAA-compliant and must not originate from a related E&M visit within seven days, nor lead to a related E&M visit within 24 hours.</i>	
G2012	Brief communication technology-based service by a provider who can report E&M services,; 5 to 10 minutes of medical discussion	Provider: MD, NP, PA, CMN
G2252 11 to 20 minutes of medical discussion	Provider: MD, NP, PA, CMN

CODING TIP: Coding Evaluation & Management (E/M)

You should code E/M based off of total time on Date Of Service (DOS) or Medical Decision Making (MDM).

New Patient	Time	MDM	Established Patient	Time	MDM
99202	15-29 min	Straightforward	99212	10-19 min	Straightforward
99203	30-44 min	Low	99213	20-29 min	Low
99204	45-59 min	Moderate	99214	30-39 min	Moderate
99205	60-74 min	High	99215	40-54 min	High

BILLING TIP: NYS Family Planning (FP) Indicators

Like in-person visits, NYS Medicaid and FPBP require a family planning indicator on telehealth claims when the primary diagnosis is in the Z30- contraceptive management series. Include an "A4" FP condition code in box 18-24 on a UB claim format or a "Y" FP indicator in box 24H on a HCFA /1500 claim format.

Additional Resources and Links:

NYS Comprehensive Guidance Regarding Use Of Telehealth Including Telephonic Services:

https://www.health.ny.gov/health_care/medicaid/program/update/2023/no03_2023-02_speced.htm

RHTNC (Reproductive Health National Training Center) Telemedicine Tools:

https://rhntc.org/search?keys=telehealth&selected-tab=&field_language=All&field_ce_credits_offered=All