

NYS Telehealth Update

Ann Finn | April 17th, 2024



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Disclaimer

- The guidance, scenarios and potential payments provided today are meant for education purposes only. NYS Medicaid and other payer official guidance supersedes any instruction presented in tools and trainings.
- Code selection and claim submission are based upon medical record documentation for services rendered and diagnoses considered for each individual encounter.
- We encourage Providers to contact Medicaid and TPP for specific information on their coding, coverage, and payment policies.



NYS Guidance

- Comprehensive Guidance on Telehealth Services After the COVID-19 Public Health Emergency - *Updated 8/11/2023*

https://www.health.ny.gov/health_care/medicaid/program/update/2023/docs/mu_no3_feb23_speced_pr.pdf

- NYS Medicaid Update Jan 2024: eConsults

https://www.health.ny.gov/health_care/medicaid/program/update/2024/no01_2024-01.htm

- Check with individual payers for updated billing guidance



Telehealth Then and Now

During PHE

- NYS expanded telehealth billing during the COVID PHE to provide greater access to care
- Patients and Clinicians could be anywhere including their homes during a billable visit
- Both new and established patients could receive telehealth visits
- Audio-visual visits were paid the same as in person
- Telephone only encounters were added at special lower rates and required special claim rate codes being added to billing systems
- HIPPA rules were greatly relaxed...

Post PHE

- New and established patients continue to be billable currently
- Revised billing rules in place impacted by location of patient and provider
- Telephone encounters continue to be reimbursed but increased to same rates as in person and A/V
- Post August 9, 2024, telehealth must all be back in compliance with HIPAA and all other relevant laws and regulations governing confidentiality, privacy, and consent



Common Telehealth Encounters

- Audio-visual medical encounters
- Telephone (audio only) medical encounters
- Virtual check-ins with medical provider
- Virtual patient education
- E-Consults – billable as of April 1, 2024
- Store-and-forward technology
- Remote patient monitoring



NYS - Billing by Location Changes

- During the PHE:
 - you could bill for the medical visit regardless of where the provider and patient were located including their homes
- POST PHE:
 - can still bill the medical visit if EITHER the provider or the patient is onsite
 - If NEITHER is on-site for the visit:
 - Hospital clinics only bill professional claim for MD/DO but not the APG visit claim
 - D&TC cannot bill for the visit
 - FQHCs can bill for their off-site rate (\$73)
- **Clearly document location of all parties in the chart note to support your billing**



Telehealth Documentation

- Platform used - A/V or telephone
- If telephone – reason must be documented
- Patient consent for video/telephonic visit and if verbal
- Patient and provider location for visit
- Who is present and their role (RN, MA, family members, etc.)
- Use of interpreter: language, identity
- Total time of encounter and activities on DOS
- E/M 992xx is based on total time or MDM or other applicable CPT code for service
- All other usual components of in-person visit (SOAP note)



Telehealth Modifiers

Modifier	Description
95	Synchronous telemedicine service rendered via real-time interactive audio and video telecommunication system
93	Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system.
GT	Via interactive audio and video telecommunication systems.
GQ	Via asynchronous (not real-time) telecommunications system
25	Significant, separately identifiable E&M service by the same physician or other QHCP on the same day as a procedure or other service. (Example: Patient has a family planning consultation on BCM via telemedicine on the same day as a LARC insertion at the originating site. The E&M service should be appended with the 25 modifier.)
FQ	A telehealth service was furnished using real-time audio-only communication technology
FR	A supervising practitioner was present through a real-time two-way, audio/video communication technology.



NYS Family Planning

- Effective Jan 1, 2024, NYS increased reimbursement for family planning visits when Z30- is the primary diagnosis under APG billing
- This includes in-person, A/V and now telephone visits
- **Documentation and coding impact revenue!**

Primary Diagnosis for E/M Visit	Upstate Hospital	NYC Hospital
Family planning (Z30- contraceptive mgmt.)	\$233 (\$179 old rate)	\$322 (\$248 old rate)
Well visit, STD screen...	\$100	\$138



A/V Encounters: *Provider or Patient is Onsite*

During COVID PHE	POST Hospital/DTC APG	POST FQHC PPS
<p>Medical Providers: MD/DO/NP/PA</p> <p>same as in person \$\$</p>	<p>Same as in-person \$\$</p> <p>APG visit claim + If hospital, MD/DO, also bill a professional claim</p>	<p>Same as in-person \$\$</p> <p>PPS claim</p>
<p>Procedure Codes: Typically 99202 – 99215</p>		
<p>Modifiers: 95 for A/V</p>		



Telephone (Audio only) Encounters

- Audio only visits now pay the same as in-person or A/V visits
- Currently covered when A/V services are not available or when the patient chooses audio-only services in lieu of A/V telehealth or an in-person visit.
- Audio-only visits must contain all elements of the billable procedure codes or rate codes and all required documentation.

Providers must document in the chart why audio-only services were used for each audio-only encounter.

NYS DOH will be monitoring audio-only billing and take steps to limit overuse and prevent misuse of audio-only services



Telephone (Audio only) Encounters

Provider or Patient is Onsite

During COVID PHE	POST Hospital/D&TC APG	POST FQHC PPS
<p>Medical Providers: MD/DO/NP/PA</p> <p>\$72.73</p>	<p>Increased to same as in-person \$\$</p> <p>APG visit claim</p> <p>+ If hospital, MD/DO, also bill a professional claim</p>	<p>Increased to same as in-person \$\$</p> <p>PPS claim</p>

Procedure Codes: 99202 – 99215

Note - some payers continue to accept 99441-99443 but Medicare is expected to end date these codes 12/2024 -> check with payers

Modifiers: 93 for audio only - *new*



After Hour Add-on Payment

If the telehealth visit is after 6 pm, on a weekend, or on a national holiday, you can bill for an additional payment along with the E/M visit.

- Must include appropriate telehealth modifier (i.e., 95, 93)

CODE	Desc
99050 - 95 or 93	Services provided in the office at times OTHER than regularly scheduled office hours, or days when the office is normally closed (e.g., holidays, Saturday or Sunday), in addition to basic service.
99051 - 95 or 93	Services provided in the office DURING regularly scheduled evening, weekend, or holiday office hours, in addition to basic service



Virtual Check-ins

- **Brief medical interactions between a MD/DO/NP/PA or other QHCP and a patient** allowing patients to communicate with their provider to avoid an unnecessary visit
- Via technology-based modalities including patient portal, secure email, or secure text based messaging (Must be HIPAA compliant)
- Must be **patient or parent/caregiver initiated**

Example: A patient patient with ongoing chronic conditions that would benefit from recurring check-ins with their provider.



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Virtual Check-ins Codes

CPT Code	Description
G2012	Brief communication technology-based service by a MD/DO or other QHCP who report E/M services - not originating from a related E/M service within previous 7 days nor leading to a E/M service or procedure within next 24 hours or soonest available appointment; - 5 to 10 minutes of medical discussion.
G2252 11 to 20 minutes of medical discussion

Add the appropriate telehealth modifier - 93, 95, GT FQ, or GQ



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Virtual Patient Education

- Education and training for patient self-management by a QHCP via telehealth
- Delivers health education to patients, their families, or caregivers, and is reimbursable only for services that are otherwise reimbursable when delivered in person and when the provider meets certain billing requirements



Virtual Patient Education Examples

CPT Code	Description	Units
98960	Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; indiv patient	Up to 4 (per 30 min)
98961	...2 to 4 patients	Up to 4
98962	...5 to 8 patients	Up to 4
99406	Smoking cessation indiv counseling 3-10 min by QHCP	1

Add the appropriate telehealth modifier - 95, GT or 93



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eConsults:

Electronic consultations or interprofessional consultations

- Billable as of April 1, 2024 for FFS / June 1 for MMC
- Used to answer **patient-specific treatment questions** through electronic communication **between a treating/requesting provider and a consultative QHCP** (i.e., MD/DO/PA/NP) to improve access to specialty expertise without an in-person visit



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eConsults Codes

Both providers can bill for their service

Code	Provider	Description
99451	Consultative Provider	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other QHCP, including a written report to the patient's treating/requesting physician or other QHCP, <ul style="list-style-type: none">• 5 minutes or more of medical consultative time.
99452	Treating/ Requesting Provider	Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other QHCP, 30 minutes

https://www.health.ny.gov/health_care/medicaid/program/update/2024/no01_2024-01.htm



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Other Telehealth

- **Store and Forward**
 - Asynchronous (not real-time), electronic transmission of health information such as pre-recorded videos and/or digital images from a provider to a consulting provider at a distant site to aid in diagnosis
 - Example – picture sent to a dermatologist for diagnosis. Consulting provider must provide a written report to be billable
 - Consulting practitioner bills appropriate CPT code with GQ modifier
- **Remote Patient Monitoring (RPM)**
 - Collection and interpretation of physiologic data (e.g., Electrocardiography (ECG), blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the MD/DO or QHCP
 - Note: FQHCs cannot bill for this currently
 - Bill CPT 99091 1x per month



Questions



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Thank you!

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