3/9/2021 Constant Contact



March 18, 2020

# CODING AND BILLING UPDATE FOR TELEMEDICINE

## **CPT Codes**

When providing psychiatric services by telemedicine, psychiatrists should use the same CPT codes used for an in-person encounter (e.g., 99212+90836 for a combination psychotherapy service, 99215 for a standalone E/M service or 90845 for psychoanalysis).

For all services being provided via telemedicine, use Place of Service (POS) Code 02. Please note that use of POS 02 is <u>required</u> for services provided to Medicare beneficiaries. Please note that some commercial carriers also require the use of modifier 95 to indicate the use of telemedicine. Modifier GT is no longer in use and was retired effective 1/1/18.

# Example of claim for Medicare

| П | 24. A. DATE(S) OF SERVICE From To MM DD YY MM DD YY |    |    | B.<br>PLACE OF<br>SERVICE | C.<br>EMG | D. PROCEDURI<br>(Explain Un<br>CPT/HCPCS | VICES, OR SUI<br>rcumstances)<br>MODIFIER |       | E.<br>DIAGNOSIS<br>POINTER | G. H. DAYS EPSD OR Family UNITS Plan |  | I.<br>ID.<br>QUAL | J.<br>RENDERING<br>PROVIDER ID. # |  |     |  |
|---|---|----|----|---------------------------|-----------|--|---|-------|----------------------------|--------------------------------------|--|-------------------|-----------------------------------|--|-----|--|
|   | 03  | 18 | 20 |                           |           | 02                                       |   | 99212 | , ,                        | ,                                    |  |                   |                                   |  | NPI |  |
|   | 03  | 18 | 20 |                           |           | 02                                       |   | 90833 |                            |                                      |  |                   |                                   |  | NPI |  |
|   |   |    |    |                           |           |  |   |       |                            |                                      |  |                   | -1                                |  |     |  |

## Example of claim for commercial carrier

| MM |  | DD | YY | MM | DD | YY | SERVICE | EMG | CPT/HCPCS | 1  | MODIFIER |  |    | POINTER |   | \$ CHARGES |  | Plan | QUAL | PROVIDER ID. # |
|----|--|----|----|----|----|----|---------|-----|-----------|----|----------|--|----|---------|---|------------|--|------|------|----------------|
|    |  |    |    |    |    |    |         |     |           |    |          |  | _  |         |   |            |  |      |      |                |
| 03 |  | 18 | 20 |    |    |    | 02      |     | 99212     | 95 |          |  | N. |         | ľ | 1          |  |      | NPI  |                |
|    |  |    |    |    |    |    |         |     |           |    |          |  |    |         |   |            |  |      |      |                |
| 03 |  | 18 | 20 |    |    |    | 02      |     | 90833     | 95 |          |  |    |         |   |            |  |      | NPI  |                |

# Prior Relationship Requirement

Certain federal rules on telemedicine require that a patient have a prior established relationship with the practitioner in order to participate in telemedicine. HHS has indicated that it will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.

# Consent to Participate in Telemedicine

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It appears that New York State mandates that patient consent be obtained prior to the initiation of telemedicine services. However, we have not been advised that written consent must be obtained from each patient. Therefore, you may wish to advise patients that your practice is moving exclusively to telemedicine for the foreseeable future as a containment and mitigation strategy to avoid the spread of the virus. Verbal consent should be sufficient to move forward with telemedicine at this time. If the patient refuses to participate in telemedicine services, you may inform the patient that you are unable to see the patient in the office until the public health emergency has ended. Prescriptions can continue to be sent to pharmacies and members may initiate brief phone calls to confirm transmission of electronic prescriptions to the patient's pharmacy.

### Virtual Check-In Services

In the event a patient declines to participate in telemedicine, another potential option is a Virtual Check-In, which has been made available by CMS and is approved for payment when provided to Medicare beneficiaries. Using this service, Medicare patients located in their homes may have a brief communication with their provider using telephone or other means of audio/video communication. A Virtual Check-In does not require the same audio and visual capabilities for real-time communication that are required for telemedicine.

CMS has clarified that a patient must verbally consent to receive Virtual Check-In services. In most cases, this service will be initiated by the patient, but providers may need to educate beneficiaries on the availability of the service prior to patient initiation. The following CPT code may be used in connection with Virtual Check-In services for Medicare beneficiaries:

• **HCPCS code G2012**: Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.

Members or patients should check with individual commercial carriers to confirm whether the Virtual Check-In service will be reimbursed by the patient's plan.

Fees for Code G2012 are appended below:

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#### NEW YORK STATE PSYCHIATRIC ASSOCIATION, INC.

#### NATIONAL GOVERNMENT SERVICES - 2020 MEDICARE PART B

#### HCPCS code G2012:

Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.

|       |                                   | Facility |             |           |         |            |           |                     |           |           |  |  |
|-------|-----------------------------------|----------|-------------|-----------|---------|------------|-----------|---------------------|-----------|-----------|--|--|
|       | <b>CPT Procedures Description</b> |          | ledicare Pa | ır        | Me      | dicare Non | -Par      | NYS Limiting Charge |           |           |  |  |
|       |                                   | PAR      | with MIPS   | with MIPS | Non Par | with MIPS  | with MIPS | Limiting            | with MIPS | with MIPS |  |  |
|       |                                   | MFS      | Reduction   | Incentive | MFS     | Reduction  | Incentive | Charge              | Reduction | Incentive |  |  |
| G2012 | Locality 1                        | 16.85    | 16.01       | 17.69     | 16.01   | 15.21      | 16.81     | 16.81               | 15.97     | 17.65     |  |  |
| G2012 | Locality 2                        | 17.30    | 16.44       | 18.17     | 16.44   | 15.61      | 17.26     | 17.26               | 16.39     | 18.12     |  |  |
| G2012 | Locality 3                        | 15.78    | 14.99       | 16.57     | 14.99   | 14.24      | 15.74     | 15.74               | 14.95     | 16.53     |  |  |
| G2012 | Locality 4                        | 17.37    | 16.50       | 18.24     | 16.50   | 15.68      | 17.33     | 17.33               | 16.46     | 18.19     |  |  |
| G2012 | Locality 99                       | 14.32    | 13.60       | 15.04     | 13.60   | 12.92      | 14.28     | 14.28               | 13.57     | 15.00     |  |  |

# Electronic Prescribing of Controlled Substances via Telemedicine

The federal Ryan Haight Act requires a provider to conduct an initial, in-person examination of a patient before electronically prescribing a controlled substance. Effective March 17, 2020, the DEA has announced that this requirement has been suspended for the duration of the public health emergency.

The APA has released an Update on Telehealth Restrictions in Response to COVID-19, which can be accessed here:

https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/blog/apa-resources-on-telepsychiatry-and-covid-19?utm\_source=Internal-Link&utm\_medium=Side-Hero&utm\_campaign=Covid-19

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