



Coding for Telemedicine

As of Oct. 7, 2019

- Telemedicine is defined by a real-time interaction between a physician or other qualified health care professional and a patient who is located at a distant site from the physician.
- The examination and communication of information exchange between the physician and the patient must be the same as when rendered face-to-face.
- Telemedicine codes are identified by a star (*)
 - Office based
 - 99201 – 99205 E/M new patient
 - 99212 – 99215 E/M established patient
 - Does not apply to tech code 99211 or Eye visit codes
 - Office consultations
 - For insurances that still recognize this family of codes
 - 99241 - 99245
 - Subsequent Hospital Care
 - 99231 – 99233
 - Inpatient Consultation
 - 99251 – 99255
 - Subsequent Nursing Facility Care
 - 99307-99310
- Append modifier -95 Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications systems.

Screening Tests

- While they include the star (*), these codes are not included on the telehealth list requiring the place of service.
 - They do not require real time interaction
 - Confirm coverage as not all payers, including each MAC may allow for one or both codes.
- Screening patients with no known retinopathy.
 - 92227 Remote imaging for detection of retinal disease (eg, retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral \$15.24
 - No -26/-TC split.
 - Either the PCP or the ophthalmologist can bill it and collect the entire amount, with a separate contract with the other provider for their portion.
- For patients with known retinopathy:
 - 92228 Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral

- 92228 -26 billed by the ophthalmologist \$21.06
- 92228 -TC billed by the PCP \$13.78
- Do not report 92250 -26 for telemedicine.
- \$22.51
- What about 92250 Fundus photography?
 - For Medicare Part B, do not report 92250 -26 for telemedicine. \$22.51
 - There is a code 92228 that describes what was done
 - Increases utilization significantly
 - What about commercial plans that have published policies state 92250 -26 is appropriate
 - Follow the rules of the commercial payer.

Remote Communication from Patient

- 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)
- G2010 Remote evaluation of recorded video and/or images submitted by the patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, 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.
 - Not billable if staff are communicating with patient; only physician
 - Established patients only
 - Must be HIPAA compliant communication
 - Verbal consent should be documented in medical record for each billed service as the patient may be responsible for part of cost
 - Follow-up may take place via phone call, audio/video communication, secure text messaging, email, or patient portal communication
 - Coverage is at the carrier's discretion

Interprofessional Communication Using Electronic Methods

- 99446 Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review
 - 99447 11-20 minutes
 - 99448 21-30 minutes
 - 99449 31 minutes or more
- 99451 Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including written report to the patient's treating/requesting physician or other

qualified health care professional, 5 minutes or more of medical consultative time

- 99452 30 or more minutes
 - Codes are not appropriate when transfer of care is planned
 - Patients may be either new or established
 - If established, consultant should not have seen patient within 14 days of consult.