Billing for Telehealth Services

Reimbursement for synchronous telehealth for the originating provider:

Yes. The originating provider can be reimbursed if they are present during a telehealth visit with the patient present and a progress note is generated. The scope of the interaction with the originating provider should be documented in the progress note and be distinct from notes provided by the distant site and be the basis of the Evaluation and Management (E&M) and other CPT code(s) billed. If an E&M code is included, the transmission cost fees may be billed. No modifier is needed at the originating site.

Service	Code
Site facility fee	Q3014 (once per day, per patient, same provider)
Transmission Cost	*T1014 (per minute for maximum of 90 minutes per patient, per day, same provider)
Licensed provider fee (if provider is present)	E&M codes 99201-99205; 99211-99215 and other CPT codes for services distinct and in addition to those rendered by the Distant Site Provider.

*Note: Federally Qualified Health Center (FQHC)/Rural Health Center (RHC)/Indian Health Service (IHS) cannot bill for site fee or transmission charges. These charges are included in their FQHC/RHC Prospective Payment System (PPS) rate or the IHS Memorandum of Agreement (MOA) rate.

PCP Setting:

- 99211 – 99215, 99201 - 99205
- Place of Service POS: 02
- Medi-Cal Fee Schedule
- **Modifiers:**
- ❖ **93**: Synchronous, Telephone or Other Interactive Audio-only Telecommunications Systems
- ❖ **95**: Synchronous, Interactive Audio and Telecommunications Systems
- ❖ **GQ**: Asynchronous Store and Forward Telecommunications Systems

Telehealth Exclusions:

- Certain types of services cannot be appropriately delivered via telehealth. These include services that would otherwise require the in-person presence of the patient for any reason, such as services performed in an operating room or while the patient is under anesthesia, where direct visualization or instrumentation of bodily structures is required, or procedures that involve sampling of tissue or insertion/removal of medical devices. A provider must assess the appropriateness of the telehealth modality to the patient's level of acuity at the time of the service.
- FQHCs, RHCs, and Tribal 638 Clinics cannot bill using HCPCS codes G2012 or G2010.
- Partnership does not cover communication between providers outside that described as eConsult. Partnership does not cover patient-provider communication via email, text, or written communication.

For additional information regarding billing for telehealth services, you may find our policy here.

Frequently Asked Questions: For Providers

Billing for Telehealth Services

1. **Are PCPs able to bill for specialty telehealth visits?**

Yes. All telehealth services must be billed with location code 02, with the exception of Federally Qualified Health Clinics (FQHC), Rural Health Clinics (RHC) and Indian Health Systems (IHS).

2. **What is the billing/reimbursement policy for Tribal Health Clinics (IHS)?**

Tribal Clinics would bill using the applicable Revenue Code and HCPCS code. Revenue Code and HCPCS code, as described below in detail, which would be paid at the Prospective Payment System (PPS) or All-Inclusive Rate (AIR), respectively. Revenue Code (0520) in conjunction with a HCPCS code (T1015), but would also include the appropriate corresponding CPT codes (i.e., 99201-99205 for “new” patients, and 99211-99215 for “established patients”) on the “informational” line relative to the complexity of the virtual/telephonic communication. HCPCS code G0071 applies to Medi-Cal FFS. Billed on payable claim line and should not include a corresponding revenue code. GQ modifier is not valid with G0071.

3. **What is the reimbursement for traditional synchronous telehealth services for the originating site provider?**

Service	**Code**
Site facility fee	Q3014 (once per day, per patient, same provider)
Transmission Cost	T1014 (per minute for maximum of 90 minutes per patient, per day, same provider)
Licensed provider fee (if present)	E&M codes 99201-99205; 99211-99215 and other CPT codes for services distinct and in addition to those rendered by the Distant Site Provider.

4. **What is the reimbursement for traditional synchronous telehealth services for the distant site provider?**

Service	**Code**
Transmission Cost	T1014 (per minute for maximum of 90 minutes per patient, per day, same provider)
Initial hospital care or subsequent hospital care, critical care (new or established patient)	Inpatient hospital: 99221-99233 Critical care: 99291 or G0508; 99292 or G0509
Extended inpatient care	99418

Frequently Asked Questions: For Providers

Consultations: Office or other outpatient (initial or follow-up) inpatient and confirmatory	99242-99245; 99252-99255
Genetic counseling	S0265
Nutrition counseling per Partnership guidelines (see Policy MCUP3052)	97802, 97803, 97804, G0108, G0109
Other covered procedures that can be provided by telemedicine*	All CPT codes **(Except for these excluded codes****: **Anesthesia:** 00100-01999 and 99100-99157; **Surgery:**10021-69990; **Speech/Occupational/Physical Therapy:** 96101-97546, 97750-97799, 97161-97164, and 98970-98972; **Wound care:** 97597-97610; **Acupuncture, osteopathic manipulation, chiropractic manipulation:** 97810-98943;
Virtual/Telephonic Communications (Brief video or phone visit with a patient or a provider in office and patient remote from office (in lieu of office visit))	**G2012** – Brief virtual/telephonic communication with another practitioner or with a patient (5-10 minutes of medical discussion) **Place of Service Code "02"** – must be documented on the claim to indicate that services were provided through a telecommunications system.
Required modifier - video	95 modifier required for all CPT-Codes except Transmission T1014 Cost code and G2012 code.
Required modifier – audio-only	93 modifier required for all CPT-Codes except Transmission T1014 Cost code and G2012 code.

5. **What are the billing guidelines for originating eConsult (store and forward) site providers?**

Service	CPT Codes
Retinal photography with interpretation for services provided by Optometrists or Ophthalmologists	92250 (do not use modifier)
OR	
Remote imaging for detection of retinal disease with analysis and report under physician supervision, unilateral or bilateral	92227 (do not use modifier)
Site facility fee	Q3014

If provider is present at visit, E&M codes can also be billed as usual. The scope of the interaction with the originating provider should be documented in the progress note. The originating site fee and the Transmission Cost fees may still be billed. No modifier is needed.

6. **What are the billing guidelines for distant eConsult (store and forward) site providers?**

Service	CPT Codes
Office consultation, new or established patient follow up hospital visit	99242-99243 99231-99233
Remote evaluation of recorded video and/or images submitted by the patient	**G2010 –** Remote evaluation of recorded video and/or images submitted by an established patient including interpretation, not originating from a related evaluation and management service provided within the previous 7 days nor leading to an E&M service or procedure
Retinal photography with interpretation for services provided by optometrists or ophthalmologists (should not be used if originating site is submitting claims with this code)	92250
Required Modifier:	All asynchronous, store and forward services are billed with a “GQ” modifier 2

7. **What guidelines must distant site providers follow in order to bill for asynchronous eConsult services?**
    1. Create and maintain record of the review and analysis of the transmitted information with written documentation of data of service and time spent (between 5-30 minutes).
    2. Record of preparing a written report of case findings and recommendations with conveyance to the originating site.
    3. Record of maintenance of transmitted medical records in patient's medical record.

Providers meeting Medi-Cal standards may bill for eConsult services provided using the following CPT code:

Service	**Code**
eConsult, electronic consultation	99451
Required Modifier:	"GQ" modifier

8. **What are the allowances for reimbursement for synchronous provider to patient telehealth services?**

Provider to patient synchronous telehealth services are allowed to be provided and billed for when services are between a qualified provider and a patient at a distant location. The patient's location is considered the originating site and may be a health facility, residential home, patient's home, or other location. The qualified provider would be at the provider site and the patient would not be present.

9. **Can a provider bill and be reimbursed for a telephone visit?**

Yes. Any clinician who is eligible to bill for office visits may conduct a phone visit with a patient in lieu of an office visit. A phone visit must last at least 5 minutes and be documented in patient's medical record. The billing codes used will be the same codes used for video visits with the patient at home.

10. **What should providers do if they have any issues with claims for reimbursement of telehealth services?**

If you have any issues specific to telehealth claims billing, email telemedicine@partnershiphp.org indicating you need to discuss a claim. You will be contacted directly to help resolve your issue. Our telehealth department wants to be aware of any and all issues that our sites face first and we will discuss it with the varying departments at Partnership to help assist in resolution.

11. **Is a virtual clinic considered a telemedicine visit for billing?**

A virtual clinic would fall within the same billing parameters as the originating site billing.