Telemedicine 2024

Updates Calendar Year 2024



Telemedicine Key Points

Documentation:

Documentation and Payment of Telehealth is Payer-specific.

UBMD follows Medicare guidelines and recommendations.

Effective till December 31, 2024

Must be on a HIPAA Compliant software platforms such as Doxy.



Audio/Visual Telehealth Documentation

Providers can choose either Time or MDM – To select the level of E/M Codes

- Patient Consent must be documented prior to rendering the service to the patient. (Written or Verbal)
- Inform the patient of possible cost sharing, as the patient might have a patient cost responsibility.
- **MUST** be on audio on HIPAA-compliant software platform such as (DOXY for example).



Audio/Visual Telehealth Documentation

Further Documentation Guidelines:

- The visit was initiated by the patient, who was present for the visit.
 - Patient requests/confirms Telehealth visit
- Document patient location (i.e., home, office, clinic, etc.)
- Document provider location
- Document the reason for the visit
- Document as this is an office visit.
- If using Time for your visit code, you must document how you spent that time with the patient.
 - Example: A total of 20 minutes was spent with Mr. Z today for his follow-up encounter. For this time, I reviewed the patient charts prior to the visit. During the visit, we discussed the plan regarding his HTN, HDL, and 2DM. Prescription management options were discussed and ordered. A follow-up is set for a 6-month visit. Please review my assessment and plan for further details.

Very Important: ***Document a description of how that time was accrued for the patient. This can be pre-, intra, and post-time for a TOTAL time for the day of the appointment.****



Billing Notes

- Check with insurance companies as not all insurance companies will pay for Telehealth Audio Visits and Modifiers utilized for Billing.
- Telehealth is not to be billed for the delivery of biopsy results, MRI results, blood work results, test results, etc.
- Telehealth cannot be billed if a visit is related to a previous E/M encounter within the past 7 days.
- Telehealth cannot be billed if related to preplanned E/M encounter within 24 hours.
- Telehealth cannot be billed if this service results in the scheduling of an E/M encounter within 24 hours.
- Home Address Location Site:
 - For providers, waived until 12/31/2024. This can also be suppressed, if necessary, not to show on the HCFA 1500 claim form.
- FYI: Mental and Behavioral Health have additional notes.



Telephone Visits

Telephone evaluation and management service by a physician or other qualified healthcare professional who may report evaluation and management services provided to an established patient, parent, or guardian.

PAYER DEPENDENT ON FEE SCHEDULE

- 99441 5-10 minutes of medical care
- 99442 11-20 minutes of medical care
- 99443 21-30 minutes of medical care
- Also not allowed within the post-op period of a previously completed procedure.
- Not to be used for incidental services.

FYI: UHC Service Protocol states not to have Telehealth services in a car.



e-Visit/Portal/Digital Online Digital Visits

MUST BE: Password and HIPAA-protected patient portals to communicate with providers online.

- Up to 7-day cumulative time Reported once over the period of 7 days.
- If less than 5 minutes do not report.
- No code for > than 21 minutes.
- Not billable if during the post-op period.
- Not billable if the problem relates to an E/M that occurred in the previous 7 days.
- Established patient.
- Initiated by the patient via an online inquiry.
- A timely response is required.
- Must be stored permanently in the patient's record.
- Not billable for lab results.
- Not billable for refill prescriptions.

Code Set

99421: cumulative time 5-10 mins 99422: cumulative time 11-20 mins

99423: cumulative time 21 or more mins







Questions or Follow Up

Compliance Department:

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12/14/23