

Important Content Update Message

We are currently updating the OP Help Center content for the release of OP 20. We appreciate your patience as we continue to update all of our content. To locate the version of your software, navigate to: **Help tab > About**.

Exploring Telehealth: Templates and Billing Tips

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Billing for Telehealth is **VERY** state **AND** insurer dependent **AND** changing every day. Here are some of the most important questions to ask, addressed by Dr. Sue Kressly:

🗨️ Are there Templates already in OP for Telehealth?

Symptom, Diagnosis, and Well Visit Templates are available for importing into OP. They are available as Template Packages.

Click the following links to access the file download pages:

- [Telehealth Symptom Template Package](#)
- [Telehealth Diagnosis Template Package](#)
- [Telehealth Diagnosis Template Package: Additional Templates added \(3/27/2020\)](#)

Click [here](#) to download a zip file containing a PDF of each of the templates included in the packages above.

- [Telehealth Well Visit Template Package](#)



Note: For visits based on time, such as mental health visits, review the article for [OP Coding Decision Support](#).

🗨️ Can I bill for Telehealth if the patient is at home?

Why ask this question? When Telehealth started, it was conceived to connect providers to each other to increase specialty expertise. So connecting the PCP to a specialist while the patient was in the office, or the ER to the neurosurgeon at a different place. So the definition of CMS telehealth was that the patient had to be "in a healthcare facility."

Make sure that your payers have moved beyond that and will allow you to treat patients who are at home or in their car or "wherever the patient may be." Remember just because you get your claims processed and paid, doesn't mean you did it correctly. They can come back and take it all back if it wasn't according to their directions.

🗨️ What codes/modifiers should I use?

MOST (but not all) payers are now saying use the E/M codes with a modifier. What modifier? Well -95 is the most common one, but some are still using the old original Medicare -GT modifier.

There are different codes that went into effect this year that are for PATIENT initiated electronic consults (like a back and forth portal message exchange where you decide to treat something)...but payers have not gotten them loaded into their claims processing systems yet for the most part (but CHECK your payers!)

🗨️ How much will they pay me?

This depends on *YOUR* contract with *EACH* payer and OP can't help you with that information. You may be able to find much of this information in online Payer Policy Manuals.

Will there be a patient responsibility?

This depends on every patient's insurance coverage. Even when the government said "no copays for COVID19 care for patients"...they can't mandate this to everyone. And, remember that 50% of commercially insured patients, really aren't covered by that carrier, they are employer sponsored plans administered by the national carrier...and they can't mandate employers cover anything.

Can I charge the patient cash?

It DEPENDS. If Telehealth is rejected by the payer as a "non-covered service" and they are NOT Medicaid patients...then you can charge. But, if the payment is just lousy....you CANNOT charge the patient...or if it comes back as a "bundled" service (already covered in capitation, for example), you can't bill the patient.

What is the AAP doing?

Leadership at the AAP, including the Payer Advocacy Advisory Committee sent an email to the national carriers on 3/13/20 asking them to articulate what they are doing. That survey was also given to all of the states Pediatric Councils to distribute. That information will be collected and shared with AAP membership.

Remember, you will likely LOSE some countable bullet points when doing Telehealth visits. It's very difficult to get enough exam elements to get to a 99214, but 99213 is doable. You CAN use time, but remember that >50% of the visit must be for COUNSELING or COORDINATION of care..and you must document.

What's the Place of Service?

Place of service billing for Telehealth is DIFFERENT...so make sure your claims reflect that. Review the [CMS Place of Service Code Set](#) to see what makes sense for your visits.

Where can I find consent forms for Telehealth if my platform doesn't already have one?

Some states have specific language that is required so check with your state medical society if you are unsure, but here are some examples:

- [Southwest Telehealth: Telemedicine & Informed Consent: How Informed Are You?](#)
- [AAP: Telehealth Support Sample Documents](#)
- [Upper Midwest Telehealth Resource Center: Informed Consent Form for Telemedicine Services](#)
- [American Telemedicine Association Forms](#)