Innovative Encounters Issue Brief

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Introduction to Telehealth Codes

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I. **Introduction**

The use of telehealth to care for patients is gaining more traction among providers, patients, and health care payers. As telehealth services increase, more and more providers will want to offer these services and they will need knowledge of the codes for these services. Currently, there are codes available to identify telehealth services. Ongoing acknowledgment of the application of current codes or the development of new codes will further address the needs for coding for telehealth services and potentially address current challenges with adoption of new technologies for delivering healthcare services.

II. **Purpose of this Issue Brief**

The purpose of this issue brief is to provide introductory information on codes for telehealth services, development of codes for telehealth services, and challenges with telehealth coding.

III. **Scope**

The scope of this issue brief is to provide introductory information on codes for telehealth services by individual health care providers. The issue brief will not address any of the following.

- Provide advice on how to code specific telehealth services
- Coding of telehealth services by facilities or institutions
- Specifics of reimbursement policies for telehealth services
- Claims and remittance processes for telehealth services

The Innovative Encounters Workgroup is planning to develop a separate issue brief on the payer perspective of telehealth codes.

IV. **Coding of Telehealth Services**

The advancements in technology and telecommunications over the past 20 years have allowed for the growth in telehealth services and its use in the treatment of patients. While telehealth services may still be a limited portion of all health care services delivered, the expectations are that its use will continue to expand. Case studies and personal experience are proving the benefits of telehealth with improved patient outcomes and lower health care costs, which is bolstering the growth.

As providers look to offer telehealth services, several questions are explored. Initial questions are about the functionality of providing telehealth services. Can the services be done via telehealth? What technology is needed to support the telehealth services? And inevitably, the questions turn to reimbursement. Are telehealth services covered? What is the reimbursement for telehealth services? How do I code for the services?

While there is a link between procedure codes and reimbursement, they are also separate. The payers determine whether or not telehealth services are covered and what requirements must be met for coverage to apply. The procedure codes provide the explanation of what service was provided in order for the payer to determine the coverage. Providers wishing to offer telehealth services need to refer to their payers' information on what services are covered and how to code for those services.

a. Codes for Telehealth

The Healthcare Common Procedure Coding System (HCPCS) is comprised of Level I and Level II code sets. HCPCS Level I is comprised of Current Procedural Terminology (CPT®) code set, which is used to code professional (i.e., non-institutional) procedures and services. HCPCS Level II is maintained by the Centers for Medicare & Medicaid Services (CMS) (and is commonly referred to as simply HCPCS). (The CMS Level II HCPCS code set can also include professional procedures and services, if CMS determines such codes are not available in the CPT code set.) The CPT code set is maintained by the CPT Editorial Panel (Panel), an independent, multi-stakeholder body appointed by the American Medical Association (AMA).

Although it was not recognized as telehealth at the time, CPT 99091 was added to the code set in 2002. It was used to report the collection and interpretation of physiologic data (e.g., blood pressure, glucose monitoring) digitally stored and transmitted by the patient to the physician or other qualified health care professional. Since 2002, other codes have been added or revised to HCPCS Level II and CPT that may be used for reporting telehealth services. Table 1 provides a sample of current telehealth HCPCS Level II and CPT codes.

Table 1. Sample of Telehealth HCPCS Level II and CPT Codes

Service	HCPCS Level II	CPT
Office or other outpatient visits		99201-99215
Annual Wellness Visit – first and subsequent visit	G0438-G0439	
Telehealth consultations, emergency department or initial inpatient	G0425-G0427	
Follow up hospital care services		99231-99233
Follow up nursing facility care services		99307-99310
Transitional care management		99495-99496
Kidney disease education services	G0420-G0421	
Diabetes self-management training services	G0108-G0109	
Individual psychotherapy		90832-90834 and 90836-90838
Family psychotherapy – with or without the patient present		90846-90847
Annual depression screening	G0444	
Annual alcohol misuse screening	G0442	

The above sample of HCPCS Level II and CPT codes gives insight into the types of screening, management, and education services that have codes for delivery via telehealth.

Modifiers reported with a HCPCS Level II or CPT code indicate the type of telehealth service performed. HCPCS Level II modifier "GT" identifies that the service was provided through a real-time audio and video format. Telehealth services performed asynchronously are identified using the "GQ" HCPCS modifier, which is currently supported for use for specific patient populations within Medicare. Visit the CMS website for more information regarding the intended use for modifier "GQ". (Some private payers may also use this modifier, to the extent such services are covered.)

For 2017, CPT has added a new modifier, "95", for reporting synchronous telehealth services delivered via real-time interactive audio and video. All requirements for the face-to-face service must be met during the telehealth encounter in order for the modifier to apply. Appendix P of the CPT code set provides a complete list of CPT codes that may be appended with the "95" modifier. As noted previously, providers should consult payer policy to determine the CPT codes that should be reported for telehealth services.

b. Development Work for Telehealth Codes

As the use of telehealth has expanded, there has been interest in creating codes to more precisely represent unique, emerging telehealth services being provided. To meet this need for CPT, the CPT Editorial Panel formed the Telehealth Services Workgroup (TSW) in September 2015 with the charge of developing new codes and revising existing codes for telehealth. With the assistance of the TSW, the Panel, which is responsible for management of changes to the CPT code set, has accepted several code change applications, including the addition of Appendix P and the new modifier. Information about Panel public meetings and applications to request CPT codes are available on the AMA website.

Requests for changes to HCPCS are managed by CMS. They hold public meetings where requests for codes are presented and industry feedback is obtained on preliminary recommendations. Additional information about the meetings and how to request HCPCS codes is available on CMS' website.

Because telehealth itself is still evolving, the codes for identifying the services are expected to continue to change over time, as well.

V. Challenges for Telehealth Coding

Due to the expanding interest in the use of telehealth services, work is underway to support wider spread adoption by providers by addressing the following.

- Lack of definitions to distinguish telehealth data generation from telehealth patient services.
- Industry assumption of gaps in current codes to identify telehealth services.
- Creation of codes for universal use that still capture various nuances of telehealth services.
- Coverage, valuation, and payment of telehealth services vary significantly among payers.
- Requirements that must be met for a valid telehealth service vary among payers.
- Limitations on aggregation of gathered data into consumable reports.

- Definitions of telehealth services vary among states.

These challenges, while not all under the control of the CPT and HCPCS Level II development processes, are taken into consideration in their work. Addressing these challenges will help to spur adoption of telehealth services.

The Innovative Encounters Workgroup is planning to focus on barriers for the adoption of telehealth services in its future work.

VI.   Conclusion

Telehealth services are becoming more common in health care delivery and there is currently a range of services that can be delivered via telehealth. As the range of services expands, the CPT and HCPCS Level II development processes are in place to meet those needs. The challenges that face the coding of telehealth services will need to be addressed as well in order to maximize the full potential of telehealth.

VII.   Acknowledgements

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