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Changing What's Possible

School Based Telehealth

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Objectives

- Describe telehealth services, documentation, and billing guidelines for each
- Understand specific requirements for school-based telehealth billing
- Review school-based telehealth billing general questions

Telehealth Services Billing & Documentation

Video Visits

- A video visit is a visit performed using **live, interactive video and audio.**
- Platform used must be **HIPAA Compliant** (i.e. Andor, Doxy.me, Teams, Vidyo, Doximity).
- Provider must select code as if the service was provided in person; E/M category is based on patient status (inpatient vs. outpatient).
  - Examples:
    - 99202-99215; 99242-99245 (Office or other outpatient visits)
    - 99281-99285 (Emergency department visits)
    - 99252-99255; 99221-99223; 99231-99233, 99238 (Inpatient visits)
    - G0425-G0427 (Medicare telehealth consults, emergency department or inpatient)

Video Visit Required Documentation

- Documentation must include the following:
  - A statement that the service was provided using telemedicine;
  - The location of the patient;
  - The location of the provider;
  - Medical necessity of the visit;
  - Total time
    - **SC Medicaid requires start and stop time only if also required for a face to face service**
    - All other payers allow total time but not time range
  - The names of all persons participating in the telemedicine service and their role in the encounter, as applicable.

Telephone Visit (Virtual Check-in)

- A telephone visit (AKA virtual check-in) is a visit using **telephone only, without video**.
- Billing is based on the provider type and total time of the visit:

MD/APP	Other Eligible Provider Types
G2012 (5 mins) or 99441 (5-10 mins)	98966 (5-10 mins)
99442 (11-20 mins)	98967 (11-20 mins)
99443 (21-30 mins)	98968 (21-30 mins)

- Cannot be billed if less than 5 minutes OR for communication of test results, scheduling appointments for other communication that does not include evaluation and management services.
- Reported only once for the same episode of care during a 7-day period; cannot report if originating from a related visit provided within the previous 7 days or if communication leads to a virtual visit within 24 hours or soonest available.

Telephone Visit Documentation

Documentation must include the following:

- A statement that the patient provided verbal consent for the billing of the service;
- Medical necessity of the visit;
- Total time (not time range)

Common Question

What do I do if I start a visit as video visit but the patient is unable to connect and the service is ultimately done via telephone?

The service should be billed as a telephone visit and billed based on total time.

E-visit

- An e-visit is an asynchronous communication between a patient and provider through an online patient portal.
- This service **may not be used** for work done by clinical staff (i.e. nurse, CMA).

MD/APP	Other Eligible Providers (NON-MEDICARE)
99421 (5-10 mins)	98970 (5-10 mins)
99422 (11-20 mins)	98971 (11-20 mins)
99423 (21+ mins)	98972 (21+ mins)

- May only be reported once for the billing provider's cumulative time devoted to the service **for the same or related problem** during a 7 day period.
- If separate E/M service provided during the 7 day period, time spent on e-visit must be incorporated into the separately reported E/M service. Cannot be billed if less than 5 mins.

E-visit Documentation

Documentation must include the following:

- A statement that the patient provided consent for the billing of the service (annually);
- Medical necessity of the visit;
- Total time (not time range)

Interprofessional Consults (E-consult)

An Interprofessional consult, AKA e-consult, is a time based visit in which a patient's treating physician/APP requests the opinion/treatment advice of a consulting physician/APP to assist in the diagnosis and/or management of the patient's problem. The service is provided without face to face patient contact with the consultant. The service includes ***medical consultative discussion and review of pertinent medical records, laboratory studies, imaging reports, medications, and path results.***

CPT CODE	REPORTED BY	REQUIRES	TIME	HOW TIME IS SPENT
99446	Consulting provider	Verbal and written report to requesting	5-10 mins	Medical consultative discussion and review (>50% is in discussion)
99447	Consulting provider	Verbal and written report to requesting	11-20 mins	"
99448	Consulting provider	Verbal and written report to requesting	21-30 mins	"
99449	Consulting provider	Verbal and written report to requesting	≥ 31 mins	"
99451	Consulting provider	Written report to requesting	≥ 5 mins	Medical consultative discussion and review (>50% is in review)
99452	Referring provider	N/A	16-30 mins	Preparing for referral and/or communicating with the consultant on a single date

- Not reported if in-person visit in past 14 days, next available appt is scheduled, or transfer of care
- Cannot report 99446-99451 more than once in 7 day period.

E-consult Documentation

Documentation must include the following:

- A statement that the patient provided verbal consent for performance and the billing of the service;
- Request with reason for consultation;
- Medical necessity of the visit;
- Total time (not time range)

School-Based Telehealth Billing

What's Different about School-Based Telehealth Billing?

Not much! Billing for school-based telehealth is very similar to regular telehealth billing.

Place of Service

- Medicare: 03 *(POS as if patient presented in person)*
  - *Extension valid until 12/31/24*
  - *Effective 1/1/25, report POS 02*
- Medicaid: 02
- BCBS: 03 *(POS as if patient presented in person)*
- UHC: 02
- Cigna: 02
- Aetna: 02
- Tricare: 02

Box 32 Service Location

Per CMS: *Generally, for services paid on the Medicare physician fee schedule, in order for the correct locality payment amount to be determined, physicians and other practitioners are required to enter on the claim in item 32 the address of the location where the service was furnished.* ***In the case of telehealth services as well as other services where the patient and practitioner are in different geographic locations, the practitioner should enter on the claim the address where they typically practice.***

School-Based Telehealth Billing Questions

Should I Only Bill Patients with Insurance?

No. Best practice is that your charging be the same regardless of patient coverage.

Can I Offer Financial Assistance to Patients in Need?

Yes. Our practice is to connect patients needing financial assistance with financial counseling, who then determine the patient's eligibility for Medicaid, Charity Care, etc.

Are Certain CPT/HCPCS Codes Not Reportable for School-Based Telehealth?

No. As long as the service is allowable via telehealth and POS 03 is an approved originating site per the payer, the service may be billed.

Can Only Certain Providers Perform School-Based Telehealth?

No. If the provider is practicing within their scope of practice, there are no restrictions on who can perform school-based telehealth services. Please note, depending on the payer, the provider may not be covered to bill telehealth services.

> ***Example**: BCBS does not provide telehealth coverage for Registered Dietitians or nutritional professionals.*

Is School-Based Telehealth a Good Initiative Given Decreased Reimbursement?

This will depend on your health system and its goals. Your organization will determine the appropriate return on investment and whether to continue/discontinue school-based telehealth.

How Is Consent Obtained?

Our organization prefers that written informed consent be obtained. If this is not possible, we do allow for verbal consent. However, the patient must be provided a copy of our consent documents to afford them the opportunity to review and agree. All forms of consent, verbal and written, are to be documented in the patient's medical record.

Questions?

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