Epic KNOWLEDGE BUILDER   Hackensack Meridian Health

Professional Billing: Telehealth and Telephone Visit Billing Rules

Telehealth (interactive face to face visits through platform) and Telephone (non-face to face visits) have distinct billing requirements with payors. Certain payors require Telehealth place of service codes and/or GT/95 modifier. Following are the list of payors and special billing guidelines:

Place of service codes: Following payors require place of service code 02 for all Telehealth services provided utilizing interactive mode of communication to complete face to face visit:

Payor
Aetna Better Health
Aetna Commercial
Amerigroup
Amerihealth
HORIZON NJ HEALTH

Telehealth 95 Modifier: List of payors that require 95 modifier for Telehealth services:

Payor List
Aetna Medicare Advantage
Clover Health
Medicare
Medicare Railroad
United AARP Complete

Telephone Visit CPT codes: List of payors that require Telephone Visit non-face to face services rendered by telephone be billed with CPT code G2012.

Payor List:	**Date of Services**
Cigna	All DOS

All other payors should be billed with CPT codes 99441-99443 based on documentation. DO NOT BILL WITH GT/95 MODIFIERS

*For more information, contact: the training teams for your Service Area

V.4.7.20

Billing Charge Review Rules:

1. **HMMG PB Telehealth Visit Type/GT/95 Modifier Without POS 02:**

Rule edit as an error when visit is scheduled as new or est Telehealth or mod GT/95 is present and POS is not 02 for specific payors. Update the POS to 02 to clear the edit for telehealth visit.

2. **HMMG PB Telehealth Visit Type/GT or 95 Modifier/POS 02 Without Correct Payors**

Rule edit as an error when visit is scheduled as new or est Telehealth or mod GT/95 is present and POS is 02 for payors not accepting POS 02. Update the POS to office 11 for telehealth visits.

3. **HMMG PB Telephone CPT Validation Rule:**

Error message: Telephone Visit codes (99441-99443) are not billable to Cigna for any DOS. Please update the code per documentation guidelines to clear the edit.

4. **HMMG PB Telephone CPT G2012 Validation**

Error message: Telephone Visit codes G2012 can't be billed to all payors except Cigna all DOS. Please update the code per documentation guidelines to clear the edit.

5. **HMMG PB Telehealth Missing GT/95 Modifier**

Warning message: Patient is scheduled for telehealth visit and charge is missing GT/95 mod. Add GT/95 mod if telehealth visit was performed utilizing face to face interaction platform.

6. **HMMG PB Telehealth payor require 95 modifier:**

Rule will edit as error message when scheduled Telehealth visit is billed to Medicare and Mcare Advantage and missing 95 mod. Add 95 mod to clear the edit.

7. **HMMG PB Telephone visit can’t be billed with telehealth modifier:**

Rule will edit as an error when CPT codes G2012 and 99441 – 99443 (except Medicare and Medicare Advantage plans) are billed with GT or 95 modifier. Remove modifier for Telephone visit to clear the edit

8. **HMMG PB Modifier GT and 95 can’t be billed together**

Rule edit as an error when both modifiers are billed together on the charge line. Remove the incorrect modifier per payor guidelines to clear charge for telehealth services.

Manually enter charges from the Telephone Encounter Form

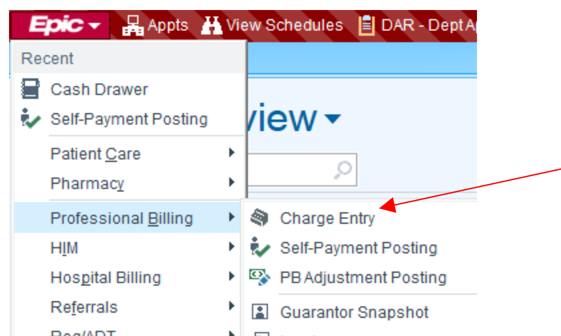
Utilize this workflow if you are entering charges manually:

1. The provider will need to complete the Telephone Encounter Form.

Telephone Visit Encounter From

PATIENT INFORMATION:	
Patient Name:	Date of Service:
Date of Birth:	Referring Provider:
Medical Record #:	Referring Provider Contact:

2. Under the Epic button, click on Professional Billing then click Charge Entry



3. The Charge Entry Batch Selection screen will open. Click Create Batch

***For more information, contact: the training teams for your Service Area**

V.4.7.20

4. At the Batch Options pop-up, users will need to enter the Procedure Count listed on the encounter form completed by the provider then click Accept

5. On the Charge Entry form, enter the patient's name. Make sure it's the proper Guarantor Account and Coverage.

6. Enter the date of service, Visit should be NEW

7. Enter the provider's name in Service and Billing Provider

8. Enter department.

*For more information, contact: the training teams for your Service Area

V.4.7.20

9. The Diagnosis and Charges will be from the form completed by the provider

Diagnoses (2) Primary: ICD-10-CM Alternate: ICD-9-CM

	Code	Description	Qualifier
1			

Charges (3)

	Code	Description	Svc Date	Svc Prov	Bill Prov	Bill Area	Modifier	Diagnosis	Qty	Amount
1										

10. Click Accept and this should bring you back to your batch form. Make sure there are no discrepancies between the Procedure Counts.

Batch Information - 2279 (Open)

Non real-time batch, encounter form, hospital slip.
Comment:

	Control	Current	Difference
Procedure hash		99442	
Procedure count	1	1	0
Provider hash		6631421050	
Diagnosis hash		609	
Charge amount		220.00	

Sessions — Close Batch | Process Batch | Reject Batch | Edit Batch

#	Encounter	Patient	Service Date	Service Provider	Department	User
1		LISBON,MARY FP	03/25/2020	Drew Lisbon	HUMG MWMH ESSE...	FPFRONTDESK50-LI...

11. Close the batch and make note of the Batch Number

12. Click Report at the lower left half of the screen to print your batch report

Sessions

#	Encounter	Patient
1		LISBON,MARY FP

Report

13. Click Process Batch

Reopen Batch | Process Batch

*if you forget to print your report, under your Epic button, locate Reports>Professional Billing Reports>Charge Entry Batch Report. You can enter the batch number there and pull the report.

***For more information, contact: the training teams for your Service Area**

V.4.7.20

Enter charges from Charge Reconciliation Report (non-Ambulatory Practices)

Utilize this charge posting workflow for scheduled appointments if you are in an office that does not use the Epic Ambulatory module:

1. The provider will need to complete the Telehealth Encounter Form or Telephone form based on the type of services rendered.

Telehealth Encounter Form

PATIENT INFORMATION:	
Patient Name:	Date of Service:
Date of Birth:	Referring Provider:
Medical Record #:	Referring Provider Contact:

TELEHEALTH CODES			
	New Patient		***Established Patient***
	99201 Level 1 Brief		99211 Level 1 Brief
	99202 Level 2 Limited		99212 Level 2 Limited

2. Run the Open Encounters/Missing Charges Reconciliation report to post charges for arrived/completed appointments.

   a. Access the report by clicking the Epic button > Reports > My Reports > Library > Search Library for: Open Encounters/Missing Charges Reconciliation. Please note these reports are broken down by bill areas in SA600. Access applicable report in SA800.
   b. Select your bill area and click Run

Here is an example of the report.

Filters | Options | Appts | Patient Station | Unit Charge Entry | Mark as Under Review | Mark As Reviewed

Select All

MRN	DOB	Patient	Type	Date	Department	Provider	Status	Type	Enc Closed?	Potential Chgs	Pend
0643289	10/22/85	Al	Office Visit	10/31/2018	HUMG BMF...	Jesus Alvare...	Completed A...	NEW PATIE...			
103472771	09/08/85	Ja	Office Visit	10/30/2018	HUMG BMF...	Jesus Alvare...	Completed A...	HUMG CON...			
103433259	01/25/83	Ng	Office Visit	10/30/2018	HUMG BMF...	Jesus Alvare...	Completed A...	HUMG CON...			
100638913	05/10/81	Ka	Appointment	10/29/2018	HUMG BMF...	Jesus Alvare...	Completed A...	PROCEDUR...			
0520975	05/12/78	Sc	Appointment	10/26/2018	HUMG BMF...	Jesus Alvare...	Completed A...	PROCEDUR...			
0726662	11/09/84	Ru	Office Visit	10/24/2018	HUMG BMF...	Jesus Alvare...	Completed A...	HUMG CON...		1	
0242430	05/13/83	Ki	Appointment	10/22/2018	HUMG BMF...	MFM NURS...	Completed A...	POSTPARTU...			
103412061	12/13/84	Ta	Appointment	10/19/2018	HUMG BMF...	Jesus Alvare...	Completed A...	PROCEDUR...			
9130543	02/19/79	Sa	Routine Pren...	10/16/2018	HUMG BMF...	Jesus Alvare...	Completed A...	OB VISIT			
9720806	01/14/80	S	Office Visit	10/11/2018	HUMG BMF	Jesus Alvare	Completed A	HUMG CON			

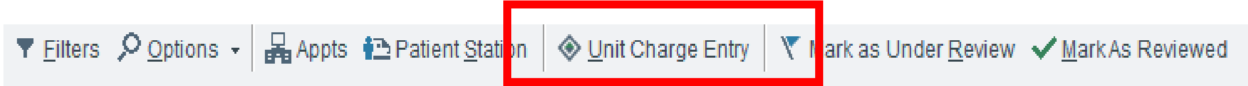
Encounter Charge Detail

Office Visit for A [0643289] on 10/31/2018 at 14:00
Status: Completed Appt

Encounter Charges
Expand All Collapse All
No charges found.

Review History
Encounter Review History
No review history

3. Along the top of the report, click on Unit Charge Entry, this takes users to the charge entry screen and allows them to enter the missing charges:



4. On the Charge Entry form, enter the patient's name. Make sure it's the proper Guarantor Account and Coverage.

Charge Entry - TAR: 47485 (adding new session)

Encounter Details (1)

Enc form:		Patient:	LISBON,MARY FP [200709371]
Account:	LISBON,MARY FP [60000054	Svc date:	Visit: NEW
Coverage:	AETNA , AETNA PPO Edit	Claim info:	Select
Svc prov:		Bill prov:	
Department:	HUMG MWMH ESSEX 11 [60	POS:	11 HUMG MWMH ESSEX POS [6
Referral:	View	Ref src:	
Price cntr:		Reimb cntr:	

5. Enter the date of service from the form, Visit should be NEW

Svc date: 3/25/2020 Visit: NEW

6. Enter the provider's name in Service and Billing Provider

Svc prov: LISBON, DREW [FPCAD2105 Bill prov: LISBON, DREW [FPCAD21050]

**Depending on the Coverage, be mindful that the POS may need to change (i.e., from POS 11 to 02)*

Department: HUMG MWMH ESSEX 11 [60 POS: 11 HUMG MWMH ESSEX POS [6

7. Enter the Diagnosis and Charges from the form completed by the provider

Diagnoses (2) Primary: ICD-10-CM Alternate: ICD-9-CM

	Code	Description	Qualifier
1			

Charges (3)

	Code	Description	Svc Date	Svc Prov	Bill Prov	Bill Area	Modifier	Diagnosis	Qty	Amount
1										

8. Click Accept

Other items in the activity toolbar for this report:

Filters: You can filter items in the report by MRN, add or edit filters for any of the column items listed.

Options: Users can edit the options for the report.

Appts and Patient Station: You can enter the appointment desk or patient station for the highlighted patient.

Mark as Under Review/Mark as Reviewed: These identify the entries that are either being worked on or have already been reviewed. This is utilized in the Review Status column.