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Telehealth Billing Compliance: Medicare Says Goodbye to the GT Modifier



POSTED BY NATHANIEL M. LACKTMAN ON 12 MARCH 2018

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For over a decade, Medicare has required providers to append special modifiers to their CPT and HCPCS codes when billing for telehealth services. The two primary modifiers for telehealth services were GT (indicating the service was delivered via an interactive audio and video telecommunications system) and GQ (indicating the service was delivered via an asynchronous telecommunications system). Effective January 1, 2018 that has changed because CMS has decided to largely eliminate the requirement to use the GT modifier on telehealth claims.



Instead of using the GT modifier, providers must mark their telehealth services claims with "Place of Service (POS) 02." A POS code is required on professional claims for all services – telehealth or otherwise – and using POS 02 signals to Medicare that the service was provided via telehealth. Previously, providers were instructed to use the POS code for where the patient was located at the time of the service. Effective January 1, 2018, POS 02 is to be used for all telehealth services under Medicare. The introduction of POS 02 rendered it unnecessary to also require the distant site practitioner report the GT modifier on the claim.

Gone ... But Not Entirely

There are a couple specific situations where CMS still wants providers to use GT or GQ modifiers. Critical Access Hospitals (CAHs) billing for distant site practitioners under Method II must continue to use the GT modifier on institutional claims. This is

because institutional claims do not use a POS code, so Medicare still needs a way to identify those services as telehealth. In addition, for those providers participating in the Alaska or Hawaii federal telemedicine demonstration programs, they must still use the GQ modifier to maintain the distinction between synchronous and asynchronous telehealth services.

Careful Coding Counts

Providers must keep in mind, however, that by billing claims with POS 02 (or with GT or GQ), the provider is certifying that both the broad and code-specific telehealth requirements have been met. This includes all the statutory requirements for telehealth service coverage under Medicare (e.g., rural area, originating site, interactive audio and video telecommunications system). If a provider delivers a telehealth service while a Medicare patient is located at home, the service would not meet the Medicare statutory requirements and the provider should not append POS 02 (or GT or GQ) to that code. False or erroneous coding of claims can expose providers to audits, overpayments, and potential liability under the False Claims Act.

The Government is Paying Attention

The rapid growth of telehealth has also caught the attention of HHS Office of Inspector General, which recently announced two new projects to audit billing of telehealth services under Medicare and state Medicaid programs.

- Under the first project, OIG will review Medicare claims paid for telehealth services provided at distant sites that do not have corresponding claims from originating sites to determine whether those services met Medicare requirements. An eligible originating site must be the practitioner's office or a specified medical facility, not a beneficiary's home or office. This project is underway and is expected to be completed in 2018.
- Under the second project, OIG will determine whether states' Medicaid payments for services delivered using telecommunication systems were allowable in accord with Medicaid requirements. Medicaid pays for telemedicine, telehealth, and telemonitoring services delivered through a range of interactive video, audio or data transmission (telecommunications). Medicaid programs are seeing a significant increase in claims for these services and expect this trend to only continue.

In general, response from providers in the telemedicine industry was overwhelmingly positive. Most stakeholders appreciate CMS' attempts to reduce administrative burdens on billing and coding technicalities, although certainly some billing software teams will need to reprogram their interfaces to accommodate the new coding processes. Providers and hospitals that take steps to really understand which services

are, and are not, covered under Medicare and Medicaid when delivered via telehealth, will be in a good position to scale up their services and reach more patients with confidence.

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