IHS/VA Direct Care Reimbursement Telehealth/Telemedicine Billing Guidance – Version 1.1

Dated 03/03/2021

Prior to the COVID-19 Public Health Emergency, Medical Services provided to AI/AN Veterans using Technology (Telemedicine) versus Face to Face, were not considered a covered service under the IHS/VA Direct Care Reimbursement Agreement.

Through the efforts of the Veterans Administration and Indian Health Service Leadership, the Direct Care Reimbursement Agreement was amended and signed in September, 2020. Part of this amendment allows for Indian Health Service Providers, providing Telemedicine services to AI/AN Veterans enrolled in the Veterans Administration Medical Benefits Program, to bill and receive reimbursement for such services.

The amendment reads as follows:

I. Section IV. DEFINITIONS, the paragraph beginning with "Direct Care Services:" shall be replaced with the following:

Direct Care Services: The term "direct care services" means any health service that is provided directly by Indian Health Service (IHS), including services delivered through telehealth. "Direct care services" does not include care or service provided by IHS through the IHS Purchased/Referred Care program for care provided outside of the facility. This term does not include travel expenses incurred by eligible Veterans. [Note: Telehealth includes clinical interactions between the patient and the physician or practitioner at a distant site using synchronous telehealth (i.e., video/audio communications)].

This document will serve as guidance on proper billing and accounting for Telemedicine services from IHS to the VA.

Please note this is Version 1.0. This document will be updated, amended, and added to as more information/guidance becomes available.

Effective Date: Immediately with 03/01/2020 (Date of Service on or after)

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Claim Submission:

Billing will be done the same way that other medical billing is accomplished. Billing will be itemized by CPT/HCPC code that most identifies the type of Telemedicine/Telehealth was performed. See table below for the proper CPT/HCPC codes, Place of Service, and Modifiers (when necessary) to use.

Topic	***Scenario***	***Description and Requirements***	***Billing Requirements***
Telemedicine			
Originating Sites: These billing requirements have	Patient comes into the facility and the Provider/Patient are	If the beneficiary *is in a healthcare facility* and receives services via telehealth the	**Codes:** Use Code Q3014 to bill the facility fee

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not changed during this PHE.	present in the same location at the time the service is furnished via a telecommunications system by another outside provider. WHERE THE PATIENT IS.	health care facility would bill for the originating site facility fee. WHERE THE PATIENT IS.	**Form:** CMS 1500 (837P)
Distant Sites:	Medicare defines a **distant site** as, "the **site** where the physician or practitioner, providing the professional service, is located at the time the service is provided via a telecommunications system." ... The service must be furnished via an interactive telecommunications system	WHERE THE PROVIDER IS.	
Place of Service	*For Telemedicine Service, use the Place of Service (POS) code that is equivalent to "where the face to face encounter" would have occurred. Think of the Type of Location*	19 - Off Campus-Outpatient Hospital 22 - On Campus-Outpatient Hospital 23 - Emergency Room/Hospital 11-Office	
Types of Telemedicine	***Currently, there are four TYPES of Telemedicine Visits:*** *Telehealth Visits* *Virtual Check In* *E-Visits* *Telephone E/M Visits*		

Topic	*Scenario*	*Description and Requirements*	*Billing Requirements*
Telehealth Visits: Medicare telehealth services are services that would **normally occur in person** but are instead conducted via telecommunications technology	Patient is at home or any other location and contacts (or is contacted by) an eligible provider via real time synchronous communications. Medicare Provider provides the proper E/M services via **Audio and Video communications.**	Patient and Provider can be at any location. Provider is acting as the Distant Site. Must be Audio and Video, real time communication. Health professionals can bill for **telehealth** services: Physicians Nurse practitioners (NPs) Physician assistants (PAs) Clinical nurse-midwives (CNMs) Clinical nurse specialist (CNSs) Certified registered nurse anesthetists (CRNAs) Clinical psychologists (CPs) Clinical social workers (CSWs) Registered dietitians (RDs) Nutrition professionals	**Codes –** Use the E/M Codes that are specific to the location 99201 – 99215 (Office and outpatient visits) G0425 – G0427 (Telehealth consultations, emergency department or initial inpatient) G0406 – G0408 (Follow up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) 99281 – 99285 (Emergency Department Visits) 99217 – 99220; 99224 – 99226; 99234 – 99236 (Initial and Subsequent Observation and Observation Discharge Day Management) 99221 – 99223; 99238 – 99239 (Initial hospital care and hospital discharge day management 96130 – 96133; 96136 – 96139 (Psychological and Neuropsychological Testing) **POS** – equal to what it would have been had the service been furnished in person

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			Modifier – 95 - indicating that the service rendered was actually performed via telehealth: **Additional User of Modifiers:** Modifier **GQ** – Used when telehealth services are furnished via asynchronous (store and forward) technology as part of a federal telemedicine demonstration project in Alaska and Hawaii Modifier **G0** – Used for the diagnosis and treatment of an acute stroke Modifier **GT -** CAH method II claims **Form** = CMS1500/837P **Service Category** = M Telemedicine **Clinic** = Same Clinic used if was a face to face
Virtual Check In Brief communication technology-based	Assess the patient to determine if they need to be seen.	Patient can be at any location.	**Codes:** G2012 Telephone Only G2010 – Image or Video sent in by patient

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service) for patients to communicate with their doctors and avoid unnecessary trips to the doctor's office. **Currently NOT Billable to the VA.**	A brief (5 – 10 minutes) check-in with the patient's practitioner via telephone or other telecommunications device to decide whether an office or other service is needed, OR A remote evaluation of recorded video and/or images are submitted by patient Patient calls physician/non practitioner and they fell and hurt their arm and they talked the physician/non practitioner, they told her to take Tylenol and if get worse to come in, as long as it is not within 24 hours or first available appointment. OR A remote evaluation of recorded video and/or images are submitted by patient to physician/non practitioner for evaluation that they have a "rash" and the patient has not been to the " physician/non practitioner" in the past 7 days and that this "issue" does not require a visit	Provider is acting as the Distant Site. Must be initiated by the patient. Can be synchronous (real time), or asynchronous (store and forward). Now applies to both New and Established Patients. In addition to the list of providers that provide Telehealth services: PTs, OTs and SLPs can bill for the following Virtual Check In Services:	**POS: Place of service where services are provided from** **Form:** CMS1500/837P **Modifier: No Modifier.** **Service Category** = M Telemedicine **Clinic** = Same Clinic used if was a face to face

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	within the next 24 hours or next available appointment, maybe the rash is from something they ate/lotion and the physician/non practitioner tells them to watch it, no visit necessary. .		
E-Visits An online patient portal is a secure online website that gives patients 24-hour access to personal health information from anywhere with an Internet connection by using a secure username and password. **Currently NOT Billable to the VA.**	Patient initiates communication with Provider via an established Medical Services Patient Portal. Communications can occur over a 7-day period Time is based on cumulative time in a 7 day period. Cumulative means that the provider tracks the time and efforts that they spend assessing or evaluating the Patients entry in the portal over a 7 day period.	Via Portal Patient can be at any location. Provider is acting as the Distant Site. Non-face to face communication via ONLINE PATIENT PORTAL. Practitioners (physicians/NPs) who may independently bill E&M visits can bill the following codes: 99421-99423 Clinicians (physical therapists, occupational therapists, speech language pathologists, and licensed CPs and CSWs) who may not independently bill for E&M can perform these e-visits and bill: G2061-G2063	**Codes:** CPT codes 99421-99423 and HCPCS codes G2061-G2063, as applicable. **POS: Place of service where service was provided from** **Modifier: No Modifier** **Form: CMS1500/837P** **Service Category** = M Telemedicine **Clinic** = Same Clinic used if was a face to face

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Telephone E/M service provided by a physician to an *patient, parent, or guardian.* report telephone E&M for beneficiaries who need routine, uncomplicated follow-up for chronic disease or routine primary care for non-face-to-face patient-initiated communications with their doctor using a telephone,	In a case where two-way audio and video technology required to furnish a telehealth service might not be available, there are circumstances where prolonged, audio-only communication between the practitioner and the patient could be clinically appropriate yet not fully replace a face-to-face visit.	In addition to the list of providers that provide Telehealth services: PTs, OTs and SLPs can bill for Telephone assessment (only) services	**Codes:** Non Physician telephone *assessment* and management services: 98966 – 5-10 min 98967 – 11-20 min 98968 – 21-30 min Physician telephone *evaluation* and management services: 99441 – 5-10 min 99442 – 11-20 min 99443 – 21-30 min **POS: Place of Service where services are provided from.** **Modifier: No Modifier** **Form: CMS1500/837P** **Service Category** = M Telemedicine **Clinic** = Same Clinic used if was a face to face DO NOT USE Clinic Stop Code = 51 for these types of visits. It will not be workload reportable

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Remote Patient Monitoring	Clinicians can provide remote patient monitoring. For example, remote patient monitoring can be used to monitor a patient's oxygen saturation levels using pulse oximetry.	Can apply to new and established patients. Can be provided for both acute and chronic conditions. Can now be provided for patients with only one disease.	Codes: 99091(Remote patient monitoring) 99457-99458 (Chronic care remote patient monitoring) 99473- 99474 (Blood pressure self-measurement) 99493-99494 (Psychiatric collaborative care management) **POS: Place of Service where services are provided from.** **Modifier: No Modifier** **Form: CMS1500/837P**

Billing Form:

Telemedicine/Telehealth visits will be billed on the same claim form as other medical billing. Use the CMS 1500 or 837P to submit these claims to the VA, in the same method you are using now. If you are billing paper, bill on paper, but the goal should be to bill all Medical claims to the VA electronically.

Submission:

Submit claims to the same address you are using (paper or electronically) as the other medical claims you submit to the VA. The 365 day timely filing limit applies to Telemedicine/Telehealth claims.

Payment:

Telemedicine/Telehealth claims will be paid at the OMB All Inclusive Rate as other Medical Visits are paid. Post payments/denials the same way you would any other Medical Accounts Receivable.

Denials/Monitoring:

Because this is a new process for both the VA and IHS, it is important for all parties to be aware of the process change. Continual monitoring, review, and analysis of remittance advices and denial reason codes will play an important role to ensure this new process is a success.

Any questions, please contact Cynthia.Larsen@ihs.gov.