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Why Should I Do A Telehealth Coding Review?

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Telehealth has certainly been the term of 2020's first quarter.

Coinciding with the COVID-19 pandemic, telehealth services have expanded with new rules and regulations for providers to follow.

And the policies are changing so quickly that even between the time I write this and you read it, something is likely to be different.

Keeping up with all the payer policies is not an easy task, and most providers do not have the time nor the resources to do so. That's why it's important to have regular audits conducted for all your services, including telehealth.

The Centers for Medicare and Medicaid Services (CMS) recently issued guidance stating that during this Public Health Emergency (PHE), levels of service for telehealth visits can be selected based on Medical Decision Making (MDM) or by the total time spent on that day. This is related to the proposed Evaluation & Management (E/M) documentation changes coming in 2021. MDM (or time) will be the driving factor behind selecting codes from the Office or Other Outpatient Services category in the CPT book.

Therefore, you could consider this a trial run for the new guidelines, making now the ideal time to ensure your documentation can stand up to the changes.

An audit can help answer the following questions:

- Does my MDM support the level of service billed?
- Does my documented time correspond to the E/M level?
- What Place of Service (POS) code is used?
- Am I using the correct diagnosis code(s)?
- Have I captured all services to maximize my revenue?
- Do I use modifier 95 or GT?
- What other documentation is needed for these services (e.g. patient consent, media used)?
- Am I selecting levels that are comparable to other providers of my specialty?
- Will my documentation support Risk Adjustment criteria?

Identifying problems before commercial and government payers do is crucial to keeping your organization financially stable.

Regular auditing can ensure you're using current coding guidelines — and stop bad habits before they escalate into an investigation.

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to see the many different ways we can help your business.

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AUTHOR BIO

Lori has over 20 years of experience working in the business side of medicine. Lori began her career in patient accounts and then moved into billing and coding. She has served as a Billing Supervisor and Compliance Officer, where she wrote, maintained and trained employees and providers on fraud and abuse. In 2015, Lori received her MBA from Quincy University in Quincy, IL. Lori has traveled the country educating coders and physicians on complex coding topics such as Hem/Onc and E/M guidelines. Lori is the Member Relations Officer of AAPC's National Advisory Board and an active member of her local AAPC Chapter.