

Billing for phone, internet services a stretch — but some opportunities exist

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Question: Can we get paid for **99444** (Online evaluation and management service provided by a physician or other qualified health care professional) or **99441-99442** (Telephone evaluation and management service by a physician or other qualified health care professional)?

Answer: Not by Medicare. CMS has never paid for these codes, though providers filed 12,112 claims for the codes in 2015.

But some private payers do reimburse for the codes. Florida BCBS, for example, has coverage guidelines that specify reimbursement for 99444 as well as **98969** (Online assessment and management service provided by a qualified nonphysician health care professional) but with stringent conditions, such as a one-a-day limit and "M.D. responds within 24 hours (except over weekend in which case responds by end-of-day Monday)."

It's not out of the question to charge patients who want to discuss care on the phone or via internet media such as Skype. Some practices have made a point of charging for patient calls — with appropriate notice — when they go beyond the casual stage (*PBN 6/15/09*).

"Since it is not a covered service, you could charge the patient," says Manny Oliverez, CEO of Capture Billing in South Riding, Va. "I would still bill Medicare to get the denial for the patient but since it is not covered, you would not need an ABN [advance beneficiary notice]. It may be difficult to obtain anyway. A **GY** (Notice of liability not issued, not required under payer policy) would be the appropriate modifier" on the Medicare claim.

You could consider making phone or internet consultations a revenue stream. For example, Chicago's Besafemeds does telehealth consultations for patients with sexually transmitted diseases, charging \$20 for "a one-on-one phone consultation with one of our medical professionals" and, in states where it's allowed, dispensing prescriptions.

And some direct primary care practices, such as Gold Direct Care in Marblehead, Mass., include Skype consults in their membership fees. "We can teleconference — some patients prefer FaceTime," says Jeffrey Gold, M.D., the founder. "The idea is to enhance the relationship rather than replace it. They could call Teledoc and spend 90 bucks, but it's impersonal; they don't know you or your history, whereas with our fee, you get all that included."

You also could turn the tables and use electronic communications as a way to encourage patients to use more services; for example, if you know when your patients are due for annual visits, follow-ups, etc., you can, with their permission, remind them via text, says Betsy Weaver, CEO, co-founder and president of UbiCare, a patient engagement solutions company in Boston.

"Even when you're talking about people who are over 65 years old, 64% are online," says Weaver, citing a Pew Research Center poll. "So if you're not emailing or texting them, how are you getting to them for refills, follow-up visits, etc.?"

Resources:

- Florida Blue medical coverage guidelines for 99444: <http://mcgs.bcbsfl.com/?doc=E-Medicine>
- Pew Research Center Poll: www.pewinternet.org/fact-sheet/internet-broadband/



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