

# Well-Child Visits: Telemedicine Documentation and Billing Guide



Health Partners Plans (HPP) encourages providers to expand their telemedicine offerings. Telemedicine can be a valuable way to provide the right care in the right place at the right time.

Thanks to improved technology, telemedicine has allowed providers to safely increase medical access and availability during the COVID-19 pandemic and beyond. HPP continues to strongly support access to health care for children and adolescents utilizing both in person and remote telemedicine services.

## Billing Guide: Complete Telemedicine Visits with Specific Telemedicine Coding

Visits for some age groups can be completed through telemedicine, but many should not. Please consult the Pediatric Telemedicine Clinical Recommendations by Age section for guidance.

Proper telemedicine coding will be important for processing the claim correctly. This includes the use of a telemedicine modifier and the correct place of service code. These visits, if billed correctly, will continue to be paid at the contracted rate.

Type of Service	Description of Service	Coding	Patient Relationship with Provider	Required Place of Service	Required Modifier	Requires Audiovisual Synchronous Real-time Communication
Telehealth Visits	A visit with a provider that uses synchronous interactive audio and video telecommunications system	99381-99385 99391-99395	New or Established	02 or 10	GT or 95	Yes

## MODIFIERS

- 95: Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System.
- GT: Via interactive audio and video telecommunication systems

## Pediatric Telemedicine Clinical Recommendations by Age

The clinical recommendations serve as guidance for HPP providers that are using telemedicine to provide appropriate clinical care, address preventive services and fulfill EPSDT requirements. These recommendations can be used in conjunction with the Periodicity Schedule and the CDC Vaccination Schedule.

**Please note that the AAP does not recommend telemedicine visits for patients who are 24 months old or younger. When possible, this recommendation should be followed.**

## Telemedicine Services by Age Newborn and 3- to 5-Day-Old Visits

- Must be completed in person due to Pennsylvania Newborn Screening Panel
- First dose of Hep B vaccination
- Standard in-person coding

### 1-Month Visit

- Recommend in-person visit due to second dose of Hep B vaccination, per CDC
- If in-person visit is not possible, second dose of Hep B vaccination should be administered at 2-month visit
- Standard in-person or telemedicine coding, including 95 or GT modifier

## 2- to 3-Month Visit

- Highly recommend in-person visit due to vaccination needs (alternative time for second dose of Hep B and first doses of Rotavirus, DTaP, Hib, PCV13, IPV)
- Standard in-person coding

## 4- to 5-Month Visit

- Highly recommend in-person visit due to vaccination needs (second doses of Rotavirus, DTaP, Hib, PCV13, IPV)
- Standard in-person coding

## 6- to 8-Month Visit

- Highly recommend in-person visit due to vaccination needs (third doses of Hep B, DTaP, PCV13, IPV; potential third doses of Rotavirus and/or Hib depending on vaccine type used by provider)
- Standard in-person coding

## 9- to 11-Month Visit

- Recommend in-person visit due to Hemoglobin/Hematocrit for Anemia Testing and Lead Testing
- If in-person visit is not possible, Lead and Anemia Testing should take place at the next visit
- Standard in-person coding OR telemedicine coding, and the 95 or GT modifier

## 12-Month Visit

- Highly recommend in-person visit due to vaccination needs (third dose of Hep B if not completed at the 6- to 8-month visit; third or fourth dose of Hib; fourth dose of PCV13; third dose of IPV if not given at 6- to 8-month visit; first doses of MMR, VAR, and Hep A)
- Standard in-person coding

## 15-Month Visit

- Recommend in-person visit for fourth dose of DTaP and any vaccines missed at the 12-month visit
- *Full telemedicine visit possible if patient is on track with vaccinations and the fourth dose of DTaP is given at 18-month visit*
- Standard in-person or telemedicine coding, including 95 or GT modifier

## 18-Month Visit

- Recommend in-person visit for any vaccinations not completed at 15-month visit and second dose of Hep A
- Standard in-person coding

## 24-Month Visit

- Recommend in-person visit for any vaccinations not complete by 18 months and for Lead Testing
- If in-person visit is not possible, Lead Testing should take place at the next visit
- Standard in-person coding OR telemedicine coding, and the 95 or GT modifier

## 30-Month Visit

- *Full telemedicine visit possible*
- Telemedicine coding, including 95 or GT modifier

## 3-Year Visit

- *In-person or telemedicine visit possible*
- If in-person visit is not possible, Vision Screening should be completed at next in-person visit
- Standard in-person coding OR telemedicine coding, and the 95 or GT modifier

## 4-Year Visit

- Recommend in-person visit for fifth dose of DTaP, fourth dose of IPV, second doses of MMR and VAR, and Vision and Hearing Screenings
- If in-person visit is not possible, vaccines should be completed at next visit but preferably sooner
- Standard in-person coding OR telemedicine coding, and the 95 or GT modifier

## 5-Year Visit

- Recommend in-person visit for fifth dose of DTaP, fourth dose of IPV, second doses of MMR and VAR, and Vision and Hearing Screenings
- If in-person visit is not possible, vaccines should be completed at next visit but preferably sooner
- Standard in-person coding OR telemedicine coding, and the 95 or GT modifier

## 6-Year Visit

- Recommend in-person visit for fifth dose of DTaP, fourth dose of IPV, second doses of MMR and VAR, and Vision and Hearing Screenings
- If in-person visit is not possible, vaccines should be completed at next visit but preferably sooner
- Standard in-person coding OR telemedicine coding, and the 95 or GT modifier

## 7-Year Visit

- *Full telemedicine visit possible*
- Telemedicine coding, including 95 or GT modifier

## 8-Year Visit

- If in-person visit is not possible, Vision and Hearing screening should be completed at next visit but preferably sooner
- Standard in-person coding OR telemedicine coding, and the 95 or GT modifier

## 9-Year Visit

- If in-person visit is not possible, dyslipidemia screening should be completed at next visit but preferably sooner
- Possible start of HPV vaccination cycle, depending on provider's practice
- Standard in-person coding OR telemedicine coding, and the 95 or GT modifier

## 10-Year Visit

- Recommend in-person visit for Vision and Hearing Screening and HPV vaccination (first or second dose, depending on provider's practice)
- If in-person visit is not possible, screenings and vaccines should be completed at next visit but preferably sooner
- Standard in-person coding OR telemedicine coding, and the 95 or GT modifier

## 11-Year Visit

- Highly recommend in-person visit if first dose of HPV vaccine has yet to be administered, first dose of Meningococcal, Tdap, and for Hearing Screening
- If in-person visit is not possible, Hearing Screening should be completed at next visit but preferably sooner
- With consideration for HPV vaccine, depending on if no doses, one dose, or two doses have been given to date
- Standard in-person coding OR telemedicine coding, and the 95 or GT modifier

## 12-Year Visit

- Highly recommend in-person visit to complete HPV vaccinations if the second dose was not given at the 10- or 11-year visits, first dose of Meningococcal, Tdap if not completed at the 11-year visit, and Vision Screening
- If in-person visit is not possible, Vision Screening should be completed at next visit but preferably sooner
- With consideration for HPV vaccine, depending on if no doses, one dose, or two doses have been given to date
- Consideration if Tdap and first dose of Meningococcal were administered at the 11-year visit
- Standard in-person coding OR telemedicine coding, and the 95 or GT modifier

## 13-Year Visit

- *Full telemedicine visit possible*
- Telemedicine coding, including 95 or GT modifier

## 14-Year Visit

- *Full telemedicine visit possible*
- Telemedicine coding, including 95 or GT modifier

## 15-Year Visit

- If in-person visit is not possible, Vision and Hearing Screening should be completed at next visit but preferably sooner
- Standard in-person coding OR telemedicine coding, and the 95 or GT modifier

## 16-Year Visit

- Highly recommend in-person visit for second dose of Meningococcal
- Standard in-person coding

## 17-Year Visit

- *Full telemedicine visit possible with Dyslipidemia Screening order sent to patient*
- Telemedicine coding, including 95 or GT modifier

## 18-Year Visit

- If in-person visit is not possible, Hearing Screening should be completed at next visit but preferably sooner
- Standard in-person coding OR telemedicine coding, and the 95 or GT modifier

## 19-Year Visit

- *Full telemedicine visit possible*
- Telemedicine coding, including 95 or GT modifier

## 20-Year Visit

- *Full telemedicine visit possible*
- Telemedicine coding, including 95 or GT modifier

## 21-Year Visit

- *Full telemedicine visit possible*
- Telemedicine coding, including 95 or GT modifier

## Frequently Asked Questions

**Q: Does a telemedicine visit need to have a full clinical review of systems performed and documented to be a covered service? What about family and social history?**

**A:** The requirements are the same as those for in-person encounters. If you determine the level of service by elements of history, exam, and medical decision making, then a full clinical review of systems performed and documented is required. If you determine the level of service by time, no such review is required.

\* This guidance is subject to change when the public health emergency ends.

**Source:** <https://www.ama-assn.org/system/files/2020-05/telemedicine-during-phe-faqs.pdf>

**Q: Does start and end time need to be captured or can it be total amount of time?**

**A:** Documentation for billing requires total time spent by the physician or other qualified health care professional on the date of encounter, for all activities related to that patient and/or the medical decision-making documentation currently required for office visit codes. Start and stop times are not required, just documented total time on the date of encounter.

**Source:** <https://www.ama-assn.org/system/files/2020-05/telemedicine-during-phe-faqs.pdf>

**Q: When are telemedicine well visits appropriate?**

**A:** Telemedicine visits are part of a matrix of care options available to provide the right care in the right place at the right time. Use of telemedicine should be based on the medical condition; preferences of the patients, families, and provider; and resources available.

- o Telemedicine visits should meet the same standards of care as in-person visits. When this cannot be assured during a remote visit, in-person evaluation and management availability must be assured.
- o Elements that require in-person care include, at a minimum: the initial newborn visit; the comprehensive physical examination; office testing, including laboratory testing; hearing, vision, and oral health screening; fluoride varnish; and immunizations.
- o Well-child care should be provided consistent with the periodicity schedule from the AAP/Bright Futures.

## Resources

### Telehealth Resources for PCPs

<https://www.healthpartnersplans.com/telehealth>

### Bright Futures

<https://brightfutures.aap.org/materials-and-tools>