



ARTICLE

Coding Risk for Telehealth

It comes as no surprise that telemedicine has been a major beneficiary of the pandemic. In 2020, the volume of claim lines for telehealth visits increased nearly 30x.¹ Peak utilization occurred in the March-May 2020 period before flattening out. Given benefits for both patients and organizations, coupled with payor willingness to continue to reimburse services, telemedicine will likely be increasingly utilized by patients, providers and health systems.

It wasn't always this way. Coverage policies for telehealth services were expanded via multiple waivers during the pandemic — eliminating all geographic restrictions, providing an ability to waive co-payments and deductibles, and accepting licensure across state lines and an audio*only modality.² Expanding from 103 services covered at the beginning of 2020, there are now 252 services covered, each with its own CPT code; however, some codes are covered only until the public health emergency ends.³ Telehealth visits are paid at the same rate as in-person visits.⁴ Eligible providers include physicians, nurse practitioners, physician assistants, clinical nurse specialists and others.⁵

Additional pandemic relief from CMS came in the form of a suspension of post-payment medical reviews, but Medicare Administrative Contractors (MACs) were advised in August 2020 to resume the medical audit function for dates of service prior to March 2020.⁶ Just recently, however, CMS announced that MACs may now initiate post-payment audits

for service dates starting in March 2020 and beyond.⁷ This period coincides with the beginning of the arc of telehealth visits last year, and it is the period in which the likelihood of errors is greatest.

In spite of herculean efforts to quickly initiate and/or expand telemedicine capabilities, hospitals, health systems and providers face increased risk as MACs begin to review medical documentation from the early days of the pandemic, particularly due to the tremendous increase in telehealth services rendered beginning in March 2020. As former healthcare operators themselves, FTI Consulting's subject matter experts know firsthand the challenges and opportunities that organizations face in the complex arena of medical coding and documentation. FTI Consulting is here to serve as your independent auditor of medical services so that healthcare organizations can assess their level of exposure and take the appropriate corrective actions, if necessary. Forewarned is forearmed.

The percentage of all visits via telemedicine visits is slowly declining from its April peak. But it continues to be well above the prepandemic baseline of very few telemedicine visits.

Number of telehealth visits in a given week as a percent of baseline total visits



<https://www.commonwealthfund.org/publications/2020/oct/impact-covid-19-pandemic-outpatient-care-visits-return-prepandemic-levels>

Citations

1. Telehealth Claim Lines Increase 2817 Percent from December 2019 to December 2020. AJMC; March 8, 2021 <https://www.ajmc.com/view/community-based-initiative-doubles-accrual-rate-of-black-participants-in-cancer-trials> [link is to a different article]
2. Medicare payment policies during COVID-19. Telehealth HHS.gov <https://telehealth.hhs.gov/providers/billing-and-reimbursement/medicare-payment-policies-during-covid-19/>
3. List of telehealth services for calendar year 2021 <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>
4. Billing and coding Medicare Fee-for-Service claims <https://telehealth.hhs.gov/providers/billing-and-reimbursement/billing-and-coding-medicare-fee-for-service-claims/#coverage-after-covid-19-ends>
5. Billing for Telehealth Encounters. Center for Connected Health Policy.
6. A New Look – Medicare Administrative Contractors To Resume Fee-For-Service Medical Reviews. JD Supra; August 12, 2020 <https://www.jdsupra.com/legalnews/a-new-look-medicare-administrative-15671/>
7. MACS’ Post-Payment Review Broadened. HME Business Management Solutions; June 3, 2021 <https://hme-business.com/articles/2021/06/03/macs.aspx>

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