

HELP (Health Experts on-Line at Portsmouth) System
Workload Credit Guidance: ORIGINATING SITE

SUMMARY: coding for **ORIGINATING SITE** when placing a **HELP tele-consultation**. Full details at end of summary.

Initial visit with patient: (which generated HELP consult placement):

--**E&M code:** Entered into DISPOSITION section on AHLTA. Use same E&M code you would normally use for the visit based on service provided

--**Procedure:** Q3014 (Telehealth Originating Site facility fee). Use for all consultations. Entered under A/P section of AHLTA, Procedure Tab.

If procedures are done at your site, but will be interpreted by Tripler physicians, then you would add the -TC modifier to the code entered in the AHLTA procedure tab (this gives you credit for doing the procedure, but allows Tripler physician to get credit for interpretation of the test)

After response from Tripler Specialist via HELP. Several AHLTA visit type options:

--**Phone f/u:** Discuss findings/opinions/recommendations of specialist with patient
Code for appropriate level phone consultation in your AHLTA system

--**Clinic f/u:** Discuss findings/opinions/recommendations of specialist with patient
Code for appropriate level f/u visit in your AHLTA system

--**Prolonged services Indirect Contact:** Used when there has been a significant amount of time in additional medical record review, coordination of clinical care and clinical discussion.
Use E&M code 99358 for first hour, 99359 for each additional 30 minutes

Regardless of the method used, please cut/paste the HELP consult into AHLTA record (or at a minimum summarize the discussion). For help in cut/pasting the HELP consultation into AHLTA, please see "How to Get HELP Consultation Into AHLTA" tutorial.

Full Details: Documentation and Coding for **ORIGINATING SITE**
for **HELP consultations**

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For the "REMOTE" site only

Resources: AMA CPT 2012, 2012 MHS Coding Guidelines

New Patient (99201-99205) or Established Patient (99212-99215)

When the originating site requests a consultation from a remote site, typically the originating site will capture their workload in AHLTA before copying and pasting the note into the HELP system for the benefit of the remote site provider. Once your documentation is complete, you can decide what level of service you've provided and code it appropriately in AHLTA. In order to accurately select

the correct level of services, providers must know how to “score” evaluation and management levels based on the documentation.

In addition, procedure code Q3014 should also be reported to indicate that they have referred this case to a specialist at a remote site.

Procedures and Diagnostic Tests (Modifier TC technical component)

Coding guidelines allow for many procedures/diagnostic tests to be split into two components. The technical component, which is the actual performance of the procedure, is reported by the originating site. The professional component, which is the interpretation and report, is reported by the remote site.

Any procedures and diagnostic tests sent to a remote site for interpretation and report should be coded with a modifier TC. This splits the service so that both sites can capture their part of the service provided.

Prolonged Services Indirect Contact (99358-99359)

In some of the more extreme cases, additional record review, coordination of care and clinical discussion is necessary. In these cases where that patient’s care is extremely complicated, indirect prolonged services can be reported to indicate that it was medically necessary to spend additional time in discussion or reviewing records with the patient.

Indirect prolonged services do not have to take place on the same day as an office visit, do not have to be face-to-face and do not have to be continuous. This means that if on a given day you spend 30 minutes in the morning reviewing records and another 30 minutes in the afternoon discussing test results with another physician, you can code 1 hour of prolonged services for that day. The following should be documented

- The reason(s) why service was prolonged and *details* describing the reason(s) must be documented in the medical record
- The time spent before and/or after face-to-face patient contact must be documented in addition to details describing the reasons, events, circumstances that took place above and beyond the usual service provided.
- “X of time spent on indirect **prolonged** services reviewing PATH records...”

Non-Direct Contact can be coded alone on a date separate from the base service

99358 Prolonged evaluation and management service non face-to-face; before and/or after direct face-to-face patient care; first hour;

99359 Each additional 30 minutes

Prolonged Services NOT Face-to-Face Outpatient	
Less than 30 minutes	No prolonged service
30-74 minutes	99358 3 RVU
75-104 minutes	99358 and 99359 3 + 1.45 RVU
105 or more minutes	99358 and 99359 for each additional 30 minutes 3 + [n(1.45)] RVU

Time does not have to be continuous

Coding PATH services Originating Site

As the originating site, workload can be captured in AHTLA as any normal service would be. The added modifiers will indicate that the services are part of a HELP case.

New or Established

Diagnosis Code: XXX.X (code the appropriate dx for which care/opinion is being sought)

E&M Code: 99201-99205 New Patient
99212-99215 Established Patient

Procedure Code: Q3014 Telehealth Service

E&M with a Procedure

Diagnosis Code: XXX.X (code the appropriate dx for which care/opinion is being sought)

E&M Code: 99201-99205 New Patient or
99212-99215 Established patient

Procedure code: XXXXX for the procedure with -TC modifier to indicate the technical component of the procedure.
Q3014 Telehealth Service

Procedure Only

Diagnosis Code: XXX.X (code the appropriate dx for which care/opinion is being sought)

E&M Code: 99499 Unlisted E&M service (place holder)

Procedure code: XXXXX for the procedure with -TC modifier to indicate the technical component of the procedure.

Indirect Prolonged Service

Diagnosis Code: XXX.X (code the appropriate dx for which care/opinion is being sought)

E&M Code: 99358-99359 Indirect Prolonged Services

Procedure Code: Q3014 Telehealth Service