

SUBJECT: Update to PATH/HELP Coding

1. Purpose: Update to PATH/HELP coding and establishment of coding guidance for Global Telehealth Platform (GTP)

2. Background: Medical coding for asynchronous encounters in PATH and HELP are non-standardized and are self-reported. On PATH, distant site providers are coding their encounters using E&M coding as they would for a face-to-face patient visit while HELP uses time-based coding. Both systems allow for coding once every 24 hours. As these are self-reported codes that are not intended to be applied to asynchronous encounters, there is wide variation on how it is used and difficult to interpret productivity data from PATH/HELP. In 2019, Centers for Medicare and Medicaid Services (CMS) added interprofessional codes which describes assessment and management consultative services provided by phone, internet, or electronic health records by a consultative provider to the patient's treating provider without a face-to-face visit. These new codes are more applicable to PATH/HELP encounters and plan is to phase them in at the start of Fiscal Year 2021 and with the Global Telehealth Platform (GTP). GTP is the DHA adoption of PATH/HELP into the enterprise-wide asynchronous solution.

3. Interprofessional Coding Guidelines: The codes below are to be used for PATH/HELP/GTP asynchronous interprofessional consultations by the consulting/distant site provider who provides professional interpretation of available data and recommendations to the asking/originating site provider.

a) Consulting/Distant Site Codes

- i) E&M 99451 with GQ modifier: >5 min of consultant's time (0.7 RVUs)
- ii) E&M 99358 with GQ modifier: 30-49 min of consultant's time (2.1 RVUs)
- iii) E&M 99359 with GQ modifier: added to 99358 for each additional 30 minutes beyond the first hour of consultant's time (1 RVU)

b) Required Documentation: A summary of record review related to the reason for the consultation when >50% of time is spent for data review and analysis

- i) For time exceeding 30 minutes: A summary of extensive record review (exceeding 30 minutes) related to the reason for the consultation including time spent.

4. Procedure Coding: Consulting/Distant site providers can capture procedure codes along with the teleconsultation code when a professional interpretation report is included, such as for interpretation of PFTs and echocardiograms.

- a. CPT code for the procedure should be used along with 26 & GQ modifier

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