

#in defense# Telehealth 2025 The Final Rule AAPC Knowledge Center Wiki

AETNA and G2211 Medical Billing and.

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Nov 8 2024 Medicare reinstates certain pre pandemic telehealth policies. COVID 19 public health emergency waivers that applied to Medicare Part B policies for The 2025 PFS final rule is the final word for telehealth services effective Jan

1 2025 unless Congress acts Jul 15 2024 I was also researching as the big commercial insurances have and or are in the process of adding policies specific to G2211 Here is what I located from Aetna Hope this helps Jun 2 2025 But only one is reimbursable under Medicare

For calendar year 2025 the American Medical Association AMA introduced a new set of telemedicine codes Feb 12 2025 Aetna breast cancer patient had delayed reconstruction so the doctor inserted bilateral implants

I coded 19342 with modifier 50 and aetna only paid for one side do i need to bill with rt and lt modifiers to receive proper reimbursement? May 24 2019 Now I couldn t find Aetna s E M policy but I would be very surprised if they decided to deviate too much on that sense

Possible reasons for the denial The patient was seen by the same provider at a previous practice within 3 years The patient was seen by a similar credentialed provider from the same practice fairly common denial reason Feb 3 2025 Providers and patients both reap the benefits when this add on code is used correctly

HCPCS Level II add on code G2211 recognizes the ongoing Providers and patients both reap the benefits when this add on code is used correctly For the Current Procedural Technology CPT 2025 code set a new Telemedicine Services subsection with 17 new codes has been added to the Evaluation and Management E M section

These 17 new codes are intended for reporting synchronous ie real time E M services with coding options available for both new and established patients

This article provides guidance on these new guidelines and Aug 8 2019 We had a claim for 99222 that was denied by Aetna since another provider had billed for it first

We are the attending physician and was the one who asked for a consult with the other provider so I appended the modifier AI sent in the corrected claim with reconsideration form but they still denied it. They are claiming that the code can only be billed once per day

I checked again and CMS Oct 17 2025 BCBS and Aetna are bundling CPT code 90480 COVID vaccine administration when billed with COVID vaccine codes 91321 or 91322 AND a flu vaccine 90656 with vaccine admin code 90460. If we bill if we bill 90480 and 91321 or 22 alone the 90480 is paid

This bundling issue just started in Jan 15 2025 Rulemaking and lawmaking keep

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