



# The Hybrid Care Model: Coding for a Future of Mixed-Mode Visits

The hybrid patient care model, which integrates in-person and virtual healthcare services, has transformed [medical billing and coding](#) practices. This model offers patients flexibility in accessing care and presents unique challenges and opportunities for healthcare providers in accurately documenting and billing for mixed-mode visits.

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## Understanding the Hybrid Care Model

Hybrid healthcare combines traditional face-to-face consultations with telehealth services, including video calls, phone consultations, and remote patient monitoring. This approach enhances patient access to care, improves health outcomes, and optimizes resource utilization. However, it also necessitates a comprehensive understanding of billing and coding practices to ensure appropriate reimbursement.

## Key Components of Billing and Coding in Hybrid Care

1. **Telehealth Integration:** Telehealth services encompass a range of interactions, from brief virtual check-ins to comprehensive remote evaluations. Accurate coding requires

familiarity with specific Current Procedural Terminology (CPT) and [Healthcare Common Procedure Coding System \(HCPCS\) codes](#) designated for telehealth. For instance, virtual check-ins may be billed using HCPCS code G2012, while more extensive telehealth consultations might utilize CPT codes 99421-99423, depending on the payer's guidelines.

- 2. In-Person and Remote Care Coordination:** Hybrid visits may involve components of both in-person and virtual care. Proper documentation and coding are essential to capture the complexity and scope of services provided. This includes using appropriate modifiers and place of service (POS) codes to indicate the nature and location of the services rendered. For example, POS code 02 denotes telehealth services provided to a patient not in their home, while POS code 10 indicates telehealth services provided to a patient in their home.
- 3. Remote Patient Monitoring (RPM):** With the rise of digital health tools, RPM has become integral to hybrid care. CPT codes such as 99457 are used to bill for remote physiologic monitoring and management services provided by a qualified healthcare professional for the first 20 minutes per month.

## Challenges in Billing and Coding for Hybrid Care

- 1. Complexity of Coding:** The hybrid model introduces complexity in selecting appropriate codes that accurately reflect the services provided. Misinterpretation of coding guidelines can lead to claim denials or underpayment. For example, [billing for a telehealth service](#) without the correct modifier or POS code may result in reimbursement issues.
- 2. Evolving Regulations:** Telehealth regulations and billing policies have evolved rapidly, especially in response to the COVID-19 pandemic. Staying updated with the latest guidelines from payers, including Medicare and private insurers, is crucial. For instance, Medicare has extended payment for audio-only telephone services billed with CPT codes 99441-99443 through December 31, 2024, when appropriate and all required elements in the code descriptions are met.
- 3. Documentation Requirements:** Comprehensive documentation is vital to support the services billed, particularly in a hybrid care setting. This includes detailed records of patient interactions, the mode of communication used, and the clinical decisions made during each encounter. Incomplete or inadequate documentation can lead to challenges during audits and affect reimbursement.

## Best Practices for Effective Billing and Coding in Hybrid Care

- 1. Stay Informed:** Regularly review updates from authoritative sources such as the **Centers for Medicare & Medicaid Services (CMS)** and professional coding

organizations to stay abreast of changes in billing codes and telehealth policies. For example, CMS publishes a Place of Service (POS) code list that informs providers about the appropriate codes to use based on the location of the provider and patient during a health encounter.

2. **Invest in Training:** Provide ongoing education for billing and coding staff to ensure proficiency in the nuances of hybrid care coding. This includes understanding the specific codes for telehealth services, remote patient monitoring, and the appropriate use of modifiers. Training should also cover payer-specific documentation requirements, technology requirements, and customer cost-share requirements.
3. **Utilize Technology:** Implement advanced billing software capable of handling the complexities of hybrid care coding. Such systems can assist in accurate code selection, ensure compliance with the latest guidelines, and streamline the billing process. Additionally, integrating telehealth platforms with electronic health records (EHR) can facilitate seamless documentation and coding.
4. **Audit and Monitor:** Regularly conduct internal audits to identify and rectify coding errors. Monitoring key performance indicators related to billing can help in early detection of issues and implementation of corrective measures. Audits should assess the accuracy of code selection, the appropriateness of modifiers used, and the completeness of documentation.

## Future Outlook

As the healthcare industry continues to evolve, the hybrid care model is expected to become more prevalent. This shift will likely lead to the development of new billing codes and further modifications to existing ones to accommodate emerging services and technologies. For instance, CMS has proposed new codes representing a step towards paying for primary care services with hybrid payments (a mix of encounter and population-based payments) to support longitudinal relationships between primary care providers and beneficiaries.

Therefore, the hybrid care model offers significant benefits in terms of patient access and flexibility. However, it also introduces complexities in [billing and coding for hybrid care model](#) that require careful attention. By understanding the specific codes and guidelines applicable to hybrid visits, staying informed about regulatory changes, and implementing best practices, healthcare providers can ensure accurate billing.