

Welcome



COVID-19 | Setting-up Telehealth Services at Your Private Practice

March 27, 2020

Agenda



- **Welcome, CMA Notices, & Overview** – Dustin Brown, Executive Director & Dr. Michael Couris – Vice President, Physician Partners
- **Deeper Dive into Telehealth w/ COVID-19 Coding Advice** | Kena Galvan, CEO – Absolute Solutions
- **Telehealth Payments** | Dan Clark, VP of Sales – Capital Bankcard
- **Other Information (Forms & Misc. Info)** – Dustin Brown, Executive Director – Physician Partners
- **Q&A Session (Please type your questions into the webinar tool)**

Telehealth



- A Telehealth Consult is defined as a “Two-Way” live audio & visual interactive communication between a patient and his or her health care provider. This interaction does not require direct patient contact; however, the patient must be present and be engaged throughout the consult aka – “e-Visit”.
- More information can be found regarding Telehealth consults and the recently announced 1135 waiver by visiting the Centers for Medicare & Medicaid Services (CMS) website – [Click here to learn more](#)

Deeper Dive into Telehealth



Kena Galvan – Absolute Solutions
info@abs-sol.com
858-256-0351

Telemedicine

How to do it and get paid

Agenda

- ☐ First Think It Through
- ☐ Who is Impacted
- ☐ Perspective
- ☐ Tools That Work
- ☐ Getting Paid
- ☐ Demo using Zoom

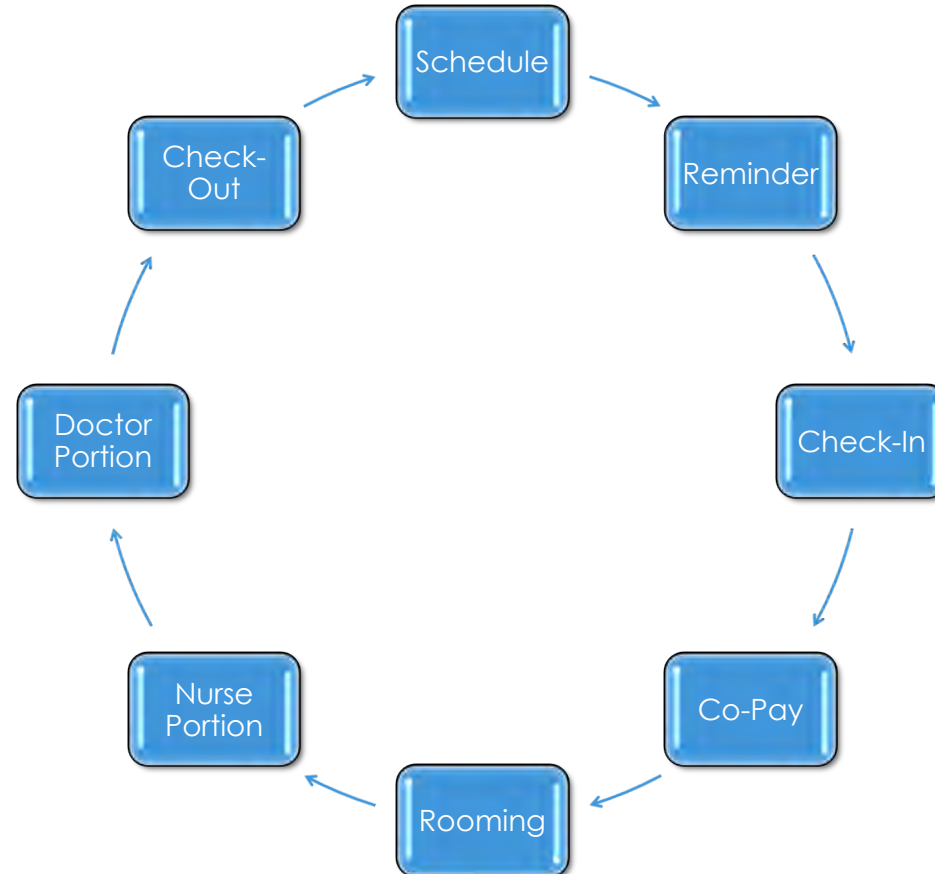
First Think It Through

Who is Impacted?

- Let's be real, who isn't'?

What is your Patient Flow?

- Now vs. Virtually



Perspective

Recognize: We are overloaded – the patients are fearful.

Staff: “Would you prefer to do your appointment via telephone or video?”

Patient: “I don’t know how, but I would really love to do video. I want to see the doctor who is going to try to save my life.”

Tools That Work

Audio

- Be sure your cell number is protected & patients recognize who is calling!
- Use a free app in the app store to provide a 2nd phone number.

Video

- Zoom.com
- SpruceHealth.com

Portal

- If you have a portal great, if you don't – evaluate if you have the capacity to implement.

Getting Paid

| | | | | | | |
|--------|------------------------------|--------------------------|---|--|--|------------------------------------|
| Video | FaceTime, Skype, Doxy Spruce | Schedule appt as VidVis* | Use standard patient note & time with patient | CPT: 99201-99215, G0425-G0427, G0406-G0408 T: Q3014 | Modifier: Varies by Payor Click here to view matrix. | POS: Varies by Payor: 02, 11 |
| Audio | Phone only | Schedule appt as TelVis* | Use standard patient note & time with patient | CPT: 99441-99443, 98966-98968, G2012, G20210 | Modifier: Varies by Payor | Varies by Payor: 02, 11 |
| Portal | Communication through portal | Schedule e-Vis | MD, DO, NP 99421, 5-10 min 99422, 11-20 min 99423, >20 min | PT, OT, ST, Psych G0261, 5-10 min G2062, 11-20 min G2063, >20 min | Modifier: Varies by Payor | Varies by Payor: 02, 11 |
| Email | 99444 | | | | | |

Updated: 4/13/2020

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Telehealth Payments



Dan Clark – Capital Bankcard
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Telehealth Payments

- Capital Bankcard is an Affiliate Partner of Physician Partners. They are a merchant processing company specializing in telehealth / telemedicine payment and billing for medical practices.
- They help medical practices quickly ramp up with an efficient on-line payment solution.

Telehealth Payments

Our solution quickly and efficiently provides

- Patient payment
- Patient Billing information
- Instant emailed receipt to your patient and your office
- Full on-line reporting of all payment activity from MX Merchant website

Telehealth Payments



Advance Beneficiary Notice of Noncoverage



A. Notifier:

B. Patient Name:

C. Identification Number:

Advance Beneficiary Notice of Noncoverage (ABN)

NOTE: If Medicare doesn't pay for D. _____ below, you may have to pay.
Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D. _____ below.

| D. | E. Reason Medicare May Not Pay: | F. Estimated Cost |
|----------------------|---------------------------------|-------------------|
| | | |

WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the D. _____ listed above.
Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

G. OPTIONS: Check only one box. We cannot choose a box for you.

- ☐ **OPTION 1.** I want the D. _____ listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but **I can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.
- ☐ **OPTION 2.** I want the D. _____ listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. **I cannot appeal if Medicare is not billed.**
- ☐ **OPTION 3.** I don't want the D. _____ listed above. I understand with this choice I am not responsible for payment, and **I cannot appeal to see if Medicare would pay.**

H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call **1-800-MEDICARE** (1-800-633-4227/TTY: 1-877-486-2048). Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:

J. Date:

CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

According to the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Request Clearance Officer, Baltimore, Maryland 21244-1899.

Advance Beneficiary Notice of Noncoverage



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C. Identification Number:

B. Patient Name:

Advance Beneficiary Notice of Noncoverage (ABN)

Note: If Medicare doesn't pay for D. _____ below, you may have to pay.

Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the

D. _____ below.

| D. | E. Reason Medicare May Not Pay: | F. Estimated Cost |
|----|---------------------------------|-------------------|
| | | |

Advance Beneficiary Notice of Noncoverage



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| | |
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| I. Signature: | J. Date: |
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Secure & Non-Secure Technologies



Allowed by CMS & OCR during COVID-19 Pandemic

| Technology | HIPAA Compliant (Signed BAA) | Non-HIPAA Compliant | Cost | Set-Up Effort (Provider & Patient) | Mobile Device Capable |
|-------------------------------|---------------------------------|------------------------|---|--|--------------------------|
| Doxy.me | ✓ | | Free to \$50 per user / month | Moderate / Easy | Yes |
| Zoom - Healthcare | ✓ | | \$1,600 to \$2,000 per year *Up to 10 users | Moderate | Yes |
| SpruceHealth | ✓ | | Starts at \$24 per user / month | Moderate | Yes |
| Apple Face Time | | ✓ | Free | Easy | Yes |
| Google Hangouts (Video) | | ✓ | Free | Easy | Yes |

Web Cameras



- All Telehealth technologies will work on mobile devices, including iPhones and Androids. This is the easiest way to get up and running.
- A stationary camera connected to a computer provides the best viewing experience for patients. Currently, many online retailers are either out of stock or back-ordered due to the recent high demand. It is not a requirement that you wait to purchase or use a web camera to begin providing telehealth services to your patients. Using your mobile device is, again, the easiest way to get started.
- If you would like to search the internet for a USB capable web camera, [click here.](#)
- If you elect to use your mobile device or tablet to conduct a Telehealth consult, consider using a workspace stand to hold your phone or tablet in place during the consult -- [click here to view stands.](#)

Technology Services - Contact Information



- **Doxy.me** - To view Doxy.me's website and begin setting up your account, please visit their website at <https://doxy.me/>.
- **SpruceHeath** - To view SpruceHealth's website and begin setting up your account, please visit their website at <https://www.sprucehealth.com/plans/>. Please note - You may use the promotional code "**ABSOL**" to get the first two months free.
- **Zoom Healthcare** - To view Zoom's website and begin setting up your healthcare provider account, please visit their website at <https://zoom.us/healthcare>. Please note - You may use the temporary promotional code "**PORTFOLIOPARTNER-ZOOM**" to save up to \$399.80 on your annual subscription fees.

Technology Services - Contact Information



- **Apple Face Time** - To learn more about using Apple Face Time video meetings, please visit Apple's website by [clicking here](#).
- **Google Hangouts Video** – To learn more about using Google Hangouts video meetings, please [click here](#). Please Note – You will need to download the Google Hangouts app to your Android device first, which can be found by [clicking here](#).

***Using Apple Face Time or Google Hangouts Video may share your personal mobile phone number or personal contact information with patients. It is recommended that you review your settings in advance.

Affiliate Resources



- If you have any questions about instituting & billing for telehealth services at your practice, please contact Absolute Solutions at [\(858\) 251-0351](tel:(858)251-0351) or email them directly at info@abs-sol.com. Their company, a trusted member of our Physician Resource Center, has developed a comprehensive telehealth training program that has been discounted for Physician Partners members.
- If you need assistance setting-up a virtual office or a remote workspace, contact Edge-tech Solutions, another trusted affiliate partner in our Physician Resource Center. You may reach them by phone at [\(619\) 535-6911](tel:(619)535-6911) or via email at support@edgetechsolutions.com. Their company also extends preferred services and pricing to Physician Partners members.

Q&A



Special COVID-19 Telehealth Coding Advice



Kena Galvan – Absolute Solutions
info@abs-sol.com
858-256-0351



Special coding advice during COVID-19 public health emergency

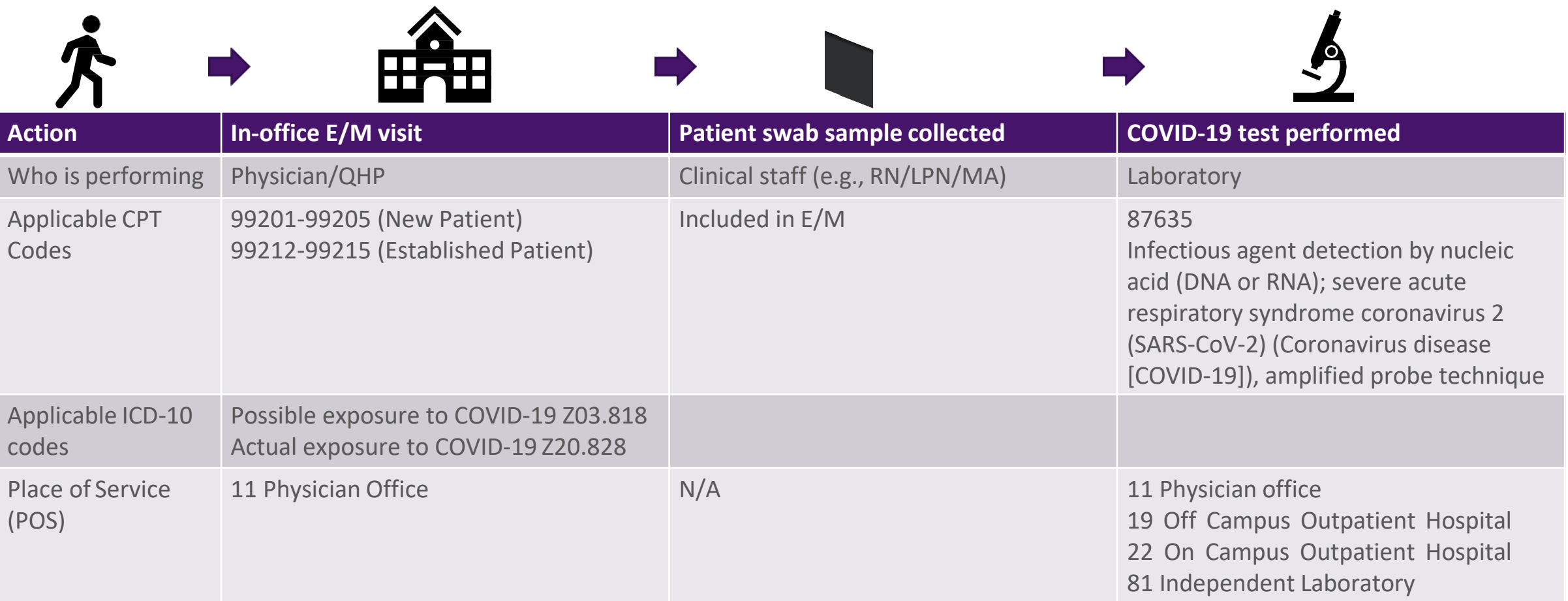
Information provided by the American Medical Association does not dictate payer reimbursement policy and does not substitute for the professional judgement of the practitioner performing a procedure, who remains responsible for correct coding.

COVID-19 UPDATE

Special coding advice during COVID-19 public health emergency

- The coding scenarios in this document are designed to apply best coding practices. The American Medical Association (AMA) is working to ensure that all payors are applying the greatest flexibility to our physicians in providing care to their patients during this public health crisis.
- The Centers for Medicare & Medicaid Services (CMS) [lifted](#) Medicare restrictions on the use of telehealth services during the COVID-19 emergency. Key changes include:
 - Effective March 6 and throughout the national public health emergency, Medicare will pay physicians for telehealth services at the same rate as in-person visits for all diagnoses, not just services related to COVID-19.
 - Patients can receive telehealth services in all areas of the country and in all settings, including at their home.
 - CMS will not enforce a requirement that patients have an established relationship with the physician providing telehealth.
 - Physicians can reduce or waive cost-sharing for telehealth visits.
 - Physicians licensed in one state can provide services to Medicare beneficiaries in another state. State licensure laws still apply.
- HHS Office for Civil Rights [offers](#) flexibility for telehealth via popular video chat applications, such as FaceTime or Skype, during the pandemic.
- AMA's [telemedicine quick guide](#) has detailed information to support physicians and practices in expediting implementation of telemedicine.
- Disclaimer: Information provided by the AMA contained within this Guide is for medical coding guidance purposes only. It does not (i) supersede or replace the AMA's Current Procedural Terminology® manual ("CPT Manual") or other coding authority, (ii) constitute clinical advice, (iii) address or dictate payer coverage or reimbursement policy, and (iv) substitute for the professional judgement of the practitioner performing a procedure, who remains responsible for correct coding.
- To learn more about CPT licensing [click here](#).

Scenario 1: Patient comes to office for E/M visit, is tested for COVID-19 during the visit




Scenario 2: Patient comes to office for E/M visit re: COVID-19 and is directed to a testing site



| Action | In-office E/M visit | Patient swab sample collected | COVID-19 test performed |
|-------------------------|--|---|--|
| Who is performing | Physician/QHP | Testing Site | Laboratory |
| Applicable CPT Codes | 99201-99205 (New Patient) 99212-99215 (Established Patient) | 99001 Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated) | 87635 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique |
| Applicable ICD-10 codes | Possible exposure to COVID-19 Z03.818 Actual exposure to COVID-19 Z20.828 | | |
| Place of Service (POS) | 11 Physician Office | 15 Mobile Unit 17 Walk-in Retail Health Clinic 20 Urgent Care Facility 23 Emergency Room Hospital | 11 Physician office 19 Off Campus Outpatient Hospital 22 On Campus Outpatient Hospital 81 Independent Laboratory |

Scenario 3: Patient received telehealth visit re: COVID-19, and is directed to come to physician office or physician's group practice site for testing














| Action | Patient evaluated for COVID-19 testing need: E/M telehealth OR telephone visit (<i>Flexibility: permit audio only for E/M Telehealth</i>) | Pt goes to office | Throat swabs taken in office | Swab sent to lab | COVID-19 test performed |
|-------------------------|---|--|---|------------------|--|
| Who is performing | Physician / QHP | | Clinical Staff (e.g., RN/LPN/MA) | | Laboratory team |
| Applicable CPT Code(s) | <p>New Patient: E/M Telehealth*</p> <p>99201 99203 99205 99202 99204</p> <p><i>Established Patient: E/M Telehealth OR Telephone Evaluation (independent of E/M)*</i></p> <p>99212 (typical time 10 min) 99441 (5-10 min)</p> <p>99213 (typical time 15 min) 99442 (11-20 min)</p> <p>99214 (typical time 25 min) 99443 (21-30 min)</p> <p>99215 (typical time 40 min)</p> | Patient directed to proceed to office for COVID-19 testing | 99211 | | 87635 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique |
| Applicable ICD-10 codes | Possible exposure to COVID-19 - Z03.818 Actual exposure to COVID-19 - Z20.828 | | | | |
| Place of Service (POS) | 02 Telehealth | | 11 Physician Office | | 11 Physician office 19 Off Campus Outpatient Hospital 22 On Campus Outpatient Hospital 81 Independent Laboratory |
| Notes | <p>*Payors may require the use of Modifier 95 for telehealth services</p> <p>Office for Civil Rights at HHS provides flexibility on audio/visual tools</p> <p>Medicare will pay telehealth at office visit rates and not conduct audits to ensure prior relationship with patient</p> | | Add modifier 25 if same date of service as Physician/QHP assessment | | |

Scenario 4: Patient received telehealth visit re: COVID-19, and is directed to unaffiliated testing site



| Action | Patient Evaluated for COVID-19 testing need: E/M telehealth OR telephone visit (Flexibility: permit audio only for E/M telehealth) | | Pt goes to testing site | Throat swabs taken at remote testing site, delivered to lab | Coronavirus test performed | |
|-----------------------------|---|---------------------|-------------------------|---|--|-------|
| Who is performing/reporting | Physician / QHP | | | Testing Site | Laboratory team | |
| Applicable CPT Code(s) | New Patient: E/M Telehealth* | | | 99001 Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated) | 87635 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique | |
| | 99201 99202 | 99203 99204 | | | | 99205 |
| | Established Patient: E/M Telehealth OR Telephone Evaluation (independent of E/M)* | | | | | |
| | 99212 (typical time 10 min) | 99441 (5-10 min) | | | | |
| | 99213 (typical time 15 min) | 99442 (11-20 min) | | | | |
| | 99214 (typical time 25 min) | 99443 (21 – 30 min) | | | | |
| | 99215 (typical time 40 min) | | | | | |
| Applicable ICD-10 codes | Possible exposure to COVID-19 - Z03.818 Actual exposure to COVID-19 - Z20.828 | | | | | |
| Place of Service | 02 Telehealth | | | 15 Mobile Unit 17 Walk-in Retail Health Clinic 20 Urgent Care Facility 23 Emergency Room Hospital | 11 Physician office 19 Off Campus Outpatient Hospital 22 On Campus Outpatient Hospital 81 Independent Laboratory | |
| Notes | *Payors may require the use of Modifier 95 for telehealth services Office for Civil Rights at HHS provides flexibility on audio/visual tools Medicare will pay telehealth at office visit rates and not conduct audits to ensure prior relationship with patient **COVID-19 test orders given to patient** | | | **Patient presents physician/QHP test orders to testing personnel** | | |

Scenario 5: Patient receives virtual check-in/online visit re: COVID-19 (not related to E/M visit), and is directed to come to physician office for testing

|  |  |  |  |  |  |  |  |  |  |  |
|---|--|---|---|---|--|---|---|---|---|---|
| Action | Patient evaluated for COVID-19 testing need: Online digital E/M | Pt goes to office | Throat swab taken in office | Swab sent to lab | COVID-19 test performed | | | | | |
| Who is performing | Physician / QHP | | Clinical Staff (e.g. RN/LPN/MA) | | Laboratory team | | | | | |
| Applicable CPT Code(s) | New Patient: N/A Established Patient: 99421 (5-10 min) 99422 (11-20 min) 99423 (21-30 min) G2010 Remote Image G2012 Virtual Check-In | Patient directed to proceed to office for COVID-19 testing | 99211 | | 87635 Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique | | | | | |
| Applicable ICD-10 codes | Possible exposure - Z03.818 Actual exposure - Z20.828 | | | | | | | | | |
| Place of Service (POS) | 11 Physician Office | | 11 Physician Office | | 11 Physician office 19 Off Campus Outpatient Hospital 22 On Campus Outpatient Hospital 81 Independent Laboratory | | | | | |
| Notes | - For Established Patients - Patient Initiates communication | | Add modifier 25 if same date of service as Physician/QHP assessment | | | | | | | |

Scenario 6: Patient receives virtual check-in/online visit re: COVID-19 (not related to E/M visit) and is directed to unaffiliated testing site



| Action | Patient evaluated for COVID-19 testing need: Online digital E/M | Pt goes to testing site | Throat swab taken at testing site, delivered to lab | COVID-19 test performed |
|-------------------------|---|-------------------------|--|---|
| Who is performing | Physician / QHP | | Testing Site | Laboratory team |
| Applicable CPT Code(s) | <p>New Patient: N/A</p> <p>Established Patient: 99421 (5-10 min) 99422 (11-20 min) 99423 (21-30 min)</p> <p>G2010 Remote Image G2012 Virtual Check-In</p> | | <p>99001</p> <p>Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated)</p> | <p>87635</p> <p>Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique</p> |
| Applicable ICD-10 codes | <p>Possible exposure - Z03.818</p> <p>Actual exposure - Z20.828</p> | | | |
| Place of Service | 11 Physician Office | | <p>15 Mobile Unit</p> <p>17 Walk-in Retail Health Clinic</p> <p>20 Urgent Care Facility</p> <p>23 Emergency Room Hospital</p> | <p>11 Physician office</p> <p>19 Off Campus Outpatient Hospital</p> <p>22 On Campus Outpatient Hospital</p> <p>81 Independent Laboratory</p> |
| Notes | <p>-For Established Patients</p> <p>-Patient Initiates communication</p> <p>**COVID-19 test orders given to patient**</p> | | **Patient presents physician/QHP test orders to testing personnel** | |

Scenario 7: Telehealth visit for a COVID-19 diagnosed patient



OR



| Action | Communication method | Patient assessed: E/M telehealth, telephone assessment (Flexibility: permit audio only for E/M telehealth) | |
|-------------------------|-------------------------------------|---|-------------------|
| Who is performing | | Physician / QHP | |
| Applicable CPT Code(s) | Audio | <i>New Patient: E/M Telehealth*</i> | |
| | | 99201 | |
| | | 99202 | |
| | | 99203 | |
| | | 99204 | |
| | | 99205 | |
| | <i>or</i> Audio/Video | <i>Established Patient: E/M Telehealth OR Telephone Evaluation (independent of E/M)*</i> | |
| | | 99212 (typical time 10 min) | 99441 (5-10 min) |
| | | 99213 (typical time 15 min) | 99442 (11-20 min) |
| | | 99214 (typical time 25 min) | 99443 (21-30 min) |
| | | 99215 (typical time 40 min) | |
| Applicable ICD-10 codes | | U07.1, COVID-19 Effective April 1, 2020 CDC Announcement | |
| Place of Service | | 02 Telehealth | |
| Notes | | *Payors may require the use of Modifier 95 for telehealth services | |

Scenario 8: Patient with COVID-19 receives virtual check-in **OR** on-line visits via patient portal/e-mail (not related to E/M visit) **OR** telephone call from qualified nonphysician (those who may not report E/M)



OR



| Action | Communication method | Patient evaluated | |
|-------------------------|--|---|--|
| Who is performing | | Physician / QHP | Qualified nonphysician (may not report E/M) |
| Applicable CPT Code(s) | Virtual Check-In Other Phone Call | G2010 Remote Image G2012 Virtual Check-In | 98966 (5-10 min) 98967 (11-20 min) 98968 (21-30 min) |
| | Online Visits (eg EHR portal, secure email; allowed digital communication) | 99421 (5-10 min) 99422 (11-20 min) 99423 (21-30 min) | 98970/G0261 (5-10 min) 98971/G0262 (11-20 min) 98972/G0263 (21-30 min) |
| Applicable ICD-10 codes | | U07.1, COVID-19 <i>Effective April 1, 2020</i> CDC Announcement | |
| Place of Service | | 11 Physician Office or other applicable site of the practitioner's normal office location | |

[A virtual check-in pays professionals for brief \(5-10 min\) communications that mitigate the need for an in-person visit, whereas a visit furnished via Medicare telehealth is treated the same as an in-person visit](#)

Scenario 9: Physician orders remote physiologic monitoring following patient quarantined at home after receiving COVID-19 diagnosis

| Action | Patient receives initial set-up of monitoring device and education on its use | + | Remote physiologic monitoring treatment management services (First 20 minutes) | Remote physiologic monitoring treatment management services (Each additional 20 minutes) | OR | Collection and interpretation of physiologic data digitally stored and/or transmitted by the patient to physician/QHP (Minimum of 30 minutes) |
|------------------------|---|---|--|--|----|--|
| Who is performing | Physician/QHP/Clinical Staff | | Physician/QHP | Physician/QHP | | Physician/QHP |
| Applicable CPT Code(s) | 99453 Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment | | 99457 Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes | 99458 Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure) | | 99091 Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/ regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days |
| Place of Service | 11 Physician Office | | 11 Physician Office | 11 Physician Office | | 11 Physician Office |
| Notes | Do not report 99453 for monitoring of less than 16 days | | Bill once per calendar month, regardless of number of parameters monitored | Use 99458 in conjunction with 99457 | | Bill once per 30 days Do not report in conjunction with 99457 or 99458 |

Scenario 10 – (Non-COVID-19 case):Telehealth visit for a non-COVID-19 patient

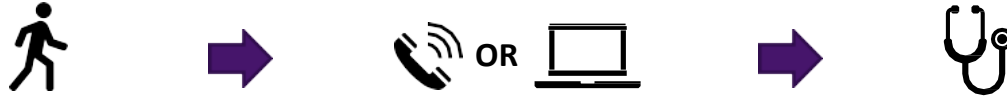


OR



| Action | Communication method | Patient assessed: E/M telehealth, telephone assessment (Flexibility: Permit audio only for E/M telehealth) | |
|-------------------------|-----------------------|---|-------------------|
| Who is performing | | Physician / QHP | |
| Applicable CPT Code(s) | Audio | New Patient: E/M Telehealth* | |
| | | 99201 | |
| | | 99202 | |
| | | 99203 | |
| | | 99204 | |
| | | 99205 | |
| | or Audio/Video | Established Patient: E/M Telehealth OR Telephone Evaluation (independent of E/M)* | |
| | | 99212 (typical time 10 min) | 99441 (5-10 min) |
| | | 99213 (typical time 15 min) | 99442 (11-20 min) |
| | | 99214 (typical time 25 min) | 99443 (21-30 min) |
| | | 99215 (typical time 40 min) | |
| Applicable ICD-10 codes | | Report relevant ICD-10 code(s) related to reason for call or online interaction | |
| Place of Service | | 02 Telehealth | |
| Notes | | *Payors may require the use of Modifier 95 for telehealth services | |

Scenario 11 – (Non-COVID-19 case): Patient receives virtual check-in OR on-line visits via patient portal/e-mail (not related to E/M visit) OR telephone call from qualified nonphysician (those who may not report E/M)



| Action | Communication method | Patient evaluated | |
|-------------------------|--|--|--|
| Who is performing | | Physician / QHP | Qualified nonphysician (may not report E/M) |
| Applicable CPT Code(s) | Virtual Check-Ins Other Phone Call | G2010 Remote Image G2012 Virtual Check-In | 98966 (5-10 min) 98967 (11-20 min) 98968 (21-30 min) |
| | Online Visits (eg EHR portal, secure email; allowed digital communication) | 99421 (5-10 min) 99422 (11-20 min) 99423 (21-30 min) | 98970/G0261 (5-10 min) 98971/G0262 (11-20 min) 98972/G0263 (21-30 min) |
| Applicable ICD-10 codes | | Report relevant ICD-10 code related to reason for call or online interaction | |
| Place of Service | | 11 Physician Office or other applicable site of the practitioner's normal office location | |

A virtual check-in pays professionals for brief (5-10 min) communications that mitigate the need for an in-person visit, whereas a visit furnished via Medicare telehealth is treated the same as an in-person visit