



COVID-19: Telehealth – Visit Billing

Resources and Tip Sheet

As the COVID-19 pandemic and federally declared state of public health emergency evolves, healthcare providers are quickly and desperately looking to telemedicine as a viable alternative to traditional office visits for limiting not only their patients' exposure to each other, but their providers' exposure to patients to ensure compliance with safety and distancing requirements. Increased interest in telemedicine combined with recent changes to situation / circumstances, coverage, documentation and billing guidelines and laws have led to a significant increase in requests for information and education about telehealth reimbursement compliance.

In an effort to provide support with accessible information on demand, we've created a tip sheet for quick reference, supplemented by direct links to the CMS and AMA where these changes continue to develop.

The tip sheet will be updated as new information is released and analyzed.

Have questions? Need assistance? Feel free to contact us directly to schedule a call with one of our billing compliance experts.

We will get through this together. Be considerate and kind. Be well. Stay healthy.



COVID-19

Telehealth - Visit Billing

Information available as of March 17, 2020 5pm EDT

Telehealth services require certain conditions be met by the provider for coverage to be allowed. The information contained in this document should be supplemented with the official source documents at the links located at the bottom left corner of the page.

PURPOSE

As physicians and other qualified healthcare providers plan response to patient inquiries regarding coronavirus symptoms and concerns, information is emerging from the Centers of Medicare and Medicaid Services ("CMS") as coverage and access to care changes through telehealth during the COVID-19 outbreak under the 1135 waiver. This document was prepared as new information became available. Please note all providers must be responsible for verifying the information contained herein and keep up to date as guidance is released by the official sources, such as the Centers for Disease Control, ("CDC"), American Medical Association ("AMA"), CMS, State Medicaid, other payor & public health websites.

Visits and virtual services are important tools to maintain reasonable patient access with an attempt to keep patients healthy and helping to contain the community spread of the COVID-19 virus.

CONTACT

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WEBSITE LINKS:

[CMS Newsroom](#)
[AMA - Stay Informed](#)
[CMS - Telehealth Services MLN](#)

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Tip sheet

TELEHEALTH – VIRTUAL CHECK IN (HCPCS G2012)

Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.

- Place of Service = provider's place of service code

Coverage Requirements (as of 3/6/2020)

- Established Patients, however HHS will not conduct audits to ensure a prior relationship existed for claims submitted during the public health emergency.
- Expected to be patient initiated, but provider may need to provide beneficiaries information on this specific visit availability
- Requires direct phone **OR** video communication between patient and provider unlike other telehealth visits
- Brief, approx. 5-10 minutes
- Do not bill if Virtual Check-In results in office appointment within 24 hours or next available
- Cannot be related to an E/M billed by the same provider/specialty within previous 7 days
- Not limited to certain settings or locations

DOCUMENTATION REQUIREMENTS

- Documented Patient Consent
- Patient Location
- Chief Complaint or Reason for Encounter
- Justification for Telehealth Service
- Example: *"Pt presents during the COVID-19 pandemic / federally declared state of public health emergency. This service conducted via (specify telephone or video). Patient is (specify immunocompromised; has co-morbidities that pose substantial risk if exposed; exhibiting signs/symptoms suspicious for COVID-19; diagnosed positive with COVID-19, etc.)"*
- Pertinent History, Exam, Medical Decision Making
- Diagnosis
- Duration of Encounter

ICD-10-CM

- Z20.828, Contact with and (suspected) exposure to other viral communicable diseases
- Z03.818 Encounter for observation for suspected exposure to other biological agents ruled out
- [CDC-WHO ICD10CM Guidance](#)



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VIDEO VISITS

New and Established Patients CPT® 99201-99205, 99212-99215, 99241-99245

- Documented and billed using E/M guidelines with -GT modifier (Via interactive audio & video telecommunication systems (not required for Medicare- uses POS to alert of service type)) or Modifier 95 (Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System – for most other payors)
- Place of service = 02
- Billable for all payers

Coverage Requirements

- New or Established patients
- Visits are the same as in person visits
- Requires direct phone **and** video communication between patient and provider
- Not limited to certain settings or locations, may be provided in any healthcare facility and in patient's home.

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TELEHEALTH – EVALUATION & MANAGEMENT (“E/M”) VISITS

CPT® 99421-99423

Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days... Report

- 99421 if cumulative time during seven-day period is 5 to 10 minutes
- 99422 for 11 to 20 minutes; and
- 99423 for 21 or more minutes.

Place of Service = provider’s place of service code

Coverage Requirements

- Non-face-to-face patient services initiated by an established patient
- Via an on-line patient portal inquiry.
- Providers must provide a timely response to the inquiry
- Encounter must be stored permanently to report this service.
- Reported once in a seven-day period and are reported for the cumulative time devoted to the service over the seven days. (cumulative time of less than 5 min are not be reported)
- New/unrelated problem initiated within seven days of a previous E/M visit that address a different problem may be reported separately.
- Not limited to rural settings or certain locations
- Different HCPCS codes are available for clinicians who may not bill E/M codes

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