

[SIR Telemedicine Coding Guidance](#) and [AMA Quick Guidance](#)

In an effort to keep our health care workers and patients safe amid the COVID-19 pandemic, the American Medical Association (AMA) has designed this quick guide to support physicians and practices in expediting the implementation of telemedicine, so care can continue to be provided to those who need it most.

GETTING STARTED

- Set up a team that will help facilitate the expedited implementation of telemedicine services and be able to make decisions quickly to ensure launch as soon as possible.
- Check with your malpractice insurance carrier to ensure your policy covers providing care via telemedicine.
- Familiarize yourself with payment and policy guidelines specific to various telemedicine services.

POLICY, CODING & PAYMENT

The policy and payment landscape around telehealth and telemedicine remains complex; however, as the country navigates this pandemic, change is happening rapidly to expand these services. Below are key policy and payment considerations to keep in mind:

- Ensure that you are providing services in accordance with your state laws and regulations. WAs part of emergency declarations many Governors have relaxed state laws and regulations related to the provision of telemedicine services. For up to the minute information in your state, please contact your state department of health or state medical association.
- Licensure:
 - If you are licensed in the state where the patient is located, there are no additional requirements.
 - If you are not licensed in the state where the patient is located:
 - [CMS has issued the following waiver for Medicare patients](#): Temporarily waive requirements that out-of-state providers be licensed in the state where they are providing services when they are licensed in another state. **Medicaid** waivers must be requested by the individual state that wants to use them.
 - As part of emergency declarations, many Governors have relaxed licensure requirements related to physicians licensed in another state and retired or clinically inactive physicians. Please contact your state board of medicine or department of health for up-to-the minute information.
- [CMS has expanded access](#) to telemedicine services for all Medicare beneficiaries, not just those that have novel coronavirus, for the duration of the COVID-19 Public Health Emergency. In addition to existing coverage for originating sites including physician offices, skilled nursing facilities, and hospitals, Medicare will now make payments for telehealth services furnished in any healthcare facility and in the home.



Common CPT codes and Medicare coverage for telemedicine services include:

Telehealth Visits

Synchronous audio/visual visit between a patient and clinician for evaluation and management (E&M)

Code	Description
CPT Code 99201-99205 POS 02 for Telehealth (Medicare) Modifier 95 (Commercial Payers)	Office or other outpatient visit for the evaluation and management of a new patient
CPT Code 99210-99215 POS 02 for Telehealth (Medicare) Modifier 95 (Commercial Payers)	Office or other outpatient visit for the evaluation and management of an established patient

*A list of all available codes for telehealth services can be found here:

<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

Online Digital Visits

Digital visits and/or brief check-in services furnished using communication technology that are employed to evaluate whether or not an office visit is warranted (via patient portal, smartphone).

Code	Description
CPT Code 99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
CPT Code 99422	11-20 minutes
CPT Code 99423	21 or more minutes
CPT Code 98970*	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
CPT Code 98971*	11-20 minutes
CPT Code 98972*	21 or more minutes
HCPCS Code G2061	Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes
HCPCS Code G2062	11-20 minutes
HCPCS Code G2063	21 or more minutes
HCPCS Code 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
HCPCS Code G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation



	with follow-up with the patient within 24 business hours, 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
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* CPT codes 98970-98971 were modified in 2020 to match the CMS language captured in HCPCS code G2061-G2063.

Remote Patient Monitoring

Collecting and interpreting physiologic data digitally stored and/or transmitted by the patient and/or caregiver to the physician or qualified health care professional.

Code	Description
CPT Code 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. (Initial set-up and patient education of monitoring equipment)
CPT Code 99454	Device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days. (Initial collection, transmission, and report/summary services to the clinician managing the patient)
CPT Code 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
CPT Code 99458	Each additional 20 minutes (List separately in addition to code for primary procedure)
CPT Code 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)

***Important Use Case** - leverage CPT codes 99453 (if patient education is performed) and 99457 to manage pulse oximetry data from the patient's home to keep them out of the emergency room and the inpatient hospital, unless it becomes necessary.

Telephone Evaluation and Management Service

CPT codes to describe telephone evaluation and management services have been available since 2008. Relative values are assigned to these services. **Medicare still currently considers these codes to be non-covered.** However, private payors may pay for these services.

Code	Description
CPT Code 99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or

	guardian 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
CPT Code 99442	11-20 minutes of medical discussion
CPT Code 99443	21-30 minutes of medical discussion

***The AMA is urging CMS to begin covering these services under Medicare immediately in light of the novel coronavirus emergency.**

- For commercial payers, check with your local state medical association or society for more information on coverage for telemedicine services.

PRACTICE IMPLEMENTATION

If you are planning to implement telehealth visits into your practice for the first time, below are some key considerations:

Vendor Evaluation, Selection, & Contracting

- Check with your existing EHR vendor to see if there is telehealth functionality that can be turned on.
- Reach out to your state medical association/society for guidance on vendor evaluation, selection, and contracting.
- Introducing new technology into practice quickly can be challenging, but a few things to keep in mind as you navigate a speedy implementation:
 - Ensure HIPAA-compliance*
 - Make sure you understand who has access to and owns any data generated during a patient visit
 - Get clear on the pricing structure (i.e. is there a monthly flat rate for using the technology or is it per call or per visit?)

** Given the special circumstances of the COVID-19 pandemic, the federal government has [announced](#) that the Office for Civil Rights (OCR) will not impose penalties on physicians using telehealth in the event of noncompliance with regulatory requirements under the Health Insurance Portability and Accountability Act (HIPAA).*

- Leverage resources available at the [American Telemedicine Association](#) to identify possible vendors to work with. Some are actively supporting quick and effective use of telehealth services.

Workflow & Patient Care

- Determine protocols for if/when a telehealth visit is appropriate up front and train clinicians, care team members, and schedulers. Consider a short survey or set of questions that patients can either answer electronically or over the phone when your patients are scheduling to properly triage.

- If you know your payor mix, consider reaching out to the payor with the highest percent of your patient population to discuss telehealth coverage, even if temporarily due to current events.
- Determine when telehealth visits will be available on the schedule (i.e. throughout the day intermixed with in-person visits or for a set block of time specifically devoted to virtual visits).
- Set up space in your practice to accommodate telehealth visits. This can be an exam room or other quiet office space to have clear communication with patients. If multiple members of the care team will be helping to facilitate telehealth visits, ensure they know where to support the set-up of the technology and communicate with patients virtually.
- Ensure you are still properly documenting these visits – preferably in your existing EHR as you normally would with an in-person visit. This will keep the patient’s medical record together, allow for consistent procedures for ordering testing, medications, etc. and support billing for telehealth visits.
 - Ensure you receive advanced consent from patients for telemedicine interactions. This should be documented in the patient’s record. Check to see if your technology vendor can support this electronically.
- Let your patients know the practice is now offering telehealth services when they call the office. Have your office staff help support pro-active patient outreach. Additionally, post announcements on your website, patient portals, and other patient-facing communications.
 - Have a plan for supporting patients on how to access telehealth visits based on your practice’s technology and workflow to keep the clinic flow moving and avoid disruptions to care.

OTHER HELPFUL RESOURCES

- For more information, visit the AMA’s COVID-19 Resource Center for Physicians: <https://www.ama-assn.org/delivering-care/public-health/covid-19-2019-novel-coronavirus-resource-center-physicians>
- AMA STEPS Forward Module on Telemedicine: <https://edhub.ama-assn.org/steps-forward/module/2702689>
- Reach out to your state medical association/society for more detailed information and resources on licensure, coverage, and payment policies.
 - [Texas Medical Association](#) has created a significant suite of telemedicine resources.
- CMS Telehealth Services Fact Sheet: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsht.pdf>
- For the latest information on federal policy and payment changes related to telehealth in the midst of COVID-19, visit the [CMS Current Emergencies site](#). Two specific announcements expanding access to telehealth services include:
 - Medicare Telemedicine Health Care Provider Fact Sheet: <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

Interventional Radiology Quarterly (IRQ) SUMMER 2017 - Coding Q&A

Reimbursement for providing telemedicine services

BY C. MATTHEW HAWKINS, MD

Q: My hospital continues to invest in contemporary technology that allows for remote patient visits via telemedicine/telehealth services. They continue to encourage physicians to use these tools to decrease the travel burden on our patients. Can we get paid for providing telemedicine services?

A: Yes! In fact, these new reportable evaluation and management (E&M) encounters offer some exciting potential for interventional radiologists, as many/most of our practices are centered in urban areas that can be hard for some of our patients to reach. Additionally, since there are relatively few interventional radiologists across the country, telemedicine potentially expands the reach and capacity of our specialty. Through telemedicine, IRs can report E&M services for both outpatients and inpatients. There are some caveats, of course, though.

First, the service must be a synchronous audio **and** video encounter, which is defined as “a real-time interaction between a physician or other qualified health care professional and a patient who is located at a distant site from the physician or qualified health care provider.”

Second, the *AMA CPT 2017 Professional Coding Manual* states that “the totality of the communication and information exchanged between the physician ... and the patient during the ... service must be an amount and nature that would be sufficient to meet the key components and/or requirements of the same service when rendered via a face-to-face interaction.”

When evaluation and management services are provided via a synchronous telemedicine encounter, modifier 95 should be appended to the E&M service performed. For IRs, the most common E&M codes that can be reported via telemedicine services include outpatient E&M services (**99201–99205, 99212–99215, 99241–99245**), subsequent hospital services (**99231–99233**) and inpatient consultations (**99251–99255**). Appendix P in the *CPT Manual* lists all the codes that can be reported via telemedicine.

Many states have additional regulations that may need to be met to appropriately report these codes, so working closely with your hospital compliance and coding teams will be useful if your group chooses to offer these services.

Q: What if I spend time talking to a patient on the phone? Is there a CPT code that can be reported for that service?



A: Yes, but **these services are not considered telehealth services**, as there is not a synchronous audio **and** video encounter when speaking via the telephone. Pages 39–41 of the *2017 CPT Professional Coding Manual* delineate the non-face-to-face E&M services that can be reported: **99441–99443** can be reported for phone conversations initiated by patients that do not involve a recent E&M encounter within the prior 7 days and are not in the postoperative period. If, on the basis of the telephone call, a decision is made to see the patient within the next 24 hours, then **99441–99443** should not be reported. Rather, the encounter is considered part of the preservice work of the subsequent E&M encounter.

Furthermore, communication with patients via online EMR tools not originating from an E&M encounter in the prior 7 days can be reported with code **99444**.

Lastly, IRs often spend time consulting with other health care professionals via the telephone/internet. These services, in the appropriate settings, can be reported via codes **99446–99448**. **These codes should not be reported by a physician who has agreed to accept transfer of care or when the telephone consultation leads to a face-to-face encounter (such as a procedure) within the next 14 days.**

Because a number of additional caveats pertain to appropriate reporting of the non-face-to-face patient encounter codes, it is important for IRs to work with their coding and compliance teams to properly report these services.

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Reference

¹ American Medical Association (AMA). 2020. AMA quick guide to telemedicine in practice. Retrieved from: <https://www.ama-assn.org/practice-management/digital/ama-quick-guide-telemedicine-practice>

² Society of Interventional Radiology (SIR). 2017. Coding Q&A: Reimbursement for providing telemedicine services. Published in *Interventional Radiology Quarterly (IRQ)* in 2017. Retrieved from: <https://connect.sirweb.org/e-irq/participate/viewirqarticle?DocumentKey=33578a30-856e-4e48-95a6-5a172623884c>