

ACR Telehealth Provider Fact Sheet

With the outbreak of coronavirus disease 2019 (COVID-19), it is imperative to ensure rheumatology health services are available and telehealth is a viable option to treat patients. Telehealth will allow providers to complete assessments and treatments in the patient's residence that would otherwise need transport to the physician office or hospital.

On March 17, the Centers for Medicare & Medicaid Services (CMS) expanded access to telehealth services as part of the government-wide effort to ease the growing COVID-19 pandemic. The 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act included a provision to waive telemedicine restrictions for Medicare beneficiaries. Under the waiver CMS will reimburse telehealth visits at the same fee-for-service rate as regular, face-to-face evaluation and management (E/M) visits. Additionally, the Office of Civil Rights (OCR) will not impose penalties on physicians who use everyday communications technologies such as FaceTime or Skype that are noncompliant with regulatory requirements under the Health Insurance Portability and Accountability Act (HIPAA) during the nationwide pandemic.

Telehealth and virtual care solutions will:

- Improve access to care;
- Facilitate the timely diagnosis and treatment of rheumatic patients, while limiting the risk of person-to-person spread of the virus;
- Allow providers to communicate with patients anywhere and anytime;
- Track patient health status, and
- Provide timely interventions.

Below are coding guidelines to understanding the key concepts and regulations as a practical option for rheumatology practices to ensure proper reimbursement for telehealth services.

Events are evolving daily around COVID-19. The ACR will continue to make updates as they become available.

Practitioners Approved to Provide Telehealth

Distant site practitioners who can furnish and receive payment for covered telehealth services (subject to state law) are:

- Physicians;
- Nurse practitioners (NPs);
- Physician assistants (PAs);
- Clinical nurse specialists (CNSs); and
- Registered dietitians or nutrition professionals.

Licensing

With the declaration by President Trump of a national of emergency, the 1135 Waiver includes modifications to "requirements that physicians or other health care professionals hold licenses in the State in which they provide services, if they have an equivalent license from another State (and are not affirmatively barred from practice in that State or any State a part of which is included in the emergency area)." [Review notice.](#)

Telehealth Coding

Synchronous visual or audio visits should be billed using the regular office or other outpatient evaluation and management (E/M) codes:

- 99201 – 99205 New patient visits
- 99212 – 99215 Established patient visits
- 99241 – 99245 Consultation codes

Telephone Services

The CPT codes for telephone E/M services are not covered by Medicare, but may be reimbursed by private payers. The ACR along with the AMA are working together to urge CMS to cover these services during the COVID-19 crisis, as they are key services for patients and they will not be able to have a face-to-face visit and may need to communicate with a provider.

- 99441: Telephone evaluation and management service by a physician or other qualified healthcare 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 (no fee schedule)
 - 99442: 11-20 minutes of medical discussion (no fee schedule)
 - 99443: 21-30 minutes of medical discussion (no fee schedule)

e-Visit Codes

This service is for digital or brief check-ins where patients can communicate through a patient portal, but must verbally consent to receive virtual check-in services. The Medicare coinsurance and deductible would apply to these services.

- 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
 - 99422 11-20 minutes
 - 99423 21 or more minutes

Interprofessional Telephone/Internet/Electronic Health Record Consultations

- 99446: Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5 – 10 minutes of medical consultative discussion and review
 - 99447: 11-20 minutes of medical consultative discussion and review
 - 99448: 21-30 minutes of medical consultative discussion and review
 - 99449: 31 minutes of medical consultative discussion and review
- 99451: Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician, including written report to the patient's treating/requesting physician or other qualified healthcare professional; 5 – 10 minutes or more of medical consultative time
- 99452: Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified healthcare professional; 30 minutes

Virtual Check-Ins

Virtual check-in services can only be reported when the billing practice has an established relationship with the patient. This service is usually initiated by the patient and provided in their home with a brief communication service with providers via a number of communication technology modalities, including synchronous discussion over a telephone or exchange of information through video or image.

- 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.

Modifiers

In most cases, billing for telemedicine looks similar to billing for in-person evaluation and medication management. The biggest difference is that you will add a modifier. There are three potential modifiers that earmark a claim as telehealth: GT, GQ, and 95.

Commercial (UHC only at this time)	Medicare & Medicare Advantage	Medicaid
<ul style="list-style-type: none"> • All CPT/HCPCS codes recognized by CMS payable as telehealth appended with modifiers GT or GQ • Recognized by the AMA included in Appendix P of CPT and appended with modifier 95 	<p>All CPT/HCPCS codes payable as telehealth when billed with:</p> <ul style="list-style-type: none"> • Place of Service 02, and • GQ or GT modifiers • Recognized by the AMA included in Appendix P of CPT and appended with modifier 95 	<ul style="list-style-type: none"> • All CPT/HCPCS codes recognized by CMS as payable as telehealth appended with modifiers GT or GQ • Recognized by the AMA included in Appendix P of CPT and appended with modifier 95

For example, to bill a level 3 established patient office visit provided via telehealth, report 99213-GT. By appending the modifier, the provider is certifying that the beneficiary was present when the telehealth service was furnished.

Not all payers require the 02 place of service to bill a telemedicine claim, so it will be necessary to verify with individual payers if a remittance advice is received indicating that the Place of Service is incorrect. The ACR will continue to monitor and update CMS and private payer billing guidelines for telehealth as they develop during the national COVID-19 crisis.

Medicare Fee Schedule (Telehealth Services)

While the new provisions allow for greater flexibility for telehealth services, there are still questions regarding reimbursement of these services. The ACR along with other specialty societies will continue to advocate to CMS for temporary increases in fees to support practices during the coronavirus crisis.

CPT CODES	Descriptor	MDCR Fee Schedule
99201-99215	Office or other outpatient visits for new and/or established patients	Regular fee schedule
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	\$15.50
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	\$31.01
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21-30 minutes	\$50.12
99446	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	\$18.39
99447	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	\$37.14
99448	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	\$55.54

99449	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes of medical consultative discussion and review	\$73.93
99451	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician, including written report to the patient's treating/requesting physician or other qualified healthcare professional; 5-10 minutes or more of medical consultative time.	\$37.51
99452	Interprofessional telephone/internet/electronic health record referral service(s) provide by a treating/requesting physician or other qualified healthcare professional; 30 minutes	\$37.51

American Medical Association (AMA) CPT Editorial Panel Released a New COVID-19 CPT Code and Descriptor for Testing:

- 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

COVID-19 Diagnosis Coding

On March 18, the ICD-10 Coordination & Maintenance Committee approved the provisional assignment of a diagnosis code for the coronavirus under "new diseases of uncertain etiology or emergency."

Effective April 1, 2020, the classification will be listed under ICD-10-CM:

- U07 - Conditions of uncertain etiology
 - **New code:** U07.1 – COVID-19
 - Use additional code to identify pneumonia or other manifestations
 - Excludes 1: Coronavirus infection, unspecified site (B34.2)
Severe acute respiratory syndrome [SARS], unspecified (J12.8)

Private Payers

On March 17, UnitedHealthcare announced they will largely follow CMS's lead for billing and reimbursement for telehealth services. The UHC [Provider Telehealth Policies](#) will waive the CMS originating site restriction for Medicare Advantage, Medicaid, and commercial members, allowing providers to bill for telehealth services performed while a patient is at home. The policy change is effective until April 30, 2020. They will also permit the use of FaceTime/Skype with no enforcement of HIPAA restrictions for noncompliance. For video visits, UHC will reimburse providers at the same level as a regular E/M office visit. UHC will provide an FAQ on their website for additional clarification on telehealth services.

The other major payers, including Aetna, Anthem, Cigna, and Humana, have not made any public announcement for telehealth services. The ACR Insurance Subcommittee will be reaching out to each of these payers and urge them to follow UHC's example on telehealth services for their beneficiaries.

Billing Telemedicine – Points to Remember

Key guidelines for billing telemedicine services:

- **Time:** Documentation for the encounter should include the required elements for each CPT code, such as key components or time. As time can be monitored automatically through an electronic encounter, it may be easy to document total time spent in counseling and/or coordination of care in the patient record. Only the provider's face-to-face time with the patient/caregiver is counted toward the level of service provided.
- The video component required for telemedicine encounters can be billed using a standard CPT code with the Modifier -95 for private payers.
- Inclusion of assessments using peripherals such as thermometers, oxygen saturation monitors, spirometers, blood pressure monitors, glucose monitors, etc., in the documentation will support the need for a certain number of required elements for the CPT code being used.
- In the "asynchronous" category (for e.g., emails, radiographs, and ultrasound studies), clinical information is supplied and considered at a later time.
- Effective January 1, 2018, POS 02 is to be used for all telemedicine services under Medicare.

Telemedicine FAQs

Q: What services can be provided by telehealth?

A: During the emergency declaration, any physician service provided via telehealth will be reimbursed by CMS that falls under the regular in-person services normally provided in the outpatient office setting. View the CMS list [here](#).

CMS reimburses separately for other professional services that are commonly furnished remotely using telecommunications technology without restrictions that apply to Medicare telehealth. These services, including physician interpretation of diagnostic tests, care management services, and virtual check-ins, are normally furnished through communication

Q: Will CMS enforce an established relationship requirement?

A: No, the Department of Health and Human Services will not conduct audits to ensure there is a prior relationship with a provider for claims submitted during the public health emergency.

Q: Can an NP/PA provide telehealth services?

A: Currently, the same physician office billing "incident-to" guidelines for NPs/PAs are still applicable with telemedicine, and there is wide variation in telemedicine rules across the states. The ACR is advocating with CMS to relax these regulations to ensure patients receive the necessary care they need.

Q: Are HIPAA rules the same with telehealth?

A: HIPAA penalties will be waived. The HHS OCR will use its powers of discretionary enforcement to waive penalties for HIPAA violations against providers using non-secure communications platforms (including FaceTime and Skype) if they are serving patients "in good faith" during the nationwide health emergency posed by the coronavirus crisis. Read the full announcement [here](#).

Q: Can medication be prescribed using telemedicine?

A: Yes, providers will continue using the e-RX to send prescriptions to pharmacies for refills and new prescriptions.

Q: Do all telemedicine services have to be live encounters?

A: No. In 2018, Medicare proposed a new definition to expand payment for remote patient monitoring services. Broadly, remote patient monitoring is the remote collection of data that the patient either inputs manually or can be collected through a transmitter. That data is used for clinical flags, such as high blood sugar, low blood pressure, increased pulse, or a sudden spike or drop in weight. That patient monitoring can be used to ensure patient safety, patient wellbeing, and treatment adherence.

Coverage, payment, and other aspects of reimbursement for services related to the coronavirus and telemedicine are continuously evolving. The ACR will continue to release information as further updates are available.

Q: What is the difference between virtual check-ins and e-visits?

A: A virtual check-in pays professionals for brief (5-10 minute) 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, and can be billed using the code for that service, using place of service 02 to indicate the service was performed via telehealth. An e-visit is when a beneficiary communicates with their doctors through online patient portals.

Q: Are the telehealth services only limited to services related to patients with COVID-19?

A: No. The statutory provision broadens telehealth flexibility without regard to the diagnosis of the patient. This is critical due to the importance of social distancing and other strategies recommended to reduce the risk of COVID-19 transmission. However, Medicare telehealth services, like all Medicare services, must be reasonable and necessary under section 1862(a) of the Social Security Act.

Q: What is the reimbursement for telehealth services?

A: Medicare will reimburse the same amount for telehealth services as it would for regular face-to-face E/M services.

Q: How long does the telehealth waiver last?

A: The telehealth waiver will be effective until the public health emergency ends.

State Actions

California

- Guidance to Medi-Cal Managed Care Plans:
<https://www.dhcs.ca.gov/services/Documents/MMCD/COVID-19Memo.pdf>
- Behavioral Health Bulletins:
https://www.dhcs.ca.gov/formsandpubs/Pages/Behavioral_Health_Information_Notice.aspx

Colorado

Plans were directed to conduct outreach and education campaigns to remind enrollees of their telemedicine options and to provide telemedicine services to cover COVID-19-related in-network telemedicine services at no cost share.

https://drive.google.com/file/d/1_9Z6CVhzAxNNxUWBKeAfVHqfr3mXQB_T/view?inf_contact_k ey=2825_2f60b0e45481d432c387e674dd83

District of Columbia

Medicaid Program Update.

https://coronavirus.dc.gov/sites/default/files/dc/sites/dhcf/release_content/attachments/DHCF-PRINTUFL_UF_DHCF-PRT-06_1038_001.pdf

Massachusetts

Medicaid Managed Care Plans required to cover telemedicine and certain telephonic services as a means by which members may access all clinically appropriate, medically necessary covered services. <https://www.mass.gov/doc/managed-care-entity-bulletin-20-coverage-andreimbursement-for-services-related-to-coronavirus/download>

New York

Providers who submit a “self-attestation” form will be able to provide telemental health for people affected by disaster emergency for a time-limited period.

<https://omh.ny.gov/omhweb/guidance/use-of-telemental-health-disaster-emergnecy.pdf>

Texas

Allowing phone consults and easing some regulations.

<http://www.tmb.state.tx.us/dl/920E0677-1BAF-C306-781B-A570AD6795A1>

COVID-19 coding and billing resources

To view the complete the CMS telehealth announcement, visit

<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

UnitedHealthcare will continue to publish updates at uhcprovider.com/covid19.

Visit the [AMA Resource Center for Physicians](https://www.ama-assn.org/practice-management/telehealth) or download the [CPT Assistant guide](#).

For additional information on ACR COVID-19 and telehealth advocacy efforts, contact Amanda Wiegrefe at awiegrefe@rheumatology.org. For practice management and coding guidelines, contact Antanya Chung at achung@rheumatology.org.