

TELEHEALTH FAQ

The ACR developed this guidance as a companion to the [Telehealth Provider Fact Sheet](#) for clinicians and practices on frequently asked questions for implementing and coding/billing telemedicine services.

We will continue to monitor and update any coding and billing changes from CMS and third-party payers as it becomes available. For additional coding and billing questions, contact the ACR coding and billing department at practice@rheumatology.org.

PRACTICE MANAGEMENT

How to set up telemedicine for patient visits?	We recommend contacting your EHR vendor to discuss video integration capabilities. Review the ACR list of telehealth vendors.
Are Zoom, Doxy.me, and other telemedicine platforms HIPAA compliant?	Yes, they have HIPAA compliant options. It is recommended to execute a BAA and retain for your records. During the COVID-19 public health emergency PHE, HHS is not enforcing penalties for non-HIPAA compliant telemedicine visits. We recommend ensuring HIPAA compliance to avoid penalties after the public health emergency ends.
Are Zoom and Doxy.me easy for patients that are not tech savvy? Providers don't have a lot of time to provide technical support to patients.	The programs state they are all intuitive to use. If you have support staff, we recommend they call the patient to test and troubleshoot patient needs prior to the appointment.
Can I (physician/non-physician provider) perform and bill telemedicine from home, or do I need to be at the practice site?	Yes, providers can perform services from home. We recommend being mindful of HIPAA protections when in the home environment including family members should not be able to hear or see patient interactions, nor have access to clinic information via a work computer.
How to manage equipment/physical setting limitations on the patient end such as internet speed, lighting, etc.?	It is recommended to utilize office support staff to contact patients to assist with testing and troubleshooting patient needs prior to the appointment. Patients can also have caregivers to assist if applicable
For a telephone visit or virtual check in, can the interview be completed with a caregiver? Can a caregiver provide consent?	Yes. It is recommended to document that the patient is unable to consent due to whatever reason, who the interview is being conducted with, and the caregiver's role in the patient's care.
If I give my patient the option of doing a phone visit instead of an in-person	Yes

visit, does that count as patient “initiated?”	
Can we perform telemedicine across state lines?	At the federal level, having a license in any state allows you to treat a patient in any state. However, states also need to agree to this; we recommend checking with your state to ensure compliance. Visit the ACR website for additional information.
Is visual the only option for telehealth?	No. Providers have the option to offer both visual and telephone only telehealth services. For audio/visual telemedicine encounter report the regular E/M visit codes 99201-99215. If the visual/video component of the encounter is not present, you would report a telephone consultation code or the digital E/M codes (99421–99423) as they are asynchronous.

CODING/BILLING

Are all providers authorized to bill for telemedicine?	Yes, telemedicine visits can be performed by MD, DO, and NPs/PAs. Residents and fellows are also allowed to participate in telemedicine when direct supervision is maintained according to ACGME’s definitions.
For incident-to billing, if the physician and other clinical staff are connected electronically but not in the same room is this considered offsite? If the physician can see the screen, is this the same as being in the same room?	If the NP/PA is providing a telemedicine visit and the supervising MD is readily available during the visit to assist, incident-to guidelines are met. If the NP/PA performs a telemedicine visit from their residence and the supervising MD is not available synchronously, this would not meet the guidelines and would need to be billed under the NP/PAs NPI.
What place of service (POS) should be submitted for services provided via telemedicine?	For Medicare services on or after March 1, 2020, and during the PHE providers will need to use the place of service (POS) code “11” that would have been reported had the service been furnished in the office along with modifier 95 , indicating that the service rendered was actually performed via telehealth. For commercial payer claims: Visit the ACR commercial telehealth payer policies link to review coding related guidance specific to telehealth services during COVID-19 as POS guidance may vary.
Did payers waive any of their documentation requirements?	No; documentation requirements remain the same.
Are there legal waivers for treating a new patient you have never seen in person?	The ACR is not aware of any restrictions or waivers to see new patients. All payers are allowing providers to

	bill new patient visits via telemedicine during the PHE.																																	
Are the new vs. established patient rules the same for telemedicine?	Basically yes, the same rules for new vs. established patients that exist for outpatient E/M services applies for telemedicine services. “Has the patient received any professional services from the physician/qualified health care professional or another physician/qualified health care professional in the same group of same specialty within the past three years?”																																	
Should I use 1995 or 1997 coding guidelines for telemedicine?	CMS will apply the 2021 coding and billing guidelines during the PHE and allow telehealth office visits to be selected and documented based on medical decision making (MDM) or total time only.																																	
If providers want to do perform an exam, what exam elements are absolutely required with telehealth visits in order to bill for standard E/M codes?	<p>The same exam elements required for in-office visits are required for telemedicine visits.</p> <p>For skin rashes, the provider can ask the patient to hold the area close to the camera if it’s visual, for audio only ask the patient to describe the rash and document it was performed by the patient.</p> <p>The patient can also take a picture and send through the patient portal or email.</p>																																	
Does a telehealth visit need to have the full ROS like typical clinic notes to be a covered service? Also, do we need to have all other sections (family history, social history, etc.)?	The requirements are the same as those for in-person encounters: If you determine the level by elements of history, exam, MDM, yes. If you determine the level by time, no.																																	
Since CMS is using the 2021 guidelines, what are the new “time” levels for E/M visit during the PHE?	<table border="1"> <thead> <tr> <th data-bbox="781 1188 922 1230">New Pt</th> <th data-bbox="922 1188 1157 1230">CPT Typical Time</th> <th data-bbox="1157 1188 1419 1230">CMS Typical Time</th> </tr> </thead> <tbody> <tr> <td data-bbox="781 1230 922 1262">99201</td> <td data-bbox="922 1230 1157 1262">10 mins</td> <td data-bbox="1157 1230 1419 1262">17 mins</td> </tr> <tr> <td data-bbox="781 1262 922 1293">99202</td> <td data-bbox="922 1262 1157 1293">20 mins</td> <td data-bbox="1157 1262 1419 1293">22 mins</td> </tr> <tr> <td data-bbox="781 1293 922 1325">99203</td> <td data-bbox="922 1293 1157 1325">30 mins</td> <td data-bbox="1157 1293 1419 1325">29 mins</td> </tr> <tr> <td data-bbox="781 1325 922 1356">99204</td> <td data-bbox="922 1325 1157 1356">45 mins</td> <td data-bbox="1157 1325 1419 1356">45 mins</td> </tr> <tr> <td data-bbox="781 1356 922 1388">99205</td> <td data-bbox="922 1356 1157 1388">60 mins</td> <td data-bbox="1157 1356 1419 1388">67 mins</td> </tr> <tr> <th data-bbox="781 1388 922 1430">Est. Pt</th> <th data-bbox="922 1388 1157 1430">CPT Typical Time</th> <th data-bbox="1157 1388 1419 1430">CMS Typical Time</th> </tr> <tr> <td data-bbox="781 1430 922 1461">99212</td> <td data-bbox="922 1430 1157 1461">10 mins</td> <td data-bbox="1157 1430 1419 1461">16 mins</td> </tr> <tr> <td data-bbox="781 1461 922 1493">99213</td> <td data-bbox="922 1461 1157 1493">15 mins</td> <td data-bbox="1157 1461 1419 1493">23 mins</td> </tr> <tr> <td data-bbox="781 1493 922 1524">99214</td> <td data-bbox="922 1493 1157 1524">25 mins</td> <td data-bbox="1157 1493 1419 1524">40 mins</td> </tr> <tr> <td data-bbox="781 1524 922 1556">99215</td> <td data-bbox="922 1524 1157 1556">40 mins</td> <td data-bbox="1157 1524 1419 1556">55 mins</td> </tr> </tbody> </table>	New Pt	CPT Typical Time	CMS Typical Time	99201	10 mins	17 mins	99202	20 mins	22 mins	99203	30 mins	29 mins	99204	45 mins	45 mins	99205	60 mins	67 mins	Est. Pt	CPT Typical Time	CMS Typical Time	99212	10 mins	16 mins	99213	15 mins	23 mins	99214	25 mins	40 mins	99215	40 mins	55 mins
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All the exam components suggest a stationary camera. How do we perform an exam for a patient who lives alone connecting on their cell phone?	Providers can suggest the patient use a stand or find a way to prop their phone so they can be hands free to participate in the exam.																																	
How do we handle obtaining vitals?	If the patient has a scale and/or blood pressure cuff, you can document the readings and document that it was on patient-owned equipment.																																	

	Providers can walk the patient through checking their pulse and document that it was performed by the patient.
How can we perform the clinical exam via telemedicine in this situation if the patient is disabled or unable to respond to command?	We recommend using the assistance of a family member or caregiver who is with the patient. When scheduling the appointment, ensure a caregiver will be present.
Is time spent with a caregiver allowed to be considered as time with the patient?	If the patient is present and it is part of the actual visit, yes it can be counted.
Does the time spent preparing for a telemedicine visit such as records review count towards total visit time?	Yes, activities done prior to the visit and after on the same date of service (DOS) is included in the new CMS typical time.
Is cost-sharing waived for telemedicine during the PHE?	A number of payers are waiving patient cost-sharing for all telemedicine visits regardless of diagnosis. Review the ACR Commercial Payer Temporary Telehealth Policies tracking sheet for additional information.
CMS changed their billing guidelines for telehealth from POS 02 to POS 11. What if I submitted my claim with POS 02 will my claim be rejected?	Yes. Providers who billed telehealth services with POS 02 in the early stages of PHE will need to correct the claim with POS 11 and resubmit.
Does CMS and third-party payers reimburse providers for audio-only E/M visits	As of April 30, 2020, CMS will reimburse for E/M services using audio-only technology. Providers should bill using the telephone services E/M code 99441-99443, provided that the required elements in the applicable code description are met. CMS will reimburse to match the regular fee schedule for regular, in-office E/M visits (99212-99214). Payments will increase from approximately \$14-\$41 to about \$46-\$110. This change is retroactive to March 1, 2020. For commercial payers, review the ACR Commercial Payer Temporary Telehealth Policies tracking sheet for additional information.
Since CMS is now reimbursing for audio-only services as regular face-to-face visits, will the Contractors automatically make payment adjustments for visits dating back to March 1?	Unfortunately, the Medicare Administrative Contractors (MACs) will not perform a mass adjustment on audio-only claims. Currently Contractors are requesting that providers resubmit all audio-only services claims dated on or after March 1, 2020 for payment adjustment.

MIPS

Has CMS made any changes to the MIPS program during the PHE?

CMS made several changes to 2019 MIPS reporting:

- The deadline for 2019 MIPS reporting is extended to April 30, 2020 (originally March 31)
- Any provider who is MIPS-eligible who has not submitted data for MIPS by the deadline will be automatically considered to be in extreme and uncontrollable circumstances and will receive a neutral payment adjustment for 2019 MIPS (to be paid in 2021).
- Providers who have already submitted data for 2019 MIPS may fill out the MIPS extreme and uncontrollable circumstances application to have their submitted scores clear. They will then receive the automatic neutral payment adjustment for 2019 MIPS (to be paid in 2021).

CMS has not made any announcements regarding changes to the 2020 MIPS program. The ACR will notify all providers if any changes are announced.

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