

# Telemedicine Billing and Beyond

## *Ask the Expert Series*

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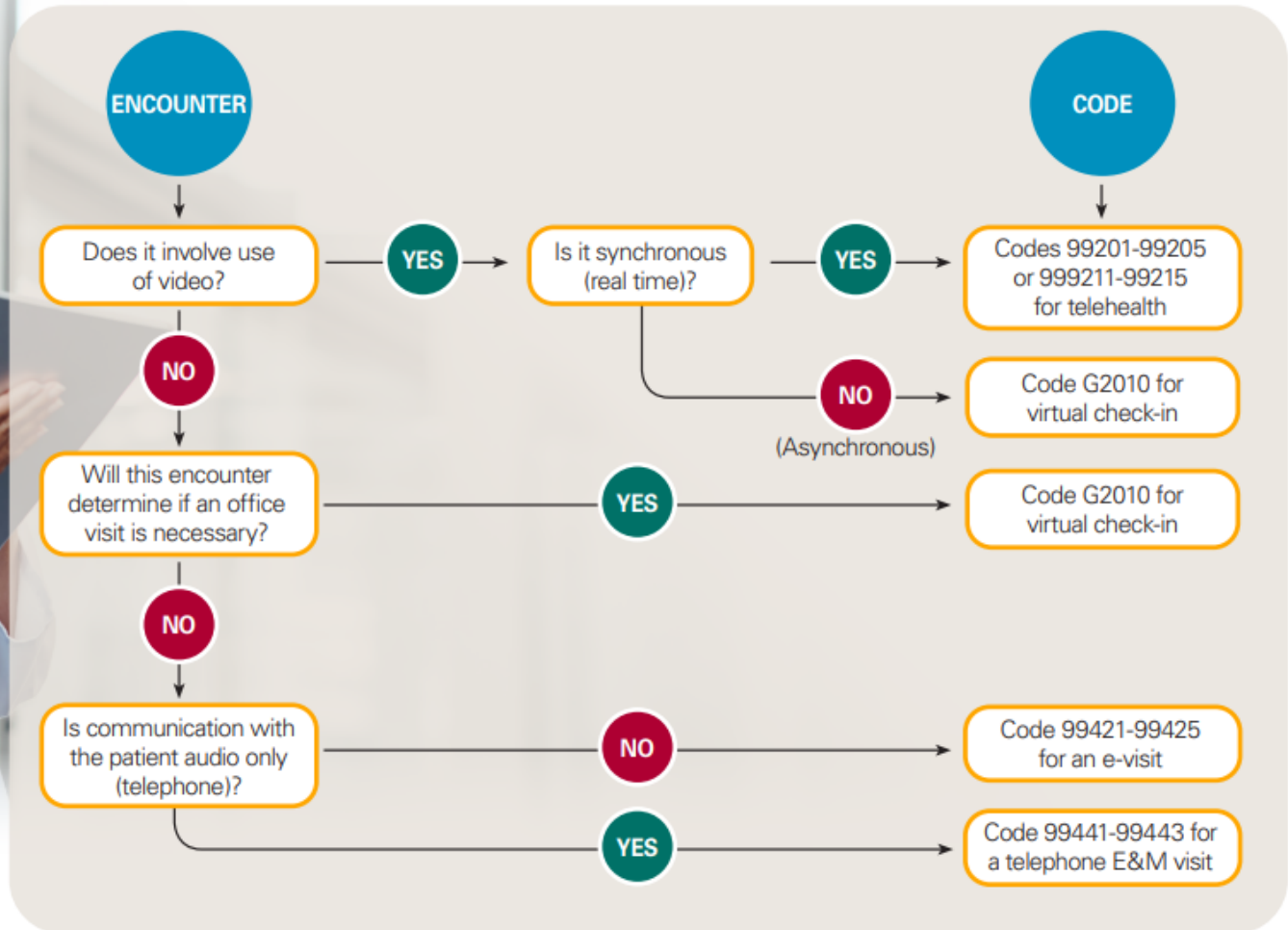
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# COVID-19 CORONAVIRUS DISEASE

# TELEMEDICINE BILLING TIPS

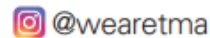
Help on which codes to use and when per the Centers for Medicare & Medicaid Services



Physicians Caring for Texans






This information is based on guidance the Centers for Medicare & Medicaid Services has provided during the COVID-19 public health emergency. Always check with Medicaid and the individual commercial payers as their policies may vary by plan. CPT copyright American Medical Association. All rights reserved.

309043.5.20



[www.texmed.org/PracticeViability](http://www.texmed.org/PracticeViability)

# Telemedicine Coding Chart

TYPE OF VISIT	KEY CONSIDERATIONS	CODING
 <p><b>Telemedicine/ Telehealth</b></p>	<ul style="list-style-type: none"> <li>• Must involve synchronous audio and video technology</li> <li>• Meets same standard as in-person visit</li> <li>• Is paid at the same rate as regular, in-person visits</li> </ul>	<p>Access <a href="#">a complete list</a> of covered Medicare telehealth services</p>
 <p><b>Virtual Check-in</b></p>	<ul style="list-style-type: none"> <li>• Is for new and established patients</li> <li>• Can be performed by a physician or other qualified health care professional able to report evaluation and management (E&amp;M) services but is not an E&amp;M visit</li> <li>• Must be patient-initiated</li> <li>• Does not originate from a related E&amp;M service within the previous seven days, nor lead to an E&amp;M service or procedure within the next 24 hours or soonest available appointment</li> <li>• Is a five- to-10-minute medical discussion</li> <li>• Can be conducted via audio/video, audio only, or store-and-forward communication</li> <li>• Is not meant to take place of a visit (telemedicine, in-person, or alternative audio-only phone call)</li> <li>• Tip: Think of this as a triage phone call to determine if the patient needs an E&amp;M visit.</li> </ul>	<p><b>HCPCS code G2012</b> for brief communication technology-based service</p> <p><b>HCPCS code G2010</b> for remote evaluation of recorded video and/or images submitted by an established patient, with patient follow-up within 24 business hours</p>
 <p><b>E-Visit</b></p>	<ul style="list-style-type: none"> <li>• Must be patient-initiated</li> <li>• Is for established patients</li> <li>• May occur over seven-day period</li> <li>• Is conducted via patient portal, non-face-to-face</li> <li>• Is asynchronous (store-and-forward – not real time)</li> <li>• Essentially, is email communication</li> </ul>	<p><b>Clinicians:</b>            CPT 99421 – Cumulative time 5-10 minutes            CPT 99422 – Cumulative 11-20 minutes            CPT 99423 – Cumulative 21 or more minutes</p> <p><b>Other licensed professionals:</b>            G2061 – Cumulative 5-10 minutes            G2062 – Cumulative 11-20 minutes            G2063 – Cumulative 21 or more minutes</p>
 <p><b>Telephone E&amp;M Service</b></p>	<ul style="list-style-type: none"> <li>• Is an audio-only E&amp;M service</li> <li>• Is for new and established patients</li> <li>• May be provided to a patient, parent, or guardian</li> <li>• Is used for a patient visit when audio/video telemedicine technology is not available</li> </ul>	<p>CPT 99441 – 5-10 minute medical discussion            CPT 99442 – 11-20 minute medical discussion            CPT 99443 – 21-30 minute medical discussion</p>
 <p><b>Remote Patient Monitoring</b></p>	<ul style="list-style-type: none"> <li>• Is for new and established patients</li> <li>• Is used to monitor acute and chronic conditions</li> <li>• Can be provided to a patient with one or more diagnoses</li> </ul> <p><b>Note:</b> <i>To the extent the 1135 waiver requires an established relationship, the U.S. Health and Human Services Department will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.</i></p>	<p>CPT 99091 – Collection and interpretation of physiologic data, digitally stored and/or transmitted by the patient to the physician, requiring a minimum of 30 minutes of time.</p> <p>CPT 99453 – Device education and training (one-time fee)            CPT 99454 – Device/transmission reimbursement (monthly fee)            CPT 99457 – Remote physiological monitoring (monthly fee, first 20 minutes)            CPT 99458 – Remote physiological monitoring (monthly fee, each additional 20 minutes)            CPT 99473 – Self-measure blood pressure patient education            CPT 99474 – Self-measure blood pressure, 2 readings (BID) for 30 days</p>

# Medicaid Telehealth Services

## Telehealth

Medicaid & CHIP Telehealth Toolkit

Reimbursement for Telehealth and Provider and Facility Guidelines

SUPPORT Act Section 1009 - Services and Treatment for Substance Use Disorders delivered via telehealth (including in School-Based Health Centers)

Office of Civil Rights HIPAA Guidance

Telehealth Terms

## Telehealth

**Telehealth** is the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across distance. At one time, telehealth in Medicaid had been referred to as telemedicine.

Telehealth seeks to improve a patient's health by permitting two-way, real-time interactive communication between the patient and the physician or practitioner at the distant site. This communication often requires the use of interactive telecommunications equipment that can include both audio and video components, but can also be conducted via audio-only, as states deem appropriate.

Telehealth includes such technologies as telephones, electronic mail systems, and remote patient monitoring devices, which are used to collect and transmit patient data for monitoring and interpretation.

## State Telehealth Flexibilities

For most Medicaid benefits, federal Medicaid law and regulations do not specifically address telehealth delivery methods or the criteria for implementation of telehealth. As a result, states have broad flexibility in designing the parameters of telehealth delivery methods to furnish services. However, underlying services must continue to meet the requirements of the overarching provisions in Title XIX of the Social Security Act (the Act), regulations, the federal policy framework of the covered Medicaid benefit, and the parameters of the state's CMS-approved Medicaid state plan or a subsequent state plan amendment (SPA). Where Medicaid law or regulations set forth telehealth delivery requirements for specific benefits, those requirements must be observed. For example, the Community First Choice (CFC) Option at 1915(k) has general requirements for using telehealth for performing the assessment of need (§441.535), but does not have requirements for other CFC activities that could be performed using telehealth.

### Related Resources

- [State Medicaid & CHIP Telehealth Toolkit](#)
- [Medicaid & CHIP Telehealth Toolkit Checklist for States](#)
- [Supplement #1 to the State Medicaid & CHIP Telehealth Toolkit](#)
- [CMCS Informational Bulletin: Rural Health Care and Medicaid Telehealth Flexibilities, and Guidance Regarding Section 1009 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act](#)
- [Report to Congress: Reducing Barriers to Using Telehealth and Remote Patient Monitoring for Pediatric Populations under Medicaid](#)
- [Reimbursement for Medicaid for Services Delivered Via Telehealth](#)

<https://www.medicaid.gov/medicaid/benefits/telehealth/index.html>



# Medicare Telehealth Services

## List of Telehealth Services

List of services payable under the Medicare Physician Fee Schedule when furnished via telehealth.

In the CY 2023 Final Rule, CMS finalized alignment of availability of services on the telehealth list with the extension timeframe enacted by the CAA, 2022. The CAA, 2023 further extended those flexibilities through CY 2024. We have updated and simplified the Medicare Telehealth Services List to clarify that these services will be available through the end of CY 2023, and we anticipate addressing updates to the Medicare Telehealth Services List for CY 2024 and beyond through our established processes as part of the CY 2024 Physician Fee Schedule proposed and final rules.

[List of Telehealth Services for Calendar Year 2023 \(ZIP\) - Updated 02/13/2023](#)

### Medicare Telehealth Originating Site Facility Fee, Q3014

Time Period	MEI (%)	Facility Fee for Q3014
2023	3.8%	\$28.64
2022	2.1%	\$27.59
2021	1.4%	\$27.02

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



# Virtual Supervision

## **Workforce**

- *Medicare Physician Supervision Requirements:* CMS has temporarily modified the regulatory definition of direct supervision, which requires the supervising physician or practitioner to be “immediately available” to furnish assistance and direction during the service, to include “virtual presence” of the supervising clinician through the use of real-time audio and video technology. This flexibility is currently set to return to pre-PHE rules at the end of the calendar year that the PHE ends.

<https://www.cms.gov/files/document/physicians-and-other-clinicians-cms-flexibilities-fight-covid-19.pdf>

**Direct supervision** will apply to physician services after December 31, 2023.

- Physician must be present in the office suite
- Also applies to services provided in the patient’s home



# Virtual Supervision-Mental Health

**Response:** We thank the commenters for their support and feedback. After consideration of the comments received, we are finalizing our proposal to amend the direct supervision requirement under our “incident to” regulation at § 410.26 to allow behavioral health services to be furnished under the general supervision of a physician or NPP when these services or supplies are provided by auxiliary personnel incident to the services of a physician or NPP.

<https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notice/cms-1770-f>

**General supervision** applies to behavioral health services.

- Physician’s presence is not required
- Services are provided under the physician’s overall direction and responsibility



# Updates on TMA Website

- Check the TMA Telemedicine Page for payer updates: [www.texmed.org/telemedicine](http://www.texmed.org/telemedicine)

## **Telemedicine Payment**

[Telemedicine Billing and Coding Quick Reference Chart by Payer](#)

[Medicare Telehealth Service Codes \(CMS\)](#)

[CMS Debuts Coding Changes for Telehealth](#)

[Health Plans Not All Recognizing New Telehealth Code](#)

[UnitedHealthcare Waives Cost Sharing, Extends Telemedicine for Certain Plans](#)

[COVID-19 Public Health Emergency Extended; Telemedicine, Other Waivers Extended](#)

[Health Plans Extend Telemedicine, Cost-Share Waivers](#)

[Telemedicine Billing Tips: Which Codes to Use and When](#)





# Helpful Links

## *Resource*

## *Access*

TMA Telemedicine Page

[www.texmed.org/telemedicine](http://www.texmed.org/telemedicine)

CMS Telehealth Services

<https://www.cms.gov/Medicare/Medicare-general-information/telehealth/telehealth-codes>

Medicaid Telehealth Services

<https://www.medicaid.gov/medicaid/benefits/telehealth/index.html>



# Helpful Links

<i>Resource</i>	<i>Access</i>
BCBSTX	<a href="https://www.bcbstx.com/docs/provider/tx/standards/clinical-pay-coding/2022/cpcp033-telemed-telehealth-03282022.pdf">https://www.bcbstx.com/docs/provider/tx/standards/clinical-pay-coding/2022/cpcp033-telemed-telehealth-03282022.pdf</a>
Humana	<a href="https://www.humana.com/provider/coronavirus/telemedicine">https://www.humana.com/provider/coronavirus/telemedicine</a>
United Healthcare	<a href="https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-reimbursement/COMM-Telehealth-and-Telemedicine-Policy.pdf">https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-reimbursement/COMM-Telehealth-and-Telemedicine-Policy.pdf</a>
Cigna	<a href="https://static.cigna.com/assets/chcp/secure/pdf/resourceLibrary/clinReimPolsModifiers/R31_Virtual_Care.pdf">https://static.cigna.com/assets/chcp/secure/pdf/resourceLibrary/clinReimPolsModifiers/R31_Virtual_Care.pdf</a>
Aetna	<a href="http://www.Availity.com">www.Availity.com</a> (secure portal)

# Thank You

## Questions?

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Physicians Caring for Texans