

**Section : Compliance Office Advisories**

**Effective Date: March 2020**

**Subject: Non Face to Face Physician Services**

<b>Review Date:</b>	
<b>Revision History:</b>	3/14/19 Waiver 1135 expansions added for telehealth 3/16/20 Reimbursement updates, included documentation requirement, other minor edits

**Purpose:**

Increasingly there are CPT and HCPCS codes available for use by providers for non-face to face patient services. Requirements vary based on the type of non-face to face patient service. These instructions are intended to assist providers in understanding the various requirements. Each type also has operational, electronic medical record (EPIC) and reimbursement considerations that must be evaluated.

When determining the type of physician non face to face service please consider the technology used to communicate with the patient. Telephone call only should be billed with appropriate telephone service CPT codes and interactive audio visual telecommunication should be billed as telehealth using applicable E&M or other codes.

All services described here must be documented in the electronic medical record using a telemedicine encounter type and telemedicine visit type.

Reimbursement amounts included as a reference below are 2020 national Medicare facility rates.

**GUIDANCE:**

**Telephone Calls**

**Physician Telephone Services**

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 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.

Requirements:

- 1) Established patients only. Patient must have an established relationship with the physician.
- 2) Communication cannot be related to a medical visit within the previous 7 days and cannot lead to a medical visit within the next 24 hours or soonest available appointment.
- 3) Must be documented in the medical record. Documentation must include content of medical discussion and time spent on the telephone call.
- 4) Patient consent for service must be sought and documented, verbal consent is acceptable.

**CPT Codes**

99441 5-10 minutes of medical discussion \$13.35

99442 11-20 minutes of medical discussion \$26.71

99443 21-30 minutes of medical discussion \$39.70

Considerations:

- 1) These services may not be covered by patient's insurance resulting in out of pocket patient expense.

EPIC instruction

Telemedicine encounter type, telemedicine visit type and a progress note must be used for these services. Applicable codes can be looked up in charge capture.

**DO NOT USE A TELEPHONE ENCOUNTER FOR THESE SERVICES**

**Virtual Check in Visit**

\*Medicare only at this time

Patient initiated phone call or transmission of video/images allowing the patient to check in with their doctors without going to the doctor's office.

HCPCS Codes

G2012 5-10 minutes of medical discussion \$13.35

Brief communication technology-based service 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.

G2010 \$9.38

Remote evaluation of recorded video and/or images submitted by an established patient, 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

Requirements:

- 1) Established patients only. Patient must have an established relationship with the physician
- 2) Communication cannot be related to a medical visit within the previous 7 days and cannot lead to a medical visit within the next 24 hours or soonest available appointment.
- 3) Patient must initiate the virtual check in visit and providers must obtain the patients verbal consent to a virtual check in visit prior to the visit. Provider must document receipt of patient's verbal consent.
- 4) Must be documented in the medical record. Documentation must reflect the content of the medical discussion and time spent on service.

Considerations:

- 1) Medicare patients will receive a copay or deductible amount.

2) Non-Medicare patients may not have coverage for these services resulting in an out of pocket patient expense.

**EPIC Instructions**

Telemedicine encounter type, telemedicine visit type and a progress note are to be used for these services. Applicable codes can be looked up in charge capture.

**Patient portal communication**

On-line medical evaluation services are non-face-to-face encounters originating from the established patient to the physician or other qualified health care professional for evaluation or management of a problem utilizing internet resources. The service includes all communication, prescription, and laboratory orders with permanent storage in the patient's medical record.

99421-23 Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days.

99421	5-10 minutes	\$13.35
99422	11-20 minutes	\$27.43
99423	21 or more minutes	\$43.67

**Requirements:**

- 1) Patient must initiate service.
- 2) Established patients only. Patient must have an established relationship with the physician
- 3) Communication cannot be related to a medical visit within the previous 7 days or within the global period following a procedure.
- 4) Must be documented in the medical record. Documentation must reflect the content of the medical discussion and time spent on service.
- 5) Patient consent for service must be sought and documented, verbal consent is acceptable.

**Considerations:**

- 1) Medicare patients will receive a copay or deductible amount.
- 2) Non-Medicare patients may not have coverage resulting in an out of pocket patient expense.

**EPIC Instructions**

Telemedicine encounter type, telemedicine visit type and a progress note are to be used for these services. Applicable codes can be looked up in charge capture.

## **Telehealth**

Coverage and requirements for telehealth services vary by payor.

Medicare telehealth services generally only apply to patients in rural shortage areas and require patient to appear at an "originating site", not the patient's home. In response to COVID-19 CMS has expanded telehealth benefits under the 1135 waiver. CMS will allow the patients home as an originating site for telehealth services, they have removed the HPSA requirement and will not require providers to have an established relationship with the patient for any telehealth service provided in any emergency area.

New York State (NYS) does allow the originating site to be the patients home and our insurance products in NYS provide reimbursement coverage for telehealth services when patient is at home.

The patient and provider both need adequate technology in place that meets telehealth requirements. Even under the 1135 waiver in the COVID-19 emergency the provider must use an interactive audio and video telecommunication system that permits real-time communication between the distant site and the patient at home.

Appropriate Evaluation and Management or other applicable codes are reported (ie 99212-99215) with applicable telehealth modifiers to indicate the service was performed as telehealth. Patient consent for service must be sought and documented, verbal consent is acceptable

### Telehealth CPT/HCPCS Modifiers

95- Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System

GQ- Via asynchronous telecommunications system

GT- Via interactive audio and video telecommunication systems

*Asynchronous Telecommunication:*

*Telecommunication systems that store medical information such as diagnostic images or video and forward it from one site to another for the physician or health care practitioner to view in the future at a site different from the patient. This is a non-interactive telecommunication because the physician or health care practitioner views the medical information without the patient being present.*

*Synchronous Interactive Audio and Video Telecommunication, Interactive Audio and Visual Transmissions and Audio-Visual Communication Technology:*

*Real-time interactive video teleconferencing that involves communication between the patient and a distant physician or health care practitioner who is performing the medical service. The physician or health care practitioner actually sees the patient throughout the communication, so that two-way communication (sight and sound) can take place.*

Telehealth Place of Service (POS) 02

POS must be 02 for telehealth services

EPIC Instructions:

Telemedicine encounter type, telemedicine visit type and a progress note are to be used for these services. Applicable codes can be looked up in charge capture.

## Reimbursement Grid for Non Face to Face Physician Services

<b>Service Type</b>	<b>CPT Code</b>	<b>Modifier</b>	<b>POS</b>	<b>Coverage</b>
Telehealth/Telemedicine Evaluation and Management Services ( <u>Patient at home</u> , provider in office)	Applicable E&M code (99201-99205, 99212-99215), Psychotherapy codes, etc	95- Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System GQ- Via asynchronous telecommunications system GT- Via interactive audio and video telecommunication systems	02- Telehealth	Aetna Excellus Emblem/GHI Fidelis MVP Pomco Capital District Physician HealthPlan *Medicare COVID-19 Emergency only Medicaid Medicaid Managed Care
Physician Telephone Services	99441-99443	None	02- Telehealth	Medicaid Medicaid Managed Care Medicare Pomco Excellus
On-line medical evaluation services	99421-99423	None	02- Telehealth	Medicare Excellus