



# Telehealth & Virtual Services Guide

## Telemedicine

**Telemedicine** is the practice of using technology to deliver care from a distance. A practitioner can use telecommunications to deliver care to a patient in another location. These visits are considered the same as in-person visits and are paid at the same rate.

**Services** that can be provided via telemedicine include office/outpatient visits, annual wellness visits, emergency department or initial inpatient consultations, ESRD-related services, individual and group diabetes self-management training, and psychotherapy.

**Practitioners** who can furnish and get payment for covered telehealth services (subject to state law) include physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians and nutrition professionals.

**Technology:** Providers must use an interactive audio/video telecommunications system that permits real-time communication with patients.

## Virtual Check-Ins

**Virtual check-ins** are short, patient-initiated communications with a practitioner to determine whether an office visit, remote evaluation of recorded video and/or images submitted by the patient, or other service is needed.

\*The communication should not be related to a medical visit within the previous 7 days and should not lead to a medical visit within the next 24 hours (or soonest appointment available), otherwise it's bundled into the E/M service.

**Practitioners** who can provide this service include physicians, nurse practitioners, physician assistants, certified nurse midwives, clinical psychologists and clinical social workers.

**Documentation:** Verbal consent for the service should be noted in the medical record, and 5-10 minutes of medical discussion should be documented with a statement that the patient does not require a visit unless there is a problem.

**Technology:** Communication may take place via telephone, video, etc. The practitioner may respond to the patient's concern by telephone, audio/video, secure text messaging, email or use of a patient portal.

## E-visits

**E-visits** are patient-initiated communications through an online patient portal. Once a patient generates an initial inquiry, communications can occur over a 7-day period.

**Practitioners** who can bill independently for evaluation and management (E/M) services can submit claims for e-visits using CPT® codes 99421-99423. Physical therapists, occupational therapists, speech language pathologists, clinical psychologists, and other clinicians not able to bill independently for E/M services may report e-visits using HCPCS codes G2061-G2063.

## Documentation Tips

- When >50% of the total visit time is spent counseling, document the total visit time and topics discussed to meet CPT® requirements.
- All chronic, active or status conditions that impact the current date of service should be clearly documented.
  - Do not use broad terms when a more specific diagnosis is available.
  - Avoid the phrase "history of" when documenting active conditions.
- Code all conditions documented in the record to the highest specificity and include the ICD-10 diagnosis code on the claim.
- All records should have a valid signature, authentication statement, and provider's credentials.

Due to COVID-19, Medicare will cover telemedicine services furnished in all settings, including patient homes, regardless of diagnosis. The information provided reflects Medicare guidance regarding telehealth services.<sup>1</sup>

<sup>1</sup> cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

## Coding & Billing

Coding & Billing		Telemedicine	Virtual Check-Ins	E-visits
Place of Service	Modifier	CPT®/HCPCS	CPT®/HCPCS	CPT®/HCPCS
<b>POS 02</b> (Telehealth)	<b>GT</b> (via interactive audio/video system) <b>GQ</b> (via asynchronous system)	<b>Distant Site Billing:</b> Office/outpatient visit <b>99201-99205</b> (new patient) <b>99212-99215</b> (est. patient) <b>Originating Site Facility Fee:</b> <b>Q3014</b> (Applicable when patient presents to med. facility as originating site)	<i>Remote evaluation of pre-recorded information</i> <b>G2010</b> <i>Virtual check-in</i> <b>G2012</b> <i>RHC/FQHC com svcs</i> <b>G0071</b>	<i>E-visit codes for physicians, NPs</i> <b>99421-99423</b> <i>For physicians, occupational therapists, SLP or clinical psychologists</i> <b>G0261-G0263</b>
<b>Required Provider/Patient Relationship</b>		<b>New or Established</b>	<b>Established</b>	<b>Established</b>

## HEDIS

The following measures can be met during a qualifying telehealth or virtual exam. Use modifiers -95 and -GT.

- Follow-up after hospitalization for mental illness
- Initiation and engagement of alcohol and other drug abuse or dependence treatment
- Medication reconciliation post-discharge

