Managing Patients Remotely: Billing for Digital and Telehealth Services
— Updated as of September 3, 2020 —

Both public and private health insurers have taken steps to increase access to telehealth services due to concern over the spread of COVID-19. Below you will find a summary of the major telehealth policy changes, as well as information on how to code and bill for the remote management of patients. We will update this resource as policies change.

**Major Medicare Telehealth Policy Changes For the Duration of the Public Health Emergency:**
Many commercial payers are also following these new Medicare guidelines for telehealth amid this public health emergency.

- Telehealth visits will be covered for all traditional Medicare beneficiaries regardless of geographic location or originating site
- You are not required to have a pre-existing relationship with a patient to provide a telehealth visit
- You can use FaceTime, Skype, and other everyday communication technologies to provide telehealth visits.
- You can bill audio-video or audio-only telehealth visits as if they were provided in-person

**Coding for Telehealth and Other Remote Services**

**Telehealth Visits** – Synchronous audio-video evaluation and management visit:

*Note: some payers are reimbursing for audio-only evaluation and management services using these codes*

- 99201-99205: Office/outpatient E/M visit, new
- 99210-99215: Office/outpatient E/M visit, established
- G0425-G0427: Consultations, emergency department or initial inpatient (Medicare only)
- G0406-G0408: Follow-up inpatient telehealth consultations for patients in hospitals or SNFs (Medicare only)

*Attach the following to these codes as required to indicate this was a telehealth visit:*

- Modifier 95 – Required by most commercial payers, can use on an interim basis for Medicare telehealth billing*
- Note: Medicare typically requires the Place of Service code “02” for telehealth services, however, practitioners billing Medicare telehealth services during the COVID-19 public health emergency should use the same place of service code they typically use when billing for in-person services

**Telephone E/M Services** – Telephone or audio-only evaluation and management services for new and established patients, cannot originate from a related E/M service provided within the previous 7 days nor lead to an E/M service or procedure within the next 24 hours or soonest available appointment. **Now temporarily covered by Medicare and some Medicaid programs**

- 99441: 5-10 minutes
- 99442: 11-20 minutes
- 99443: 21-30 minutes

**Digital E/M Services** – Online digital E/M services for an established patient for a period of up to 7 days, cumulative time during the 7 days. These codes can be billed once a week and cannot be billed within a 7-day period of a separately reported E/M service, unless the patient is initiating an online inquiry for a new problem not addressed in the separately reported E/M visit. These services must be initiated by the patient (e.g., patient portal, e-mail). **Medicare will temporarily cover these services for new patients during the public health emergency.**

Physicians report:

- 99421: 5-10 minutes
- 99422: 11-20 minutes
- 99423: 21 or more minutes

Qualified non-physician professionals report:

- 98970 or G2061: 5-10 minutes
- 98971 or G2062: 11-20 minutes
- 98972 or G2063: 21 or more minutes

For Medicare, non-physicians report: G2061-G2063
Virtual Check-ins – The following cannot originate 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. Medicare will temporarily cover virtual check-ins for new patients during the public health emergency.

- G2012 – Brief communication (5-10 minutes) technology-based service, established
- G2010 – Remote evaluation of recorded video and/or images submitted, established, including interpretation and follow-up within 24 business hours.

Remote Patient Monitoring

- 99091: Collection and interpretation of physiologic data (e.g. blood pressure) digitally stored and/or transmitted by the patient to the physician or QHP, requiring a minimum of 30 minutes of time, each 30 days
- 99453: Initial set-up and patient education on the use of monitoring equipment
- 99454: Initial collection, transmission and report/summary services to the clinician managing the patient.
- 99457: Remote physiologic monitoring treatment management services, clinician time in a calendar month requiring interactive communication with the patient or caregiver, first 20 minutes in the month
- 99458: Each additional 20 minutes (list in addition to code from primary procedure)
- 99473: Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration. Report once per device.
- 99474: Separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient or caregiver to the physician or QHP, with report of average blood pressures and subsequent communication of a treatment plan to the patient

Coding for Observation, Inpatient, and Emergency Department Telehealth Services

- 99217: Observation care discharge services
- 99218-99220: Initial observation E/M service, per day, new or established
- 99224-99226: Subsequent observation E/M service, per day
- 99221-99223: Initial hospital E/M service, per day, new or established
- 99231-99233: Subsequent hospital E/M service, per day
- 99234-99236: Observation or inpatient E/M service, including admission and discharge on the same date, new or established
- 99238-99239: Hospital discharge day management
- 99281-99285: Emergency department E/M service (can only be reported by one clinician per patient per day)
- G0425-G0427: Consultations, emergency department or initial inpatient (Medicare only)
- G0406-G0408: Follow-up inpatient telehealth consultations for patients in hospitals or SNFs (Medicare only)

Attach the following to these codes as required to indicate this was a telehealth visit:

- Modifier 95 – Required by most commercial payers, use on an interim basis for Medicare telehealth billing*
- Note: Medicare typically requires the Place of Service code “02” for telehealth services, however, practitioners billing Medicare telehealth services should use the same place of service code they typically use when billing for in-person services during the COVID-19 public health emergency.*

Diagnosis Coding

Appropriate diagnosis coding will depend upon the condition being assessed remotely. Be sure to support and link your procedure code to a diagnosis that supports the medical necessity for performing the service.

Effective April 1, 2020, a new ICD-10-CM diagnosis code chapter, Chapter 22 Codes for Special Purposes (U00-U85) and new code U07.1 COVID-19 will be available for reporting the coronavirus diagnosis.

Patient Cost-Sharing

- Medicare: Physicians have the option of waiving or reducing patient cost-sharing requirements for Medicare beneficiaries. Should a physician choose to waive or reduce cost-sharing requirements, Medicare will not increase reimbursement rates for physicians to cover this cost.
- Commercial payers: Some have opted to waive cost-sharing requirements for telehealth services due to COVID-19, while others have not.

Payer Resources

- Private payers continue to update their policies as the COVID-19 public health crisis. Many have extended their COVID-19 policies through the end of the year. To check each payer’s most updated policy changes in relation to the billing and coding for telehealth and COVID-19, please visit the payer’s website.
- When well-woman visits are provided half via telehealth and half in-person, some major private payers will pay for a telehealth E/M visit and an in-person preventive medicine visit, while others will only pay for one visit. Check with your payers on their policy.

* Medicare requires: G0425-G0427, G0406-G0408, G0425-G0427, G0406-G0408

ACOG
The American College of Obstetricians and Gynecologists
Obtaining Consent for a Sterilization Procedure Via Telehealth

For women covered under publicly-funded family planning programs, including Medicaid, physicians may conduct contraceptive counseling, including counseling for a sterilization procedure, via telehealth. HHS Form 687 (and attendant state forms) require a patient signature verifying their consent for sterilization. During the course of a telehealth visit, practitioners may be able to facilitate the signing of HHS Form 687 using an electronic signature platform such as DocuSign, if the patient is able to access the form on this platform. This process will require a computer, smartphone, or tablet.

Suggested coding for this encounter: report an outpatient E/M code and any modifiers typically required by the state or payer for sterilization counseling and consent.

Policy Changes for Prescribing Controlled Substances Via Telehealth

- For the duration of the public health emergency, as declared by the Secretary of Health and Human Services:
  - Opioid treatment centers and DATA-waived practitioners can prescribe buprenorphine to new patients with opioid use disorder following an evaluation via telephone voice calls, without first performing an in-person or audio-video telemedicine evaluation.
  - Practitioners that are registered with the Drug Enforcement Administration (DEA) can prescribe schedule II-V control substances via telehealth for patients for whom they have not conducted an in-person evaluation.
- See the DEA COVID-19 page for more information and conditions for prescribing via telehealth.

Additional Resource Links

ACOG Committee Opinion No. 798: Implementing Telehealth in Practice
Centers for Medicare and Medicaid Fact Sheet on Medicare Coverage and Payment of Virtual Services during COVID-19
American Medical Association: Quick Guide to Implementing Telehealth in Practice
Full List of Medicare Telehealth Codes
SMFM Coding Guidance: Recommended Coding for COVID-19 and Pregnancy
ACOG Urges Payers to Make Expanded COVID-19 Telehealth Policies Permanent
ACOG Telehealth Statement
ACOG Gains Ground on Expanding Telehealth