

# Operationalizing a COVID-19 Response within the Private Practice: Innovating Practice Operations and Leveraging Technology Question & Answer Compilation from Live Session

Wednesday, March 25, 2020



## 1. Question: For the Medicare patient that has a smart phone but unable to or does not know how to use the video conferencing technology, can a visit still be completed over the telephone? Documenting that you made the call with the appropriate device?

As of 3/30/2020, Medicare will cover the following services via **audio only** (telephone):

1. **Virtual Check-ins:** A brief check-in with provider via telephone or other telecommunication device (5-10 minutes)
  - a. New or Established Patients
  - b. CPT Code – G2012
2. **Physician Telephone Services:** Telephone Communication without video – time based
  - a. Established Patients Only
  - b. CPT Codes – 99441 - 99443
3. **Non-Physician\* Telephone Services:** Telephone Communication without video – time based (\*Clinical staff)
  - a. Established Patients Only
  - b. CPT Codes – 98966 - 98968

Physician and non-physician telephone services are assessment and management services provided to an established patient, parent or guardian not originating from a related assessment and management service, provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours, or soonest available appointment.

<https://www.cms.gov/newsroom/fact-sheets/additional-backgroundsweeping-regulatory-changes-help-us-healthcare-system-address-covid-19-patient>

## 2. Question: How do we bill an E/M visit when the EHR telehealth visit incurs problems with audio or video on the patient side?

On March 17, 2020 the Center for Medicare & Medicaid (CMS) expanded access to Medicare telehealth services. Effective March 6, 2020 and for the duration of the COVID-19 public health emergency, CMS will allow all qualified healthcare providers to care and bill Medicare and Medicaid, without meeting all of the existing requirements.

A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use **any non-public facing remote communication product** that is available to communicate with patients. The waiver allows use of telephones that have audio and video capabilities (**smart phones**). The provider must use an **interactive** audio and video telecommunications system that permits real-time communication between the distant site and the patient at home. Both the provider and the patient must be able to communicate using audio and video. (e.g., FaceTime)

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If **only audio** communication is available to the patient, Medicare will cover the following services via audio only (telephone).

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- <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

### 3. Question: How do we bill for a telephone conversation that involves an E/M because the patient does not or could not do the video option, but it is more than a virtual check-in and not through an online portal?

As of 3/30/2020, Medicare will cover the following services via audio only (telephone)

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Also, as of 3/30/2020 – **United Health Care** has waived audio-video requirements and will reimburse telehealth services provided through live, interactive audio-visual **or audio-only transmission to new or existing patients** whose medical benefit plans cover telehealth services, unless otherwise permitted by state law.

For additional information, visit [Provider Telehealth Policies](#) or check the commercial payer websites for COVID-19 telehealth updates:

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#### 4. Question: Since the waiver, will Medicare pay for telephone only telemedicine or will they only pay for audio AND video? Some of our patients are unable to do video.

Medicare will cover both audio-visual and audio only telehealth communications with a patient. As of 3/30/2020, Medicare will cover the following services via **audio only** (telephone)

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## 5. Question: Is it acceptable for specialists to switch all patients to telehealth services and continue to see patients even if it does not pertain to COVID-19

Yes, telehealth services are for all patients, not just COVID-19 related conditions. On 3/30/2020, CMS expanded services that can be provided via telehealth. See links below for the additional services and telehealth guidelines.

- <https://www.cms.gov/newsroom/fact-sheets/additional-backgroundsweeping-regulatory-changes-help-us-healthcare-system-address-covid-19-patient>
- <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

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## 6. Question: Can you speak to the situation where video is not available on the patient or provider end? Can an audio ONLY visit be billed as a telehealth service for Medicare? For Medicaid?

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For **Medicaid**, each state has its own Medicaid guidelines regarding telehealth services. Please refer to the state website for specific guidelines and information.

- **Maryland:**  
[https://mmcp.health.maryland.gov/SiteAssets/SitePages/Telehealth/Memo\\_Updated%20Medicaid%20Telehealth%20Program%20Guidance\\_3.27.20.pdf](https://mmcp.health.maryland.gov/SiteAssets/SitePages/Telehealth/Memo_Updated%20Medicaid%20Telehealth%20Program%20Guidance_3.27.20.pdf)
- **Pennsylvania:**  
<https://www.dhs.pa.gov/providers/Providers/Pages/Coronavirus-Provider-Resources.aspx>
- **Delaware:**  
<https://medicaid.dhss.delaware.gov/provider/Home/tabid/135/Default.aspx>
- **West Virginia:**  
[https://dhhr.wv.gov/bms/News/Pages/Coronavirus-Disease-\(COVID-19\)-Telehealth-Services-Important-Update!-.aspx](https://dhhr.wv.gov/bms/News/Pages/Coronavirus-Disease-(COVID-19)-Telehealth-Services-Important-Update!-.aspx)

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## 7. Question: How is the telephone call only billed?

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For additional information, visit [Provider Telehealth Policies](#) or check the commercial payer websites for COVID-19 telehealth updates:

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- <https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwcCOVID-19.html>
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## 8. Question: Can you help clarify the billing of the telehealth services with the examples I will present? When a physician calls a patient who has a scheduled follow up appointment for example, hypertension, during the crisis bill with the E/M codes and use telehealth as POS?

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A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use **any non-public facing remote communication product** that is available to communicate with patients. The waiver allows use of telephones that have audio and video capabilities (**smart phones**). The provider must use an **interactive** audio and video telecommunications system that permits real-time communication between the distant site and the patient at home. Both the provider and the patient must be able to communicate using audio and video. (e.g., FaceTime)

So, for a telehealth E/M visit (assuming this is an audio and visual communication) with a patient who has hypertension, the following should be noted for billing purposes:

- These services are covered for both new and established patients
- **Place of Service** – Medicare and Most Commercial Insurances require **POS = 02** (Telehealth); **Medicaid** requires **POS 11** (Office)
- Medicare does NOT require a modifier for the above Telehealth Services. Cigna requires Modifier **“GQ”** All other payers require Modifier **“GT”** or **95**
- Documentation requirements for E/M services must meet criteria established by CPT guidelines (For F/U establish patient care – 2 of 3 components (History, Exam and Medical Decision Making) must meet or exceed the same level, disregarding the lowest level)
- Documentation for E/M visits based on Time must include: Total time of visit; 50% or more of total visit spent counseling and/or coordination of care; content of counseling
- Documentation **MUST** contain the patient’s verbal consent for the telehealth service.
- Diagnoses should be supported by the documentation (i.e., the patient’s condition – hypertension)

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**9. Question: For a telehealth visit, both audio and video connection is generally required, but what if you are dealing with a patient that does not have a video capability? Would it be acceptable to use audio communication only for Medicare? For other insurances?**

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For additional information, visit [Provider Telehealth Policies](#) or check the commercial payer websites for COVID-19 telehealth updates:

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- <https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services.html>

## 10. Question: What do you bill when a patient calls in with an acute problem that requires an exam, MDM and prescription? This is only by telephone.

The covered telehealth service depends upon the patient's insurance.

For a **Medicare** patient, as of 3/30/2020, Medicare will cover the following services via audio only (telephone)

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For **Commercial** Insurances:

Visit the [Provider Telehealth Policies](#) or check the commercial payer websites for COVID-19 telehealth updates:

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- <https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwcCOVID-19.html>
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To determine the E/M level of a telehealth service, the documentation requirements must meet criteria established by CPT guidelines.

## 11. Question: Can a PCP bill for refilling prescriptions?

No, a PCP cannot bill for refilling a prescription.

## 12. Question: Regarding the telehealth visit, what if the patient does not have access to a smart phone or iPad or computer and needs to talk with the physician and the visit is more than the 5-10 minutes? How can the provider get reimbursed?

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## 13. Question: Is a phone conversation initiated by the patient and with staff only billable?

No, this is not a billable telehealth service. However, if a non-physician clinician initiates the audio telecommunications with a patient (even as a result of a patient initiated inquiry or request); then the eligible non-physician clinician may bill 98966-98968 – for the non-physician clinician telephone service visit (audio only). This is a non-clinician physician initiated telephone service. Please refer to CMS website and individual commercial payers for further guidance.

## 14. Question: Are copays, deductibles and co-insurance to be collected for commercial insurance? If these are being waived by insurance companies, then will a provider be paid this balance by the insurance company?

These guidelines vary by insurance company. Some are waiving copays and co-insurances, others are giving the providers the option to waive the fees. For specific information, please refer to the commercial payer websites.

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## 15. Question: Is the provider asked to waive co-pays and/or co-insurance?

SEE PREVIOUS QUESTION for advice on waiving co-pays and/or co-insurance for commercial payers. Medicare is however waiving patient cost-sharing requirements for telehealth services during the public health emergency.

## 16. Question: Can a doctor conduct telemedicine from his or her home?

Yes - On March 17, 2020 the Centers for Medicare & Medicaid (CMS) expanded access to Medicare telehealth services. Effective March 6, 2020 and for the duration of the COVID-19 public health emergency, CMS will allow all qualified healthcare providers to care and bill Medicare and Medicaid, without meeting all of the existing requirements.

This includes expanding the distant site location, allowing providers to preform telehealth services outside of the office setting. These outside setting should be private for communication. Although OCR will exercise discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules; providers should make a *good faith* attempt to use secure methods to protect a patient's ePHI (electronic protected health information).

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## 17. Question: If a patient only has audio capability and no way to do video, can we still bill as telemedicine with regular office codes (i.e., 99213)?

It depends on the patient's insurance.

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For **Commercial** Insurances:

As of 3/30/2020 – **United Health Care** has waived audio-video requirements and will reimburse telehealth services provided through live, interactive audio-visual **or audio-only transmission to new or existing patients** whose medical benefit plans cover telehealth services, unless otherwise permitted by state law.

To determine the E/M level of a telehealth service documentation requirements must meet criteria established by CPT guidelines.

For additional information, visit [Provider Telehealth Policies](#) or check the commercial payer websites for COVID-19 telehealth updates:

- <https://individual.carefirst.com/individuals-families/about-us/coronavirus-healthcare-providers.page>
- <https://individual.carefirst.com/carefirst-resources/provider/pdf/professional-provider-manual.pdf>
- [https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html#acc\\_link\\_content\\_section\\_responsivegrid\\_copy\\_responsivegrid\\_accordion\\_11](https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html#acc_link_content_section_responsivegrid_copy_responsivegrid_accordion_11)
- <https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwccCOVID-19.html>

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- <https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services.html>

## 18. Question: We are converting most office visits to telehealth visits. We call the patient and send a link to them. Is this considered provider initiated?

Yes – if you are sending them a link to a non-public remote communication product, which allows two-way audio-visual telecommunication between the patient and the provider, you can bill for telehealth E/M services.

<https://www.cms.gov/newsroom/fact-sheets/additional-backgroundsweeping-regulatory-changes-help-us-healthcare-system-address-covid-19-patient>

## 19. Question: Most of our Medicare population are NOT computer savvy and therefore are struggling to use face-to-face technology. What do you recommend with the elderly population who cannot use video conferencing?

As of 3/30/2020, Medicare will cover the following services **via audio only (telephone)**

1. Virtual Check-ins: A brief check-in with provider via telephone or other telecommunication device (5-10 minutes)
  - a. New or Established Patients
  - b. CPT Code – G2012
2. **Physician** Telephone Services: Telephone Communication without video – time based
  - a. Established Patients Only
  - b. CPT Codes – 99441 - 99443
3. **Non- Physician\*** Telephone Services: Telephone Communication without video – time based (\*Clinical staff)
  - a. Established Patients Only
  - b. CPT Codes – 98966 - 98968

Physician and non-physician telephone services are assessment and management services provided to an established patient, parent, or guardian not originating from a related assessment and management service, provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours, or soonest available appointment.

<https://www.cms.gov/newsroom/fact-sheets/additional-backgroundsweeping-regulatory-changes-help-us-healthcare-system-address-covid-19-patient>

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## 20. Question: Can you discuss further the use of Physician Telephone services (audio only)? Can it be used for all commercial payers where a doctor counsels a patient without video?

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To determine the E/M level of a telehealth service documentation requirements must meet criteria established by CPT guidelines.

For additional information, visit [Provider Telehealth Policies](#) or check the commercial payer websites for COVID-19 telehealth updates:

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- <https://individual.carefirst.com/carefirst-resources/provider/pdf/professional-provider-manual.pdf>



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- [https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html#acc\\_link\\_content\\_section\\_responsivegrid\\_copy\\_responsivegrid\\_accordion\\_11](https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html#acc_link_content_section_responsivegrid_copy_responsivegrid_accordion_11)
- <https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwcCOVID-19.html>
- <https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services.html>

## 21. Question: To clarify, the codes 99441-43 and 98966-68 are not currently covered by Medicare. Will they be modified under this emergency?

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Physician and non-physician telephone services are assessment and management services provided to an established patient, parent, or guardian not originating from a related assessment and management service, provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours, or soonest available appointment.

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## 22. Question: I have seen commercial payers want the 95 modifier on claims. Can you clarify? Our practice accepts all insurance and we are primary care.

- Medicare does NOT require a modifier for the above Telehealth Services.
- Cigna requires Modifier “GQ”
- All other payers require Modifier “GT” or “95” (Verify with payer)

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Modifier	Description
GT	Via interactive audio and video telecommunication system
95	Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System
GQ	Via asynchronous telecommunications system

## 23. Question: How would a provider bill for a Level 4 or Level 5 visit if the visit is virtual and there is no physical exam?

Documentation requirements for E/M Telehealth Services must meet criteria established by CPT guidelines.

- New Patient – documentation must meet or exceed the level coded in **all 3** components (History, Exam & Medical Decision Making)
- Established Patient – documentation must meet or exceed the level coded in **2 of the 3** components (History, Exam & Medical Decision Making)
- Documentation for E/M visits based on Time must include: Total time of visit; 50% or more of total visit spent counseling and/or coordination of care; content of counseling.

For **New Patients**, since only a few elements of the physical exam can be documented via telehealth (i.e. – Constitutional, Psych) it is impossible to bill a level higher than a 99201, unless Time Base Coding is used to determine the visit level. See Time Based Coding requirements above. – Refer to the CPT Code book for time guidelines for each E/M level.

For **Established Patients** – only 2 of the 3 components are necessary to determine the overall level, thus allowing you to eliminate the exam component. Follow CMS and CPT guidelines for documentation and medical necessity requirements for E/M levels.

- <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/eval-mgmt-serv-guide-ICN006764.pdf>
- <https://www.ama-assn.org/practice-management/cpt/cpt-evaluation-and-management>

## 24. Question: Can a practice without an EHR do telehealth visits? If so, please recommend a method (i.e., Zoom, Skype® or Google Hangout) and what to include on the paper charts.

YES. On March 17, 2020 the Centers for Medicare & Medicaid (CMS) expanded access to Medicare telehealth services. Effective March 6, 2020 and for the duration of the COVID-19 public health emergency, CMS will allow all qualified healthcare providers to care and bill Medicare and Medicaid, without meeting all of the existing requirements. A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19

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nationwide public health emergency can use **any non-public facing remote communication product** that is available to communicate with patients. The waiver allows use of telephones that have audio and video capabilities (**smart phones**). The provider must use an **interactive** audio and video telecommunications system that permits real-time communication between the distant site and the patient at home. Both the provider and the patient must be able to communicate using audio and video. (e.g., **FaceTime**)

Effective immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies during the COVID-19 nationwide public health emergency.

Although we cannot recommend one specific vendor, we highly suggest you do your due diligence and seek additional privacy protection and use vendor products that are HIPAA compliant and offer a BAA.

Documentation requirements for E/M services must meet criteria established by CPT guidelines. Documentation **MUST** contain the patient's verbal consent for the telehealth service.

<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

**25. Question: Medicare Claims Processing Manual – section 190.6 on billing for telehealth services. We do NOT bill for any Physician Assistant in our practice. As required, our PAs are supervised by the physician; i.e., the physician reviews/monitors/etc. all services provided and documented by the PA, and signs off on this service. The language in section 190.6 is unclear and appears we can bill under the PA only, for Telehealth Services. Can you assist in clarifying if we can process claims where the PA provided the service without any physician supervisory oversight?**

As of 3/30/2020 – Medicare expanded its Telehealth Services to include the following:

**Medicare Physician Supervision requirements:** For services requiring direct supervision by the physician or other practitioner, that physician supervision can be provided virtually using real-time audio/video technology. So a Physician Assistant can bill for Telehealth Services outside of the office setting and be **virtually** supervised by the physician.

<https://www.cms.gov/newsroom/fact-sheets/additional-backgroundsweeping-regulatory-changes-help-us-healthcare-system-address-covid-19-patient>

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### **26. Question: I want to ask about the Annual Wellness Visit via telehealth. Are AWVs an option and will they still be risk adjusted? Also, are HCC codes recognized during telehealth? Finally, can and how do FQHC/RHC's perform/bill telehealth? Thank you!**

Medicare AWVs are on the CMS list of approved Telehealth Services. Currently CMS is not recognizing the HCC codes through the telehealth encounter. The AWV can be done and all chronic conditions should be documented and coded. Medicare and Medicaid is encouraging FQHC's to bill for telehealth services.

Sec. 3704. Allowing Federally Qualified Health Centers and Rural Health Clinics to Furnish Telehealth in Medicare: This section would allow, during the COVID-19 emergency period, Federally Qualified Health Centers and Rural Health Clinics to serve as a distant site for telehealth consultations. A distant site is where the practitioner is located during the time of the telehealth service. This section would allow FQHCs and RHCs to furnish telehealth services to beneficiaries in their home. Medicare would reimburse for these telehealth services based on payment rates similar to the national average payment rates for comparable telehealth services under the Medicare Physician Fee Schedule. It would also exclude the costs associated with these services from both the FQHC prospective payment system and the RHC all-inclusive rate calculation

<https://www.ruralhealthweb.org/blogs/ruralhealthvoices/march-2020/nrha-breaks-down-rural-covid-19-stimulus-impact>

### **27. Question: Have any outpatient dialysis facilities started using telehealth?**

Medicare has made several modifications and updates to ESRD and dialysis services in response to the COVID-19 health crisis.

Medicare Telehealth for ESRD:

Time period for initiation of care planning and monthly physician visits - CMS is modifying two requirements related to care planning, specifically:

» §494.90(b)(2): CMS is modifying the requirement which requires the dialysis facility to implement the initial plan of care within the latter of 30 calendar days after admission to the dialysis facility or 13 outpatient hemodialysis sessions beginning with the first outpatient dialysis session. This modification will also apply to the requirement for monthly or annual updates of the plan of care within 15 days of the completion of the additional patient assessments. CMS is waiving the time requirement for plan of care implementation during the time period of the national emergency.

» §494.90(b)(4): CMS is modifying the requirement which requires the ESRD dialysis facility to ensure that all dialysis patients are seen by a physician, nurse practitioner, clinical nurse specialist, or physician's assistant providing ESRD care at least monthly, and periodically while the hemodialysis patient is receiving in-facility dialysis. CMS is waiving the requirement for a monthly in-

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person visit if the patient is considered stable and also recommend exercising telehealth flexibilities, e.g. phone calls, to ensure patient safety.

Dialysis home visits to assess adaptation and home dialysis machine designation: CMS is waiving the requirement at 494.100(c)(i) which requires the periodic monitoring of the patient's home adaptation, including visits to the patient's home by facility personnel.

The link below is the most up to date information supplied by CMS in regards to ESRD.

<https://www.cms.gov/files/document/covid-19-esrd-facilities.pdf>

ESRD CPT codes approved for Telehealth Services include:

90951 – 90952, 90954 – 90955, 90957 – 90958, 90963 – 90970

The link below is a full list of CMS approved telehealth CPT codes.

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

### **28. Question: If patients send pictures, does this fulfill the CMS requirement for video? I am a dermatologist, and patients send pictures of their lesions and rashes.**

Receipt and review of videos and pictures qualify as a **Medicare Virtual Check-in**, not a telehealth visit. A virtual check-in is the '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'. This evaluation 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.

Virtual Check-ins are billed with CPT code – G2010, with an average reimbursement of \$12.27

Please note - Billing a Virtual Check-in visit eliminates the possibility of billing a potential telehealth E/M visit for the related condition, if necessary. If images are received through a Virtual Check-in visit and the physician deems that a virtual E/M visit is warranted, the physician can only bill for one service. Billing for the virtual E/M is more cost efficient.

### **29. Question: For the virtual check-in, is the initiating source "provider"?**

No, a virtual check-in is patient initiated.



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