

What is a Telehealth Visit?

A visit with a provider that uses telecommunication systems between a provider and a patient. Telemedicine visits are considered the same as in-person visits, and per CMS, require real-time communication between providers and patients using both audio and video. **CMS IS WAIVING THE REQUIREMENT FOR BOTH AUDIO AND VIDEO CONNECTIVITY DURING THE COVID-19 PUBLIC HEALTH EMERGENCY.**

These visits are considered the same as in-person visits and are billed and reimbursed by CMS the same rate as regular, in-person visits.

Scenario 1: Telehealth Visit

Action	Patient evaluated via: E/M Telehealth, Telephone Visit		
Who is performing?	Physician or Qualified Healthcare Professional		
	E/M Telehealth		Telephone Visits (New or Established Patients)
	New Patient		
		CPT Typical Time	CMS Typical Time
	99202	20 minutes	22 minutes
	99203	30 minutes	29 minutes
	99204	45 minutes	45 minutes
	99205	60 minutes	67 minutes
	Established Patient		
	99212	10 minutes	16 minutes
	99213	15 minutes	23 minutes
	99214	25 minutes	40 minutes
	99215	40 minutes	55 minutes
	When the telehealth visit is audio only, the practitioner cannot use CPT codes 99202-99205. These codes are used only when audio and video are used for the visit. Instead, use CPT codes 99441-99443 with Modifier CR.		
Applicable CPT Codes(S)	Non-COVID-19 patient: Code applicable diagnoses COVID-19 patient: Code applicable diagnoses, add U07.1, COVID-19 (Effective April 1, 2020 -CDC Announcement)		
Place of Service	11 Physician Office or other applicable site of the practitioner's normal office location		
Notes:	<ol style="list-style-type: none"> 1. CMS requires use of modifier 95 for telehealth services; other payors may require its use 2. Individual states (through Executive Order) or payors may permit use of E/M codes with audio-only encounters. 3. CMS will permit reporting of telehealth E/M office or other outpatient visits based on time or Medical Decision Making (MDM) 4. CMS will allow telehealth office visits to be selected and documented based on total time on date of visit via CMS total time 		

Scenario 2: Telehealth Consultations, Emergency Department or Initial Inpatient

Action		Patient Evaluated
Who is performing?		Physician or Qualified Healthcare Professional
Applicable CPT Code(s)		G0425 (Typically 30 Minutes) G0426 (Typically 50 Minutes) G0427 (Typically 70 Minutes)
Place of Service	23 Emergency Room 21 Inpatient Hospital	Medicare requires the use of Modifier -95 for these telehealth services. Check with private payers on modifier usage.
Notes: These codes are used for a visit with a provider that uses telecommunication systems between a provider and a patient.		

Scenario 3: Emergency Department Visits, Levels 1-5

Action	Patient evaluated via: E/M Telehealth	
Who is performing?	Physician or Qualified Healthcare Professional	
	New or Established Patient	
Applicable CPT Code(s)		99281 (presenting problem(s) are self-limited or minor) 99282 (presenting problem(s) are of low to moderate severity) 99283 (presenting problem(s) are of moderate severity) 99284 (presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function) 99285 (presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function)
Applicable ICD-10 codes		Non-COVID-19 patient: Code applicable diagnoses COVID-19 patient: Code applicable diagnoses, add U07.1, COVID-19 (Effective April 1, 2020 -CDC Announcement)
Place of Service	23 Emergency Room - Hospital	
Notes:	1. CMS requires use of modifier 95 for telehealth services; other payors may require its use 2. Individual states (through Executive Order) or payors may permit use of E/M codes with audio-only encounters.	

Scenario 4: Initial and Subsequent Observation and Observation Discharge Day Management

Action	Patient evaluated via: E/M Telehealth	
Who is performing?	Physician or Qualified Healthcare Professional	
	Initial Observation Care	Subsequent Observation Care
	99218 (typical time 30 minutes) 99219 (typical time 50 minutes) 99220 (typical time 70 minutes)	99224 (typical time 15 minutes) 99225 (typical time 25 minutes) 99226 (typical time 35 minutes)
	Observation Care Discharge	Observation or Inpatient Hospital Care (admit & discharge same day)
	99217	99234 (typical time 40 minutes) 99235 (typical time 50 minutes) 99236 (typical time 55 minutes)
Applicable ICD-10 codes	Non-COVID-19 patient: Code applicable diagnoses COVID-19 patient: Code applicable diagnoses, add U07.1, COVID-19 (Effective April 1, 2020 -CDC Announcement)	
Place of Service	19 Off Campus – Outpatient Hospital 22 On Campus – Outpatient Hospital	
Notes:	1. CMS requires use of modifier 95 for telehealth services; other payors may require its use 2. Individual states (through Executive Order) or payors may permit use of E/M codes with audio-only encounters	

Scenario 5: Initial and Subsequent Hospital Care, Discharge Day Management

Action	Patient evaluated via: E/M Telehealth	
Who is performing?		Physician or Qualified Healthcare Professional
Applicable CPT Code(s)	Inpatient Hospital Care	99221 (low severity, 30 minutes) 99222 (moderate severity, 50 minutes) 99223 (high severity, 70 minutes)
	Subsequent Hospital Care	99231 (typical time 15 minutes) 99232 (typical time 25 minutes) 99233 (typical time 35 minutes)
	Hospital Discharge Services	99238 (30 minutes or less) 99239 (more than 30 minutes)
Place of Service	21 Inpatient Hospital	
Notes:	1. CMS requires use of modifier 95 for telehealth services; other payors may require its use 2. Individual states (through Executive Order) or payors may permit use of E/M codes with audio-only encounters.	

Scenario 6: Critical Care Services

Action	Patient evaluated via: E/M Telehealth
Who is performing?	Physician or Qualified Healthcare Professional
Applicable CPT Code(s)	99291 Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes 99292 Each additional 30 minutes
Place of Service	Report applicable site of care
Notes:	1. CMS requires use of modifier 95 for telehealth services; other payors may require its use 2. Individual states (through Executive Order) or payors may permit use of E/M codes with audio-only encounters.

Scenario 7: E-Visits for Established Patients

Action	Communication Method	Patient Evaluated
Who is performing?		Physician or Qualified Healthcare Professional
Applicable CPT Code(s)	Online Visits (eg EHR portal, secure email, allowed digital communication)	99421 (5-10 Minutes) 99422 (11-20 Minutes) 99423 (21 or more Minutes)
		Qualified non-physician healthcare professional
Applicable CPT Code(s)	Online Visits (eg EHR portal, secure email, allowed digital communication)	G2061 (5-10 Minutes) G2062 (11-20 Minutes) G2063 (21 or more minutes)
Place of Service	11 Physician Office (or other applicable site of the practitioners normal office location)	Medicare requires the use of Modifier -95 for these telehealth services. Check with private payers on modifier usage.
Notes: These codes are used when a communication is made between a patient and their provider through an online patient portal.		

E-visits involve care delivered through a patient portal, which requires providers to have a preexisting relationship with a Medicare beneficiary.
CMS IS WAIVING THIS REQUIREMENT DURING THE COVID-19 PUBLIC HEALTH EMERGENCY

Scenario 8: Patient Receives Virtual Check-In -OR- On-Line Visits Via Patient Portal/E-mail (not related to E/M visit) -OR- Telephone Call from Qualified Nonphysician (those who may not report E/M)

Action	Communication Method	Patient Evaluated	
Who Is Performing		Physician or Qualified Healthcare Professional	Qualified Nonphysician (may not report E/M)
	Online Visits (e.g. EHR portal, secure email; allow digital communication)	G2010 Remote Image G2012 Virtual Check-In	98965 (5-10 minutes) 98967 (11-20 minutes) 98968 (21-30 minutes)
Applicable ICD-10 Codes		Report relevant ICD-10 code related to reason for call or online interaction	
Place of Service	11 Physician Office or other applicable site of practitioner's normal office location	Medicare requires the use of Modifier -95 for these telehealth services. Check with private payers on modifier usage.	

Note: A virtual check-in pays professionals for brief (5-10 minutes) communications that mitigate the need for an in-person visit, whereas a visit furnished via Medicare telehealth is treated the same as an in-person visit.

Virtual check-ins are brief communications between doctors and patients, such as text messaging. Providers can deliver virtual check-ins using a range of communications since they don't require both audio and video capability. CMS expects that patients will initiate most virtual check-ins by, for example, emailing their primary-care doctor.

- Doctors and certain practitioners may bill for these services furnished through several communication technology modalities, such as telephone (HCPCS code G2012). The practitioner may respond to the patient's concern by telephone, audio/video, secure text messaging, email, or use of a patient portal.

The Medicare coinsurance and deductible would generally apply to these services. However, during this public health emergency, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.

- In addition, separate from these virtual check-in services, captured videos or images can be sent to a physician (HCPCS code G2010).

Scenario 9: Follow-up Inpatient Consultations Furnished to Beneficiaries in Hospitals or SNFs

Action	Communication Method	Patient Evaluated
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Who is performing?		Physician or Qualified Healthcare Professional
Applicable CPT Code(s)		G0406 (Typically 15 Minutes) G0407 (Typically 25 Minutes) G0408 (Typically 35 Minutes)
Place of Service	21 Inpatient Hospital 31 Skilled Nursing Facility	Medicare requires the use of Modifier -95 for these telehealth services. Check with private payers on modifier usage.
Notes: G0406- G0408 with the GT or GQ modifier when billed with place of service (POS) inpatient hospital or skilled nursing facility (SNF).		

Scenario 10: Interprofessional/Telephone/Internet/Electronic Health Record Consultations

Action	Communication Method	Patient Evaluated
Who is performing?		Physician or Qualified Healthcare Professional
		Medical Consultative Discussion and Review
Applicable CPT Code(s)	Verbal and Written Report sent to requesting physician	99446 (5-10 Minutes) 99447 (11-20 Minutes) 99448 (21-30 Minutes) 99449 (31 or more Minutes)
	Written Report	Medical Consultative 99451 (5 or more Minutes) 99452 (30+ Minutes)
Place of Service	02 Telehealth	Medicare requires the use of Modifier -95 for these telehealth services. Check with private payers on modifier usage.
Notes: Codes 99446-99452 are clinician-initiated services with other physicians or other qualified health care professionals. The consulting physician may offer an opinion, and all information, including the request as well as the reason for the advice must be documented in the patient's medical record.		

Physician's or other QHP's cumulative service time includes review of the initial inquiry, review of patient records or data pertinent to assessment of the patient's problem, personal physician or other QHP interaction with clinical staff focused on the patient's problem, development of management plans, including physician- or other QHP generation of prescriptions or ordering of tests, and subsequent communication with the patient through online, telephone, email, or other digitally supported communication, which does not otherwise represent a separately reported E/M service.